JTS CONSTRUCTION

JTS MODULAR

2026 – 2027

BENEFITS GUIDE

Investing in our *People.*

Building our *Future.*

YOUR HEALTH | OUR PEOPLE | OUR COMMITMENT | OUR FUTURE

STRONG TEAMS. SOLID PROJECTS. BRIGHTER TOMORROWS.

SAFETY | INTEGRITY | TEAMWORK | EXCELLENCE

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Benefits Program Overview

You are eligible to participate in the JTS Benefits Program if you:

- Are a full-time employee scheduled to work a minimum of 30 hours per week
- Have satisfied the new hire waiting period as defined by JTS

You may also elect coverage for your:

- Spouse or Domestic Partner
- Dependent children (refer to the carrier's contract for age limitations and/or requirements)
- Unmarried children who are physically or mentally incapable of self-support

Changes and/or enrollment must be submitted by:
September 13, 2026

Welcome to your 2026-2027 Open Enrollment!

Open Enrollment occurs one time each year in September for an October 1st effective date. During this time, you may do the following, without experiencing a qualifying event:

- Keep your coverage(s) the same, if available
- Enroll, if you are currently not enrolled
- Cancel your coverage(s)
- Add or delete dependents from your coverage
- Change your benefit election(s)

Changes During the Plan Year

After Open Enrollment, you can change your benefit elections only if you experience a qualifying event. A few examples of qualifying events include, but not limited to, changes in:

- Marital status (marriage, divorce, legal separation)
- Number of dependent children (birth, adoption, placement for adoption, named legal guardian)
- Employment status (part-time to full-time)
- Dependent status (child reaches maximum age)
- Eligibility status (you or your spouse experience a change in hours, job loss, getting a new job, become entitled to Medicare or Medicaid)

You have 30 days from the time of the qualifying event to notify Human Resources to change your benefits.

The benefits and coverage you select during this open enrollment period will remain in effect through September 30, 2027.

We are pleased to announce that we will continue with our existing carriers, however, there will be some medical plan changes. Additionally, we will be adding Voluntary Pet Insurance and a Voluntary Legal Plan to your Benefits Program offering. Please review the benefits for all the plans to ensure you select the plan(s) that are best for you (and your family). The following benefit plans are available to you and your eligible dependents:

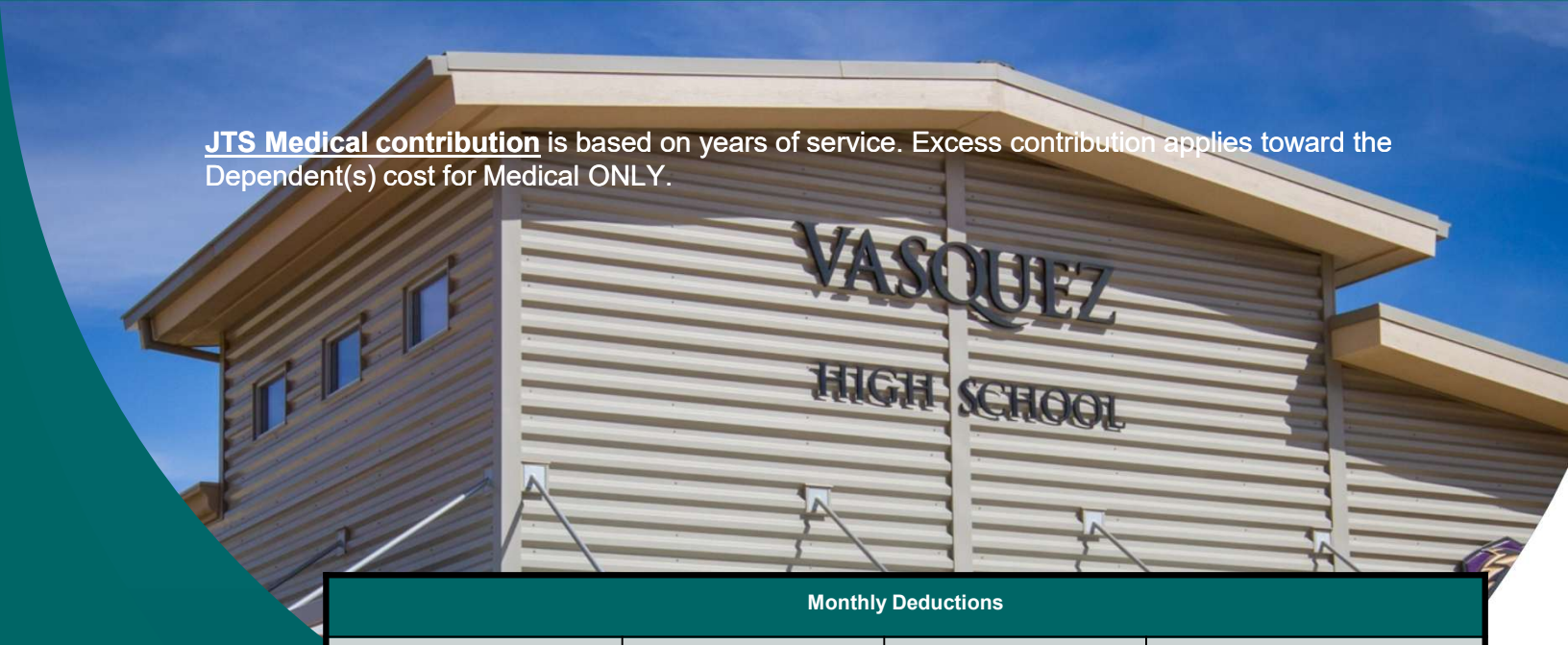
- Medical HMO & PPO plans through Blue Shield of California
- Dental HMO & Dental PPO plans through Blue Shield of California
- Vision plan through Blue Shield of California
- Life/AD&D (Basic & Voluntary) plans through New York Life
- Pet Insurance through MetLife
- Legal Plan through MetLife

Medical Coverage

The following chart summarizes the benefits for the medical HMO plans offered to all eligible employees.

blue california	Trio HMO Facility Ded. 40-40%/2000 **Trio Narrow Network**	Trio HMO Facility Ded. 15-10%/1500 **Trio Narrow Network**	Access+ HMO Per Day 30-500 **Access+ Full Network**
Annual Deductible (Calendar Year) Individual/Family	$2,000/Individual $4,000/Family	$1,500/Individual $3,000/Family	None
Annual Out-of-Pocket Max (Cal Yr.) Individual/Family	$5,500/Individual $11,000/Family	$2,500/Individual $5,000/Family	$4,000/Individual $8,000/Family
Physician Services			
Primary Care	$40 Copay*	$15 Copay*	$30 Copay
Specialist Visits	$40 Copay*	$15 Copay*	$30 Copay / Access+Spec: $45
Preventive Care	No Copay*	No Copay*	No Copay
Chiropractic Care (Self referral – ASH Network)	$10 Copay* (30 visits/year)	$10 Copay* (30 visits/year)	$10 Copay (30 visits/year)
Hospital Services			
Inpatient Hospitalization	40% after deductible	10% after deductible	$500/day ($1,500 Copay Max)
Outpatient Surgery	40% after deductible	15% after deductible	$500/Surgery
Diagnostic X-Ray & Lab			
X-Ray/Lab	No Charge*	No Charge*	No Charge
Emergency and Urgent Care Visits			
Emergency Room	$150 Copay*	$150 Copay*	$250 Copay
Urgent Care	$40 Copay*	$15 Copay*	$30 Copay
Prescriptions (30-day supply)			
Prescription Deductible	None	None	None
Tier 1/Generic	$10 Copay	$10 Copay	$10 Copay
Tier 2/Brand Formulary	$20 Copay	$20 Copay	$20 Copay
Tier 3/Brand Non-Formulary	$35 Copay	$35 Copay	$35 Copay

Deductible does not apply



JTS Medical contribution is based on years of service. Excess contribution applies toward the Dependent(s) cost for Medical ONLY.

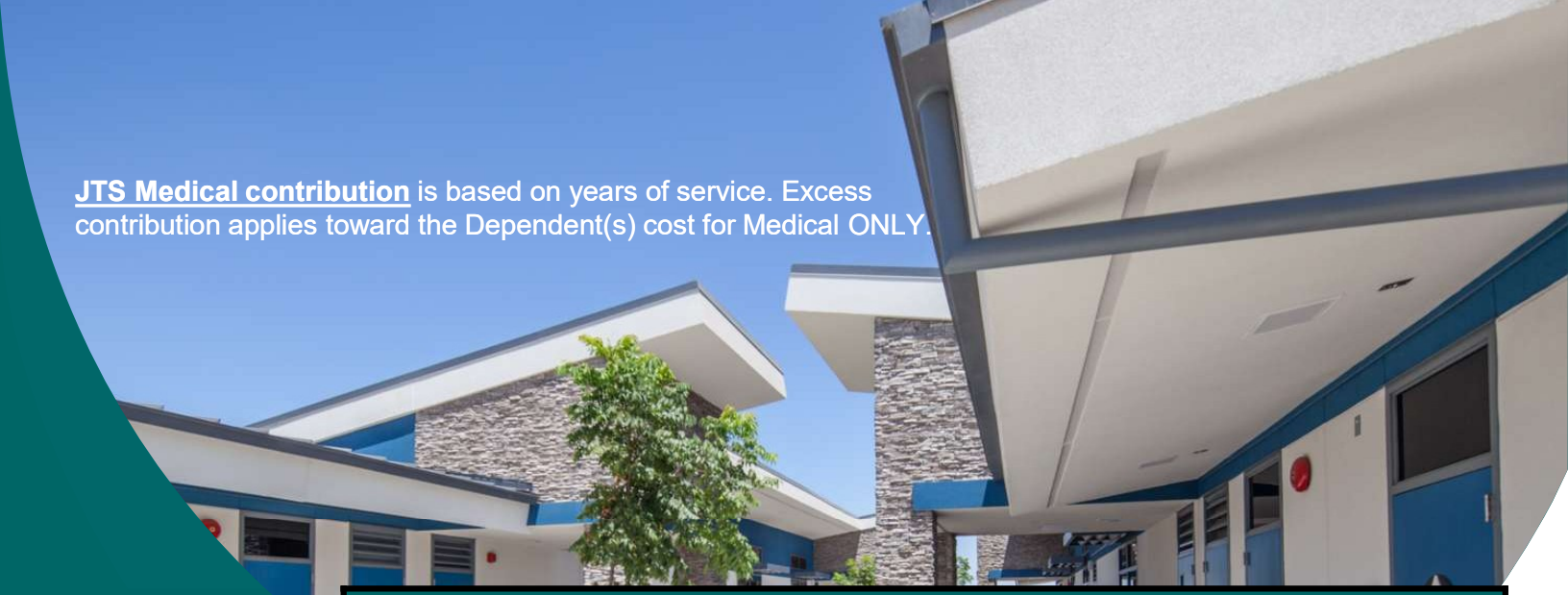
	Monthly Deductions							
	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family	
	0-3 Years of Service							
	Hourly	Salary	Hourly	Salary	Hourly	Salary	Hourly	Salary
Trio HMO Facility Ded 40-40%/2000	$231.68	$101.68	$888.15	$758.15	$728.17	$598.17	$1,357.02	$1,227.02
Trio HMO Facility Ded 15-10% 1500	$303.20	$173.20	$1,044.80	$914.80	$862.82	$732.82	$1,574.59	$1,444.59
Access+ HMO Per Day 30-500	$459.19	$329.19	$1,386.46	$1,256.46	$1,160.48	$1,030.48	$2,048.76	$1,918.76
	3-5 Years of Service							
	Hourly	Salary	Hourly	Salary	Hourly	Salary	Hourly	Salary
Trio HMO Facility Ded 40-40%/2000	$91.68	$0.00	$748.15	$548.15	$588.17	$388.17	$1,217.02	$1,017.02
Trio HMO Facility Ded 15-10% 1500	$163.20	$0.00	$904.80	$704.80	$722.82	$522.82	$1,434.59	$1,234.59
Access+ HMO Per Day 30-500	$319.19	$119.19	$1,246.46	$1,046.46	$1,020.48	$820.48	$1,908.76	$1,708.76
	5+ Years of Service							
	Hourly	Salary	Hourly	Salary	Hourly	Salary	Hourly	Salary
Trio HMO Facility Ded 40-40%/2000	$0.00	$0.00	$608.15	$338.15	$448.17	$178.17	$1,077.02	$807.02
Trio HMO Facility Ded 15-10% 1500	$23.20	$0.00	$764.80	$494.80	$582.82	$312.82	$1,294.59	$1,024.59
Access+ HMO Per Day 30-500	$179.19	$0.00	$1,106.46	$836.46	$880.48	$610.48	$1,768.76	$1,498.76

Medical Coverage (cont.)

The following chart summarizes the benefits for the medical PPO plans offered to all eligible employees.

blue california	Full PPO Combined Deductible Value 40-4000 80/50		Full PPO Combined Deductible Value 25-2500 80/50	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Calendar Year) Individual/Family	$4,000/Individual $8,000/Family		$2,500/Individual $5,000/Family	
Annual Out-of-Pocket Max (Cal Yr.) Individual/Family	$6,850/Individual $13,700/Family	$14,000/Individual $28,000/Family	$6,850/Individual $13,700/Family	$10,500/Individual $21,000/Family
Member Co-Insurance	20%	50%	20%	50%
Physician Services				
Primary Care	$40 Copay*	50% after deductible	$25 Copay*	50% after deductible
Specialist Visits	$45 Copay*	50% after deductible	$30 Copay*	50% after deductible
Preventive Care	No Copay*	Not Covered	No Copay*	Not Covered
Hospital Services				
Inpatient Hospitalization	20% after deductible	50% after deductible ($600/day benefit max)	20% after deductible	50% after deductible ($600/day benefit max)
Outpatient Surgery	25% after deductible	50% after deductible ($350/day benefit max)	25% after deductible	50% after deductible ($350/day max bene)
Diagnostic X-Ray & Lab				
X-Ray/Lab	$40 Copay after deductible	50% after deductible	$25 Copay after deductible	50% after deductible
Emergency and Urgent Care Visits				
Emergency Room	$150 Copay + 20%*		$150 Copay + 20%*	
Urgent Care	$40 Copay*	50% after deductible	$25 Copay*	50% after deductible
Prescriptions (30-day supply)				
Prescription Deductible	None	None	None	None
Tier 1/Generic	$10 Copay	$10 Copay + 25%	$10 Copay	$10 Copay + 25%
Tier 2/Brand Formulary	$20 Copay	$20 Copay + 25%	$20 Copay	$20 Copay + 25%
Tier 3/Brand Non-Formulary	$35 Copay	$35 Copay + 25%	$35 Copay	$35 Copay + 25%

Deductible does not apply



JTS Medical contribution is based on years of service. Excess contribution applies toward the Dependent(s) cost for Medical ONLY.

	Monthly Deductions							
	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family	
	0-3 Years of Service							
	Hourly	Salary	Hourly	Salary	Hourly	Salary	Hourly	Salary
Full PPO Combined Deductible Value 40-4000 80/50	$1,104.82	$974.82	$2,800.35	$2,670.35	$2,387.15	$2,257.15	$4,011.43	$3,881.43
Full PPO Combined Deductible Value 25-2500 80/50	$1,166.01	$1,036.01	$2,934.36	$2,804.36	$2,503.42	$2,373.42	$4,197.47	$4,067.47
	3-5 Years of Service							
	Hourly	Salary	Hourly	Salary	Hourly	Salary	Hourly	Salary
Full PPO Combined Deductible Value 40-4000 80/50	$964.82	$764.82	$2,660.35	$2,460.35	$2,247.15	$2,047.15	$3,871.43	$3,671.43
Full PPO Combined Deductible Value 25-2500 80/50	$1,026.01	$826.01	$2,794.36	$2,594.36	$2,363.42	$2,163.42	$4,057.47	$3,857.47
	5+ Years of Service							
	Hourly	Salary	Hourly	Salary	Hourly	Salary	Hourly	Salary
Full PPO Combined Deductible Value 40-4000 80/50	$824.82	$554.82	$2,520.35	$2,250.35	$2,107.15	$1,837.15	$3,731.43	$3,461.43
Full PPO Combined Deductible Value 25-2500 80/50	$886.01	$616.01	$2,654.36	$2,384.36	$2,223.42	$1,953.42	$3,917.47	$3,647.47

Voluntary Dental Coverage

The following chart summarizes the dental benefits for the Dental plans offered to all eligible employees.

blue california	Dental HMO		Dental PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Calendar Year) (Waived for Preventive & Diagnostic)	None	N/A	$50/Individual $150/Family	$50/Individual $150/Family
Annual Maximum (Calendar Year)	Unlimited	N/A	$1,500/Person	$1,500/Person
			The sum of In and Out-of-Network will not exceed the Annual Maximum.	
Preventive & Diagnostic Services				
Oral Exam, X-rays, Cleanings	See Fee Schedule	Not Covered	No Charge	No Charge
Basic Services				
Fillings, Extractions	See Fee Schedule	Not Covered	20%	20%
Periodontics (Gum Treatment)	See Fee Schedule	Not Covered	20%	20%
Endodontics (Root Canals)	See Fee Schedule	Not Covered	20%	20%
Major Services				
Crowns, Dentures, Bridges	See Fee Schedule	Not Covered	50%	50%
Orthodontia – Lifetime Benefit				
Child/Adult	$1,400 Copay / $1,700 Copay	Not Covered	Not Covered	Not Covered

Dental Maintenance Organization (DHMO)

- If you elect coverage in this plan you must select a contracted dentist from the DHMO provider list. All care must be provided by the primary dentist.
- You may change dentist once each month prior to the 15th of the month for the following month.
- The DHMO features unlimited benefits but does require a copay for each covered procedure.

Dental Preferred Provider Organization (DPPO)

- When visiting an out-of-network dentist, please remember that you are responsible for amounts in excess of charges above the allowable amounts. Out-of-network dentists are not contracted with the carriers; therefore, members may expect to pay more for utilizing a dentist outside of the network.
- A pre-determination of benefits is recommended for treatment plans that amount to $300 or greater so you can make an informed decision.

	Dental Monthly Deductions			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Dental HMO	$16.28	$31.75	$34.35	$49.66
Dental PPO	$32.33	$67.89	$71.15	$96.99

Voluntary Vision Coverage

The following chart summarizes the Vision benefits for the Vision plan offered to all eligible employees.

blue california	Vision Plus 10/25/130	
	In-Network	Out-of-Network Reimbursement
Basic Eye Exam	$10 Copay	Up to $60
Lenses	**($25 Copay for Materials)**	
Single Vision	100% Coverage	Up to $43
Bifocal	100% Coverage	Up to $60
Trifocal	100% Coverage	Up to $75
Contact Lenses (in lieu of lenses and frames)		
Elective	$130 Allowance	Up to $85
Frames		
Frames	$130 Allowance	Up to $85
Benefit Frequency		
Eye Exam	Every 12 Months	
Lenses	Every 12 Months	
Frames	Every 24 Months	

Vision Monthly Deductions			
Employee Only	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
$6.65	$13.17	$12.89	$19.62

Basic Life/AD&D Coverage

Life insurance provides financial protection for your loved ones in case of your death. Accidental Death & Dismemberment (AD&D) coverage offers added protection if an accident causes loss of life, limbs, and/or senses.

JTS provides all active employees (and your eligible dependents) with a basic life benefit. Additionally, employees are also provided with (AD&D) benefit through New York Life, free of cost to you!

Employer Provided Life Amount	Employer Provided AD&D Amount
$50,000	$50,000

Benefit reduces by:

- 35% at age 65
- 50% at age 70

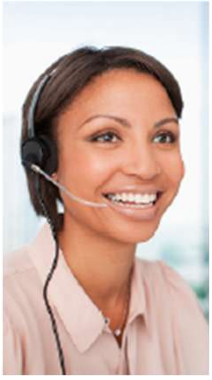
Employer Provided Dependent Life	
Spouse/Registered Domestic Partner	$10,000
Child(ren)—live birth to age 26	$10,000

BENEFICIARY – IMPORTANT INFORMATION: You must name a beneficiary for your life and AD&D benefits. Beneficiary changes can be done at any time during the plan year.

Employee Assistance Program

Employee Assistance Program - As an eligible employee, you and your household members will receive confidential support, resources, and services designed to help with issues that may arise personally or professionally. The EAP through New York Life is provided at no cost to you! It can help you and your family deal with everyday challenges, including:

- Three counseling sessions per issue
- Depression, grief loss and emotional well-being
- Family, marital and other relationship issues
- Balancing priorities
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Community resources
- Online tools
- Five Well-being Coaching sessions



Contact Information

24/7 – Employee Assistance and Wellness Support

❖ Phone: **(800) 344-9752**
❖ Website: guidanceresources.com
First time visitor? Click “Register” and enter “NYLGBS” as the Organization Web ID.

Voluntary Life / AD&D Coverage

JTS provides all active employees with the option of purchasing additional Life and AD&D insurance for yourself, a spouse, and/or child(ren) through New York Life at low group rates! When you enroll yourself and your dependents in this benefit, you pay the full cost through post-tax payroll deductions. Please note that you will need to complete an evidence of insurability form if you elect an amount above the guaranteed issue, guarantee issue amounts are listed below. ***During Open Enrollment ONLY, all eligible employees and their spouse can elect up to the Guarantee Issue amounts without needing to complete an Evidence of Insurability.***

	Employee	Spouse/Domestic Partner	Child(ren)
Coverage Increments	$10,000	$5,000	$5,000
Guarantee Issue Amount	$60,000	$20,000	$25,000
Maximum Amount	$300,000	$100,000	$25,000; under 6 months old: $1,000

The coverage amount for your spouse cannot exceed 100 percent of your additional Life Coverage.

Child(ren) under 6 Months old is limited to $1,000 of coverage.

Rates for your spouse are based on spouse age; please refer to your voluntary life/AD&D enrollment kit for rates.

Voluntary Pet Insurance

NEW

MetLife

Should your pet ever get sick or have a serious accident, **MetLife's** comprehensive pet insurance plans are always here for you. MetLife strives to make the best pet insurance plans available to dogs, cats, avian & exotic pets of all ages, providing them access to the best medical coverage and veterinary care options. Now, giving your loved ones the best pet insurance coverage is as easy as growing old together!

The pet insurance is now direct-bill to the employee rather than payroll deduction.
Changes to policies can be made during renewal and are subject to underwriting approval.

- ✓ **Get cash back on eligible vet bills**: Choose your reimbursement level up to 90%
- ✓ **Preferred pricing exclusively for employees**
- ✓ **Use any vet, anywhere:** No networks, no pre-approvals

Coverage includes:

- Accidents
- Hereditary and congenital conditions
- Cancer
- Rx therapeutic diets
- Dental diseases
- Illnesses
- Holistic treatments
- And more*

Quote and Enroll at:

www.metlife.com/getpetquote (be sure to select JTS Construction / JTS Modular as your employer) or **Call (800-438-6388)**

Voluntary Legal Plan

NEW

MetLife

The plan covers over 100 legal matters, including:

- **Estate Planning**: Create wills, living wills, powers of attorney, and trusts online or with an attorney.
- **Family & Personal Matters**: Name changes, adoption, elder care, and sending kids to college.
- **Home & Real Estate**: Buying, selling, renting, and security deposit disputes.
- **Financial Issues**: Student loan help, identity theft resolution, and contacting creditors.
- **Civil Lawsuits & Traffic Violations**: Legal representation and advice (excluding DUI).

Legal Plan Services	Monthly Deduction
Family	$21.75

Get more information:
Visit www.legalplans.com/whyenroll or call 1-800-821-6400 to learn more.

Frequently Asked Questions

1. **What is a Deductible?**

   A deductible is the amount of money you or your dependents must pay toward a health claim before your health plan makes any payments for covered health care services.

2. **What is a Coinsurance?**

   Coinsurance is the percentage of costs you must pay and that which the health plan must pay.

3. **What is Out-of-Pocket Maximum?**

   The maximum amount (deductible, copay, and coinsurance) that you will pay for covered expenses under a plan. Once the out-of-pocket maximum is reached, the plan will cover eligible expenses at 100%.

4. **What is In-Network?**

   Typically refers to physicians, hospitals, or other health care providers who contract with the insurance plan (usually an HMO or PPO) to provide services to its members. Coverage for services received from in-network providers will typically be greater than for services received from out-of-network providers, depending on the plan.

5. **What is a Copay?**

   A fixed amount ($20, for example) you pay for a covered health care service at the time of service.

How to Find a Provider

Blue Shield of California Medical

- **Finding doctors, specialists, hospitals, and pharmacies:**
  - Simply go to the website below for the health plan you're interested in and enter your search criteria and search :
    - Access+ HMO Plan: www.blueshieldca.com/networkhmo
    - Trio HMO Plan: www.blueshieldca.com/networktriohmo
    - PPO Plan (within CA): www.blueshieldca.com/pponetwork

For HMO Plans Chiropractic Care, when clicking on the above link, chose "Alternative Medicine" on the landing page and Visit American Specialty Health Network. Select "Chiropractic" from the drop-down menu and enter the location you wish to search.

- **How to find your Primary Care Provider's ID Number**
  - When enrolling in a Blue Shield of California HMO plan for the first time, you may need to provide the ID number for your primary care physician (PCP). Once you locate your PCP's name in the Find a Doctor tool, click on the doctor's name and then click "see ID's" under Primary Care Physician ID to see their ID number.
- **How to find urgent or emergency care outside of California**
  - As Blue Shield member, you are always covered for urgent and emergency care when away from home. To find providers in the U.S., visit **provider.bcbs.com** or call BlueCard Access at **(800) 810-BLUE (2583).** To find international providers, visit bcbsglobalcore.com or call the Blue Shield Global Core service center collect at **(804) 673-1177** from outside the U.S.

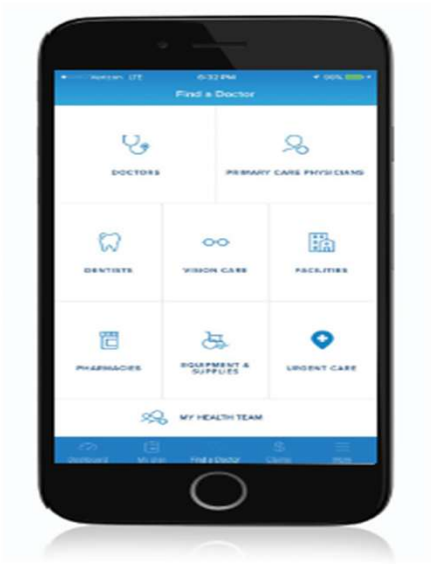
Blue Shield of California Dental

- Visit www.blueshieldca.com/fad/home
- Select the "DENTISTS" tile
- If you don't want to log in or create an account, click "Continue as a guest"
- Enter your Zip Code or Address
- Select "2026" under Plan year
- Choose Plan type:
  - For Dental HMO: Dental HMO (Individual/Family or Group Plans)
  - For Dental PPO: Dental PPO (Group Plans)
- Enter search criteria and search

Blue Shield of California Vision

- Visit www.blueshieldca.com/fad/home
- Select the "VISION CARE" tile
- If you don't want to log in or create an account, click "Continue as a guest"
- Enter your Zip Code or Address
- Select "2026" under Plan year
- Choose Plan type:
  - Vision – all other
- Enter search criteria and search

Manage your health care anytime, anywhere from your phone, tablet, or computer



Download on the App Store

GET IT ON Google play

It's easy to get started:

From your phone, download the Blue Shield of California mobile app on the App Store℠ or Google Play™ and click register.

or

From your computer, register for your online account at blueshieldca.com/register.

Once you register, you'll be able to:

- Find a doctor or urgent care center near you
- View or print your Blue Shield member ID card
- Check your deductible and copayment/ coinsurance year-to-date totals
- View your claims
- Review your benefits information
- See your wellness benefits

Easy steps to print or order your ID card

Steps to register online

1. Go to **blueshieldca.com**.
2. Select *Log in/Register.*
3. Select *Register now.*
4. Enter your member ID number, located on your Blue Shield member ID card, along with your month, day, and year of birth.
5. Follow the prompts to verify your identity and choose a username, password, and security question.
6. Confirm delivery option (paperless or U.S. mail) and accept online account terms.

Steps to view or print temporary ID cards

1. Once you are registered and logged in, you will be on the *Dashboard* page.
2. Click on *View ID Card* under "Popular tasks."
3. Your ID card should be visible on this screen.
4. Select the print option, or right click to choose print options.

Steps to order ID cards

1. Log in to **blueshieldca.com**.
2. Click on your initials in the upper right corner.
3. Select *ID card* in the drop-down menu.
4. Select how many ID cards you need, and then click *Place Order.*

Next Steps

- Review the Benefits Open Enrollment Guide and supporting plan documents.
- You must communicate your choice(s). Log In to your Employee HR Homepage using the following link to complete the process:

  https://www.infinityhr.com/Employee/Homepage.aspx
- If you have trouble logging in, please call or email Stephanie Sutton at (661) 835-9270 Ext. 58 or stephanies@jtsconstruction.com .
- All employees must complete the benefits enrollment process as indicated above even those that are declining coverage.
- Open Enrollment will close on September 13, 2026.

Contact Information

Carrier	Coverage	Phone Number	E-mail/Website
Blue Shield of California	Medical Plans HMO & PPO	888-256-1915	www.blueshieldca.com
Blue Shield of California	Dental HMO	800-585-8111	www.blueshieldca.com
Blue Shield of California	Dental PPO	888-702-4171	www.blueshieldca.com
Blue Shield of California	Vision	877-601-9083	www.blueshieldca.com
NYL / Employee Assistance	Employee Assistance Program	800-344-9752	guidanceresources.com
MetLife	Pet Insurance	800-438-6388	www.metlife.com/getpetquote
MetLife	Legal Plan	800-821-6400	www.legalplans.com/whyenroll
Broker – Lina Juarez	All Coverages	818-224-6194	ljuarez@libertycompany.com
Broker – Danny Garcia	All Coverages	747-228-2433	danny.garcia@libertycompany.com
JTS – Stephanie Sutton	All Coverages	661-835-9270 Ext. 58	stephanies@jtsconstruction.com

Legal Notices

HIPAA Special Enrollment Notice

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

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

To request special enrollment or obtain more information, contact your plan administrator.

Women's Health and Cancer Rights Act 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 lymphedema.

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

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 caesarian 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 as applicable).

Patient Protections Notice

The Blue Shield HMO plans generally require 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, the carrier 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 plan administrator.

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

You do not need prior authorization from Blue Shield 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 the plan administrator.

Legal Notices

Continuation Coverage Rights Under COBRA

Introduction

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

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

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

What is COBRA continuation coverage?

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

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

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

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

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

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

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

Legal Notices

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

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

Are there other coverage options besides COBRA Continuation Coverage?

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

Legal Notices

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

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

https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start.

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

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

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

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

If you have questions

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

Keep your Plan informed of address changes

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

Plan Administrator contact information

Stephanie Sutton, 7001 McDivitt Drive Suite D, Bakersfield, CA 93313, Ph: 661-835-9270 Ext. 58

HIPAA Privacy Notice

The JTS plans maintain a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact your plan administrator.

JTS CONSTRUCTION

JTS MODULAR

For illustrative purposes only. We believe that the information included herein is accurate, however, the carrier plan documents and contracts (including Summary Plan Descriptions) are controlling. The information provided is not intended to be an inclusive list of cost, benefits, policy provisions, limitations, or exclusions. Refer to the carrier's contract or summary plan description for a complete explanation. In addition, the company reserves the right to modify or terminate any benefit plans at any time.

LIBERTY