IMPORTANT INFORMATION

Notice Summary

This guide includes federally required notices for employer-sponsored group health plans. These notices help you understand your rights, responsibilities, and key health coverage protections under federal law. Notices included:

- Medicare Part D Creditable/Non-Creditable Coverage Notice • CHIP / Medicaid Premium Assistance Notice
- Health Insurance Marketplace Notice ○ Part A: General Information
  - ○ Part B: Information About Health Coverage Offered by Your Employer • FMLA General Notice
- USERRA Rights and Health Coverage • HIPAA Notice of Privacy Practices
- COBRA Continuation Coverage Notice • HIPAA Special Enrollment Rights
- Women's Health and Cancer Rights Act (WHCRA) Notice
- Newborns' and Mothers' Health Protection Act (NMHPA) Notice • Break Time for Nursing Mothers (FLSA) Notice
- Genetic Information Nondiscrimination Act (GINA) Notice • ACA Compliant Plan Notice
- Wellness Program Notice (HIPAA & EEOC)
- Patient Protection & Provider Choice Notice
- ACA – Preventive Services for Non-Grandfathered Plans
- Michelle's Law Notice

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE & MEDICARE

This notice is current as of January 1, 2026

Please read this notice carefully and keep it where you can find it. This notice contains information about your current prescription drug coverage with PanTeXas Deterrence and your options under Medicare's prescription drug coverage. It can help you decide whether you want to join a Medicare drug plan.

There are two important things you need to know:

1. **Medicare prescription drug coverage became available to everyone with Medicare in 2006.** You can get this coverage through Medicare Prescription Drug Plans or Medicare Advantage Plans (like HMOs or PPOs) that offer drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare.
2. **PanTeXas Deterrence has determined the prescription drug coverage listed below is either "Creditable" or "Non-Creditable"**—this means:

Creditable Coverage – You will not pay a penalty if you join Medicare later:
PanTeXas Deterrence has determined that the following prescription drug coverage is, on average, at least as good as Medicare Part D:

PPO Select, PPO Core and Choice Fund HSA

Because this coverage is Creditable, you can keep it and not pay a higher premium (penalty) if you decide to enroll in a Medicare drug plan later (Medicare Part D).

When Can You Join a Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from **October 15 to December 7.**

If you lose your current creditable prescription drug coverage (through no fault of your own), you'll be eligible for a **two-month Special Enrollment Period** to join a Medicare drug plan.

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This notice is current as of January 1, 2026

What Happens if You Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current PanTeXas Deterrence coverage:

- **Will not be affected** if you are enrolled in a creditable plan and wish to keep both.
- **May not be reinstated** if you drop it to join Medicare—please contact HR before making any coverage changes.

Why Might You Pay a Penalty?

If you go **63 continuous days or longer without creditable prescription drug coverage** after becoming Medicare-eligible, your monthly Part D premium may increase by at least **1% of the base premium** for every month you were without coverage. You may have to pay this higher premium as long as you have Medicare drug coverage.

For More Information:

Visit Medicare.gov, call 1-800-MEDICARE (1-800-633-4227), or refer to your copy of the "Medicare & You" handbook.

If you have limited income and resources, you may qualify for "Extra Help" with your Medicare drug costs. For more information, visit SocialSecurity.gov or call 1-800-772-1213.

Need Help? Contact Pantex Benefits at benefitspantex@pantex.doe.gov for questions about your prescription drug coverage.

Remember to keep this notice. If you enroll in a Medicare drug plan, you may be required to provide this notice to show whether you had creditable coverage.

CHILDREN'S HEALTH INSURANCE PROGRAM & MEDICAID

This notice is current as of January 1, 2026

Children's Health Insurance Program (CHIP) / Medicaid Premium Assistance Notice 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 Texas you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility:

TEXAS– Medicaid

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

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved OMB No. 1210-0149 (expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution-as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

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[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2025, through July 31, 2026. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer- sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Michelle Cotter.

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

HEALTH INSURANCE MARKETPLACE

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 PanTeXas Deterrence, LLC	4. Employer Identification Number (EIN) 92-3671850	
5. Employer Address US HWY 60 & FM 2373	6. Employer Phone Number 806-573-6780	
7. City Amarillo	8. State TX	9. Zip Code 79120
10. Who can we contact about health coverage at this job? Lisa Simpson		
11. Phone Number (if different from above):	12. Email Address lisa.simpson@pantex.doe.gov	

As your employer, we offer a health plan to:

☑ All employees. Eligible employees are:

Active full-time employees working 30 or more hours a week.

☐ Some employees. Eligible employees are:

☑ With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouses and children up 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 will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

HEALTH INSURANCE MARKETPLACE

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ Yes (Continue) 13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____(mm/dd/yyyy) (Continue)

☐ No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*? Yes
☑ (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs. a. How much would the employee have to pay in premiums for this plan? $

b. How often? ☐ Weekly Every 2 weeks Twice a month ☐ Monthly ☐ Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?_____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? $ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• An 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

FMLA, USERRA, HIPAA, COBRA

This notice is current as of January 1, 2026

FMLA General Notice

The Family and Medical Leave Act (FMLA) entitles eligible employees to up **to 12 weeks of unpaid, job-protected leave** in a 12-month period for certain family and medical reasons, and up to **26 weeks** for military caregiver leave. During FMLA leave, your group health benefits will be maintained.

Eligibility:

- 12 months of employment
- 1,250 hours worked in the past year
- Worksite with 50+ employees within 75 miles

For more information, visit www.dol.gov/whd/fmla.

USERRA Rights and Health Coverage

Under the Uniformed Services Employment and Reemployment Rights Act (USERRA), employees who leave for military service may continue their group health coverage for up to **24 months.** Coverage may end earlier if premium payments are not made, reemployment rights are not exercised within required timeframes, or discharge from service is dishonorable.

In addition to COBRA-like continuation rights, USERRA guarantees reemployment rights following qualified military service. Returning service members must be restored to the position they would have attained had they not been absent for service, with the same seniority, benefits, and pay. Employers are prohibited from discriminating based on uniformed service.

HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), along with the HITECH Act, protects the privacy of your personal health information (PHI). We are required by law to maintain the confidentiality of your PHI and to provide you with a Notice of Privacy Practices. This notice explains how we may use and disclose your PHI to carry out treatment, payment, or healthcare operations, and for other permitted purposes. You have the right to:

- Inspect and obtain a copy of your PHI •
  Request amendments to your PHI
- Receive an accounting of certain disclosures
- Request restrictions on certain uses or disclosures
- Receive communications through alternative means or at alternative locations •
  File a complaint without retaliation

To obtain the full Notice of Privacy Practices or for questions about our privacy practices, contact HR.

COBRA Continuation Coverage

If you (or your dependents) lose group health coverage due to a qualifying event (such as termination of employment or reduction in hours), you and your family may elect COBRA continuation coverage. You have **60 days** from the date you receive your COBRA election notice to elect coverage. Coverage generally continues for up to **18 months, or up to 36 months depending on the qualifying event**. You will be required to pay up to 102% of the cost of the coverage. Your employer is required to provide a COBRA General Notice within 90 days of your enrollment in the plan and an Election Notice at the time of a qualifying event. Contact HR for additional information about your COBRA rights.

SPECIAL ENROLLMENT EVENTS, WHCRA, NMHPA, FLSA, GINA

This notice is current as of January 1, 2026

Special Enrollment Events

You and your eligible dependents may enroll in your employer's health plan outside of the annual open enrollment period if you experience a qualifying life event, such as:

- Marriage, birth, adoption, or placement for adoption (must enroll within 31 days of the event)
- Loss of other group health coverage (must enroll within 31 days of losing coverage)
- Loss of Medicaid or CHIP eligibility or gaining eligibility for premium assistance (must enroll within 60 days of the event)

You do not have to elect COBRA continuation coverage to preserve special enrollment rights. Please contact HR promptly if you experience a qualifying life event.

Women's Health and Cancer Rights Act (WHCRA)

If you have had or are planning to have a mastectomy, you may be entitled to benefits under WHCRA. These benefits include:

- 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, including lymphedema

These benefits are provided subject to the plan's standard cost-sharing provisions. The plan must provide **this notice annually.**

Newborns' and Mothers' Health Protection Act (NMHPA)

Under federal law, group health plans may not restrict benefits for hospital stays related to childbirth to less than **48 hours** for a vaginal delivery or **96 hours** for a cesarean section. Plans may not require prior authorization for these stays. However, the attending provider, after consulting with the mother, may discharge the mother or newborn earlier.

Break Time for Nursing Mothers (FLSA)

Under the Fair Labor Standards Act (FLSA), employees who are nursing mothers have the right to:

- **Reasonable break time** to express breast milk for up to one year after the child's birth
- **A private space (not a bathroom)** that is shielded from view and free from intrusion If you need space or schedule adjustments for this purpose, please contact HR so accommodations can be arranged.

Genetic Information Nondiscrimination Act (GINA)

GINA prohibits group health plans and employers from using genetic information—including family medical history—to determine eligibility, premiums, or contribution amounts.
Employers and plans are also prohibited from requesting, requiring, or purchasing genetic information for underwriting purposes or prior to enrollment. Genetic information may only be collected in very limited situations (e.g., for determining a claim), and only the minimum necessary may be used. Contact HR if you have questions about your rights under GINA.

ACA, Wellness Program Notice, Michelle's Law

This notice is current as of January 1, 2026

ACA Compliant Plan Notice

Your employer's health plans meet the minimum value and affordability standards as set by the ACA. This means the coverage qualifies as minimum essential coverage and meets the standards required to avoid penalties under the ACA individual mandate. Because of this, if you are eligible for this plan, you may not qualify for a premium subsidy on the Marketplace.

Wellness Program Notice (HIPAA & EEOC)

If you choose to participate in our wellness program, you may be asked to complete a health risk assessment or biometric screening. Participation is **voluntary**. Information you provide will be used to help you understand your health risks and offer relevant resources.

Your medical information will be kept confidential and will not be shared with your employer, except as necessary to administer the program and comply with the law.

Affordable Care Act (ACA) – Preventive Services for Non-Grandfathered Plans

Our health plans are **non-grandfathered** under the ACA. This means they cover certain preventive services at **no cost to you,** when delivered by an in-network provider. You will not pay a deductible, copay, or coinsurance for these services.
Examples include:

- Routine immunizations (for children and adults)
- Screenings (such as cholesterol, blood pressure, diabetes, cancer, depression) • Well-woman visits, prenatal screenings, and breastfeeding support
- FDA-approved contraceptives and counseling

Michelle's Law Notice

If your dependent child's coverage depends on student status, coverage will continue for up to one year during a medically necessary leave of absence from school.

Federal Notices – Resource Guide

Below are official resources where you can find more information about the laws and protections described in this document.

1. **Medicare Part D Creditable Coverage Notice**
   https://www.medicare.gov/drug-coverage-part-d

2. **CHIP / Medicaid Premium Assistance Notice**
   https://www.insurekidsnow.gov/

3. **Health Insurance Marketplace Notice**
   https://www.healthcare.gov/

4. **FMLA General Notice**
   https://www.dol.gov/agencies/whd/fmla

5. **USERRA Rights and Health Coverage**
   https://www.dol.gov/agencies/vets/programs/userra

6. **HIPAA Notice of Privacy Practices**
   https://www.hhs.gov/hipaa/for-individuals/privacy-rights/index.html

7. **COBRA Continuation Coverage Notice**
   https://www.dol.gov/general/topic/health-plans/cobra

8. **HIPAA Special Enrollment Rights**
   https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/

9. **Women's Health and Cancer Rights Act (WHCRA)**
   https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/fact-sheets/your- rights-after-a-mastectomy-womens-health-and-cancer-rights-act-of-1998

10. **Newborns' and Mothers' Health Protection Act (NMHPA)**
    https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/nmhpa

11. **Break Time for Nursing Mothers (FLSA)**
    https://www.dol.gov/agencies/whd/nursing-mothers

12. **Genetic Information Nondiscrimination Act (GINA)**
    https://www.eeoc.gov/statutes/genetic-information-nondiscrimination-act-2008

13. **ACA Compliant Plan Notice**
    https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-MPanTeXas Deterrencet-Reforms

14. **Wellness Program Notice (HIPAA & EEOC)**
    https://www.eeoc.gov/laws/guidance/what-you-should-know-about-eeocs-rule-wellness-programs-and-title-i-americans-disabilities

15. Patient Protection & Provider Choice Notice

https://www.cms.gov/CCIIO/Resources/Files/Downloads/patient-protections-2-19-2013.pdf

16. ACA – Preventive Services for Non-Grandfathered Plans

https://www.healthcare.gov/coverage/preventive-services/

17. Michelle's Law Notice

https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/michelles-law