



2025

BENEFITS GUIDE

Torcon strives to offer you and your dependents a competitive and comprehensive benefits package. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Content & Contact Information

PLAN	CARRIER/GROUP #	CONTACT INFORMATION	PAGE
Open Access Medical/ Prescription Drug Plan	Cigna Group #: 357221	866-494-2111 www.cigna.com	3
HSA Medical/Prescription Drug Plan	Cigna Group #: 357221	866-494-2111 www.cigna.com	4
Online Tools	MyCigna	www.mycigna.com	5
Save Time and Money	ER us Urgent Care us MDLIVE	www.mycigna.com	6
Health Savings Account	Cigna/HSABank	866-494-2111 www.myCigna.com www.hsbank.com/Cigna	7
Vision Plan	Cigna Group #: 357221	www.cigna.com	8
Dental Plan	Delta Dental of NJ Group #: 9004-0001	800-452-9310 www.deltadentalnj.com	9
Dental Plan Enhancements	Delta Dental of NJ Group #: 9004-0001	800-452-9310 www.deltadentalnj.com	10
Flexible Spending Accounts & Transit Benefit (Excludes Puerto Rico residents)	Wex Group #: 26551	866-451-3399 www.wexinc.com/solutions/benefits	11
Basic and Voluntary Life and AD&D	NY Life Policy # FLX961593 and Policy # OK961684	800-362-4462	12
Employee Assistance Program	ComPsych Employee Assistance & Wellness Support	800-344-9752 www.guidanceresources.com Web ID: NYLGBS	13
Travel and Accidental Death Insurance	Chubb Insurance Company Policy #: 9905-08-54	Patricia McKluskey 732-704-9800	14
Voluntary Long-Term Disability	Unum Group #: 418485	Patricia McKluskey 732-704-9800	15
Voluntary Short-Term Disability	AFLAC	800-992-3522 www.aflac.com	15
Voluntary Benefit Programs	AFLAC Account #: RA572	800-992-3522 www.aflac.com	16-17
Pet Insurance	Nationwide	877-738-7874 https://benefits.petinsurance.com/torcon	18
Norton Identity Theft	Torcon	800-607-9174 www.lifelockbusinesssolutions.com/ employeebenefits/benefitplans	19
401(k) Retirement Plan	Torcon	Patricia McKluskey 732-704-9800	20
Retirement Plan Investment Advisors	Merrill Lynch	John Lembeck 732-530-3059	20
Administrator	Transamerica Account: QK6250400001	800-755-5801	20
Social Security Benefits	Torcon	Patricia McKluskey 732-704-9800	20
Additional Benefits	Torcon	Patricia McKluskey 732-704-9800	20
Benefits Member Advocacy Center	Conner Strong & Buckelew Member Advocacy	800-563-9929 cssteam@connerstrong.com	21
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Medical & Prescription Drug Plan

Cigna

Below is a summary of the plans available to employees **who work a minimum of 20 hours per week**, effective January 1, 2025. **Reminder:** Preventive Care services and Women’s Preventive services are covered in-network at 100% with no copay!

Cigna Open Access Medical Plan

SERVICES	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual/Family	\$500/\$1,500	\$1,000/\$3,000
Coinsurance	Plan pays 90% after deductible	Plan pays 70% after deductible
Out-of-Pocket Maximum* Individual/Family	\$1,500/\$4,500	\$5,000/\$15,000
Primary Care Physician (PCP) Office Visit	\$20 copay	Plan pays 70% after deductible
Specialist Office Visit	\$40 copay	Plan pays 70% after deductible
Preventive Care	Plan pays 100%, no deductible	Plan pays 70% no deductible
Inpatient Hospital Facility Physicians Fees	Plan pays 90% after deductible	\$100 per admission deductible, then plan pays 70% Covered 70% after deductible
Outpatient Surgery Facility Physicians Fees	Plan pays 90% after deductible	\$100 per admission deductible, then plan pays 70% Covered 70% after deductible
Diagnostic Lab and X-ray	Plan pays 90% after deductible	Plan pays 70% after deductible
Urgent Care	\$20 copay	Plan pays 70% after deductible
Emergency Room	\$100 copay (waived if admitted)	
Inpatient Mental Health & Substance Abuse	Plan pays 90% after deductible	\$100 copay per confinement then plan pays 70%
Outpatient Mental Health & Substance Abuse (Office Setting)	\$40 copay	Plan pays 70% after deductible
PRESCRIPTION BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Prescription Drug Deductible Individual/Family	\$100/\$300	
Retail (up to a 30-day supply) ** Generic Preferred Non-Preferred	\$5 copay after deductible \$30 copay after deductible \$60 copay after deductible	Plan pays 50%
Mail-Order (up to a 90-day supply) Generic Preferred Non-Preferred	\$12.50 copay after deductible \$75 copay after deductible \$150 copay after deductible	Not Covered

* Please note: The Out-of-Network Out-of-Pocket Max listed does not include services over the Usual and Customary charge, office visit copays and per confinement copays.

** Deductible waived for generics.

Medical & Prescription Drug Plan

Cigna

Below is a summary of the plans available to employees **who work a minimum of 20 hours per week**, effective January 1, 2025. **Reminder:** Preventive Care services and Women’s Preventive services are covered in-network at 100% at no cost!

Health Savings Account Open Access Plus

BENEFIT DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual/Family*	\$1,650 / \$3,300	\$6,550 / \$13,100
Coinsurance	Plan pays 90%	Plan pays 70%
Out-of-Pocket Maximum Individual/Family**	\$6,550 / \$13,100	\$10,000 / \$20,000
Preventive Care Services	Covered 100%, no deductible	Plan pays 70%, no deductible
Primary Care Physicians	Plan pays 90% after deductible	Plan pays 70% after deductible
Specialist Office Visit	Plan pays 90% after deductible	Plan pays 70% after deductible
Diagnostic Laboratory	Plan pays 90% after deductible	Plan pays 70% after deductible
Diagnostic X-Ray/Imaging	Plan pays 90% after deductible	Plan pays 70% after deductible
Emergency Room	Plan pays 90% after in-network deductible	
Urgent Care Center	Plan pays 90% after deductible	Plan pays 70% after deductible
Inpatient Hospital	Plan pays 90% after deductible	Plan pays 70% after deductible
Outpatient Surgery	Plan pays 90% after deductible	Plan pays 70% after deductible
Therapy Services Spinal Manipulations (25 visits per year) Speech/ Occupational & Physical Therapy (40 visits per year)	Plan pays 90% after deductible Plan pays 90% after deductible	Plan pays 70% after deductible Plan pays 70% after deductible
Mental Health & Substance Abuse Inpatient or Outpatient Office / Facility	Plan pays 90% after deductible	Plan pays 70% deductible

PRESCRIPTION BENEFITS

**RETAIL
(UP TO A 30-DAY SUPPLY)**

**MAIL ORDER
(UP TO A 90-DAY SUPPLY)**

Prescription benefits for this plan are included in your deductible.

**Generic
Preferred Brand
Non-Preferred Brand
Specialty Medications**

Plan pays 100% after deductible

Plan pays 100% after deductible

* Entire Family Deductible must be met before benefits are paid

** After each member of a family meets their individual OOP, plan pays 100% for the member. After family OOP has been met, plan pays 100%

Online Tools

MyCigna

IMPORTANT

Cigna ID Cards

To obtain a copy of your ID card, you will need to create an account on www.mycigna.com or on the myCigna app. Once you register, you will be able to email, download, and print your ID card.

MyCigna Website and Mobile App

There's so much you can do on myCigna website or the myCigna App, including accessing a variety of health and wellness tools. The myCigna website and app both have an easy interactive health assessment to help you learn more about your health and what you can do to improve it.

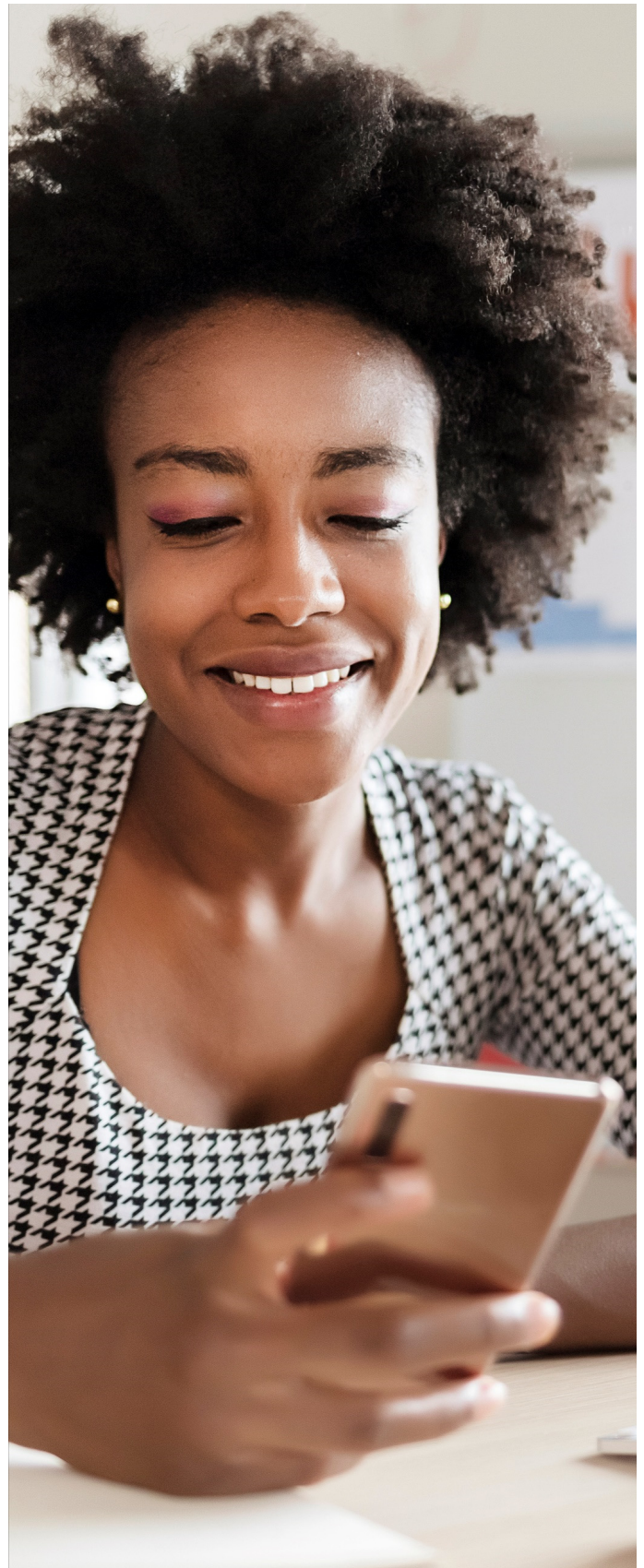
REGISTER TODAY

You can register online or through the app.

1. Go to www.mycigna.com or launch the myCigna App and select "Register Now"
2. Enter the requested information
3. Confirm your identity
4. Create your security information and provide your primary email address
5. Review and submit

Price Assure powered by GoodRx

If you are enrolled in one of the Cigna medical plans, you will have access to Price Assure powered by GoodRx! GoodRx pricing is available for many commonly used non-specialty, generic medications (filled in a 30-day or 90-day supply) at any in-network retail pharmacy. All you need to do is present your Cigna ID card, and behind the scenes, Price Assure will compare the GoodRx price (when available) versus the benefit price and ensure you pay the lower amount! Additionally, any amount you pay out of pocket for a covered drug using Price Assure will count towards your deductible and maximum out of pocket amounts.



Save Time and Money

ER vs. Urgent Care vs. MDLIVE

Keep Non-Emergencies Out of the ER

Avoid long waits at the Emergency Room and reduce your out-of-pocket costs by utilizing MDLIVE and Urgent Care Centers for ailments that are not life-threatening. Both of these options provide fast, effective care—when you need care fast. Unnecessary visits to the ER can be very costly. When you keep non-emergencies out of the ER, you help keep benefits costs down, both for you and Torcon. **And the best part is, you can do this in the privacy of your home or office.**

Know Where to Get Care

Before you go to the ER, consider whether your condition is truly an emergency or if you can receive care from MDLIVE or Urgent Care instead. Below are just a few examples of where you can go and when.

MDLIVE	Urgent Care	Emergency Room
- Cold/Flu	- Allergic reactions	- Heart attack/ Stroke symptoms
- Allergies	- Bone x-rays, sprains or strains	- Chest pain, numbness in limbs or face, difficulty speaking, shortness of breath
- Animal/ insect bite	- Nausea, vomiting, diarrhea	- Coughing up or vomiting blood
- Bronchitis	- Fractures	- High fever with stiff neck, confusion or difficulty breathing
- Skin problems	- Whiplash	- Sudden, unexplained loss of consciousness
- Respiratory infection	- Sports injuries	- Excessive blood loss
- Sinus problems	- Cuts and minor lacerations	
- Strep throat	- Infections	
- Pink eye/ Eye irritation	- Tetanus vaccinations	
- UTI/ Urinary issues	- Minor burns and rashes	

Set Up Your MDLIVE Account

So You're Ready When Illness Strikes!

Whether you're on vacation or it's the middle of the night, the care you need is just to call or click away. You and your family members have unlimited on-demand access to doctors by phone or video chat from your mobile device - 24/7/365.

REGISTER TODAY!

It's quick and easy online. Visit MDLIVE at www.mycigna.com to video chat with a board certified doctor any time, or download the MDLIVE mobile app, available for iPhone and Android users. You can also call MDLIVE for assistance over the phone.

Why wait for the care you need? Schedule an appointment with an MDLIVE provider 24/7 on www.mycigna.com or call 1.888.726.3171.

Use Urgent Care Centers for Time-Sensitive Ailments

Urgent Care Centers are, on average, 80% less costly than Emergency Rooms. They are a convenient, cost-effective medical care alternative when your primary care physician is unavailable or your ailments cannot be treated through MDLIVE. Typically no appointments are necessary and most Urgent Care centers are open 7 days a week!

See the Savings!

MEDICAL SERVICES	EMERGENCY ROOM	URGENT CARE	ESTIMATED SAVINGS
Asthma	\$825	\$80	90%
Bronchitis	\$795	\$123	85%
Stitches	\$445	\$45	90%
Strep Throat	\$678	\$112	84%
UTI	\$940	\$108	88%

Health Savings Account (HSA)

Cigna/HSA Bank

What is an HSA?

A Health Savings Account (HSA) combines high deductible health insurance with a tax-favored savings account. Money in the savings account can help pay the deductible and coinsurance.

Once the deductible is met, the insurance starts paying. Money left in the savings account earns interest and is yours to keep.

- Tax-deductible Contributions to the HSA are 100% deductible (up to the legal limit)—just like an IRA.
- Tax-free Withdrawals to pay qualified medical expenses, including dental and vision, are never taxed.
- Tax-deferred Interest earnings accumulate tax-deferred, and if used to pay qualified medical expenses, are tax-free.
- HSA money is yours to keep. Unlike a flexible spending account (FSA), unused money in your HSA isn't forfeited at the end of the year; it continues to grow tax-deferred.

If you are no longer enrolled in an HDHP, your account remains active and you can use the remaining balance for medical expenses, but you can no longer make contributions. The assets in the HSA account always belong to you. Funds remain in the account from year to year unless they are used.

Who is eligible to participate in the HSA?

The IRS has strict guidelines for who is eligible to open and contribute to an HSA.

Under the law, an eligible individual:

- Must be covered under a qualified HDHP like the one offered to you through Torcon.
- May not be covered under any other health plan that is not a qualified HDHP, **including a spouse's flexible spending account (FSA)**.
- Must not be enrolled in Medicare (the healthcare component of the Social Security program).
- May not be claimed as a dependent on another individual's tax return.

Additionally, there are tax advantages to owning an HSA:

- HSA contributions are tax-free for you – whether they come from you or as gifts from friends or relatives.
- Unlike a 401(k), the money you and your employer contribute to your HSA through payroll is also not subject to social security (FICA) and Medicare taxes.
- Your account and investment earnings grow tax-free.
- You can withdraw your money tax-free at any time, as long as you use it for qualified medical expenses.

The maximum contributions allowed into the Health Savings Account for 2025 are as follows:

- Individual Employee: \$4,300
- Employee + 1 or More: \$8,550

You never pay taxes on the money when it is used to pay for IRS qualified medical expenses. Please visit the IRS website for a full list:

www.irs.gov/forms-pubs/about-publication-969



Vision Plan

Cigna (Serviced by EyeMed)

If you enroll in the Medical/Rx plan, you will be automatically enrolled in the vision plan. Below is a summary of the vision plan available to employees, effective January 1, 2025.

COVERAGE	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT	FREQUENCY PERIOD *
Exam Copay	\$10	N/A	12 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to \$45	12 months
Materials Copay	\$20	N/A	12 months
Eyeglass Lenses Allowances: (one pair per frequency period)			
Single Vision	Covered 100% after Copay	Up to \$32	12 months
Lined Bifocal	Covered 100% after Copay	Up to \$55	12 months
Lined Trifocal	Covered 100% after Copay	Up to \$65	12 months
Lenticular	Covered 100% after Copay	Up to \$80	12 months
Contact Lenses Allowances: (one pair or single purchase per frequency period)			
Elective	Up to \$180	Up to \$144	12 months
Therapeutic	Covered 100%	Up to \$210	12 months
Frame Retail Allowance (one per frequency period)	Up to \$180	Up to \$100	12 months

* Your Frequency Period begins on January 1 (Calendar year basis)

Definitions

- **Copay:** the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).
- **Allowance:** the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.
- **Materials:** eyeglass lenses, frames, and/or contact lenses.

How to find an In-Network Provider

Create an account at www.mycigna.com. Once you have signed in, access **Coverage > Vision > Visit Cigna Vision > Find an Eye Care provider**.

*Be sure to select Cigna Vision Directory (Serviced by EyeMed)

In-Network Coverage Includes

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
 - Polycarbonate lenses for children under 18 years of age
 - Oversize lenses
 - Rose #1 and #2 solid tints
 - Minimum 20% savings on all additional lens enhancements you choose for your lenses, including but not limited to: scratch/ultraviolet/anti-reflective coatings; polycarbonate (adults) all tints/photochromic (glass or plastic); and lens styles.
 - Progressive lenses covered up to bifocal lens amount with 20% savings on the difference

Dental Plan

Delta Dental of NJ

Below is a summary of the dental plan available to employees **who work a minimum of 20 hours per week**, effective January 1, 2025.

NOTE: The dependent cut-off age for coverage is 26 years, regardless of student status.

Delta Dental PPO Plus Premier Plan

SERVICES	IN & OUT-OF-NETWORK
Calendar Year Deductible Individual/Family	\$25 / \$50
Calendar Year Maximum (per patient)	\$2,000
Orthodontia Benefits (child only)	Plan pays 50%
Orthodontia Lifetime Maximum (per patient)	\$1,500
Preventive/Diagnostic Services Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment (once in a calendar year, children to age 19)	Plan pays 100% NO deductible
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery	Plan pays 80% after deductible
Major Services Crowns, Bridgework, Dentures	Plan pays 50% after deductible

Out-of-Network Providers have the ability to balance bill you. It is more cost effective to stay in-network.



Dental Plan Enhancements

Delta Dental of NJ

Special Health Care Needs Benefit

Delta Dental offers more inclusive coverage for members with qualifying special health care needs (individuals with cognitive, physical, significant behavioral issues, medically diagnosed severe anxiety, or other potential barriers to treatment).

Coverage includes:

- Additional dental examinations and/or consultations that can be beneficial prior to treatment to help patients learn what to expect and what is needed for a successful dental appointment
- Up to four total dental cleanings in a benefit year
- The use of anesthesia and nitrous oxide necessary to provide dental care for patients with sensory processing disorders

Simply let your dental provider know that your plan includes this benefit!

Oral Health Enhancement Option

Your dental program includes **Delta Dental's Oral Health Enhancement Option** ("OHE"), which covers up to four dental cleanings and/or periodontal maintenance procedures in any combination per calendar year if you have had certain periodontal (gum) services in the past (surgery or scaling and planning for any or all partial or complete quadrants). These services will be covered at the same percentage as specified in your coverage. For more details about OHE, please visit www.deltadentalnj.com/tools-and-resources/plan-information/oral-health-enhancement.

Carryover Max

Your plan also includes the **Carryover Max** feature, which enables you to accumulate or "carry over" unused benefits from one coverage period to the next subject to certain conditions and limitations. Eligibility is based on a calendar year or coverage period determined by employer. To qualify for Carryover Max, you must receive at least one cleaning or one oral exam during the plan year. Carryover Max allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of \$375. Please visit www.deltadental.com for rules and details about Carryover Max.



Flexible Spending Accounts (FSA) & Transit Benefit

Wex

You must enroll/re-enroll in the plan to participate for the Plan year of January 1, 2025 through December 31, 2025.

The Flexible Spending Account has a Debit Card feature available to enrollees. In addition, the plan has a Grace Period feature that allows employees to incur claims up to 2 1/2 months after the plan year has ended and apply those claims to the 2025 election. Torcon provides employees (**who do not reside in Puerto Rico**) the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts.

Healthcare Flexible Spending Account

A Healthcare Flexible Spending Account is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. The maximum that you can contribute to the Healthcare FSA is \$3,300, in accordance with IRS regulations.

Dependent Care Flexible Spending Account

A Dependent Care Flexible Spending Account is used to reimburse expenses related to care of eligible dependents while you and your spouse work. The maximum that you can contribute to the Dependent Care FSA is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.

FSA Contributions

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes and state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period.

"Use-it-or-lose-it" Rule

If you do not use the money you contributed to your Flexible Spending and/or Dependent Care Accounts, it will not be refunded to you or carried forward to a future Plan Year. This is the use-it-or-lose-it rule, as per IRS regulations.

NOTE: If you enroll in the HSA plan, pursuant to IRS statute, you are not eligible to enroll in the FSA plan.

Transit Benefits Account

A Transit Benefits Account is a reimbursement account that allows you to pay for work-related transit expenses using pre-tax payroll deductions taken from your paycheck. The maximum amount you can elect to contribute is \$325 per month.

Unlike an FSA or DCA, **there is no use it or lose it rule.** Any unused funds from your transit account may be carried over to subsequent plan years. Eligible transit expenses include vouchers, passes, and tokens for buses, trains, rail, subway, ferries and vanpooling costs.



Life and Accidental Death & Dismemberment (AD&D) Insurance

NY Life



Basic Term Life & AD&D Insurance

All active, full-time employees regularly working at least 20 hours each week are eligible for the basic life and accidental death & dismemberment (AD&D) plan. This plan is available to employees – Torcon pays 100% of the basic life and AD&D premium.

Basic Term Life and AD&D

Benefit Amount	1.5 times your base salary + \$20,000 under a group Life and AD&D program
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Voluntary Life and AD&D Coverage

Employees also have the option to purchase additional life & AD&D insurance for themselves, their spouse and/or dependent children. Voluntary Life & AD&D coverage is 100% employee paid.

Employee – coverage can be purchased in multiples of \$10,000 up to an overall benefit maximum amount of \$500,000, not to exceed 5 times salary. Amounts elected in excess of \$100,000 will require completion/review of evidence of insurability (EOI) prior to approval.

Spouse* – coverage can be purchased in increments of \$5,000 up to a maximum of \$250,000. Amounts elected in excess of \$25,000 will required completion/review of evidence of insurability (EOI) prior to approval.

Children - coverage can be purchased in increments of \$1,000 up to a maximum of \$10,000.

The monthly premium for Voluntary Life & AD&D for **employee and spouse** elections is based on the **employee's age** and the amount of coverage elected. **If you choose to purchase Voluntary AD&D coverage, your AD&D election must match your Voluntary Life election.**

* The amount of insurance elected for spouse can not exceed 50% of the amount for which the employee is insured.

Employee Assistance Program

ComPsych

Available to all employees

Employee Assistance & Wellness Support

Employee Assistance Program

Are you feeling overwhelmed by the demands of balancing work and family life? Maybe you have questions about a legal or financial concern. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance. All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs. The Employee Assistance Program provides a maximum of three (3) sessions, per issue, per year.

Guidance Resources

When you need information quickly to handle life's challenges, you can visit www.guidanceresources.com for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings, and "Ask the Expert" which provides personal responses to your questions.

Well-Being Coaching

Sometimes you need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one-on-one, to address health and well-being issues such as burnout, time management and coping with stress. You have access to five (5) sessions per year. All sessions are conducted telephonically.

FamilySource

Managing the everyday concerns of home, work, and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials, and prescreened referrals for childcare, adoption, elder care, education, and pet care.



For Employee Assistance and Wellness Support 24/7 call **800.344.9752** or visit www.guidanceresources.com

Web ID: **NYLGBS**

Travel and Accidental Death Insurance

Chubb

All employees who work 20 hours or more per week are insured under our Travel and Accidental Death plan. This includes all travel (personal and business) whether by car or by air, in town, out-of-town, or out of the country.

If you suffer accidental death and/or an injury from an accident while traveling, the plan will pay the following amounts as applicable, to you or your beneficiary. **Coverages are based on an employee's respective position within the company.**

24-Hour Travel and Accidental Death Plan

Loss of Life	Plan pays 100%
Loss of Speech and Loss of Hearing	Plan pays 100%
Loss of Sight and one Loss of Hand, Loss of Foot or Loss of Hearing of one Ear	Plan pays 100%
Loss of Hearing and Loss of Hand, Loss of Foot, or Loss of Sight of one Eye	Plan pays 100%
Loss of both Hands, Loss of both Feet, Loss of Sight and a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of one Eye	Plan pays 100%
Loss of Sight of one Eye	Plan pays 100%
Quadriplegia (four limb paralysis)	Plan pays 100%
Paraplegia (paralysis of lower half of body)	Plan pays 75%
Hemiplegia (paralysis of one half of body)	Plan pays 50%
Loss of Hand, Loss of Foot, Loss of Sight of one Eye (any one of each)	Plan pays 50%
Loss of Speech or Loss of Hearing	Plan pays 50%
Uniplegia (temporarily disabled limb due to a broken bone)	Plan pays 25%
Loss of Thumb and Index Finger (of same hand)	Plan pays 25%



Disability Insurance

Unum & AFLAC

Long-Term Disability Insurance – Unum

All active, full-time employees regularly working at least 20 hours each week are eligible for the voluntary long-term disability (LTD) plan. Since this plan is on a voluntary basis, the employee is responsible for 100% of the LTD premium.

Long-Term Disability (LTD) Plan

Benefits Begin	After 3 months of continuous disability
Percentage of Income Replaced	60% of the 1st \$10,000 of your salary
Minimum Monthly Benefit	\$100
Maximum Monthly Benefit	\$6,000
Basic Benefit Offset	Family
Own Occupation Definition of Disability	2 years

Voluntary Short-Term Disability Insurance – AFLAC

Under this plan, AFLAC pays cash benefit direct to you, the policy holder, to assist with covering your income when you are out of work due to disability.

Since this plan is on an individual basis, you have the ability to pick the plan that best suits your needs. Short-Term Disability is a voluntary program and you are responsible for 100% of the premium.

Benefits of the AFLAC Short-Term Disability plan:

- AFLAC provides benefits for both Total and Partial Disability.
- The AFLAC plan is portable should you change or leave jobs.
- AFLAC pays a cash benefit for each day of disability.
- This policy does not coordinate with other disability benefits, AFLAC pays the individual directly.



Voluntary Benefit Programs

AFLAC

AFLAC benefits are 100% employee paid.

Voluntary Personal Cancer Indemnity Insurance

Benefit AFLAC will pay

First diagnosed with Cancer	\$4,000 Employee; \$4,000 Spouse; \$8,000 Children
Hospital Confinement	\$200 per day
Medical Imaging	\$200 per calendar year
Outpatient Hospital Surgery	\$200
Ambulance	\$200
Cancer Screening Wellness	\$75 per calendar year

Voluntary Accident Insurance - Accident Advantage - Option 3

Benefit AFLAC will pay

Initial Accident Hospitalization	\$1,000; \$2,000 for Intensive Care
Hospital Confinement	\$250 per day (up to 365 days per covered accident), per person
Emergency Room	\$170; with X-ray \$200
Office or other Facility	\$120; with X-ray \$150
Treatment	\$35 for 1 treatment per day (up to 10 max) per accident/ per covered person
Wellness Benefit	\$60 once per calendar year

Voluntary Hospital Plan

Benefit AFLAC will pay

Hospital Confinement	\$1,000 (Need 23 or more hours to qualify for hospital confinement)
Daily Hospital Confinement	\$50 per day ((\$50 per day benefit applies for days 2 through 31 of hospital confinement)

Additional benefit details and information can be found on our Beneportal site or at www.aflac.com.

Voluntary Benefit Programs

AFLAC

Voluntary Specified Health Event

Primary specified health events are covered by the Primary Specified Health Event with First-Occurrence Building Benefit Rider. They include all of the following:

- Stroke
- Heart Attack
- End-Stage Renal Failure
- Major Third-Degree Burns
- Major Human Organ Transplant
- Coronary Artery Bypass Surgery

First-Occurrence Benefit

AFLAC will pay up to the following maximums: \$5,000 for the employee, \$5,000 for the employee's spouse and \$7,500 for dependent child(ren), when a covered person is first diagnosed as having had a primary specified health event. This benefit is payable only once for each covered person and will be paid in addition to any other benefit in the policy.

First-Occurrence Building Benefit

The First-Occurrence Benefit will be increased by \$500 on each policy anniversary date, while the policy remains in place. This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit increase will cease on the anniversary date of the policy, following the covered person's 65th birthday, or at the time of a primary specified health event, whichever occurs first. However, regardless of age of the covered person when the plan becomes effective, this benefit will accrue for a period of at least five (5) years, unless a primary specified health event is diagnosed prior to the fifth (5th) year of coverage.

\$2,500 Reoccurrence Benefit

AFLAC will pay \$2,500 for each covered person, if he or she has been paid under the First-Occurrence Benefit and is diagnosed as having a subsequent primary specified health event, which occurred more than 180 days after the First-Occurrence Benefit became payable – there is NO lifetime maximum.



Hospital Confinement Benefit*

AFLAC will pay \$300 for each day a covered person is confined to an inpatient hospital stay, for a covered primary specified health event. This benefit is payable for only one covered primary specified health event at a time, per covered person – there is NO lifetime maximum.

Continuing Care Benefit*

AFLAC will pay \$150 each day a covered person receives any of the following treatments, from a licensed physician, as a result of a covered primary specified health event: chemotherapy; radiation therapy; outpatient surgery; dialysis; hospice care; extended care; physician visits; speech therapy; physical therapy; home healthcare; nursing home care; respiratory therapy; occupational therapy; rehabilitation therapy; dietary therapy / consultation. The daily maximum benefit is \$150 regardless of the number of treatments received – there is NO lifetime maximum.

** If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid.*

Voluntary Pet Insurance *Nationwide*



The Nationwide My Pet Protection plan offers you cash back on eligible vet bills for your covered pets.

- Choose from two different levels of reimbursement: 70% or 50% after satisfying a \$250 deductible.
- Multiple pet discounts
- Wellness option for spaying/neutering, dental cleaning, vaccines, and more!
- Customize your coverage based on the state you live in, pet species, and the reimbursement level you choose.

To enroll in the My Pet Protection plan or for more information, please contact Nationwide directly at **877.738.7874** or online by visiting <https://benefits.petinsurance.com/torcon>

Voluntary Identity Theft Protection Services

Norton

NortonLifeLock Benefit plans include comprehensive identity theft protection and a whole lot more! Choose from two different plans: Essential** or Premier**

- **Identity theft protection** - Norton monitors for fraudulent use of your Social Security number, name, address, and date of birth in applications for credit and services.
- **Device Security Including Antivirus** - Multi-layered, advanced security helps protect devices against existing and emerging malware threats, including ransomware, and helps protect private financial information when employees go online.
- **Home and Family** - With Norton Family Parental Control, employees can take action to monitor their child's online activity and identify potential dangers before they become problems. This feature includes easy-to-use tools to set screen time limits, block unsuitable sites, and monitor search terms and activity history.
- **Online Privacy** - Norton Secure VPN protects devices on vulnerable connections and help keep online activity and browsing history private. Benefits include Safe Cam and unlimited passwords within the password manager.

Monthly Premiums

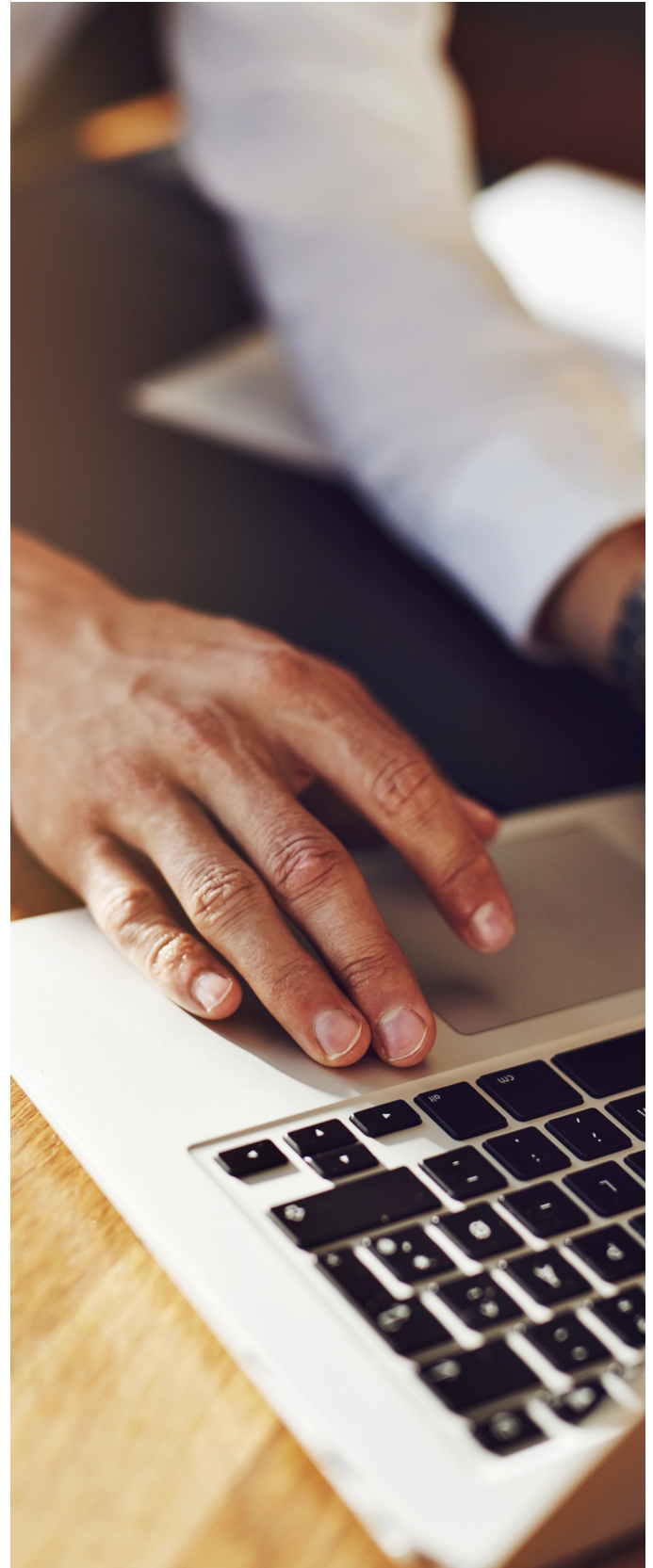
Benefit Essential

- Employee Only: \$8.99
- Employee + Family: \$17.98

Benefit Premier

- Employee Only: \$14.99
- Employee + Family: \$29.98

*** In order to enroll in this product, you must complete an enrollment form. Please reach out to Patricia McKluskey in Human Resources to secure a copy of the form.*



Additional Benefits

Torcon

Retirement Plan

A discretionary defined contribution plan covering all full-time employees who have completed six months of service and have attained age twenty-one, except for those employees included in collective bargaining agreements.

A voluntary employee contributory savings program (401k) offered upon hiring to all full-time employees who have attained age twenty-one, except for those employees included in collective bargaining agreements.

For Continental US based employees, individual accounts are maintained by TransAmerica Retirement Solutions and for Puerto Rico based employees, by BPA-Harbridge. Investment advisory services for all accounts are provided by Merrill Lynch and BPA Harbridge, respectively.

Social Security and Medicare

Employers contribute to employee's Social Security and Medicare. The contribution is statutorily determined each calendar year. For 2025, the employer contribution for Social Security is 6.2% of employee's wages capped at a salary of \$176,100 and for Medicare, the contribution is 1.45% of employee's salary.



Additional Benefits

Holidays

Torcon provides employees with a number of paid holidays each year. The specific list of paid holidays is distributed at the beginning of each calendar year.

Vacation

Torcon provides to all full-time employees annual vacation benefits of up to 4 weeks based on full-time work history and years of service with Torcon, Inc. with the option to carry forward 5 days every year.

Bank Time

Torcon provides to all full-time employees annual bank (sick/personal) benefits of 5 days per calendar year with the option to carry forward 45 days every year.

Continuing Education / Professional Certification / Industry Associations

Torcon encourages employees to pursue continuing education courses, related to their jobs. Pursuant to established criteria, we have a tuition assistance program available to all full-time employees.

Please contact Human Resources for more information on the eligible programs available to you and how to enroll.

Benefits Member Advocacy Center & BenePortal

Conner Strong & Buckelew



Benefits Member Advocacy Center

Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can guide the way!

The Benefits Member Advocacy Center ("Benefits MAC"), provided by our benefits consultant, Conner Strong & Buckelew, allows you to speak to a specially trained and experienced Member Advocate who can assist with benefit claims issues, coverage questions, and enrollment inquiries.

Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide you through the enrollment process or how you can add or delete coverage for a dependent
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer!

Call **800.563.9929** or submit a request online at **www.connerstrong.com/memberadvocacy**. Member Advocates are available Monday-Friday, 8:30 am to 5:00 pm, EST.

BenePortal

Your benefits information is a click away!

BenePortal is Torcon's virtual employee benefits portal, providing access to company benefits programs, health and wellness information, recommended links, pertinent forms and guides, and a wealth of additional tools and resources.

BenePortal is available 24/7 to employees and their eligible dependents to access benefit plan information, insurance company contacts, forms, guides, links and other applicable benefit materials.

To review your plan options, please visit:

www.torconbenefits.com

HIPAA/CHIP Special Enrollment Notice

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program)

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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 Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of coverage for Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP).

New dependent by marriage, birth, adoption, or placement for adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

Eligibility for Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Patricia McKluskey Director of Human Resources, 328 Newman Springs Road, Red Bank, NJ, 07701, 732-704-9800.

Newborns' and Mothers' Health Protection Act

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

Women's Health and Cancer Rights Act

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury,

Torcon offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

HIPAA Preexisting Condition Notice

This plan imposes a preexisting condition exclusion. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a six-month period. Generally, this six-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the six-month period ends on the day before the waiting period begins. The preexisting condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption. Effective July 1, 2011, the preexisting condition exclusion does not apply to an individual who is under age 19, regardless of whether the individual is an employee or a dependent.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage.

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Please contact us if you need help demonstrating creditable coverage. All questions about the preexisting condition exclusion and creditable coverage should be directed to Patricia McKluskey at 732-704-9800.

Each HIPAA Certificate (or other evidence of creditable coverage) will be reviewed by the Plan Administrator to (with the assistance of the prior plan administrator or insurer) determine its authenticity. Submission of a fraudulent HIPAA Certificate would be considered a federal health care crime under HIPAA and may be punishable by fine and/or imprisonment.

Genetic Information Non-Discrimination Act (GINA)

The Genetic Information Nondiscrimination Act (GINA) is intended to prevent discrimination on the basis of genetic information in health insurance and in employment. GINA's health insurance requirements became effective for group health plans in plan years beginning after May 21, 2009.

For GINA's purposes, "genetic information" means information about an individual's genetic tests, genetic tests of the individual's family members, the manifestation of a disease or disorder in family members of the individual or any request for or receipt of genetic services, or participation in clinical research that includes genetic services by the individual or a family member of the individual. The term genetic information includes, with respect to a pregnant woman (or a family member of a pregnant woman) genetic information about the fetus and with respect to an individual using assisted reproductive technology, genetic information about the embryo. But genetic information does not include information about the sex or age of any individual.

Health Insurance Requirements: GINA prohibits group health plans from adjusting group premium or contribution amounts on the basis of genetic information. Group health plans are also generally prohibited from (1) requesting or requiring an individual or an individual's family members to undergo a genetic test; (2) requesting, requiring or purchasing genetic information for underwriting purposes; or (3) requesting, requiring or purchasing genetic information of an individual prior to, or in connection with, the individual's enrollment in the plan.

To help group health plans comply with GINA, the Department of Labor has updated its website to include some frequently asked questions (FAQs). The FAQs are a helpful reminder that plans may not discriminate on the basis of genetic information. They include definitions and address how GINA applies to health risk assessments. The FAQs address wellness program incentives, given that GINA prohibits a group health plan from collecting "genetic information" (including family medical history) prior to or in connection with enrollment, or at any time for underwriting purposes.

Employment Non-discrimination Requirements: GINA also prohibits employers from discriminating against an employee with respect to compensation, terms, conditions, or privileges of employment (including employment decisions based on health benefits) because of genetic information about the employee. Employers are also prohibited from requesting, requiring, or purchasing genetic information about an employee or an employee's family member unless one of several specified exceptions applies. If an employer has genetic information about an employee, the information must be maintained in a separate file and treated as a confidential record within the meaning of the Americans with Disabilities Act (ADA). Disclosure of genetic information is permitted only for limited circumstances (for example, in response to a court order or for purposes of FMLA certification).

Plan sponsors should confirm that no genetic information is requested or collected during a plan's enrollment period. If any questionnaires include open-ended health questions, the plan sponsor should add an explicit statement that no genetic information should be provided (including family medical history).

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://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - MEDICAID
Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322

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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.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.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/fss/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: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
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.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

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: www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/mashealth/pa>
Phone: 1-800-862-4840 TTY: 711
Email: masspreassistance@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: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-495-1178

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: 800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.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

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CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>
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: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-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: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-562-3022

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>
Phone: 1-800-432-5924

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

WEST VIRGINIA – Medicaid and CHIP
Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIP (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: 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

THIS NOTICE APPLIES TO THE CIGNA OPEN ACCESS PLAN, HIGH DEDUCTIBLE HEALTH PLAN AND MEDICAL CARD SYSTEM (MCS)

Important Notice from Torcon, Inc. About Your Prescription Drug Coverage and Medicare

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Torcon, Inc. has determined that the prescription drug coverage offered by Cigna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Torcon, Inc. Cigna coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Torcon, Inc. coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Torcon, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare

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

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

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

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

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

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

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

Date: November 2024
Name of Entity/Sender: Torcon, Inc./Patricia McKluskey
Address: 328 Newman Springs Road
Red Bank, NJ 07701
Phone Number: 732.704.9800

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

Insurance Marketplace Notice

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. 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 our 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. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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 9.5% 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 the insurance carrier's customer service number located on your ID card. 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. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to <https://www.healthcare.gov/marketplace/individual/>.

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 Torcon		4. Employer Identification Number (EIN) 22-1773944	
5. Employer Address 328 Newman Springs Road		6. Employer phone number 732-704-9800	
7. City Red Bank	8. State New Jersey	9. Zip Code 07701	
10. Who can we contact about employee health coverage at this job? Patricia McKluskey			
11. Phone number (if different from above)		12. Email address pmckluskey@torcon.com	

¹ 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.



Torcon, Inc. reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail.