

EMPLOYEE BENEFIT GUIDE



January 2026
Contract Employees

Welcome to Your Benefits!

ATR International offers you and your eligible family members a comprehensive and valuable benefits program.

We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



Table of Contents

About Your Benefits.....	4
WHO IS ELIGIBLE	
WHEN DOES COVERAGE BEGIN	
HOW TO MAKE CHANGES	
ADDING DEPENDENTS	
HOW TO ENROLL	
WAIVING COVERAGE	
Benefits Coverage.	6
Medical Coverage Costs.	7
Key Terms.	8
Helpful Hints.....	9
Medical & Prescription Drug Options	10
Medical Plans – FAQs.....	11
Voluntary Dental Plans.	13
Voluntary Vision Plans	14
Voluntary Accident, Critical Illness & Whole Life Plans.....	16
ATR Benefits Enrollment.....	17
Additional ATR Benefits.	18
HYATT LEGAL METLAW	
TRANSIT AND COMMUTER	
FIDELITY	
TIME OFF	
REFERRAL	
PARENT TEACHER CONFERENCES	
Employee Discount Programs.	26
TICKETS@WORK	
AT&T PERKS	
METLIFE AUTO & HOME INSURANCE	
NATIONWIDE PET INSURANCE	
CREDIT UNIONS	
General Information and Notices.....	33
Contact Information.	39
Acknowledgment Page.	40

Acrisure has prepared this Employee Benefit Booklet for you as a reference. We are the employee benefits broker for ATR International. Please contact our office with any benefit related issues you or your covered dependents may have.

Important Notice

ATR International has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. ATR International reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and ATR International share plan costs at any time. This enrollment guide does not create an employment agreement of any kind or a guarantee of continued employment with ATR International.

This enrollment guide updates ATR International's current summary plan description (SPD) for significant benefits information and changes. This guide constitutes a summary of material modifications (SMM) to the SPD, and the Company intends that this guide satisfies its disclosure obligations under 29 CFR § 2520.104b-3.



ABOUT THIS GUIDE



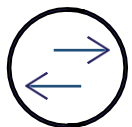
Who is Eligible?

All regular full-time employees as defined by ATR International and their qualified dependents are eligible for ATR International's employee benefit program. Qualified dependents include your legal spouse/domestic partner and children up to age 26, or older if disabled and incapable of self- support. If you wish to cover a qualified dependent, they must be enrolled in the plan within **30 days** of their eligibility date or qualifying event date.



When Does Coverage Begin?

Elections made by existing employees during Open Enrollment will become effective January 1. New Hire enrollments will have benefits effective first of the month following 60 days of employment.



How to Make Changes?

Unless you experience a Qualifying Event, you generally cannot make changes to the benefits you elect until the new Open Enrollment period. A Qualifying Event includes: marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse or domestic partner, commencement or termination of adoption proceedings, or change in spouse's or domestic partner's benefits or employment status.



Adding New Dependents

If you do not enroll dependent(s) within 30 days they may be required to wait until Open Enrollment to enroll and obtain coverage. If your spouse/domestic partner or dependents involuntarily lose other group coverage, you may add them to your plan as long as you complete the necessary enrollment in Linked Exchange within **30 days** of the date of loss of coverage.



How to Enroll?

The first step is to review your available benefit options. Please visit ATR's Benefit Center hosted by Linked Exchange <https://atr.linked.exchange/> to self-serve and make your benefit elections. Should you have questions a representative can discuss your medical, dental, vision, and voluntary insurance options by scheduling an appointment on the Linked Exchange portal. They will be able to process your enrollments and waivers.



Waiving Coverage

If you would like to waive medical, dental and/or vision coverage for yourself and/or eligible dependent(s), please complete the appropriate sections in Linked Exchange.

Waiving benefits will allow you to enter the plan(s) at any time in the future without a waiting period if you or your dependent(s) have proof of a qualifying event under HIPAA. Under HIPAA, a group health plan is required to provide a special enrollment period for you and your dependent(s) as long as it is requested within **30 days** after a special enrollment event has occurred. Additional dental plan limitations may apply when waiving coverage. The current dental plan may impose (should you later decide to apply for coverage under this plan) an exclusion period for treatment of certain conditions.

Employees may later enroll in the medical, dental and/or vision plan outside of the Open Enrollment Period if they experience a Qualifying Event, at which time they will have **30 days** to enroll in the medical, dental and vision plan. Failure to enroll within **30 days** of loss of existing coverage may cause you to have to wait until Open Enrollment.



YOUR PLANS FOR 2026

The Affordable Care Act (health care reform law) requires the plan administration to provide consumers with a Summary of Benefits and Coverage also known as an SBC. Please see Linked Exchange portal for ATR International's SBCs for your review.

MEDICAL

Allied Benefit Systems is offered as the Medical carrier.

Refer to the Medical and Prescription Drug Options table for additional information.

VOLUNTARY DENTAL

Companion is offered as the Dental carrier.

VOLUNTARY VISION

Companion is offered as the Vision carrier.

ADDITIONAL VOLUNTARY BENEFITS

TransAmerica is offered as the Accident, Whole Life & Critical Illness carrier.

OTHER BENEFITS

Voluntary Legal Services will continue to be offered through MetLaw.

Transit & Commuter Benefits Program.

401(k) Retirement & Savings Plan will continue to be offered through Fidelity Investments.

Employee Discount Programs: Tickets at Work, MetLife Home & Auto Insurance, and AT&T Perks Program.



YOUR COST IN 2026

Employee Weekly Deductions

The cost for medical benefits is shared by you and ATR International. Your benefits contributions will be taken on a pre-tax salary reduction basis as illustrated below.

Line of Coverage	Employee Only	Employee & Spouse/DP	Employee & Child(ren)	Employee & Family
Medical				
Allied MEC Blue Plan (weekly) MINIMAL ESSENTIAL COVERAGE	\$10.79	\$42.63	\$44.67	\$63.87
Allied ACP Plan (weekly) AFFORDABLE CARE PLAN	\$43.04	\$234.88	\$170.94	\$362.78

Employee Weekly Costs

The cost for Voluntary Dental and Vision benefits are paid for by employees. Your voluntary contributions will be taken on a post-tax basis as illustrated below.

Line of Coverage	Employee Only	Employee & Spouse/DP	Employee & Child(ren)	Employee & Family
Dental				
Companion Dental High Option	\$12.63	\$25.01	\$30.32	\$42.70
Companion Dental Low Option	\$7.41	\$14.58	\$20.85	\$28.01
Vision				
Companion Vision Plan 1	\$1.76	\$3.59	\$3.64	\$5.91
Companion Vision Plan 2	\$1.54	\$3.14	\$3.18	\$5.16



KEY TERMS

Claim: A bill for medical services rendered.

COBRA: Federal law (Consolidated Omnibus Budget Reconciliation Act of 1985) requiring certain employers that offer group health plans to provide continuation coverage to employees and their dependents who incur certain qualifying events.

Coinsurance: Your share of the costs of a covered health care service calculated as a percentage of the allowed amount for the service.

Copayment (copay): A fixed amount you pay for a covered health care service, usually when you receive the service.

Cost-sharing: Health care provider charges for which a patient is responsible under the terms of a health plan. This includes deductibles, coinsurance and copayments.

Deductible: The amount you owe for health care services each year before the insurance company begins to pay.

Drug Formulary: All health insurance plans come with a drug formulary. A drug formulary is a list of prescription drugs, both generic and brand name, used by practitioners to identify drugs that offer the greatest overall value. The formulary will change from time to time.

Explanation of Benefits (EOB): A statement sent from the health insurance company to a member, listing services that were billed by a provider, how those charges were processed and the total amount of patient responsibility for the claim.

Insured: The person with the health insurance coverage. For group health insurance, your employer will typically be the policyholder and you will be the insured.

Insurer (carrier): The insurance company providing coverage.

Out-of-Pocket Maximum (OOPM): The maximum amount you should have to pay for your health care during one year, excluding the monthly premium. After you reach the annual OOPM, your health insurance or plan begins to pay 100 percent of the allowed amount for covered health care services or items for the rest of the year.

Prior Authorization: A requirement that your provider obtains approval from your insurer, TPA or medical group before prescribing a specific medication for you or to performing a particular operation. Without this prior approval, your insurance provider may not pay, leaving you with the bill instead.

Provider: A clinic, hospital, doctor, laboratory, health care practitioner, or pharmacy.

Reasonable and Customary (R&C) or Usual, Reasonable & Customary (UCR): A term used in many health plans, defined as the price at or below which the majority of health-care professional of similar expertise charge for similar procedures within a specific geographic area.

Summary of Benefits and Coverage (SBC): An easy-to-read outline that lets you compare costs and coverage between health plans.



HELPFUL HINTS

Preventive Care

Preventive care helps detect or prevent serious diseases and medical problems before they can become major. Rather than waiting for a patient to become sick, preventive care aims to keep people healthy, or at least catch illnesses at their earliest and most treatable stages. Things that are considered preventive care include: Medical tests, immunizations, screening tests, preventive medications and any other services that would prevent disease. This may also be called routine care.

Regular health evaluations will help keep you healthy and prevent more serious problems later. Preventive care can save you money in two ways. First, preventive care helps lower the long-term cost of managing disease because it helps catch problems in the early stages when most diseases are more readily treatable. Second, the cost of early treatment or diet or lifestyle changes is less than the cost of treating and managing a full-blown chronic disease or serious illness.

Prescription Drugs

Your prescription drug coverage is included as part of the medical plan option you select. You should always use a participating pharmacy (one that is contracted by your medical plan) to get the best price. You can access a list of pharmacies through your plan's website or by calling Member Services. The Rx coverage plans have "tiered" copayments for prescription drugs, meaning you pay a different amount for different classes or groups of drugs. Generic drugs generally have the lowest copays, and non-formulary brand name drugs always have the highest copays.

A **Drug Formulary** is a list of drugs (both generic and brand name) that are preferred by the health plans. You can learn more about your plan's prescription drug coverage, including what drugs are on the formulary, by visiting your plan's website. Note: Formularies are updated regularly. Please refer to your plan's website to see any updates. Contact information is at the back of this guide. It's good to keep checking back to determine if your prescriptions are a part of the formulary.

Prior Authorization

Prior authorization — also frequently referred to as preauthorization — is a utilization management practice used by health insurance companies that requires certain procedures, tests and medications prescribed by healthcare clinicians to first be evaluated to assess the medical necessity and cost-of-care ramifications before they are authorized.

The reasoning behind prior authorization requirements is that a less expensive treatment option may be sufficient rather than simply defaulting to the most expensive option. This is especially true for high ticket procedures and medications like surgeries that can safely occur in the outpatient setting, MRIs, durable medical equipment (DME), and specialty drugs.

For medical services, health plans may steer patients to lower cost physicians or sites of care. For medication — especially high-priced specialty drugs — pharmacy benefit managers (PBMs) often require a step therapy approach which dictates starting with less expensive options before stepping up to more expensive medication.

The decision by a health insurance payer to approve or reject a prescribed course of treatment based on the results of a prior authorization review will affect whether a provider or pharmacy will be reimbursed for a claim and, if so, whether reimbursement will be for a full or partial amount.

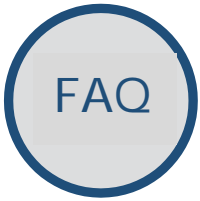


MEDICAL & PRESCRIPTION DRUG OPTIONS

Below is a comparison of your cost for services on each plan. Allied Benefits Systems bills at the Medicare Rate. Summary of Benefits can be found in your Linked Exchange portal.

KEY FEATURES	MEC BLUE PLAN	ACP – AFFORDABLE CARE PLAN
Creditable Coverage Medicare Part D	No	No
Calendar Year Deductible		
Individual	None	\$2,000
Family	None	\$4,000
Calendar Year Out-of-Pocket Maximum		
Individual	Not Applicable	\$6,450
Family	Not Applicable	\$12,900
Lifetime Maximum	Unlimited	Unlimited
Coinsurance	100%	90%
Physician Services		
Office Visit / Specialist Visit	100% Medicare Rate (Maximum of 4 visits per Calendar Year)	100% of Medicare Rate (Exam Charge Only/Ded. Waived)
Well Adult / Child Care	100% Medicare Rate	100% of Medicare Rate (Ded. Waived)
Lab and X-Ray Services	100% of Medicare Rate (Max 3 visits per Calendar year)	90% of Medicare Rate
Emergency Treatment		
Emergency Room	100% of Medicare Rate (Max 3 visits per Calendar year)	90% of Medicare Rate
Prescriptions (30-day supply)		
Most Generic	\$5 Copay	Drug Discount Card Only
Preferred	Not Covered	Drug Discount Card Only
Non-Preferred	Not Covered	Drug Discount Card Only
Specialty	Not Covered	Drug Discount Card Only

Important Note- You may be responsible for any charges for services that are billed to you that are over the rates paid by the Plan using the federal government's Medicare Fee Schedule.



MEDICAL PLAN FAQ'S

- ▶ TelaDoc is an affordable solution to the challenge of healthcare access. We provide you and your family with round-the-clock access to U.S. based licensed physicians for telephone consultations. Regardless of your location, you can connect with a doctor in real-time for treatment or diagnosis of common conditions.
- ▶ Your online member account allows easy access to view your Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC). Through your online account, you can also view your Personal Health Record, which provides you with a complete record of all your health care activity under this plan; get answers to medical questions, and information on procedures and conditions via Allied's knowledge database and receive wellness reminders for tests and annual exams.

MEC (Minimal Essential Coverage)

If a Covered Expense does not have a corresponding Medicare Reimbursement Rate, the MEC Plan reserves the right to process that claim at the Reasonable and/or Usual and Customary benefit level.

Covered Expenses are covered at specified levels "without" Preferred Provider Networks that adjust and discount benefit payments. See last page of booklet for contact information.

You are eligible to receive care from any licensed medical provider.

Medical Plan FAQ's – cont.

ACP (Affordable Care Plan)

The Affordable Care Plan (ACP) simplifies the way that you receive health care benefits.

Covered Expenses are covered at specified levels “without” Preferred Provider Networks that adjust and discount benefit payments.

ACP benefits are reimbursed at a flat transparent rate. Specifically, the ACP will reimburse Covered Expenses using the same reimbursement rates as the Federal government under Medicare fee schedules.

If a Covered Expense does not have a corresponding Medicare Reimbursement Rate, the ACP Plan reserves the right to process that claim at the Reasonable and/or Usual and Customary benefit level.

Pre-Certification: Your plan also includes a Pre-Certification Program. Certain services and procedures may require you and your doctor to contact Allied Care. Failure to do so may result in a penalty to your benefits. Please refer to your Summary Plan Description for the Pre-Certification requirements. See last page of booklet for contact information.

The concierge team is a dedicated staff of nurses and social workers that are committed to helping you and your family get the care that you need at an affordable price. Your Allied Concierge will assist you in securing appointments with medical professionals whose services are reasonably priced, affordable, and covered under the plan. See last page of booklet for contact information.

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, Allied Care Solutions will be there to help. The Allied Care Solutions is a company-sponsored resource that helps you deal with life's challenges and the demands that come with balancing home and work. The program provides confidential services for a wide array of personal and work-related concerns. See last page of booklet for contact information.

The Advocacy Team is dedicated to working with you and your family to help you get the quality care you demand at a price that is both fair and appropriate. If you are ever faced with a charge that is not covered by the Affordable Care Plan, your Allied Advocate will personally assist you in resolving billed amounts over \$750. An Advocate will assist you in negotiating with the provider to resolve this balanced due amount, with the goal of eliminating your patient responsibility.



VOLUNTARY DENTAL



Companion Life

Services	High	Low Plan
Program Deductible Per Individual Family Limit Waived for Type I service?	\$100 Lifetime No Limit No	\$50 Calendar Year 3 Yes
Type I Preventive Services	100% oral exams, cleanings (2 per 12 months) bitewing x-rays (1 per 12 months) space maintainers pain treatment, sealants full mouth x-rays	100% oral exams, cleanings (2 per 12 months) bitewing x-rays (1 per 12 months)
Type II Basic Services Benefit Waiting Period	80% fillings, anesthesia simple & surgical extractions endodontics, oral surgery periodontics None	80% space maintainers, fillings, pain treatment, sealants, full mouth X-rays None
Type III Major Services Benefit Waiting Period	50% crown, inlays, onlays dentures, bridges, implants 12 months	0% anesthesia, endodontics simple & surgical extractions oral surgery, periodontics crowns, inlays, onlays dentures, bridges, implants 12 months
Maximum	\$1500 Calendar Year	\$500 Calendar Year
Type IV Orthodontia Child(ren) Only Lifetime Maximum Deductible Benefit Waiting Period	50% Child(ren) Only \$1000 None 12 months	Not Selected



VOLUNTARY VISION



Companion Life

Plan 1

	<i>Vision Select</i> (Exam and Eyewear)	
<u>Vision Care Services</u> Exam with Dilation (as necessary): Contact Lens fit and Follow-up: (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed) Standard Premium*	<u>In Network</u> \$10 Copay	<u>Out-of-Network</u> \$35 allowance
	\$0 Copay \$0 Copay, 10% off retail, then apply \$55 allowance	\$40 allowance \$40 allowance
Frames: Any available frame at provider location	<u>In Network</u> \$130 frame allowance. 20% off balance over allowance.	<u>Out-of-Network</u> \$72 allowance
<u>Standard Plastic Lenses:</u> Single Bifocal Trifocal	<u>In Network</u> \$10 Copay \$10 Copay \$10 Copay	<u>Out-of-Network</u> \$25 \$40 \$55
<u>Lens Options:</u> UV Coating Tint (Solid and Gradient) Standard Scratch Resistant Coating Standard Polycarbonate Standard Anti-Reflective Coating Standard Progressive (Add-on to Bifocal) Other Add-Ons and Services	<u>In Network</u> Member Pays: \$15 \$15 \$15 \$40 \$45 \$65 20% off retail	<u>Out-of-Network</u> Discount available only at Network providers and retailers
<u>Contact Lenses: (Material only)</u> Medically Necessary	<u>In Network</u> \$0 Copay \$120 allowance 15% off balance over allowance (conventional only) Paid in full	<u>Out-of-Network</u> \$96 allowance \$200 allowance
<u>Frequency:</u> Examination Frames Eyeglass Lenses Contact Lenses	12 months** 24 months 12 months** 12 months**	

*Premium Contact Lens Fitting - all lens designs, materials and specialty fittings other than Standard (ex.: Toric, multifocal, etc.)
 **Once in a 12-month period defined by last date of service. (Contact Lenses are in Lieu of EyeGlass Lenses)



VOLUNTARY VISION



Companion Life

Plan 2

	<i>Vision Select</i> (Exam and Eyewear)	
Vision Care Services Exam with Dilation (as necessary): Contact Lens fit and Follow-up: (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed) Standard Premium*	<u>In Network</u> \$10 Copay	<u>Out-of-Network</u> \$35 allowance
	\$0 Copay \$0 Copay, 10% off retail, then apply \$55 allowance	\$40 allowance \$40 allowance
Frames: Any available frame at provider location	<u>In Network</u> \$100 frame allowance. 20% off balance over allowance.	<u>Out-of-Network</u> \$45 allowance
<u>Standard Plastic Lenses:</u> Single Bifocal Trifocal	<u>In Network</u> \$10 Copay	<u>Out-of-Network</u> \$25
	\$10 Copay	\$40
	\$10 Copay	\$55
<u>Lens Options:</u> UV Coating Tint (Solid and Gradient) Standard Scratch Resistant Coating Standard Polycarbonate Standard Anti-Reflective Coating Standard Progressive (Add-on to Bifocal) Other Add-Ons and Services	<u>In Network</u> Member Pays:	<u>Out-of-Network</u>
	\$15	Discount available only at Network providers and retailers
	\$15	
	\$15	
	\$40	
	\$45	
	\$65 20% off retail	
<u>Contact Lenses: (Material only)</u> Medically Necessary	<u>Conventional and Disposable:</u>	
	<u>In Network</u> \$0 Copay	<u>Out-of-Network</u> \$64 allowance
	\$80 allowance 15% off balance over allowance (conventional only).	
	Paid in full	\$200 allowance
<u>Frequency:</u> Examination Frames Eyeglass Lenses Contact Lenses		12 months**
		24 months
		12 months**
		12 months**

*Premium Contact Lens Fitting - all lens designs, materials and specialty fittings other than Standard (ex.: Toric, multifocal, etc.)
 **Once in a 12-month period defined by last date of service. (Contact Lenses are in Lieu of EyeGlass Lenses)



VOLUNTARY ACCIDENT, CRITICAL ILLNESS AND WHOLE LIFE INSURANCE

TransAmerica

VOLUNTARY ACCIDENT INSURANCE

TransAmerica's Group Accident Insurance is an indemnity plan providing employees and their families with injury, hospital, doctor, accidental death and catastrophic accident benefits in the event of a covered accident. These benefits can help with the out-of-pocket medical and non-medical expenses associated with an accident.

Features:

- Employees can choose whether they want individual or family coverage
- Benefits are paid directly to the insured unless specified otherwise
- Coverage is portable. Employees can take this coverage with them, even if you change jobs or leave your company while the master policy is in force
- Coverage available for: Employee; Employee and Spouse/Registered Domestic Partner; Employee and Dependent Children; and Family.

VOLUNTARY CRITICAL ILLNESS INSURANCE

TransAmerica's Group Critical Care insurance helps your employees and their families maintain financial security during the lengthy, expensive recovery period of a serious medical event such as cancer, heart attack or stroke. It provides a lump sum benefit to help with the out-of-pocket medical and/or non-medical expenses of a critical illness and/or cancer.

Features:

- Benefits are paid directly to the covered person unless they specify otherwise.
- This product combines cancer and critical illness coverage in a single policy.
- This product will pay multiple times for the same or different covered conditions.
- Coverage is portable – an employee can continue their coverage if they change jobs or retire.
- Coverage is available to: Employee; Employee and Spouse/Registered Domestic Partner; Employee and Dependent Children; and Family

VOLUNTARY CRITICAL ILLNESS INSURANCE

TransAmerica's Group Whole Life insurance is a type of permanent life insurance, which means the insured person is covered for the duration of their life as long as premiums are paid on time. Permanent life insurance is different than term life insurance, which covers the insured person for a set amount of time.

Features:

- Guaranteed coverage with no medical questions, up to certain amounts.
- Cash Value – The cash value illustrated at the time of purchase are guaranteed as long as your coverage stays in force (may be decreased by loans or withdrawals).
- Interest Rate – This policy provides a 3% guaranteed credited interest rate on accruing cash values.
- Coverage is portable – an employee can continue their coverage if they change jobs or retire.
- Coverage is available to: Employee; Spouse/Registered Domestic Partner; Dependent Child(ren)



ATR BENEFITS ENROLLMENT



Managed by **Linked Exchange**,

ATR International's Benefit Center will help you through your benefits options!
ATR International offers the following Medical plans with Allied Benefit Systems:

- MEC Blue (Preventative services)
- ACP16 (Comprehensive medical coverage)

We are excited to announce voluntary benefits that include the below through
TransAmerica & Companion:

- Accident – TransAmerica
- Critical Illness – TransAmerica
- Whole Life – TransAmerica
- Dental Plans - Companion
- Vision Plans - Companion

Please enroll online. Our Benefits Website and our Benefits Booklet both provide you with information on how to access the online enrollment portals.

<https://le.linked.exchange>

Linked Exchange Group ID# C005053

YOU HAVE 30 DAYS FROM YOUR START DATE TO ENROLL.
SELECTIONS MADE DURING THIS TIME WILL BE EFFECTIVE THE FIRST OF THE MONTH,
FOLLOWING YOUR 60 DAYS OF EMPLOYMENT.

ALL PLAN DESCRIPTIONS AND BENEFITS INFORMATION CAN BE FOUND AT
<https://atr.linked.exchange>

FOR ADDITIONAL QUESTIONS, YOU CAN CONTACT BENEFITS@ATR1.COM



ADDITIONAL ATR BENEFITS

Hyatt Legal - MetLaw

MetLaw Voluntary Plan for Legal Services:

You have 30 days from your date of hire to enroll in this voluntary Plan. If you do not enroll, you can enroll during the annual Open Enrollment held in the month of February. The effective date for Open Enrollment is March 1st. ATR does not contribute to this Plan. Some of the legal services include:

Preparation of Wills, Living Wills, & Living Trusts, Purchase, sale, & refinancing primary residence Debt collection defense & identify theft defense.

For more information at 1-800-821-6400 or visit www.legalplans.com



Easy and Affordable Ticket Defense

Each year, 41 million drivers are issued traffic citations.¹

That's more than 112,000 people who get pulled over every day. Chances are, you'll find yourself facing those flashing blue lights one day, too.

Thankfully, the Hyatt Legal Plan allows you to travel through life with ease, knowing you have affordable access to professional legal services for the most common traffic offenses.*

With the Hyatt Legal Plan, you can seek the legal assistance you need without worrying about excessive legal fees and whether or not you can afford representation. It's one small monthly fee,

deducted from your paycheck. There are no deductibles, co-pays, claim forms or usage limits when using a network attorney.

Should you receive a traffic ticket, you can consult with an attorney who can explain the charges and options available to you and guide you through the appropriate actions to properly resolve the matter. If you and the attorney decide to contest the violation, the attorney can represent you in court and attempt to negotiate for a more favorable decision on your behalf.

All of this, for just a small monthly fee.

THE BENEFITS OF ESTATE PLANNING



Nowadays, more and more people are preparing estate plan documents.

Why? Because they want to ensure that their decisions are honored and their family is protected.

If you have assets you wish to leave behind, want to ensure that your healthcare and treatment wishes are met, or have young children, you should consider creating one, too. There are several components to an estate plan that our attorneys can help you prepare:

WILL. A will ensures that your property will be distributed and your family will be cared for exactly as you wish. Without a will, the courts may decide how your property is distributed.

LIVING TRUST. A living trust allows you to distribute your assets and property while you are still alive, while at the same time reducing the amount of taxes you may have to pay.

LIVING WILL. This document specifies the types of medical treatments you want in the event that you become unable to express those wishes directly. A living will not only ensures that you get the care you want, but protects your loved ones from making difficult decisions on your behalf.

DURABLE POWER OF ATTORNEY. In the event you become incapacitated, this document allows you to designate someone you trust to make decisions on your behalf.

The Hyatt Legal Plan allows you to consult with attorneys who are experienced in preparing estate planning documents. We can explain your options and recommend a course of action that suits your unique needs.

**Don't let legal problems derail you.
Protect yourself with an affordable Hyatt Legal Plan.**

Debt Problems? You Have Rights.



Every year, honest, hard-working Americans face serious debt problems—many, through no fault of their own.

Are you among them?

If so, it's important to know that while you may not currently have the funds to repay those debts, you do have legal rights and protections.

That's why it's important to get an attorney involved. An attorney can act as a liaison between you and your collectors. An attorney can work with your creditors. An attorney can advise you of the specific laws in your state and explain your options to you.

With the Hyatt Legal Plan, you will receive affordable legal advice from experienced attorneys who can help you get through this difficult period without feeling helpless, frustrated or ashamed.

Covered Services

- BANKRUPTCY
- DEBT COLLECTION DEFENSE
- IDENTITY THEFT DEFENSE

Hyatt Legal Plans *Mobile App*



HYATT LEGAL PLANS' MOBILE APP IS NOW AVAILABLE ON THE ITUNES® APP STORE AND GOOGLE PLAY! After downloading the app, members can quickly access coverage details as well as find attorneys in their area. The app also provides informative articles, videos and our Legal Needs Test to help anyone interested in a legal plan learn more about how the plan can help them.

ASSESS LEGAL NEEDS

The app provides interactive tools to help assess legal risks as well as highlight the potential savings for a legal plan member.

SEE YOUR COVERAGE

From routine legal services like wills and powers of attorney, to unexpected events such as traffic ticket defense and civil litigation, the Hyatt legal plan covers life's most common personal needs for a low monthly fee. Members can log in to the app to see all of their coverage details.

FIND AN ATTORNEY

Search for an attorney near your home or work by using our fast, convenient Attorney Locator Tool.

GET A PLAN CASE NUMBER

Log onto the members' website in order to obtain a case number to provide to your selected Plan Attorney.



AFFORDABLE & CONVENIENT LEGAL REPRESENTATION, FOR LESS THAN A CUP OF COFFEE A DAY

Finding an affordable lawyer to represent you when you have trouble with identity theft, buying or selling your home, or even preparing your will can be a challenge. MetLaw is a Smart. Simple. Affordable.® solution to all of your legal needs.

With MetLaw, you, your spouse and dependents can receive fully covered legal services for a wide range of personal legal matters. Because no matter how old you are, you have legal needs. Here are some common legal issues for each generation:

GENERATION: COMMON FINANCIAL LEGAL ISSUES: COMMON PERSONAL LEGAL ISSUES:

Millennials (18 - 34)	Credit Card Debt, Debt Collection Defense	Traffic Tickets, Purchase of a Home or Condo, Landlord Negotiations
Gen X (35 - 50)	Foreclosure, Refinancing, Estate Planning	Adoption, School Hearing, Will Preparation, Trusts
Baby Boomers (51 - 69)	Tax Audits, Property Sale, Identity Thefts	Powers of Attorney, Living Wills, Medicare questions
Traditionalists (70+)	Property Sale, Nursing Home/Assisted Living Agreements, Leases, Deeds	Powers of Attorney, Wills, Living Wills, Medicare/Medicaid questions, Prescription Plan questions

Only \$27.00 Per Month Coverage

USING THE PLAN IS EASY.

Simply give us a call or log into our members' site to view your plan coverage and find attorneys. As long as you use a Network Attorney for a covered matter there are:

No deductibles or co-payments - No waiting periods or claim forms - No limits on usage

For more information visit our website:

info.legalplans.com and enter access code: [MetLaw](#) or call: 800.821.6400 Monday - Friday: 8:00 am - 8:00 pm (EST/EDT)

Where available, you may also visit us at www.metlife.com/mybenefits

© Hyatt Legal Plans, a MetLife Company

Smart. Simple. Affordable.®
Hyatt Legal Plans
A MetLife Company

Transit & Commuter Benefits

This program will help you reduce your taxable income! The transit and commuter program will allow you to apply income pre-tax to your work-commute expenses.

How it works

Step 1: You complete the enrollment form

Step 2: You gain access to the Transit Website. Through this website you can purchase tickets and vouchers for your commute to work. You have access to purchase during the first 8 days of the month. Your purchased items are mailed to you.

Step 3: ATR deducts the cost of the tickets and vouchers you purchased from your paycheck PRE-TAX, up to the IRS Sec.132 limits and guidelines.

Pre-Tax Limits as of 01/01/2026:

Up to \$340 a month for parking expenses

Up to \$340 a month for transit passes/commuter highway vehicles.



For enrollment, please contact your Human Resources Department

Fidelity Plans



Financial Planning

Fidelity Investments offers all ATR employees free financial planning. You may contact them directly at 1-800-FIDELITY for a consultation.

401(k) Retirement & Savings Plan – Fidelity Investments

ATR's 401(k) Plan, a tax deferring retirement savings account, is offered through Fidelity Investments. ATR offers matching contributions equal to 50% of the participating employee's salary deferral contribution up to 6% of an employee's compensation. Our Plan features a variety of investment options. In order to enroll in the 401(k) Plan, you must meet the following eligibility requirements:

- You must be at least 21 years of age or older,
- You must complete one year of service from your hire date,
- You must have worked a minimum of 1,000 hours within that one-year period of service.

When am I vested?

The term "vesting" refers to the portion of your account balance that you are entitled to under the plan's rules.

Participants are vested immediately in their contributions (including employee pretax, roth and rollover contributions, and all earnings there on.

Employer matching contributions, and earnings will be vested in accordance with the following schedule:

Years of Service for Vesting	Percentage
less than 2	0
2	20
3	40
4	60
5	80
6	100

Please refer to the 401(k) Plan Summary Plan Description for further details.

Time Off

Unless required by law, ATR does not provide paid time off for the following situations:

- Jury Duty
- Military Service
- Illness/injuries
- Bereavement
- Paid Time Off

Referral

ATR's Referral Program provides you with an opportunity to earn extra cash – simply by referring a friend! Each time you refer a person to ATR and they are placed on a temporary assignment, or in a direct position, you get a bonus! Eligibility guidelines are listed below:

- Referral Bonus Form must be received in HR when the individuals are referred and prior to placement.
- Referred individuals must not be a current employee or prior applicant.
- Referred individuals must be placed as an employee within 90* days of ATR's receipt of a referral form. (*IT and Engineering referral placements within 365 days.)
- Referred individuals placed in a **temporary assignment** must remain employed with ATR for a minimum of 520 billable hours before a referral bonus is paid.
- ATR will count hours of multiple assignments (on temporary assignments) that start within 90 days of receipt of referral, and that are determined to be "End of contract".

Referral amount depends on position being filled. For more information please contact your recruiter.

Parent Teacher Conferences

ATR recognizes the value of your participation in Parent/Teacher Conferences at your child's school. We encourage you to schedule your participation outside of your regular work hours whenever possible. However, if this not possible, ATR will allow up to 2 hours of paid time off to attend.

Please reach out to your Human Resource Representative for more information.





EMPLOYEE DISCOUNT PROGRAMS

Tickets at Work

Exclusive Discounts Include:

Entertainment- Save up to 60% on movie tickets, theme parks, ski resorts, hotels, museums, zoos, attractions, aquariums and more.

Theatre and Events- Find great seats and super deals on a huge selection of Tony Award-winning Broadway shows, family events, concerts and sporting events nationwide. **Shopping and Gifts-** Tickets at Work has partnered with your favorite online retailers to bring you excellent discounts on apparel, books and music, electronics, office supplies, flowers, food, home goods and gift certificates.

Earn Rewards- Look for the Advantage Point symbol and earn points to be redeemed for movie tickets, gift cards, and more.

How to Register www.ticketsatwork.com
Your company code is: PBG18 (ALLCAPS)
Select the Register button in the middle of the page

AT&T Perks Program

Save up to 15% off qualifying AT&T services by utilizing your group discount with ATR. Visit your AT&T Perks Program site at [Employer, Organization, and Student Discounts | AT&T](#) to start new service, place an order or add a line of service. Certain conditions apply.

MetLife Auto & Home Insurance

If interested, please contact MetLife and note that you are an ATR employee. They will provide a discounted quote.

Full Service Auto Insurance at Special Group Rates



If you're driving without the right auto insurance, you could be heading in the wrong direction. Insure your vehicle with a MetLife® Auto policy and get the coverage and service you need — all at special group rates.

Discounted group rates for you and your co-workers

A MetLife Auto policy brings you special group rates that could mean savings for you.

Plus, you could take advantage of:

- **Flexible Payment Options**
Choose the payment method that works best for you. There are no interest charges or service fees to pay. And, because there are no checks to write or bills to mail, you save time and money.
- **24-Hour-A-Day, 7-Day-A-Week Claim Service**
If you're ever involved in an accident, the last thing you want to do is wait to file a claim. Round-the-clock claim service helps ensure that your claim is processed in a timely and efficient manner.

Insure your auto with a company you know and trust

It's reassuring to know that you're dealing with MetLife Auto & Home, one of the most trusted names in insurance. We have courteous, knowledgeable representatives ready to help you — whether it's to give quotes, put through a claim, or just answer a quick question. We'll be here for you today and tomorrow.



Service that's convenient for you

Whether you're calling to get a free quote,

changing your coverage, or making a claim, there's just one number to call — **1 800 GET-MET 8**. MetLife Auto & Home licensed insurance consultants are empowered to make decisions on the spot and trained to do the right thing for our customers.

Simply call **1 800 GET-MET 8 (1-800-438-6388)** for free quotes.

Please have your current policy available when you call.

Nationwide Discounted Pet Insurance

Protect your fur family by saving on pet insurance! Through Nationwide, ATR offers discounted rates to their internal employees.

There are easy enrollment options to sign up for their new pet insurance voluntary benefit: Go directly to the dedicated URL we've created for your company:

<https://poi8.petinsurance.com/benefits/atr-international> OR

Call 877-738-7874 and mention that they're employees of ATR International to receive preferred pricing.

Nationwide is the leading pet insurance provider in the U.S.



Nation's oldest and largest provider of pet health insurance



Created the U.S. pet insurance industry in 1982



Founded by and accepted by veterinarians everywhere



First to offer a corporate benefits program with group discounts



More than 1 million pets insured since 1982



Offered by more than half of Fortune 500 companies



More policies sold than all other pet health insurers combined



Outlived over 50 other pet insurance providers in 30+ years of business

Six reasons to offer pet insurance

1. Pets are family

2/3 of employees own a pet, and 95% of them consider their pets family members.

The Harris Poll® #41, July 16, 2015



4. It fills the gap

Round out your benefits package by offering health coverage for the entire family



2. It's frequently used

It is one of the most practical & widely used voluntary benefits you can offer compared to others like identity theft coverage



5. It promotes financial wellness

U.S. pet owners spent nearly \$16 billion on vet care in 2015. Give employees peace of mind knowing they're covered.

American Pet Products Association 2015



3. Employees want it

Over half of pet owning employees have requested it, making it one of the most in-demand voluntary benefits

2015 Consumer A&U



6. It's priceless value at zero cost

Pet insurance adds tremendous value to your benefits package without adding a single cost



My Pet Protection: available for dogs and cats

my pet protectionSM with wellness

90% back on veterinary bills

- \$250 annual deductible
- \$7,500 annual maximum
- Covers medical and wellness
- No age limitation

my pet protectionSM

90% back on veterinary bills

- \$250 annual deductible
- \$7,500 annual maximum
- Covers medical
- No age limitation

Coverage details

	Medical w/Wellness	Medical
Injury & Illness	✓	✓
Congenital	✓	✓
Hereditary	✓	✓
Wellness and Preventive	✓	✗
Prescription Diets	✓	✓
Nutritional Supplements	✓	✓
Behavioral	✓	✓
Additional Coverage		
• Advertising and reward expenses	✓	✓
• Emergency boarding		
• Loss due to theft		
• Mortality benefit		

Premiums vary based on plan type, your pet and your state of residence. Published rates are subject to change for new enrollments or during the renewal period for existing policyholders. General exclusions: *pre-existing, grooming, boarding, tax, medical waste and non-veterinary services*

My Pet Protection: additional coverage

Both versions of My Pet Protection include new benefits to assist members with costs associated with pet expenses that may not be directly related to a pet's condition.



Boarding or Kennel Fees:

We will pay for boarding of a members insured pet at a licensed kennel if the member or a family member is hospitalized as a result of injury or illness. Coverage is limited to a maximum annual benefit of \$500.



Advertising and Reward:

We will pay for advertising or offering a reward if an insured pet is stolen or strays during the policy term. Coverage is limited to a maximum annual benefit of \$500.



Loss Due to Theft or Straying:

We will pay the price the member paid for their pet if their pet is stolen or goes missing during the policy term and is not found within sixty (60) days. Pet replacement coverage is limited to a maximum benefit of \$500.








Mortality Benefit:

We will pay covered veterinary expenses that are incur during the policy term for fees associated with the death of an insured pet due to injury or illness. We will pay for:

- A veterinarian to humanely euthanize the insured pet
- Cremation and burial expenses
- The price the member paid for their pet
 - Pet replacement coverage is limited to a maximum benefit of \$1,000. Members must send us the original receipt showing the purchase/adoption cost of their insured pet. If they did not pay for their pet or have no formal proof of how much was paid, we will pay \$150.

All plans include access to the 24/7 Vet Helpline



-  Unlimited access available 24/7
-  Talk to a live veterinary professional
-  Call, email or online chat
-  Completely free (\$150 value)
-  Offered only by Nationwide

Connects pet parents to veterinary professionals for guidance on **any pet health concern** from general questions to urgent care needs

Credit Unions

ATR offers employees membership to the below-listed credit unions. These branches offer shared locations across the U.S. If you are interested in becoming a member, please contact the credit unions directly.



KeyPoint CU
www.keypointcu.com



Valley CU
www.valleycu.org



Technology CU
www.techcu.com



Pacific Service CU
www.pacificservice.org



**PACIFIC SERVICE
CREDIT UNION**



Employee Benefit Program

Credit union services are available to you as a free employee benefit

Because your employer cares about your financial well-being, cost-free financial services are available to all employees through Pacific Service Credit Union.

We provide an alternative to big banks. As a non-profit organization, we're about people, not profits. In most cases, we pay higher yields on savings, charge lower rates for loans and charge fewer and lower fees.



Benefits to you as an employee

- ✓ Low-cost financial services
- ✓ Account opening incentives
- ✓ World-class service
- ✓ Save time and money

We Do the Little Things Better

At Pacific Service Credit Union, we make service and convenience our top priority. Whether you are local to the bay area or across the country, you can expect world-class service and exceptional convenience.

To open your account today, simply [click here](#) or contact your dedicated account manager:

Kristin Peterson
kristin.peterson@pacificservice.org
(925) 609-5051



GENERAL INFORMATION AND NOTICES

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy – related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema.

Please contact ATR International's broker, Acrisure for more information. Please see contact information in the back of the booklet.

QUALIFIED MEDICAL CHILD SUPPORT ORDERS

The Plan will provide health benefits as required by any Qualified Medical Child Support Order ("QMCSO"), as required under ERISA 609(a) or other qualified as may be applicable to the Employer. The Plan Administrator has established written procedures for determining whether an order or a National Medical Support Notice qualifies as a QMCSO, if applicable. Participants and beneficiaries may obtain a free copy of these procedures by contacting the Plan Administrator.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT

All coverage maintained under this Plan that provides both medical and surgical benefits and offers mental health or substance use disorder benefits will provide such benefits subject to the following:

The financial requirements applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance use disorder benefits; and the treatment limitations applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the plan (or coverage) and there are no separate treatment limitations that are applicable only with respect to mental health or substance use disorder benefits.

NEWBORNS' 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 birth, and 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 if applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

ENROLLING IN CONNECTION WITH EXTENSION OF DEPENDENT COVERAGE TO AGE 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in Medical Plans. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective retroactively to the first day of your plan year.

PATIENT PROTECTION DISCLOSURE

HMO plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Until you make this designation, the HMO carrier designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers contact your HMO carrier.

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

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

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with ATR International (The Company) 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) The Company has determined that the prescription drug coverage offered by your group plan(s) are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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.

If you decide to join a Medicare drug plan, your current group coverage will [or will not] be affected.

If you decide to join a Medicare drug plan, and drop your current group coverage, be aware that you and your dependents will [or will not] be able to get this coverage back.

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

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage: Contact the Human Resources Department 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 The Company changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. 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).

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 whether or not you are required to pay a higher premium (a penalty).

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

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, 2025. 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 Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	FLORIDA – Medicaid Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	INDIANA – Medicaid Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki) Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	KANSAS – Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihi	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)

pp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://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/ofa/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	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	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid	SOUTH DAKOTA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	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	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/program-s-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, 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



CONTACT INFORMATION

COMPANY/CARRIER	CONTACT INFORMATION
ACRISURE ATR International's Benefit Broker Jason Alaniz, Eligibility Specialist	jalanz@acrisure.com
ATR INTERNATIONAL Benefits Administrator	1.408.328.8006 Benefits@atr1.com
LINKED EXCHANGE Benefit Portal	https://atr.linked.exchange
ALLIED BENEFIT SYSTEMS Medical Member Services	1.800.288.2078
ALLIED MEMBER PORTAL Carrier: Allied Benefit Systems	www.alliedbenefit.com
ACP - AFFORDABLE CARE PLAN PRECERTIFICATION Carrier: Allied Care	Shaula Guinard sguinard@acrisure.com 1.831.316.9637
ALLIED CARE SOLUTIONS- BEHAVIORAL HEALTH Carrier: Allied Care Solutions	1.855.442.3477
ALLIED PATIENT ADVOCACY Carrier: Allied Patient Advocacy Team	Shaula Guinard sguinard@acrisure.com 1.831.316.9637
PHARMACY BENEFIT MANAGER CVS CAREMARK	1.855.442.3477 www.caremark.com
TELEMEDICINE TELADOC	1.855.442.3477 www.teladoc.com
TICKETS AT WORK Member Services	1.800.331.6483 www.ticketsatwork.com



ATR Benefits Summary Acknowledgement Page

As an ATR Contract Employee, I understand that I am able to receive benefits, if eligible, by ATR. The below contents were reviewed:

About Your Benefits

WHO IS ELIGIBLE
WHEN DOES COVERAGE BEGIN
HOW TO MAKE CHANGES
ADDING DEPENDENTS
HOW TO ENROLL
WAIVING COVERAGE

Benefit Coverage

Medical Coverage Costs

Key Terms

Helpful Hints

Medical & Prescription Drug Options

Medical Plans - FAQs

Voluntary Dental, Vision, Accident, Critical Illness & Whole Life

Additional ATR Benefits

HYATT LEGAL METLAW
TRANSIT AND COMMUTER
FIDELITY
TIME OFF
REFERRAL

PARENT TEACH CONFERENCES

Employee Discount Program

TICKETS@WORK
METLIFE AUTO & HOME INSURANCE
AT&T PERKS
NATIONWIDE PET INSURANCE
CREDIT UNIONS

General Information and Notices

Contact Information

My signature below acknowledges that I have read, understood, and received the above materials. I agree to abide by the provisions within them.

Employee Signature

Date

