

Employee Benefit Guide



Spencer Enterprises Inc.

October 1, 2026 – September 30, 2027

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This publication highlights recent plan design changes and is intended to fully comply with the requirement under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modification and should be kept with your most recent Summary Plan Descriptions.



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 27 where Notice of Creditable Coverage begins for more details.

About Your Benefits

At Spencer Enterprises Inc. , we are committed to providing a comprehensive and valuable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your benefits. If you have any questions, feel free to reach out to Elisabeth Gansmann at (405) 424-3880 Ext. 104 or egansmann@sei-ok.com

Eligibility and Enrollment

You are eligible to participate in Spencer Enterprises Inc., benefits if you are a full-time employee working at least 30 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

Select Your Benefits Carefully

To get the most value from your benefits, carefully consider which options are right for you and your family. Because premiums for certain benefits are deducted on a pre-tax basis, IRS regulations may prohibit you from making enrollment changes until the end of the plan year, unless you experience a qualified election change.

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during Annual Enrollment. Any pre-tax benefit elections made during open enrollment must remain in effect until the following Annual Enrollment period, unless you experience a qualifying event which may allow an election change. Examples of qualified life events include:

- Marriage, legal separation or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Loss of eligibility for group health coverage, health insurance coverage, or Medicaid/CHIP
- Becoming eligible for a state premium assistance subsidy

If you believe you have a qualifying event please notify Human Resources within 30 days. However, note that if you lose eligibility for Medicaid/CHIP, or become eligible for a state premium assistance subsidy, you have 60 days from that qualified change in status to make changes.

Keep in mind, the changes you make must be directly related to the event.

This document is an outline of the coverage proposed by in-force carriers based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Terms to Know

- ## How the Plans Work

Telemedicine

Medical and Prescription Coverage

Administered by BCBS of Oklahoma

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with a medical plan through Spencer Enterprises Inc. . .

BCBSOK	G744ADT Blue Advantage	P8E1ADT Blue Advantage	S730ADT Blue Advantage
	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible (Individual/Family)	\$1,600 / \$4,800	\$750 / \$2,250	\$4,350 / \$13,050
Coinsurance	20%	10%	40%
Out-of-Pocket Maximum (Individual/Family)	\$7,250 / \$14,500	\$2,250 / \$6,750	\$9,200 / \$18,400
Preventive Care	No Charge	No Charge	No Charge
Primary Care Office Visit	\$40	\$30	\$50
Specialist Office Visit	\$65	\$45	\$75
Urgent Care Facility	\$50	\$50	\$50
Emergency Room (Copayment waived if admitted)	\$400 + deductible & coinsurance	\$300 + deductible & coinsurance	\$600 + deductible & coinsurance
Inpatient Hospital	\$200 + deductible & coinsurance	\$150 + deductible & coinsurance	\$250 + deductible & coinsurance
Outpatient Surgery	\$150 + deductible & coinsurance	\$100 + deductible & coinsurance	\$200 + deductible & coinsurance
Preferred Pharmacy			
Retail (up to 30 days)	\$10/ \$20/ \$50 / \$100	\$0 / \$10 / \$35 / \$75	\$10/ \$20/ \$50/ \$100
Specialty Drugs (Preferred/Non-Preferred)	\$250 Preferred / \$350 Non Preferred	\$250 Preferred / \$350 Non Preferred	\$250 Preferred / \$350 Non Preferred
OUT-OF-NETWORK CARE			
<i>Please be aware that you may be responsible for charges in addition to the out-of-network deductible and coinsurance. Out-of-network providers may charge you the difference between the amounts they bill and what BCBS of Oklahoma pays (known as balance billing). These charges may not count towards your out-of-network out-of-pocket maximum.</i>			
Deductible (Individual/Family)	\$3,200 / \$9,600	\$1,500 / \$4,500	\$8,700 / \$26,100
Coinsurance	40%	30%	50%
Out-of-Pocket Maximum (Individual/Family)	Unlimited	Unlimited	Unlimited

*Rx copays shown are for prescriptions filled at Preferred Network pharmacies; copays for prescriptions filled at non-preferred pharmacies will vary; 90 day supply via mail order available for 3x copay.

Finding In-Network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to www.bcbsok.com or call the number on your Member ID Card to find providers in the BCBS of Oklahoma network.



Dental Coverage

Administered by Delta Dental of Oklahoma

Good oral care enhances overall physical health and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the dental benefit plan.

	PP0	PPO PLUS PREMIER
	In-Network	In-Network – Larger Network
Annual Deductible (Individual/Family)	\$50 / \$150	\$50 / \$150
Annual Maximum (Per Person)	\$1,500	\$1,500
Preventive Care (Routine Cleaning and X-rays)	No Charge	No Charge
Basic Services (Fillings, Simple Extractions, etc.)	20% after deductible	20% after deductible
Major Services (Crowns, Bridges, etc.)	50% after deductible	50% after deductible
Orthodontia (Children up to age 26)	50%	50%
Orthodontia Lifetime Maximum (Per Person)	\$1,500	\$1,500



Finding In-Network Dentists

You pay less for services when you use a dentist in the Metlife Inc. network. You can find an in-network dentist by visiting www.deltadentalok.org or calling (800) 520-0188.



Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy.



20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

Average cost of vision exam: **\$171**

Average cost of frames and lenses: **\$350**

Total cost: **\$521**

With a Vision policy from Guardian, David pays just **\$10** for his eye exam. After **\$25** in copay, his lenses are fully covered, and he pays **\$96** for his frames.

David's total out-of-pocket expense is **\$131**, saving him **\$390**.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Your Vision Plan	Full Feature	
Your Network is	VSP Choice Network	
Copay		
Exams Copay	\$ 20	
Materials Copay (waived for elective contact lenses)	\$ 20	
Sample of Covered Services	You pay (after copay if applicable):	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$64
Frames	80% of amount over \$130 ¹	Amount over \$46
Costco, Walmart and Sam's Club Frame Allowance	Amount over \$70	
Contact Lenses (Elective)	Amount over \$130	Amount over \$100
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	Up to \$60	Not Applicable
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	20% off retail price**	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses) ^{‡‡}	Every calendar year	
Frames	Every calendar year	
Network discounts (glasses and contact lens professional service)	Limitless within 12 months of exam.	
Dependent Age Limits	26	
To Find a Provider:	Register at VSP.com to find a participating provider.	

VSP

- ^{‡‡}Benefit includes coverage for glasses or contact lenses, not both.
- ** For the discount to apply your purchase must be made within 12 months of the eye exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- ¹Extra \$20 on select brands



Your vision coverage

- Members can use their in network benefits on line at Eyeconic.com.
- In Network Routine Retinal Screening Covered after no more than a \$39 copay.

EXCLUSIONS AND LIMITATIONS

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-I-VSN-96-VIS et al.

Laser Correction Surgery:

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery. Members out-of-pocket costs are limited to \$1,800 per eye for LASIK or \$1,500 per eye for PRK or \$2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.



Life insurance

If something happens to you, life insurance can help your family reduce financial stress.

Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable life insurance protection for a set period of time.

Who is it for?

Everyone's life insurance needs are different, depending on their family situation. That's why group life insurance through an employer is an easier and more affordable option than individual life insurance.

What does it cover?

Life insurance protects your loved ones by providing a benefit (which is usually tax-exempt) if you pass away.

Why should I consider it?

Life insurance is about more than just covering expenses. Depending on your circumstances, it could take your family years to recover from the loss of your income.

With a life insurance benefit, your family will have extra money to cover mortgage and rent payments, legal or medical fees, childcare, tuition, and any outstanding debts.

Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.

You will receive these benefits if you meet the conditions listed in the policy.



Preparing and planning

Jorge's never considered purchasing life insurance, but after being offered it through work, he decides it's a smart way to protect his family.

Jorge has a mortgage, and because his wife is helping to take care of her mother, she only works part-time. In addition, his daughter is about to start college.

Jorge looks at how his family would be affected by losing him.

Average funeral cost: **\$9,000**

Average mortgage debt: **\$202,000**

Average cost of college: **\$17,000 - \$44,000**

Average household credit card debt: **\$8,500**

With life insurance, Jorge can make sure that part of these costs are covered if something happens to him.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides \$30,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount.
Spouse/Domestic Partner Benefit	N/A	\$10,000 increments to a maximum of \$250,000. See Cost Illustration page for details.†
Child Benefit	N/A	Your dependent children age birth† to 26 years. You may elect one of the following benefit options: \$5,000, \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$30,000 per employee	We Guarantee Issue coverage up to: Employee \$100,000. Spouse \$25,000. Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits



Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 50% at age 70	35% at age 70, 45% at age 75, 70% at age 80, 85% at age 85

Subject to coverage limits

† Voluntary Life: Infant coverage is limited based on age.

‡ **Spouse/DP coverage terminates at age 70.**

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

Annual Election Option allows employees to increase the amount of their life coverage without a medical exam when they re-enroll in their company's Voluntary Life plan. This option allows employees to step up to an amount of up to \$50,000, up to the Guarantee Issue amount.

Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style.

Employee	Policy Election Amount	Weekly premiums displayed. Policy Election Cost Per Age Bracket							
		< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64 65-69†
	\$10,000	\$.21	\$.21	\$.28	\$.46	\$.67	\$ 1.15	\$ 1.96	\$ 3.09 \$ 4.85
	\$20,000	\$.42	\$.42	\$.55	\$.92	\$ 1.34	\$ 2.31	\$ 3.92	\$ 6.19 \$ 9.69
	\$30,000	\$.62	\$.62	\$.83	\$ 1.39	\$ 2.01	\$ 3.46	\$ 5.89	\$ 9.28 \$ 14.54
	\$40,000	\$.83	\$.83	\$ 1.11	\$ 1.85	\$ 2.68	\$ 4.62	\$ 7.85	\$ 12.37 \$ 19.39
	\$50,000	\$ 1.04	\$ 1.04	\$ 1.39	\$ 2.31	\$ 3.35	\$ 5.77	\$ 9.81	\$ 15.46 \$ 24.23
	\$60,000	\$ 1.25	\$ 1.25	\$ 1.66	\$ 2.77	\$ 4.02	\$ 6.92	\$ 11.77	\$ 18.55 \$ 29.08
	\$70,000	\$ 1.45	\$ 1.45	\$ 1.94	\$ 3.23	\$ 4.69	\$ 8.08	\$ 13.73	\$ 21.65 \$ 33.92
	\$80,000	\$ 1.66	\$ 1.66	\$ 2.22	\$ 3.69	\$ 5.35	\$ 9.23	\$ 15.69	\$ 24.74 \$ 38.77
	\$90,000	\$ 1.87	\$ 1.87	\$ 2.49	\$ 4.15	\$ 6.02	\$ 10.39	\$ 17.65	\$ 27.83 \$ 43.62
	\$100,000	\$ 2.08	\$ 2.08	\$ 2.77	\$ 4.62	\$ 6.69	\$ 11.54	\$ 19.62	\$ 30.92 \$ 48.46
	\$110,000	\$ 2.29	\$ 2.29	\$ 3.05	\$ 5.08	\$ 7.36	\$ 12.69	\$ 21.58	\$ 34.02 \$ 53.31
	\$120,000	\$ 2.49	\$ 2.49	\$ 3.32	\$ 5.54	\$ 8.03	\$ 13.85	\$ 23.54	\$ 37.11 \$ 58.15
	\$130,000	\$ 2.70	\$ 2.70	\$ 3.60	\$ 6.00	\$ 8.70	\$ 15.00	\$ 25.50	\$ 40.20 \$ 63.00
	\$140,000	\$ 2.91	\$ 2.91	\$ 3.88	\$ 6.46	\$ 9.37	\$ 16.15	\$ 27.46	\$ 43.29 \$ 67.85
	\$150,000	\$ 3.12	\$ 3.12	\$ 4.15	\$ 6.92	\$ 10.04	\$ 17.31	\$ 29.42	\$ 46.39 \$ 72.69
	\$160,000	\$ 3.32	\$ 3.32	\$ 4.43	\$ 7.39	\$ 10.71	\$ 18.46	\$ 31.39	\$ 49.48 \$ 77.54
	\$170,000	\$ 3.53	\$ 3.53	\$ 4.71	\$ 7.85	\$ 11.38	\$ 19.62	\$ 33.35	\$ 52.57 \$ 82.39
	\$180,000	\$ 3.74	\$ 3.74	\$ 4.99	\$ 8.31	\$ 12.05	\$ 20.77	\$ 35.31	\$ 55.66 \$ 87.23
	\$190,000	\$ 3.95	\$ 3.95	\$ 5.26	\$ 8.77	\$ 12.72	\$ 21.92	\$ 37.27	\$ 58.75 \$ 92.08
	\$200,000	\$ 4.15	\$ 4.15	\$ 5.54	\$ 9.23	\$ 13.39	\$ 23.08	\$ 39.23	\$ 61.85 \$ 96.92
	\$210,000	\$ 4.36	\$ 4.36	\$ 5.82	\$ 9.69	\$ 14.05	\$ 24.23	\$ 41.19	\$ 64.94 \$ 101.77
	\$220,000	\$ 4.57	\$ 4.57	\$ 6.09	\$ 10.15	\$ 14.72	\$ 25.39	\$ 43.15	\$ 68.03 \$ 106.62
	\$230,000	\$ 4.78	\$ 4.78	\$ 6.37	\$ 10.62	\$ 15.39	\$ 26.54	\$ 45.12	\$ 71.12 \$ 111.46
	\$240,000	\$ 4.99	\$ 4.99	\$ 6.65	\$ 11.08	\$ 16.06	\$ 27.69	\$ 47.08	\$ 74.22 \$ 116.31
	\$250,000	\$ 5.19	\$ 5.19	\$ 6.92	\$ 11.54	\$ 16.73	\$ 28.85	\$ 49.04	\$ 77.31 \$ 121.15
	\$260,000	\$ 5.40	\$ 5.40	\$ 7.20	\$ 12.00	\$ 17.40	\$ 30.00	\$ 51.00	\$ 80.40 \$ 126.00
	\$270,000	\$ 5.61	\$ 5.61	\$ 7.48	\$ 12.46	\$ 18.07	\$ 31.15	\$ 52.96	\$ 83.49 \$ 130.85
	\$280,000	\$ 5.82	\$ 5.82	\$ 7.75	\$ 12.92	\$ 18.74	\$ 32.31	\$ 54.92	\$ 86.59 \$ 135.69
	\$290,000	\$ 6.02	\$ 6.02	\$ 8.03	\$ 13.39	\$ 19.41	\$ 33.46	\$ 56.89	\$ 89.68 \$ 140.54

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Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
\$300,000	\$6.23	\$6.23	\$8.31	\$13.85	\$20.08	\$34.62	\$58.85	\$92.77	\$145.39
\$310,000	\$6.44	\$6.44	\$8.59	\$14.31	\$20.75	\$35.77	\$60.81	\$95.86	\$150.23
\$320,000	\$6.65	\$6.65	\$8.86	\$14.77	\$21.42	\$36.92	\$62.77	\$98.95	\$155.08
\$330,000	\$6.85	\$6.85	\$9.14	\$15.23	\$22.09	\$38.08	\$64.73	\$102.05	\$159.92
\$340,000	\$7.06	\$7.06	\$9.42	\$15.69	\$22.75	\$39.23	\$66.69	\$105.14	\$164.77
\$350,000	\$7.27	\$7.27	\$9.69	\$16.15	\$23.42	\$40.39	\$68.65	\$108.23	\$169.62
\$360,000	\$7.48	\$7.48	\$9.97	\$16.62	\$24.09	\$41.54	\$70.62	\$111.32	\$174.46
\$370,000	\$7.69	\$7.69	\$10.25	\$17.08	\$24.76	\$42.69	\$72.58	\$114.42	\$179.31
\$380,000	\$7.89	\$7.89	\$10.52	\$17.54	\$25.43	\$43.85	\$74.54	\$117.51	\$184.15
\$390,000	\$8.10	\$8.10	\$10.80	\$18.00	\$26.10	\$45.00	\$76.50	\$120.60	\$189.00
\$400,000	\$8.31	\$8.31	\$11.08	\$18.46	\$26.77	\$46.15	\$78.46	\$123.69	\$193.85
\$410,000	\$8.52	\$8.52	\$11.35	\$18.92	\$27.44	\$47.31	\$80.42	\$126.79	\$198.69
\$420,000	\$8.72	\$8.72	\$11.63	\$19.39	\$28.11	\$48.46	\$82.39	\$129.88	\$203.54
\$430,000	\$8.93	\$8.93	\$11.91	\$19.85	\$28.78	\$49.62	\$84.35	\$132.97	\$208.39
\$440,000	\$9.14	\$9.14	\$12.19	\$20.31	\$29.45	\$50.77	\$86.31	\$136.06	\$213.23
\$450,000	\$9.35	\$9.35	\$12.46	\$20.77	\$30.12	\$51.92	\$88.27	\$139.15	\$218.08
\$460,000	\$9.55	\$9.55	\$12.74	\$21.23	\$30.79	\$53.08	\$90.23	\$142.25	\$222.92
\$470,000	\$9.76	\$9.76	\$13.02	\$21.69	\$31.45	\$54.23	\$92.19	\$145.34	\$227.77
\$480,000	\$9.97	\$9.97	\$13.29	\$22.15	\$32.12	\$55.39	\$94.15	\$148.43	\$232.62
\$490,000	\$10.18	\$10.18	\$13.57	\$22.62	\$32.79	\$56.54	\$96.12	\$151.52	\$237.46
\$500,000	\$10.39	\$10.39	\$13.85	\$23.08	\$33.46	\$57.69	\$98.08	\$154.62	\$242.31
Policy Election Amount									
Spouse/DP									
\$10,000	\$2.1	\$2.1	\$2.8	\$4.6	\$6.7	\$1.15	\$1.96	\$3.09	\$4.85
\$20,000	\$4.2	\$4.2	\$5.5	\$9.2	\$1.34	\$2.31	\$3.92	\$6.19	\$9.69
\$30,000	\$6.2	\$6.2	\$8.3	\$1.39	\$2.01	\$3.46	\$5.89	\$9.28	\$14.54
\$40,000	\$8.3	\$8.3	\$1.11	\$1.85	\$2.68	\$4.62	\$7.85	\$12.37	\$19.39
\$50,000	\$1.04	\$1.04	\$1.39	\$2.31	\$3.35	\$5.77	\$9.81	\$15.46	\$24.23
\$60,000	\$1.25	\$1.25	\$1.66	\$2.77	\$4.02	\$6.92	\$11.77	\$18.55	\$29.08
\$70,000	\$1.45	\$1.45	\$1.94	\$3.23	\$4.69	\$8.08	\$13.73	\$21.65	\$33.92
\$80,000	\$1.66	\$1.66	\$2.22	\$3.69	\$5.35	\$9.23	\$15.69	\$24.74	\$38.77
\$90,000	\$1.87	\$1.87	\$2.49	\$4.15	\$6.02	\$10.39	\$17.65	\$27.83	\$43.62
\$100,000	\$2.08	\$2.08	\$2.77	\$4.62	\$6.69	\$11.54	\$19.62	\$30.92	\$48.46

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Spencer Enterprises Inc
ALL ELIGIBLE EMPLOYEES

Kit created 09/16/2025
Group number: 00087437

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
\$110,000	\$2.29	\$2.29	\$3.05	\$5.08	\$7.36	\$12.69	\$21.58	\$34.02	\$53.31
\$120,000	\$2.49	\$2.49	\$3.32	\$5.54	\$8.03	\$13.85	\$23.54	\$37.11	\$58.15
\$130,000	\$2.70	\$2.70	\$3.60	\$6.00	\$8.70	\$15.00	\$25.50	\$40.20	\$63.00
\$140,000	\$2.91	\$2.91	\$3.88	\$6.46	\$9.37	\$16.15	\$27.46	\$43.29	\$67.85
\$150,000	\$3.12	\$3.12	\$4.15	\$6.92	\$10.04	\$17.31	\$29.42	\$46.39	\$72.69
\$160,000	\$3.32	\$3.32	\$4.43	\$7.39	\$10.71	\$18.46	\$31.39	\$49.48	\$77.54
\$170,000	\$3.53	\$3.53	\$4.71	\$7.85	\$11.38	\$19.62	\$33.35	\$52.57	\$82.39
\$180,000	\$3.74	\$3.74	\$4.99	\$8.31	\$12.05	\$20.77	\$35.31	\$55.66	\$87.23
\$190,000	\$3.95	\$3.95	\$5.26	\$8.77	\$12.72	\$21.92	\$37.27	\$58.75	\$92.08
\$200,000	\$4.15	\$4.15	\$5.54	\$9.23	\$13.39	\$23.08	\$39.23	\$61.85	\$96.92
\$210,000	\$4.36	\$4.36	\$5.82	\$9.69	\$14.05	\$24.23	\$41.19	\$64.94	\$101.77
\$220,000	\$4.57	\$4.57	\$6.09	\$10.15	\$14.72	\$25.39	\$43.15	\$68.03	\$106.62
\$230,000	\$4.78	\$4.78	\$6.37	\$10.62	\$15.39	\$26.54	\$45.12	\$71.12	\$111.46
\$240,000	\$4.99	\$4.99	\$6.65	\$11.08	\$16.06	\$27.69	\$47.08	\$74.22	\$116.31
\$250,000	\$5.19	\$5.19	\$6.92	\$11.54	\$16.73	\$28.85	\$49.04	\$77.31	\$121.15
Policy Election Amount									
Child(ren)									
\$5,000	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23
\$10,000	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Infant coverage is limited for the first two weeks of infant's life.

Spouse/DP coverage premium is based on Employee age.

†Benefit reductions apply.

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

Voluntary Life Only:

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-I-R-LB-90, GP-I-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

For AD&D: We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-I-R-ADCLI-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Enhanced AD&D: A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Accidental Death and Dismemberment Life Cost Illustration:

AD&D coverage provides additional benefits following an accidental death or certain bodily injuries. Election amount will equal 1 times the election amount for Voluntary life election.

Employee Policy Election Amount	Weekly Premiums displayed	Spouse Policy Election Amount	Weekly Premiums displayed	Child(ren) Policy Election Amount	Weekly Premiums displayed
\$10,000	\$0.12	\$10,000	\$0.12	\$5,000	\$0.06
\$20,000	\$0.23	\$20,000	\$0.23	\$10,000	\$0.12
\$30,000	\$0.35	\$30,000	\$0.35		
\$40,000	\$0.46	\$40,000	\$0.46		
\$50,000	\$0.58	\$50,000	\$0.58		
\$60,000	\$0.69	\$60,000	\$0.69		
\$70,000	\$0.81	\$70,000	\$0.81		
\$80,000	\$0.92	\$80,000	\$0.92		
\$90,000	\$1.04	\$90,000	\$1.04		
\$100,000	\$1.15	\$100,000	\$1.15		
\$110,000	\$1.27	\$110,000	\$1.27		
\$120,000	\$1.39	\$120,000	\$1.39		
\$130,000	\$1.50	\$130,000	\$1.50		
\$140,000	\$1.62	\$140,000	\$1.62		
\$150,000	\$1.73	\$150,000	\$1.73		
\$160,000	\$1.85	\$160,000	\$1.85		
\$170,000	\$1.96	\$170,000	\$1.96		
\$180,000	\$2.08	\$180,000	\$2.08		
\$190,000	\$2.19	\$190,000	\$2.19		
\$200,000	\$2.31	\$200,000	\$2.31		
\$210,000	\$2.42	\$210,000	\$2.42		
\$220,000	\$2.54	\$220,000	\$2.54		
\$230,000	\$2.65	\$230,000	\$2.65		
\$240,000	\$2.77	\$240,000	\$2.77		
\$250,000	\$2.89	\$250,000	\$2.89		
\$260,000	\$3.00				
\$270,000	\$3.12				
\$280,000	\$3.23				
\$290,000	\$3.35				
\$300,000	\$3.46				
\$310,000	\$3.58				
\$320,000	\$3.69				
\$330,000	\$3.81				
\$340,000	\$3.92				
\$350,000	\$4.04				
\$360,000	\$4.15				
\$370,000	\$4.27				
\$380,000	\$4.39				
\$390,000	\$4.50				
\$400,000	\$4.62				
\$410,000	\$4.73				
\$420,000	\$4.85				
\$430,000	\$4.96				
\$440,000	\$5.08				
\$450,000	\$5.19				
\$460,000	\$5.31				

Employee Policy Election Amount	Weekly Premiums displayed	Spouse Policy Election Amount	Weekly Premiums displayed	Child(ren) Policy Election Amount	Weekly Premiums displayed
\$470,000	\$5.42				
\$480,000	\$5.54				
\$490,000	\$5.65				
\$500,000	\$5.77				

Infant coverage is limited for the first two weeks of infant's life.

Benefit reductions apply.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATION AND EXCLUSIONS FOR AD&D

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared

or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-I-R-ADCLI-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated.

The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Guardian Group AD&D Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.
Policy Form # GP-1-ADD-15.

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

Spencer Enterprises Inc

ALL ELIGIBLE EMPLOYEES

Kit created 09/16/2025

Group number: 00087437

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

Benefit	Vendor	Group #	Phone	Website or Email
Medical	BCBS Oklahoma	122017	(800) 942-5837	www.bcbsok.com
Dental	Delta Dental of Oklahoma	3844	(800) 520-0188	www.deltadentalok.org
Vision	Guardian	87437	(888) 600-1600	www.guardian.com
Life and AD&D	Guardian	87437	(888) 600-1600	www.guardian.com

Name	Company	Phone	Email
Elisabeth Gansmann	Spencer Enterprises Inc.	(405) 424-3880	egansmann@sei-ok.com
Pete Towne	Gallagher Benefit Services	(405) 471-5041	Pete_Towne@ajg.com
Rusty Miller	Gallagher Benefit Services	(405) 471-5032	Rusty_Miller@ajg.com



Legal Notices & Disclosures

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WOMEN'S HEALTH & 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 states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply: BCBSOK P8E1ADT Blue Advantage Platinum, G744ADT Blue Advantage Gold and S730ADT Blue Advantage Silver.

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under the BCBS Oklahoma medical plan(s).

If you would like more information on WHCRA benefits, please call BCBS Oklahoma at 800-942-5837.

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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 January 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
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	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
INDIANA – Medicaid	MINNESOTA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov
KENTUCKY – Medicaid	NEBRASKA – 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://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	NEVADA – 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)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms 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	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 5218

NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	TEXAS – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid	WASHINGTON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	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)
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs_-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

Protecting Your Health Information Privacy Rights

Spencer Enterprises Inc., is committed to the privacy of your health information. The administrators of the BCBS Oklahoma medical plan(s) (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Elisabeth Gansmann at (405) 424-3880 Ext. 104 or egansmann@sei-ok.com

HIPAA SPECIAL ENROLLMENT RIGHTS

Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the BCBS Oklahoma medical plans. To actually participate, you must complete an enrollment form and may be required to pay part of the premium through payroll deduction.

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

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 employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 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.

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 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under 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 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 to obtain more information about the plan's special enrollment provisions, contact Elisabeth Gansmann at (405) 424-3880 Ext. 104 or egansmann@sei-ok.com

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete a form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

NOTICE OF CREDITABLE COVERAGE

Important Notice from Spencer Enterprises 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 Spencer Enterprises 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. Spencer Enterprises Inc. ., has determined that the prescription drug coverage offered by the medical plan 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 Spencer Enterprises Inc. ., coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Spencer Enterprises Inc. ., coverage, be aware that you and your dependents will not 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 Spencer Enterprises 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 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 Spencer Enterprises 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).

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).

Date:	10/01/2026
Name of Entity/Sender:	Spencer Enterprises Inc.
Contact—Position/Office:	Elisabeth Gansmann
Office Address:	2249 N. Air Depot Blvd. Oklahoma City, OK 73141
Phone Number:	(405) 424-3880 Ext. 104

Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Summary does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this analysis is to provide you with general information regarding the provisions of current federal laws and regulation that may be applicable to your specific circumstances. It does not necessarily fully address all your organization's specific issues. It should not be construed as, nor is it intended to provide, legal advice. Your organization's general counsel or an attorney who would presumably know your specific circumstances and who specializes in this practice area should address questions regarding specific issues.

This benefit guide prepared by



Gallagher

Insurance | Risk Management | Consulting