

20
26

EMPLOYEE

HANDBOOK

& BENEFITS GUIDE



OUR VISION

Enhance the well-being of our customers, communities, and employees by providing unparalleled service now and for generations to come.

OUR MISSION

We fulfill the Promise of the Trust to provide essential utility services for our customers and communities, maintain the lowest possible rates with sound financial management, and create the greatest long-term benefit through a unique business structure.

OUR VALUES

Safety: We protect our employees and communities by committing to the highest standards of safety, reliability, and quality.

Integrity: We conduct our business with honesty, transparency, and accountability.

Inclusion: We foster a diverse culture where everyone is respected, valued, and empowered to contribute their unique perspectives and talents. We actively listen and adapt to ensure that our services are accessible, equitable, and responsive to the needs of the communities we serve.

Collaboration: We provide superior customer service through teamwork. We engage with our employees, customers, and communities for the betterment and success of all.

Leadership: We prepare and empower all employees to be leaders at work and within the communities we live, and to inspire, innovate, and continuously improve our processes, services, and ourselves.

Stewardship: We invest in solutions and infrastructure to deliver long-term value and improve the quality of life for our customers and our communities.



Dear Citizens Employees:

At Citizens Energy Group, you are the key to our success in fulfilling our vision of enhancing the well-being of our customers, communities, and fellow employees by providing unparalleled service now and for generations to come. Our success is also directly related to our ability to recruit, develop, and retain a diverse team of fully engaged and healthy employees.

As your President & CEO, I remain steadfast in my commitment to fostering a safe, collaborative, and inclusive work environment. It is important that you feel valued, respected, and empowered with opportunities to continuously grow and succeed.

As we look to the coming year, Citizens is pleased to continue providing you with an assortment of health benefits and wellness opportunities. I encourage you to make the most of every opportunity to take great care of yourself and your loved ones as you continue to take great care of our customers.

As healthcare costs continue to climb, we are doing everything we can to keep your out-of-pocket costs and payroll deductions as low as possible. You can be proactive in finding ways to save by taking some time to carefully review your 2026 plan benefits and utilizing the wellness programs and initiatives that are available to you.

Thanks again for your continued commitment to your loved ones and our customers. Here's to a healthy and safe 2026.

Sincerely,

Jeffrey A. Harrison
President & CEO
Citizens Energy Group

Table of Contents

Benefit Enrollment

How to Enroll-----	7
What actions can be completed in Oracle vs. BSwift? ---	8
What is a life event change or coverage change? -----	8
Which events allow for a special mid-year change? ---	8
When am I required to make a coverage change? -----	8

Wellness Programs

Healthy Citizens Programs -----	10
Health Coaching -----	10
Onsite Vaccine Clinics -----	10
Mammography Screenings-----	10
PSA Testing -----	10
Virtual Fitness Classes -----	10
Weight Loss Support Groups -----	10
Running/Walking Reimbursement -----	10
Fitness Membership Reimbursement -----	10
Tobacco/Nicotine Cessation -----	10
2026 Well Points Program -----	11

Medical, Vision and Dental Plans

About Citizens Medical Plans -----	13
Medical Plans with Basic Vision -----	14
Northwind Pharmacy Benefits -----	15
Medical Contributions -----	16
Health Savings Account (HSA) -----	17
Flexible Spending Account (FSA) -----	18
Dependent Care Flexible Spending Account -----	18
Dental Plan Benefits -----	19
Supplemental Vision-----	20
Employee Contributions -----	21
Preventive Care Benefits -----	22
Emergency Room Visits-----	24

Anthem LiveHealth Online -----	25
Sydney Health Online-----	26
Northwind-----	27
Citizens Connect-----	29

Life Insurance and Voluntary Insurance Plans

Group Term Life Insurance -----	31
Accidental Death and Dismemberment (AD&D) Insurance -----	31
Voluntary Insurance Benefits -----	32
Critical Illness -----	32
Accident Insurance -----	32

Additional Benefits

Pet Insurance -----	33
Identity Theft Protection -----	34
Employee Assistance Program -----	36
Adoption Assistance -----	36
Educational Assistance -----	37
Community Volunteer Program -----	37

Compliance with the Law

Important Tax Status Reminder -----	39
Women's Health & Cancer Rights Act of 1998-----	39
COBRA Benefits-----	39
Notice of Exemption from Requirements Under Certain Health Reform Act Requirements-----	39

Time Away from Work

Paid Time Off (PTO) - Non-Bargaining Employees ---	41
Vacation Time - Bargaining Employees-----	41
Paid Days Off -----	41
Short-term Disability and Maternity Leave -----	42
Long-term Disability-----	42
Family Medical Leave Act (FMLA)-----	42

Military Family Leave-----	42
Bereavement Leave -----	42
Civic Duty -----	43
Military Leave -----	43
Suspense File Status -----	43
Workers' Compensation (WC) -----	43
USERRA -----	43

Retirement Benefits

"Defined Benefit" Pension Plan -----	45
Retirement from Citizens Energy Group -----	45
401(k) "Defined Contribution" Plan -----	45

Company Policies & Procedures

Code of Conduct -----	47
Drug-Free Workplace-----	48
Drug and Alcohol Testing Guidelines -----	48
Tobacco Free Facilities-----	49
Information Systems Acceptable Use Procedure -----	50
Social Media -----	50
Employment Practices Policy-----	50
Diversity and Inclusion Statement-----	50
Harassment Policy -----	51
Workplace Non-Violence Policy -----	51
Attendance -----	51
Flexible Scheduling-----	51
Emergency Closings-----	52
Dress at Work -----	52
Travel on Company Business -----	52
Confidentiality -----	53
Solicitation -----	53

Employment

Employee Categories -----	55
Employee Representation-----	55
Applications for Employment-----	55
Performance Plan and Review-----	55
Termination of Employment-----	56

Payroll

Paydays -----	59
Direct Deposit of Paychecks -----	59
Short-Term Incentive Pay (STIP) -----	59
Address Changes-----	59
Court Orders -----	59
Garnishment-----	59
Deduction for Group Insurance-----	60
Tax Forms for Payroll -----	60
Annual W-2 Forms -----	60
Payment of Overtime-----	60

Employee Information

Employee Emergency Information -----	62
Examination of Personnel Records-----	62
Release of Personnel Information-----	62
Personnel Record Retention -----	62

Safety at Work

Safety Policy -----	64
Reporting Employee Injuries -----	64

Summary of Benefits and Coverage

CDHP #1-----	66
CDHP 65+-----	71
CDHP #2-----	76
CDHP #3-----	81

Benefit Enrollment



Getting Started

How to Enroll



2 Ways to Enroll:



Go Online: ceg.bswift.com



Bswift Benefits Portal SSO: Access Bswift through Single Sign-On (SSO) if you are using a Citizens device. Go to the iTrust home page, click on the “Benefit Resources” tab and select “Bswift Benefits Portal”.

First Time Login Information



Username: First letter of your first name, followed by last name, followed by employee ID (ex. JJones12345).

Password: The last four digits of your Social Security Number.

Once you have logged in, you will be instructed to change your password. Click “save” and you will be taken to the Home Page. To begin your enrollment, click on the “Start Your Enrollment” button.

1

Verify Your Personal Information. Before beginning your enrollment, please verify the accuracy of all your personal information. Any address changes should be updated through Oracle Employee Self-Serve. Enter all required fields with an asterisk (*). When you are finished, click “I agree” and “Continue” at the bottom of the screen. If other personal information is incorrect, please contact HR at 317-927-4367.

2

Verify Your Family Information. Please be sure to add all eligible dependents that may be missing from the Family Information section before proceeding to the next section. To do this, click on the “Add Dependents” link. If you wish to add dependents, please note that all fields with an asterisk (*) are required. When all your family information is accurate, read through the “Dependent Information Notice” section and check “I agree” and click “Continue”.

3

Select Your Benefits. All available benefits will be displayed on the left-hand side of the screen. When a benefit selection is complete, the icon changes from red to green. You will now be directed to the beneficiaries page. Add or update your beneficiaries. Click “Continue”. Throughout your enrollment, you can track your per pay period cost on the upper right-hand side of your screen.

4

Completing Your Enrollment. Once you have made the selection on the final plan, click the “Continue” button.

5

Review All Your Selections -Almost Finished! You will now be directed to the final review page. Carefully review all your benefit elections and covered dependents. Note that you may change your elections by clicking the “Edit” button. You may notice that some of your elections are pending due to approval required by the insurance carrier. Dependent coverage may also be pending until dependent verification can be reviewed and approved by HR.

Once you’ve completed your review, read through the participation agreement at the bottom of the page, click “I agree” and “I’m finished with my enrollment”. Next, click the “Complete Enrollment” button. Please note: your enrollment selections are not considered complete until you check the “Complete Enrollment” button at the end of the enrollment and confirmation process.

6

Confirmation Statement. Review the confirmation statement to ensure the benefits you elected appear correctly. To make changes, click on the “Edit Selection” button to return to the benefit election screen. It is highly recommended that you email yourself confirmation of your elections. To do so, click on the email link on the New Elections page. If you don’t have an email address in the system, please print out the confirmation page by clicking the “print” link. Review any Open Enrollment Reminders listed on your confirmation statement and submit any additional documents, if applicable.

7

Logging Out. When you have completed any actions taken on the Benefits site, please be sure to log out by clicking the “Log Out” button on the upper-right hand corner of your browser. You are finished!

What actions can be completed in Oracle vs. BSwift?

In Oracle (Employee Self Service) you may change your address, marital status, phone numbers, emergency contacts, direct deposit and W-4 tax forms. You may review your payslips and online W-2.

In BSwift you can add eligible dependents and term dependents. You may also add beneficiaries to benefits offered and paid for by Citizens. *This action is required by all employees, even for those who plan to waive any or all health and welfare benefits.

What is a life event change or coverage change?

Benefit changes are normally allowed only during open enrollment each year. But certain changes to your life or your health coverage allow you to make benefit changes without the need to wait for open enrollment. We call these changes a "life event" or "coverage event" change.

Some examples of a life event include: a change in your job status (full-time to part-time, or vice versa), a change in your family (marriage/domestic partner, divorce, or birth of a baby or adoption), or spouse/domestic partner leaves his/her employment. Some examples of coverage events include when you or your dependents lose certain other health insurance coverage through no fault of your own (such as when you are no longer eligible for your spouse's health insurance coverage or when another employer stops contributing to that coverage).

If you experience a life event please log on to BSwift to initiate the event. You must elect coverage within 30 days of the life event.

Which events allow for a special mid-year change?

There are two additional special enrollment rights for you and your dependents. If you and/or your dependents were eligible for coverage under the Plan but were not covered, and you and/or your dependents either: (1) lose coverage under a Medicaid plan or a state children's health plan because of a loss of eligibility, or (2) become eligible for premium assistance with respect to a Medicaid plan or a state children's health plan, you may elect coverage under the Plan if you request enrollment within 60 days after loss of such coverage or eligibility for premium assistance.

If you have problems while making the benefit changes in BSwift, please call Human Resources for assistance at 317-927- 4367 and select benefits.

When am I required to make a life event or coverage event change?

You have 30 days from the event to process your benefit change, unless the change is due to an event related to the loss of coverage or eligibility for premium assistance for a Medicaid plan or a state children's health plan as described in the previous section. If you wait longer than 30 days you will not be able to make a change until open enrollment.



Wellness Programs



Healthy Citizens Programs

Citizens Energy Group offers a comprehensive wellness program dedicated to improving the health of employees and their families. This program supports the health of all Citizens' employees by providing convenient resources including access to individual health coaching, an onsite registered dietitian and certified diabetes educator, wellness challenges, webinars, virtual yoga classes as well as onsite vaccine clinics, and onsite preventative screenings.

With national obesity rates rising, resulting in increased risk for heart disease, stroke, and cancer, and the known detrimental impact of tobacco use, Citizens provides their team with top notch resources to implement healthy choices to combat these statistics. By taking advantage

of even one of these wellness resources, employees can reduce their risk for preventable diseases.

As programs are subject to change, please visit the HR Health & Wellness SharePoint site for more details and the most up-to-date information on Citizens Wellness Programs.

Onsite and Virtual Health Coaching

Health coaching is free, confidential and consists of working one-on-one with a personal health coach. All employees and their spouses regardless of medical election are eligible for health coaching.

Health coaching offer employees a valuable benefit resource by providing tailored support to help you improve your overall well-being. Through individualized guidance, our health coaches help you set achievable goals, build healthier habits, manage stress, and find better work-life balance. This benefit empowers you to take control of your physical and mental health with expert support, making it easier to stay energized, focused, and resilient both at work and at home.

Body Composition Screenings

A body composition screening is a test that measures what your body is made of—typically fat, muscle, bone, and water. Unlike a regular scale that only shows weight, a body composition scan breaks that weight down into meaningful components so you can understand your health, fitness, and progress more accurately. Combine with health coaching to maximize your health journey.

Onsite Vaccine Clinics

Flu and Covid immunizations are offered onsite annually to employees, spouses, dependents and retirees. You can also get your immunizations at your physician or pharmacy at your convenience. For those who participate in one of the Citizens Energy Group medical plans, the cost is paid through the medical plan whether you participate onsite or offsite.

Onsite Preventative Screenings

Mammography screenings and Prostate-Specific Antigen (PSA) screenings are conducted onsite annually. The screenings are open to employees, spouses of employees, retirees and spouses of retirees who meet the age/gender requirements for these screenings. For those who participate in one of the Citizens Energy Group medical plans, the cost is paid through the medical plan.

Virtual Yoga Classes

Virtual Yoga is offered twice weekly via Zoom. All employees and spouses are eligible to participate for \$30 per month for unlimited classes. Times are subject to change based on participation.

Weight Watchers Reimbursement

Employees participating in this program are eligible to be reimbursed for the portion that is subsidized by Citizens (\$20/month for workshops, plus digital meetings or \$5/month for digital meetings only). To be reimbursed, send receipts to the Wellness Coordinator.

Running/Walking Race Reimbursement

Employees are eligible for a \$30 reimbursement per race if they participate in a running race up to \$90 per year (or up to 3 races). Qualifying races can be in-person or virtual. To be reimbursed, send receipts and proof of completion to the Wellness Coordinator.

Fitness Membership Reimbursement

Citizens provides opportunities for discounts and reimbursements so you and your family can get fit and stay fit. Some of these include:

- 15% YMCA Discount and 15% Citizens Subsidy (bring your ID or paystub to any Central Indiana YMCA)
- UGS employees get a 15% reimbursement to any gym
- Reimbursement for Annual Membership gym fees
- Anthem Active&Fit Direct program for gym memberships as low as \$25/month

Please visit the HR Health & Wellness SharePoint site for more details and the most up-to-date information on Citizens Wellness Programs.

Tobacco and Nicotine Cessation

Citizens will reimburse employees and spouses up to \$100 per year for tobacco and nicotine cessation products and/or therapies. Cessation programs are also offered to aid and support employees on their goals to quit. To be reimbursed, send receipts and proof of completion to the Wellness Coordinator.

Healthy Citizens Well Points Program

The Healthy Citizens Well Points Program rewards employees and spouses for behaviors that promote health. Employees and spouses are eligible to participate in the Healthy Citizens Well Points Program in 2026 to earn a Health Savings Account (HSA) Company Contribution in 2027.

Earn Well Points by taking actions to promote health and prevent disease

- PCP Visits
- Dental Visits
- Eye Exams
- Preventative Screenings
- Fitness Events
- Blood Donation
- Gym Memberships
- And much more!



Get rewarded with a company contribution to your HSA

- \$1000 employee medical plan
- \$2000 family medical plan
- \$250 spouses



Employee Incentive

For employees, the program opens on January 1, 2026, and runs through December 31, 2026. During this time, employees will need to earn 1000 Well Points with 400 Well Points coming from CORE Well Points to receive the HSA Company Contribution in 2027, which is \$1000 for individuals and \$2000 for families. The program is available on the wellness portal at ceg.medikeeper.com.



*New Employees hired between July 1 and December 31, 2026, will be awarded 250 Well Points upon hire, but must earn a total of 1000 Well Points with a minimum coming from CORE Well Points to be eligible to receive the 2027 HSA Company Contribution.

Spouse Incentive

For spouses, the program opens on January 1, 2026, and runs through December 31, 2026. During this time, spouses will need to earn 250 Well Points to receive the \$250 HSA Contribution in January 2027. The program is available on the wellness portal at ceg.medikeeper.com.



Medical, Vision and Dental Plans



About Citizens Medical Plans

Citizens Energy Group offers four medical plans:

- CDHP #1
- CDHP #2
- CDHP #3
- CDHP 65+ *

All plans include medical and prescription benefits. This section provides an overview of what's covered, how much your portion of the cost will be, and tips for getting the maximum benefit from the plan you choose. Anthem administers the medical plan. Northwind Pharmaceuticals administers the prescription drug benefit. For a complete detailed summary of benefits, refer to the Summary Plan Description for the plan you choose. You will find this on the HR iTrust page.

*This plan is available for those employees who have enrolled in Medicare or just not eligible to make or receive HSA contributions.

Eligibility

In general, to be eligible to participate in the benefit plans, the employee must be considered a full-time employee.

Some terms may have special definitions, and often, additional information is available elsewhere online.

In the event of any difference between this booklet and the underlying Plan documents, the terms of the Plan documents shall control.

You can enroll your Qualified Domestic Partner and/or their Qualified dependents in our medical and dental plans. This coverage is available for Qualified Partners of the same or opposite sex if certain eligibility requirements are met. However, under federal and Indiana tax laws, unless your qualified Partner/Child also qualifies as a dependent under Section 125 of the Internal Revenue Code, your Qualified Partner/Child is not entitled to the same tax treatment as a spouse or dependent child and cannot have premiums paid on a pre-tax basis.

How Do I Know Which Plan is Right for Me?

- If you have individual coverage, the deductible type doesn't impact you. If you're covering any family members, know that the individual deductible applies only on embedded plans. If you choose a non-embedded plan, the family expenses count toward the family deductible; so, one covered member could end up meeting the family deductible on their own.
- If you are unlikely to meet your deductible, consider enrolling in a higher deductible plan and adding the difference in per-pay costs to your HSA.

Age Limit for Dependents and Adult Children for Medical and Dental Coverage

Dependents and adult children through age 26 are eligible to have Citizens medical and dental coverage. Benefits will terminate the end of the month in which dependents and adult children turn 26.

Pharmacy Resources

In a CDHP medical plan, one of the greatest challenges that participants face is prescription expenses. There are no fixed copayment amounts until your deductible is met, and the retail cost of drugs can make it difficult to pay out of pocket when you're not expecting it. Below are some helpful tips and resources to help you get the most of your coverage and your wallet.

- **Ask for generics or lower cost alternatives**
- **Enhanced Savings Opportunity**

Prescriptions filled at CVS and Walgreens will be checked for the availability of national discount card pricing programs (like GoodRx), if one of the discount card programs accepted by these pharmacies has a lower price than the insurance discount, you will automatically be provided with that lower price. In addition, any amount that you pay for these prescriptions will be credited toward your Citizens Energy Group deductible and out of pocket maximum thresholds.

- **Shop around**


No two pharmacies will charge the same amount for the same prescription, and the price they charge can even change from month to month. There are several resources available to help you find the lowest price:

- **Northwind Pharmaceuticals:** Northwind Pharmaceuticals manages the pharmacy benefit for Citizens Energy Group's medical plans. You can find information and recommendations on their website at www.nwpharma.com or contact by phone at (317) 522-1637.
- **GoodRx:** This is a tool you can access online www.goodrx.com or by downloading their app to your smartphone. You will often find coupons on this site that can offer significant savings.
- **Rx Help Centers:** This organization can assist in finding resources to reduce or eliminate the cost of high-cost brand name medications by advocating directly with drug manufacturers. Contact by phone at (866) 478-9593.
- **Needy Meds:** This a web-based program for finding lower cost prescription drugs. Get more information online at www.needymeds.org.

Medical Plan Summary

(Includes Northwind Pharmacy Benefits)

Citizens Energy Group will continue to offer medical coverage through Anthem.

	CDHP 65+*	CDHP 1	CDHP 2	CDHP 3
	Non-Embedded		Embedded	
Calendar Year Deductible (Individual / Family)	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,500 / \$7,000	\$5,000 / \$10,000
Out of Pocket Maximum (Individual / Family)	\$2,500 / \$4,550	\$3,500 / \$6,550	\$6,550 / \$13,100	\$6,750 / \$13,500
Preventive Care <i>(scan QR code below)</i>	Enjoy FREE preventative care with no cost share and no deductible.			
Primary / Specialist Office Visit	20% coinsurance, after deductible			
X-ray and Lab Tests				
Complex Radiology				
Urgent Care Facility				
Emergency Room Facility Charges				
Inpatient Facility and Surgical Charges				
Outpatient Facility and Surgical Charges				
Inpatient/Outpatient Mental Health & Substance Abuse				

* For Non-HSA Eligible Members

** Family includes Employee + Spouse and Employee + Child(ren) Coverage

Embedded Deductible: A health plan with an embedded deductible means that no single family member is required to pay more than the individual deductible amount towards the total family deductible.


Scan the QR Code for Preventative Services:



Physical Wellbeing
Included with Medical Plan Election

Northwind Pharmacy Benefit

(Included with Medical Enrollment)

 NORTHWIND PHARMACEUTICALS	CDHP 65+*	CDHP 1	CDHP 2	CDHP 3
	In-Network Benefits			
Retail Pharmacy- Standard Formulary (30 Day Supply)				
Generic (Tier 1)	\$10 copay after deductible			
Preferred (Tier 2)	\$30 copay after deductible			
Non-Preferred (Tier 3)	\$60 copay after deductible			
Preferred Specialty (Tier 4)	25% up to \$200 after deductible			
Retail Pharmacy (90 Day Supply)				
Generic (Tier 1)	\$10 copay after deductible			
Preferred (Tier 2)	\$75 copay after deductible			
Non-Preferred (Tier 3)	\$180 copay after deductible			
Preferred Specialty (Tier 4)	25% up to \$200 after deductible			
Northwind (90 Day Supply)				
Generic (Tier 1)	\$10 copay after deductible			
Preferred (Tier 2)	\$60 copay after deductible			
Non-Preferred (Tier 3)	\$120 copay after deductible			
Preferred Specialty (Tier 4)	25% up to \$200 after deductible			

*For Non-HSA Eligible Members.

Citizens Energy Group
Diabetes Clinical Blueprint Program
powered by Northwind



Call to find out if you're eligible for FREE diabetes medication and supplies!

Citizens Energy Group recognizes employees are our most valuable resource. To best support employees and families with Diabetes, we have created a custom program to help you achieve your best health. In an effort to remove barriers, when enrolled in the program all medications, supplies, continuous glucose monitors (CGMs) are offered at no out of pocket cost to you.

Your quality of life matters to us.



Diabetes Clinical Blueprint Details

- Eligibility: Employees, spouses, and dependents enrolled in a Citizens health plan
- Health Coaching in partnership with Verve
- Pharmacist consultations required quarterly
- Primary and specialist care coordination
- Required care measures: quarterly labs, annual eye and foot exams
- Referral into additional resources provided by Citizens Energy Group

Two easy ways to enroll



Email support@nwpharma.com to express your interest in joining the program.



Call Northwind Pharmacy at **800-722-0772** to enroll or learn more about the program.

2026 Medical Employee Contributions

Bi-Weekly Non-Bargaining Contributions					
Plan Coverage Levels	Salary Band <\$48,000	Salary Band \$48,001 - \$65,000	Salary Band \$65,001 - \$100,000	Salary Band \$100,001 - \$220,000	Salary Band >\$220,001
CDHP 65+ / CDHP 1					
Employee	\$80.10	\$100.10	\$125.10	\$140.10	\$160.10
Employee + Spouse	\$178.60	\$229.70	\$293.50	\$331.70	\$370.00
Employee + Child(ren)	\$161.10	\$207.10	\$264.70	\$299.20	\$333.70
Employee + Family	\$217.20	\$279.20	\$356.80	\$403.30	\$449.80
CDHP 2					
Employee	\$15.60	\$33.40	\$62.30	\$80.20	\$102.40
Employee + Spouse	\$34.10	\$79.50	\$159.00	\$204.40	\$261.20
Employee + Child(ren)	\$30.70	\$71.70	\$143.40	\$184.40	\$235.60
Employee + Family	\$41.40	\$96.60	\$193.30	\$248.50	\$317.50
CDHP 3					
Employee	\$4.20	\$8.40	\$16.80	\$21.00	\$23.10
Employee + Spouse	\$10.70	\$21.40	\$42.90	\$53.60	\$58.90
Employee + Child(ren)	\$9.70	\$19.30	\$38.70	\$48.30	\$53.20
Employee + Family	\$13.00	\$26.10	\$52.10	\$65.10	\$71.70

**Citizens Energy Group will contribute to eligible employee's Health Savings Account (HSA) accounts.*

Bi-Weekly Bargaining Contributions			
Plan Coverage Levels	CDHP 65+ / CDHP 1	CDHP 2	CDHP 3
Employee	\$73.00	\$36.00	\$13.00
Employee + Spouse	\$153.00	\$67.00	\$20.00
Employee + Child(ren)	\$153.00	\$67.00	\$20.00
Employee + Family	\$209.00	\$97.00	\$27.00



Scan the QR code for details on the 2026 Well Points Program:



Health Savings Account (HSA)

Citizens offers a Health Savings Account (HSA) for employees to use in connection with the CDHP.

A Health Saving Account (HSA) is a tax-exempt account in which an employee accumulates savings to pay for medical expenses. All contributions and interest earned in the account are 100% tax free. The account can be used for qualified medical, dental, vision and pharmacy expenses.

Employee contributions are pre-tax and all contributions are yours to keep. You do not need to spend all of the funds by the end of the year, the funds roll forward from year to year and are also yours to keep once you've left Citizens. You can change your deduction for the HSA at any time throughout the year by logging into bswift and selecting "Change HSA Benefits" in the green banner.

Your contributions to this account are available to you as they are contributed.

Your HSA Advantage account will be administered by Lively.

Health Savings Account (HSA) Eligibility

In order to contribute to a Health Savings Account, all of the following must be true:

- Enrolled in a Citizens Energy Group sponsored CDHP
- Not covered by other health insurance that is not an HDHP (including a spouse's plan in which he/she has selected family coverage and/or a General Purpose Healthcare FSA – set up by you or your spouse)
- Not enrolled in Medicaid
- Not enrolled in Medicare or collecting Social Security Benefits
- Not eligible to be claimed on another's tax return
- There are exceptions: Insurance coverage for accidents, dental care, disability, long-term care, and vision care do not disqualify you from opening an HSA; or do Limited-Purpose FSA's. If you have Worker's Compensation benefits, specified disease, or fixed indemnity coverage, you can also open a HSA

2026 HSA Contribution Limits

HSA maximum contribution amounts are set by law and will be increased for inflation in future years. You can contribute in a lump sum or in any amounts or frequency you wish.

	IRS Maximum	Citizens' Contribution	Employee Maximum
Single:	\$4,400	\$1,000	\$3,400
Family*:	\$8,750	\$2,000	\$6,750
55+ Catch Up:	\$1,000	N/A	\$1,000

* Family also includes Employee + Spouse and Employee + Child(ren)

Citizens HSA Contribution

If you are enrolled in one of Citizens' CDHPs and meet the Well Points Program criteria, Citizens will be making a contribution to your account as outlined above. For Bargaining employees, the entire contribution will be deposited at the beginning of January. Non-Bargaining employees will receive 50% of their contribution at the beginning of January and the remaining 50% at the beginning of July. New Hires and newly eligible employees' contributions will be prorated based on their date of eligibility. In addition, participating spouses have the opportunity to earn a \$250 HSA contribution to the employee's account.

HSA Advantages

There are many advantages of opening a Health Savings Account. 100% of HSA contributions are pre-taxed. The interest earned by the money in a HSA is also tax-free. You pay no taxes or penalties when you use your HSA for qualified medical expenses. Some other advantages include:

- **Tax Savings:** You can elect to have your HSA pre-tax contributions payroll deducted or contributions can be deducted from your gross income on your federal tax return.
- **Earnings:** You can earn interest from the funds in your HSA.
- **Portability:** You own your account, so in the event you change jobs, your HSA funds are not affected.
- **Affordable Health Coverage:** HSA's can cover the cost of medical expenses such as coinsurance, deductibles, and medications.
- **Long-Term Savings:** HSA tax-deferred funds can be rolled over each year, allowing your account to grow. HSA's have been referred to as the "Medical IRA."

- **Retirement Bonus:** After age 65, you may make withdrawals from your HSA for any reason without a 20% penalty. Withdrawals for reasons other than qualified medical expenses will be subject to ordinary income tax.
- **Safety Net:** There is no “use it or lose it” provision, so you can build up the savings in your HSA to use for major health events.
- **Additional Coverage:** You can use HSA funds for expenses not covered by health plans, including dental and optical. For a full list of eligible expenses, visit the Lively website at www.Livelyme.com.
Investment Potential: Many financial institutions allow you to invest your HSA funds into stocks, mutual funds and other investment vehicles, allowing your money to grow more quickly.

Health Savings Accounts with Lively

After you enroll in bswift, an HSA will automatically be established for you through Lively. For more information on Lively, you can visit their website at www.livelyme.com or call 888-576-4837

Flexible Spending Account

Citizens offers three Flexible Spending Accounts (FSA) to help save you money.

Your contributions to these accounts are made on a pre-tax basis, saving you tax on the amount you choose to contribute. When you submit a claim for eligible expenses, you are reimbursed with non-taxable dollars from your account. Claim forms and more information are available on www.livelyme.com or call Lively at 888-576-4837.

Limited Purpose Health Care FSA

Under federal rules, you cannot have both a Health Savings Account and a General Purpose Health Care FSA. Although you may enroll in a Limited Purpose Health Care FSA, you cannot use a Limited Purpose Health Care FSA to pay for medical or prescription drug expenses. Rather, you can use it to pay for eligible dental and vision care expenses. This makes it an ideal financial supplement for your CDHP.

To open a Limited Purpose Health Care FSA, choose how much you want to contribute from your paychecks and the amount will be deducted before payroll taxes are withheld. You can contribute up to \$3,400 for the year. Funds will be available on the first of the year. If you have money in your Limited Purpose Health Care FSA at the end of the year, you can carry over up to \$660 to the next year and use it to pay eligible expenses. Any amount not used is forfeited.

General Purpose Health Care FSA

For those not enrolled in a CDHP option, you may elect a General Purpose FSA that can be used for any qualified expenses, including medical, prescription, dental, and vision. It can serve as a financial supplement for those not eligible for an HSA.

To open a General Purpose Health Care FSA, choose how much you want to contribute from your paychecks and the amount will be deducted before payroll taxes are withheld. You can contribute up to \$3,400 in 2026. Funds will be available on the first of the year. If you have money in your General Purpose Health Care FSA at the end of the year, you can carry over up to \$660 to the next year and use it to pay eligible expenses. Any amount not used is forfeited.

Dependent Care Flexible Spending Account


The Dependent Care Flexible Spending Account allows you to set aside pre-tax dollars for dependent care (day-care service) expenses so that you can work. The account can be used to cover children under age 12, and/ or dependents incapable of self-care.

If you enroll, you decide how much to contribute, up to an annual maximum of \$7,500 for eligible dependent care expenses. Your contributions to this account are available as they are contributed.

Sample Contribution of \$2,500 in Flex Spending Account (FSA)		
	With FSA	Without FSA
Salary	\$30,000	\$30,000
FSA Contribution	-\$2,500	- 0
Taxable Pay	\$27,500	\$30,000
Estimated Tax (27.65%)	-\$7,603	-\$8,295
After Tax Salary	\$19,897	\$21,705
After Tax Expenses	-0	-\$2,500
Spendable Income	\$19,897	\$19,205
Savings	\$692	\$0

Dental (Medical Insurance Not Mandatory)

Citizens Energy Group will continue to offer a dental program through Delta Dental. Please refer to your benefit summaries for complete plan details.

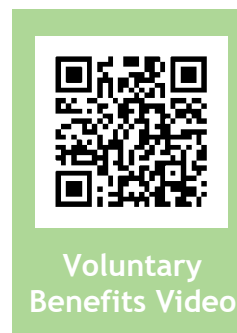
	Dental Plan PPO & Premier Network	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$75	
Family	\$150	
Waived for Preventive Care?	Yes	
Annual Maximum		
Per Person / Family	\$2,000	
Preventive	100%	
Basic	85%	60%
Major	85%	30%
Diagnostic and Preventive Services		
Routine Exams 2 per 12 month period	Plan pays 100%, no deductible	Plan pays 100%, no deductible
Sealants		
Cleanings		Plan pays 80%, no deductible
X-Rays		
Basic Services		
Fillings	Plan pays 85% after deductible	Plan pays 60% after deductible
Crown, bridge, and implant repairs		
Root canals		
Periodontics		
Extractions		
Dental surgery		
Major Services		
Crowns	Plan pays 85% after deductible	Plan pays 30% after deductible
Bridges		
Implants		
Dentures		
Orthodontic Services		
For adult and children (no age limit)	Plan pays 50% up to \$2,000, lifetime maximum per person	

To access a listing of providers, visit:
www.DeltaDentalin.com

Vision (Medical Benefits Insurance Not Mandatory)

Citizens Energy Group provides vision benefits through Delta Vision, in partnership with VSP. Please refer to your benefit summaries for complete plan details.

 In partnership with VSP®	Delta Vision
Availability:	This option is available for all employees whether enrolled in medical or not.
Exams - Once every calendar year	
Comprehensive Eye Exam	\$10 copay
Eyeglass Lenses - Once every calendar year	
Single vision lenses Bifocal lenses Trifocal lenses	Covered after \$25 material copay
Eyeglass Frames - Once every two calendar years	
One pair of frames	\$150 allowance + 20% off balance
Contact Lenses - In lieu of glasses, once every calendar year	
Elective	\$150 allowance
Medically necessary*	Covered after \$25 material copay



To access a listing of providers, visit:
www.vsp.com/eye-doctor



Physical Wellbeing

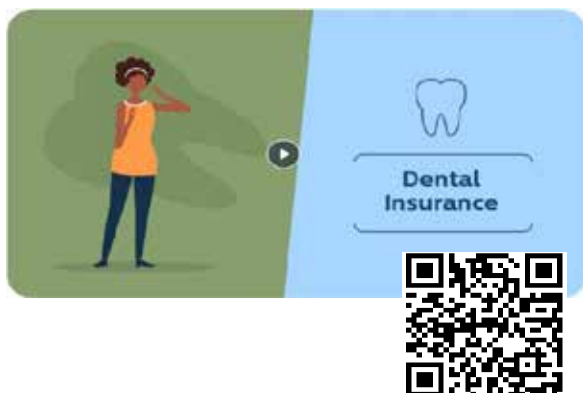
2026 Dental & Vision Employee Contributions



Dental Bi-Weekly						
	Non-Bargaining					Bargaining
	Salary Band <\$48,000	Salary Band \$48,001 - \$65,000	Salary Band \$65,001 - \$100,000	Salary Band \$100,001 - \$220,000	Salary Band >\$220,001	All Bargaining
Employee	\$3.20	\$3.20	\$4.10	\$5.00	\$5.80	\$3.20
Employee + Spouse	\$6.30	\$6.30	\$8.20	\$9.90	\$11.60	\$6.30
Employee + Child(ren)	\$8.60	\$8.60	\$11.20	\$13.50	\$15.80	\$8.60
Employee + Family	\$11.70	\$11.70	\$15.40	\$18.50	\$21.70	\$11.70



Vision Bi-Weekly		
	Non-Bargaining	Bargaining
Employee	\$2.81	\$2.81
Employee + Spouse	\$5.61	\$5.61
Employee + Child(ren)	\$6.01	\$6.01
Employee + Family	\$9.60	\$9.60



Stay on top of your health

Use your preventive care benefits



Regular checkups and exams can help you stay healthy and catch problems early, when they are easier to treat. Our health plans offer all the preventive care services and immunizations below at no cost to you.¹ As long as you use a plan doctor, pharmacy, or lab, you will not have to pay anything. If you use providers that are not in your plan, you may have out-of-pocket costs.

If you are not sure which services make sense for you, talk to your doctor.

Preventive versus diagnostic care

Preventive care helps protect you from becoming sick. If your doctor recommends services even though you have no symptoms, that is preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to find out what is causing your symptoms.

Adult preventive care

Preventive physical exams, screenings, and tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)²
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection, and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening³
- Eye chart test for vision⁴
- Hearing screening
- Height, weight, and body mass index (BMI)
- Human immunodeficiency virus (HIV) screening and counseling
- Lung cancer screening for those ages 55 to 80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years²
- Obesity: related screening and counseling³
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal, and domestic: related screening and counseling

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA1 and BRCA2 when certain criteria are met⁵
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling^{5,6,7,8}
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- Human papillomavirus (HPV) screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV, and depression⁷
- Pelvic exam and Pap test, including screening for cervical cancer

Immunizations:

- Coronavirus disease (COVID-19)
- Diphtheria, tetanus, and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

The preventive care services listed above are recommendations of the Affordable Care Act (ACA) and therefore are subject to change. They may not be right for every person. Ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined *Evidence of Coverage and Disclosure Form or Certificate* for exclusions and limitations.

Child preventive care

Preventive physical exams, screenings, and tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid levels
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight, and BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Skin cancer counseling for those ages 10 to 24 with fair skin
- Oral (dental health) assessment, when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening, when done as part of a preventive care visit⁴

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type b (Hib)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Meningitis
- Measles, mumps, and rubella (MMR)
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

Coverage for pharmacy items

For 100% coverage of your over-the-counter (OTC) drugs and other pharmacy items listed here, you must:

- Meet certain age requirements and other rules.
- Get prescriptions from plan providers and fill them at plan pharmacies.
- Have prescriptions, even for OTC items.

Adult preventive drugs and other pharmacy items (age appropriate)

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease (CVD), preeclampsia, and colorectal cancer in adults younger than 70 years of age
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low-to-moderate dose statins for members ages 40 to 75 who have one or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Tobacco-cessation products, including all FDA-approved brand-name and generic OTC and prescription products, for those ages 18 and older
- Preexposure prophylaxis (PrEP) for the prevention of HIV

Child preventive drugs and other pharmacy items (age appropriate)

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0 to 5
- Fluoride supplements for children ages 0 to 6

Women's preventive drugs and other pharmacy items (age appropriate)

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic equivalent, and OTC items like female condoms and spermicides⁷
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to become pregnant
- Breast cancer risk-reducing medications, such as tamoxifen, raloxifene, and aromatase inhibitors, that follow the U.S. Preventive Services Task Force criteria²

We hope this information helps you understand your preventive care benefits. For a complete list of covered preventive drugs under the Affordable Care Act, view the *Preventive ACA Drug List* flyer, available at anthem.com/pharmacyinformation.

1 The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your *Certificate of Coverage* or call the Member Services number on your ID card.

2 You may be required to receive preapproval for these services.

3 The Centers for Disease Control and Prevention (CDC)-recognized diabetes prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

4 Some plans cover additional vision services. Please see your contract or *Certificate of Coverage* for details.

5 Check your medical policy for details.

6 Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

7 This benefit also applies to those younger than age 18. A cost share may apply for other prescription contraceptives, based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand or brand name is medically necessary.

8 Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, OB-GYN, or family medicine doctor, and hospitals with no member cost share (deductible, copay, or coinsurance). Contact the provider to see if such services are available.





Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



The ER isn't your only option

Find the right place to go when you need to see a doctor quickly

Your primary care doctor is usually the best place to start when you need care. After all, they know your story. But you have other options for non-emergency care — even in the middle of the night. Make a plan now, so you're prepared when you need to choose care in a hurry. **And remember, going to the emergency room (ER) or calling 9-1-1 is always best when it's an emergency.**

Where to go	What can be treated	Hours	Your cost ¹
Have a video visit with a doctor on LiveHealth Online 	Flu and cold symptoms, allergies, pink eye and sinus infections, even if a prescription is needed ²	24/7 from your smartphone, tablet or computer with a webcam Just register at livehealthonline.com or download the LiveHealth Online mobile app.	\$
Call your doctor's office 	Flu and cold symptoms, allergies, chronic health conditions and preventive care like your annual physical	Hours vary, usually best by appointment	\$\$
Visit a retail health clinic 	Flu and cold symptoms, rashes, minor allergic reactions, pink eye, urinary tract infections and minor cuts and burns	Most can see you nights and weekends, and accept walk-ins	\$\$
Go to an urgent care center 	Back and joint injuries, flu and cold symptoms, sprains, strains and cuts or when you need X-rays	Usually open extended hours (nights and weekends)	\$\$\$

¹ Costs are ranked according to the member's estimated out-of-pocket costs and average health plan copays. \$ = lower cost and \$\$\$ = higher cost. Care outside of your plan may cost more out of pocket. Call the Member Services number on your ID card if you have questions about your plan.

² Prescription availability is defined by physician judgment.

Finding care is easy.

Log in at anthem.com or download the Sydney app today. It's easy and fast to find doctors, retail health clinics and urgent care centers in your plan and compare costs.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association.

116727MUMENABS VP00 07/19

You've got quick access to your health care!

Register on **anthem.com** or the **Sydney** mobile app.* Have your member ID card handy to register



From your computer

- 1 Go to **anthem.com/register**
- 2 Provide the information requested
- 3 Create a username and password
- 4 Set your email preferences
- 5 Follow the prompts to complete your registration

From your mobile device

- 1 Download the free **Sydney** mobile app and select **Register**
- 2 Confirm your identity
- 3 Create a username and password
- 4 Confirm your email preferences
- 5 Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan — including medical, pharmacy, dental, vision, life insurance — in one place. Making your health care journey simple, personal — all about you.



Need help signing up?
Call us at **1-866-755-2680**.

* You must be 18 years or older to register your own account.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT). Health Alliance® Life



Anthem 

The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use SydneySM Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

¿Prefieres obtener información en español?

Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige **el idioma de la aplicación**. También puedes visitar espanol.anthem.com.



Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at anthem.com/register to access most of the same features from your computer.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT). Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New



Citizens Energy Group Diabetes Clinical Blueprint Program

powered by Northwind Pharmaceuticals



Citizens Energy Group recognizes employees are our most valuable resource. To best support employees and families with Pre-Diabetes and Diabetes, we have a custom program to help you achieve your best health. In an effort to remove barriers, when enrolled in the program, diabetes-related medications, supplies, continuous glucose monitors (CGMs) are offered at no out of pocket cost to you.

Your quality of life matters to us.



Diabetes Clinical Blueprint Details

- The program is available to employees, spouses, and dependents enrolled in a Citizens' health plan.
- Health coaching in partnership with Verve Health Certified Diabetes Educator.
- Pharmacist consultations and support for you to best understand your medications.
- We will coordinate with your primary care provider and Endocrinologist.
- Quarterly labs required, annual eye exam and foot exam required.
- Northwind will guide you and support you to engage with additional resources Citizens offers, such as our Verve Health team and Renalogic team, if appropriate.



Two easy ways to enroll



Email pharmacy@nwpharma.com
to express your interest in joining
the program.



Call Northwind Pharmacy at
317-522-1637 to enroll or
learn more about the program.



Northwind Pharmaceuticals: Rx@Home - Home Delivery Service



Citizens Energy Group employees and their family members who are enrolled in a company-sponsored medical plan have access to a convenient home delivery service for your medications.



Steps in the process for the patient

- 1 When you need a prescription or a refill, ask your provider to send your prescription(s) to Northwind Pharmaceuticals (4838 Fletcher Avenue, Indianapolis, IN 46203 NPI – 1700321312). Please be sure that your provider has an up-to-date address and phone number on file for you and includes that number with the prescription.
- 2 Northwind will send you a text when your prescription is received.
- 3 Northwind will confirm all of your demographic and payment information and will start filling your prescription(s).
- 4 Once your prescription has been filled, you will receive a text notifying you that your medication is on its way to your home.
- 5 Download the RxSteward App from your favorite app store for your future pharmacy benefit needs.

Additional Information

- Northwind uses the United States Postal Service for medication delivery.
- Routine medications with refills remaining will be sent to you automatically and should arrive when you have approximately seven days of medication left.
- For medications that are prescribed 'as needed', please call the pharmacy when you need a refill.
- When you are out of refills, Northwind will send a refill authorization request to your physician, but sometimes it helps if you also request a refill.
- The copay for a 90-day supply of medication from Northwind:

(after meeting any applicable deductible)

Generic	\$10.00
Brand Preferred	\$60.00
Brand Non-Preferred	\$120.00
Specialty (30 day supply)	\$25% up to 200

If you have any questions about the process or your specific prescription(s) please call the pharmacy team at Northwind

- **Monday – Friday:** 7:30 AM to 5:00 PM (EST)
- **Phone:** 1-888-334-0052

In addition, please contact Northwind if any of the following occur:

- ✓ You wish to change your delivery address
- ✓ Your phone number has changed
- ✓ Your credit card number has changed
- ✓ Your medication dose has changed
- ✓ Your medication has been discontinued
- ✓ You would like to stop receiving your medication(s) from Northwind



WHAT IS CITIZENS CONNECT?

Citizens Connect, powered by Airbo, helps you learn about the benefits and wellness programs that Citizens Energy Group provides to you. You'll receive new information every other week in a quick and easy-to-read Tile format.

Watch for an email from "Citizens Energy Group Benefits" every other week. Simply click the Tile to begin.

Win prizes! Just for participating, you'll have the opportunity to win prizes every quarter.

Scan the QR code to participate via personal email or text message. Go to your settings to add your personal information. **Spouses can sign-up too!**

*Airbo works on any smartphone, tablet and desktop.
Questions? Reach out to support@airbo.com.*



Life Insurance and Voluntary Insurance Plans



Citizens Energy Group provides a variety of group insurance plans for our employees and their dependents. Since group plans can change frequently, the information in this booklet is intended to be a summary only.

Detailed information will be provided to you upon request and/or enrollment in the various plans. Any inconsistency between the information contained in this summary and the applicable benefit plan document will be resolved according to the terms of the applicable benefit plan document. For more information, contact Human Resources at 317-927-4367.

Group Term Life Insurance

Group Term Life Insurance is paid 100% by Citizens for all full-time employees.

Coverage	Non-Bargaining Employees	Bargaining Employees
Life Insurance Amount	2x Annual Salary	\$85,000

In the event of your death, the life insurance policy will pay the amount above to the person(s) you have named as the beneficiary. If your group life insurance ceases due to termination of employment, you are entitled to convert all or part of the insurance without evidence of insurability to an individual policy.

Do You Need to Update Your Beneficiary Designee/Emergency Contacts?

It is important to designate beneficiaries for your Citizens Retirement Plan, Life Insurance and Accidental Death and Dismemberment policies, HSA, and 401k Thrift Plan. Beneficiaries may be changed at any time and we recommend that you review them periodically. Please logon to the benefit enrollment portal at ceg.bswift.com to designate beneficiaries, review your beneficiaries and make changes if needed. Please log-on to www.netbenefits.com to update your beneficiaries for your 401(K) thrift plan. Please logon to www.livelyme.com to update your beneficiaries for your HSA. To review and/or update your emergency contact information, please go to Oracle EBS, navigate to Employee Self Service and select "Personal Information".

Accidental Death and Dismemberment (AD&D) Insurance

AD&D Insurance is paid 100% by Citizens for all full-time employees.

Coverage	Non-Bargaining Employees	Bargaining Employees
AD&D insurance Amount	2x Annual Salary	\$85,000

AD&D insurance pays:

- 100 percent of the AD&D Insurance amount shown above in the event of your death, or if you are the victim of one or more of the following disablements from accidental causes, including losses resulting from on-the-job accidents. Both hands, both feet, one hand and one foot, one hand and sight of one eye, one foot and sight of one eye, sight of both eyes, speech, and hearing in both ears, quadriplegia.
- 75 percent of the amount shown above for paraplegia
- Half of the of the amount shown above for loss of one hand, one foot, sight of one eye, speech, hearing in both ears, hemiplegia.
- 25 percent of the amount shown above for loss of a thumb and index finger on the same hand.

Coverage will cease with a change from full-time to part-time status, inactive employment, retirement or termination of employment.

Voluntary Insurance Benefits

If you want to supplement your Group Life Insurance benefits described previously, you may purchase additional coverage from Guardian for yourself, your spouse, and/or your dependent child(ren). For complete rate information, please refer to your Voluntary Life Summary.

Benefit Amount: 50%, 100%, 150%, 200% of salary to a maximum of \$500,000, minimum of \$10,000

AD&D: 100% of Life Benefit to a maximum of \$500,000

Spouse Benefit: \$10,000 to \$50,000 in \$10,000 increments, but not exceeding 50% of employee amount

Child Benefit: \$5,000 or \$10,000, but not exceeding 100% of employee amount

Benefit Reduction: 35% at age 65, 60% at age 70, and 75% at age 75

Critical Illness



Critical Illness and Cancer Plan insurance pays a lump-sum benefit directly to you if you are diagnosed with a serious condition such as a heart attack, stroke, coronary artery disease, or cancer. You may use this money to cover day-to-day living expenses, deductibles, copayments, time off work, and other expenses.

Accident Insurance

Accident Insurance can help you pay medical and living expenses after a covered accident. It also pays an accidental death benefit. All benefit payments are made in a lump sum directly to you or your beneficiaries regardless of any other insurance you may have. You can use the payments as back-up to your medical benefits.

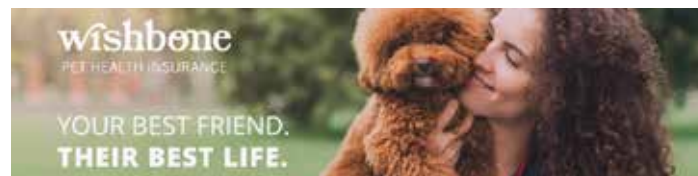


Guardian Member Contacts Policy #566785



Life Claims	Guardian Life Insurance Company Group Life Claims P.O. Box 14334 Lexington, KY 40512	Phone: 1-800-525-4542 Fax: 610-807-8266 Email: group_life_claims@glic.com
LTD Claims	Guardian Group LTD Claim Department P.O. Box 14333 Lexington, KY 40512	Phone: 1-800-538-4583 Fax: 610-807-8221 Email: group_LTD_Claims@glic.com
Accident Claims	Guardian Life Insurance Company Group Accident Benefit Claims P.O. Box 14315 Lexington, KY 40512	Phone: 1-800-541-7846 Fax: 920-749-6299
Critical Illness Claims	Guardian Life Insurance Company Critical Illness Claims P.O. Box 14334 Lexington, KY 40512	Phone: 1-800-268-2525 Fax: 610-807-2999
Employee Benefits Hotline	Function: Typically used during open enrollment but can also be a resource for newly hired employees with questions regarding enrollment or understanding the plan benefits.	Telephone: 888-600-1600

Pet insurance can help pay for medical cost associated with owning a pet. Citizens offers two programs through Pet Benefit Solutions to help make owning a pet easier. You can elect pet insurance anytime during the year.



**Citizens Energy Group is offering
Total Pet Plan to employees.**

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy.

That's why we're offering **Total Pet Plan**, which makes pet care more affordable. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

\$11.75/month for one pet or

\$18.50/month for a family plan

TOTAL PET PLAN INCLUDES:

PETplus

DISCOUNTS ON PRODUCTS & RX

- Up to 40% off on products like prescriptions, preventatives, food, toys and more
- Shipping is always free and same-day pickup is available for most human-grade prescriptions

View available products and pricing at petplusbenefit.com.

Blue

DISCOUNTS ON VETERINARY CARE

- Instant 25% savings on all of your pet's inhouse medical services at participating vets
- No exclusions due to age, health, pre-existing conditions or type of pet

Visit petbenefits.com/search to locate a participating vet.

AskVet

24/7 PET TELEHEALTH

- Access real-time vet support, even when your vet's office is closed
- Unlimited support on your pet's health, wellness, behavior and more

Visit petbenefits.com/search to locate a participating vet.

pettag

LOST PET RECOVERY SERVICE

- Durable tag can be scanned from any smart phone to access your contact information, helping lost pets return home quicker than a microchip
- Easily update your information online with no need to request a new tag



**Citizens Energy Group is offering
Wishbone Pet Insurance to employees.**

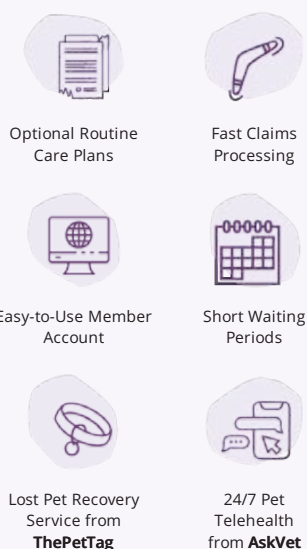
Nobody wants to imagine their pet getting sick or injured - but when it comes to your pet's health, it's best to expect the unexpected.

Enroll in pet health insurance from Wishbone and receive 90% reimbursement on your pet's veterinary care. With a low deductible of \$250, protecting your pet's health and your finances has never been easier!

Wishbone Pet Insurance is accepted at any vet in the U.S., including emergency hospitals. Once you file a claim, expect to be reimbursed via mailed check in 5 business days or less. It's that easy!

Get a Quote by logging into BSwift and going to Pet Insurance

POLICYHOLDERS ENJOY:



Wishbone Pet Insurance is program managed by Odie Pet Insurance Marketing, Inc. and is underwritten by Clear Blue Insurance Group. Please visit www.getodie.com for more information.

A benefit that protects your privacy and security. It provides you with Identity theft protection plans to proactively monitor, alert and help you fix and identify theft compromises. You can elect coverage at anytime during the year.

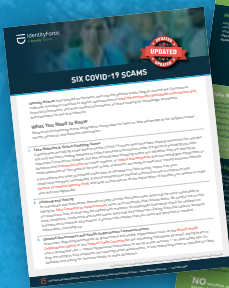


Your Identity Matters.

Get the Benefit that Protects Your **PRIVACY** and **SECURITY**.

COVID-19 SCAM PROTECTION RESOURCES

Tip Sheet | 6 Scams Happening Now



Infographic | Top COVID-19 Digital Scams

Exposure at Every Angle

- Phishing emails have increased by **350%** since COVID-19¹
- **50%** increase in mobile vulnerabilities in 2020²
- **16 Billion** consumer credentials are circulating on the Dark Web³

¹ PC Magazine. "Phishing Attacks Increase 350 Percent Amid COVID-19 Quarantine." March 30, 2020.

² Skybox. "COVID-19 Pandemic Sparks 72% Ransomware Growth, Mobile Vulnerabilities Grow 50%." July 21, 2020

³ Forbes. "New Dark Web Audit Reveals 15 Billion Stolen Logins From 100,000 Breaches." July 8, 2020.

Now is the time to take protecting all you've built seriously. Your company recognizes the exponential increase in fraud and scams as your digital footprint expands, and the vulnerabilities that result from having sensitive personal information exposed. It's why **IdentityForce** is part of the employee benefit wheelhouse. We're here to provide you with world-class identity theft protection plans built to proactively monitor, alert, and help you fix any identity theft compromises.

WHY NOW?

Our identities have become more than just a name, birthdate, and social security number. Today it includes voice signatures and fingerprints, personal property records, health records, and even social media data. All of these details can be capitalized on by criminals to commit identity fraud, whether used directly in forms of synthetic identity theft, or used in social engineering attempts to extract money or personal details that provide additional opportunities for identity crimes.

ID THEFT IMPACT

You don't want to deal with a lifetime of damage that could result from identity theft. You most likely even know someone who has already been a victim of identity theft themselves, or you at least know someone who has had their good name compromised. Security incidents, scams, and fraud continue to grow. As our world becomes increasingly digitalized, and virtual, it's even more important to have **IdentityForce** in your corner.

We not only proactively monitor the Dark Web, credit reports, and real-time fraud issues, but we will help you fix any compromises to your personal information. All without the hassle of making phone calls, completing paperwork, and all the heavy lifting needed to make sure your identity is restored.



SANS Institute. "Identity Theft." Published 2021.

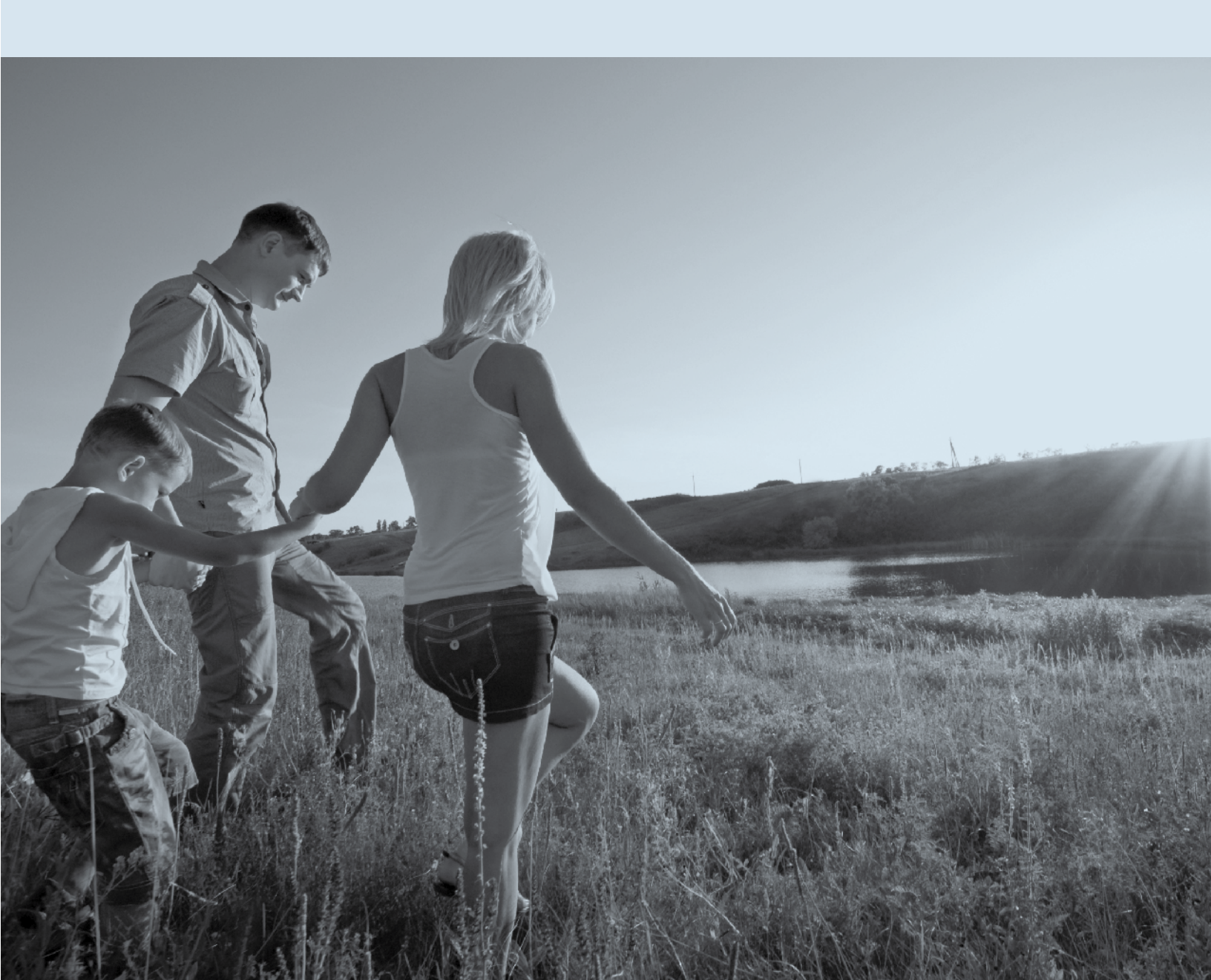


ITRC. "The Aftermath®: The Non-Economic Impacts of Identity Theft." Published 2018.



U.S. Department of Justice. "Victims of Identity Theft, 2014." Revised: November 13, 2017

Additional Benefits



Employee Assistance Program

Stress is a natural part of life, and it can be caused by life changes and conflict or trouble at home or at work. This can make it difficult for employees to do their jobs and be happy in other areas of life. When this happens, it is best to seek assistance because in many cases short-term counseling is all that is needed to get back on track.

The Employee Assistance Program (EAP) offers confidential consultation, short-term counseling, and follow up to employees and members of their households who request assistance with stressful situations. The program also offers referrals to other sources of help when necessary.

Citizens offers EAP to employees to help them handle problems before they become too large to handle or begin to affect personal life and job performance. You may contact an EAP representative 24/7 at 800-543-4158.

EAP can help with a crisis, and it can also help with managing the life changes we all experience, such as:

- Family and marital relationships
- Birth of a child and child raising
- Relocation
- Death in the family
- Alcohol and drug problems
- Emotional and psychological adjustment
- Legal and financial problems
- Retirement adjustments

EAP counselors are trained to deal with a wide variety of employee problems. They offer professional support and direction in resolving individual and family problems.

When Can You Use EAP?

EAP counselors are available when you need them. For your convenience, appointments can be arranged for day or evening.

What Does EAP Cost?

EAP services are an employee benefit. There is no cost for employees and their family members (up to 8 visits). If an employee and the counselor decide that additional services are required by another resource, the employee will be responsible for any costs not covered by insurance. Throughout the process of using the EAP, the counselor maintains support and follow up with the employee. If an outside resource is needed, the counselor will consider the employee's exact need, financial situation, and geographic location before the referral is made.

Who Knows I'm Using EAP?

The EAP's professionally trained counselors maintain confidentiality and comply with all state and federal laws regarding confidentiality. This means that no one knows about an employee's use of the EAP. In some cases, because of impaired work performance, an employee may be referred to EAP by his or her supervisor. The EAP counselor will keep the matter private as in the case of self referral. EAP gives Citizens information on numbers of employees who use EAP, but Citizens DOES NOT receive names of those who use the service.

Adoption Assistance

This benefit is for Full-time employees and provides financial support for all or a portion of the cost of adopting a child.

Adoption Expenses for Child

Under this program you will be reimbursed for qualified adoption expenses for an eligible child up to the reimbursement limit (\$3,000 per adoption, minus your FICA taxes). You are responsible for making all adoption arrangements through a state-licensed agency. Qualified adoption expenses include:

- Licensed adoption agency fees including parental counseling
- Legal costs
- Pre-placement home study and post-placement supervision programs
- Medical and hospital services of the natural mother and adopted child (provided the child is not otherwise covered by a health plan)
- Transportation expenses

An "Eligible Child" includes:

- Those not yet age 18
- Those physically or mentally incapable of caring for himself or herself at the time of the adoption

Reimbursement

To apply for expense reimbursement, submit your claim reimbursement form within 30 days from your final adoption date. Claim reimbursement forms are available on iTrust. If you would like more information on this program, please contact Human Resources at (317) 927-4367.

Educational Assistance

Citizens Energy Group offers tuition reimbursement to full-time employees who are interested in obtaining a college degree.

- Course work is paid upon successful completion of the course.
- Courses considered will be those offered by educational institutions or trade schools accredited by the United States Department of Education.
- Programs for reimbursement must be related to the job or industry and be approved in advance of each class.
- Citizens uses the following reimbursement schedule for successful completion of course work:
A = 100%, B = 90%, C = 70%
- Educational expenses covered will include tuition charges and required text material.
- Citizens will pay for course work up to \$6,000 per calendar year of which \$5,250 is non-taxable.

To learn more about Educational Assistance, review the Educational Assistance to Employees Policy Release #1019 on iTrust or contact Human Resources at (317) 927-4367.

Community Volunteer Support Program

Citizens encourages its employees to volunteer their time, talents, and skills while helping build greater Indianapolis. Through this volunteer program, Citizens recognizes employees and retirees for the time and effort they invest while supporting programs and events that target key community needs. In certain instances, Citizens contributes financial awards to qualifying organizations supported by volunteers in accordance with this program.

Awards available to employee and retiree volunteers:

- Full-time and part-time employees may apply for one award of \$250 for each calendar year for a non-profit organization where they have volunteered.
- To be eligible for the above award the employee needs to have volunteered at least 50 hours at a non-profit organization that fits the criteria.
- If an employee volunteers 20 hours of service to any eligible organization or a combined 10 hours of service with any combination of Citizens Signature Projects during the calendar year, they will be eligible for a Community Volunteer gift.
- A retiree must volunteer at least 50 hours for a single qualifying non-profit group to receive the Community Volunteer gift and must accumulate at least 100 hours of service to a single organization to qualify for the \$250 grant.

Only Indiana non-profit 501 (c)(3) organizations are eligible. Ineligible organizations are those that are profit-making; organizations that discriminate on the basis of race, creed, gender, marital status, sexual orientation, or age; religious or political groups; and organizations that promote a hobby.

To find out more information regarding this program or to get a brochure with complete details, please contact Corporate Affairs at (317) 927-4445.

Compliance with the Law



Important Tax Status Reminder

This information is an IRS notice that must be communicated to employees by December 1, 2026:

- IRS Form W-4 Deadline Notice - If your filing status or exempt status has changed during the year, please access Employee Self Service (ESS) and make the necessary changes online.
- An employee who claims exempt from withholding must renew his or her status by filing a new Form W-4 online through ESS by February 15.

Women's Health & Cancer Rights Act of 1998

If you are receiving benefits in connection with a mastectomy and you elect breast reconstruction in connection with such mastectomy, the Plan, as applicable, will provide coverage in a manner determined in consultation with you and your attending physician, for:

1. All stages of reconstruction of the breast on which the mastectomy will be performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance.
3. Prostheses and physical complications at all stages of mastectomy, including lymphedemas.

This coverage is required to be provided by federal law. It is subject to deductible and coinsurance provisions, and any other applicable plan limitations, the same as any other benefit, regardless of the cause for the treatment, which are described in detail in your Plan Summary Booklet. In addition, the Plan will not deny you eligibility or continued eligibility to enroll or to renew coverage under the terms of the Plan, solely for the purpose of avoiding this coverage, or penalize or otherwise reduce or limit the reimbursement of an attending provider, or provide incentives (monetary or otherwise) to an attending provider, to induce the provider to provide care to you in a manner inconsistent with the required coverage.

COBRA Benefits

Certain employees and their families will have the opportunity for a temporary extension of medical, dental, employee assistance program, and flexible benefit coverage (called "continuation coverage" or COBRA) at group rates in certain instances where coverage under the Citizens Energy Group Benefit Plan(s) would otherwise end. If you need more information about COBRA, please contact your Human Resources representative.

Note: This information is required by the U.S. Department of Labor to be provided to you on an annual basis.

Notice of Exemption from Certain Federal Requirements

Under a federal law known as the Health Insurance Portability and Accountability Act of 1996, as amended, group health plans must generally comply with certain requirements, including:

1. Standards relating to benefits for mothers and newborns;
2. Parity in the application of certain limits to mental health benefits;
3. Required coverage for reconstructive surgery following mastectomies; and
4. Coverage of dependent students on medically necessary leave of absence.

However, federal law also gives plan sponsors who are non-federal governmental employers and who sponsor self-funded plans the right to exempt their plans from some or all of these requirements. Accordingly, the Utility, as plan sponsor of the Citizens Energy Group Employee Benefit Plan ("Group Plan"), has elected to exempt certain self-insured portions of the Group Plan from some of these requirements. The Utility elects to exempt the Citizens Energy Group Bargaining Unit Medical Benefits ("Bargaining Plan"), the Citizens Energy Group Non-Bargaining Medical Benefits ("Non-Bargaining Plan"), the Citizens Energy Group Flexible Benefit Plan ("Flex Plan"), the Citizens Energy Group Bargaining Unit Dental Benefits ("Bargaining Dental Plan"), and the Citizens Energy Group Non-Bargaining Dental Benefits ("Non-Bargaining Dental Plan") (referred to collectively as the "Plans") from the following requirements:

1. Standards relating to benefits for mothers and newborns; and
2. Parity in the application of certain limits to mental health benefits.

The exemption from these requirements will apply during the 2026 plan year beginning January 1, 2026, and ending December 31, 2026. The exemption election may be renewed for subsequent plan years.

Time Away From Work



Paid Time Off (PTO) - Non-Bargaining Employees

Years of Service	PTO Earned Annually		Maximum PTO with Rollover*
First year of employment (Prorated by 12ths according to your start date.)	Exempt 144 hours	Non Exempt 104 hours	New employees who receive fewer than 120 hours (prorated) must take off the entire amount before the end of the year.
Employees with 1-4 years	144 hours		168 hours
Employees with 5-9 years	184 hours		224 hours
Employees with 10-14 years	224 hours		264 hours
Employees with 15+ years	240 hours		280 hours

* Employees may roll over up to 40 hours into the next plan year. Employees may sell up to 80 hours of PTO bank. (excludes Directors and Officers)

All non-bargaining employees must take off a minimum of 120 hours of each plan year's bank of hours. Employees who have a bank of 120 or more hours and do not take off a minimum of 120 hours in the plan year will lose the hours not taken.

PTO hours will be used for all of an employee's personal absences until the PTO bank hours run out. Personal absences after your PTO bank is depleted will be on a "no pay" basis.

Vacation Time - Bargaining Employees

Bargaining employees are entitled to an annual vacation at their regular rate of base pay. The amount of time off is determined as of your anniversary date, in accordance with the following schedule:

Length of Service	Vacation Days
Less than 1 year, or employees hired between January 1 and June 23, inclusive	5 days
At least 1 year, but less than 3 years	10 days (two weeks)
At least 3 years, but less than 10 years	15 days (three weeks)
At least 10 years, but less than 20 years	20 days (four weeks)
At least 20 years and over	25 days (five weeks)

The annual vacation period is on a calendar year for all bargaining employees. Reference your Union Contract Agreement for more details regarding vacation.

All Gas Division employees as of June 29, 2009 who had 20 or more days of vacation as of June 29, 2009 will have their vacation grandfathered under the previous contract's vacation schedule.

Paid Days Off

In addition to the bank of PTO hours or Vacation Time, employees receive the following paid days off:

New Year's Day
Good Friday Day
Memorial Day
Juneteenth
Independence Day
Labor Day

Thanksgiving Day
Day After Thanksgiving
Christmas Day
Floating Day Off
Birthday

Additional Days Off:

- Civic Duty
- Family Bereavement
- Work-Related Injury
- Work-Related Injury-Hospital

Short-Term Disability and Maternity Leave

When an employee needs to be away from work for an extended period - a non work-related disability such as maternity, illness, or injury - the employee may have access to our short-term disability (STD) program, which helps provide at least partial income protection. There is no charge to you for this benefit. Short-term disability is offered as a benefit to all full-time employees. There may be a waiting period for eligibility. Contact Human Resources at (317) 927-4367 for information about the waiting period. In addition to Short-term disability, after one year of employment, you may qualify for the Family and Medical Leave Act (FMLA), which is job protected leave without pay. For more information on FMLA, please review Policy Release #1025 on iTrust.

Review the Short-Term Disability for Hourly Bargaining and Non-Exempt Salaried Employees Policy Release #1021 or the Short-Term Disability for Exempt Salaried Employees Policy Release #1022 on iTrust for more details.

Long-Term Disability

Long-term disability benefits can provide valuable income protection. If you become unable to work, regardless of the reason, the combination of your living expenses and your lack of income could bring extreme financial hardship to your family.

Long-term disability benefits may begin after the short-term disability coverage period ends. It covers a portion of your salary in case you are out of work for an extended period because of illness. There is no charge to you for this benefit.

Please review the Long-Term Disability for Hourly Bargaining and Non-Exempt Salaried Employees Policy Release #1023 or the Long-Term Disability for Exempt Employees Policy Release #1024 on iTrust for more details.

Family Medical Leave Act (FMLA)

The Family Medical Leave Act gives an eligible employee the right to take up to 12 weeks of unpaid leave in a 12-month period for the birth or adoption of a child, to care for a spouse, child, or parent with a serious health condition, when the employee is unable to work because of a serious health condition, or any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a military member on "covered active duty". In addition, up to 26 weeks of unpaid, job-protected leave in a single 12-month period may be available in certain circumstances related to the care of covered Service members.

You must work at least 1,250 hours of a rolling 12-month period prior to receiving this benefit and you must be employed for at least 12 months to be eligible for FMLA. You must provide at least 30 days advance notice for a foreseeable leave. For an unforeseeable leave, you must provide notice as promptly as possible. Please submit your leave request through Oracle Self Service under FMLA Management. Step-by-step instructions can be found on iTrust.

Military Family Leave

An employee may request leave without pay for a limited period with job protection and no loss of benefits or accumulated service provided the employee returns to work. Under the Military Family Leave Policy, you may take a total of up to 10 days unpaid leave per rolling 12-month period to spend time with certain family members called to active duty.

To be eligible for this policy you must be employed by Citizens for at least one year and have worked at least 1,500 hours during the previous 12 months. For details, please review Policy Release #1034 on iTrust.

Bereavement Leave

If there is a death in the immediate family, all full-time non-bargaining employees are eligible for a certain amount of paid time off. This time off is in addition to an employee's regular Paid Time Off (PTO) bank. Bargaining unit employee bereavement leave is handled in accordance with the applicable labor agreement.

Immediate Family Members include father, mother, spouse/domestic partner, child, brother, sister, grandchild, grandparents, spouse's grandparents, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, or any other individual maintaining a normal parent-child, or sister-brother relationship with the employee.

If you wish to take time off due to the death of an Immediate Family Member, notify your supervisor as soon as possible. Eligible employees will be allowed up to three consecutive days (no more than 24 hours) off from regularly scheduled duty with pay. If you need more time, you may request PTO. If you do not have PTO available, you may request unpaid leave from your supervisor.

For details, please review Policy Release #1035 on iTrust.

Civic Duty

All full-time employees will be allowed time off to report for jury duty, certain court appearances, and for serving Election Day assignments paid for by the Election Boards. For details, please review Policy Release #1013 on iTrust.

Military Leave

Citizens' Military Leave policy allows eligible employees to take leave, maintain their employment status and receive certain benefits while they voluntarily or involuntarily are called to duty in the Uniformed Services.

You are required to give advance notice to the Human Resources Department of the need for leave, if possible. Leave will become effective on the first day of your authorized absence from work. The maximum cumulative period of leave is five years, unless a longer period is required to complete an initial period of obligated service or because of other circumstances beyond your control.

The Utility will pay the difference between the employee's regular pay and military pay for up to two weeks (10 working days) annually. All other periods of military leave will be unpaid.

For additional details and information on how to submit a request for Military Leave, please review the Military Leave Policy Release #1005 on iTrust.

Suspense File Status - Leaves that Exceed Six Months Due to Non-Occupational or Occupational Illness or Injury

If the employee remains on short term disability for six months, at the end of six months from the date of the employee's disability, the employee will be placed in a suspense status. For details, please review Policy Release #1016.

Workers' Compensation (WC)

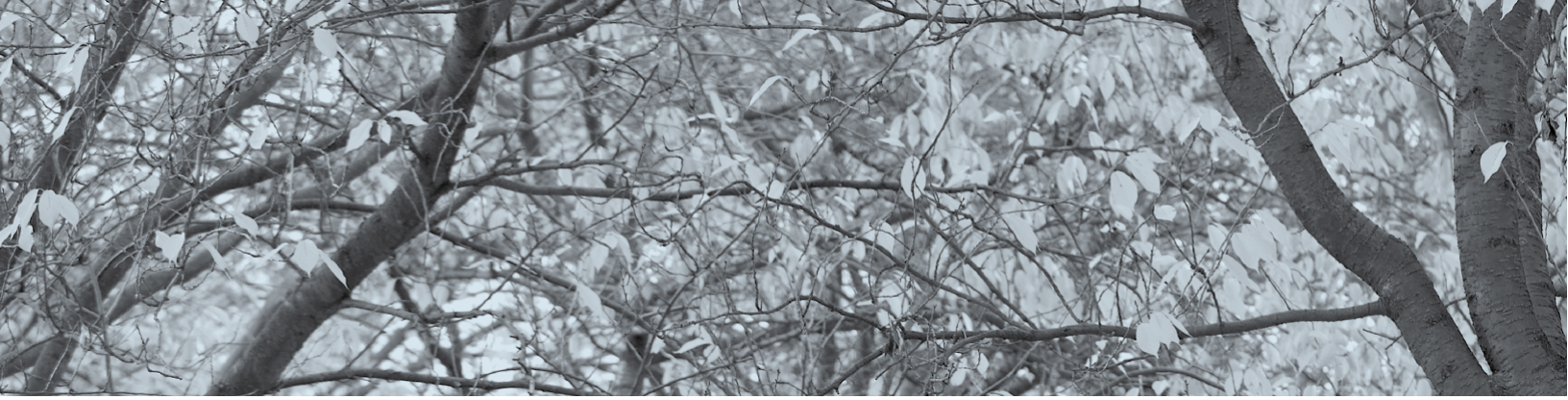
Citizens and its employees must comply with workers' compensation laws that govern personal injury and death by accident during the course of employment. All pay relating to workers' compensation is coordinated with the Citizens' short-term disability benefit plans.

For details, please review Policy Release #1029 on iTrust.

USERRA

Under USERRA, individuals performing military duty of more than 30 days may elect to continue employer sponsored health care for up to 24 months; however, they may be required to pay up to 102 percent of the full premium.

- For military service of less than 31 days, health care coverage is provided as if the service member had remained employed.
- Even employees who elect not to continue coverage during military service have the right to be reinstated in an employer's health plan when they are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.



Retirement Benefits



For further information for retirees, please see the Retiree Benefit Guide on the HR Sharepoint site.

Saving money for your future is a priority at Citizens Energy Group. These savings opportunities include a pension plan and a 401(k) plan.

"Defined Benefit" Pension Plan

All money is contributed by Citizens Energy Group.

- You are 50% vested after 5 years of vesting service, increasing 10% each year until you are 100% vested after 10 years of service.
- You are 100% vested if you leave at or after age 65, regardless of years of service.
- Payout upon retirement is based on your age, length of service, and your average income from your highest 5 years out of the last 10 years of pay.

Retirement from Citizens Energy Group

Retiring from Citizens means you are at least age 55 with your age and years of service totaling at least 85 points. In addition to full pension benefits, as a retiree you are entitled to the following benefits:

- Medical insurance for you and your spouse up to age 65, and your dependents up to age 26
- \$10,000 Life Insurance, paid by Citizens
- Retiree Gift - \$200 cash award
- Service Award (\$27 for each year of completed service)

401(k) "Defined Contribution" Plan

This Plan is designed to encourage you to adopt a regular long-term tax deferred savings program and to assist you in providing financial security for your retirement. This is in addition to your pension benefit and Social Security.

Other 401(k) Plan Features:

- No penalty for withdrawal after age 55 and severed employment. This means retiring from Citizens after you reach age 55. (Ref: IRS Publication 575).
- If you separate service before age 55, there is a 10% penalty for withdrawals until age 59½.
- Your contributions are always yours to keep.
- Matching contributions from Citizens are fully vested the first day of your employment.
- Your pre-tax contributions are tax-free going in, taxed upon withdrawal. Because of this tax deferral feature, the plan is designed to supplement your retirement income (such as Social Security and pension). After retirement, your 401(k) distributions, in most cases, will be taxed in a lower tax bracket than when you were employed.
- The Plan allows you to borrow money from your accounts. You do not pay income taxes on the loan amount, nor are you subject to penalties for taking a loan. Your loan may be for no more than half of your assets up to \$50,000. There are financial hardship circumstances when you may be able to make an in-service hardship withdrawal of all or part of your contribution account. You will owe income taxes on the amounts you withdraw and will also be subject to an additional 10% penalty tax.
- To view your account balances, change your contributions or transfer your money to different funds, visit www.netbenefits.com or 800-343-0860.
- Roth 401(k) Plan Option: Employees have the option to contribute to a Roth 401(k) in addition to the current pre-tax and after-tax contributions.
- Automatic Enrollment: New employees will be automatically enrolled in the 401(k) plan through Fidelity at an initial contribution amount of 3 percent. Employees have 35 days after the initial notification from Fidelity to opt out.

401(k) Plan Features	Non-Bargaining Employees	Bargaining Employees	
Maximum amount you can contribute (IRS rule) in 2026	\$24,500	\$24,500	
Citizens matches	50 cents for each dollar of the first 6% of your pay that you contribute	Years of Service 0-6 years 7 to 13 years 14 or more years	Contribution Percentage 25 cents on the dollar 37.5 cents on the dollar 50 cents on the dollar
Catch-up contribution limit (age 50 to 59 or 64 or older)*	\$8,000	\$8,000	
Super Catch-up contribution amount (Age 60 to 63)	\$11,250	\$11,250	

401(k) Limit Information

If you reach the maximum pre-tax contribution to your 401(k) plan and want to continue contributing to the plan, log onto www.netbenefits.com to elect after-tax contributions of up to 20% of your pay. Do not discontinue your pre-tax election or change your pre-tax contribution to \$0. When the new year begins, Fidelity will automatically deduct your pre-tax contributions from your pay. You will need to log onto Fidelity's website or call Fidelity at 800-343-0860 to discontinue your after-tax contribution.

Company Policies and Procedures



As a Public Charitable Trust, Citizens Energy Group is committed to conducting business with integrity, honesty, and social and fiscal responsibility. Citizens has earned the public's respect, confidence and trust through fair dealings with its customers, employees, business and government partners. This Code of Conduct provides you with guidelines to assist you with upholding Citizens' ethical standards.

Code of Conduct

Reporting Violations of this Code of Conduct

Any employee who becomes aware of a violation of the law or a violation of this Code of Conduct in the operation of Citizens' business, or on its property should report the violation to his or her supervisor, the Senior Vice President and General Counsel, the Director of Internal Audit or the external hotline - MyWorkplace. Reports to MyWorkplace can be made by phone at 800-461-9330 or at www.CitizensEnergyGroup.com/MyWorkplace. All information will be held in the strictest confidence, but may be shared with appropriate management or, if needed, governmental officials.

Contact:
Senior Vice President and General Counsel
Joseph Perkins
317-927-6471
JPerkins@citizensenergygroup.com

The Public Scrutiny Test

In deciding on an action, ask yourself the following questions:

- Am I personally proud of this action?
- Would I feel uncomfortable or embarrassed if this decision were known to my colleagues, friends, spouse, family, or children?
- Would I want this action to appear on the front page of the newspaper, appear on TV or circulated through social media?

Fiscal Responsibility

The resources of the Trust must be used prudently. Employees are stewards of the Trust's resources. In evaluating an action, ask yourself: "How would this action be perceived by Trust beneficiaries (the Indianapolis community) or a customer?"

Compliance With Laws

Citizens will comply with all applicable laws, regulations and regulatory orders.

Environment

Citizens is committed to responsible environmental stewardship and preserving, restoring and protecting our environment as we deliver safe, affordable utility services to our communities. Employees must conduct operations in a manner that minimizes the risk of injury to people and the environment, including the use, storage and disposal of potentially hazardous materials.

Safety

Safety is the responsibility of every Citizens employee. Citizens will provide a safe workplace to its employees. Employees must work in a safe manner that does not endanger themselves or others.

Assets

Employees have a responsibility to protect Citizens property and property of others in the care of Citizens against theft, loss and improper use.

Conflicts of Interest

A conflict of interest is any activity that is not consistent with or is opposed to the best interests of Citizens. The following examples may assist you in identifying conflicts of interest:

- Engaging in outside business activities that interfere with your assigned duties at Citizens.
- Using Citizens' property for outside business activity or for personal use.
- Engaging in any personal activities that could impact your judgment or action in performing your work at Citizens.
- Accepting, on your behalf or your family's behalf, a special or enhanced benefit based on work for or association with Citizens.
- Using or disclosing information acquired through your work for or association with Citizens for personal gain
- Receiving or accepting, on your behalf or your family's behalf, of personal financial benefits, other than for service as an employee, from a contractor or partner of Citizens
- Engaging in any activity that creates the appearance or perception of a conflict of interest or favoritism

Gifts and Entertainment

In the normal course of business, questions concerning the offering or receipt of gifts, meals and entertainment from contractors or suppliers arise. Generally, small items offered or received in the context of polite business relationships are acceptable. However, employees shall neither give nor accept gifts, meals or entertainment that constitutes, or could reasonably be perceived as constituting, unfair business inducements or that would violate law, regulation or policies of Citizens or the customer. Additionally, employees shall not give or accept gifts, meals or entertainment that could cause embarrassment to or reflect negatively on Citizens' reputation. Gifts, meals or entertainment to or from a single supplier or customer in a calendar year with a cumulative value of greater than \$250 must be reported to the Senior Vice President and General Counsel or the Director of Internal Audit. If you are faced with a questionable circumstance, discuss it with the Senior Vice President and General Counsel or the Director of Internal Audit.

Please be aware that there are specific rules related to dealing with governmental officials related to gifts and entertainment. Please contact the Senior Vice President and General Counsel or the Director of Internal Audit prior to making a gift or entertaining a governmental official.

Contributions of money, goods, services or anything of value by Citizens to any candidates for public office are prohibited. Employees may make personal contributions. Reimbursement of such political contributions is prohibited.

Drug-Free Work Place

Company Anti-Drug and Alcohol Misuse Policy

Citizens Energy Group has the right, responsibility and obligation to provide a safe work environment for all employees and the public and to provide safe and quality products to its customers. Because of this, Citizens has reached the conclusion that employee drug and alcohol testing, supplemented with programs of prevention, education and treatment, is the most effective way to confront the issue of substance abuse in the workplace and has adopted a Drug and Alcohol Misuse policy.

This policy is applicable to all employees, but there are special rules for those employees conducting operations, maintenance or emergency response functions and those operating specific motor vehicles. These special rules are mandated by the Federal Highway

Administration and promulgated by the United States Department of Transportation (DOT). These mandated requirements are embodied within this policy.

Citizens supports a drug-free and alcohol-free workplace and recognizes the potential safety hazards involved if these program standards are not met. The management of Citizens encourages employees to take advantage of the Employee Assistance Program to receive professional help to correct any substance and/or alcohol abuse problem. Citizens Safety Department is responsible for developing, implementing, and monitoring Citizens' programs to ensure compliance with all regulations and policies.

Drug and Alcohol Testing Guidelines

Citizens will conduct the following drug and/or alcohol tests:

- **Department of Transportation (DOT) Regulated Tests** - Drug tests performed, as outlined by the Federal requirements, include those for marijuana, cocaine, opiates, amphetamines and phencyclidine. All employees, full-time and part-time, who hold a Commercial Driver's License (CDL) are subject to drug testing under these regulations, regardless of the employee's job category. Regular and temporary employees are covered by this policy and are subject to unannounced random drug and alcohol testing.

Additionally, all full-time and part-time employees who perform operations, maintenance or emergency response functions on a gas transmission, distribution or service pipeline will be subject to these federal regulations. These employees will also be subject to unannounced random testing.

Employees who supervise employees covered under these federal regulations will be subject to these drug testing regulations as well. Management employees who supervise employees covered under these federal regulations will periodically receive special training for detecting symptoms of substance abuse.

- **Non-regulated Tests** - Drug tests performed for non-regulated/non-covered employees will include at minimum testing for marijuana, cocaine, opiates, amphetamines and phencyclidine. Tests for Reasonable Suspicion or post-accident may include tests for other drugs.

Types of Drug Tests Conducted:

- Pre-employment (all employees)
- Random (Employees required by Federal regulations and Thermal Division employees)
- Post-accident (all employees)
- Reasonable Suspicion (all employees)
- Return-to-Duty (all employees)
- Follow-up (all employees)

A full-time employee who tests positive via random or reasonable suspicion tests will be given the opportunity to sign a Last Chance Agreement as a condition for continued employment. A second positive test will result in immediate termination. A part-time employee who tests positive on any test will be terminated immediately.

When an individual is offered a position covered by this policy, he or she will be required to take a pre-employment drug test. Pre-employment applicants who test positive will not be hired and do not have the right to have their samples retested.

A current employee who transfers from a non-covered position to a covered position must also undergo drug testing. Transferring employees who test positive do have a right to have their sample retested. Any employee who fails the drug test will not be transferred to a covered position.

For detailed information on drug-testing procedures, please refer to Policy Releases #1044 and #1047.

Alcohol Tests

Any employee who tests positive (0.04 or greater) at work after an accident or reasonable suspicion will be subject to appropriate discipline. The facts will be evaluated on a case-by-case basis to determine what action is required. Participation in a prescribed program through the Employee Assistance Program is mandatory after an employee fails alcohol testing. Successful completion of the prescribed program is required for the employee to remain employed by Citizens. Participation in rehabilitation will not preclude disciplinary action for violations of rules and regulations, when it is warranted.

Types of Alcohol Tests Conducted:

- Random (employees required by federal regulations and Thermal Division employees)
- Post-accident Testing (all employees)
- Reasonable Suspicion Testing (all employees)
- Return to Duty Testing (all employees)
- Follow-up Testing (all employees)

Employees who are designated to decide when reasonable suspicion exists receive training on the physical, behavioral, speech, and performance indicators of probable alcohol misuse. The training is required once and offered periodically as a refresher. Please refer to Policy Releases #1045 and #1046, Alcohol Misuse Prevention Program (PHMSA and FHWA).

Record Keeping and Employee Privacy

Citizens maintains records and submits reports for specified periods as required by applicable state and federal regulations. Each individual's record of testing and results is maintained privately and confidentially. Unless required by law or compelled by legal process, the results of individual drug and alcohol tests are not released to anyone, including prospective employers, without the expressed written authorization of the individual tested, except for the appropriate personnel manager, the testing laboratory and/or operator, and upon the request of federal or state agency officials.

All drug and alcohol testing records are stored in locked containers in secure locations that allow access to only authorized individuals.

Tobacco-Free Facilities

The purpose of this policy is to establish a totally smoke-free and tobacco-free environment at Citizens Energy Group. It is recognized that smoking and passive inhalation of smoke are detrimental to health. Additionally, Citizens recognizes its role in promoting wellness and in maintaining a safe, smoke-free and tobacco-free facility for its customers, visitors and employees. Providing an environment that promotes good health demonstrates respect and courtesy for each customer and employee.

This policy applies to employees, visitors, guests, customers, contractors, vendors, and outside services personnel. Using tobacco products-includes smoking, chewing, or otherwise ingesting cigarettes, cigars, pipes, or smokeless tobacco products (such as snuff, chewing tobacco, and other loose leaf tobacco products). This also includes non-tobacco nicotine replacement products (i.e. e-cigs) that are not FDA approved or approved by Citizens for use at our facilities. Examples of products acceptable for use at our facilities are nicotine patches, gum, lozenges, and medication prescribed by a physician.

Tobacco Use Rules

- Citizens employees are prohibited from using tobacco products on any property owned or leased by Citizens at all times, including breaks and meal times. Citizens' property includes all walkways, buildings, grounds, and parking lots.
- Employees are also prohibited from using tobacco products while in Citizens' owned or leased vehicles and privately owned vehicles while on Citizens' property.
- During working and non-working hours, employees are required to be respectful of residents and businesses neighboring Citizens' premises by refraining from using tobacco products within one half mile of any Citizens' property except when patronizing the specific business, or by discarding tobacco products in such a way that negatively reflects on the organization (i.e. littering, flicking cigarettes, spitting chewing tobacco products, etc.)
- Employees are also prohibited from using tobacco products within one half mile of a job site or customer site to which they are assigned.
- Using tobacco products is also prohibited at all Citizens' sponsored events, whether or not such events occur on Citizens' property.
- Customers and visitors are prohibited from using tobacco products while on Citizens' property.

For a list of consequences for violations of this policy - for employees, visitors, contractors, guests, customers, vendors, and outside services personnel - see Policy Release #1003 on iTrust.

Information Systems Acceptable Use Procedure

Citizens Energy Group is committed to protecting employees, partners and company assets from illegal or damaging actions by individuals, either knowingly or unknowingly. This procedure applies to all data or software produced or purchased during the course of business or on equipment purchased or leased by the company are the property of Citizens Energy Group. Company-provided systems are to be used for business purposes in serving the interests of the company, and of our clients and customers in the course of normal operations. Effective security is a team effort involving the participation and support of every employee and affiliate who deals with information or information systems.

This procedure applies to employees, contractors, consultants, temporary, and other workers at Citizens Energy Group, including all personnel affiliated with their parties. Please review Policy Release #2021 on iTrust for details.

Social Media

It is the policy of Citizens Energy Group to ensure Citizens Personnel participates in social media in a way that is both lawful and protective of the confidentiality and trust of Citizens customers and its reputation. Social media activities are allowed using Citizens internal network only in accordance with these Guidelines and any related Citizens policies. These Guidelines apply to any use of social media by any Citizens Personnel.

For detailed information on the Social Media Policy and its guidelines, please refer to Policy Release #2035.

Employment Practices Policy

It is the policy of Citizens Energy Group to select only the best qualified individuals for all new hires, promotions and transfers, and to conduct all employment practices in a fair, consistent, and non-discriminatory manner. Citizens is an Equal Opportunity Employer and as such will not discriminate against any applicant for employment or employee based on age, gender, race, color, religion, disability, veteran status, national origin, sexual orientation, marital status, sex, genetic information, gender identity, or any other protected characteristic under applicable law. While Citizens will select only the best qualified individuals for open positions, we will do so in a manner that is consistent with our Inclusive Values, which include valuing the contributions of each individual in an inclusive culture and valuing diversity in our workforce.

For additional information, please review Policy Release #1000 on iTrust.

Diversity and Inclusion Statement

At Citizens Energy Group, inclusion is a core value that drives our commitment to maintaining a culture where every individual is respected, valued, and empowered to contribute their unique perspectives and talents. We actively listen, learn, and adapt to ensure our services and workplace are accessible and responsive to the needs of all. Our goal is to sustain an environment where every contribution matters, non-discriminatory practices are enforced, and every employee has the opportunity to thrive and reach their fullest potential.

Please refer to the Inclusion Policy #1010 for more information.

Discrimination and Harassment Policy

Citizens Energy Group values collaboration, values the individual and treats all employees and customers with respect and courtesy. Consistent with our values, the management team is committed to a harassment free workplace for all employees. This policy establishes our expectation of employees and non-employees alike to maintain a productive work environment that is free of harassment. This policy also outlines standards on how complaints will be handled should an employee feel that he or she has been harassed.

Please review Policy Release #1002 on iTrust for details.

Workplace Non-Violence Policy

Citizens Energy Group is committed to providing a safe and secure workplace for its employees, customers, contractors, and visitors. We have a zero tolerance for workplace violence and harassment. Additionally, all employees, customers, contractors, and visitors are prohibited from carrying weapons on company property regardless of whether or not the person is licensed to carry the weapon.

Workplace violence includes, but is not limited to, intimidation, threats, physical attack, domestic violence or property damage. Harassment includes, but is not limited to, inappropriate behavior that fails to respect the rights of other individuals, including both verbal and non-verbal behavior.

Please review Policy Release #1006 on iTrust for details.

Attendance

Consistent attendance and punctuality are work habits that Citizens requires supervisors to consider when they evaluate an employee's work performance. When an unforeseen event arises that requires an employee to miss work or be late in arriving to work, the employee must promptly report the situation in accordance with departmental procedures. An employee should make every effort to report absence or lateness no later than the employee's starting time.

Permission to be absent or late is not automatically granted to the employee when the employee calls. The employee needs to speak directly with the supervisor or designated alternate to obtain permission for being absent or late. The supervisor may ask the employee to provide proof of the reason for absence before deciding if an absence is permissible or not.

Failure to maintain a satisfactory attendance record may result in disciplinary action up to and including termination.

Please review the Bargaining and Non-Exempt Employee Attendance Policy Release #1036.

Work Schedules

Our customers depend on us for service 24 hours a day, seven days a week, so some work schedules involve changing shifts to meet the needs of our customers. Citizens therefore requires a variety of work schedules, and shift assignments are made after first considering our customers' needs. Supervisors will communicate any shift changes to their employees in a timely manner.

Time Reporting Requirements

Citizens maintains records of attendance and time worked in compliance with the Fair Labor Standards Act. These records are used to administer benefit plans and identify and address attendance issues. Wage and hour law requires employers to keep records of time worked by employees, and company employees are expected to use the method required in each department. Employees must submit a timecard every pay period regardless of whether they are in an exempt or non-exempt role.

Flexible Scheduling

Citizens Energy Group has a variety of business units which have different scheduling needs based on customers and employees. Citizens encourages its employees to explore opportunities for flexible schedules within their respective work areas when possible.

Citizens does not have a typical work schedule compared to many companies. Regular full-time employees typically work a 40 hour schedule per week. Due to shift work, customer demand, maintenance schedules and other variations; employees work a variety of schedules based on their job assignment and location. Hours of work for bargaining unit employees are prescribed in the applicable labor agreement and are not addressed in the employee handbook.

The department head must approve the use of flexible work schedules for the department or individual. The hours and work location are mutually agreed upon by the supervisor and employee within their department in advance of the shift, or as defined by the area. With supervisory approval, flexible scheduling may be used on a day-to-day basis to attend to personal responsibilities, like doctor's appointments, family programs, or other activities that may occur during a normal work schedule.

In addition, Citizens offers a Flexible Work Program that enables eligible employees to perform work

duties from remote locations. Employees must meet the requirements of the program and be approved for participation by the Department Head.

Flexible Scheduling and Observed Holidays/Paid Time Off

Holiday pay is paid in 8 hour increments, regardless of an employee's regular shift. Therefore, working less than 40 hours due to holiday(s) must be addressed by working an alternate shift during the holiday week or additional PTO time must be taken. This should be worked out in advance between the employee and supervisor.

PTO must be taken to cover an entire shift. For example, an employee working four 10 hour days must take 10 hours of PTO when requesting a day off. Please review Policy Release #1017 for details.

Emergency Closings

At times employees may be sent home because of inclement weather, power failures, or other unavoidable events. If employees were not at work for any other reason, they will not be paid an additional amount for the time Citizens closed their shifts.

Exempt employees do not lose pay by leaving early when Citizens decides to send employees home. Employees working in functions who are required to stay at work do not receive additional time.

Declaration of Emergencies Prohibiting Travel

Should local or state authorities invoke a state of emergency prohibiting travel, employees unable to get to work are required to code their time as PTO or personal/vacation time, which will be charged to the current year's time allocation. The reasoning behind this decision is that employees accept responsibilities for commuting difficulties to and from work.

Other Hazardous Conditions

If a hazardous condition develops when most employees are not working, management will decide which departments and divisions will open at the regular time, open at a later time or not at all. Employees can find out if there are delays or closings by checking their local news stations. Supervisors will call employees to advise them about changes, if necessary. In some circumstances, an employee may believe it is dangerous to attempt to travel to work when there is no Citizens or official announcement. In this case, the employee

must notify the supervisor or other authority as soon as possible to report that he or she will not be at work. Please review Policy Release #1058 on iTrust for details.

Dress at Work

Employees of Citizens serve its customers through different operations and functions which require different ways of dressing for work. The work environment for employees who work in offices differs greatly from the environment of those who work in operations areas, and employees in various positions are required to wear appropriate Personal Protective Equipment (PPE).

Departments whose jobs are covered by government regulations may have written dress codes that detail what employees are required and prohibited to wear because of safety requirements. Employees who work in areas that are not subject to specific regulations should check with their supervisors to find out what dress is required and/or acceptable in their particular department. Please refer to the Safety Manual for additional information.

Travel on Company Business

Citizens provides reimbursement to employees for out-of-pocket and business-related travel expenses that employees incur while performing their jobs. Please review Policy Release #1011 on iTrust for details.

Record Keeping

Employees are responsible for submitting accurate and timely accounting and documentation of their travel and non-travel business expenses. The employee is expected to return amounts advanced to them that exceed the actual expenses, and Citizens reimburses employees for documented expenses that exceed amounts advanced.

Taxability of Reimbursed Expenses

Any amount Citizens pays an employee that do not satisfy the Internal Revenue Service requirements for Accountable Business Expense Reimbursement Plan may be reported as taxable income to the employee. Such payments are subject to withholding of income and employment taxes.

Travel of Family/Spouse

If a spouse or family member accompanies an employee on a business trip for non-business reasons, the family member's travel expenses are not reimbursable. In

general, Citizens reimburses the employee for expenses that would have been incurred had the employee taken the trip without the family member. Any expenses of a family member that are business-related must be properly substantiated for reimbursement.

Expense Management

Employees must schedule arrivals and departures of business trips to meet business needs and minimize the cost to Citizens. An employee who needs to travel regularly may request a Corporate Credit Card to eliminate the need for cash travel advances. If the employee chooses, Citizens will reimburse the employee for the annual fee for one bank or other credit card of the employee's choice, instead of using the corporate card. Reach out to a member of the Treasury department if you need to begin the process of obtaining a company credit card. Please review Policy Release #2010 on iTrust for details.

Expense Approval

In general, employees should complete the Expense Reimbursement Request, which can be found on Citizens' intranet site (iTrust). Employees below Department Head should have all expenses submitted to and approved by their supervisor. Department Heads and above should have their expenses approved by their direct supervisor and the Director of Internal Auditing.

Travel Insurance

Citizens provides travel insurance coverage for its active full-time employees while they are on company business trips. Each claim of damages/losses are unique and coverage will be subject to the interpretation of the terms, conditions and exclusions. The beneficiary of this coverage is the same beneficiary that the employee has designated for his or her group life insurance plan. Citizens' plan covers the employee while traveling on company business in public, private, or company vehicle. The coverage includes travel from point of origin to point of destination and return. Coverage is not in effect when the employee is in the underground storage area, field office, or job site of Citizens' premises.

In addition, Zurich Travel Assist provides access to emergency medical, informational, legal and personal assistance while traveling 100 or more miles from home. Call (800) 263-0261 or if calling internationally, +1 416-977-0277 - policy number GTU 3761337.

Mileage Allowance For Personal Automobile

Citizens will reimburse employees for miles driven in a personal automobile while on company business at the mileage allowance rate approved by the Internal Revenue Service, including:

- Excess miles traveled while making business calls en route to and from work and home
- Miles traveled for emergency trips made after scheduled work hours

For more detailed information regarding the Travel Policy see Policy Release #1011.

Confidentiality

In the course of serving customers of Citizens, employees may come into contact with a variety of personal and private customer and/or personnel information. Employees of Citizens are expected to keep confidential the personal information to which they have access while performing their jobs. This information includes, but is not limited to, the following:

- Customer and employee names, addresses, telephone numbers
- Account information of customers and employees
- Financial information of customers and employees
- Utility forms, manuals, training materials, and documents
- Employee benefit and medical information

Employees are also expected to not misuse or use for a purpose other than its intended purpose, any personal, private, or proprietary information acquired while an employee of Citizens.

Employees should direct any questions about the use of confidential information to their direct supervisors or to the Human Resources Department.

Solicitation

Citizens intends to provide employees with a work environment that is free from unauthorized solicitation. Solicitation during work hours is limited to company-approved charitable fund drives and collections for employee gifts. Individuals who are not employees are not permitted to approach employees on the company's premises.

Solicitation of an employee by another employee is prohibited during scheduled work hours. Work hours include all time that an employee is engaged in work tasks. It does not include the employee's own time, such as meal periods and before or after scheduled work hours. Please refer to Policy Release #1059 on iTrust for additional details.

Employment



Employee Categories

In general, Citizens provides employment on a regular or temporary basis, including both full-time and part-time schedules. A regular position usually comes with certain benefit eligibility, whereas a temporary position usually does not offer a full package of benefits.

Positions are either bargaining unit, those covered by a collective bargaining agreement that sets terms and conditions of employment, or non-bargaining unit. The terms and conditions of employment for non-bargaining unit positions are determined by Citizens.

In addition, the Fair Labor Standards Act requires employers to classify positions as Non-exempt (hourly positions subject to overtime laws) and Exempt (salaried positions not subject to overtime laws).

Please refer to the handbook section on PAYROLL for more information about payment of overtime and the Fair Labor Standards Act.

Employee Representation

Citizens voluntarily recognizes the International Brotherhood of Electrical Workers, IBEW, Local 1400, and the American Federation of State, County & Municipal Employees, AFSCME, Indiana Council 962 and Local 725, AFL-CIO as the collective bargaining representatives with respect to rates of pay, wages, hours, working conditions, and other conditions of employment for all bargaining unit employees. The term "bargaining unit employee" refers to those employees who are employed in one of the job classifications listed in the wage schedule of the Collective Bargaining Agreement.

For specific information on bargaining unit employees' terms of employment, employees may refer to the current their applicable Collective Bargaining Agreement found on the HR Sharepoint site, under Department Resources.

Applications For Employment

Citizens accepts resumes only when positions are available. Positions may be posted internal and/or external as determined by management. To view current open positions, applicants can access our website at www.citizensenergygroup.com.

To view current open positions, applicants can access our website at www.citizensenergygroup.com. Applicants can also learn of external posted positions via Citizens Energy Group's social media avenues.

Internal Posting Of Open Positions

Notices of available positions that are open to internal applicants are posted on iTrust under Company News as determined by management.

To post an open position, a requisition must be submitted and approved by the Vice President of Human Resources or designee. A Human Resources Representative will assist in the preparation of the posting and its distribution.

To apply for an open position, employees can follow the instructions which are available on the iTrust homepage under Citizens Careers.

New Hire Surveys

The New Hire Survey process gives newly hired employees the opportunity to describe their work experiences with Citizens. The purpose of this process is to assess the new hire's onboarding experience, and make improvements to the process. The New Hire Survey process is completely voluntary, and confidentiality of all information gathered is strictly maintained. Please contact the HR Generalists if you have additional questions about this process.

Transfer Surveys

The Transfer Survey process gathers feedback from employees who have recently transitioned to a new role, department, or location. The purpose of this process is to assess the effectiveness of the transfer process, identify opportunities for improvement, and ensure a positive employee experience. The Transfer Survey process is completely voluntary, and confidentiality of all information gathered is strictly maintained. Please contact the HR Generalists if you have additional questions about the process.

Performance Management

Non-Bargaining Performance Plan And Review Process

Citizens Success Academy, known as CSA, is our internal platform where employees go to perform, learn, and grow at Citizens. CSA houses hundreds of online learning resources, internal training courses, and our performance management system for non-bargaining employees, known as CSA Performance. Citizens values the importance of meaningful dialogue and real-time feedback to help employees reach their maximum potential. Employees and supervisors use CSA Performance to bolster quality conversations regarding performance, skill development, and goal achievement throughout the year. It is not a single performance appraisal, but a continuous conversation that

builds on the relationships between employees and their supervisors. The process helps employees know what is expected of them, how their performance is measured, and how they can improve their work performance.

The Objectives of the Performance Management Process are to:

- Provide a way for employees and supervisors to establish a mutual understanding of specific goals and performance expectations.
- Ensure employees understand the relationship between their performance and Citizens' corporate goals.
- Encourage open communication between employees and supervisors about performance, skill development, and long-term professional aspirations within Citizens.
- Create an environment that enables employees to continually strive to improve their job knowledge, skills, and work processes.
- Ensure that performance reviews are completed properly and accurately reflect an employee's performance and contributions.

Roles Of Supervisor And Employee

- The role of the employee is to work with their supervisor to develop and discuss their performance goals, short-term and long-term development goals, and skill proficiency levels with their supervisors.
- The role of the supervisor is to continually communicate performance expectations, monitor goal progress, review performance, provide feedback, and identify development opportunities.
- The process of creating goals, observing skill proficiency, reviewing performance, and providing feedback aligns employees and supervisors. This ensures an understanding of what is expected and where performance stands at a given point, while encouraging continuous dialogue between employees and their supervisors.

Performance Management Cycle

Citizens operates on a calendar-based performance management cycle and the process is as follows:

- By January, employees need to create goals, discuss goals with their supervisor, and add the agreed upon goals to the employee's performance review form.
- Goal progress updates should be made continually and discussed throughout the year with their supervisor.
- The mid-year assessment is available May 1 and is due by June 30.
- End of year reviews are available November 1. Employee self-reviews are due by December 1 and supervisor reviews are due by December 31

Termination of Employment

Termination Notice And Pay For Non-Bargaining Employees

If you plan to leave your employment at Citizens, we ask you to give at least two week notice of your departure. Human Resources will answer any of your questions about benefits and other termination matters.

A non-bargaining employee's PTO Bank hours are prorated and included in the final paycheck according to the following:

- Monthly twelfths according to the termination date, based on the employee's current base salary.
- 100 percent of the employee's current base salary

Final Pay After Termination

A terminating employee receives outstanding wages on the next regularly scheduled payday after their supervisor terminates them in the Human Resource Information System (Oracle). Payroll will pay the terminated employee in the same manner as the employee was paid when they were employed.

Exit Interviews

The Exit Interview process gives terminating employees the opportunity to describe their work experiences with Citizens. The purpose of this process is to:

- Identify reasons why employees leave in order to track trends and improve the organization
- Provide information to help managers with hiring decisions
- Assess employee satisfaction with benefits and reward systems

The Exit Interview process is completely voluntary, and confidentiality of all information gathered is strictly maintained. Please contact the HR Generalists if you have additional questions about this process.

Payment Of Unused Vacation For Bargaining Unit Employees

Payment for unused vacation for bargaining unit employees will be paid out in accordance to the employee's Collective Bargaining Agreement.

Payment For Vacation At Retirement

Employees who retire at age 55 or over, have 85 points (in a combination of age and years of service), and receive retirement benefits will receive the current year's full vacation allowance for the year retirement begins. In the case of death of the employee, the vacation time will be paid to the employee's designated beneficiary.

Short-Term Incentive Pay (STIP)

An employee who is otherwise eligible for STIP, and is actively employed on the last day of the fiscal year (September 30) is eligible for any STIP payout for that year regardless of whether they are actively employed at the time of the payout. Employees who separate employment on the first day of the fiscal year (October 1) or thereafter and leave prior to the last day of the fiscal year (September 30) are not eligible for any of the current fiscal year's STIP payout.

Unemployment Compensation

Citizens complies with state and federal regulations governing unemployment compensation. Citizens, not the employee, pays a Payroll tax to fund unemployment accounts that pay benefits to former employees in certain circumstances. State Unemployment Taxes are paid on behalf of employees by Citizens.

The Human Resources Department is responsible for responding to requests for information on salary and termination for the determination of unemployment benefits.

Payroll



Paydays

All employees are paid every two weeks.

Normal payday is Thursday. When a holiday occurs during a pay period, the following schedule normally applies:

Paid Days Off Falls On	Payday Will Be
Monday	Thursday
Tuesday	Thursday
Wednesday	Thursday
Thursday	Wednesday
Friday	Thursday
Monday and Tuesday	Friday

Direct Deposit Of Paychecks

With direct deposit an employee's money is deposited to specific account(s) and is available on payday without having to go to the bank. If an employee discovers that their funds are not in the bank on payday, they should contact the Payroll Department as soon as possible so that the problem can be researched.

Short-Term Incentive Pay (STIP)

The Short-Term Incentive Pay (STIP) Plan includes employees that are actively employed on September 30 of each fiscal year and is determined by achievement of Performance Measures. Achievement level of the Performance Measures determine how much of the incentive will be paid out. The STIP Plan looks at our performance in three key areas - Customer Satisfaction, Quality, and Safety.

In addition, a Financial Fail-Safe Measure exists to prevent any payout in the event the Trust does not generate a sufficient amount of cash flow to cover its debt service, plus a subsistence level of capital spending.

The Short-Term Incentive Pay is calculated by Fiscal Year End Base Salary x Employee Incentive Opportunity Percentage x Final Performance Percentage. Employment status and days of service during the plan year may affect eligibility or the payout percentage. You can find this information as well as the current year STIP status on the HR SharePoint page.

Address Changes

Employees must log into Employee Self-Service in Oracle and enter address change or if they do not have access to the system they must contact a Human Resource representative to make the change. Employees can also make changes to their federal and state W-4's via Employee Self-Service in Oracle. If you move to a new county you must complete the State WH-4 tax form manually and send to Human Resources Department. Employees who belong to the Energy Plus Credit Union should notify them directly of an address change.

Court Orders

Citizens complies with court orders to payments from an employee's check. These payments are sent directly to county clerks.

Garnishment

How Much Is Deducted?

An order to garnish an employee's wages deducts the amount from disposable earnings that is required by law. Disposable earnings remain after the following are deducted from an employee's gross earnings:

- Federal Income Tax
- Social Security/Medicare Taxes
- State Income Tax and Local Taxes
- Court-ordered Child Support Deduction
- Federal Tax Levies

What Happens If More Than One Garnishment Is Ordered?

Only one garnishment order applies at a time. Other garnishment orders begin after the first one is fully satisfied, in the order they are received.

Does Payroll Have Records Of Satisfied Garnishments?

Both Payroll and the employee receive a Garnishment Release when a garnishment order has been fully satisfied. The employee can request another copy of the release from the court, if the original is lost.

Deductions For Group Insurance

Premiums for an employee's elected group insurance plans are deducted from Payroll whenever earnings are sufficient to allow the deductions. When an employee's earnings are not enough to allow the premiums, deductions from a paycheck will be made in the following order:

1. Federal withholding and Social Security/Medicare, state, and local taxes
2. Child Support
3. Tax liens
4. Garnishments
5. Wage assignments
6. Medical and Dependent Care Spending Accounts
7. Group Medical Insurance
8. Group Life Insurance

Tax Forms For Payroll

Federal and State tax changes can be done electronically via Employee Self Service.

Annual W-2 Forms

Each year Citizens provides a Form W-2 by January 31 to employees who earned wages during the preceding calendar year. To replace a lost W-2 form, employees are able to print the form via Employee Self Service.

Payment Of Overtime

The Fair Labor Standards Act (FLSA) regulates the payment of overtime compensation to employees, and Citizens complies with this law and the regulations implementing it. Citizens adds other provisions for the payment of overtime, depending upon collective bargaining agreements and other relevant workplace situations and needs. The FLSA requires overtime to be paid for more than forty (40) hours worked in any one week.

Non-Exempt Employees

Non-Exempt employees are those employees who are paid on an hourly basis and because of certain other criteria, are subject to wage and hour laws including the payment of overtime. The use of Comp (compensatory) Time, instead of paying employees for overtime worked is not allowed. Flexible scheduling allows each

Department to schedule employees to balance the need for non-traditional schedules with job requirements.

Exempt Employees

Exempt employees are those whose positions are classified as not covered by FLSA overtime provisions. Citizens does not pay overtime to exempt employees, unless as provided by departmental guidelines.

Collective Bargaining Agreements

The Divisions whose employees are governed by collective bargaining agreements can refer to the current agreement for their rules governing payment of overtime.

Shift Differentials

Employees who are scheduled to work shifts outside the normal work day are the only employees eligible for shift differentials. The normal work day is defined by each area of Citizens.

The graphic features a background of a filing cabinet with several dividers visible. The dividers are labeled with letters: 'S T' at the top, 'O P' to the left, 'K L' in the center, 'M N' to the right, 'J' on the left, and 'E F' at the bottom. The text 'Employee Information' is written in a bold, green, sans-serif font across the middle of the image.

Employee Information

Employee Emergency Information

Citizens requires employees to provide information about whom they can contact in case of an emergency involving the employee. Employees can review and update emergency contact information through Oracle EBS by navigating to "CGCU Employee Self-Service" and selecting "Personal Information". Employees may also be asked to provide information about any medical conditions for which they are being treated. Employees should alert the Human Resources Department if they are using a medication which causes relevant side effects and/or needs to be considered during emergency medical treatment.

If Citizens is unaware of an employee's disability due to an illness or any other cause, it is the responsibility of the employee to inform the company that accommodation is needed so the employee can perform the essential functions of his/her job. Citizens may require the disabled employee to provide documentation of the need for accommodation.

Employee Privacy

Citizens recognizes the importance of preserving the privacy of each employee at work. Therefore, Citizens collects and maintains only information needed to administer personnel programs and employment decisions, and it uses legitimate means for collecting employee information. Citizens informs applicants and employees of the types of information that is collected and maintained, how it is obtained, and how it is used when required by law.

Examination Of Personnel Records

Employees may look at their individual files in the Human Resources Department. The files cannot leave the area, and an employee needs to make an appointment to make sure a Human Resources Representative is available for file access. Employees may copy specific documents contained in their files under the supervision of a Human Resources Representative. Employees may examine their medical records by signing an Occupational Safety and Health confidentiality statement.

The Human Resources Department restricts access to all personnel files to those management employees who have a legitimate business reason to examine individual personnel information. For example, the department head who is considering an employee for transfer or promotion may look at information relating to an employee's Citizens job history, work performance, attendance, salary history, and discipline.

Release Of Personnel Information

Department heads and supervisors are not authorized to release any information about employees or former employees. Human Resources Representatives will release information about applicants, employees, and former employees only when required to do so by law, in response to a subpoena or IRS summons, to protect the legal interests of Citizens or of other employees, and to verify employment for credit purposes and prospective employers. The standard information provided includes dates of employment, job titles, and employment status, such as part-time, full-time, etc. Release of any other information will occur only with the written consent of the individual and the discretion of Citizens, unless compelled by law or legal process, including but not limited to subpoena or court order.

Personnel Record Retention

Employment Applications - The Human Resources Department accepts applications only when an applicant is interviewed for a specific job opening. These applications are kept for three years for candidates who were not hired. Employees and ex-employees are maintained in accordance to the employees records section below. Results of any pre-employment testing and screening of job applicants are also maintained for three years.

Employee Records - There are several federal and state laws which have overlapping requirements for personnel record retention. HR maintains a specific policy for record keeping, record maintenance, retention, and destruction. Therefore, most personnel and payroll records are maintained for at least three years, as required by specific laws. Citizens conforms to all applicable legislation and regulations in maintaining and retaining personnel records.



Safety at Work



The management at Citizens is vitally interested in your safety and the protection of our environment. Every possible effort is made to protect you and your fellow workers from accidents. Citizens wants employees to eliminate accidents. We all have a responsibility to ourselves, our families, our fellow employees, and the company to drive and work safely at all times. We all share the responsibility for protecting the environment for ourselves and future generations.

Safety Policy

In order to promote, achieve, and ensure the safe conduct of company operations for the benefit of all Citizens employees, customers and the general public, the following safety policy has been formulated and established:

1. We believe in the dignity and importance of each employee and each employee's right to derive personal satisfaction from work. This can be realized only when safety is the first consideration in conducting all operations.
2. We expect a continuous awareness of safety considerations as an integral part of all operations. The goals of accident prevention and efficient productivity can be achieved only when these goals are inseparable.
3. We will provide proper tools, equipment and facilities, in safe operating condition and proper material and sufficient training to achieve a safe work environment, so that all employees may devote their energies toward productive work performance, without fear of possible harm to life and health.
4. We will require each employee to understand and strictly observe all company rules and safety regulations. Enforcement of these safety rules and regulations is mandatory.

Reporting Employee Injuries

All injuries, no matter how slight, must be reported immediately to the supervisor and a safety representative without exception. Professional treatment of injuries is available to all employees, and injuries at work must be recorded as required by government and company regulations.

Minor Injuries

- Immediately report the injury to a supervisor

More Serious Injuries

- Report the injury to a supervisor immediately, and he or she will contact the safety department

Emergency Cases

- The nearest person will call 911 and then call their supervisor
- The supervisor will contact the safety department immediately and advise personnel of the accident and where the patient is being sent for treatment

Reports

- Work-related injuries and illnesses must be reported by the injured employee or appropriate supervisor on safety report form located on iTrust, within 24 hours of the event.

Summary of Benefits and Coverage





The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <https://ecoc.anthem.com/ecodps/aso>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary at www.healthcare.gov/sbc-glossary/ or call (833) 562-1023 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$2,500/person or \$5,000/family for In- <u>Network Providers</u> . \$5,000/person or \$10,000/family for <u>Out-of-Network Providers</u> .	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive Care</u> . For more information see below.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive</u> services without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$3,500/person or \$6,550/family for In- <u>Network Providers</u> . \$10,000/person or \$20,000/family for <u>Out-of-Network Providers</u> .	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover, and <u>Out-of-Network Transplants</u> .	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.anthem.com/find-care/?alphaprefix=ALS or call (833) 562-1023 for a list of <u>network providers</u> . Benefits and	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>Out-of-Network Provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>Out-of-Network</u>

	costs may vary by site of service and how the <u>provider</u> bills.	<u>Provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Virtual visits (Telhealth) benefits available.
	<u>Specialist</u> visit	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Virtual visits (Telhealth) benefits available.
	<u>Preventive care</u> / <u>screening</u> /immunization	No charge	30% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.[insert].	Typically Generic (Tier 1)	\$10 copay after deductible	Not covered	Carved out to Northwind Pharmaceuticals
	Typically Preferred Brand & Non-Preferred Generic Drugs (Tier 2)	\$30 copay after deductible	Not covered	
	Typically Non-Preferred Brand and Generic drugs (Tier 3)	\$60 copay after deductible	Not covered	
	Typically Preferred <u>Specialty</u> (brand and generic) (Tier 4)	25% up to \$200 after deductible	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
	Physician/surgeon fees	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	Covered as In-Network	-----none-----
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	Covered as In-Network	-----none-----

* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Urgent care</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	60 days/benefit period for Inpatient physical medicine, rehabilitation including day rehabilitation programs.
	Physician/surgeon fees	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
	Outpatient services	Office Visit 20% <u>coinsurance</u> Other Outpatient 20% <u>coinsurance</u>	Office Visit 30% <u>coinsurance</u> Other Outpatient 30% <u>coinsurance</u>	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient -----none-----
If you are pregnant	Inpatient services	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
	Office visits	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	20% <u>coinsurance</u>	30% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	30% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	100 visits/benefit period.
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	*See Therapy Services section.
	<u>Habilitation services</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	100 days/benefit period for skilled nursing services.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	*See <u>Durable Medical Equipment</u> section.
If your child needs dental or eye care	<u>Hospice services</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
	Children's eye exam	Not covered	Not covered	-----none-----
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	-----none-----

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Glasses for a child
- Hearing aids
- Children's dental check-up
- Eye exams for a child
- Infertility treatment

* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

<ul style="list-style-type: none"> • Long-term care • Weight loss programs 	<ul style="list-style-type: none"> • Routine eye care (Adult) • Routine foot care unless <u>medically necessary</u>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan document</u>.)	
<ul style="list-style-type: none"> • Chiropractic care 12 visits /benefit period 	<ul style="list-style-type: none"> • Most coverage provided outside the United States. See www.bcbsglobalcare.com • Private-duty nursing 82 visits/benefit period and 164 visits/lifetime in a Home Setting only

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State of Indiana Department of Insurance, 311 W. Washington Street, Suite 300, Indianapolis, Indiana 46204, (800) 622-4461, (317) 232-2395, www.in.gov/doi/3008.htm, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov, or contact Anthem at the number on the back of your ID card. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 105568, Atlanta GA 30348-5568

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$2,500
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services

like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,500
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$1,000
<i>What isn't covered</i>	
Limits or exclusions	\$70
The total Peg would pay is	\$3,570

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$2,500
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services

like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,100
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$4,300
The total Joe would pay is	\$5,400

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$2,500
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services

like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)


Total Example Cost \$2,800

In this example, Mia would pay:


<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,500
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$60
<i>What isn't covered</i>	
Limits or exclusions	\$10
The total Mia would pay is	\$2,570

The plan would be responsible for the other costs of these EXAMPLE covered services.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
 Coverage for: Individual + Family | Plan Type: PPO + HSA
 Citizens Energy Group: HSA 65+ Plan

 <p>The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, https://eoc.anthem.com/eocdps/aso. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms, see the Glossary at www.healthcare.gov/sbc-glossary/ or call (833) 562-1023 to request a copy.</p>		
Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$1,500/person or \$3,000/family for In-Network Providers. \$3,000/person or \$6,000/family for Out-of-Network Providers.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive Care</u> . For more information see below.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket <u>limit</u> for this <u>plan</u> ?	\$2,500/person or \$4,550/family for In-Network Providers. \$10,000/person or \$20,000/family for Out-of-Network Providers.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover, and Out-of-Network Transplants.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.anthem.com/find-care/?alphaprefix=AJS or call (833) 562-1023 for a list of <u>network providers</u> . Benefits and	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an Out-of-Network Provider, and you might receive a bill from a provider for the difference between the provider's charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an Out-of-Network

	costs may vary by site of service and how the <u>provider</u> bills.	<u>Provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Virtual visits (Telehealth) benefits available.
	Specialist visit	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Virtual visits (Telehealth) benefits available.
	<u>Preventive care</u> / <u>screening</u> / immunization	No charge	30% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
	<u>Imaging</u> (CT/PET scans, MRIs)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.foxmhs.com .	Typically Generic (Tier 1)	\$10 copay after deductible	Not covered	Carved out to Northwind Pharmaceuticals
	Typically Preferred Brand & Non-Preferred Generic Drugs (Tier 2)	\$30 copay after deductible	Not covered	
	Typically Non-Preferred Brand and Generic drugs (Tier 3)	\$60 copay after deductible	Not covered	
	Typically Preferred Specialty (brand and generic) (Tier 4)	25% up to \$200 after deductible	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
	Physician/ surgeon fees	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	Covered as In-Network	-----none-----
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	Covered as In-Network	-----none-----
	<u>Urgent care</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	60 days/benefit period for Inpatient physical medicine,

* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Physician/surgeon fees	20% coinsurance	30% coinsurance	rehabilitation including day rehabilitation programs. -----none-----
	Outpatient services	Office Visit 20% coinsurance Other Outpatient 20% coinsurance	Office Visit 30% coinsurance Other Outpatient 30% coinsurance	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient -----none----- -----none-----
	Inpatient services	20% coinsurance	30% coinsurance	-----none-----
	Office visits	20% coinsurance	30% coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
If you are pregnant	Childbirth/delivery professional services	20% coinsurance	30% coinsurance	
	Childbirth/delivery facility services	20% coinsurance	30% coinsurance	
	Home health care	20% coinsurance	30% coinsurance	100 visits/benefit period.
	Rehabilitation services	20% coinsurance	30% coinsurance	*See Therapy Services section.
If you need help recovering or have other special health needs	Habilitation services	20% coinsurance	30% coinsurance	100 days/benefit period for skilled nursing services.
	Skilled nursing care	20% coinsurance	30% coinsurance	*See Durable Medical Equipment section.
	Durable medical equipment	20% coinsurance	30% coinsurance	-----none-----
	Hospice services	20% coinsurance	20% coinsurance	-----none-----
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	-----none-----
	Children's glasses	Not covered	Not covered	-----none-----
	Children's dental check-up	Not covered	Not covered	-----none-----

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

• Acupuncture	• Bariatric surgery	• Children's dental check-up
• Cosmetic surgery	• Dental care (Adult)	• Eye exams for a child
• Glasses for a child	• Hearing aids	• Infertility treatment
• Long-term care	• Routine eye care (Adult)	• Routine foot care unless <u>medically necessary</u>
• Weight loss programs		

* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care 12 visits/benefit period
- Most coverage provided outside the United States. See www.bcbsglobalcare.com
- Private-duty nursing 82 visits/benefit period and 164 visits/lifetime in a Home Setting only

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State of Indiana Department of Insurance, 311 W. Washington Street, Suite 300, Indianapolis, Indiana 46204, (800) 622-4461, (317) 232-2395, www.in.gov/doi/3008.htm, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov, or contact Anthem at the number on the back of your ID card. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 105568, Atlanta GA 30348-5568

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov

Does this plan provide Minimum Essential Coverage? Yes.
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$1,500
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services

like:

Specialist office visits (*prenatal care*)
Childbirth / Delivery Professional Services
Childbirth / Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
In this example, Peg would pay:	
<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,500
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$1,000
<i>What isn't covered</i>	
Limits or exclusions	\$70
The total Peg would pay is	\$2,570

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$1,500
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services

like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
In this example, Joe would pay:	
<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,100
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$4,300
The total Joe would pay is	\$5,400

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$1,500
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%


This EXAMPLE event includes services

like:


Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
In this example, Mia would pay:	
<i>Cost Sharing</i>	
<u>Deductibles</u>	\$1,500
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$300
<i>What isn't covered</i>	
Limits or exclusions	\$10
The total Mia would pay is	\$1,810

The plan would be responsible for the other costs of these EXAMPLE covered services.

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/aso>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary at www.healthcare.gov/sbc-glossary/ or call (833) 562-1023 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$3,500/person or \$7,000/family for In-Network Providers. \$7,000/person or \$14,000/family for Out-of-Network Providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>Preventive Care</u> . For more information see below.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without cost sharing and before you meet your deductible. See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	\$6,550/person or \$13,100/family for In-Network Providers. \$10,000/person or \$20,000/family for Out-of-Network Providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this <u>plan</u> doesn't cover, and Out-of-Network Transplants.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.anthem.com/find-care/?alphaprefix=AIS or call (833) 562-1023 for a list of network providers. Benefits and	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an Out-of-Network Provider, and you might receive a bill from a provider for the difference between the provider's charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an Out-of-Network

	costs may vary by site of service and how the <u>provider</u> bills.	<u>Provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.		
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .		
 All <u>copayment</u> and <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met, if a <u>deductible</u> applies.				
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Virtual visits (Telehealth) benefits available.
	<u>Specialist</u> visit	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Virtual visits (Telehealth) benefits available.
	<u>Preventive care</u> / <u>screening</u> / <u>immunization</u>	No charge	30% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.[insert] .	Typically Generic (Tier 1)	\$10 copay after deductible	Not covered	Carved out to Northwind Pharmaceuticals
	Typically Preferred Brand & Non-Preferred Generic Drugs (Tier 2)	\$30 copay after deductible	Not covered	
	Typically Non-Preferred Brand and Generic drugs (Tier 3)	\$60 copay after deductible	Not covered	
	Typically Preferred <u>Specialty</u> (brand and generic) (Tier 4)	25% up to \$200 after deductible	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
	Physician/ surgeon fees	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	Covered as In- <u>Network</u>	-----none-----
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	Covered as In- <u>Network</u>	-----none-----

* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	<u>Urgent care</u>	<u>20% coinsurance</u>	<u>30% coinsurance</u>	-----none-----
	Facility fee (e.g., hospital room)	<u>20% coinsurance</u>	<u>30% coinsurance</u>	60 days/benefit period for Inpatient physical medicine, rehabilitation including day rehabilitation programs.
	Physician/surgeon fees	<u>20% coinsurance</u>	<u>30% coinsurance</u>	-----none-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit <u>20% coinsurance</u> Other Outpatient <u>20% coinsurance</u>	Office Visit <u>30% coinsurance</u> Other Outpatient <u>30% coinsurance</u>	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient -----none-----
	Inpatient services	<u>20% coinsurance</u>	<u>30% coinsurance</u>	-----none-----
If you are pregnant	Office visits	<u>20% coinsurance</u>	<u>30% coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	<u>20% coinsurance</u>	<u>30% coinsurance</u>	
	Childbirth/delivery facility services	<u>20% coinsurance</u>	<u>30% coinsurance</u>	
	Home health care	<u>20% coinsurance</u>	<u>30% coinsurance</u>	
If you need help recovering or have other special health needs	<u>Rehabilitation services</u>	<u>20% coinsurance</u>	<u>30% coinsurance</u>	100 visits/benefit period. *See Therapy Services section.
	<u>Habilitation services</u>	<u>20% coinsurance</u>	<u>30% coinsurance</u>	
	<u>Skilled nursing care</u>	<u>20% coinsurance</u>	<u>30% coinsurance</u>	
	<u>Durable medical equipment</u>	<u>20% coinsurance</u>	<u>30% coinsurance</u>	
	<u>Hospice services</u>	<u>20% coinsurance</u>	<u>20% coinsurance</u>	
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	-----none-----
	Children's glasses	Not covered	Not covered	-----none-----
	Children's dental check-up	Not covered	Not covered	-----none-----

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|-----------------------|-----------------------|------------------------------|
| • Acupuncture | • Bariatric surgery | • Children's dental check-up |
| • Cosmetic surgery | • Dental care (Adult) | • Eye exams for a child |
| • Glasses for a child | • Hearing aids | • Infertility treatment |

* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

<ul style="list-style-type: none"> • Long-term care • Weight loss programs 	<ul style="list-style-type: none"> • Routine eye care (Adult) • Routine foot care unless <u>medically necessary</u>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan document</u>.)	
<ul style="list-style-type: none"> • Chiropractic care 12 visits/benefit period 	<ul style="list-style-type: none"> • Most coverage provided outside the United States. See www.bcbstglobale.com • Private-duty nursing 82 visits/benefit period and 164 visits/lifetime in a Home Setting only

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State of Indiana Department of Insurance, 311 W. Washington Street, Suite 300, Indianapolis, Indiana 46204, (800) 622-4461, (317) 232-2395, www.in.gov/doi/3008.htm, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.ccio.cms.gov, or contact Anthem at the number on the back of your ID card. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 105568, Atlanta GA 30348-5568

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.ccio.cms.gov

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible **\$3,500**
- Specialist coinsurance **20%**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

This **EXAMPLE** event includes services like:

Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$3,500
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$1,800
<i>What isn't covered</i>	
Limits or exclusions	\$70
The total Peg would pay is	\$5,370

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible **\$3,500**
- Specialist coinsurance **20%**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

This **EXAMPLE** event includes services like:

Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,100
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$4,300
The total Joe would pay is	\$5,400

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible **\$3,500**
- Specialist coinsurance **20%**
- Hospital (facility) coinsurance **20%**
- Other coinsurance **20%**

This **EXAMPLE** event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)


Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,800
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$10
The total Mia would pay is	\$2,810

The plan would be responsible for the other costs of these **EXAMPLE** covered services.

Citizens Energy Group: HSA

 <p>The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, https://eoc.anthem.com/eocdps/aso. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (833) 562-1023 to request a copy.</p>		
Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$5,000/person or \$10,000/family for In-Network Providers. \$10,000/person or \$20,000/family for Out-of-Network Providers.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive Care</u> . For more information see below.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without cost sharing and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$6,750/person or \$13,500/family for In-Network Providers. \$10,000/person or \$20,000/family for Out-of-Network Providers.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover, and <u>Out-of-Network</u> Transplants.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.anthem.com/find-care/?alphaprefix=AJIS or call (833) 562-1023 for a list of <u>network providers</u> . Benefits and	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>Out-of-Network Provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>Out-of-Network</u>

IN/LG/HSA/474K/01-26

	costs may vary by site of service and how the <u>provider</u> bills.	<u>Provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's office</u> or clinic	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Virtual visits (Telehealth) benefits available.
	<u>Specialist</u> visit	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Virtual visits (Telehealth) benefits available.
	<u>Preventive care</u> / <u>screening</u> / immunization	No charge	30% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.[insert] .	Typically Generic (Tier 1)	\$10 copay after deductible	Not covered	Carved out to Northwind Pharmaceuticals
	Typically Preferred Brand & Non-Preferred Generic Drugs (Tier 2)	\$30 copay after deductible	Not covered	
	Typically Non-Preferred Brand and Generic drugs (Tier 3)	\$60 copay after deductible	Not covered	
	Typically Preferred Specialty (brand and generic) (Tier 4)	25% up to \$200 after deductible	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
	Physician/ surgeon fees	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
	<u>Emergency room care</u>	20% <u>coinsurance</u>	Covered as In-Network	-----none-----
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	Covered as In-Network	-----none-----
If you need immediate medical attention	<u>Urgent care</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	60 days/benefit period for Inpatient physical medicine,

* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Physician/surgeon fees	20% coinsurance	30% coinsurance	rehabilitation including day rehabilitation programs. -----none-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit 20% coinsurance Other Outpatient 20% coinsurance	Office Visit 30% coinsurance Other Outpatient 30% coinsurance	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient -----none-----
	Inpatient services	20% coinsurance	30% coinsurance	-----none-----
	Office visits	20% coinsurance	30% coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
If you are pregnant	Childbirth/delivery professional services	20% coinsurance	30% coinsurance	
	Childbirth/delivery facility services	20% coinsurance	30% coinsurance	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	30% coinsurance	100 visits/benefit period.
	Rehabilitation services	20% coinsurance	30% coinsurance	*See Therapy Services section.
	Habilitation services	20% coinsurance	30% coinsurance	100 days/benefit period for skilled nursing services.
	Skilled nursing care	20% coinsurance	30% coinsurance	*See Durable Medical Equipment section.
	Durable medical equipment	20% coinsurance	30% coinsurance	-----none-----
	Hospice services	20% coinsurance	20% coinsurance	-----none-----
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	-----none-----
	Children's glasses	Not covered	Not covered	-----none-----
	Children's dental check-up	Not covered	Not covered	-----none-----

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
<ul style="list-style-type: none"> Acupuncture Cosmetic surgery Glasses for a child Long-term care Weight loss programs 	<ul style="list-style-type: none"> Bariatric surgery Dental care (Adult) Hearing aids Routine eye care (Adult) Children's dental check-up Eye exams for a child Infertility treatment Routine foot care unless <u>medically necessary</u>

* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care 12 visits/benefit period
- Most coverage provided outside the United States. See www.bcbsglobalcare.com
- Private-duty nursing 82 visits/benefit period and 164 visits/lifetime in a Home Setting only

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State of Indiana Department of Insurance, 311 W. Washington Street, Suite 300, Indianapolis, Indiana 46204, (800) 622-4461, (317) 232-2395, www.in.gov/idoi/3008.htm, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov, or contact Anthem at the number on the back of your ID card. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 105568, Atlanta GA 30348-5568

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1 -877-267-2323 x61565, www.cciio.cms.gov

Does this plan provide Minimum Essential Coverage? Yes. Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes. If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)	
<ul style="list-style-type: none"> The <u>plan's overall deductible</u> \$5,000 <u>Specialist coinsurance</u> 20% <u>Hospital (facility) coinsurance</u> 20% <u>Other coinsurance</u> 20% 	
<p>This EXAMPLE event includes services like:</p> <p>Specialist office visits (<i>prenatal care</i>)</p> <p>Childbirth/Delivery Professional Services</p> <p>Childbirth/Delivery Facility Services</p> <p><u>Diagnostic tests</u> (<i>ultrasounds and blood work</i>)</p> <p><u>Specialist visit</u> (<i>anesthesia</i>)</p>	
Total Example Cost	\$12,700
In this example, Peg would pay:	
<i>Cost Sharing</i>	
Deductibles	\$5,000
Copayments	\$0
Coinsurance	\$1,500
<i>What isn't covered</i>	
Limits or exclusions	\$70
The total Peg would pay is	\$6,570

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	
<ul style="list-style-type: none"> The <u>plan's overall deductible</u> \$5,000 <u>Specialist coinsurance</u> 20% <u>Hospital (facility) coinsurance</u> 20% <u>Other coinsurance</u> 20% 	
<p>This EXAMPLE event includes services like:</p> <p>Primary care physician office visits (<i>including disease education</i>)</p> <p><u>Diagnostic tests</u> (<i>blood work</i>)</p> <p><u>Prescription drugs</u></p> <p><u>Durable medical equipment</u> (<i>glucose meter</i>)</p>	
Total Example Cost	\$5,600
In this example, Joe would pay:	
<i>Cost Sharing</i>	
Deductibles	\$1,100
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$4,300
The total Joe would pay is	\$5,400

Mia's Simple Fracture (in-network emergency room visit and follow up care)	
<ul style="list-style-type: none"> The <u>plan's overall deductible</u> \$5,000 <u>Specialist coinsurance</u> 20% <u>Hospital (facility) coinsurance</u> 20% <u>Other coinsurance</u> 20% 	
<p>This EXAMPLE event includes services like:</p> <p>Emergency room care (<i>including medical supplies</i>)</p> <p><u>Diagnostic test</u> (<i>x-ray</i>)</p> <p><u>Durable medical equipment</u> (<i>crutches</i>)</p> <p><u>Rehabilitation services</u> (<i>physical therapy</i>)</p>	
Total Example Cost	\$2,800
In this example, Mia would pay:	
<i>Cost Sharing</i>	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$10
The total Mia would pay is	\$2,810

The plan would be responsible for the other costs of these EXAMPLE covered services.

We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

Spanish

Usted tiene derecho a obtener asistencia en su idioma sin cargo. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación. ¿Tiene alguna deficiencia visual? También puede solicitar este documento en otros formatos.

Chinese

您有權免費獲得使用您的語言提供的協助。只需撥打印於您的ID卡上的會員服務部電話號碼即可。視力障礙？您也可以索取本文件的其他格式。

Vietnamese

Quý vị có quyền nhận trợ giúp bằng ngôn ngữ của mình, miễn phí. Quý vị chỉ cần gọi đến số điện thoại của Ban Dịch vụ Thành viên trên thẻ ID của quý vị. Quý vị bị khiếm thị? Quý vị cũng có thể yêu cầu các định dạng khác của tài liệu này.

Korean

귀하는 귀하의 언어로 된 도움을 무료로 받을 권리가 있습니다. 귀하의 ID 카드에 있는 가입자 서비스 번호로 전화하십시오. 시각 장애인이신가요? 다른 형식으로 된 이 문서를 요청하실 수 있습니다.

Tagalog

May karapatan kang makakuha ng tulong na nasa iyong wika nang libre. Tawagan lang ang numero ng Member Services na nasa iyong ID card. May kapansanan sa paningin? Maaari ka ring humingi ng iba pang mga format ng dokumentong ito.

Russian

У вас есть право на бесплатное получение помощи на вашем родном языке. Просто позвоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. У вас проблемы со зрением? Вы также можете запросить этот документ в других форматах.

French Creole

Ou gen dwa jwenn èd nan lang ou gratis. Jis rele nimewo Sèvis Manm ki sou Kat ID ou a gratis Gen pwoblèm vizyèl? Ou ka mande tou pou lòt fòm nan dokiman sa a.

Arabic

لك الحق في الحصول على هذه المعلومات والخدمات على المساعدة مجاناً فقط اتصل برقم الخدمات الإحصاء الموجود على بطاقة هويتك. هل تعاني من ضعف البصر؟ يمكنك أيضاً طلب تنسيقات أخرى لهذه الوثيقة.

French

Vous avez le droit d'obtenir de l'aide dans votre langue gratuitement. Appelez simplement le numéro du Services membres figurant sur votre carte d'identité. Vous êtes une personne malvoyante ? Vous pouvez également demander à accéder à ce document dans d'autres formats.

Persian

شما حق دارید به زبان خود به صورت رایگان کمک بگیرید. فقط با شماره خدمات احصاء مندرج بر کارت عضویت خود تماس بگیرید. آیا دچار اختلال بینایی هستید؟ همچنین می‌توانید فرمت‌های دیگر این سند را درخواست کنید.



2020 North Meridian Street
Indianapolis, Indiana 46202
CitizensEnergyGroup.com