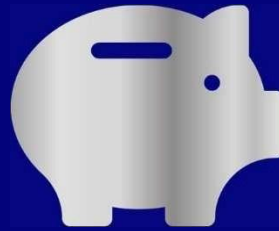




# 2025 BENEFITS ENROLLMENT GUIDE



We are pleased to share with you the AST Employee Benefits Program for the 2025 plan year. We encourage you to take the time to review this 2025 Benefits Enrollment Guide so you can familiarize yourself with the available options and select the best coverage for you and your family.

Your benefits are an important part of your Total Rewards package. One of our goals is to maintain a comprehensive and affordable benefits program. Each year we compare our plans to the local and national marketplace and work closely with outside consultants to find ways to manage the costs of our health insurance and other benefits programs. We strive to deliver competitive benefits that provide you and your family with security, tax advantages and the best choices to meet your needs.

As the cost of health insurance in our nation continues to rise, it can be challenging to keep costs low for employees. We all play a role in ensuring we take care of our families and ourselves and proactively pursue healthy choices and lifestyles.

The AST Benefits Enrollment Guide provides an overview of the plan designs for each of our benefit plan options. Additional information can be found in the U.S.A. Benefits and Wellness Center page in SharePoint. Please take the time to review the "Next Steps" page of this guide to assist you with making the right benefit choices for you and your family.

Wishing you good health,

Teresa Stanula  
Vice President,  
Global Human Resources

Magdalena McNeil  
Senior Analyst,  
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**Teresa Stanula**  
VP, Global HR



**Magdalena McNeil**  
Senior Analyst, HR

**Health &  
Wellbeing**



**Income  
Protection**

**Work Life  
Balance**



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## This checklist can assist you in reviewing your benefit elections for the 2025 Benefit Plan Year.

1. Access the Employee Self-Service website for ADP at <https://workforcenow.adp.com>.
2. Enter your User ID & Password\* then click **Sign In**
3. Click on **Start This Enrollment**
4. Click on **Enroll Now** on the Open Enrollment Box
5. Select your enrollment option(s) and follow the prompts

\*For user ID/password resets, click on **“Forgot your user ID/password?”**

If applicable, add spouse and dependent(s) information before enrolling. You will need to include social security information and date of birth for all added dependents.

### **Medical – BCBSIL**

Elect or waive \$500 PPO or \$3,500 HDHP/HSA Plan.

### **Dental – BCBSIL**

Elect or waive Dental coverage.

### **Vision – EyeMed**

Elect or waive Vision coverage.

### **Basic Life/AD&D – BCBSIL**

All benefit eligible employees receive company- paid life insurance of 2x base salary up to \$300,000 with a \$100,000 minimum benefit.

### **Voluntary Life/AD&D – BCBSIL**

Employees can purchase additional life insurance including coverage for your spouse and dependent children.

### **Health Savings Account (HSA) – Health Equity**

Employees electing the HDHP/HSA Plan can participate in an HSA. AST will make \$100 quarterly contributions to your HSA. Please review page 10 for eligibility requirements.

### **Flexible Spending Accounts – Health Equity**

**HEALTHCARE:** For the 2025 Plan year, you can contribute up to \$3,050. In addition, you will have the opportunity to rollover up to \$610 into the next plan year (2025).

**DEPENDENT CARE:** For the 2025 Plan year, you can elect up to \$5,000 per household.

### **Short & Long-term Disability – BCBSIL**

All benefit eligible employees will be automatically enrolled in STD and LTD as an employer paid benefit.

### **Legal Plan - MetLaw**

Elect or waive Legal coverage.

### **Pet Insurance - Nationwide**

Optional, direct billed coverage. Call provider or go online to enroll.

### **Home & Auto Coverage - Farmers**

Optional, direct billed coverage. Call provider or go online to enroll.

### **Accident and Critical Illness Plan - BCBSIL**

Optional, payroll deducted coverages.

## **FINAL STEPS:**

- Confirm dependent(s) and beneficiaries**
- Review & submit your benefit elections**
- Print your “Benefit Summary” for your records**

### **OPEN ENROLLMENT:**

2025 Annual Open Enrollment will run from **Monday, October 28 through Friday, November 8, 2024.**

Please review all information in this Benefits Enrollment Guide.

### **INTERACTIVE DECISION SUPPORT TOOL:**

**Need help determining what coverage is best for you and your family? Talk to ALEX! Follow this link to see how Alex can help you with your 2025 benefit elections.**

[\*\*2025 AST ALEX BENEFIT COUNSELOR\*\*](#)

## Eligibility

Employees who work at least 30 hours per week are eligible for benefits unless otherwise noted.

In order to cover your spouse, you must be legally married, in a civil union, or in a domestic partnership. In addition to yourself, you may also choose to cover one or more of your eligible dependents. Dependent children can be covered to age 26 unless otherwise noted.

**NOTE: New employees are eligible for benefits on the first of the month following date of hire.**

## Enrollment

Per the Internal Revenue Service (IRS) Section 125 regulations, a change to your benefits can occur only during annual open enrollment or if you have one of the following changes to your family status:

- Marriage/ Divorce/ Legal Separation
- Birth or adoption of a child
- Death of a spouse or child
- Change in employment status of a participant, spouse or dependent
- The dependent child reaches age 26, or 30 for military children

**If a change in family status occurs, you have 30 calendar days from the date of the event in which to change your benefit election(s).**

Changes to coverage must be consistent with the change in family status. Documentation will be required by Human Resources to verify coverage status.

### REMINDER:

If you are a newly eligible employee or have a family status change, you must enroll within 30 days of your date of hire/status change to be eligible for benefits.

## Open Enrollment Timeframe

**You must log into ADP and make your 2025 Benefit Election(s) between October 28 and November 8, even if you are waiving coverage.**



If you fail to complete your enrollment within the allotted enrollment window, you will **not** be eligible to enroll until the next annual companywide open enrollment.

## Termination of Coverage

Your Medical, Dental and Vision coverage ends on the last day of the month your active service ends. All other enrolled benefits will terminate on the date your employment ends.



## Medical Benefits

You have the option of selecting from a Blue Cross Blue Shield of IL (BCBSIL) PPO Plan or a HDHP/HSA Plan. Both plan options utilize the broad BCBSIL PPO network. **Note:** Summary of Benefits and Coverage (SBCs) are located on AST's SharePoint under Benefit Plans.

To better understand your benefits, talk to Alex our interactive decision support tool. Alex will help you better understand which medical plan is best for you and your family. **You can also call the Benefit Advocacy Center (BAC) at 833-728-9654.**

## Behavioral Health

Your BCBSIL medical coverage includes access to behavioral health professionals. They can assist you and your covered family members with a variety of issues such as:

- Substance Use
- Bipolar Disorder
- Anxiety and panic attacks
- Depression
- Attention-deficit/ADHD
- Eating disorders

Call the Customer Service number on the back of your member ID card to get started.

## BCBSIL Provider Finder

To find an in-network doctor or hospital, go to: [www.bcbsil.com](http://www.bcbsil.com). Click on “Find Care” and then select “Find a Doctor or Hospital”. Click on **Search as a Guest**. Select “Participating Provider Organization (PPO)” under Plan / Network. Alternatively, you can call Blue Cross Member Services at 800-541-2767.

## Benefits of the HDHP/HSA Plan

Participating in the HDHP/HSA Plan reduces the amount you pay for your coverage (as compared to the PPO Plan) while allowing you to establish a Health Savings Account (HSA). A HSA is a tax-free, portable account that you own and can be used for current and future out-of-pocket medical expenses. It's like a 401k for medical expenses and it has a triple tax advantage - the money is not taxed going in, coming out, and it can earn tax-free interest.

## Virtual Visits

If you are enrolled in the **BCBSIL Medical Coverage**, you and your covered family members have the option to utilize **Virtual Visits for non-emergency medical issues such as colds, flu, pinkeye, and sinus infections**. Whether you are at home or traveling, virtual visits provide convenient access to board-certified doctors 24 hours a day, seven days a week via mobile app, online, or telephone. Prescriptions are sent electronically to your pharmacy. **You can register for this service online at [www.mdlive.com/bcbsil](http://www.mdlive.com/bcbsil), download the MDLIVE mobile app, or call MDLIVE at 888-676-4204. There is a \$0 copay to use MDLIVE for the PPO Plan and no charge after the deductible has been reached on the HDHP/HSA Plan.**



### INTERACTIVE DECISION SUPPORT TOOL:

**Need help determining what coverage is best for you and your family? Talk to ALEX! Follow this link to see how Alex can help you with your 2025 benefit elections.**

**[2025 AST ALEX BENEFIT COUNSELOR](#)**



## BCBSIL In-Network Pharmacies

To find an in-network pharmacy, go to [www.prime.com](http://www.prime.com) and click on **Explore MyPrime** without signing in (just below the Register button). Select **BCBS Illinois** from the drop down menu, then answer “No” for Medicare Part D, and select **Other BCBSIL Plans**. Next click **Find A Pharmacy** (under the Manage your Medicines heading), click on **Advantage Network**. You can then search by zip code, state, or address.

## Mail Order Pharmacy

Participants in the BCBSIL medical plans have the option to utilize mail order pharmacy provided through Express Scripts. Up to a 90 day supply of long-term or maintenance medications can be delivered to the address of your choice, within the U.S., with free shipping. To fill or refill a prescription go online to [www.express-scripts.com/rx](http://www.express-scripts.com/rx) or call Express Scripts at 833-715-0942. Your doctor can also send your prescription directly to Express Scripts by calling 888-327-9791 for faxing instructions or by calling 833-715-0942. Accredo is being used for specialty pharmacy services and can be reached at 833-721-1619.

## Prescription Drug Coverage

To check the list of drugs covered by the AST BCBSIL medical plans, go to [www.prime.com](http://www.prime.com) and click on **Explore MyPrime** without signing in (just below the Register button). Select **BCBS Illinois** from the drop down menu, then answer “No” for Medicare Part D, and select **Other BCBSIL Plans**. Next click **Find Medicines** (under the Manage your Medicines heading), click **BCBSIL Performance Drug List**. You can then search by your medication name.

## MyBlueRXIL Mobile Pharmacy App

MYBlueRXIL is a new personalized digital pharmacy app that allows you to easily compare prescription drug costs at different pharmacies and receive refill reminder alerts. You can download the app from the Apple App Store or Google Play. If you already have a Blue Access for Members (BAM) account, you can use the same log in credentials, if not, you can create a new account.



## Blue Access For Members (BAM)

Blue Access for Members gives you access to information about your medical benefits including:

- Requesting a new ID card and printing a temporary one
- Check the status or history of a claim and review your benefits

It's easy to get started! 1) Go to [www.bcbsil.com/member](http://www.bcbsil.com/member), 2) Click Register Now, 3) Use the information on your BCBSIL ID Card to complete the registration process.

## BCBSIL Well onTarget Portal

Well onTarget provides a suite of programs and tools to support healthy lifestyle choices. You can take a Health Assessment, sync your fitness device, and earn and redeem points in the online mall. You can access Well onTarget via Blue Access for Members (BAM) under the Wellness tab.



## BLUE365 Discount Program

Blue365 is a discount program included in your medical coverage. It helps you and your covered dependents live a healthier lifestyle by offering discounts on healthcare products and services from national and local retailers.

Ongoing deals include workout apparel such as Reebok and SKECHERS® and healthy eating options like Jenny Craig®, Seattle Sutton's®, Nutrisystem®, and Holly Clegg's trim&TERRIFIC® cookbooks. You are also eligible for a discount on Fitbit devices, plus free shipping. Register at [www.blue365deals.com/user/register](http://www.blue365deals.com/user/register).

## Digital Health Programs

Your BCBSIL medical coverage includes the following digital health programs:

### Livongo Diabetes & Hypertension Management

Diabetes solution that combines a connected glucose meter with personal support by Certified Diabetes Educators. The hypertension solution includes a connected blood pressure cuff. If you are interested in participating, go to [www.join.livongo.com/BCBSIL/hi](http://www.join.livongo.com/BCBSIL/hi)

### Hinge Health MSK Management

Provides at-home, coach-lead programs to help address chronic back and joint pain. Hinge Health will contact eligible members.

### Wondr Health

Offers an online mindful eating behavior modification program. This program is proven to deliver sustainable weight loss and reverse pre-diabetes, and Metabolic Syndrome. Go to [www.wondrhealth.com/BCBSIL](http://www.wondrhealth.com/BCBSIL) to learn more.

### Learn to Live

Offers digital mental health programs to assist with stress, anxiety, depression, insomnia, and substance use. This no-cost service can be accessed by logging into [bcbsil.com](http://bcbsil.com), click on Wellness, and choose Digital Mental Health.

## Identity Theft Resources

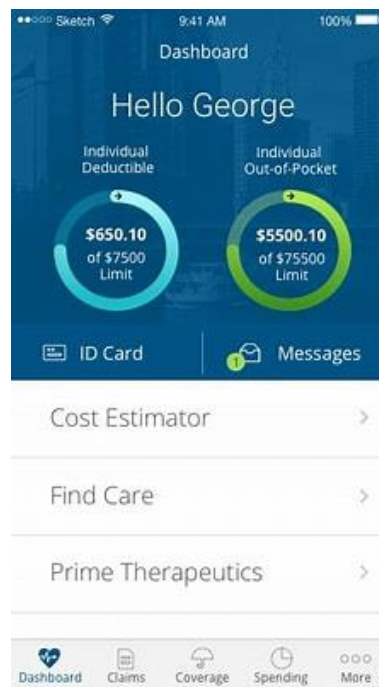
If you elect BCBSIL medical coverage, Blue Cross offers identity protection from Experian at no cost to you. Features include:

- Daily credit monitoring, timely alerts, and Experian credit report
- \$1 million identity theft insurance
- U.S. based fraud resolution team

You can enroll in this service by logging into BAM (see below), click "Coverage" and then "Coverage and Benefits", scroll down until you see "Identity Protection" in the "All My Benefits" list.

## BCBSIL Mobile App

The BCBSIL Mobile App provides quick access to a variety of services including finding in-network doctors and hospitals, accessing your ID card, as well as information on your claims and coverage. Messaging data rates may apply.







Below is a summary of In-network BCBSIL medical benefits. Please consult the Summary of Benefits & Coverage (SBCs) located in SharePoint under AST Global HR/U.S. Benefits/2024 Open Enrollment Documents for additional information.

### Deductible & Out-of-Pocket Maximum

	Plan 1 \$500 PPO	Plan 2 \$3500 HDHP/HSA
Deductible (IND / FAM)	\$500 / \$2,000	\$3,500 / \$7,000
Out-of-Pocket Maximum (IND / FAM)	\$1,500 / \$4,500	\$5,800 / \$11,600

### Covered Services

	Plan 1 \$500 PPO	Plan 2 \$3500 HDHP/HSA
Inpatient Care	10% after DED	20% after DED
Outpatient Surgery Facility Fee	10% after DED	20% after DED
Emergency Services – ER	\$250 / visit + 10% after DED	10% after DED
Diagnostic Test (x-ray, blood work)	10% after DED	20% after DED
Imaging (CT/PET scans, MRIs)	10% after DED	20% after DED
Urgent Care	10% after DED	20% after DED
MDLIVE Virtual Visit	\$0/ visit	\$0/ visit after DED

### Physician Service

	Plan 1 \$500 PPO	Plan 2 \$3500 HDHP/HSA
Primary Care Office Visits	\$25 / visit	20% after DED
Specialist Visit	\$45 / visit	20% after DED
Preventative Screening / Immunizations	No Charge	No Charge
Children's Eye Exams	Not Covered	Not Covered

### Prescription Drugs

	Plan 1 \$500 PPO	Plan 2 \$3500 HDHP/HSA
Generic	\$15	20% after DED
Preferred Brand	\$30	
Non-Preferred Brand	\$50	
Specialty	\$75	
Retail (30 day supply)		
Mail Order (90 day supply)	2x Retail	20% after DED



## Health Savings Account (HSA)

An HSA is a tax-advantaged bank account that can be used to pay for qualified medical expenses (including dental and vision). The account belongs to you and any money left in your account carries over from year to year. It remains your money even if you change health insurance, depart AST, or retire. You may contribute to your HSA annually. The maximum contribution for 2025 is \$4,300 Single or \$8,550 Family, \$1000 catch-up still in place for 55+. You cannot use your HSA funds to pay for your domestic partner's expenses unless they also qualify as your IRS tax dependent.

AST pays the setup and maintenance fees associated with your HSA. If you leave AST, your HSA goes with you, however, you would assume responsibility for the administration fees.

## Catch Up Contribution

If you are age 55 to 64 or turn age 55 in 2025, you can contribute an additional "catch up" contribution of \$1,000 per year.

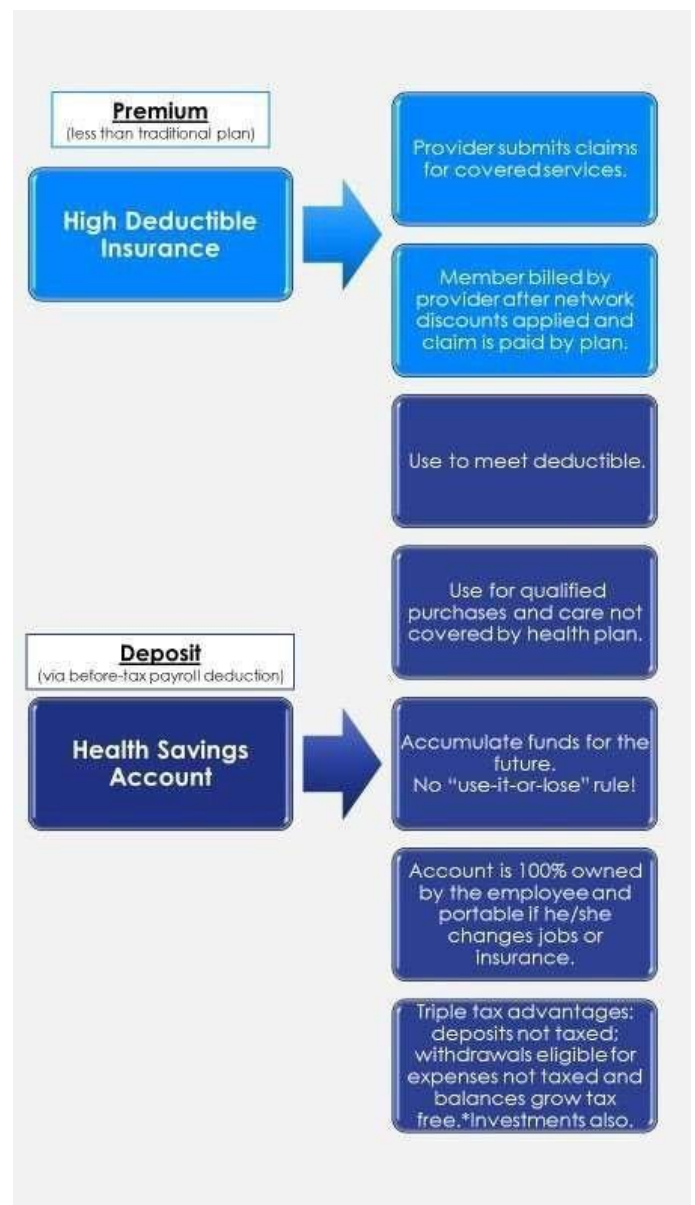
## Eligibility

To be eligible to open and contribute to an HSA, you must meet IRS requirements including:

- Must be covered under an HDHP/HSA Plan on the 1st day of the month in which the account is established
- Cannot be covered by any other non-HSA compatible health plan (Le., covered under spouse's plan)
- Cannot be enrolled in Medicare or Tri-Care
- You cannot be claimed as a dependent on someone else's tax return

## AST Employer HSA Contribution

AST will continue to contribute \$100 each quarter to employee HSA accounts. Please note, you must also be contributing to your HSA account and be an active AST employee from the beginning to the end of each quarter to qualify.



Employees electing the BCBSIL HDHP/HSA Plan for the first time, will need to make an election and create an account with Health Equity.



## Blue Cross Blue Shield of IL (BCBSIL) Dental

The Dental PPO Plan offers comprehensive dental services for you and your eligible dependents. While the plan allows you to see any dentist you choose, you receive the deepest discount by using a dentist in the BCBSIL Dental PPO Network. Network providers offer discounted fees and you share in the savings. Plus, you won't be "balanced billed," which is the difference between approved and out-of-network fees.

To find an in-network dentist visit: [www.bcbsil.com](http://www.bcbsil.com) click on "Find Care" and then select "Find a Dentist". Select the BlueCare Dental PPO option or you can call BCBSIL Member Services at 800-541-2767.



Covered Services	Blue Cross Blue Shield of IL Dental Plan
	In-Network Benefits
Annual Calendar Year Deductible	\$50 per person; \$150 family limit
Preventive Care Exams, X-Rays, Cleanings, Fluoride Treatments, Sealants, Space Maintainers (children)	100% no deductible
Basic Care Fillings, Extractions, Endodontics, Periodontal Maintenance/Surgery	90% after deductible
Major Services Crowns, Bridges, Dentures, Inlays, Onlays	60% after deductible
Orthodontia Adults & Children (to age 19)	50%
Annual Maximum Plan Benefit – For Preventive, Basic and Major Restorative Care	\$2,000 per person
Lifetime Orthodontic Maximum for Adults & Children	\$1,500 per person



## EyeMed Vision

You and your eligible dependents may enroll in vision coverage via pre-tax payroll deduction. EyeMed provides access to an extensive list of in-network providers including LensCrafters, Pearle Vision and Target Optical. There are also thousands of independent eye doctors.

Although there are out-of-network benefits, you will realize the greatest cost savings by going to an in-network provider. AST utilizes the EyeMed “Advantage” Network. Please note if you wear both contacts and glasses, every twelve months you can choose between either lenses for your glasses or contact lenses.

**Helpful Tip: In-network providers will be able to access your benefits using your social security number if you do not have your ID card.**



To find an In-Network Provider go to [EyeMed.com](http://EyeMed.com), under “members”, click on “Find an Eye Doctor”. Under “Choose Network”, select “Advantage” or you can call EyeMed at 888-203-7437. Your EyeMed vision benefits will automatically be applied when you order contacts from [www.contactsdirect.com](http://www.contactsdirect.com), and there is free shipping. For glasses, go to [www.glasses.com](http://www.glasses.com), which includes access to a 3D virtual try-on app.

Covered Services:	Plan Benefits	
	In-Network (Advantage)	Out-of-Network
Exam with Dilation (as necessary) Once every 12 months	\$10 copay	Up to \$35
Contact Lens Fit	Standard: Up to \$40 Premium: 10% off retail price	N/A
Frames Once every 24 months	\$120 allowance; 20% off balance over \$120	Up to \$48
Standard Plastic Lenses (includes single vision, bifocal, trifocal)	\$25 copay	Up to \$25 Up to \$40 Up to \$60
Lens Options UV Treatment, Tint, Standard Plastic Scratch Coating	\$12 each	N/A
Contact Lenses Once every 12 months (instead of eyeglass lenses)	\$135 allowance	Up to \$95
Lasik or PRK Vision Correction U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Hearing Care	40% off exams and discounted hearing aids from Amplifon Hearing Network	



## The Cost of Your Benefits

The benefits that AST offers are a valuable part of your overall compensation package. As we all know, the cost of healthcare is increasing, but AST has worked hard to ensure that our employees' paychecks are protected.

The tables below outline the employee cost for medical, dental and vision premiums per paycheck. The cost of our voluntary benefits will be available as you make your benefit elections in ADP WorkForceNow.

### Employee Contributions

Employee Contributions - Per Pay Period (Semi-Monthly)		
Pre-tax Contribution	BCBSIL \$500 PPO	BCBSIL \$3,500 HDHP/HSA
Employee Only	\$53.36	\$0.00
Employee Child(ren)	\$254.93	\$72.38
Employee Spouse	\$271.96	\$96.53
Family	\$521.88	\$277.77

Employee Contributions - Per Pay Period (Semi-Monthly)		
Pre-tax Contribution	Dental	Vision
Employee Only	\$9.97	\$2.72
Employee Child(ren)	\$26.63	\$6.21
Employee Spouse	\$24.66	\$5.16
Family	\$33.30	\$8.93

### Domestic Partner Eligibility

As an employee of AST, you may enroll your domestic partner and/or domestic partner's child(ren) in AST's medical, dental, and vision plans. Prior to coverage, you will have to submit the following to Human Resources:

- Prior year tax document, filing together or,
- Mortgage or Lease and Checking or Savings account with both names included.
- BCBSIL also requires an affidavit.





AST provides two Flexible Spending Accounts – the Health Care Spending Account and the Dependent Care Spending Account. Flexible Spending Accounts allow you to set aside money from your paycheck on a pre-tax basis for your eligible health and childcare.

## Health Care FSA

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You may elect up to \$3,050 this year into your account to reimburse yourself for eligible health care expenses incurred during the plan year that are not paid by the medical, dental, or vision plans. For the 2024 plan year, you can carry forward up to \$610 of health care FSA funds to the 2025 plan year.

### Examples of eligible expenses:

- Deductible and Out-of-pocket medical, dental or vision
- Over-the-counter medication
- Chiropractic care and acupuncture
- Copayments and Coinsurance

## Limited Purpose FSA

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Employees participating in the Health Savings Account (HSA) can only elect to participate in a "Limited Purpose" FSA as required by law. Only Dental and Vision expenses can be reimbursed through the Limited Purpose FSA.

## Debit Card

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Employees may choose to use the Health Equity debit card to pay for eligible health care purchases. The funds are automatically deducted from your FSA account.

## Dependent Care FSA

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You may direct up to \$5,000 this year if filing jointly (\$2,500 if married filing separately) into a Dependent Care FSA to pay qualified care expenses for a qualifying dependent in order for you and your spouse to be gainfully employed. A qualifying dependent is defined as:

A tax dependent under the age of 13 or any other tax dependent such as an elderly parent or spouse who is physically or mentally incapable of self-care and has the same principal residence as the participant.

### Examples of Qualified Care Expenses:

- Child care at a day camp (not overnight)
- After-school care
- Au-Pair
- Adult daycare
- Licensed daycare center



## Retirement Plan 401(k)

### 401(k) Contributions

AST provides a 401(k) Plan through Fidelity to all employees to help you plan for your future.

Your individual contribution for 2025 cannot exceed the annual Internal Revenue Services (IRS) limit of **\$23,000** and an additional catch up of **\$7,500** if you are turning or are over the age of 50 in 2025. For individuals aged 50 and older, the contribution limit is \$30,500 (\$23,000 plus a \$7,500 catch-up contribution), and for those aged 60-63, due to SECURE 2.0 changes, the catch-up contribution increases to \$11,250, bringing the total contribution limit to \$34,250.

**To elect or change your deferral percentage, to review the variety of investment options that are available, or for more information, call Fidelity at 800-835-5097 or visit [www.401k.com](http://www.401k.com).**

### 401(k) Matching Contribution

AST automatically makes a matching contribution to your account per paycheck. To ensure you receive the highest matching contributions, select your contribution to come out of each paycheck. If you front load you will miss out on valuable matching dollars.

AST will match your contributions 100% on the first 3% you contribute and an additional 50% on the next 2% you contribute. Vesting is immediate.

## Company – Paid Disability

AST offers access to both Short and Long-term disability through Blue Cross Blue Shield of IL to protect your income if you cannot work due to a medical condition that is non-work related.

### Short-term Disability

This Plan pays a benefit equal to 60% of your weekly base salary up to a maximum benefit of \$2,000 per week for up to 24 weeks. There is a 7-day waiting period before the BCBSIL Short-term Disability begins. In addition to the BCBSIL coverage, AST provides gap coverage equal to 40% of your weekly base salary up to a maximum benefit of \$1,400 per week for the first 6 weeks. Gap coverage will begin on the 1<sup>st</sup> day of an approved short-term disability claim.

### Long-term Disability

AST also provides benefit eligible employees Long-term Disability coverage. The Plan pays a benefit of 60% of your monthly base salary up to a maximum benefit of \$10,000 per month. There is a 3/12 pre-existing condition exclusion meaning anything diagnosed or treated 3 months prior to the effective date will not be covered for the first 12 months. Approved benefits would continue to pay through social security normal retirement age.

### Parental Leave

Should you need to take time off to take care of the birth or adoption of a child, you are eligible up to 4 weeks at 100% of your pay to be used within one year of the life event date.



## Basic Life / AD&D Insurance

AST provides benefit eligible employees Basic Life and Accidental Death & Dismemberment (AD&D) Insurance equal to 2x your base salary up to \$300,000 with a \$100,000 minimum. AST pays for this coverage in full. Please note that benefits reduce by 50% at age 70. Coverage includes a portability and conversion provision if you leave AST. Please note that imputed income equivalent to the annual premium value is added to employees' annual W-2 for policies over \$50,000.

## Voluntary Life / AD&D Insurance

You may elect to add to your Basic Life/AD&D coverage by purchasing Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance. Employees can purchase coverage in \$10,000 increments to a maximum of \$500,000. There is a \$20,000 minimum coverage requirement. Please note that benefits reduce by 35% at age 65 and 50% at age 70. During this year's open enrollment, if you currently have coverage, you can increase your coverage by one \$20,000 increment up to \$150,000. Amounts over \$150,000 along with new enrollees will need to submit evidence of insurability (EOI) and may be declined coverage.

## Dependent Voluntary Life / AD&D Insurance

Spousal coverage is also available in increments of \$5,000 to \$250,000 (not to exceed 50% of employee benefit). Please note that spousal coverage is based on the employee's age. Benefits reduce by 35% when the employee turns 65 and terminate when the employee turns 70. You must elect voluntary life insurance for yourself before electing dependent life insurance coverage. Spousal coverage is subject to evidence of insurability (EOI) for existing employees and coverage may be declined.

Coverage can also be obtained for dependent children to age 26 in \$2,000 increments up to \$10,000. Employees must elect coverage in order to obtain dependent coverage. Children from birth to 14 days are not covered. Age 15 days to 6 months have a \$500 benefit. Child coverage is guarantee issue for all employees.

Individual Covered	Coverage Increments	Maximum Coverage	Minimum Coverage	New Hire Guarantee Issue Amount
Employee	\$10,000	\$500,000	\$20,000	\$150,000
Spouse	\$5,000	\$250,000 (50% of EE)	\$10,000	\$25,000
Children (15 days to age 26)	\$2,000	\$10,000	\$2,000	N/A





## Accident Plan

Let's say you hit a patch of ice on the sidewalk, fall and break your ankle. With the BCBSIL Accident Plan, you could receive a cash benefit to help offset your expenses. Meaning you won't have to worry about breaking your bank account alongside your ankle.

The Accident Plan pays you a cash benefit for specific off-the-job injuries and events resulting from a covered accident. The amount paid depends on the type of injury and care received. Accident insurance does not replace your health insurance and will not pay your medical bills. The cash benefits are paid directly to you and are paid in addition to other benefits you may receive. You can cover eligible dependents, including children (unmarried to age 26) who participate in sports.

Each year you and covered family members are eligible to receive an annual \$40 Wellness Benefit even you if don't have an accident. Covered wellness checkups and tests include: blood test for triglycerides, mammogram, and colonoscopy.

Payout Example: Child fractures arm and suffers concussion playing basketball	
ER/Urgent Care visit	\$75
CAT scan on head	\$100
Concussion	\$50
X-ray on arm	\$25
Fractured arm (closed reduction)	\$200
Follow Visits (2)	\$50
<b>Total Benefit Paid:</b>	<b>\$500</b>

*Please Note: Coverage terminates at retirement or age 70 (whichever comes first). Coverage is portable if you are covered under the plan for 12 months and under age 60.*

## Critical Illness Plan

No one plans for a serious illness, but unfortunately, heart attacks, strokes and cancer happen at any age and are not always hereditary. The BCBSIL Critical Illness plan pays a lump-sum cash benefit upon the first diagnosis of a covered condition. Employee coverage is available in either a \$10,000 or \$20,000 benefit amount. Spousal coverage is available in either a \$5,000 or \$10,000 benefit amount (cannot exceed 50% of the employee amount). Please note spousal coverage is based on the employee's age. Coverage can also be obtained for unmarried, dependent children up to age 26 for \$5,000 or \$10,000 (cannot exceed 50% of the employee amount). Employees must have coverage to obtain dependent coverage.

The Critical Illness Plan also includes an annual \$50 Wellness Benefit for the covered employee and spouse. Covered wellness checkups and tests include: blood test for triglycerides, mammogram, and colonoscopy.

*Please Note: There is a 12/12 pre-existing conditions limitation meaning anything diagnosed, treated, or advice that was rendered, prescribed, or recommended 12 months before the effective date will not be covered for the first 12 months of the policy. Coverage is portable if you are covered under the plan for 12 months and under age 60. Benefits reduce by 35% at age 65 and by 50% at age 70. Benefits terminate at retirement.*

**Please see SharePoint or ADP for cost information for the Accident and Critical Illness Plans and details relative to exclusions and limitations.**



## Commuter Benefit Program

Health Equity Commuter Transit or Parking is a pre-tax benefit account used to pay for public transit and parking as part of your daily commute to and from work. Public transit includes trains, subway, bus, ferry or vanpooling. The IRS allows you to use up to \$300 per month in pre-tax dollars for your daily commuting. For more information call 877-924-3967 or online at [www.healthequity.com](http://www.healthequity.com).

## MetLaw Legal Plan

MetLaw, the group legal plan offered through Hyatt Legal, provides you with access to a nationwide network of 14,000 pre-qualified plan attorneys who have an average of 25 years of experience. No matter how often you use a plan attorney over the course of the year for covered legal matters, all you pay is your monthly premium of \$21 (\$10.50 per paycheck). For more information, call 800-821-6400 or online at [www.legalplans.com](http://www.legalplans.com).

### Examples of Covered Services:

- Estate planning documents including wills and trusts
- Financial matters such as debt-collection defense
- Family law including adoption and name change
- Real Estate matters such as home purchase or sale
- Traffic offenses (alcohol and drug offenses are not covered)

## Pet Insurance

AST employees have access to discounted pet insurance through NationWide Pet Insurance. This is an optional plan that you pay for on a direct basis. For more information, please call 877-738-7874 or online at [www.petinsurance.com](http://www.petinsurance.com).

## Home & Auto Insurance

AST employees have access to discounted home & auto insurance through Farmers Insurance. This is an optional plan that you pay for on a direct basis. For more information, and a personalized quote, please call 800-438-6391 or visit [www.myautohome.farmers.com](http://www.myautohome.farmers.com). AST's reference code is FCF.





## **Family Assistance Program (EAP)**

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All AST employees and their families have access to Resource Services by ComPsych® to help address emotional, legal, and financial issues. Services include three face-to-face sessions per behavioral issue as well as unlimited telephonic support. Web-based services covering divorce/family law, managing debt, saving for college, tax questions, and anxiety/stress are also available. You can access these services by calling 866-899-1363 or online at [GuidanceResources.com](https://www.GuidanceResources.com). AST's company ID is: DISRES.

## **Travel Assistance Program**

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Provides medical or travel emergency assistance if you are traveling more than 100 miles away from home, or are in a foreign country. Assist America offers 24 hour assistance and is available by calling 800-872-1414 within the U.S. and +1-609-986-1234 U.S. You can also download the free Assist Mobile App. Your Assist America Reference Number is: 01-AA-TRS-12201.

## **Beneficiary Resource Services**

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As an AST employee, you and your family have access to Beneficiary Resource Services. This program provides grief and financial counseling, funeral planning services, legal support, and online will preparation. The online will prep services offer access to a full legal library of estate planning documents including an online will. You can access this resource by calling 800-769-9187 or via [BeneficiaryResource.com](https://www.BeneficiaryResource.com), Username: beneficiary.

## **TicketsatWork**

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Having fun, getting away and saving money is important for your well-being. This free benefit provides access to thousands of travel and entertainment discounts so that you can make the most of your time away from work. Go to [www.ticketsatwork.com](https://www.ticketsatwork.com) and click on "Become a Member". Enter AST code ASTPERKS to create an account.

## **Educational Reimbursement**

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Regular full-time employees who have completed at least one year of service are eligible for educational reimbursement at 50% of the total cost incurred.

## **Personal Time Off (PTO)**

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Regular full-time employees receive unlimited paid time off. Time off covers vacation and sick time less than 5 consecutive business days. Any time taken beyond 4 weeks in one year needs HR approval.

## **Holidays**

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Full-time AST employees receive nine paid holidays within a calendar year. Seven of these are scheduled and two are floating holidays. If you are hired on or after July 1, you receive one floating holiday.

## **Bereavement Leave**

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Employees are entitled to three days of bereavement leave in the event of the death of the employee's current spouse, registered domestic partner, child, parent, legal guardian, sibling, grandparent, grandchild, or mother-, father-, sister-, brother-, son-, or daughter-in-law.

## **Jury Duty**

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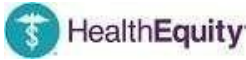

A regular full-time employee receives reimbursement for the difference between straight-time wages for hours scheduled to work and jury duty pay. An employee must present written evidence of the amount received as jury pay. Meals, travel, parking and other related expenses incurred by the employee relating to jury duty are not reimbursed.

# AST Benefits Contact Information

## Carrier Contact Information

Medical	Dental, Life, Disability, Accident & Critical Illness	Vision	Legal	Pet	Home & Auto
					
800-541-2767 <a href="http://bcbsil.com">bcbsil.com</a>	800-348-4512 <a href="http://bcbsil.com/ancillary">bcbsil.com/ancillary</a>	888-203-7437 <a href="http://eyemed.com">eyemed.com</a>	800.821.6400 <a href="http://legalplans.com">legalplans.com</a>	877-738-7874 <a href="http://petinsurance.com">petinsurance.com</a>	<u>800-438-6381</u> <a href="http://farmers.com">farmers.com</a>

## Administrator Contact Information

Flexible Spending Accounts (FSAs) Health Savings Account (HSAs) Commuter Benefits  866-346-5800 <a href="http://healthequity.com">healthequity.com</a>	Retirement 401(k)  800-835-5097 <a href="http://401k.com">401k.com</a>
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## Gallagher Service Team

Questions regarding your coverage should be directed to the carriers first. However, should you have trouble in reaching an acceptable solution, your Gallagher Benefits Service Team is always available to assist you.

<b>Wendy Stratton</b> Sr. Client Associate P: 708-223-3325 E: <a href="mailto:Wendy_Stratton@ajg.com">Wendy_Stratton@ajg.com</a>	<b>Mary Fitzgerald</b> Area Vice President P: 630-634-4083 E: <a href="mailto:Mary_Fitzgerald@ajg.com">Mary_Fitzgerald@ajg.com</a>	<b>Liz Vaughan</b> Area Vice President P: 708-223-3304 E: <a href="mailto:Elizabeth_Vaughan@ajg.com">Elizabeth_Vaughan@ajg.com</a>
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## Gallagher Benefit Advocacy Center (BAC)

All AST employees have access to trained counselors that can answer your questions regarding AST's benefits, assist with claim issues, and provide general benefits support including obtaining new ID cards and finding in-network providers. You can access this valuable resource by calling 1-833-728-9654 or via email at: [bac.applicationsoftwaretechnologyadvocates@ajg.com](mailto:bac.applicationsoftwaretechnologyadvocates@ajg.com).

## Disclosure:

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

This document intends to provide you with general information regarding the status of your current employee benefits environment and/or potential concerns. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide legal advice. Questions regarding specific concerns should be addressed to AST's Human Resources Department.

# Annual Notices

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>

# Annual Notices

<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>FLORIDA – Medicaid</b>
<p>Health First Colorado Website:  <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health            First Colorado Member Contact Center:            1-800-221-3943/State Relay 711            CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a>            CHP+ Customer Service: 1-800-359-1991/State Relay 711            Health Insurance Buy-In Program (HIBI):  <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>            HIBI Customer Service: 1-855-692-6442</p>	<p>Website:  <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a>            Phone: 1-877-357-3268</p>
<b>GEORGIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
<p>GA HIPP Website:  <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>            Phone: 678-564-1162, Press 1            GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>            Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64            Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>            Phone: 1-877-438-4479            All other Medicaid            Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>            Phone 1-800-457-4584</p>
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>KANSAS – Medicaid</b>
<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>            Medicaid Phone: 1-800-338-8366            Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki            Phone: 1-800-257-8563            HIPP Website:  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>            HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>            Phone: 1-800-792-4884            HIPP Phone: 1-800-967-4660</p>
<b>KENTUCKY – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
<p>Kentucky Integrated Health Insurance Premium            Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>            Phone: 1-855-459-6328            Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>            KCHIP Website:  <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>            Phone: 1-877-524-4718            Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or  <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>            Phone: 1-888-342-6207 (Medicaid hotline) or            1-855-618-5488 (LaHIPP)</p>

# Annual Notices

<p><b>MAINE – Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>            Phone: 1-800-442-6003            TTY: Maine relay 711            Private Health Insurance Premium            Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>            Phone: 1-800-977-6740            TTY: Maine relay 711</p>	<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website:  <a href="https://www.mass.gov/mashealth/pa">https://www.mass.gov/mashealth/pa</a>            Phone: 1-800-862-4840            TTY: 711            Email: <a href="mailto:masspreassistance@accenture.com">masspreassistance@accenture.com</a></p>
<p><b>MINNESOTA – Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>            Phone: 1-800-657-3739</p>	<p><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>            Phone: 573-751-2005</p>
<p><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084            Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>            Phone: 1-855-632-7633            Lincoln: 402-473-7000            Omaha: 402-595-1178</p>
<p><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>            Medicaid Phone: 1-800-992-0900</p>	<p><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>            Phone: 603-271-5218            Toll free number for the HIPP program:            1-800- 852-3345, ext. 5218</p>
<p><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>            Medicaid Phone: 609-631-2392            CHIP Website:  <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>            CHIP Phone: 1-800-701-0710</p>	<p><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>            Phone: 1-800-541-2831</p>
<p><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>            Phone: 919-855-4100</p>	<p><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>            Phone: 1-844-854-4825</p>
<p><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>            Phone: 1-888-365-3742</p>	<p><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>            Phone: 1-800-699-9075</p>

# Annual Notices

<p><b>PENNSYLVANIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>            Phone: 1-800-692-7462            CHIP Website:  <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/ChildrensHealthInsuranceProgram(CHIP).aspx">Children's Health Insurance Program(CHIP) (pa.gov)</a>            CHIP Phone: 1-800-986-KIDS (5437)</p>	<p><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>            Phone: 1- 855-697-4347, or            401-462-0311 (Direct Rite Share Line)</p>
<p><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>            Phone: 1- 888-549-0820</p>	<p><b>SOUTH DAKOTA – Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>            Phone: 1-888-828- 0059</p>
<p><b>TEXAS – Medicaid</b></p> <p>Website: <a href="https://www.healthandhuman-services.com/HealthInsurancePremiumPayment(HIPP)Program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a>            Phone: 1-800-440-0493</p>	<p><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>            CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>            Phone: 1-877-543-7669</p>
<p><b>VERMONT – Medicaid</b></p> <p>Website: <a href="https://www.vermont.gov/health-access/HealthInsurancePremiumPayment(HIPP)Program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a>            Phone: 1-800-250-8427</p>	<p><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website:  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>            Medicaid/CHIP Phone: 1-800-432-5924</p>
<p><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>            Phone: 1-800- 562-3022</p>	<p><b>WEST VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>            Medicaid Phone: 304-558-1700            CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website:  <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>            Phone: 1-800-362-3002</p>	<p><b>WYOMING – Medicaid</b></p> <p>Website:  <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>            Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](https://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](https://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565



## Beneficiary Designation

As you complete the enrollment process, please take a few moments to review your beneficiary designations to ensure that they are accurate and up-to-date. Do not forget to look at your designations for all of your benefits – basic life insurance, supplemental life insurance, voluntary AD&D, pension, and 401(k).

If you are married, your spouse is automatically your beneficiary for the pension and 401(k) plans. If you wish to select another beneficiary under those plans, your spouse's notarized signature is required.

If you designate a trust as a beneficiary you must provide additional information such as the name of the trust, name of the trustee, contact information for the trustee (e.g., address) and date of the trust instrument. You should consult with your legal advisor if you intend to name a trust as your beneficiary.

If you want your minor child (or children) to be your beneficiary(ies), you should discuss your plans with your legal advisor. Neither the plan nor the insurer will pay benefits directly to a minor child. Benefits from the plan – such as life insurance – must be paid to an adult, such as a guardian, or to a trust established for the benefit of your child. Your legal advisor can help you determine the best way to accomplish this.

## Section 125 Pre-Tax Premium Only Plan

When you elected coverage for the medical, dental and/or vision plan(s), you also elected (unless we received a signed declination form from you) to participate in the Section 125 Plan. This plan allows you to pre-tax your contributions. Your election choices for the medical, dental and vision plans remain in force until this time next year; (including declining coverage) UNLESS you have a special event (such as, birth/adoption of a child, marriage or an involuntary loss of coverage) and you submit the enrollment/change form to us within 30 days of the event. See Special Enrollment Rights & New CHIPRA Law Section. Under government guidelines, changes to your coverage are only allowed during the Annual Enrollment period, unless you have a life event resulting in a qualifying change in family status. These life events include marriage, divorce, birth, death, etc. You then have up to 30 days from the qualifying event date to make your benefit changes.

## Women's Health & Cancer Rights Act

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: \$500 PPO (Individual: 10% coinsurance and \$500 deductible; Family: 10% coinsurance and \$2,000 deductible)

Plan 2: \$3500 HDHP/HSA (Individual: 20% coinsurance and \$3,500 deductible; Family: 20% coinsurance and \$7,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 630-778-1100 x235 or [tstanula@astcorporation.com](mailto:tstanula@astcorporation.com).

## Newborns' and Mothers' Health Protection Act

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

## Qualified Medical Child Support Order

The Plan will provide health care coverage when required by a Qualified Medical Child Support Order (QMCSO). If you receive a court order or notice from a state government agency indicating that you must provide health care coverage for your child, you must provide a copy of the order or notice to Human Resources within 30 days after you receive the order or notice. The order or notice will be reviewed within 20 business days and you will be notified if additional information is needed. You must complete any necessary forms and provide any reasonable information or assistance requested.

Human Resources will notify you, the court or state agency, and the custodial parent or legal guardian of the child if the order or notice does (or does not) satisfy the requirements for a QMCSO. If the order or notice satisfies the requirements, the child will be enrolled for the appropriate coverage and any payroll deductions will be made. If the order or notice is not a QMCSO, you, the court or state agency and the custodial parent or legal guardian will be notified of the reason.

The Plan Administrator will provide you with a copy of the Plan's QMCSO procedures at no charge when it receives a notice or order that might be a QMCSO. You may also receive a copy of the procedures at any time at no charge by making a written request to Human Resources.

## COBRA General Notice

### Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

#### \*\* Continuation Coverage Rights Under COBRA\*\*

#### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

#### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

## COBRA General Notice

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Teresa Stanula.**

### **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

## COBRA General Notice

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov/](http://www.healthcare.gov/).

### **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

<sup>1</sup><https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

## COBRA General Notice

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

### **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

### **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **Plan contact information:**

**Applications Software Technology, LLC**  
**Teresa Stanula- Vice President, Human Resources**  
**4343 Commerce Ct Ste 701**  
**Lisle, Illinois 60532-3619**  
**United States**  
**630-778-1100 x235**

## Michelle's Law

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility under Applications Software Technology LLC Group Health Medical Plan because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under Applications Software Technology LLC Group Health Medical Plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if on the day before the medically necessary leave of absence begins your child is covered under Applications Software Technology LLC Group Health Medical Plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan – for example, by reaching age 26.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's law, please contact your plan administrator.

## HIPAA Notice of Privacy Practices Reminder

### Protecting Your Health Information Privacy Rights

Applications Software Technology, LLC is committed to the privacy of your health information. The administrators of the Applications Software Technology, LLC Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Teresa Stanula - Vice President, Human Resources at 630-778-1100 x235 or [tstanula@astcorporation.com](mailto:tstanula@astcorporation.com).



## HIPAA Special Enrollment Rights

### Applications Software Technology, LLC Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Applications Software Technology, LLC Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

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

#### **Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).**

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

#### **Loss of Coverage for Medicaid or a State Children's Health Insurance Program.**

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

#### **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.**

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

#### **Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program**

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

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Teresa Stanula - Vice President, Human Resources at 630-778-1100 x235 [tstanula@astcorporation.com](mailto:tstanula@astcorporation.com).

## HIPAA Special Enrollment Rights

### **Important Warning**

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

## Notice of Creditable Coverage

### Important Notice from Applications Software Technology, LLC About Your Prescription Drug Coverage and Medicare

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

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Applications Software Technology, LLC has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When Can You Join a Medicare Drug Plan?

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

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

#### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Applications Software Technology, LLC coverage may not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D.

If you do decide to join a Medicare drug plan and drop your current Applications Software Technology, LLC coverage, be aware that you and your dependents will be able to get this coverage back at the next open enrollment.

## Notice of Creditable Coverage

### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

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

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

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

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

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

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

For more information about Medicare prescription drug coverage:

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

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

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

## Notice of Creditable Coverage

<b>Date:</b>	<b>January 01, 2024</b>
<b>Name of Entity/Sender:</b>	<b>Applications Software Technology, LLC</b>
<b>Contact—Position/Office:</b>	<b>Teresa Stanula - Vice President, Human Resources</b>
<b>Office Address:</b>	<b>4343 Commerce Ct Ste 701 Lisle, Illinois 60532-3619 United States</b>
<b>Phone Number:</b>	<b>630-778-1100 x235</b>







**Applications Software Technology (AST) LLC**

**4343 Commerce Court Suite 701**

**Lisle, Illinois 60532**

**United States**