

Employee

Benefits

Overview

2025



AlexRenew

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HEALTH & WELFARE

ELIGIBILITY

Employees regularly working at least **30** hours per week are eligible to enroll in AlexRenew benefits. New Hires are eligible on their first day of employment unless otherwise noted in this summary. Separate eligibility definitions will be noted if different. If you enroll, you can also cover your dependents, including your legal spouse, domestic partner, and eligible children up to age 26. Documentation supporting your dependents eligibility will be required upon enrollment and anytime a new addition is requested to your benefits.

Dependent Type	Documentation
Spouse	Marriage Certificate
Domestic Partner (DP)	Affidavit of Domestic Partnership (see HR for form)
Birth Child up to age 26	Birth Certificate or Qualified Medical Child Support Order
Adopted Child up to age 26	Adoption Certificate or Birth Certificate
Child up to age 26 for whom You are the Legal Guardian	Proof of legal guardianship
Disabled Child age 26 and older	Birth Certificate AND Copy of front page most recent Tax Return
Step Child up to age 26	Birth Certificate AND Marriage Certificate

MEDICAL

AlexRenew's medical and prescription coverage is provided through United Healthcare. To find an in-network provider, visit www.myuhc.com, download the app or call Member Services at 1-866-633-2446. Medical is a voluntary benefit, shared cost between AlexRenew and the employee. An abbreviated summary of employee costs are below:

Benefits	High Deductible Plan	
	In-Network	Out-of-Network
Annual Deductible		
Individual	\$3,300	\$4,000
Family	\$6,600 <i>(embedded)</i>	\$8,000
Annual Out-of-Pocket Max		
Individual	\$4,000	\$6,000
Family	\$8,000 <i>(embedded)</i>	\$12,000
Lifetime Maximum	Unlimited	Unlimited
Physician's Office		
Preventive Care	No Charge	30% after deductible
Sickness or Injury	10% after deductible	30% after deductible
Specialist Visit	10% after deductible	30% after deductible
Urgent Care	10% after deductible	30% after deductible
Emergency Services	10% after deductible	30% after deductible
Hospital – Inpatient	10% after deductible	30% after deductible
Outpatient Surgery	10% after deductible	30% after deductible
Diagnostic test (x-ray, blood work)		
- Designated Network	10% after deductible	30% after deductible
- Network	50% after deductible	30% after deductible
Imaging (CT/PET scans, MRIs)	10% after deductible	30% after deductible
Mental Health		
Inpatient	10% after deductible	30% after deductible

Outpatient	10% after deductible	30% after deductible
Prescription Drug Plan		
Individual	10% after deductible	30% after deductible
Family	10% after deductible	30% after deductible

PRESCRIPTION DRUG PLAN

When you enroll in the medical plan, your drug coverage is included. This coverage allows you to fill your prescriptions at retail pharmacies through mail order or home delivery. The amount of your copay depends on the type of prescription that you purchase. United Healthcare has partnered with OptumRx to provide the prescription services, www.optumrx.com.

	High Deductible Plan Core Preventive Drugs ONLY	
	Retail Network & Non-Network <i>(up to 31-day supply)</i>	Mail Order <i>(up to 90-day supply)</i>
Tier 1 (Generic)	\$10.00	\$ 25.00
Tier 2 (Formulary Brand)	\$35.00	\$ 87.50
Tier 3 (Non-Formulary Brand)	\$70.00	\$175.00

Medical & Prescription	Bi-Weekly Cost
Employee Only	\$ 48.90
Employee + Spouse/DP	\$125.93
Employee + Child(ren)	\$ 98.77
Employee + Family	\$161.40

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the AlexRenew medical plan, a health savings account will be opened on your behalf with Optum Bank. An HSA is a personal bank account that you own. You can use the HSA to save money, federal income-tax free, to pay for qualified medical expenses. Or, you can save the money for a future need – even into retirement. You own the money in the HSA, no “use it or lose it” rule. If you choose to leave AlexRenew or switch health plans, you keep the money. Customer support is available for assistance at 1-800-791-9361 or email: customercare@optum.com. Access your account online at www.optumbank.com

In **January 2025**, AlexRenew will deposit a one-time **\$2,200 individual** or **\$4,400 family** contribution into each participant’s account. A new hire entering the plan year will receive a pro-rated amount of the AlexRenew contribution. Participants can elect through payroll deductions additional voluntary contributions, pre-tax up to **\$2,100** (single tax filer) or **\$4,150** (family) plus catch-up contribution of \$1,000 for participants over age 55.

DENTAL

AlexRenew’s dental plan is provided through Delta Dental. You can enroll in the dental plan regardless of whether you enroll in AlexRenew’s group medical plan. You may select a dentist of your choice. However, you will receive the highest level of benefits available in the program by choosing a Delta Dental PPO provider. In addition, your out-of-pocket costs will usually be lower if you use a participating provider. To find a participating provider, simply visit www.deltadentalva.com or contact Customer Service 1-800-237-6060. Dental is a voluntary benefit, shared cost between AlexRenew and the employee. An abbreviated summary of employee costs are below:

Benefits	PPO	Out-of-Network
Annual Deductible		
Individual	\$ 50	\$ 50
Family	\$ 150	\$ 150
Annual Benefit Maximum	\$1,500	\$1,500
Coverage Type		
Diagnostic & Preventive	0% (no deductible)	0% (no deductible)
Basic Dental Care	20% after deductible	20% after deductible
Major Dental Care	50% after deductible	50% after deductible
Orthodontia (adult & child coverage)	50% (no deductible)	50% (no deductible)
Orthodontia Lifetime Maximum	\$1,000	\$1,000

Additional benefits included in the plan:

- Prevention First – visits to the dentist for diagnostic and preventive services will not count against the annual maximum.
- Healthy Smile, Healthy You – provides additional cleanings and/or fluoride for members with certain health conditions. Visit DeltaDentalVA.com to learn more or to download enrollment form.
- Special Health Care Needs Benefit – provides additional benefits for members with special needs. To learn more about this benefit please visit <https://deltadentalva.com/special-health-care-needs-resources.html>

Dental	Bi-Weekly Cost
Employee Only	\$ 3.15
Employee + Spouse	\$ 6.40
Employee + Child(ren)	\$ 6.00
Employee + Family	\$ 9.76

VISION

AlexRenew offers a separate comprehensive vision plan through United Healthcare. You can enroll in the vision plan regardless of whether you enroll in AlexRenew’s group medical plan. To find a preferred provider, simply visit www.myuhcvision.com, select “find a provider”, view providers or you can contact Customer Service at 1-800-638-3120. Vision is a voluntary, company sponsored plan at **no cost** to the employee. An abbreviated summary of employee costs are below:

	In- Network	Out-of-Network
Copays	\$10 Exam \$25 Materials	\$40 Exam \$40 Materials
Well Vision Exam Frequency	Covered in full 100% Once every 12 months	Reimbursed up to \$45 Once every 12 months
Lenses		
Single Vision	Covered in full 100%	Reimbursed up to \$40
Bifocal Lenses	Covered in full 100%	Reimbursed up to \$60
Trifocal Lenses	Covered in full 100%	Reimbursed up to \$80
Lenticular Lenses	Covered in full 100%	Reimbursed up to \$80
Progressive Lenses	Discount only at participating providers Once every 12 months	No benefit
Frequency		Once every 12 months
Frames Frequency	Allowance up to \$130 & 30% discount on balance Once every 24 months	Reimbursed up to \$45 Once every 24 months
Contact Lens Fit & Follow Up Exams Elective	Up to 2 visits, covered in full 100% Allowance up to \$130	No benefit Reimbursed up to \$130 <i>(in lieu of glasses)</i>

Medically Necessary Frequency	Covered in full 100% Once every 12 months <i>(in lieu of eyeglasses)</i>	Reimbursed up to \$210
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PREMIUM ONLY PLAN (SECTION 125)

Your medical and dental payroll deductions are taken on a pre-tax basis (before your federal, state and social security taxes are calculated); saving additional tax dollars on each paycheck. This is a company sponsored plan at **no cost** to the employee.

LIFE AND AD&D INSURANCE

Mutual of Omaha is the provider for all the life insurance and accidental death and dismemberment insurance. A benefit of one-and-a-half times your annual salary up to a maximum of \$400,000 is provided to each eligible employee. This is a company-sponsored plan at **no cost** to the employee.

VOLUNTARY LIFE INSURANCE - EMPLOYEE

Employees can elect to purchase additional life insurance in increments of \$10,000 up to a max benefit of \$500,000 with a guarantee issue of \$150,000 for employees under age 65 at initial enrollment. Elections over the guarantee issue, late entrants, or increase in benefit will require medical underwriting approval. To calculate bi-weekly cost, complete the following formula.

Benefit Amount: \$ _____
 divide by \$1,000 = _____
 multiply by monthly rate = \$ _____
 multiply by 12 months = \$ _____
 divide by 26 pay periods = \$ _____ cost/pay

Age	Monthly Rate per \$1,000
< 30	\$0.07
30 – 34	\$0.08
35 – 39	\$0.10
40 – 44	\$0.16
45 – 49	\$0.26
50 – 54	\$0.49
55 – 59	\$0.77
60 – 64	\$0.88
>65	\$1.60

VOLUNTARY LIFE INSURANCE - SPOUSE

Employees can elect to purchase additional life insurance on their Spouse in increments of \$5,000, not to exceed 50% of the benefit amount elected by the employee to a maximum of \$250,000, guarantee issue of \$30,000. *The cost is calculated the same as voluntary life insurance on the Employee utilizing the Employee's date of birth.* Employees must have the voluntary life on themselves in order to purchase additional coverage for their spouse.

VOLUNTARY LIFE INSURANCE – CHILD(REN)

Employees can elect to purchase additional life insurance for their eligible Children (age 6 months to 26 years old) benefit guarantee issue of \$10,000. The cost is **\$4.30 per pay period**. Employees must have voluntary life insurance on themselves in order to purchase additional coverage for their children.

SHORT TERM DISABILITY

Mutual of Omaha is the administrator of the plan, with AlexRenew continuing to pay employee's salary based on approval from the administrator. A benefit of 70% to 100% of base weekly salary is provided to each eligible employee. The benefit begins following a 7-day waiting period, with duration maximum of 25 weeks. Employees may voluntarily elect to utilize PTO for the 7-day waiting period. This is a company-sponsored plan at **no cost** to the employee.

Eligibility	Period of Time	Benefit
New Hires <i>Eligible after 90-days continuous employment</i>	Day 8 through 26 Weeks	70% base weekly salary
Employees <i>Eligible after 1st year of employment</i>	Day 8 through 12 Weeks	100% base weekly salary
	12 Wks+1 Day to 16 Wks	80% base weekly salary
	16 Wks+1 Day to 26 Weeks	70% base weekly salary

LONG TERM DISABILITY

Mutual of Omaha is the provider for the program. A benefit of 60% of base monthly salary to a maximum of \$12,500 is provided to each eligible employee. The benefit begins following the disability date, a 180-days elimination period and duration maximum subject to age at disability. This is a company-sponsored plan at **no cost** to the employee.

SUPPLEMENTAL HEALTH

United Healthcare is the provider for the program which includes Accident, Critical Illness and Hospital Indemnity. The plan pays out a financial benefit when an eligible medical event occurs (off-the-job-only). The benefit lessens the financial burden of critical care for employees and covered family members. The benefit amounts will be paid regardless of the actual expenses incurred. The insurance is guaranteed for all benefit eligible employees. The benefit is a company sponsored plan at **no cost** to the employee.

FLEXIBLE SPENDING ACCOUNTS (FSA)

P&A is the administrator for the program for Dependent Care and Commuter Benefit. Employees can elect to withhold monies from their paycheck on a pre-tax basis for qualified dependent care or public transportation expenses. Customer Service is available to assist with your questions by phone 1-716-852-2611 Monday – Friday, 8:30 a.m. – 10:00 p.m. EST. Employees can also access accounts online at www.padmin.com. "Use It Or Lose It" - all receipts for dependent care expenses must be submitted by December 31st 2025 to qualify for reimbursement.

For 2025, the maximum contributions are as follows:

Dependent Care:

- Annual contribution max = **\$5,000**

Note: the maximum contribution may change based on the results of annual testing.

Commuter Benefit:

- AlexRenew provides up to monthly max limit **\$ 325** (over 24-pay periods) for individuals that elect commuter benefit option for qualified commuter benefits to include public transportation (i.e. Metro, VRE, Amtrak, buses) and ridesharing (i.e. vanpooling).

LEGAL SERVICES

Legal Resources provides discounted 25% or paid in full 100% legal services, www.legalresources.com or call 1-800-728-5768. Examples of attorney fees paid at 100% are legal counsel and advice for all covered benefits, traffic court representation, will preparation, reviewing financial contracts, uncontested divorce representation, and defending a civil action in district court. Experienced, local attorneys provide all the services covered by the plan. The plan covers employee, spouse and dependent children up to age 23, if full time student. Parents and Parent-in-Laws are also eligible for the 25% discount only in the service area. This is a company sponsored plan at **no cost** to the employee.

IDENTITY THEFT

IdentityForce provides the best identity, privacy and credit protection. Innovative technology and on-going monitoring keep your personal information and identity secure. Provides early warning system with prompt notification on your computer, phone or tablet, allowing you to take action before the damage is done. You are in control, know and improve your credit score, protect your personal information online and keep your keystrokes, pin numbers and credit card information safe. Certified Protection Experts offer comprehensive, 24/7 recovery services. Member Services: 1-800-728-5768. Identity Theft, Gold Plan (monitors one credit reporting agency) is a company sponsored plan at **no cost** to the employee. Employees can elect to upgrade to the Platinum Plan (monitors all credit reporting agencies), add their spouse or family member at a minimal cost per paycheck.

RETIREMENT PLANS

VIRGINIA RETIREMENT SYSTEM (VRS)

A defined benefit plan that provides a lifetime monthly benefit in retirement based on your age and total service credit. All full-time employees are required to participate in the plan.

- Employees hired before July 1, 2010 are covered under the provisions of VRS Plan 1;
- Employees hired between July 1, 2010 and December 31, 2013 are covered under the provisions of VRS Plan 2;
- Employees hired on or after January 1, 2014 covered under the provisions of VRS Hybrid Plan.

Covered members only, effective July 1, 2024, AlexRenew will pay an employer contribution of 8.21% and the employee will pay the member contribution of 5.0% of creditable compensation pre-tax (before state and federal withholding) for a total of 13.21% into their retirement plan. Employees are vested after 5 years of service credit on the VRS defined plan, 4 years of service credit on the Hybrid defined contribution employer contributions and vested immediately on the member contributions. Employees can view their personalized benefit statement anytime at www.varetire.org. VRS Hybrid Plan members can also access information about their defined contribution plan at www.dcp.varetire.org.

457(B) RETIREMENT SAVINGS PLAN

Empower is our provider for the deferred compensation plan. New Hires after September 1, 2014 will be automatically enrolled at 1% employee contribution with the ability to opt-out. In 2025, you may defer a maximum of **\$23,500** and an additional catch-up contribution of **\$7,500** if over age 50. You reduce your current income taxes while investing for retirement. Your earnings accumulate tax-deferred.

For more information about your retirement plan or to make changes to your account, you can contact Customer Service at 1-800-701-8255 or go online at www.empowermyretirement.com.

For 2025, AlexRenew will contribute an employer match up to 2.5% of an employee's 4.0% contribution with a 4-year vesting schedule on the employer match, member contributions are vested immediately.

Employee Contribution	Employer Contribution	Total Contribution
1.00%	1.00%	2.00%
1.50%	1.25%	2.75%
2.00%	1.50%	3.50%
2.50%	1.75%	4.25%
3.00%	2.00%	5.00%
3.50%	2.25%	5.75%
4.00%	2.50%	6.50%

The employer contribution would be based on a vesting schedule as follows:

- 50% vested after 2 years' service
- 75% vested after 3 years' service
- 100% vested after 4 years' service

WELLNESS

WELL-BEING PROGRAM

A total well-being program that includes health, financial and environmental benefits, company sponsored at **no cost** to the employee.

- **Seminars and Activities**, i.e. financial planning, legal/identity theft, health related topics.
- **Flu Shots**, onsite vaccine clinic, offered to employees and benefit eligible family members, once per year per member.
- **United Healthcare**
 - **NurseLine** can assist you in finding a doctor or hospital; understand treatment options; ask medication questions; choose appropriate medical care; locate available resources; call Customer Care or visit www.myuhc.com.
 - **Quit for Life** tobacco cessation program.
 - **UHC Rewards** focus on your well-being and earn up to \$300. Reach your daily goals. Choose one-time reward activities you would like to complete.
 - **One Pass Select** helps you reach your fitness goals. Choose a subscription-based fitness and well-being program that supports a healthier lifestyle. Access to thousands of gyms and online classes.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Services provided by WellWorks, **100% confidential, available twenty-four (24) hours a day, seven (7) days a week, eight (8) complimentary in person sessions, unlimited telephonic sessions** with professional consultation, short-term counseling, information resources and referrals to services in the local area for you or an immediate household family member. Available services include, e.g. childcare referrals, eldercare referrals, financial advice, grief, depression, stress issues and parenting issues.

Contact #1-833-643-8989 or <https://wellworksforyou.helpwhereyouare.com> Company Code: AlexRenew. Company sponsored plan at **no cost** to the employee.

LIFESTYLE SPENDING ACCOUNT (LSA)

P&A is the administrator for the program, employees can submit claims for reimbursement on eligible expenses. Detailed list of eligible expenses available on ADP Dashboard and SharePoint. Monies reimbursed to employees is considered taxable income. Value of monies allotted during the calendar year must be used within the same calendar year, “use it or lose it”.

Employees can submit claims through the Mobile App, quick claim from your Smartphone or uploading receipts from your Computer by logging into your account at www.padmin.com.

January 2025, each full-time eligible employee will have \$250 available for reimbursement. In July 2025, an additional \$500 will be available to eligible employees.

ONE LIFE FITNESS

Voluntary fitness membership, 100% paid by the employee, provides access to one or multiple clubs, offered at discounted rates, employees pay for the membership through payroll deductions. Included with every membership is one session with a personal trainer. No annual contract required. Please visit your nearest fitness center to enroll and mention that you work at AlexRenew to get the best rates.

WELLNESS INCENTIVE PROGRAM

Incentive program administered by WellWorks and designed for employees to earn points for wellness related activities, employees that earn 200 points from January 1st to November 30th 2025 will receive **\$750** in form of either a health savings account or life spending account contribution.

LEAVE BENEFITS

HOLIDAYS

AlexRenew’s administrative offices and maintenance department will be closed in observance of the eleven (11) designated holidays listed below:

New Year's Day	Martin Luther King Jr Day	Memorial Day
Juneteenth	Independence Day	Labor Day
Veterans Day	Thanksgiving Day	Day After Thanksgiving
Christmas Eve	Christmas Day	

Employees working in the administrative offices and maintenance department are required to use their PTO unless the holiday falls on a normal scheduled day off.

FLOATING HOLIDAYS

Full time employees are eligible for three (3) Floating Holidays to be used at their discretion each calendar year. They must be taken in full day increments based on employee’s work schedule. Floating Holidays do not roll over from year to year. The time must be used in the same calendar year, “use or lose”. The three days reset each January 1st. New hires receive a pro-rated amount of floating holidays the first calendar year based on their hire date.

PAID TIME OFF

Paid Time Off (PTO) allows eligible employees personal time away from work, i.e. vacation, medical appointments, illness or unforeseen circumstance causing unscheduled absence. Employees working in the administrative offices and maintenance department are also required to use PTO for Holidays unless the holiday falls on a normal scheduled day off. PTO is accrued each pay period (bi-weekly) based on years of service.

The illustration below is based on a work schedule, 8 hours per day, 5 days a week

Years' Service	Hours/Pay Period	Total Hours	Total PTO Hours for Holidays	Total PTO Hours for all other occurrences	Maximum Hours (rolling-calendar)
0	10.9	283	88	195	332
3	11.8	307	88	219	362
6	12.4	323	88	235	382
9	13.0	339	88	251	402
12	13.5	351	88	263	417
15	14.0	363	88	275	432
18	14.6	379	88	291	452
21+	15.2	395	88	307	472

Years' Service	Total Days (PTO & Holidays)	Total Floating Holidays	Total PTO Days for Holidays	Total PTO Days for all other occurrences	Maximum PTO Days (rolling-calendar)
0	38.4	3	11	24.4	41.5
3	41.4	3	11	27.4	45.2
6	43.4	3	11	29.4	47.7
9	45.4	3	11	31.4	50.2
12	46.9	3	11	32.9	52.1
15	48.4	3	11	34.4	54.0
18	50.4	3	11	36.4	56.5
21+	52.4	3	11	38.4	59.0

Illustration below for **Operations and Laboratory staff** supporting 24/7 operations, no holidays, holiday premium pay for working actual holidays, not days in observance of holidays.

Years Service	Hours/Pay Period	Total Hours	Total PTO Hours for Holidays	Total PTO Hours for all other occurrences	Maximum Hours (rolling-calendar)
0	10.9	283	0	283	332
3	11.8	307	0	307	362
6	12.4	323	0	323	382
9	13.0	339	0	339	402
12	13.5	351	0	351	417
15	14.0	363	0	363	432
18	14.6	379	0	379	452
21+	15.2	395	0	395	472

Years Service	Total Days (PTO & Holidays)	Total Floating Holidays	Total PTO Days for Holidays	Total PTO Days for all other occurrences	Maximum PTO Days (rolling-calendar)
0	38.4	3	0	35.4	41.5
3	41.4	3	0	38.4	45.2
6	43.4	3	0	40.4	47.7
9	45.4	3	0	42.4	50.2
12	46.9	3	0	43.9	52.1
15	48.4	3	0	45.4	54.0
18	50.4	3	0	47.4	56.5
21+	52.4	3	0	49.4	59.0

Illustration below for **Maintenance staff** based on a work schedule 10 hours per day, 4 days a week, if all holidays on scheduled work day, varies year to year. In 2024, Team Alex will use 80 hours and Team Renew will use 70 hours PTO for holidays.

Years Service	Hours/Pay Period	Total Hours	Total PTO Hours for Holidays	Total PTO Hours for all other occurrences	Maximum Hours (rolling-calendar)
0	10.9	283	70 or 80	213 or 203	332
3	11.8	307	70 or 80	237 or 227	362
6	12.4	323	70 or 80	253 or 243	382
9	13.0	339	70 or 80	269 or 259	402
12	13.5	351	70 or 80	281 or 271	417
15	14.0	363	70 or 80	293 or 283	432
18	14.6	379	70 or 80	309 or 299	452
21+	15.2	395	70 or 80	325 or 315	472

Years Service	Total Days (PTO & Holidays)	Total Floating Holidays	Total PTO Days for Holidays	Total PTO Days for all other occurrences	Maximum PTO Days (rolling-calendar)
0	38.4	3	7 or 8	28.4 or 27.4	41.5
3	41.4	3	7 or 8	31.4 or 30.4	45.2
6	43.4	3	7 or 8	33.4 or 32.4	47.7
9	45.4	3	7 or 8	35.4 or 34.4	50.2
12	46.9	3	7 or 8	36.9 or 35.9	52.1
15	48.4	3	7 or 8	38.4 or 37.4	54.0
18	50.4	3	7 or 8	40.4 or 39.4	56.5
21+	52.4	3	7 or 8	42.4 or 41.4	59.0

PURCHASE LEAVE (PTO)

In an effort to help employees achieve a better balance between work and personal life, AlexRenew offers employees with less than five (5) years of service at the beginning of each calendar year the option to buy up to forty (40) hours of PTO through the Purchase Leave program during open enrollment. New hires may also purchase a pro-rated amount of PTO within 30-days from their hire date.

PAID TIME OFF CASH-OUT PROGRAM

Benefit allows for employees to receive a payout of a portion of their paid time off (PTO) leave each calendar year increments of 10 hours up to max 100 hours, provided the employee meets all eligibility criteria as follows:

- At least one year of continuous service by the end of the calendar year in which the election is being taken (December 31st).
- A minimum PTO leave balance in excess of 100 hours at the time of election. Purchased PTO may not count towards the 100 hour balance. At the time of cash-out, a balance of 40 hours or greater must be retained in PTO bank.
- An employee must have taken a minimum of 40 hours of scheduled PTO, excluding time taken for holidays through the calendar year.
- An employee must not have been placed on unpaid administrative leave or suspension during any pay period for the calendar year.
- The employee's overall job performance must be rated as a successful or high contributor during the election period and at time of cash-out.

BEREAVEMENT LEAVE

Paid benefit granted to employees after the loss of an immediate family member up to three (3) days for the scheduled hours the day before, the day of and the day after the funeral. An additional two (2) days for attending funeral services outside the immediate area, greater than 250 miles.

JURY DUTY/WITNESS DUTY LEAVE

Paid benefit granted to employees who have been summoned to appear for jury duty or any employees except defendants in a criminal case, who are summoned or subpoenaed to appear in federal, state or local court.

MILITARY LEAVE

Employees who are members of the active duty U.S. Armed Services and their Reserve components, as well as the Coast Guard, federal National Guard service and the Commissioned Corps of the Public Health Service or at any time the President of the United States has designated any category of persons as a "uniformed service" for purpose of USERRA. Paid military leave will not exceed 15 calendar days in a fiscal leave year.

FAMILY MEDICAL LEAVE

Eligible employees will receive up to six (6) weeks paid and six (6) weeks unpaid, total of twelve weeks or up to 26 weeks for military caregivers during a rolling calendar 12-month period. Employees must have worked at least 1,250 hours during the 12-month period immediately before the date when the leave is requested to commence. Leave may be granted for the following circumstances: birth of child and to care for such newborn; placement of child into foster care; to care for spouse or child or parent of employee with a serious health condition; or where a serious health condition makes the employee unable to perform the functions of their job. Employees should contact a member of Human Resources to initiate the leave request.

COMPANY SPONSORED VOLUNTEER DAY

AlexRenew provides up to one day of paid volunteer time per calendar year toward a charitable organization in the City of Alexandria. The purpose of a volunteer day is to encourage employees to support the local community and for all employees to share in this effort.

OTHER BENEFITS

CREDIT UNION

All employees are eligible for membership with Commonwealth One Federal Credit Union. They offer competitive rates on loans, checking, terms on savings, Visa credit cards, Roth IRA, Coverdell Education and an interactive website service. Your membership comes with lifelong benefits as long as you remain a member. Even if you move, you can still retain your membership. Employees can join by visiting a local branch, or by completing an application online at www.cofcu.org.

TICKETS AT WORK

Entertainment discounts for employees; save money, avoid admission lines, have your tickets before you go and convenient delivery options. Go to www.ticketsatwork.com, company code: *AlexRenew* or call toll free 1-866-273-5825.

PET INSURANCE

Nationwide Insurance provides two levels of pet insurance for both cats and dogs. Pricing for both of these plans is based on your state of residency. Discounts are provided for covering multiple pets, 10% for 2 to 3 or 15% for 4 or more. This is a voluntary plan, 100% paid for by the employee, payroll deducted and premiums are submitted to Nationwide on employee's behalf. For more information, contact Member Services: 1-855-874-4944 or www.petsvoluntarybenefits.com

EDUCATIONAL ASSISTANCE PROGRAM

The program applies to courses or degrees deemed to be job-related and approved by respective leadership team and Human Resources. Qualified educational expenses include the cost of books, equipment, fees, supplies and tuition. Excluded expenses for cost of lodging, meals or transportation; and course or education involving sports, games or hobbies unless required as part of a degree program.

Effective January 1st 2025, the program also includes student loan repayment of principal or interest on any qualified education loan incurred by the employee for education of the employee. Qualified education loan is generally the same as a qualified student loan. Employees approved for educational assistance, with proper documentation, will receive payment directly to the school or lender on behalf of the employee. Maximum benefit of **\$5,250** per calendar year per employee.

TOOLS FOR YOU

Benefit Resource Center available to answer benefit plan/policy questions and provide resolution for elevated claims and eligibility issues. Contact the benefit specialists at BRCEast@usi.com or call 1-855-874-6699. And stay organized install the mobile app "MyBenefits2GO" which provides quick access to carrier information, plan summaries, identification cards and educational videos. When registering reference code "C25594".

COMPUTER PURCHASE PLAN

Employees can purchase from select products through AlexRenew and set up payroll deduction with no interest. Eligible employees must complete 90 days of continuous service and receive a satisfactory or higher performance review. An employee can only have one computer purchase payroll deduction at a time. A maximum purchase price of **\$3,000**, including applicable taxes and shipping, with a term maximum of 26 pay periods. Please see Human Resources for information on how to purchase.

WATER ENVIRONMENT FEDERATION (WEF) MEMBERSHIP

AlexRenew pays for the full cost of annual membership dues. WEF works to provide its members with the necessary tools to engage in or learn ways to improve quality of life through sustainable management of water resources, water protection and water and wastewater treatment. www.wef.org

WORK SCHEDULE

Alternative work schedules are offered for administrative personnel this includes partial telework and compressed work-week options. Plant staff support the overall operations 24/7 and work assigned schedules.

DRESS CODE

Smart Casual attire for administrative personnel is our standard business attire Monday through Friday. Employees who are hosting or attending meetings with vendors or employees from another organization should dress appropriately, which may mean wearing normal business attire.

UNIFORMS

AlexRenew pays for the full cost of uniforms for all the plant employees effective their date of hire. Operations and Maintenance personnel are required to wear company issued uniforms during their normal work day. Due to the nature of our business, employees are required to change out of their uniforms and leave them on site prior to departing the facility. Employees are responsible for all company issued uniforms and may be liable for loss or damage due to negligence.

SAFETY SHOES

AlexRenew pays for the cost of steel-toed safety shoes up to \$175 per pair. Operations and Maintenance personnel will receive vouchers for two pair of steel-toed safety shoes. All other personnel receive one voucher for one pair of steel-toed safety shoes.

ANNUAL DISCLOSURE NOTICES

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

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 this plan.

NEWBORNS ACT DISCLOSURE - FEDERAL

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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).

In addition, 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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance. To request special enrollment or obtain more information, contact person listed at the end of this summary.

NOTICE REGARDING WELLNESS PROGRAMS

WellWorks For You is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).

However, employees who choose to participate in the wellness program will receive an incentive of wellness credits for eligible services. Although you are not required to participate, only employees who do so will receive credits.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Alexandria Renew and UHC Simply Engaged will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is

provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Questions regarding any of this information can be directed to:

Wendy Callahan
1800 Limerick Street, Alexandria, VA 22314
703-721-3500 x2284

wendy.callahan@alexrenew.com

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways. Help manage the health care treatment you receive We can use your health information and share it with professionals who are treating you. Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services. Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration. Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease

- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Effective Date of this Notice- January 1, 2025

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE & 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 AlexRenew 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. AlexRenew has determined that the prescription drug coverage offered by the United Healthcare 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 do decide to join a Medicare drug plan and drop your current AlexRenew coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).

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 AlexRenew 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 AlexRenew changes. You also may request a copy of this notice at any time.

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

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

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

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

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

Date: October 15, 2024
Name of Entity/Sender: AlexRenew
Contact--Position/Office: Human Resources
Address: 1800 Limerick St., Alexandria, VA 22314
Phone Number: 703-721-3500

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs>

Medicaid/CHIP Phone: 1-800-432-5924

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

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

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



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings on your premium that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit, that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution - as well as your employee contribution to employment-based coverage - is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is **offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name AlexRenew		4. Employer Identification Number (EIN) 54-6002976	
5. Employer address 1800 Limerick Street		6. Employer phone number 703-721-3500	
7. City Alexandria	8. State VA	9. ZIP code 22314	
10. Who can we contact at this job? Wendy Callahan, Chief Human Resources Officer			
11. Phone number (if different from above)		12. Email address wendy.callahan@alexrenew.com	

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

CONTACT INFORMATION

Human Resources Department

1800 Limerick Street
Alexandria, VA 22314
Fax (703) 997-8666

Wendy L. Callahan, CBP, CCP, PHR, WLCP
Chief Human Resources Officer
Phone: (703) 721-3500 ext. 2284
Email: Wendy.Callahan@alexrenew.com

Jessica Delgado
Human Resources Generalist
(703) 721-3500 ext. 2224
Jessica.Delgado@alexrenew.com

Marisa Martineau
Learning & Talent Development Specialist
Phone: (703) 721-3500 ext. 2234
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Benefit Providers

Delta Dental
Group # 000600352
www.deltadentalva.com
Customer Service: 1-800-237-6060

Optum Bank (Health Savings)

www.optumbank.com
Customer Service: 1-866-234-8913

Employee Assistance Program (EAP)
WellWorks For You
<https://wellworksforyou.helpwhereyouare.com>
Customer Service: 1-833-643-8989

P&A Group (Lifestyle & Flex)

www.padmin.com
Customer Service: 1-716-852-2611

Empower 457b Retirement Savings Plan
Group # 780743
www.empowermyretirement.com
Member Service: 1-800-701-8255

United Healthcare (Medical & Rx)
Group # 743109
www.myuhc.com
Member Services: 1-866-633-2446

Legal Resources
www.legalresources.com
Customer Service: 1-800-728-5768

United Healthcare (Vision)
www.myuhcvision.com
Customer Service: 1-800-638-3120

Mutual of Omaha
www.mutualofomaha.com
Customer Service: 1-800-877-5176

Virginia Retirement System (VRS)
www.varetire.org
Customer Service: 1-888-827-3847

Nationwide Pet Insurance
www.petsvoluntarybenefits.com

Voya Financial (VRS DC Plan)
Customer Service: 1-833-625-0115

Wellness Program
www.wellworksforyoulogin.com