Piper®
FREEDOM OF FLIGHT

2025 Benefit Enrollment Guide

Plan Year
January 1, 2025 – December 31, 2025

Medical **Dental** **Vision** **401K**

Marathon Health

Table of Contents

Introduction	3
Eligibility	4
Verification of Eligible Dependents	4
Section 125, Change in Status and Benefit Election Changes	4
Piper Wellness Program	5
Your Health Plan Options and Contributions	6
Blue Cross and Blue Shield Pharmacy Benefits	6
Medical Benefits	7
Teladoc and Blue Cross and Blue Shield Resources	8
Dental Benefits and Contributions	9
Vision Benefits and Contributions	10
Health and Dependent Care Flexible Spending Accounts (FSA)	11
Piper Aircraft Provided Benefits	12
- Onsite Health Center	12
- Basic Life and Accidental Death and Dismemberment (AD&D)	12
- Short-Term Disability and Long-Term Disability	12
- Piper Fitness Center	12
Employee Assistance Program (EAP) and Talkspace	13
Voluntary Benefits	14
Supplemental Employee Paid Life Insurance	14
401(k) Retirement Savings Plan	15
Social Security and Medicare Planning	15
COBRA Continuation of Benefits	15
Important Notices	16-26
Contact Information	27

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.
Please see page 25 for more details.

Special points of interest:
The information in this Guide is presented for illustrative purposes and is based on information provided by the insurance carriers. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act. If you have any questions about your Guide, contact Human Resources.

Introduction

At Piper Aircraft, we encourage the health and financial well-being of our employees, and we work hard to provide a comprehensive benefits program for everyone. Our benefits package is designed with the understanding that each employee has different needs; therefore, we offer you the choice to select the benefits that suit you. Additionally, as part of our culture, we actively promote health and well-being, and employees are rewarded with lower employee benefit contributions for participating and meeting their annual wellness goal.

Piper Aircraft Health Plan Overview:

Core Health Benefits	Voluntary Benefits
Medical – Blue Cross and Blue Shield of FL	FSA – Health Equity
Dental – Florida Combined Life	Supplemental Life Insurance
Vision – Humana	Long-Term Disability (LTD Buy-Up)
Piper Provided Benefits (Basic)	**Additional Voluntary Products**
Basic Life	Accident Plan – The Hartford
Accidental Death and Dismemberment (AD&D)	Critical Illness – Wellfleet
Short-Term Disability (STD)	Universal Life (Whole Life Policy) – Chubb
Long-Term Disability (LTD)	Hospital Indemnity – Chubb
Employee Assistance Program (EAP)	Preferred Legal Plan
Onsite Health Center	Pet Insurance - Wagmo
Onsite Fitness Center	

At Piper Aircraft, we make every effort to find ways to offer you world class benefits, while controlling the company's health care costs, so that we may continue to offer you a quality and affordable benefits program. Enrollment details will be given during New Hire orientation and during Open Enrollment. Should you have any questions or need assistance, please contact Human Resources at HRBenefits@Piper.com.

Eligibility

Piper Family Health Center by Marathon Health

All regular part-time and full-time employees and their dependents, ages 2-26, are eligible on day one of employment.

Medical Dental Vision Supplemental Life

All regular full-time employees working 30 hours or more per week are eligible for benefits. Benefits become effective the first of the month following 30 days of employment, except for short-term disability (STD). STD benefits are effective first of the month following six months of employment. You may also elect coverage for your legal spouse and dependents.

Eligible Dependents

Your natural, newborn, adopted, foster, stepchild(ren), or a child for whom you have been court-appointed as legal guardian or legal custodian until the end of the calendar in which the child reaches age 26.

A handicapped dependent child is eligible to continue coverage under the medical, dental and vision plans beyond the limiting age as a covered dependent, if such child is incapable of self- sustaining employment by reason of intellectual disability or physical disability, and chiefly dependent upon you for support and maintenance provided the symptoms or causes of such child's disability existed prior to the child's loss of coverage. Eligibility terminates on the last day of the month in which the child does not meet the requirements for extended eligibility as a disabled child.

Verification of Eligible Dependents

When you become eligible for health coverage, **the plan requires documentation for your dependent**s. The following qualifies as supporting documentation: marriage certificate, birth certificate or legal guardian/custodian documentation. You are responsible for notifying Human Resources when you move, acquire new dependents, marry, or divorce. Please be aware that a misrepresentation of eligible dependents on your enrollment application will result in a forfeiture of your right to participate in Piper's group healthcare plans. If you are unsure if your dependents are eligible, please check with Human Resources.

Section 125, Change in Status and Benefit Election Changes

Under Section 125 of the Internal Revenue Service (IRS) code, you are allowed to pay for certain group insurance premiums with tax-free dollars. This means your premium deductions are taken before federal income and Social Security taxes are calculated, saving you up to 23% or more, depending on your tax bracket.

You must make your benefit elections carefully, including the choice to waive coverage. Your pretax elections will remain in effect until the next annual open enrollment period unless you experience an IRS approved qualifying change in status. If you experience a change in status, you must notify Human Resources within 30 days of the change. Notification after 30 days will require that you wait until the next annual open enrollment.

Qualifying change in status events include, but are not limited to:

- Marriage, divorce, or legal separation
- Death of spouse or other dependent
- Birth, adoption, or placement for adoption
- Change of employment status of employee, spouse or dependent due to termination or start of employment, LOA, FMLA, or change in worksite
- A dependent's eligibility status changes due to age, student status, marital status, or employment
- You or your spouse experience a change in work hours that affect benefit eligibility
- Relocation into or outside of your plan's service area
- Eligibility for Medicaid or CHIP (60 Day Special Enrollment)
- Loss of Medicaid or CHIP Coverage (60 Day Special Enrollment)

Piper Wellness Program

The Piper Wellness Program is designed to encourage participants to develop and maintain a relationship with a primary care physician. In doing so, the goal is that participants will actively work in partnership with a medical expert to manage their health as well as early detection of any life-threatening conditions.

Get Started:

- ✓ If you do not have a primary care physician, please visit the onsite Piper Family Health Center by Marathon Health. Register/schedule at my.marathon-health.com.
- ✓ Complete the "Employee Section" of the Piper Wellness form and take your Wellness form to your physician for completion.
- ✓ Your doctor will complete the "Physician" section of the form to confirm that the tests and measurements are part of the annual physical. (Health screenings and new hire physicals do not count towards an annual physical.)

Get Rewarded:

- ✓ Employees who are enrolled in Piper's medical plan will receive up to a **$780 premium incentive** (discount amount is calculated at time of enrollment). The $780 premium incentive is based on a 12-month enrollment within the same calendar year.
- ✓ Wellness discount begins on the first of the month thirty (30) days from the date the completed paperwork was received by Human Resources.
- ✓ **Note:** Employees must be enrolled in the company's medical plan in order to be eligible for the $780 annual premium savings.

The rewards you earn will automatically be applied. Begin your health and wellness activities and start earning rewards today! Piper wants to help you get healthy and stay healthy. All you need to do is participate in company-sponsored health and wellness programs and you can easily earn rewards.

Your Health Plan Options

You have the choice to choose between two medical plans: Blue 05772 and Blue 05786. Both plans use the Blue Cross and Blue Shield of FL network and provide comprehensive coverage, including coverage for prescription drugs. The plans are open access and do not require the selection of a Primary Care Physician; you have the freedom to self-refer to physicians, hospitals, and other high-quality providers. Also, both plans provide coverage in- and out-of-network, with in-network preventive care covered at 100%. For care received out-of-network, the provider may bill you for amounts exceeding the plan's payment schedule and you usually have higher out-of-pocket costs.

Monthly Medical Contributions

All employees certify their Non-Tobacco/Tobacco status as a New Hire. Tobacco users who agree to enroll and participate in a smoking cessation program, upon completion, will be eligible for non-tobacco contributions. Non-tobacco contributions apply as long as you do not use tobacco products, or you are actively participating in a smoking cessation program.

If you are found using tobacco products* after signing up for non-tobacco contributions, and you are not participating in a smoking cessation program, you may be subject to Piper's disciplinary process. In addition, you will immediately be moved from non-tobacco to tobacco contribution rates.

***Tobacco or tobacco products include, but are not limited to: Cigarette, electronic cigarette, cigar, water pipes, pipe, hookah or smokeless (tobacco chew), even if only on one occasion.**

If your Tobacco status changes at any time, please email HRbenefits@piper.com.

Employees who completed the 2024/2025 Wellness Form are subject to the employee contributions in the green sections for 2025. Those who did not complete the Wellness Form, as well as New Hires, are subject to the employee contributions in the red sections until you meet the discount requirement. (The Non-Tobacco/Tobacco differential remains.)

	Blue 05786				Blue 05772			
	Met Wellness Goal		Did NOT Meet Wellness Goal		Met Wellness Goal		Did NOT Meet Wellness Goal	
Monthly Contributions	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee Only	$112.38	$162.38	$177.38	$227.38	$24.66	$74.66	$89.66	$139.66
Employee + Family	$405.10	$455.10	$470.10	$520.10	$190.52	$240.52	$255.52	$305.52

Blue Cross and Blue Shield Pharmacy Benefits

Both medical plans have pharmacy coverage through OptumRx which includes a large network of participating pharmacies. Your prescription drug benefits are based on a covered list of drugs called the Premium Formulary. To save the most on your drugs, ask your doctor if a generic or preferred brand-name drug is right for you.

To find a pharmacy, log in to your My Health Toolkit account and select the Benefits tab. Next you will select the Pharmacy Benefits link and then select View Your Pharmacy Benefits.

The plans also include Mail Order coverage where you can receive up to a 90-day supply of your prescription drugs. Mail Order is provided by OptumRx Home Delivery.

Certain drugs are identified as "specialty drugs" due to requirements such as special handling, storage, training, distribution and management of the therapy. The health plan requires prior authorization (PA) for most specialty drugs covered under your medical benefit. This applies to drugs administered and dispensed by a medical professional. If you have a Specialty medication, specialty drugs must be filled at Optum Specialty Pharmacy for the charges to be covered under your pharmacy benefit.

You may click this link Prescription drug list (benefitrx.com) [welcome.benefitrx.com] to check Piper Aircraft's prescription drug formulary. The formulary provides you with a list of prescription drugs covered under the plan. It will also indicate whether a medication requires prior authorization or step therapy. Look for abbreviations like PA or ST next to the drug name on the formulary.

Medical Benefits

Offered by Blue Cross and Blue Shield of FL

Coverage	Blue 05786		Blue 05772	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Physician Office Services	You Pay	You Pay	You Pay	You Pay
Primary Care Office Visit	$35 Copay	50% After Deductible	$40 Copay	50% After Deductible
Specialist Office Visit	$60 Copay	50% After Deductible	$65 Copay	50% After Deductible
Telehealth	$0 Copay	Not covered	$0 Copay	Not covered
Preventive Care	You Pay	You Pay	You Pay	You Pay
Routine Adult & Child Preventive, Wellness & Immunizations	$0	50%	$0	50%
Inpatient/Outpatient Hospital Services	You Pay	You Pay	You Pay	You Pay
Inpatient Hospital Facility	$500 Copay/Day x 3 Days	50% After Deductible	$100/Admit + 20% After Deductible	$500/Admit + 50% After Deductible
Outpatient Facility Services	$500 Copay	50% After Deductible	20% After Deductible	50% After Deductible
Emergency Medical	You Pay	You Pay	You Pay	You Pay
Urgent Care Centers	$50 Copay	$50 Copay	$75 Copay	$75 Copay
Emergency Room Facility	$400 Copay	$400 Copay	$300 Copay	$300 Copay
Ambulance Services	0% After Deductible	0% After Deductible	20% After Deductible	20% After Deductible
Outpatient Diagnostic Services	You Pay	You Pay	You Pay	You Pay
Independent Clinical Lab / X-Ray	$0	50% After Deductible	$0	50% After Deductible
Ind. Diagnostic Testing Facility (X-Rays)	$50	50% After Deductible	$50	50% After Deductible
Advanced Radiology Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine)	$200 Copay	50% After Deductible	$300 Copay	50% After Deductible
Prescription Drugs	You Pay	You Pay	You Pay	You Pay
Retail (Mandatory Generic) (30-Days)				
Generic	$15 Copay	50%	$15 Copay	50%
Preferred Brand	$50 Copay		$50 Copay	
Non-Preferred Brand	$80 Copay		$80 Copay	
Mail Order (Home Delivery) (90-Days)				
Generic	$30 Copay	Not Covered	$30 Copay	Not Covered
Preferred Brand	$100 Copay		$100 Copay	
Non-Preferred Brand	$160 Copay		$160 Copay	
Out-of-Pocket Expenses	You Pay	You Pay	You Pay	You Pay
Coinsurance	0%	50%	20%	50%
Calendar Year Deductible [2]				
Individual	$1,000	$2,000	$2,000	$6,000
Family Maximum	$2,000	$4,000	$6,000	$18,000
Calendar Year Out-of-Pocket Maximum	Includes Deductible, Coinsurance, Copays & Rx		Includes Deductible, Coinsurance, Copays & Rx	
Individual	$4,000	$8,000	$5,500	$11,000
Family Maximum	$8,000	$16,000	$11,000	$22,000
Calendar Year Maximums				
Lifetime Maximum Benefit	Unlimited			
Home Health Care	20 Visits Calendar Year Maximum			
Skilled Nursing Facility	60 Days Calendar Year Maximum			
Short Term Rehab & Chiropractic Care	Cal Year Max.: 30 Days Inpatient / 35 Visits Outpatient / 26 Visits Chiro (Accumulates Toward Outpatient Max.)			

(1) The Rx copays apply until the Rx out-of-pocket is met. Once the Rx out-of-pocket is met, Rx is covered at 100%.
(2) In-network deductible applies to: Ambulance, Durable Medical Equipment, Home Health Care, Skilled Nursing and Hospice in the 3768 plans.

Teladoc

For Blue Cross and Blue Shield Members

When You Don't Have Time to Wait, You've Got Teladoc!

Provides 24/7 Access to Care

When you or a family member don't feel well and your primary care doctor or your child's pediatrician can't see you right away, you can now get care within minutes without leaving home with Teladoc.

For a cost that's less than an urgent care or ER visit, Teladoc gives you 24/7/365 access to U.S. board-certified doctors by web, phone, or mobile app. It's a more convenient and affordable option for quality medical care, and there's no obligation or extra monthly fee.

How Does Teladoc Work?

1. **Register**
   3 easy ways: download the mobile app, visit the Teladoc website or call the 800 number.
2. **Provide Medical History**
   Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.
3. **Request a Visit**
   That's it! The next time you need immediate care for a non-emergency illness, you have another option.

Getting Started

Set up your account today—so when you need care, a Teladoc doctor is a just a call or click away.

The Teladoc Difference

Teladoc can help with many non-emergency illnesses, including:

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Allergies
- Upset stomach
- Nausea
- Other minor health issues

Call today at 1-866-789-8155 or visit Teladoc.com

Blue Cross and Blue Shield Resources

How to Find a Provider

To find a provider before you are a Blue Cross and Blue Shield member go to www.MyHealthToolkitFL.com, click Find a Doctor and follow the prompts. **IMPORTANT:** You must use the prefix **FAE,** which is the unique identifier for Piper Aircraft to search for in-network providers.

Once you are a member, you can access all of your health plan information, as well as the Piper Aircraft Blue Cross network using the My Health Toolkit. You can download the My Health Toolkit mobile app on the App Store or Google Play. Go to www.MyHealthToolkitFL.com and then Create an Account within the Member login section. Enter your member number (from your ID card) and follow the instructions to create your profile. (You may also use your Social Security number or birthdate.)

My Health Toolkit

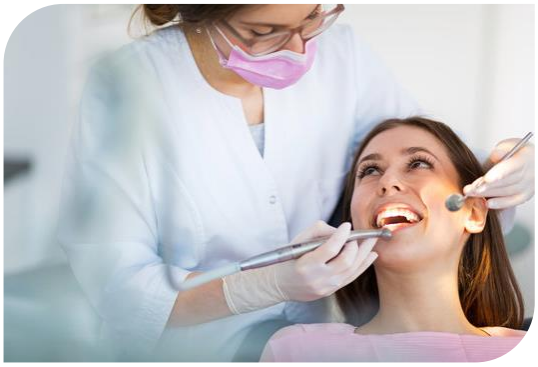
The My Health Toolkit also provides you access to many resources, including downloading a digital ID card and viewing your claims.

The toolkit contains a Plan Shopping for Care tool by selecting Find Care to help you find a doctor or location for services. The tool helps you estimate your out-of-pocket expenses and compares pricing details showing you the most cost-efficient providers.

You also have access to SmartShopper. SmartShopper rewards you for choosing the most cost-effective provider. To find out if your procedure or service is eligible for a reward, you will need to use SmartShopper before seeking services. Once your service is completed, you will receive a reward check in the mail.

Care Management programs and resources are also available. Care management gives you support and options to help you reach your health goals, make the most of your benefits and serves as your advocate if you run into obstacles receiving care.

Your Dental Benefits



Offered by Florida Combined Life

Piper offers you a choice between two dental plans through Florida Combined Life. The plans are PPO's and utilize the same network, which allows you to select any dentist as your provider. Both plans provide in-and out-of-network dental coverage and you may select any dentist as your provider. However, if you select a Florida Combined Life network dentist you will receive the benefits of in-network discounts. The plans provide the same benefits, but the buy-up plan has a higher calendar year maximum and co-insurance reimbursement level.

Coverage	Blue Dental Choice PPO	
	Core	Buy-Up
Calendar Year Deductible	$25 Individual / $75 Family Maximum In- and Out-of-Network Combined	$25 Individual / $75 Family Maximum In- and Out-of-Network Combined
Calendar Year Maximum	$1,000 In- and Out-of-Network Combined	$2,500 In- and Out-of-Network Combined
Preventive Services	Oral Exam, X-Rays, Cleanings	
In-Network	Covered @ 100% No Deductible	Covered @ 100% No Deductible
Out-of-Network	Covered @ 100% No Deductible	Covered @ 100% No Deductible
Basic Services	Fillings, Endodontics, Periodontics	
In-Network	Covered @ 80% After Deductible	Covered @ 90% After Deductible
Out-of-Network	Covered @ 80% After Deductible	Covered @ 80% After Deductible
Major Services	Crowns, Bridges, Dentures	
In-Network	Covered @ 50% After Deductible	Covered @ 60% After Deductible
Out-of-Network	Covered @ 50% After Deductible	Covered @ 50% After Deductible
Orthodontics	$1,000 Lifetime Maximum Benefit	
In-Network	Covered @ 50% No Deductible	Covered @ 50% No Deductible
Out-of-Network	Covered @ 50% No Deductible	Covered @ 50% No Deductible

Monthly Dental Contributions	Blue Dental Choice PPO	
	Core	Buy-Up
Employee	$10.56	$14.80
Employee + Family	$28.54	$44.38

Your Vision Benefits

Offered by Humana

Piper's vision plan covers routine eye care, including eye exams and eyeglasses **or** contacts, and the plan features in- and out-of-network benefits.

Prior to receiving services, you may log on to www.humana.com to find a provider or call customer care at 1-866-537-0229 to obtain a listing of participating providers. To find a provider online go to www.humana.com, scroll down and click Vision Insurance, click Find Network Providers. Under Find a Doctor the Search type to choose is Vision and the network you select is the Humana Vision Humana Insight Network. Once you have verified the provider participates in the network, contact the provider to schedule an appointment and identify yourself as a Humana Insight Network member. The Provider will provide the covered service and bill the plan directly. You will pay your copay and any extra cost for services and materials not covered, such as optional upgrades, frames that cost more than the plan limits, progressive lenses, etc.

Coverage	Humana Vision 100	
Plan Frequency		
Exam and Lenses	Every 12 months	
Frames	Every 24 months	
Copays		
Exam	$10	
Lens and/or Frames	$25	
Maximum Allowances (after copay, up to Plan Limits)	Network	Non-Network
Eye Exam	Paid in Full After Copay	Reimbursed up to $30
Retinal Imaging	Up to $39	Not Covered
Lenses (Per Pair)	Network	Non-Network
Single	Paid in Full After Copay	Reimbursed up to $25
Bifocal	Paid in Full After Copay	Reimbursed up to $40
Trifocal	Paid in Full After Copay	Reimbursed up to $60
Lenticular	Paid in Full After Copay	Reimbursed up to $100
Contact Lenses	Network	Non-Network
Elective[1]	Covered up to $100 15% off over $100	Reimbursed up to $80
Standard Fitting and Follow-up	Covered up to $55	Not Covered
Medically Necessary	Paid in Full[2]	Reimbursed up to $200
Frames	Network	Non-Network
	Covered up to $100 20% off Over $100	Reimbursed up to $50
Care and testing for diabetic members (up to 2 services per year for each of the below.)	Network	Non-Network
Exam	$0	Up to $77
Retinal Imaging	$0	Up to $50
Extended Ophthalmoscopy	$0	Up to $15
Gonioscopy	$0	Up to $15
Scanning Laser	$0	Up to $33

Monthly Vision Contributions	
Humana Vision 100	
Employee	$4.73
Employee + Family	$11.48

(1) The election of contact lenses are in lieu of lenses and frames.
(2) Medically necessary prior authorization required.
For example, following cataract surgery; to correct extreme visual acuity problems; Keratoconus, etc.

Health and Dependent Care Flexible Spending Accounts (FSA)

Offered by Health Equity

Flexible Spending Accounts (FSAs) provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health and dependent care costs for the next plan year, you can actually lower your taxable income.

The Internal Revenue Service set-up FSAs as a means to provide a tax break to employees. As an employee, you agree to set aside a portion of your pre-tax salary in an FSA account and that money is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to Social Security (FICA), federal, state or local income taxes – effectively adjusting your annual taxable salary. The taxes you pay each paycheck and collectively each plan year can be reduced, depending on your tax bracket. As a result of the personal tax savings you realize, your spendable income will increase.

The **Health Care Reimbursement FSA** lets you pay for certain IRS approved medical care expenses (not covered by your insurance plan) with pre-tax dollars. For example, cash that you now spend on deductibles, copays or other out-of-pocket expenses can instead be placed in a Health Care Reimbursement FSA pre-tax to pay for these expenses. The maximum contribution to the Health Care FSA is for the plan year January 1, 2025 through December 31, 2025 is $3,300.

Eligible expenses include more than just your deductible and copays. Generally, any medically necessary health care expense that you can deduct on your tax return is considered an eligible expense under the FSA. Some examples include hearing services (including hearing aids and batteries), acupuncture, carpal tunnel wrist supports, decongestants, diabetic supplies, oxygen, etc. You can also submit claims for over the counter (OTC) medications for reimbursement from your FSA plan as well as menstrual care products. For more information you may refer to IRS Publication 502 available at www.irs.gov/publications/p502/index.html.

The **Dependent Care FSA** lets you use pre-tax dollars toward qualified dependent care expenses**.** The plan year maximum you may contribute to the Dependent Care FSA is $5,000. If you have children under the age of 13, or elderly or disabled dependents who you claim as tax dependents, a Dependent Care Flexible spending account can help you manage expenses and save money. For childcare expenses you may use pre-tax dollars on childcare, before or after school programs, nursery school, preschool or sick childcare. For elder care expenses, you may be reimbursed for adult day care center, elder care (in or outside of your home) or senior day care.

IMPORTANT: When enrolling in the health or dependent care FSA you must understand these plans operate in a **"Use It or Lose It"** fashion. The health and dependent care FSA plans include a grace period, which provides additional time after the end of the plan year to incur expenses. This time period begins the first day following the end of the plan year and runs 75-days (1/1/2026 – 3/15/2026). The remaining funds from 2025 will be available for spend on your card in the NEW 2026 plan year to pay for 2026 expenses. Once the 2025 funds are exhausted, 2026 funds will be used. You can incur an expense in 2026 and use the 2025 funds to pay within the grace period. After 3/15/2026 funds are no longer available for use (thus the use it or lose it) and claims must be submitted by 3/31/2026.

If you terminate employment during the year, you have 90-days to submit claims, unless you elect COBRA.

For more information, please visit Piper Aircraft's **HealthEquity Education Center** – website: learn.healthequity.com/piper-aircraft. Here you'll find tips, strategies, and insights that will help you save smarter and stretch every dollar further.

Pre-Tax Savings Example		
	Without FSA	With FSA
Gross Monthly Pay	$3,000	$3,000
Pre-Tax Contributions		
Healthcare Expenses	$0	-$150
Dependent Care Expenses	$0	-$400
Healthcare Premium	-$50	-$50
Taxable Income	**$2,950**	**-$2,400**
Less		
Taxes (Federal, State, FICA)	-$737	-$600
Health and Dependent Care Expenses	-$550	$0
Monthly Take-Home Pay	**$1,663**	**$1,800**
Net Increase in Take-Home-Pay= $137/month or $1,644/year! For illustration purposes only. Actual dollar amounts will vary.		

Piper Aircraft Provided Benefits

Piper Family Health Center

Offered by Marathon Health

As part of our investment to improve the health and wellbeing of our employees, we partnered with Marathon Health, one of the industry's leading providers of employer-sponsored healthcare.

You and your eligible family members have access to **FREE** primary care services.

Piper Family Health Center by Marathon Health

2926 Piper Drive, Building 13
Vero Beach, FL 32960
Monday – Friday: 8:30am – 5:00pm (Closed 1:00pm – 1:30pm)
(772) 253-2502

What services are available?

Schedule appointments at times that are convenient for you.

- Preventative Care (annual exams and screenings)
- Sick Care (colds, flu, strep throat, ear infections, skin infections, headaches, minor injuries, and more)
- Health Coaching (weight loss/gain, nutrition and physical activity, stress management)
- Lab Services (blood and urine tests)

Your personal health information will not be shared with Piper Aircraft, Inc. without your written consent. For more information, go to marathon-health.com/privacy.

Who can use Marathon Health?

All full-time and part-time employees, regardless of participation in health benefits, are eligible. Spouses and dependents (Ages 2 - 26 years) with dependent documentation on file are also eligible.

Learn more about Marathon Health at marathon-health.com.

Basic Life and Accidental Death & Dismemberment (AD&D)

Offered by NY Life

Life insurance is a plan that pays out a cash sum to a designated beneficiary (beneficiaries) in the event of the covered person's death. The plan's purpose is to provide economic security for one's family should the covered person pass away. Piper provides all full-time employees with a Life and AD&D benefit equal to one-times your annual salary. This is a company paid benefit.

Short-Term Disability (STD) and Long-Term Disability (LTD)

Offered by NY Life

Disability insurance is designed to provide partial income replacement to eligible employees who become disabled and are unable to work.

STD: The Company provides STD benefits at no cost to you.

This benefit provides pay equal to 66 2/3% of your weekly wage (excluding overtime) for up to 26 weeks in the event of a non-work-related injury, illness or disability and a physician certifies you are unable to work. You are eligible for STD benefits once you complete 6-months of employment.

LTD: The Company also provides a "Core" disability benefit, at no cost to you, which takes effect if you become disabled, and after you have been disabled for 180 days. The benefit provides 60% income replacement up to $390 a month if your disability is approved under the plan.

You also have the option to Buy-Up an additional long-term disability benefit, which provides 60% income replacement up to $7,000 a month if you become disabled and your disability is approved under the plan. The cost of the Buy-Up benefit is based on your income. In addition, your contributions for the Buy-Up LTD plan will not be in force until the benefit is approved.

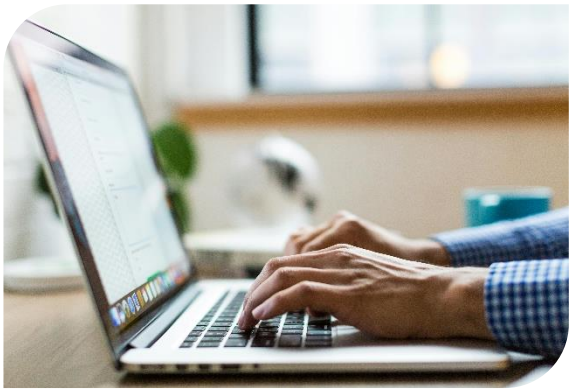
Piper Fitness Center

Offered by Piper Aircraft

At Piper Aircraft, we believe in promoting a healthy and balanced lifestyle for our employees. We offer you access to our state-of-the-art fitness center, conveniently located right on-site! From cardio machines to free weights, our gym has everything you need to achieve your fitness goals. The Piper fitness center is open for use by all employees with a valid employee badge and is open 24 hours a day 7 days a week. This way you can fit workouts into your busy schedule. Employees must wear appropriate fitness attire, including appropriate footwear, when using the fitness center. Also, use of the fitness center is at the employee's own risk. Piper assumes no responsibility for injuries, accidents or health-related issues resulting from use of the fitness center.
Working together to build a healthier, happier and more productive workplace!

Your Employee Assistance Program (EAP) and Talkspace

Offered by Aetna Resources for Living



Piper offers this important benefit at no cost to you. You, and all members of your household, including dependent children up to age 26 whether or not they live at home can contact the EAP for confidential, short term counseling services 24 hours a day, 7 days a week. All members have access to EAP providers for up to six (6) face-to-face sessions per incident. Counseling services are available face-to-face or online with televideo.

The EAP provides emotional well-being support for relationship issues, stress management, work/life balance, family issues, grief and loss, depression, anxiety, substance misuse and more. You can also contact the EAP for Daily Life Assistance for guidance on childcare, parenting, adoption, summer programs for kids, care for older adults, caregiver support, special needs, pet care and more.

Additionally, the EAP includes a member website where you will find articles, self-assessments, an adult care and childcare provider search tool, stress resource center, video resources and live and recorded webinars. Other services include Identity Theft Services, Legal Services (free 30-minute consultation with a participating attorney), Financial Services (free 30-minute consultation for each new financial topic).

To access the EAP, you may contact at: 1-800-865-3200 or log on to www.resourcesforliving.com Username: Piper Aircraft, Password: EAP. You may also contact Aetna Resources for Living via the Mobile App.

Our Aetna EAP also includes Talkspace. Talkspace is a secure online service connecting users age 13+ to a dedicated, licensed therapist in your state of residency via private messaging or live video. Users can regularly message their dedicated therapist via text, voice or video as life happens anywhere, anytime! Therapists engage daily, five (5) days per week. Information shared with Talkspace is not shared with Piper Aircraft. To protect confidentiality according to HIPAA, all users are required to create a unique nickname during the registration process, which is only shared with therapists. You determine if you would like your therapist to call you by your first name or your nickname during therapy. While Talkspace will not share your information with Piper Aircraft, they do require every user to submit emergency contact information, which is only accessed according to safety and reporting mandates.

Voluntary Benefits

Piper Aircraft provides all employees the opportunity to purchase a Critical Illness, Accident, Individual Universal Life policy with Long-Term Care (LTC) rider, Hospital Indemnity plan, and a Pet Insurance plan. You can also purchase a legal plan through Preferred Legal with identity theft protection. All claim forms are available on Piper PACT or from Human Resources.

The Hartford Accident Plan*: Offered by The Hartford, the plan provides 24-hours coverage and covers unexpected expenses that result from accidents and includes a 25% increase in benefits paid for participation in amateur organized sports (you pay to play). It covers things your health insurance plan doesn't such as deductibles, copays, transportation, and everyday bills. Also, your benefits come directly to you without restrictions on how to use them. The plan also includes an Accidental Death & Dismemberment benefit and a well benefit of up to two $100 payments per person (employee and spouse) annually for accident prevention tests which means dental exam, eye exam, annual physical, sports physical, etc.

Wellfleet Critical Illness*: Offered by Wellfleet, this benefit provides coverage for a serious illness such as heart attack, stroke, or cancer. Eligible employees can elect up to the Guaranteed Issue Amount of $30,000 (Employee) without Evidence of Insurability. The Guaranteed Issue Amount is 100% of the Employee Coverage Amount for your spouse and 50% for children. There are no pre-existing condition limitations or lifetime maximums with this benefit.

Chubb Hospital Indemnity*: Offered by Chubb, this product serves as a companion to your health insurance to take the financial sting out of a hospital stay. Hospital Indemnity provides funds that can complement your medical plan copays and deductibles. The plan pays a benefit the first day a covered person is admitted to a hospital or sub-acute intensive care unit as an inpatient due to a covered accident or covered sickness. The covered person must be admitted within 6-months after the covered accident. The plan pays for 10 days of confinement in the hospital and if you are held in the hospital at least 20-hours (observation or admission) the plan pays a $1,000 lump sum. The plan does not pay for ER treatment, outpatient treatment, a stay of less than 20 hours or confinement in a rehab unit.

Chubb Life Insurance Plan with Long-Term Care (LTC)*:
Offered by Chubb, the permanent life insurance plan pays a higher benefit during your working years. However, your benefits for the Accelerated Death Benefit Rider for LTC never reduce, which means you will have maximum protection in retirement when you are more likely to need it. The LTC rider helps supplement the cost of home healthcare, assisted living, adult day care and nursing care when you are chronically ill. Employees can elect up to the Guaranteed Issue Amount of $100,000. Your spouse can elect up to the Conditional Guaranteed Issue Amount of $75,000 (age 70 max). The coverage is portable, meaning you can take it with you if you change jobs, retire, or become disabled.

* *These plans are considered fixed indemnity plans are not health insurance. Please review the legal notices included in this guide for more information.*

Preferred Legal Plan: You may purchase this plan through the Preferred Legal Plan (PLP) and you have the option to upgrade and include identity theft protection. The PLP plan provides you with full-service representation for services such as divorce, traffic tickets, buying/selling a home, bankruptcy, wills, DUI, credit issues and more. The cost for the PLP plan is $9.95/month. To add identity theft protection, the additional cost is $7/month for Employee Only or $14/month for Employee and Spouse.

Wagmo Pet Insurance: Wagmo pet insurance plans help you save money on routine pet care not typically covered by pet insurance plans. Wagmo provides quick and easy reimbursements for claims via Venmo, PayPal, or bank transfer. All dogs and cats are eligible; there are no restrictions around age, breed, or pre-existing conditions. Wagmo provides 24/7 virtual pet support for you to connect with live vet techs regarding your pet's wellbeing. You have the freedom to use any vet or service provider immediately, there are no waiting periods or deductibles. Additionally, Wagmo partners with your favorite pet brands, so as a member you will have access to exclusive discounts. You have the option to enroll in three plans: the Value Plan ($22/month), the Classic Plan ($40/month), or the Deluxe Plan ($58/month). To learn more about Wagmo, visit www.wagmo.io or call 855-836-8785 today.

Supplemental Employee Paid Life Insurance

Offered by NY Life
In addition to the Basic Term Life and AD&D coverage, you have the option of purchasing additional Supplemental Life insurance for yourself, your spouse, and/or dependent child(ren).

Employee: You may elect coverage for yourself in $10,000 increments to the lesser of five times your annual salary or $500,000. The Guaranteed Issue amount is $250,000 for you.

Spouse/Child(ren): If you elect coverage for yourself, you may also purchase coverage for your spouse and/or children. You may elect up to 50% of your benefit in $5,000 increments for your spouse to a maximum of $100,000 and $10,000 maximum per child. The Guaranteed Issue amount is $30,000 for your spouse and $10,000 for children.

Statement of Health and Evidence of Insurability
All New Hires and Timely Applicants - If you elect supplemental life coverage within 31 days after becoming eligible to enroll, you are eligible to elect up to the Guaranteed Issue Amount of $250,000 (Employee) and $30,000 (Spouse) without Evidence of Insurability.

If you elect an amount above the Guaranteed Issue Limit, the amount above Guaranteed Issue is subject to medical underwriting and Evidence of Insurability is required. If you make an election after 31 days of when you are first eligible, medical underwriting is required for all amounts.

401(k) Retirement Savings Plan

Offered by John Hancock Retirement Plan Services

Full-time and Part-time Employees are Eligible to Participate

Piper Aircraft is committed to helping you save for your retirement. Piper's 401(k) Retirement Savings Plan offers both full-time and part-time employees an excellent vehicle to do just that. Employees are eligible to participate in the plan after completing 30 days of service. The plan allows you the opportunity to contribute money on a pre-tax basis, which reduces your taxable income, thereby allowing you to put more money in your pocket.

IMPORTANT: Eligible employees are auto-enrolled at 4% unless you opt-out.

In addition, Piper offers a Roth Contribution option as part of our plan. If you choose a Roth Contribution, please note that it is not tax-deferred, the contribution would be after-tax dollars. Income earned in the Roth account, from interest, dividends, or capital gains, is tax free.

Employee eligibility begins the first of the month following 30 days from the date of hire. The company will match a maximum of 3%. In order to receive the full 3% match, you must contribute 6%. Any contribution less than 6% will be matched at a 50% matching contribution.

Sample:

Employee Contribution	Piper Match
1%	.5%
2%	1%
3%	1.5%
4%	2%
5%	2.5%
6% and above	3%

Piper matching contributions vest on a three-year schedule as shown below.

401k Vesting Schedule	% Vested
Year 1	33 1/3%
Year 2	33 1/3%
Year 3	33 1/3%

Employees already enrolled in the 401(k) plan will receive a **1% Automatic Contribution Increase** in their amount annually, up to 10%. Once your contribution amount has reached 10%, the annual increase will stop. The automatic increase will happen July 1st of every year. If you choose not to participate in the Automatic Contribution Increase, you may decline by calling John Hancock Retirement Plan Services at 1-800-294-3575, or by signing into your registered account to decline the automatic change.

To make changes online please go to:

www.myplan.johnhancock.com and register online:

1) Select "**Register Now"** and enter your last name, social security number, and birth date, then click **"continue"**.
2) Create your Username and Password. Enter your email address and mobile number and click **create profile"**.

Within approximately 60 days of being hired, **new** employees will receive a packet of information from John Hancock.

Social Security and Medicare Planning

To apply for Social Security you may contact 1-800-772-1213, visit a Social Security office or go online at www.ssa.gov.

Medicare is health insurance for people 65 or older; people under 65 with certain disabilities; and people of any age with End Stage Renal Disease (ESRD). Medicare is made up of Part A (Hospital insurance), Part B (Medical insurance) and Part D (Medicare drug coverage). For general questions about Medicare, you may contact Medicare at 1-800-633-4227 or go to www.medicare.gov.

When you become eligible for Medicare, things may be confusing. For assistance, you may contact My Benefit Advisor, a USI subsidiary, that can help you establish a solution to guide you through the Medicare maze and find the right coverage solutions.

The dedicated representatives will compare prices and coverages to help you make the best decision while saving you time and money. Best of all, there is no fee for this service and the rates are the same as buying directly from an insurance carrier.

To contact My Benefit Advisor, Piper Aircraft members can go to www.mybenefitadvisor.com/usi, fill out the form and submit. After receipt, a Benefit Advisor will contact the requesting individual.

COBRA Continuation of Benefits

As an employee, you and your dependents may be eligible for continuation of health care coverage when you lose your group coverage, at your own expense, under COBRA. Your current elected benefits will be active through the end of the month in which you and/or your dependents lose coverage. Once a loss of coverage has occurred, COBRA continuation will be offered to each covered person under your plan. Each person will have an independent right to elect COBRA. Shortly after your separation, you will be notified in writing **at your last known home address** about COBRA continuation of benefits (allow about 2 weeks). **Please make sure that we have your current home address.** Participants have **60-days** to elect Continuation of Benefits. If you wish to continue coverage, you must complete the request form included with your COBRA notification letter and return the form as instructed.

Important Notice for 2025

Form Approved OMB No. 1210-0149 (expires 6-30-2026)

No Action Required

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Part A: General Information

When key parts of the health care law take effect in 2015, there will be a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January 1, each year.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: (772) 299-2343

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit 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 Piper Aircraft, Inc.	4. Employer Identification Number (EIN) 23-2809685	
5. Employer address 2926 Piper Drive	6. Employer phone number (772) 299-2533	
7. City Vero Beach	8. State Florida	9. ZIP Code 32960
10. Who can we contact about employee health coverage at this job?		
11. Phone number (if different from above)	12. Email address HRBenefits@Piper.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  Some employees. Eligible employees are: *All regular full-time employees working an average of thirty (30) or more hours each week.*
- With respect to dependents:

  We do offer coverage. Eligible dependents are: *Spouse and unmarried children to age 26.*

  If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

1. An employer-sponsored 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.

Required 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. Therefore, the following deductibles and coinsurance apply:

Blue 05771	Blue 05786
$2,000 / $6,000 and 80%	$1,000 / $2,000 and 100%

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 newbom 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 30 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

Notice Regarding Wellness Programs
Piper Aircraft's wellness program 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 may 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). You may also be asked to complete a biometric screening. You are not required to complete the HRA or to participate in the blood test or any other medical examinations.

However, employees who choose to participate in the wellness program will receive a lower medical premium. Although you are not required to complete the wellness program, only employees who do so will receive the lower premium.

The information from your HRA or the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

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 Piper Aircraft, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness plan will never disclose any of your personal information either publicly or to Piper Aircraft, 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. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is "a registered nurse," "a doctor," or "a health coach" in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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.

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 Human Resources to find a wellness program with the same reward that is right for you in light of your health status.

Statement of ERISA Rights

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants. No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $156 per day (up to a $1,566 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20240.

Contact Information

Questions regarding any of this information can be directed to:

HR / Benefits
2926 Piper Drive
Vero Beach, Florida 32960
HRBenefits@piper.com

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, or 1-877-696-6775, or 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 for: Marketing purposes or 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
- January 1, 2025
- HRBenefits@Piper.com

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

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

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

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

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

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

ALABAMA – Medicaid	**ALASKA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	**Website:** **https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html** Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

NEW JERSEY – Medicaid and CHIP NORTH CAROLINA – Medicaid	NEW YORK – Medicaid NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20240 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care —like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
    - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
    - Cover emergency services by out-of-network providers.
    - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
    - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact Blue Cross and Blue Shield at -888-801-4670.

Visit - the Centers for Medicare and Medicaid Services at CMS at www.cms.gov - for more information about your rights under federal law.

Important Notice from Piper Aircraft, Inc. About Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Piper Aircraft, Inc. has determined that the prescription drug coverage offered by Blue Cross and Blue Shield 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 Piper Aircraft, Inc. coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Piper Aircraft, Inc. coverage, be aware that you and your dependents will be able to get this coverage back.

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).

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 Piper Aircraft, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage…

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

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

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

For more information about Medicare prescription drug coverage:

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

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

Date:	January 1, 2025
Name of Entity/Sender:	Piper Aircraft, Inc.
Contact--Position/Office:	HR / Benefits
Address:	2926 Piper Drive, Vero Beach, Florida, 32960
Phone Number:	(772) 299-2533

CMS Form 10182-CC Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Important Notice Regarding Fixed Indemnity Policies

IMPORTANT: These are fixed indemnity policies, NOT health insurance

The following plans offered for purchase are fixed indemnity policies:

- The Hartford Accident Plan
- Wellfleet Critical Illness
- Chubb Hospital Indemnity
- Chubb Life Insurance Plan with Long-Term Care (LTC)

These fixed indemnity policies may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

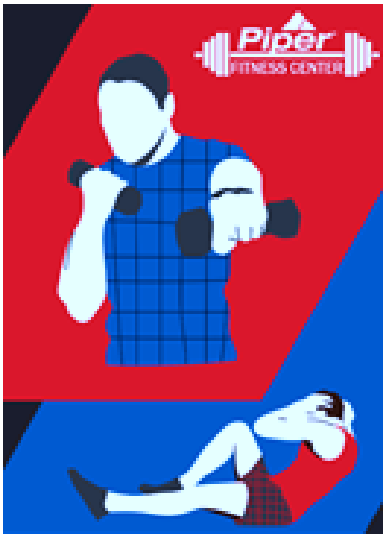
- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about these policies?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Contact Information

Resource	Contact	Phone Number	Group Number	Email Address / Website
Human Resources	Tesia Poirier	772-299-2559	N/A	HRBenefits@piper.com
Medical	Blue Cross and Blue Shield	888-801-4670	NA	www.myhealthtoolkitfl.com
	Teladoc	866-789-8155		
Medicare	Medicare	800-633-4227	N/A	www.medicare.gov
Social Security	Social Security	800-772-1213	N/A	www.ssa.gov
EAP	Aetna Resources for Living	800-865-3200	EAP	www.resourcesforliving.com
Dental	Florida Combined Life	800-345-3885	W0046 & W1000	www.floridablue.com
Vision	Humana	877-398-2980	785075	www.humana.com
Voluntary Benefits	The Hartford	866-547-4205	715361	www.thehartford.com
	Wellfleet Insurance	855-664-5838	N/A	www.wellfleetinsurance.com
	Chubb Group Insurance Co.	833-542-2013	ZQ2000	www.chubb.com
	Preferred Legal	888-577-3476	N/A	www.preferredlegal.com
	Wagmo Pet Insurance	855-836-8785	N/A	support@wagmo.io
Health & Dependent Care Flexible Spending Accounts	Health Equity	877-924-3967	N/A	www.healthequity.com
Life/AD&D/ STD/LTD	NY Life	800-732-1603	Life/AD&D: FLX967406 STD: SHD963521 LTD: FLX960926	www.nylife.com
401(k)	John Hancock Retirement Plan Services	800-294-3575	P10802	www.myplan.johnhancock.com
Piper Family Health Center	Marathon Health	772-253-2502	N/A	my.marathon-health.com



Medical Dental Vision 401K

Marathon Health

Piper®

FREEDOM OF FLIGHT

The purpose of this Benefits Enrollment Guide is to provide an outline to represent a summary of benefits currently in place and may be modified or deleted without advance notice in the event Piper Aircraft deems it necessary. This outline does not constitute the terms of a contract of employment. In the event of a discrepancy between this guide and the underlying plan documents and /or contracts, the plan documents and/or contracts take precedence.

This summary is not a legal document and does not replace or supersede the "Evidence of Coverage," policy, or the Summary Plan Description. Please refer to the Evidence of Coverage/Insurance Policy/Summary Plan Description for a complete description of the coverage, eligibility criteria, controlling terms, exclusions, limitations, and conditions of coverage.

Piper Aircraft reserves the right to terminate, suspend, withdraw, reduce, or modify the benefits described in the Evidence of Coverage/policy/Summary Plan Description, in whole or in part, at any time. No statement in this or any other document and no oral representation should be construed as a waiver of this right. This summary is the confidential property of Piper Aircraft, Inc.

Information in this document offers highlights of your benefit plans. The official Plan Documents govern your rights and benefits under each plan. If any discrepancy exists between this document and the Plan Documents, the actual legal Plan Documents will prevail. Plan provisions and eligibility do not constitute an employment contract with any individual. Coverage may vary state to state according to state mandated benefits.