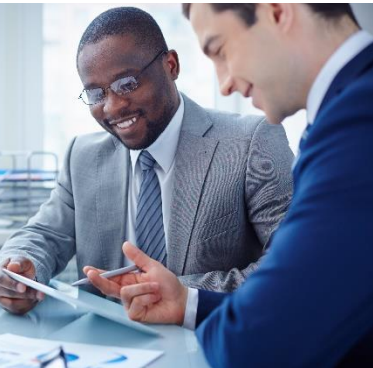


2021



A Guide to YOUR BENEFITS





For questions about programs outlined in this guide or for assistance with claim issues, Contact USI/Chernoff Diamond

1-844-609-6627

Welcome to Your Benefits

At Cross Country we know that our employees are a critical part of our success. That's why we strive to provide you with an employee benefits package that helps you protect and care for yourself and your family now and into the future.

This Benefits Guide outlines the health and benefit plans offered to you and your family. It contains general information and is meant to provide a brief overview. For complete details regarding each benefit offered, please refer to the individual plan documents as the information contained herein is for illustrative purposes only. Plan details can be found in the Summary Plan Description(s) and/or Summary of Coverage. In the case of a discrepancy the plan specific documents will prevail.

This booklet will cover information regarding the following:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Flexible Spending Accounts (FSA)
- HealthEquity HSA
- Basic Life & AD&D
- Voluntary Short-Term Disability
- Long-Term Disability
- Employee Assistance Program
- Value Added Benefits
- Retirement Savings

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Eligibility and Enrolling

Employee

All full-time employees who work 30 or more hours per week.

Date of Coverage:

There is currently no waiting period for New Hires on medical and ancillary benefits. They are eligible to enroll from the date of hire and the benefits will be effective on the first day of the following month.

401K is still after 90 days of active employment.

Dependents

Eligible dependents include:

- Your domestic partner
- Your children up to the age of 26 (includes adopted children and stepchildren) living at your address and/or for whom you have financial responsibility)
- Any dependent child who is incapable of self-support because of a physical or mental disability

When can you enroll?

You can sign up for benefits at any of the following times:

- During the 30-day enrollment window from your hire date
- During the annual Open Enrollment period
- Within 31 days of a qualified life event

If you do not enroll at the above times, you must wait for the next annual Open Enrollment period.


Qualified Life Event Changes

You are allowed to make changes to your current benefit elections during the plan year if you experience a change in status. Status changes include:

- Marriage, divorce or legal separation
- Birth or adoption of a child or placement of a child for adoption
- Death of a dependent
- Child no longer eligible due to reaching limiting age
- Change in employment status, including loss or gain of employment, for your spouse or a dependent that results in a change of eligibility
- Change in work schedule, including switching between full-time and part-time status, by you, your spouse, or a dependent that results in a change of eligibility
- If you or your dependents lose eligibility for Medicaid or the Children's Health Insurance Program (CHIP) coverage, or become eligible for a state's premium assistance subsidy under Medicaid or CHIP, you have 60 days from the date of the Medicaid/eligibly change to request enrollment in the Cross Country plans.

If you have a status change, you must notify Human Resources within 31 days of the event, and your election(s) will become effective the date of the event. If you do not notify Human Resources during that time, you and/or your dependents must wait until the next annual open enrollment period to make a change to your benefit elections.

2021 UHC Medical Plans

	CORE  CHOICE PLUS POS BTNR HSA		MIDDLE (CURRENT CORE) CHOICE PLUS POS BA9C		HIGH (CURRENT MIDDLE) CHOICE PLUS POS BA83	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible* Single/Family	\$3,000/\$6,000	\$6,000/\$12,000	\$2,000/\$4,000	\$4,000/\$12,000	\$1,000/\$2,000	\$2,000/\$6,000
Employer Funded HSA	\$500 (Single)	\$1,000 (Family)	N/A		N/A	
Co-Insurance	20%	50%	30%	50%	20%	50%
Out of Pocket Max* Single/Family	\$6,000/\$12,000	\$12,000/\$24,000	\$6,250/\$12,500	\$12,000/\$24,000	\$4,000/\$8,000	\$6,000/\$12,000
Preventive	100% Covered	Not Covered **	100% Covered	Not Covered **	100% Covered	Not Covered **
Office Visit PCP/Specialist	Deductible & Coinsurance	Deductible & Coinsurance	\$35/\$70	Deductible & Coinsurance	\$25/\$50	Deductible & Coinsurance
Lab: X-Ray/Diagnostics Major (CT, MRI, PET)	100% Covered Deductible & Coinsurance	Deductible & Coinsurance	100% Covered \$350 Copay/Service	Deductible & Coinsurance	100% Covered \$300 Copay/Service	Deductible & Coinsurance
In-Patient Services	Deductible & Coinsurance	Deductible & Coinsurance	\$400 POD & Plan Deductible, then Coinsurance	\$400 POD & Plan Deductible, then Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Services	Deductible & Coinsurance	Deductible & Coinsurance	\$200 POD & Plan Deductible, then Coinsurance	\$200 POD & Plan Deductible, then Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Urgent Care	Deductible & Coinsurance Deductible & Coinsurance		Deductible & Coinsurance \$35 Copay		Deductible & Coinsurance \$25 Copay	
Rx: Retail Mail Order	Med Deductible, then \$10/\$35/\$60 \$25/\$87.50/\$150	In-Network only	\$10/\$35/\$60/\$100 \$25/\$87.50/\$150/ \$250	\$10/\$35/\$60/\$100 Not covered	\$10/\$35/\$60/\$100 \$25/\$87.50/\$150/ \$250	\$10/\$35/\$60/\$100 Not covered

Note: * The deductible is included in the Out-of-Pocket Maximum. Medical & prescription copays accumulate toward the Out-of-Pocket Maximum.

** Out of network preventive services are not available, however, certain services are covered when using a non-network provider.

*** Core plan is based on Non-Embedded deductible; Middle and High plans are based on an Embedded deductible.

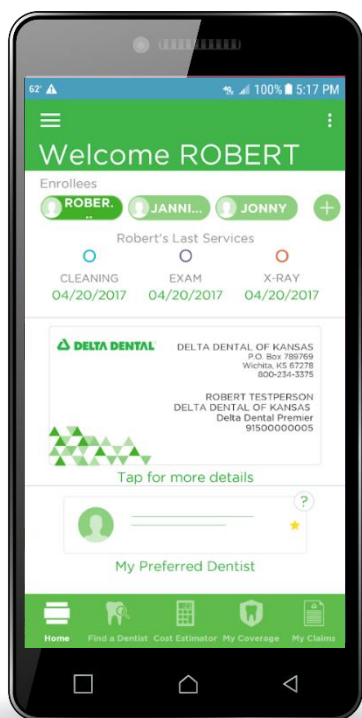
Staying healthy includes obtaining quality dental care for you and your family. Your teeth and gums are important for almost everything you do in a day, from speaking and eating to living without pain. It can help you manage diabetes, dramatically reduce hospitalizations and medical costs, and stop dental conditions before they become major problems.

The information below is a high-level overview of Cross Country’s dental plan through **Delta Dental**. Additional information detailing coverage information, limitations, and exclusions is available upon request.

Once you enroll, please visit www.deltadental.com or call 800-422-4234

	Delta Dental		
	PPO	Premier	Out of Network
Annual Deductible			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Waived for Diagnostic & Preventive	Yes	Yes	Yes
Annual Benefit Maximum	\$2,000		
Coinsurance (member)			
Class I (Preventive/Diagnostic)	0%	20%	20%
Class II (Basic)	20%	50%	50%
Class III (Major)	50%	50%	50%
Implants	50%	50%	50%
Orthodontia	Not covered	Not covered	Not covered

DOWNLOAD THE DELTA DENTAL MOBILE APP AND GET ACCESS TO:



01

View your ID card. Show it to your dental office or email it to a dependent provider.

02

Find a Dentist. Search for providers who are in your area and fit your needs, then schedule an appointment

03

View coverage and claims. Review your coverage information or check the status of your most recent dental claims with a click of a button.

Vision

Your eyes deserve the best care to keep them healthy year after year. Regular eye examinations may determine your need for corrective eyewear and may also detect general health problems in their earliest stages. Our Vision plan through **EyeMed** provides coverage and discounts for supplies and materials such as eyeglasses and contact lenses.

The information below is a high-level overview of Cross Country’s vision plan. Additional information detailing coverage information, limitations, and exclusions is available upon request.

To find an eye care provider who’s right for you, visit www.eyemedvisioncare.com or call 866-939-3633.

	EYEMED	
	In-Network	Out-of-Network Allowance
Plan Copays		
Eye Exams	\$20 Copay	Reimbursed up to \$40
Materials (lenses and frames)	See below	N/A
Benefit Frequency		
Eye Exams		Once every 12 months
Lenses		Once every 12 months
Frames		Once every 24 months
Plan Details		
Exams	What you Pay: \$20 Copay	Reimbursement Reimbursed up to \$40
Frames	Up to \$110, no copay **	Reimbursed up to \$77
Lenses (Standard)		
Single Vision	100% after Copay	Reimbursed up to \$30
Lined Bifocals	100% after Copay	Reimbursed up to \$50
Lined Trifocals	100% after Copay	Reimbursed up to \$70
Standard Progressive Lens	\$85 Copay	Reimbursed up to \$50
Contact Lenses		
Elective	Up to \$110 allowance	Reimbursed up to \$110
Medically Necessary	Covered at 100% (copay waived)	Reimbursed up to \$210
Participating Retail Locations	LensCrafters /Independent provider network, Pearle Vision / Target Optical/ Sears Optical	N/A

*Discounts are available from in-network providers for add-ons items such as progressive lenses, scratch resistant or UV coating.

** 20% Discount on additional charges

LASIK VISION DISCOUNT:
In-Network 15% off retail price
OR 5% off the promotional price




Flexible Spending Accounts

Cross Country's Flexible Spending Account (FSA) is administered by **Discovery Benefits**.

What is an FSA?

A Flexible Spending Account (FSA) is a tax-favored program that allows you to pay for eligible out-of-pocket health care and dependent care expenses with pre-tax dollars. By using pre-tax dollars to pay for eligible health care and dependent care expenses, an FSA gives you an immediate discount on these expenses that equals the taxes you would otherwise pay on that money. In other words, with an FSA, you can both reduce your taxes and get more for your money than if you paid for eligible health care and dependent care expenses with after-tax dollars. The health care FSA plan features a debit card which can be used for eligible expenses.

Here are some of the advantages an FSA can provide:

- The amount you can contribute to the FSA is not subject to federal income tax or social security (FICA) tax
- You can withdraw money from your FSA to pay for qualified expenses and the withdrawals are not taxed
- You do not have to report FSA amounts on your income tax return

How do FSAs work?

At the beginning of the plan year, you elect an amount to be withdrawn from your paycheck which will be put into your FSA account.

When you enroll in the Health Care FSA, you will receive a debit card from Wage Works/Health Equity that allows you to pay for your eligible health care expenses directly. You will need to activate your card when you receive it in the mail.

Health Care FSA	Dependent Care FSA
<p>Annual Maximum Contribution: \$2,700</p> <ul style="list-style-type: none">• Eligible medical, dental and vision expenses for you, your spouse and dependent children• You can use your full elected amount in the Health Care FSA at any time for qualified medical expenses, even if the amount has not yet been deposited into the account.	<p>Annual Maximum Contribution: \$5,000 if married and filing jointly; \$2,500 if married and filing separate.</p> <ul style="list-style-type: none">• Expenses for dependent care service for children up to age 13, a disabled spouse or incapacitated parent are eligible for reimbursement as long as you incur them while you and your spouse both work or, attend school full time.• Only contributions accrued to date can be used for reimbursements in the Dependent Care FSA. The "debit" card cannot be used to pay for Dependent Care expenses.• Eligible expenses include day care at a licensed facility or care in private home where caregiver is not a relative and over age 19, Nursery/preschool, before/after school programs, summer day camp (excludes overnight camp).

Flexible Spending Accounts

Rules and Regulations

Plan your annual FSA contribution carefully because, elections made when you enroll are binding for the entire plan year unless you have a qualifying status change. In addition, the IRS imposes rules and restrictions on the way you can use FSAs:

- You must incur eligible expenses during the plan year. If fewer expenses are incurred than expected, you may forfeit money remaining in your FSA at the end of the year
- You can only make changes to your contribution amounts with a qualified status change. These include marriage, divorce, legal separation, death of a spouse or dependent, change from part-time to full-time, termination or commencement of spouse's employment, unpaid leave of absence.

FSA Recordkeeping

You may be required to submit receipts and other proof in order to receive reimbursement for expenses you claim under the FSA. Make sure you retain all receipts, Explanation of Benefits (EOBs) and other documentation to ensure that you have the necessary proof to obtain reimbursement from your FSA, or in the event of an IRS audit.

Typically, a copy of the itemized bill and the EOB will provide the documentation that the IRS requires:

- Date of service
- Type of service or the item
- Cost or your patient responsibility for the service provider

The following illustrates some examples of qualified expenses that applies to Health Care FSA³

Examples of Eligible Expenses		
Acupuncture	Dental Services	Physical Exams
Bandages/Gauze	Diabetic Supplies	Pregnancy Test
Birthing Classes or Lamaze	Eye Drops	Prescription Drugs
Breast Pump	Fertility Monitor	Prescription Glasses
Chiropractic Services	Flu Shots	Saline Nasal Spray
Coinsurance	Hospital Fees	Sleep Deprivation Treatment
Cold/Hot pack	Immunizations	Speech Therapy
Compression Stockings	Lab Work	Thermometer
Contacts & Solutions	Laser Eye Surgery	Vision Care
Copays	Nasal Strips	Wheelchair & Repair
Crutches	Orthodontia	X-rays

³ For additional details on IRS qualified expenses, please visit the applicable FSA provider websites. The Internal Revenue Service sets the rules and guidelines for what is qualified medical expense.

Basic Life and Accidental Death & Dismemberment

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

Full-time employees are automatically enrolled in this benefit and Cross Country pays 100% of the premium. Coverage is provided through **Lincoln Financial**.

Basic Life and AD&D	
Basic Life Benefit	\$50,000
Basic AD&D Benefit	\$50,000
Accelerated Life Benefit:	If you are terminally ill, this option allows you to withdraw a portion of your life insurance benefit. The death benefit will be reduced by the amount withdrawn.
Seatbelt & Airbag Benefit:	If you die as a direct result of a motor vehicle accident while properly wearing seatbelt and/or in a vehicle equipped with an airbag and the airbag deployed, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less.
Benefit Reductions	Basic Life/AD&D benefits are reduced by: 35% at age 65 60% of original amount at age 70 75% of original amount at age 75 Benefits will terminate upon retirement.
Conversion: Basic Life	If (a) your employment ends; or (b) you stop being a member of an eligible class of employees, you can convert your group life insurance to an individual life policy without evidence of insurability. You can convert the amount for which you were covered under this plan, less any group life benefits you become eligible for in the 45 days after this insurance ends. You must apply for the individual life within 31 days after you terminate or are no longer in an eligible class.
Additional Benefits:	<ul style="list-style-type: none">• LifeKeys: Online will and testament preparation service, identity theft resources and beneficiary assistance support is available• TravelConnect: Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

For assistance or additional information, Contact Lincoln Financial Group at (800) 423- 2765; reference ID: CCPIPE

Choose Your Beneficiary

Make sure your Life and AD&D benefits will be paid as you intend. Be sure to complete a beneficiary form when you are first eligible for Life and AD&D benefits. Then, make sure to review your beneficiary designation and make any necessary changes as your personal situation changes.

SAVE ON PREMIUMS

When it comes to choosing a healthcare plan, you really have one decision to make: High premium or low premium?

HSA-qualified health plans (sometimes called high-deductible or consumer choice health plans) offer the lowest premiums, enabling you to unlock immediate savings. The difference could be thousands of dollars every year.

KEEP YOUR PREMIUM SAVINGS

Healthcare premium payments disappear forever. But you can use your HealthEquity HSA to keep that money instead.

Choose a low premium health plan. Then just put the extra money you would have paid toward traditional premiums into your HSA. Voila! Long-term health savings.

Want to go bigger? Don't forget IRS annual contribution limits.

	Individual Plan	Family Plan
2020	\$3,550	\$7,100
2021	\$3,600	\$7,200
Members 55+ can contribute an extra \$1,000		

You have until April 15 to max your contributions for the previous tax year.

MAXIMIZE TAX SAVINGS

Every dollar you contribute pre-tax to your HSA reduces your annual taxable income.

Plus, you automatically earn tax-free interest on your money. Anytime healthcare expenses come up just pay from your HSA and you're good to go. You never pay taxes or penalties when you use HSA dollars for qualified medical expenses.

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See the savings for yourself

Try our plan comparison tool to see how much an HSA-qualified health plan will save you this year.

Visit CompareMyHSA.com



HSA dollars are yours to keep

Unlike flexible spending accounts (FSA), you never lose your HSA dollars. Money in your account rolls over year after year, even if you change health plans or employers.



Spend smarter

HSAs cover thousands of qualified medical expenses, including doctor visits and over-the-counter medications. See a full list of eligible expenses.

Visit HealthEquity.com/QME



HSA triple-tax advantage¹

- 1 Make pre-tax contributions
- 2 Grow tax-free earnings
- 3 Enjoy tax-free distribution²



Voluntary Short-Term Disability (STD)

Full-time employees are offered Short Term Disability (STD) benefits through **Lincoln**. The benefit replaces 60% of your weekly salary to a maximum benefit of **\$1,250 per week**, if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury (excluding on-the-job injuries which are covered by workers compensation insurance).

If approved, STD benefits start on the 8th consecutive day of disability for accident or illness. Benefits are payable for a maximum of 13 weeks of continuous period of disability.

If you are covered by a state mandated temporary disability benefit, your STD benefit will be offset by the amount you receive under the mandated benefit.

See cost illustration on page# 13

Long-Term Disability (LTD)

Full-time employees are provided with Long-Term Disability (LTD) benefits through **Lincoln**. This benefit provides income protection if you become disabled and cannot work due to an accident or sickness for an extended period.

If approved, the benefit begins after 90 days. The benefit replaces 60% of your monthly salary to a maximum benefit of **\$5,000 per month**. During the first 2 years, benefits are paid if you are unable to perform the material duties of your “own occupation”. After 2 years, if you are unable to perform “any occupation” for which you are reasonably suited, your benefits will continue to a maximum duration based on your age at disability. This benefit is provided to you on a **Tax Choice** basis.

Tax Choice

Cross Country will pay 100% of the LTD premium. To maximize the benefit you receive, you have the option to pay the premium on a post-tax basis. By doing so, you will receive your disability benefits tax free. If Cross Country pays the premium, your benefits will be taxed.

TAX CHOICE EXAMPLE (LTD)

Assumed annual salary \$75,000

Monthly Covered Salary = \$6,250

Monthly Premium = \$26.25

(\$0.42 / \$100 of covered earnings)

Monthly Benefit at 60%

Tax liability at 28%

Net Monthly Benefit

Employer Paid

\$3,750

(\$1,050)

\$2,700

Employee Paid

\$3,750

\$0

\$3,750

Additional Monthly Benefit

\$1,050



Employee Assistance Program

Our Employee Assistance Program (EAP), **EmployeeConnect**, is offered through ComPsych. The benefit offers a variety of services to promote well-being and help enhance the quality of life for you and your family. This benefit is provided to all Full-Time employees at no cost.

Unlimited 24/7 assistance: These services are confidential and are designed to support you and your family with everyday issues that affect you most, such as:

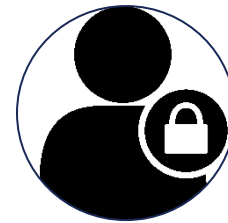
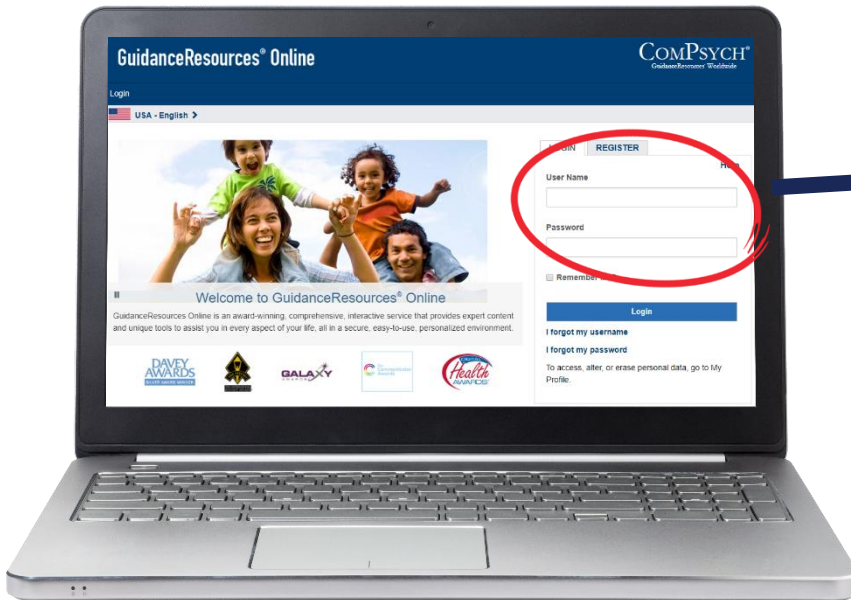
- Child and Elder care
- Moving and relocation
- College Planning
- Pet Care
- Vacation Planning
- Legal issues such as family law, estate planning, landlord/tenant relations, consumer and civil law
- Guidance with financial matters, including household budgeting, and short-and long-term planning

In-person guidance: With this plan you receive:

- Referrals to local counselors, up to four visits free of charge per family member, per issue, per year
- In-person consultations with lawyers, including one free 30-minute in-person consultation per legal issue

Online resources:

EmployeeConnect offers a wide range of information and resources that can be accessed by visiting www.GuidanceResources.com. You will find articles, tutorials, streaming videos and interactive tools such as language translator, financial calculators and budgeting spreadsheets.



User ID = LFGsupport
Password = LFGsupport1



CONTACT US 24/7: 888-628-4824
memberservices@compysch.com

Travel Assistance Benefits

TravelConnect through Lincoln Financial is 24/7 access to travel and employee assistance, when you need it the most. In the event of a medical emergency, **TravelConnect** provides a wide range of services to help you ease your mind especially when you are traveling 100 miles or more away from home. These Services Include:

For a complete list of
TravelConnect
Benefits, visit
Lincoln4Benefits.com

- **Arranging and paying for Transportation.** Whether it is to the nearest medical facility or to arrange and pay for the patient's trip home.
- **Coordinating travel and airfare.** For any dependent children under 18, we cover services, transportation expenses, and accommodation of a nonmedical escort.
- **Monitoring medical care and recovery.** Some of these services include, medical record requests, communication with your family, employer and physician back home, recovering lost or stolen documents, medical and dental referrals, language translation, medication and vaccine delivery, arrangement for a deceased traveler and more.

LifeKeys Services

This benefit is provided to you if you are enrolled in Lincoln's Life and/or AD&D insurance. Life may not go as planned, but Life Keys will help, support and prepare you through whatever life's challenges may arise.

- **Online will preparation.** **EstateGuidance** will you provide a quick and easy way to create and execute a will. Without one, the state determines how your estate gets distributed, so make sure you designate who will receive your property and assets before you die.
- **Information on important life matters.** This goes back to having access to **GuidanceResources** online, as part of your EAP. Because you now have access to articles, tutorials and videos to many topics, such as legal, financial, family and careers, it is important to stay "in the know" about matters that impact both your professional and personal life.
 - **Protection against identity theft.** **LifeKeys** includes an online resource for the information you need to recognize and prevent identity theft and restore your good name.
 - **Guidance and support for your beneficiaries.** The program offers resources to help your loved one address a range of common concerns. Services include grief counseling, advice on financial and legal matters, and helping to cope with the occasional challenges of day-to-day life.

To access **LifeKeys**
services just call
1-855-891-3684

Contributions

Cross Country shares in the cost of your medical, dental and vision premium. The following tables illustrate the bi-weekly *employee* premiums for the plans.

FULL-TIME Employee (working 30 or more hours per week)

MEDICAL PLAN CONTRIBUTIONS - CORE PLAN		
Bi- Weekly Contributions		
	Under \$75,000	Over \$75,000
Employee	\$46.15	\$60
Employee + Spouse	\$76.15	\$120
Employee + Children	\$64.62	\$101.54
Family	\$110.77	\$166.15

HSA Contribution

CCIS will make following contribution to your HSA account

Employee Only: \$500

Employee + 1 or More: \$1,000

MEDICAL PLAN CONTRIBUTIONS - MIDDLE PLAN		
Bi- Weekly Contributions		
	Under \$75,000	Over \$75,000
Employee	\$79.28	\$113.85
Employee + Spouse	\$157.79	\$230.40
Employee + Children	\$134.39	\$193.85
Family	\$203.53	\$308.28

MEDICAL PLAN CONTRIBUTIONS – HIGH PLAN		
Bi- Weekly Contributions		
	Under \$75,000	Over \$75,000
Employee	\$102.35	\$136.93
Employee + Spouse	\$210.87	\$283.48
Employee + Children	\$169	\$228.47
Family	\$258.91	\$363.67

DENTAL PLAN CONTRIBUTIONS – PPO/ PLUS PREMIER PLAN	
Bi- Weekly Contributions	
Employee	\$1.38
Employee + Spouse	\$2.60
Employee + Children	\$2.70
Family	\$4.42

VISION PLAN CONTRIBUTIONS – PPO PLAN	
Bi- Weekly Contributions	
Employee	\$2.56
Employee + Spouse	\$4.87
Employee + Children	\$5.12
Family	\$7.53

Contributions

Voluntary Short Term Disability (STD) Coverage (post-tax deduction)			Tax Choice Long Term Disability (LTD) Coverage (post-tax deduction)		
Short Term Disability premium is based on your weekly benefit.			Long Term Disability premium is based on your monthly Insured Earnings.		
To calculate your benefit, divide your annual base earnings by 52 and multiply by .60.			To calculate your benefit, divide your annual earnings by 12 and multiply by .60.		
Maximum weekly benefit is \$1,250			Monthly Insured Earnings maximum is \$8,333.		
Monthly premium rate is \$0.495 / \$10 of weekly benefit.			Monthly premium rate is \$0.42 / \$100 of monthly insured earnings		
Example: How to Calculate STD Cost for an individual earning \$75,000			Example: How to Calculate LTD Cost for an individual earning \$75,000		
Weekly Benefit / divided by \$10	<i>x Rate</i>	= <i>Your estimated monthly cost</i>	Monthly Earnings / divided by \$100	<i>x Rate</i>	= <i>Your estimated monthly cost</i>
\$865.38 / \$10 = \$86.53	<i>x \$0.495</i>	= <i>\$42.83 per pay</i>	\$6,250 / \$100 = \$62.50	<i>x \$0.42</i>	= <i>\$26.25 per pay</i>

This example is for illustrative purposes only. In case of a discrepancy, the plan specific documents will prevail.

Buffalo Parent Holdings, Inc.

CROSS COUNTRY PIPELINE SUPPLY
401(K) PROFIT SHARING PLAN
425456



Your Plan's Highlights

READY TO ENROLL?

Text "Enroll 425456" to 72408

Eligibility

Invest in yourself and take advantage of your retirement savings plan benefit.

- 21 years of age on the next plan entry date
- You must have completed 3 month(s) of service by the next plan entry date

Contributions

You can take an active part in your financial wellness by contributing as much as you can to your retirement account. Your contribution option(s) are listed below:

- **Before-tax:** 1% to 90%
- **Roth 401(k):** 1% to 90%
- The total maximum amount you may contribute to the Plan is 90%.
- You have the option of electing a flat dollar amount to contribute each pay period.
- The total dollar amount you may contribute to the Plan is \$19,500.
- If you are considered a Highly Compensated Employee, the total maximum amount you may contribute to the Plan may be limited.
- **Catch-up Contributions:** If you're 50 years of age or older, you may also make a catch-up contribution in excess of Internal Revenue Code or Plan Limits. This year, you can save an additional \$6,500.

Rollovers

Rollovers from a previous qualified retirement plan or a Rollover Individual Retirement Account (IRA) are accepted into the Plan, even if you have not yet met the Plan's age and service requirements. Additional information is located in the **Rollover Form**.

Employer contributions

- The Employer will match 100% of deferrals not exceeding 4% of Compensation.

Your Plan's Highlights

- Your employer may make a discretionary Percent.

Vesting

- Your contributions and any amounts you rolled into the Plan, adjusted for gains and losses, are always 100% yours.
- Your company contribution account vests according to the following schedule:

Years of service:	1	2	3	4	5	6	7
Safe Harbor Contribution % vested:	Immediately vested						
Match % vested:	Immediately vested						

Distribution options

Planning for your retirement is a long-term commitment and the money you have saved should be considered “untouchable” and used only as income in retirement. In the event of a financial need, you have the following distribution options available to you:

Loans

- Number of outstanding loans allowed at any one time: 1.
- Minimum loan amount: \$1000.00
- Maximum repayment period: Generally, 5 years, unless for the purchase of a primary residence
- Loan interest rate information can be obtained by logging into your account > Loans & Withdrawals > View or Request a Loan
- A fee may apply if you take a loan from your retirement plan account. Fee information can be obtained by logging into your account > Plan Information > Participant Fee Disclosure > Individual Expenses

Withdrawals while employed

- Rollover
- Age 59½
- Hardship

Withdrawals after employment

You may receive a distribution of the vested portion of some or all of your retirement account balances in the Plan for the following reasons:

- Termination of employment
- Normal retirement
- Disability
- Death

Special rules exist for each type of withdrawal. You may be subject to a 10% penalty in addition to federal and state taxes if you withdraw money before age 59½. For more information, review the **Special Tax Notice** located in the retirement plan website.

ACCOUNT RESOURCES

You can access your retirement savings account anytime¹, make changes and perform transaction through:

- ADP Mobile Solutions App
- My.ADP.com
- 1-866-695-7526

→ **QUESTIONS?** Representatives are available Monday through Friday, 8am – 9pm, Eastern Time.

The ADP Mobile Solutions App and the website allow you to:

- Check account balances
- Enroll and make account changes
- Research plan investments and request investment changes
- Access retirement planning tools and calculators
- Get prospectuses

Quarterly Account Statement

Stay informed about your progress. Your statement has details about your account, investment performance, and account activity for the period and is located in the My Account section once you have logged into your account.



Beneficiary Designation

Naming a beneficiary for your retirement account is important. In the event of your death, your account will be passed to the person(s) you name.

If you are single or married and want to name your spouse as your sole primary beneficiary, you can designate your beneficiary online.

If you are married and want to designate someone other than your spouse or significant other you must print the form available online and follow the instructions to complete it.

You will need the names and birth dates of your beneficiary(ies) and each Social Security Number. If you do not have all of this information, you can always log into your account and add it later.

Key Contacts

Benefit	Carrier	Customer Service Information	Group Numbers Physicians	Group Numbers Non- Physicians
Employee Benefit Support	Chernoff Diamond	Phone: 1-800-609-6627	N/A	N/A
Medical	United Healthcare	Customer Service: 1-866-633-2446 Website: www.myuhc.com	Core: BA9C Middle: BA83 High: BA8U	N/A
Pharmacy	Optum Rx	Rx phone: 1-888-543-1480 Website: www.optumrx.com	Rx Bin: 610279 Rx PCN: 9999 Rx Group: UHEALTH	N/A
Dental	Delta Dental	PPO Customer Service: 1-800-610-0201 Website: www.deltadentalco.com	11649	N/A
Vision	EyeMed	Customer Service: 1-866-939-3633 Website: www.eyemedvisioncare.com	1003736	N/A
Life	Lincoln	Customer Service: 1-800-487-1485	01-0209991	N/A
Short-term Disability	Lincoln	Customer Service: 1-800-487-1485	01-0222417	N/A
Long-term Disability	Lincoln	Customer Service: 1-800-487-1485	01-0209992	N/A
Employee Assistance Program	EmployeeConnect ComPysch	EAP line: 888-628-4824 Website: www.GuidanceResources.com User ID: LFGsupport Password: LFGsupport1	N/A	N/A
401(k) Plan	ADP	Customer Service: 1-866-695-7526 Website: My.ADP.com	N/A	N/A

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Summary of Benefits & Coverage (SBC) To receive a copy of our medical and pharmacy plan summary, contact Human Resources.

Newborns' and Mothers' Health Protection Act of 1996 (Newborn's Act) Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). For more information, contact Human Resources.

Women's Health and Cancer Rights Act of 1998 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
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema

For more information, contact Human Resources.

Special Enrollment Notice 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.

You may be able to enroll yourself and your dependents in the plan if they:

- Lose Medicaid or CHIP coverage; or
- Become eligible to participate in a Medicaid or CHIP assistance program.

Individuals gaining or losing Medicaid or CHIP coverage will have 60 days from the date of loss of coverage or the date of eligibility in order to request special enrollment in the group health plan. To request special enrollment or obtain more information, contact Human Resources.

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 but it doesn't capture health insurance options that might be available to you as an employee at our company. New employees are provided with a copy of the required Health Insurance Marketplace Notice. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and any employment-based health coverage offered by our company. If you have any questions about the Health Insurance Marketplace, contact Human Resources.

Medicare When you or your spouse becomes eligible to enroll in a Medicare Prescription Drug Plan, you may be required to provide a Notice of Creditable Coverage if electing Medicare Drug Coverage after your initial Medicare eligibility date. Contact Human Resources if you need more information about the creditable status of our prescription drug coverage.

Availability of the Notice of Privacy Practices We provide health benefits to eligible employees and their eligible dependents as described in the summary plan description(s) for the plan. The plan may create, receive, use, maintain and disclose health information about participating employees and dependents in the course of providing these health benefits. The plan is required by law to provide notice to participants of the plan's duties and privacy practices with respect to covered individuals' protected health information (PHI), and has done so by providing to plan participants a notice of privacy practices, which describes the ways that the plan uses and discloses PHI. To receive a copy of the plan's notice

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of privacy practices you should contact Human Resources.

COBRA Rights

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

Premium Assistance Under Medicaid & 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 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, 2019. Contact your State for more information on eligibility.

<p>ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>FLORIDA – Medicaid Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268</p>
<p>ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>GEORGIA – Medicaid Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>
<p>ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p>
<p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p>IOWA – Medicaid Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563</p>

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<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p>KENTUCKY – Medicaid</p> <p>Website: https://chfs.ky.gov Phone: 1-800-635-2570</p>	<p>NEW JERSEY – Medicaid and CHIP</p> <p>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</p>
<p>LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth Phone: 1-800-862-4840</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid Phone: 1-844-854-4825</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p>PENNSYLVANIA – Medicaid</p> <p>http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462</p>
<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</p>	<p>RHODE ISLAND – Medicaid</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>
<p>NEVADA – Medicaid</p> <p>Medicaid Website: https://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>
<p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473</p>
<p>TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p>WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>	<p>WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002</p>
<p>VERMONT – Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>	<p>WYOMING – Medicaid</p> <p>Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531</p>
<p>VIRGINIA – Medicaid and CHIP</p> <p>Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282</p>	

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To see if any other states have added a premium assistance program since January 31, 2018, 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

