



# 2025 Troon Benefits Guide

**Benefits** for Your Health and Wellbeing

# Welcome to your 2025 Associate Benefits

At Troon, we are “Passionately Unified” in our commitment to providing benefits that are tailored to the unique needs of our associates and their eligible family members.

This is your opportunity to elect benefits for the 2025 plan year. With some exciting new options available, we encourage you to carefully review your enrollment materials to ensure you make the best choices for you and your family.

Wishing you good health and wellness,  
Tim Schantz, President, CEO



## Tips & Reminders

The benefit year runs from  
January 1 - December 31, 2025.

- ✓ Make sure your contact information is up to date.
- ✓ Check that your beneficiary and dependent information is up to date.
- ✓ You must actively re-enroll in a Health Savings Account (HSA) or Flexible Spending Account (FSA) each year. You are not automatically re-enrolled.
- ✓ Submit life event changes within 31 days of the event.

Note: 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 I for more information.

Welcome to the 2025 Troon Benefits Guide. This guide provides a summary of your benefit options. Please review it carefully and make your selections within the available election period. Once you enroll, changes will only be allowed during the next annual Open Enrollment period, or if you have a Qualified Life Event (such as a birth, death, marriage, divorce, etc.). **The plan year runs from January to December of 2025.**

## 2025 Key Program Highlights

Surest Medical Plan	The <b>Surest</b> Medical Plan will give you a fresh swing at your medical needs! With no deductible or co-insurance, YOU pick what you want to pay for medical services with a straight-forward copay. <b>The Choice Plus High Deductible Plan will not be offered in 2025, so be sure to review your options.</b>
Expanded STD/LTD Options	Protect your income with short-term disability (STD) and long-term disability (LTD) coverage. All associates will have new STD and LTD options to choose from in 2025.
Commuter Benefits	<b>NEW!</b> Commuter benefits will be available to all Troon associates.
Two Delta Dental of Arizona Choices	Standard Dental Plan: \$1,500 benefit maximum Premium Dental Plan: \$2,500 benefit maximum
Carrum Health: Total Surgery & Cancer Support	UHC members in need of certain surgeries or cancer care will be directed to the highest-quality healthcare experience from world-class surgeons at no cost, Carrum Centers of Excellence required for total joint and spine surgery.
Whole Life with Long-Term Care (LTC)	Whole Life with LTC offers a solution for managing the high costs of care while ensuring financial protection for your beneficiaries.



# The Benefits We Offer

Your health and wellbeing are a top priority, and we are teeing up to offer comprehensive benefit options for you and your eligible family members. Included in the Troon benefits program are a number of resources to help you take care of your physical, emotional, and financial wellbeing. Our options and resources:

- **Encourage you to put your wellness first** – In-Network preventive care is covered at 100% under all four of the Troon medical plan options.
- **Keep convenience top of mind** – Virtual Visits make it easy to receive care at any time in any location.
- **Offer support for you and your family** – Access counseling and guidance through the Employee Assistance & Wellness Support Program.

Benefits are effective on the first of the month after your day of hire. You can enroll starting on your first day and have 30 days to complete your enrollment.

## Balance Your Health, Financial Security, and Lifestyle

- |                                    |   |  |
|------------------------------------|---|--|
| • Medical Plans and Virtual Visits | • Health Savings Account                    | • Voluntary Long-Term Disability Insurance       |
| • Prescription Plan                | • Flexible Spending Accounts                | • Identity Theft Insurance                       |
| • Critical Illness Insurance       | • Basic Life and AD&D Insurance             | • Employee Assistance & Wellness Support Program |
| • Accident Injury Insurance        | • Supplemental Life and AD&D Insurance      | • 401(k) Retirement Savings Plan                 |
| • Hospital Care Insurance          | • Whole Life with Long-Term Care            | • Pet Insurance                                  |
| • Dental Insurance                 | • Voluntary Short-Term Disability Insurance | • Legal Services                                 |
| • Vision Insurance                 |   |  |
| • Wellness Support                 |   |  |

# Who We Cover

## Associates:

Regular, full-time associates, and certain part-time associates meeting annual hours requirements, are eligible for the benefits described in this guide. See the Troon Associate Handbook for eligibility requirements (found in UKG under “documents”). See the Summary Plan Description (SPD) for more details on eligibility and enrollment.

## Dependents:

- Your legal spouse (as defined by federal and state laws)
- Your children under age 26\* (\*Coverage for children turning age 26 will cease at the end of their birth month.)
- Your unmarried children over age 26 who are not able to support themselves due to a physical or mental disability

Troon reserves the right to audit dependent eligibility periodically.

## Changing Your Coverage

Initial elections and changes in coverage or dependents are limited to annual Open Enrollment or the occurrence of a Qualified Life Event (which must be consistent with IRS Section 125 regulations regarding a Qualifying Event).

If you experience any of the following life events, you are eligible for a special enrollment period:

- |   |   |
|---|---|
| • Marriage, divorce, or legal separation                              | • Death of an enrolled dependent                            |
| • Birth, adoption of a child, or qualified state child support orders | • Change in employment status for you, your spouse or child |
| • Involuntary loss of benefits coverage                               |   |

If you experience a Qualified Life Event, you must initiate a Life Event in UKG self-service within 31 days of the event and, in most cases, provide supporting documentation. If you do not contact Human Resources within 31 days, you will have to wait until the next annual Open Enrollment period to make changes to your benefit plan.

To initiate a Life Event, go to <https://n35.ultipro.com/Login.aspx>.

# How to Enroll

You have two ways to enroll in benefits during your enrollment period – by phone with a Benefits Counselor, or directly in the UKG system.

## To Enroll During Open Enrollment (October 22 - November 12)

Call the Benefit Call Center at **1-855-874-0440**, Monday to Friday, 9:00 a.m. - 6:00 p.m. (ET) to speak with a Benefits Counselor. Language line available. **Call early in the enrollment period to avoid long hold times.**



**BY PHONE:** Speak with a Benefits Counselor who can explain your benefits, answer your questions, and complete your enrollment. Call the Benefit Call Center at **855-252-0702**, Monday – Friday, 9:00 a.m. to 6:00 p.m. (ET) during your enrollment period.



**ONLINE:** The UKG self-service enrollment system is available 24/7 during the enrollment period. Log in or register at <https://n35.ultipro.com/Login.aspx>. Access UKG via a desktop or laptop for enrollment. The Benefits section of UKG is not compatible with mobile devices. Follow the prompts to complete your enrollment.

**IMPORTANT:** When completing your enrollment, you must click **“CHECKOUT”** to record your elections. Email yourself your confirmation statement. You can also view your current benefits in UKG.

Go to Benefits > Manage My Benefits, and select “review your current benefits.”

**Please note:** If your enrollment is not completed before your benefits become effective, you may be required to catch up any premiums you owe via payroll deduction in future pay periods.



# Medical Insurance

Health care needs are different for everyone. Troon offers multiple medical plan options so you can choose the coverage level best-suited to your needs and budget.

We offer four medical options with comprehensive health care benefits.

**HDHP  
WITH HSA**

**BRONZE HDHP  
WITH HSA**

**CHOICE PLUS  
LOW DEDUCTIBLE**

**SUREST**

Each option gives you access to the same network of high-quality medical providers. The difference is that each option carries different premium and out-of-pocket costs. With the High Deductible Health Plans (HDHPs), you are eligible to open a Health Savings Account (HSA). See page 7 for more details on each plan, and see page 13 to learn more about the HSA.

## What's the Right Plan for You?

Balance your premium cost with what you expect to spend for medical services throughout the year. If you're healthy and don't expect to have many doctor visits, you can greatly reduce your upfront cost by choosing a lower premium option. If you require a lot of care and need to limit out-of-pocket expenses, the higher premium option might make sense.

*NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. Review the Summary Plan Description (SPD) for a list of preventive care services.*

### Did You Know?

Health care debt currently affects **1 in 3** individuals. See pages 9 and 10 to learn how supplemental medical benefits can help cover your out-of-pocket financial exposure.



*Commonwealth Fund, 2023 Health Care Affordability Survey, 2023*

## Glossary of Terms

TERM	DEFINITION
<b>Coinsurance</b>	A percentage of costs you pay "out-of-pocket" for covered expenses after you meet your deductible.
<b>Copay (Copayment)</b>	A fee you must pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug. This is a fixed amount that bypasses any plan deductible.
<b>Deductible</b>	The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.
<b>Employee Assistance Program (EAP)</b>	A program that offers free and confidential assessments, short-term counseling, and referrals to associates who need personal advice and support.
<b>Guaranteed Issue (GI)</b>	The amount of insurance under which you cannot be declined insurance coverage due to health status.
<b>High Deductible Health Plan (HDHP)</b>	High-Deductible Health Plans (HDHPs) are health insurance plans with higher deductibles, designed according to IRS guidelines to allow enrollees to open and contribute tax-free to a Health Savings Account (HSA).
<b>Network</b>	The plan's preferred doctors, pharmacists, and/or other health care providers. When you use in-network providers, you pay less because they have agreed to pre-negotiated pricing.
<b>Out-Of-Pocket Maximum</b>	The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.
<b>Premium</b>	An amount you pay for your insurance to keep the policy active.
<b>Evidence of Insurability (EOI)</b>	An application process in which you provide information on the condition of your health or your dependents' health to be considered for certain types of insurance coverage.



# Surest

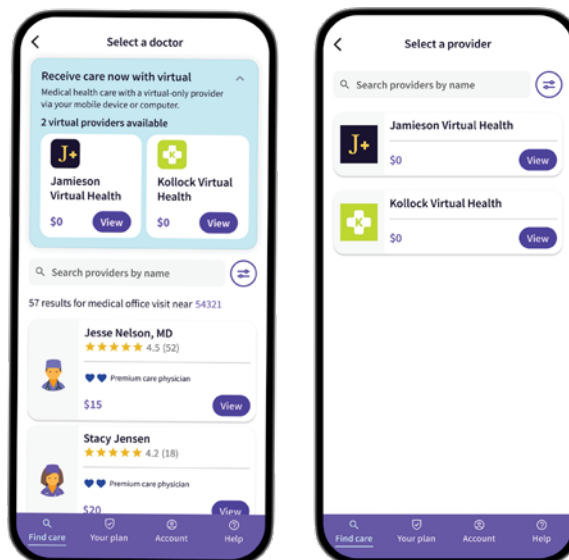
A UnitedHealthcare Company

Swing into better healthcare with the Surest Plan! Tee up your preventive, primary, urgent, and mental health care management all from your phone. With transparent pricing, you can put away worries about surprise bills lurking in the rough. It's time to take the driver's seat with your healthcare.

The Surest Health Plan At-A-Glance:

- No Deductible, No Coinsurance
- Services bundled into a single copay
- Compare providers and choose what you want to pay
- Enhanced virtual care options
- UHC Choice Plus Network

Visit <https://britehr.app/Troon-Surest-2025> or scan the QR code for more information.



Illustrative examples only. Costs and coverages may vary.

## Utilize Convenience, Accessibility and Cost-Effective Virtual Care

Whichever Troon medical plan you select, you have access to virtual care services through designated vendors that offer convenience and save you money. Whether it's a minor illness, hard-to-schedule primary care or mental health counseling, these services can be used anytime, anywhere.

Virtual Care options include:

- **24/7 Virtual Urgent Care**
- **Virtual Primary Care**
- **Virtual Behavioral Health Care**
- **Local Provider Telehealth\***

To learn more and access virtual care services, contact your selected health plan provider (see **Contacts**, page 26).

### 2nd.MD

Feel more confident about your medical decisions with an expert second opinion. This benefit is offered at no additional cost to Troon medical plan participants. For more information or to get started, visit [www.2nd.md/troon](http://www.2nd.md/troon).

\*Telehealth availability depends on local provider offerings. Many local providers offer telehealth and in-person appointments.

The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider including Amwell, Doctor on Demand, Teladoc Health. Services may not be available at all times, or in all locations, or for all members.

Virtual primary care includes services available with a provider via video, chat, email or audio only, where permitted under state law. Services may not be available at all times, or in all locations, or for all members. 24/7 Virtual Visits, virtual primary and specialist care are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances.

Beginning in 2025, Telemedicine benefits cannot be paid before the deductible under a high deductible health plan.

# 2025 Medical Plan Summary

Troon offers four medical options, three UnitedHealthcare (UHC) plans and Surest, new for 2025. All plans access the UHC Choice Plus provider network. When electing one of these plans, you will also receive prescription drug coverage (details provided on the following page). The HDHPs provide coinsurance coverage after you satisfy the deductible. Under the HDHPs, you are also eligible to enroll in a Health Savings Account (HSA). Under the Choice Plus Low Deductible plan, physician office visits, urgent care, and emergency room visits are covered with a copay, while other services are covered with coinsurance. With Surest, all services are covered with a copay, no deductibles apply.

**UHC Plans:** You can find in-network providers at [www.whyuhc.com/troon](http://www.whyuhc.com/troon), or through your [www.myuhc.com](http://www.myuhc.com) account after you have registered. Where UHC Premier Providers (Tier 1) are available, you will pay a lower copay or coinsurance amount for Doctor Office visits. **Surest Plan:** members see copays before making appointments, allowing them to shop for care, compare options, and budget accordingly. Login to the **Surest App** or go to [surest.com](http://surest.com) as a member to see actual prices in advance and shop for providers. **All Plans:** Enrollees receive a co-branded member ID card with medical and prescription drug coverage details. UHC Group #: 928559. Surest Group #: 78800752.

	UHC HDHP WITH HSA		UHC BRONZE WITH HSA		UHC CHOICE PLUS LOW DEDUCTIBLE		SUREST	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b> (Individual / Family)	\$2,000/ \$3,300 \$4,000*	\$6,000/ \$12,000*	\$5,000/ \$10,000	\$15,000/ \$30,000	\$1,500/ \$3,000	\$4,500/ \$9,000	N/A	N/A
<b>Annual Out-of-Pocket Maximum</b> (Individual / Family) <i>Includes Annual Deductible</i>	\$4,500/ \$6,650 \$9,000*	\$13,500/ \$27,000	\$6,250/ \$12,500	\$18,750/ \$37,500	\$5,000/ \$10,000	\$15,000/ \$30,000	\$6,250/ \$12,500	\$12,500/ \$25,000
<b>What You Pay</b>								
<b>Preventive Care Services</b>	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible	Covered at 100%	\$215 copay
<b>Physician's Office Visits**</b>								
<b>Primary Tier 1 / Tier 2</b>	10% / 20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$30 / \$60 visit	40% after deductible	\$30 - \$150 copay	\$215 copay
<b>Specialist Tier 1 / Tier 2</b>	10% / 20% after deductible				\$60 / \$120 visit			
<b>24/7 Virtual Care</b>	\$49 per visit	Not Covered	\$49 per visit	Not Covered	\$20 per visit	N/A	\$0 copay	Not Covered
<b>Urgent Care</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$75 per visit	40% after deductible	\$75 copay	\$225 copay
<b>Emergency Room</b>	20% after deductible		20% after deductible		\$500 copay per visit		\$500 copay per visit	
<b>Hospital Care</b> Inpatient Outpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$700 - \$4,500 copay	Up to \$11,000 copay
<b>Diagnostic Procedures</b> Lab, X-ray, Imaging	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$0 diagnostic test Complex imaging: \$150 - \$1,200 copay	\$0 diagnostic test Complex imaging: up to \$1,650 copay
<b>Mental Health Services</b>								
<b>Inpatient/ Outpatient Facility</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$3,500/ \$190 copay	\$10,500/ \$570 copay
<b>Outpatient Office, Professional</b>	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$30 per visit	40% after deductible	\$30 copay	\$215 copay

\*Specific individual and family deductible and out-of-pocket limits apply for families enrolled in the HDHP with HSA. Claims for individuals within a family apply to both their individual limit, and the family limit (embedded deductibles and out-of-pocket maximums).

\*\*Tier 1 benefit levels will apply to all office visits in these areas: AK, ME, MT, VT, WY, Northern California

# Prescription Drug Coverage

Prescription drug coverage is administered through the CVS/Caremark Pharmacy Program and is included in your medical plan. Under the HDHP plans, the deductible must be satisfied before coinsurance applies, except for certain preventive/maintenance medications. Under the Choice Plus and Surest plans, you pay a copay per prescription. Available specialty programs include ImpaxRx and the Specialty Copay Assist programs. Specialty medications are only available through CVS pharmacies. If you have questions about covered medications, contact CVS/Caremark at **866-425-0050**, even if you are not yet a plan member.

	UHC HDHP WITH HSA*		UHC BRONZE HDHP WITH HSA*		UHC CHOICE PLUS LOW DEDUCTIBLE		SUREST	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Retail</b> (Up to 30 day supply)								
Generic	20% after deductible*	Not covered	20% after deductible*	Not covered	\$15 copay	Not covered	\$15 copay	Not covered
Brand					\$45 copay		\$45 copay	
Non-preferred brand					\$75 copay		\$75 copay	
Specialty					\$75 copay		\$75 copay	
<b>Mail Order</b> (31 - 91 day supply)	20% after deductible*	Not covered	20% after deductible*	Not covered	Mail order 2.5x retail	Not covered	Mail order 2.5x retail	Not covered

Certain medications may require clinical prior authorization. Contact CVS/Caremark with any questions.

Note: Your prescription drug plan is determined by which medical plan you elect.

**\*Under the HDHP plans, no deductible applies for certain maintenance medications (such as diabetes, high blood pressure, or asthma medications). You will pay your regular coinsurance when filling these prescriptions. Certain preventive medications may be available at no cost.**

## Capitalize Your Care with Carrum Health (For UHC Plan Members\*)

Carrum Health offers you coverage above and beyond UHC's standard medical care for some surgeries and cancer care. Use of a Carrum Health Center of Excellence is required for total joint and spine surgeries. Carrum Health works with the top doctors, surgeons, and cancer specialists in the country – those who have better outcomes and higher patient satisfaction levels – and most, if not all, costs are covered.<sup>1</sup>

For more information, call **888-855-7806**, weekdays 9:00 a.m. to 8:00 p.m. (ET). You can also download the Carrum App on Google Play for Android or from the App store for iPhone.

\*This program does not apply to those enrolled in a Surest Medical Plan.

<sup>1</sup>With the exception of second opinions, individuals enrolled in an HDHP must first meet the IRS required deductible, but copays and coinsurance will be waived. Second opinions are provided at no cost to the member and do not require payment of any deductible. Per IRS rules, a portion of any covered travel expenses will be reported as taxable income to the covered member.

## Controlling Health Care Costs

The rising cost of health insurance is a concern for all of us. Keeping your costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:



**Use network providers.** You will generally receive more favorable coverage if you use providers who participate in the network.



**Request generic rather than brand name prescription drugs.** Generic medications can be just as effective, and considerably less expensive.



**Consider seeing your family physician rather than a specialist.** Family physicians can often provide the same level of care for a variety of illnesses and conditions.



**Exercise and maintain a proper diet.** The healthier you are the less vulnerable you are to disease, reducing doctor visits and the need for prescription medicines.

**If we become more aware consumers, we can each do our part to lower the cost of health care!**



# Supplemental Medical Benefits

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Supplemental medical benefits can help cover this out-of-pocket financial exposure for a reasonable cost. **Please note: These plans are not replacements for medical insurance.**

For extra protection, enroll in Critical Illness, Accidental Injury, and Hospital Care Insurance and be prepared for whatever tomorrow brings.\*

## Group Critical Illness Insurance

**You can protect yourself from the unexpected costs of a serious illness.**

Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have. Guaranteed Issue benefit amounts: \$30,000 for associate and \$15,000 for spouse. Benefits do not reduce as you get older.

### Plan benefits include:

- Optional Benefit Rider
- Progressive Diseases Rider
- Up to \$3,000 COVID/ICU Rider
- \$250 Skin Cancer Benefit
- Alzheimer's, Parkinson's and MS covered at 100%
- Additional Diagnosis & re-occurrence Benefits

### How Critical Illness Insurance Works

When Sam had a stroke, he was grateful his doctors were able to stabilize his condition, but he learned there was some permanent damage to his vision requiring additional medical care. He began to see his out-of-pocket costs add up quickly. The good news is he received a lump sum payment of \$10,000 to help cover these expenses from the **Critical Illness** coverage he elected during Open Enrollment.




### Did You Know?

U.S. health care spending averaged **\$13,493** per person in 2022.



*Centers for Medicare & Medicaid Services, National Health Expenditure Fact Sheet, 2023*

### Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required, no pre-existing condition limitations, and no waiting period.
-  **Family Coverage:** You can elect to cover your spouse and children. Dependent children covered at 50% of the associate's amount at no additional charge.†
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.

### Health Screening Benefit



The Critical Illness plan provides a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

*\*The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits. The scenarios reflect benefits of the Troon benefit plan schedules, and are examples only. See the plan details for the full benefit schedule for each plan offered to you.*

*†If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child.*

*If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*

## Accidental Injury Insurance





**Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.**

Accidental Injury Insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Catastrophic accident benefits
- Family lodging benefit
- Accidental Death & Dismemberment
- Sickness benefits
- Hospital admissions and confinement

### Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse and children.\*
-  **24/7 Coverage:** Benefits are paid for accidents that happen on and off the job, and there is no limit on the number of claims an insured can file.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.

### How Accident Insurance Works

Pat loves working in the backyard garden on the weekends. One day while carrying some supplies, she trips and fractures her foot!

The accident requires not only a trip to the emergency room, but also physician follow-up visits, and physical therapy treatments. Fortunately, Pat has **Accident Insurance** which helps cover the out-of-pocket medical costs, including the deductible and coinsurance.





## Hospital Care Insurance

**Receive payments to help cover the cost of a hospital stay.**

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital Care Insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage. You can use the money however you want – medical bills, rent, groceries.

You can receive a \$1,000 cash benefit as soon as you are admitted and then an additional \$200 benefit for each day you are confined to the hospital. Additional benefits are paid based on the type of services you receive including emergency room, intensive care unit, an in-patient procedure, or the birth of a child.

### Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required and no pre-existing condition limitations.
-  **Family Coverage:** You can elect to cover your spouse and children.\*
-  **Payroll Deduction:** Premiums are paid through convenient payroll deductions.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.

### How Hospital Care Insurance Works

Taylor is injured in a car accident and is in the hospital for four days. He is then moved to a skilled nursing facility for three additional days. Taylor has **Hospital Care Insurance**. He receives a benefit for being admitted into the hospital and a benefit for each day of his inpatient and nursing facility stays.



### Health Screening Benefit

The Accidental Injury and Hospital Care plans each provide a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

*\*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child.*

*If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse. These plans are not a replacement for medical insurance.*

# Dental Benefits

Your dental health is an important part of your overall wellness. The following dental insurance options are offered through Delta Dental of Arizona. If you need extensive dental work, ask your dentist to submit a pre-determination of benefits to the plan. This will ensure you know in advance what your expected charges will be. To locate a participating dental provider, please visit [www.deltadentalaz.com](http://www.deltadentalaz.com). Dental plan members will receive a new dental card. Group #: 5326

DELTA DENTAL OF ARIZONA						
	Standard Dental Plan			Premium Dental Plan		
	In-Network Dentist	Premier Dentist	Out-of-Network Dentist	In-Network Dentist	Premier Dentist	Out-of-Network Dentist
<b>Plan Year Deductible</b> (Individual/Family)	\$50/\$150			\$50/\$150		
<b>Plan Year Benefit Maximum</b>	\$1,500 per member			\$2,500 per member		
<b>Preventive and Diagnostic Services</b>	100%, no deductible			100%, no deductible		
<b>Basic Services</b>	20%, after deductible Includes coverage for fillings and extractions	20%, after deductible	20%, after deductible	10%, after deductible Includes coverage for Endodontic Services (root canals) and Periodontic Services to treat gum disease	10%, after deductible	20%, after deductible
<b>Major Services</b>	50%, after deductible Includes coverage for Endodontics and Periodontics	50%, after deductible	50%, after deductible	40%, after deductible Includes coverage for Implants, Crown Repair and Prosthodontic Services	40%, after deductible	50%, after deductible
<b>Orthodontic Services</b> (Adults and Children)	50%, after deductible	50%, after deductible	50%, after deductible	50%, after deductible	50%, after deductible	50%, after deductible
<b>Orthodontic Lifetime Benefit Maximum</b> No Deductible	\$1,500 per member			\$2,500 per member		

## Which type of dentist should I use?

**In-Network Dentist:** Has agreed to a negotiated fee with the plan provider. You will receive the highest level of benefits using an in-network dentist.

**Premier Dentist:** Still considered an in-network dentist but has only agreed to accept discounted reimbursements for services.

**Out-of-Network Dentist:** Has not agreed to discount their rates for services. Members could be subject to balance billing.

## What Does Preventive Dental Care Typically Cover?

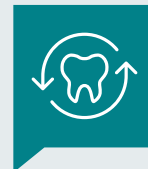
Preventive care can save you money later on procedures that are more urgent, complex, and costly.



**Routine dental checkups and cleanings** should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.



**Professional fluoride treatments\*** can be a key defense against cavities. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste and take only minutes to apply.



**Dental sealants** go a step beyond fluoride by providing a thin coating to the surface of your teeth. Most dental plans cover sealants as preventive care for children under 18 on their first and second molars.



**X-ray images** of your mouth may be taken to better evaluate your oral health. These images provide a more detailed look inside your teeth and gums.

\*Fluoride treatments are payable twice per calendar year for Dental plan participants age 17 and under.



# Vision Benefits

Troon offers vision coverage through VSP. Benefits include eye exams, affordable options for prescription glasses or contacts, and discounts for laser vision correction. The plan covers services from any licensed provider, but benefits are paid at a higher level when you use an in-network provider.

To search for in-network providers, or to register, visit [www.vsp.com](http://www.vsp.com).

Group #: 30106854

	VSP VISION CARE	
	In-Network	Out-of-Network
Eye Exam Copay (once every 12 months)	\$10 copay	Up to \$45
Prescription Glasses	\$25 copay	N/A
Frames (once every 12 months) <ul style="list-style-type: none"><li>• \$150 allowance for a wide selection of frames</li><li>• \$170 allowance for featured frame brands</li><li>• 20% savings on the amount over your allowance</li><li>• \$150 Walmart® / Sam’s Club frame allowance</li><li>• \$80 Costco® frame allowance</li></ul>	Included with Prescription Glasses	Up to \$70
Lenses (once every 12 months) <ul style="list-style-type: none"><li>• Single vision, lined bifocal, lined trifocal lenses</li><li>• Impact-resistant for dependent children</li></ul>	Included with Prescription Glasses	Single Vision Lenses ..... up to \$30 Lined Bifocal Lenses ..... up to \$50 Lined Trifocal Lenses ..... up to \$65
Lens Enhancements (once every 12 months) <ul style="list-style-type: none"><li>• Standard progressive lenses</li><li>• Premium progressive lenses</li><li>• Custom progressive lenses</li><li>• Average 30% savings on other lens enhancements</li></ul>	\$0 copay \$95 – \$105 copay \$150 – \$175 copay	Up to \$50
Contacts (instead of glasses) (once every 12 months) <ul style="list-style-type: none"><li>• \$150 allowance for contacts; copay does not apply</li><li>• Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60 copay for fittings	Up to \$105
VSP EasyOptions (choose one of these upgrades)	<ul style="list-style-type: none"><li>• An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$50 contact lens allowance</li><li>• Every 12 months</li></ul>	
Extra Savings		
Glasses and Sunglasses	<ul style="list-style-type: none"><li>• Extra \$20 to spend on featured frame brands. Go to <b>vsp.com/offers</b> for details.</li><li>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li><li>• 40% off additional pairs of prescription glasses purchased the same day as the exam at all VSP doctor locations.</li><li>• 50% off additional pairs of prescription glasses purchased the same day as the exam at all Visionworks locations.</li></ul>	
Routine Retinal Screening	<ul style="list-style-type: none"><li>• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.</li></ul>	
Laser Vision Correction	<ul style="list-style-type: none"><li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li></ul>	

# Health Savings Account (HSA)

**Save for future medical costs and reduce your federal tax bill with this special savings account available to HDHP plan participants.**

Out-of-pocket medical expenses can add up quickly. Over time, health care will likely be your largest household expense. A Health Savings Account allows you to build up financial protection for future health care expenses.

## How it Works:

- When you enroll in the HDHP with HSA or Bronze HDHP with HSA plans, you are eligible to contribute pre-tax money to your HSA and use it any time for qualified health care expenses. Associates must be actively enrolled in one of the HDHP plans and actively employed.
- You will receive a debit card from **Optum Bank** (UnitedHealthcare), the account administrator, to be used to cover eligible expenses, or you can submit a claim for reimbursement.
- Whatever you don't use rolls over for future years and in some circumstances may be invested. Better yet, HSAs provide tax advantages.

## Keys to Growing Your HSA:

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone because they may grow for when you need them in the future.
- Consider electing supplemental medical benefits to cover big ticket expenses from unexpected serious illnesses or injuries and ensure they don't wipe away the money in your HSA.
- Monitor your fund's growth. Like a 401(k), your HSA funds may in some circumstances be invested. Make sure your money is growing at an acceptable and safe pace.

For more information on the HSA, contact Optum Bank at **1-800-791-9361** or visit **www.OptumBank.com**.



**If any of the following apply, you are not eligible to participate and enroll in a Health Savings Account:**

- Not enrolled in a qualified HDHP plan
- Enrolled in Medicare
- Claimed as a dependent on another person's tax return
- Enrolled in TRICARE
- Receiving Veterans medical benefits

**Refer to IRS Publication 969 for eligible covered medical expenses at [www.IRS.gov](http://www.IRS.gov).**

## HSAs Deliver Triple Tax Savings

1. You don't pay federal income tax on the money you contribute.
2. You don't pay taxes on the interest you earn in your account.
3. You don't pay taxes when you use the money to pay for qualified medical services.

## HOW MUCH CAN YOU CONTRIBUTE?

## Annual IRS Contribution Limit

Individual Coverage

\$4,300\*

Family Coverage

\$8,550\*

\*Individuals age 55 or older can contribute an additional \$1,000 in annual "catch up" contributions to their HSA.  
NOTE: Amounts change yearly per IRS guidelines.

# Flexible Spending Accounts (FSAs)

**Reduce your federal income taxes while putting aside money for health and dependent care needs.**

Flexible Spending Accounts allow you to put aside money for important expenses and help you reduce your income taxes at the same time. Troon offers two types of accounts – a Health Care FSA and a Dependent Care FSA. These plans are administered by UnitedHealthcare. Associates enrolled in the Choice Plus Low Deductible and Surest Plans are eligible to enroll in the Health Care FSA. All full-time associates are eligible to enroll in the Dependent Care FSA.

## How Flexible Spending Accounts Work

1. Each year during Open Enrollment, you decide how much to set aside for FSA expenses. Your full contribution amount will be available for use on your benefit effective date. **You must actively re-enroll each year. You are not automatically re-enrolled.**
2. Your contributions are then deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year for use on qualified expenses.
3. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement.

### ANNUAL MAXIMUM CONTRIBUTION\*

Health Care Flexible Spending Account	\$3,300
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)

**Please note that these accounts are separate.**

You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

NOTE: Limits may vary for highly compensated employees.

### HEALTH CARE FSA



Deductibles, copays, prescription drugs, medical equipment, etc.\*\*

### DEPENDENT CARE FSA



Babysitters, daycare, day camp, home nursing care, etc.

\*Subject to change based on IRS rulings. Check [www.irs.gov](http://www.irs.gov) to confirm annual limits.

\*\*If you are enrolled in a medical plan that offers an HSA, you are not eligible for the Health Care FSA.

## Items You Might Not Realize are Health Care FSA Eligible:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts
- Travel pillows
- Motion sickness bands

Scan here for a list of FSA covered expenses.



### Use It or Lose It!

Be sure to calculate your FSA contributions carefully. Troon allows up to \$610 of Health Care FSA dollars to carry over to 2026. Any monies in excess of the \$610 at the end of the plan year will be forfeited. The Dependent Care FSA is still treated as a “use it or lose it” account -- if you do not incur eligible expenses by the end of the plan year, you will forfeit the Dependent Care funds remaining in your account.





# Life and Accidental Death & Dismemberment Insurance

## Always be there financially for your loved ones.

Life Insurance ensures your family's future is financially secure if you're no longer there to provide for them. Troon provides Basic Term Life Insurance and offers additional options to give you the ability to purchase additional coverage for yourself, your spouse, or your children. Keep your beneficiaries current, it is important Troon has the most up-to-date information on file.

Open Enrollment is a good time to review your Life Insurance beneficiaries to ensure they reflect your intentions. You can view or elect your beneficiaries in UKG self-service at <https://n35.ultipro.com/Login.aspx>.

## Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Troon provides eligible full-time associates with Basic Term Life and AD&D through New York Life at no cost to you, and enrollment is automatic.

<b>BASIC TERM LIFE</b>	1 times your base salary to a maximum of \$100,000
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	If you are seriously injured or lose your life in an accident, you will be eligible for a benefit equal to your Basic Term Life coverage.

## Supplemental Life and AD&D Insurance

You may also choose to purchase Supplemental Life Insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions. Benefits begin reducing at age 65 and again at 70.

<b>ASSOCIATE</b>	Elect up to \$300,000 in increments of \$10,000. During initial enrollment, there is a Guaranteed Issue up to \$300,000 and up to age 65.
<b>SPOUSE</b>	Elect up to \$75,000 in increments of \$5,000, not to exceed 50% of associate's elected amount. During initial enrollment, there is a Guaranteed Issue up to \$300,000 and up to age 60.
<b>CHILD(REN)</b>	Elect \$2,500, \$5,000 or \$10,000
<b>EVIDENCE OF INSURABILITY (EOI)</b>	EOI may be required when electing or increasing coverage. During Open Enrollment, associates can increase Life Insurance up to \$20,000 each year. More than \$20,000 requires EOI. It is also required for all associates age 65+ and their spouses age 60+. No EOI is required for children.

### How Much Life Insurance Do You Need?

Each person's life insurance needs are unique. Even when financial experts recommend having five to eight times your annual household income in life insurance, this may not account for the needs you may have during retirement. Supplemental Life Insurance is an affordable way to help maintain your family's standard of living if you were to pass during your working years, while Whole Life Insurance lasts through working years AND retirement and is geared more toward covering final expenses rather than income replacement. Both options should be considered when weighing current expenses now with future needs.

#### Current Expenses

- Home Mortgage/Rent
- Car Payments
- College Tuition
- Child Care

#### Future Needs

- Paying Off Debt
- Funeral Expenses
- Spouse's Retirement
- Routine Household Expenses

After you add up your financial responsibilities, how does the sum compare with your current coverage?

# Whole Life with Long-Term Care (LTC)

**At some point, many of us will require Long-Term Care, which includes both medical and non-medical support for daily activities such as eating, dressing, and bathing.**

Whole Life with Long-Term Care (LTC) is a voluntary benefit, offered through Allstate, that combines life insurance with LTC benefits. It helps cover daily activities like eating and bathing when you need support. Here's a simplified breakdown:

- **One Policy, Two Benefits:** Life Insurance coverage for your family and LTC benefits if you need them.
- **Financial Flexibility:** You can use the benefits for LTC or leave them to your beneficiaries.
- **Considerations:** Understand your policy to know if it meets your needs; review specifics like premiums, benefits, and tax implications.
- **Decision Making:** Assess your LTC needs and financial situation to decide if this is right for you.



Scan here or visit [allstatevoluntary.com/troon](https://allstatevoluntary.com/troon) to learn more and enroll in Whole Life with LTC.

## Disability Insurance

**Your ability to bring home a paycheck is your most valuable asset. We help you protect it.**

If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability Insurance provides income protection, paying a portion of your salary that you can use to offset out-of-pocket expenses and make up for lost wages.

### Voluntary Short-Term Disability Insurance (STD)

Short-Term Disability Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time. Full-time Field associates can choose between Primary STD or Enhanced STD. Below are the benefit highlights.

The pre-existing condition exclusion will apply to you if your disability is due to a pre-existing condition and you become disabled within the first 12 months of becoming covered under the plan.

If you become unable to work due to a non-work-related injury or illness in California, Hawaii, New Jersey, New York or Rhode Island, the state-mandated Short-Term Disability insurance will provide you with a benefit.

SHORT-TERM DISABILITY		
	Primary	Enhanced
Percentage of Wage Replacement	60%	70%
Maximum per Week	\$1,500	\$2,500
Benefits Begin	Immediately for an Accident After 7 days for an Illness	Immediately for an Accident After 7 days for an Illness
How long do benefits last	Up to 13 weeks for Accident Up to 12 weeks for Illness	Up to 13 weeks for Accident Up to 12 weeks for Illness

### Voluntary Long-Term Disability Insurance (LTD)

Long-Term Disability Insurance is designed to protect your earnings for an extended disability. During covered disability, this valuable benefit helps you meet your financial commitments in a time of need. Full-Time Field associates can choose between Primary LTD or Enhanced LTD. You are eligible to receive benefits after one year of service. Below are the benefit highlights.

VOLUNTARY LONG-TERM DISABILITY		
	Primary	Enhanced
Percentage of Wage Replacement	60%	70%
Maximum per Month	\$10,000	\$15,000
Maximum per Month	After 90 days	After 90 days

# Planning for Retirement

## 401(k) Retirement Savings Plan

Building a healthy financial future is just as important as taking care of your health needs today. Putting money aside for your future is easy with the 401(k) plan. And with contributions deducted before federal taxes are calculated, there is less of an impact to your take home pay than you might think. Associates at least 19 years of age are eligible after 90 days of employment.

### Plan Features

- Save from 1% to 60% of your pay on a pre-tax or Roth basis through convenient payroll deductions.
- New hires are automatically enrolled at 5% unless you opt out of the plan or elect another deferral amount.
- Choose how to invest your contributions among the plan's multiple investment options.
- Troon matches 25% of associate regular (non catch-up) contributions (up to the first 5% of your deferral election). Three year vesting applies.
- 401(k) contribution limits are determined by the IRS annually. Check **www.IRS.gov** to confirm annual limits (2024 contributions limits are \$23,000, and individuals 50 and over may contribute \$30,500).\*

**Important:** Be sure to designate your beneficiaries for your 401(k) in the Empower system. This is a separate step from your other insurance plans.

Learn more by contacting Empower at **844-465-4455** or **www.empowermyretirement.com**.

*\*Subject to change based on IRS rulings.*

# Wellness Benefits

**Balancing the demands of work, family, and personal needs can be challenging, especially during uncertain times. Troon knows how important it is to have access to support when you need it most.**

## Employee Assistance & Wellness Support Program

The Employee Assistance & Wellness Support Program is available at no cost to you and your family members through NYLife Guidance Resources (partnered with ComPsych) and provides confidential counseling and resources to help you with a wide range of concerns.

Resources are available 24/7 for confidential support and guidance, as well as assistance with referrals for further services.

Call Anytime, Any Day – Help is just a phone call away whenever you need it, and at no cost to you. An advocate can help you assess your needs and develop a solution, as well as direct you to community resources and online tools.

**All conversations are strictly confidential.**

Visit a Specialist – You and members of your household are eligible for up to three face-to-face sessions with a counselor for each topic or concern. Call to request a referral.

To reach the Employee Assistance & Wellness Support Program, call **800-344-9752**.

Other resources are available at **www.guidanceresources.com**.



# Lifestyle Benefits

## Legal Assistance

The MetLife Legal Plan provides you with telephone and office consultations for an unlimited number of personal legal matters with a network attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action. Legal services are generally paid in full if you select a network provider, with some plan benefits for out-of-network providers.

If you decide to participate, you must participate for the full year when you sign up. You pay the cost of this benefit via payroll deductions.

### Full representation for these services:

- Estate Planning Documents
- Defense of Civil Lawsuits
- Real Estate Matters
- Minor Traffic Offenses
- Family Law, Divorce, Custody
- Immigration Assistance
- Document Preparation and Review
- Financial Matters
- Elder Law Matters

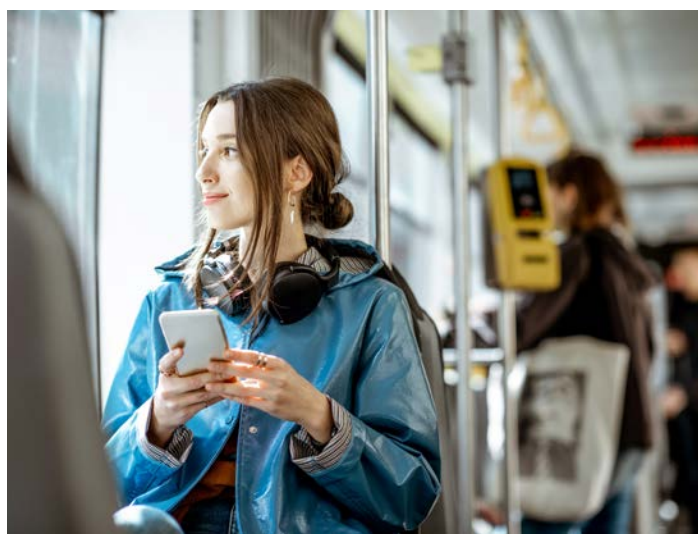
For more information, visit

[www.metlife.com/insurance/legal-plans/](http://www.metlife.com/insurance/legal-plans/).

## NEW Commuter Benefits

Commuter benefits are an elective, pre-tax benefit offered to help offset the cost of traveling to and from work. This includes public transit and parking costs! If you work 35+ hours per week and are employed on a full-time basis, you are eligible to enroll in this benefit. IRS limits apply.

The amount you contribute to your commuter benefit is determined by **you** upon enrollment. Keep in mind these funds are contributed pre-tax! Funds will be deducted every pay period. This program is administered by WEX.



## Pet Insurance

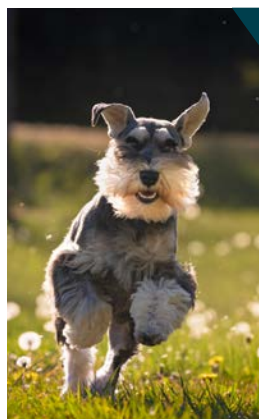
Get coverage for every member of the family. With MetLife Pet Insurance, you'll have peace of mind knowing you can have help with some of your pet's medical bills, including treatments, surgeries, lab fees, X-rays, prescriptions, and more.

### Plan Features Include:

- Flexible coverage options
- Freedom to visit any U.S. licensed vet
- Option to cover multiple cats and dogs
- 24/7 Telehealth Concierge Services
- Discounts and additional offers on pet care
- MetLife Pet mobile app

To get a quote or enroll at any time, visit

[www.metlife.com/getpetquote](http://www.metlife.com/getpetquote), or call **800-GET-MET8**.



***"When Heidi, my miniature schnauzer, chased a porcupine under the porch, I was glad I had pet insurance."***

Owning a pet is an investment. Like any investment, it should be protected. Pet Insurance paid for Heidi's exam, X-rays, and antibiotics. After all, when it comes to porcupines, it's a prickly situation if you're not protected.

# Additional Benefits

Troon offers extra benefits at no additional cost to full-time associates. Participation in these valuable programs can mean long-term protection for you and your family.

## Identity Theft Insurance

Digital thieves constantly discover new ways to extract your personal information, open credit accounts in your name, sell your sensitive data on the dark web, and take over your financial accounts.

We offer comprehensive Identity Theft Insurance through New York Life that monitors multiple gateways into your identity and credit, and alerts you of fraudulent activity. Associates enrolled in the program will have access to personal case managers who give step-by-step assistance and guidance to individuals who have had their identity stolen.

### Protection Services Include:

- Real-time support all over the world
- Assistance with credit card fraud
- Help with emergency travel arrangements

Contact New York Life at **800-344-9752** for details or visit [www.guidanceresources.com](http://www.guidanceresources.com).

## NYL GBS Secure Travel

New York Life's Secure Travel is available to associates covered under New York Life's Accident Death & Dismemberment plan. New York Life Secure Travel provides special assistance for emergency medical, financial, legal and communication assistance when you travel. This program gives covered individuals access to a travel assistance customer service center from anywhere in the world when traveling at least 100 miles from home.

To access program benefits from the United States and Canada, call **888-226-4567**. From all other locations, call collect at **202-331-7635**. Please indicate you are a member of the NYL GBS Secure Travel Program and Group #57.

## Will Preparation

New York Life's Will Preparation Program helps you and your family create and execute state-specific wills, power of attorney and a variety of other important legal documents online, and use your legal consultation benefits to obtain a qualified attorney's review. Contact New York Life at **800-344-9752** for details or visit [www.guidanceresources.com](http://www.guidanceresources.com).

## Survivor Assurance Program

If the unexpected happens, the survivor assurance program can help. This program provides financial, bereavement and legal support for your beneficiaries during their time of need. Visit [www.nylgbssurvivorassurance.com](http://www.nylgbssurvivorassurance.com) for more information.

## Business Travel Insurance

Troon provides Business Travel Insurance coverage through The Hartford at no cost to you. This benefit covers you when you are traveling on company business. The plan includes a life insurance and AD&D component. For more information, call **800-523-2233** or email [GBDCustomerService@hartfordlife.com](mailto:GBDCustomerService@hartfordlife.com).



# Important Notices

## About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained at [www.BenefitsGo.com/Troon](http://www.BenefitsGo.com/Troon) ; you may also request a copy free of charge by calling 1-888-TROON30.

Enclosed are important notices about your rights under your health and welfare plan Troon Golf Flexible Benefit Plan, the "Plan." The information in the accompanying guide provides updates to your existing SPDs as of 2024 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Troon reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

## Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Troon Golf Flexible Benefit Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Troon Golf Flexible Benefit Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

Troon Benefits Department  
Attn: Jay McGrath, Chief  
Administration Officer  
15044 N. Scottsdale Road, Suite  
300  
Scottsdale, AZ 85254

If you have any questions, please contact the Troon Human Resources Office at 1-888-TROON30.

## Patient Protection Notice

Troon Golf Flexible Benefit Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

## Women's Health and Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 1-888-TROON30.

## Newborns' and Mothers' Health Protection Act Disclosure

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).

## USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Troon Human Resources Office at 1-888-TROON30 more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

## Important Notice from Troon About Your Prescription Drug Coverage and Medicare

### Medicare Part D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Troon 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. Troon has determined that the prescription drug coverage offered by the Troon Golf Flexible Benefit Plan is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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

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

However, if you lose (or are losing) 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 Troon coverage will not be affected.

Your Troon coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family

members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

#### **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 Troon 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 19 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 Troon Benefits at 1-888-TROON30 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 Troon changes. You also may request a copy of this notice at any time.

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

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

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- 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.ssa.gov](http://www.ssa.gov), or
- Call **1-800-772-1213**. TTY users should call **1-800-325-0778**.

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

Phone Number: 1-888-TROON30

## **Your ERISA Rights**

**As a participant in the Troon benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.**

#### **Receive Information About Your Plan and Benefits**

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

#### Continued Group Health Plan Coverage

You are entitled to:

- Continued 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 or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

#### Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

#### Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;

- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

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, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

#### Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website:

<https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>.

Or you may write to the:

Division of Technical Assistance and Inquiries  
Employee Benefits Security Administration  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **1-866-444-3272**. You may also visit the EBSA's website on the Internet at: <https://www.dol.gov/agencies/ebsa>.

## General Notice of Continuation Coverage Rights Under COBRA

### Introduction

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

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end.

For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and

lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### **What Is COBRA Continuation Coverage?**

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

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

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

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

- Your spouse dies;
- Your spouse's hours of employment are reduced;

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

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

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

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Troon Golf Flexible Benefit Plan and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

### **When Is COBRA Coverage Available?**

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

- The end of employment or reduction of hours of employment;
- Death of the employee.

## **HIPAA 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 the Troon group health 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. To request special enrollment or obtain more information, contact [www.BenefitsGo.com/Troon](http://www.BenefitsGo.com/Troon) or Troon Human Resources Office at 1-888-TROON30.

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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –**

- |  |  |  |
|--|--|--|
| 1. <b>ALABAMA</b> – Medicaid Website:<br><a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447  | 6. <b>FLORIDA</b> – Medicaid Website:<br><a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268  | Phone: 1-800-792-4884<br>HIPP Phone: 1-800-967-4660  |
| 2. <b>ALASKA</b> – Medicaid The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility:<br><a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>  | 7. <b>GEORGIA</b> – Medicaid GA HIPP Website:<br><a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website:<br><a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br>Phone: 678-564-1162, Press 2  | 11. <b>KENTUCKY</b> – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)<br>Website:<br><a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br>Phone: 1-855-459-6328<br>Email: <a href="mailto:KIHIPPI.PROGRAM@ky.gov">KIHIPPI.PROGRAM@ky.gov</a><br>KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a><br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website:<br><a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a> |
| 3. <b>ARKANSAS</b> – Medicaid Website:<br><a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)  | 8. <b>INDIANA</b> – Medicaid Health Insurance Premium Payment Program<br>All other Medicaid<br>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br><a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a><br>Family and Social Services Administration<br>Phone: 1-800-403-0864<br>Member Services Phone: 1-800-457-4584  | 12. <b>LOUISIANA</b> – Medicaid<br>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)  |
| 4. <b>CALIFORNIA</b> – Medicaid Health Insurance Premium Payment (HIPP) Program<br>Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>   | 9. <b>IOWA</b> – Medicaid and CHIP (Hawki)<br>Medicaid Website:<br><a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid">https://hhs.iowa.gov/programs/welcome-iowa-medicaid</a> Phone: 1-800-338-8366<br>Hawki Website:<br><a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki">https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki</a><br>Hawki Phone: 1-800-257-8563<br>HIPP Website:<br><a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp">https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp</a><br>HIPP Phone: 1-888-346-9562 | 13. <b>MAINE</b> – Medicaid Enrollment Website:<br><a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br><a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br>Phone: 1-800-977-6740<br>TTY: Maine relay 711   |
| 5. <b>COLORADO</b> – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711<br>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br>CHP+ Customer Service:<br>1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI):<br><a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br>HIBI Customer Service: 1-855-692-6442 | 10. <b>KANSAS</b> – Medicaid Website:<br><a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>   | 14. <b>MASSACHUSETTS</b> – Medicaid and CHIP Website:<br><a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br>Phone: 1-800-862-4840<br>TTY: 711 Email:<br><a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>   |



15. **MINNESOTA** – Medicaid Website:  
<https://mn.gov/dhs/health-care-coverage/>  
 Phone: 1-800-657-3672
16. **MISSOURI** – Medicaid Website:  
<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
 Phone: 573-751-2005
17. **MONTANA** – Medicaid Website:  
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
 Phone: 1-800-694-3084  
 Email: HHSHIPPProgram@mt.gov
18. **NEBRASKA** – Medicaid Website:  
<http://www.ACCESSNebraska.ne.gov>  
 Phone: 1-855-632-7633  
 Lincoln: 402-473-7000  
 Omaha: 402-595-1178
19. **NEVADA** – Medicaid Website:  
<http://dhcfp.nv.gov>  
 Medicaid Phone: 1-800-992-0900
20. **NEW HAMPSHIRE** – Medicaid 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. 15218  
 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. **NEW JERSEY** – Medicaid and CHIP Medicaid Website:  
<http://www.state.nj.us/humanservices/dmhs/clients/medicaid/>  
 Phone: 1-800-356-1561  
 CHIP Premium Assistance Phone: 609-631-2392  
 CHIP Website: <http://www.njfamilycare.org/index.html>  
 CHIP Phone: 1-800-701-0710 (TTY: 711)
22. **NEW YORK** – Medicaid Website:  
[https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
 Phone: 1-800-541-2831
23. **NORTH CAROLINA** – Medicaid Website:  
<https://medicaid.ncdhhs.gov/>  
 Phone: 919-855-4100
24. **NORTH DAKOTA** – Medicaid Website:  
<https://www.hhs.nd.gov/healthcare>  
 Phone: 1-844-854-4825
25. **OKLAHOMA** – Medicaid and CHIP Website: <http://www.insureoklahoma.org>  
 Phone: 1-888-365-3742
26. **OREGON** – Medicaid Website:  
<http://healthcare.oregon.gov/Pages/index.aspx>  
 Phone: 1-800-699-9075
27. **PENNSYLVANIA** – Medicaid and CHIP Website:  
<https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  
 Phone: 1-800-692-7462  
 CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>  
 CHIP Phone: 1-800-986-KIDS (5437)
28. **RHODE ISLAND** – Medicaid and CHIP Website: <http://www.eohhs.ri.gov/>  
 Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
29. **SOUTH CAROLINA** – Medicaid Website:  
<https://www.scdhhs.gov>  
 Phone: 1-888-549-0820
30. **SOUTH DAKOTA** – Medicaid Website:  
<http://dss.sd.gov>  
 Phone: 1-888-828-0059
31. **TEXAS** – Medicaid Website:  
<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
 Phone: 1-800-440-0493
32. **UTAH** – Medicaid and CHIP Medicaid Utah's Premium Partnership for Health Insurance (UPP) Website:  
<https://medicaid.utah.gov/upp/>  
 Email: upp@utah.gov  
 Phone: 1-888-222-2542  
 Adult Expansion Website: <https://medicaid.utah.gov/expansion/>  
 Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>  
 CHIP Website: <https://chip.utah.gov/>
33. **VERMONT** – Medicaid Website:  
<https://dvha.vermont.gov/members/medicaid/hipp-program>  
 Phone: 1-800-250-8427
34. **VIRGINIA** – Medicaid and CHIP 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
35. **WASHINGTON** – Medicaid Website:  
<https://www.hca.wa.gov/>  
 Phone: 1-800-562-3022
36. **WEST VIRGINIA** – Medicaid and CHIP 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)
37. **WISCONSIN** – Medicaid and CHIP Website:  
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
 Phone: 1-800-362-3002
38. **WYOMING** – Medicaid 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, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565

# Contact Information

	CONTACT	TELEPHONE	WEB ADDRESS
<b>Medical</b>	UnitedHealthcare	866-547-0849	Pre-member: <a href="http://www.whyuhc.com/troon">www.whyuhc.com/troon</a> Members: <a href="http://www.myuhc.com">www.myuhc.com</a>
<b>Medical</b>	Surest	866-683-6440	<a href="https://britehr.app/Troon-Surest-2025">https://britehr.app/Troon-Surest-2025</a>
<b>Pharmacy</b>	CVS Pharmacy	866-425-0050	<a href="http://www.caremark.com">www.caremark.com</a>
<b>Health Savings Account (HSA)</b>	Optum Bank (UHC)	800-791-9361	<a href="http://www.OptumBank.com">www.OptumBank.com</a>
<b>Flexible Spending Accounts (FSA)</b>	UnitedHealthcare	866-547-0849	<a href="http://www.myuhc.com">www.myuhc.com</a>
<b>Dental</b>	Delta Dental of AZ	800-352-6132	<a href="http://www.deltadentalaz.com">www.deltadentalaz.com</a>
<b>Vision</b>	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Surgical and Cancer Treatment</b>	Carrum Health	888-855-7806	<a href="http://www.carrum.me/troon">www.carrum.me/troon</a>
<b>Critical Illness Insurance, Accidental Injury Insurance &amp; Hospital Care Insurance</b>	Cigna	800-754-3207	<a href="http://www.cigna.com">www.cigna.com</a>
<b>Basic Life and AD&amp;D</b>	New York Life	800-362-4462	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
<b>Supplemental Life</b>	New York Life	800-362-4462	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
<b>Whole Life with LTC</b>	Allstate	888-282-2550	<a href="http://www.allstate.com">www.allstate.com</a>
<b>Short-Term Disability</b>	New York Life	800-238-2125	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
<b>Long-Term Disability</b>	New York Life	800-238-2125	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
<b>Employee Assistance &amp; Wellness Support</b>	NYP Life Guidance Resources (ComPsych)	800-344-9752	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
<b>Business Travel Insurance</b>	The Hartford	800-523-2233	<a href="mailto:gbdcustomerservice@hartfordlife.com">gbdcustomerservice@hartfordlife.com</a>
<b>401(k) Retirement Plan</b>	Empower	844-465-4455	<a href="http://www.empowermyretirement.com">www.empowermyretirement.com</a>
<b>Pet Insurance</b>	MetLife	800-GET-MET8	<a href="http://www.metlife.com/getpetquote">www.metlife.com/getpetquote</a>
<b>Legal Plan</b>	MetLife Legal	800-821-6400	<a href="http://www.legalplans.com">www.legalplans.com</a>
<b>Healthcare Reform Exchange</b>	Marketplace Exchange	800-318-2596	<a href="http://www.healthcare.gov">www.healthcare.gov</a>
<b>Free Medicare Assistance</b>	Strategic Growth Insurance Associates	888-284-3314	<a href="http://www.sgiamedicare.com">www.sgiamedicare.com</a>
<b>Commuter Benefits</b>	WEX Commuter Benefits	844-561-1337	<a href="http://www.benefitslogin.wexhealth.com">www.benefitslogin.wexhealth.com</a>
<b>COBRA</b>	WEX Cobra	866-451-3399	<a href="http://wexinc.com/contact/health">wexinc.com/contact/health</a>

NOTE: Actual plan provisions for Troon ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of the plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.



## Questions?

Visit [www.BenefitsGo.com/Troon](http://www.BenefitsGo.com/Troon) or scan the QR code for additional Open Enrollment information including enrollment instructions, plan documents, and more.

