

2022 EMPLOYEE BENEFITS



EMPLOYEE BENEFITS PROGRAM

What's Inside

This booklet provides a summary of your benefit options and is designed to help you make your choices and enroll for your coverage. To enroll, follow the instructions on page 3 of this guide. Provider contact information is listed at the end of this booklet. This booklet is intended to provide general information. It is not a contract or agreement. The various benefits provided by Southern Furniture Industries are contained in the official documents and may be changed from time to time.

When to Enroll

You can enroll for coverage within 30 days of your initial eligibility date or during the annual open enrollment period. Outside the open enrollment period, the only time you can change your coverage is within 30 days after you experience a qualified change in status. (See "Changing Coverage during the Year" for details).

Get the Most From Your 2022 Benefit Plans!

Southern Furniture Industries offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

When making your benefit elections, be mindful of the following:

- Plans 1 and 2 will be offered to all employees of Southern Motion and Fusion Furniture (see pages 7 and 8).

NEW in 2022

- FREE HEALTHCARE provided by SFI's Health & Wellness Clinic for all SFI medical plan members & their dependents. (See details on Page 3)
- 401K COMPANY MATCH - SFI contributes up to 3% of your earnings when you defer 6% or more to the Company's retirement plan. (See details on page 13)
- Increased VSP Vision benefits without increasing your cost.
- Short Term Disability, Life and AD&D Insurance will be moving to Prudential effective May 1, 2022.
- FREE! SmartDollar is a confidential financial wellness program from Dave Ramsey, a seven-time #1 national bestselling author and personal finance expert.



SFI HEALTH & WELLNESS EMPLOYEE CLINIC

Healthcare That Gives More!

Provider

Everside Health SFI Health & Wellness Employee Clinic

Phone Number

662-509-5600

Location

SFI Health & Wellness Employee Clinic
2352-A MS 15
North Pontotoc,
MS 38863

Southern Furniture Industries now offers **FREE HEALTHCARE SERVICES** as part of your benefits package. It's an easier, more convenient healthcare option for everything from screenings and prevention to chronic disease management and urgent care.

Services Provided Free of Charge

Comprehensive primary care

- Annual physicals for men and women
- Back to school/Sports physicals
- Cold/Flu
- Nausea/Vomiting
- Sinus infections
- Earaches & infections
- Sore throat & strep
- Skin cancer screening

Chronic condition management

- Diabetes, hypertension, high cholesterol
- Weight management
- Stress management
- Stop smoking assistance

Quality of care

- Performs exams, orders and interprets tests, and provides treatments
- Labwork/Bloodwork
- Prescribe medication
- Provides referrals to specialists

Hours

Mon. 7 a.m. – 4 p.m.

Tue. 7 a.m. – 4 p.m.

Wed. 7 a.m. – 4 p.m.

Thu. 7 a.m. – 4 p.m.

Fri. 7 a.m. – 4 p.m.

OPEN



SFI HEALTH & WELLNESS EMPLOYEE CLINIC CONT.

If you and/or your family members are covered under Southern Motion's UMR Medical Plan, all services provided at the SFI Health & Wellness Employee Clinic are **FREE** of charge!

As an SFI Health & Wellness member, you can:

- Get paid for time to attend scheduled appointments when leaving work for SFI clinic office visit.
- Schedule same-day and next-day appointments.
- Meet with your provider where it's easiest for you: at a health center near you, online, or over the phone.
- Reach your care team 24/7 for urgent needs.
- Spend as much time as you need with a provider who will get to know you.
- Get care for nearly every health issue. (And if you need a referral, your care team will handle it for you.)

SFI Clinic providers can see you virtually or consult over the phone for almost any service, including:

- Establishing care (getting to know your provider)
- Discussing medications or getting refills
- Mental health screenings
- Routine checkups
- Chronic disease management (like diabetes management, heart disease management, etc.), and more



HOW TO NAVIGATE THE KRONOS BENEFITS CENTER

LOGIN TO "UKG READY" TO UPDATE YOUR CONTACT INFORMATION IF YOU HAVE NOT ALREADY DONE SO.

NOTE: SCAN THE THE QR CODE TO THE RIGHT WITH YOUR MOBILE PHONE.

If you have any questions or trouble logging in, please contact your HR Department.



ONCE LOGGED INTO UKG:

STEP 1: To verify your information, go to:

- A valid email address is required to complete Open Enrollment.
- Go to 'Main > My Account > My Profile > Personal Information.'
- To submit updates, go to 'My HR > HR Actions > ESS - Personal Information, Update' complete the form and click on the blue 'Submit' button.

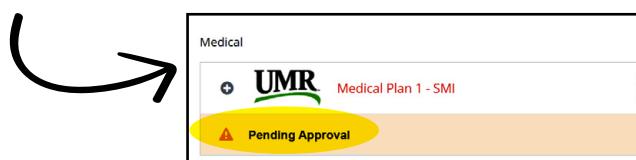
STEP 2: Return to the main screen to go to the Kronos Benefit Center.

- Click on 'Main > My Account. Kronos Benefit Center' to open your Single Sign-On (SSO) access.

STEP 3: Choose 'Open Enrollment,' then 'Shop & Enroll in Benefits' by selecting the orange button 'Get Started.'

STEP 4: Select the orange button 'Next: Review my Family.'

STEP 5: Some benefits will be 'Pending Approval' from SFI Benefits Administrator.



STEP 6: Make your benefit election for each plan starting with Medical benefits and ending with the 401(k).

- *Note: You will only be acknowledging the 401(k). To enroll, use the Fidelity link provided within the enrollment message box.*

STEP 7: For each Benefit Plan, you must complete the 'Shop Plan' to make an election to 'enroll' or choose 'waive participation.'

STEP 8: Complete your beneficiary Information.

STEP 9: You **MUST** complete the  step to submit any Open Enrollment changes.

STEP 10: You **MUST** upload any pending Required Documents.

STEP 11: For Voluntary Life (VTL) coverage, you must submit Evidence of Insurability (EOI) to Prudential for any amounts over guaranteed issue.

NOTE: YOU MAY BE REQUIRED TO PROVIDE SUPPORTING DOCUMENTATION FOR DEPENDENT COVERAGE AFTER CHECKOUT.

ELIGIBILITY

You are eligible to participate in the following plans upon meeting each plan's eligibility requirements. To determine the benefits for which you may be eligible, please refer to the chart below:

Plan	Eligibility Requirement	Waiting Period
Southern Furniture Industries Paid Benefits		
Basic Term Life with AD&D	Full-Time - 30 + hours per week Part-Time - Not Eligible	1st of month following 60 days
Short Term Disability Insurance	Full-Time - 30 + hours per week Part-Time - Not Eligible	Completion of 1 year of employment
Employee Assistance Program & Travel Assistance Services	Full-Time - 30 + hours per week Part-Time - Not Eligible	1st of month following 60 days
Voluntary Benefits		
Medical & Prescription Drug • If your spouse is eligible for medical coverage through his/her employer, then he/she must maintain at least single coverage in that plan to be an eligible dependent. • Dependent children covered to age 26	Full-Time - 30 + hours per week Part-Time - Not Eligible	1st of month following 60 days
Dental • Unmarried dependent children covered to age 26	Full-Time - 30 + hours per week Part-Time - Not Eligible	1st of month following 60 days
Vision (with Hearing Discount Program) • Unmarried dependent children covered to age 26	Full-Time - 30 + hours per week Part-Time - Not Eligible	1st of month following 60 days
Voluntary Term Life and AD&D Insurance • Unmarried dependent children covered to age 26	Full-Time - 30 + hours per week Part-Time - Not Eligible	1st of month following 60 days
Voluntary Long Term Disability Insurance	Full-Time - 30 + hours per week Part-Time - Not Eligible	1st of month following 60 days
401(k) Retirement Savings Plan	Full-Time - 30 + hours per week Part-Time - Not Eligible	1st of month following 60 days

Change In Status

When open enrollment has ended, you cannot make changes until the following open enrollment period, unless you experience a qualifying event such as:

- A change in your legal marital status (such as marriage, divorce, or death of a spouse);
- A change in the number of dependents (such as birth or adoption of a child, or death of a dependent);
- A change in your spouse's employment status (including commencement or termination of employment, a change from full-time to part-time status, or vice versa);
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage as a dependent;
- You become eligible for Medicare or Medicaid.

You have 30 days from the date of the qualifying event to notify Human Resources and provide appropriate documentation to change your benefits. Requests received after 30 days will not be accepted. Please note: not every change in status permits a change in benefit plan elections. Changes in elections are permitted only when it is determined the change in status affects eligibility for coverage of the employee, spouse, or dependent(s) under a benefit plan.

COMPANY PAID BENEFITS

Basic Term Life with AD&D Insurance

Provider
Prudential**Website**
[www.prudential.com/
mybenefits](http://www.prudential.com/mybenefits)**Phone Number**
888-598-5671

Southern Furniture Industries provide company paid Basic Term Life with AD&D insurance benefits to all eligible full-time employees.

Benefit Detail	Basic Life/AD&D
Employee Basic Life/AD&D	\$15,000*

* Benefits are reduced 35% of the original amount at age 65; 50% of the original amount at age 70.

Short-Term Disability Insurance

Provider
Prudential**Website**
[www.prudential.com/
mybenefits](http://www.prudential.com/mybenefits)**Phone Number**
888-598-5671

Southern Furniture Industries provides this company paid Short-Term Disability benefit to all eligible full-time hourly employees. The Short-Term Disability benefit includes a 12 month waiting period for new hires.

Benefit Detail	Hourly
Elimination Period	14 day waiting period
Benefit Duration	11 weeks
Percentage of Income Replaced	\$300 weekly 60% up to \$300 maximum

Employee Assistance Program

Provider
ComPsych: Guidance Resources**Website**
www.guidanceresources.com**Phone Number**
800-311-4327

- 24/7 unlimited phone access to legal, financial and work-life services;
- Family and relationships;
- Legal and financial matters;
- Healthy lifestyles;
- Work and life transitions;

- Online Will Preparation;
- Legal library & online forms;
- Financial tools & resources;
- Substance abuse & other addictions;
- Dependent & elder care assistance.

To learn more about the Employee Assistance Program, visit www.guidanceresources.com (company Web ID: GEN311), or talk with a specialist at 800-311-4327.

COMPANY PAID BENEFITS

IMG Travel Assistance Services

Provider

International Medical Group,
Inc. (IMG)

Website

www.imglobal.com

Phone Number

855-847-2194

Medical Emergency Evacuation and Transportation: IMG can coordinate and provide transportation to a hospital or medical facility to treat an unforeseen sickness or injury when adequate medical treatment is not available in the immediate area.

Dependent Child Transportation: If a medical emergency leaves no parents available, this benefit includes arrangement and payment for the child's trip home or arrangement and payment for a family member to travel to and care for the child.

And Much More:

- Medical referrals and general medical advice;
- Arrangement for the delivery of medications, medical devices or other important items;
- Updates to family, employer and/or home physician;
- Repatriation of a deceased traveler;
- Security and political evacuation assistance;
- Destination info — weather, currency and more;
- Emergency travel arrangements and funds transfer;
- Lost or stolen travel documents assistance;
- Language translation services;
- Medical and dental referrals.



MEDICAL AND PRESCRIPTION PLANS

Provider
UMR

Website
www.umr.com

Phone Number
800-826-9781

Mobile Site
UMR mobile site: www.umr.com



- View claims as they are processed
- Access your virtual ID Card
- Locate a Network Provider, by specialty

To review your prescription cost, please visit Express Scripts:

Website
www.express-scripts.com

Phone Number
800-818-6634

You've got Teladoc!
24/7 access to doctors by phone or video.



- Talk to a doctor in minutes
- Available 24/7 anywhere
- Get prescriptions

For more information visit:
Teladoc.com



Southern Furniture Industries offers a choice of two self-funded medical Preferred Provider Organization (PPO) plans through UMR, a UnitedHealthcare Company. Our PPO plans allow participants to utilize a network of physicians and facilities contracted by UnitedHealthcare to provide services within negotiated prices. You will have the option of using both in-network and out-of-network providers; however, you will receive your biggest savings with in-network providers.

Plan 1		
UMR		
Services	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	
	Employee Pays	Employee Pays
Primary Care Office Visit	\$25 copay	40% after deductible
Teladoc	\$0 copay	Not applicable
Acute Care Family Clinic	\$10 copay	Not applicable
Specialist Office Visit	\$50 copay	40% after deductible
Preventive Services:		
• Well Child Care	No charge	Not covered
• Annual Physical Exams		Well Baby Care 40% after deductible
Calendar Year Deductible	\$500 \$1,500	\$500 \$1,500
Hospitalization	25% after deductible	40% after deductible
• Inpatient & Outpatient		
Physician Inpatient & Outpatient Services	25% after deductible	40% after deductible
Emergency Room	25% after deductible	40% after deductible
• Non-Emergency use of the ER is Not covered		
Urgent Care Center	\$25/\$50 copay	40% after deductible
Plan Year Coinsurance Out-of-Pocket Maximum		
• Individual	\$2,500	\$25,000
• Family	\$6,250	
Prescription Drugs (mail order or retail)		
• Generic	\$5 copay	
• Preferred Brand	\$25 copay	
• Non-Preferred Brand	50% coinsurance	
• Specialty Drugs	50% coinsurance	
A 90 day supply is available through mail order or a Smart90 retail pharmacy.		Not covered

Grandfathered Health Plan

The medical plans offered by Southern Furniture Industries continue to be “grandfathered plans” under the Patient Protection and Affordable Care Act. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

MEDICAL AND PRESCRIPTION PLANS

Provider UMR		
Website www.umr.com		
Phone Number 800-826-9781	Services	In-Network
Mobile Site UMR mobile site: www.umr.com	Lifetime Maximum	Unlimited
		Employee Pays
<ul style="list-style-type: none"> View claims as they are processed Access your virtual ID Card Locate a Network Provider, by specialty <p>To review your prescription cost, please visit Express Scripts:</p> <p>Website www.express-scripts.com</p> <p>Phone Number 800-818-6634</p> <p>You've got Teladoc! 24/7 access to doctors by phone or video.</p>	Primary Care Office Visit	\$25 copay
	Teladoc	\$0 copay
	Acute Care Family Clinic	\$10 copay
	Specialist Office Visit	\$50 copay
	Preventive Services: <ul style="list-style-type: none"> Well Child Care Annual Physical Exams 	100% once per plan year for ACA mandated services*
	Calendar Year Deductible <ul style="list-style-type: none"> Individual Family 	\$1,500 \$3,000
	Hospitalization <ul style="list-style-type: none"> Inpatient & Outpatient 	30% after deductible
	Physician Inpatient & Outpatient Services	30% after deductible
	Emergency Room <ul style="list-style-type: none"> Non-Emergency use of the ER is Not covered 	30% after deductible
	Urgent Care Center	\$25/\$50 copay
	Plan Year Out-of-Pocket Maximum <ul style="list-style-type: none"> Individual Family 	Copayments, deductible and coinsurance accumulate towards the out of pocket maximum \$7,000 \$14,000
	Prescription Drugs (mail order or retail) <ul style="list-style-type: none"> Generic Preferred Brand Non-Preferred Brand Specialty Drugs 	\$250 Rx deductible <ul style="list-style-type: none"> \$10 copay, no Rx deductible \$35 copay, after Rx deductible 50% coinsurance after deductible; maximum \$250 20% coinsurance after deductible
	<i>Please enroll in the Specialty Drug Program explained on Page 9</i>	A 90 day supply is available through mail order or a Smart90 retail pharmacy.

*For an up to date list of preventive services and immunizations covered by your plan, please visit www.uspreventiveservicestaskforce.org.

IMPORTANT NOTE:

Required documentation for medical enrollment - Marriage License, Social Security Card, Birth Certificate, Divorce Decree and/or Court Order regarding Custody and Insurance. Failure to return completed enrollment forms & supporting documentation by the enrollment deadline will result in waiver of benefits.

PRESCRIPTION DRUGS

Provider
Express Scripts

Website
www.express-scripts.com

Phone Number
800-818-6634

SPECIALTY MEDICATIONS

Provider
NFP Rx Solutions

Phone Number
888-201-9175

Specialty Drug Program for Plan 2 Members

NFP Rx Solutions, Speciality Prescription Drug Program

1. Who is eligible for this program?

Any Health Plan 2 members who are taking specialty drugs like Humira, Ravicti, Gilenya, Sprycel and Neupogen to name a few for conditions like rheumatoid arthritis, multiple sclerosis, HIV, and Cancer.

2. What are the benefits of this program?

You pay just 20% of the cost of these high cost drugs.

3. How can I enroll in this program?

All employees and their dependents currently prescribed specialty medications will receive a letter from NFP Rx Solutions with instructions on how to enroll in the program. Employees and their dependents currently prescribed specialty medications will be contacted by the NFP Rx Solutions team via letter to register for the program. Upon receipt of the letter, members should contact Rx Solutions at 888-201-9175 to enroll in the available programs through the medication's manufacturer.

4. What happens if I do not enroll in this program?

You will pay a higher cost for your specialty medication.

The Smart 90 Program

You have two ways of getting a 3-month supply of maintenance medications and **SAVING** money!

Choose Home Delivery



Get your 3-month supply delivered to you by the Express Scripts PharmacySM

Express Scripts will call your doctor to get a new 3-month prescription.

You can get free standard shipping.

You can talk to your Express Scripts pharmacist from the privacy of your own home, any time of the day or night.

You can take advantage of an extended payment plan to make managing your budget as easy as managing your medicine.

Call 800-818-6634 or visit
www.Express-Scripts.com
if you have questions.

Find a Pharmacy



Get your 3-month supply filled at a participating pharmacy.

Ask the pharmacy how to transfer your prescription, or how to start a new one, and then fill your 3-month prescription.

DENTAL PLAN

Provider
Lincoln Financial Group

Website
www.lincoln4benefits.com

Phone Number
800-423-2765

Benefit Detail	Dental Plan
Plan Year Deductible	\$50 per individual / \$150 per family
Plan Year Maximum	\$1500
Preventive Services • Once every 6 months	100%, no deductible
Basic Services	80%
Major Services	50%
Orthodontia • Up to age 19	50%
Orthodontia Maximum	\$1500

VISION PLAN

Provider
VSP Choice Network

Website
www.vsp.com

Phone Number
800-877-7195

TruHearing® Hearing Aid Discount Program

VSP® Vision Care members can save up to 60% on the latest brand-name hearing aids. Dependents and even extended family members are eligible for exclusive savings, too.

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call 877.396.7194 with questions.

	In-Network	Out-of-Network Reimbursement Amount
Office Visit • Comprehensive Eye Exam	\$10 copay	Up to \$45
Prescription Glasses (frames and lenses)	\$25 copay	Up to \$30
Frames (Single vision, lined bifocal, lined trifocal and lenticular lenses are covered in full)	\$180 allowed \$200 allowed for featured brands \$180 allowed for Walmart frames	Up to \$70
Contact Lenses - Elective • Lenses • Fitting and evaluation	\$180 allowed Maximum of \$60 copay	Up to \$105
Contact Lenses - Necessary • Lenses • Fitting and evaluation	Covered in full after \$25 copay Maximum of \$60 copay	Up to \$210
Frequency of Services • Comprehensive Eye Exam • Lenses • Frames • Materials		Once every 12 months Once every 12 months Once every 24 months Once every 12 months

Employees required to wear safety glasses can receive free prescription safety eye-wear.



VOLUNTARY TERM LIFE AND AD&D INSURANCE

Provider
Prudential

Website
[www.prudential.com/
mybenefits](http://www.prudential.com/mybenefits)

Phone Number
888-598-5671

Southern Furniture Industries offer all eligible full-time employees Voluntary Term Life Insurance and Accidental Death and Dismemberment (AD&D). Annually during Open Enrollment, employees may increase their insurance amount by \$10,000 with no evidence of insurability.

Employee Amount	Up to 5 x annual income (in \$10,000 increments)
Employee Maximum	\$500,000
Guarantee Issue*	\$250,000
Spouse Amount	50% of employee's benefit up to \$250,000
Spouse Guarantee Issue	\$50,000
Dependent Child(ren) Guarantee Issue	Birth - 15 days no coverage 16 days - 6 months \$250 Age 6 months - 26 \$10,000

Employee and spouse benefits terminate at Social Security Normal Retirement Age (SSNRA).

* Benefits are reduced 35% of the original amount at age 65; 50% of the original amount at age 70.

VOLUNTARY LONG TERM DISABILITY INSURANCE

Provider
Prudential

Website
[www.prudential.com/
mybenefits](http://www.prudential.com/mybenefits)

Phone Number
888-598-5671

Southern Furniture Industries offer Long Term disability insurance to all eligible full-time employees.

Elimination Period	90 days
Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Definition of Disability	2 years own occupation
Percentage of Income Replaced	60% or \$5,000 maximum
Maximum Benefit Amount	\$5,000 monthly

You may be ineligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.

RAMSEY

SMARTDOLLAR®

Provider
Ramsey
SmartDollar

Website
www.smartdollar.com

Phone Number
888-227-3223

SmartDollar, the financial wellness program from Dave Ramsey, will get you pumped up and dreaming big, walking you through your financial journey no matter where you may be. Learn how to pay off debt faster, save money for emergencies, and prepare for retirement with the help of powerful lesson videos, interactive budgeting tools and a personalized experience. After only one year in the program, the average SmartDollar user has seen an average financial turnaround of \$16,200. You can too!

Did we mention that SmartDollar is confidential and available at no cost to you? Get a sneak peak of the program by scanning the barcode to the right to watch the video!



To create your account and get started, scan the bar code to the right!



401(k) RETIREMENT SAVINGS PLAN

Provider
Fidelity

Website
www.401k.com

Phone Number
800-835-5097

Mobile App



Plan Features:

- **NEW! Company matches 50% of employees first 6% of contributions**
- Reduced eligibility period
- Loan feature

Now is the time to start thinking about your financial future. Your retirement plan lets you save with pre-tax dollars, lowering the amount of taxes you pay.

Participation is easy. You contribute a portion of your pay to your account each pay period through payroll deductions. These contributions are then invested in the plan's investment options you have selected, allowing your money the opportunity to grow even more. The earlier you start, the longer your money can work to prepare for your retirement.

Small steps can get you to your retirement goal. Take one today. Join your retirement plan now, and help make your future everything you want it to be.



REQUIRED NOTICES

Special Enrollment Notices

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, please contact your HR Director.

Women's Health and Cancer Rights

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;
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same annual deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: If you would like more information on WHCRA benefits, call UMR at 800-826-9781.

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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



REQUIRED NOTICES

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. Contact your State for more information on eligibility –

State	Program	Website	Phone Number
Alabama	Medicaid	http://myalhipp.com/	1-855-692-5447
Alaska	Medicaid	The AK Health Insurance Premium Payment Program: http://myakhipp.com/ CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhses.alaska.gov/dpa/Pages/medicaid/default.aspx	1-866-251-4861
Arkansas	Medicaid	http://myarhipp.com/	1-855-MyARHIPP (855-692-7447)
Colorado	Medicaid	https://www.healthfirstcolorado.com/ https://www.colorado.gov/pacific/hcpf/child-health-plan-plus	1-800-221-3943 1-800-359-1991/ State Relay 711
Florida	Medicaid	http://flmedicaidptprecovery.com/hipp/	1-877-357-3268
Georgia	Medicaid	https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp	678-564-1162 ext 2131
Indiana	Medicaid	http://www.in.gov/fssa/hip/ http://www.indianamedicaid.com	1-877-438-4479 1-800-403-0864
Iowa	Medicaid	http://dhs.iowa.gov/Hawki	1-800-257-8563
Kansas	Medicaid	http://www.kdheks.gov/hcf/	1-785-296-3512
Kentucky	Medicaid	https://chfs.ky.gov	1-800-635-2570
Louisiana	Medicaid	http://dhh.louisiana.gov/index.cfm/subhome/1/n/331	1-888-695-2447
Maine	Medicaid	http://www.maine.gov/dhhs/ofi/public-assistance/index.html	1-800-442-6003 TTY: Maine relay 711
Massachusetts	Medicaid and CHIP	http://www.mass.gov/eohhs/gov/departments/mashealth/	1-800-862-4840
Minnesota	Medicaid	https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp	1-800-657-3739
Missouri	Medicaid	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana	Medicaid	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	1-800-694-3084
Nebraska	Medicaid	http://www.ACCESSNebraska.ne.gov	Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
Nevada	Medicaid	https://dhcfp.nv.gov	1-800-992-0900
New Hampshire	Medicaid	https://www.dhhs.nh.gov/oi/hipp.htm	603-271-5218
New Jersey	Medicaid CHIP	http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ http://www.njfamilycare.org/index.html	609-631-2392 1-800-701-0710
New York	Medicaid	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina	Medicaid	https://medicaid.ncdhs.gov/	919-855-4100
North Dakota	Medicaid	http://www.nd.gov/dhs/services/medicalserv/medicaid/	1-844-854-4825
Oklahoma	Medicaid and CHIP	http://www.insureoklahoma.org	1-888-365-3742
Oregon	Medicaid	http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html	1-800-699-9075
Pennsylvania	Medicaid	http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippogram/index.htm	1-800-692-7462
Rhode Island	Medicaid	http://www.eohhs.ri.gov/	855-697-4347, or 401-462-0311
South Carolina	Medicaid	https://www.scdhhs.gov	1-888-549-0820
South Dakota	Medicaid	http://dss.sd.gov	1-888-828-0059
Texas	Medicaid	http://gethipptexas.com/	1-800-440-0493
Utah	Medicaid and CHIP	https://medicaid.utah.gov/ http://health.utah.gov/chip	1-877-543-7669
Vermont	Medicaid	http://www.greenmountaincare.org/	1-800-250-8427
Virginia	Medicaid CHIP	http://www.coverva.org/programs_premium_assistance.cfm http://www.coverva.org/programs_premium_assistance.cfm	1-800-432-5924 1-855-242-8282
Washington	Medicaid	https://www.hca.wa.gov/	1-800-562-3022 ext. 15473
West Virginia	Medicaid	http://mywvhipp.com/	1-855-MyWVHIPP (1-855-699-8447)
Wisconsin	Medicaid and CHIP	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf	1-800-362-3002
Wyoming	Medicaid	https://wyequalitycare.acs-inc.com/	307-777-7531

For more information on special enrollment rights, contact either: U.S. Department of Labor, Employee Benefits Security Administration at www.dol.gov/agencies/ebsa or 1-866-444-EBSA (3272) or U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services at www.cms.hhs.gov or 1-877-267-2323, Menu Option 4, Ext. 61565. OMB Control Number 1210-0137 (expires 1/31/2023)

REQUIRED NOTICES

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. You are responsible for providing a copy of the notice to your dependents who are covered under the plan.

The SBC is available by calling HR at 662-488-4007. A paper copy is also available, free of charge, from the HR Office.

Important Notice from Southern Furniture Industries About Your Prescription Drug Coverage and Medicare

Southern Furniture Industries are required to provide all Medicare eligible participants in the Southern Furniture Industries Medical Plans with this Creditable Coverage Notice about your current prescription drug coverage with Southern Furniture Industries, and about your options under Medicare's prescription drug coverage. Please read this notice carefully and keep it where you can find it. 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. Southern Furniture Industries have determined that the prescription drug coverage offered under Southern Furniture Industries are 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 (Part D) Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 - December 7th. If you enroll from October 15th through December 7th, your coverage will begin on January 1.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

What Happens To Your Current Southern Furniture Industries Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Southern Furniture Industries Health Plan coverage will not be affected. For most persons covered under the plan, the Southern Furniture Industries plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about what program pays first and what program pay second, see the Plan's Summary Plan Description or contact at the telephone number or web address listed herein.

If you do decide to join a Medicare Part D (drug) plan and drop your current Southern Furniture Industries medical/drug coverage, be aware that you and your dependents will be able to get this coverage back, but only during any open enrollment period under the Southern Furniture Industries medical plan.

REQUIRED NOTICES

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you are Medicare-eligible and drop or lose your current coverage with Southern Motion Incorporated or Fusion Furniture Incorporated and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

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

For further information, please contact your local HR manager.

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 Southern Motion Incorporated or Fusion Furniture Incorporated changes. You also may request a copy of this notice at any time. CMS Form 10182-CC, Updated April 1, 2011.

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

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

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

For more information about Medicare prescription drug coverage: Visit www.medicare.gov.

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

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



REQUIRED NOTICES

HIPAA Privacy and Security Notice

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully.

If you have any questions about this Notice, please contact Human Resources at 662-488-4007.

This Notice is effective on May 1, 2021.

OUR COMMITMENT REGARDING YOUR PERSONAL HEALTH INFORMATION

Southern Furniture Industries are committed to maintaining and protecting the confidentiality of our employees' personal information. This Notice of Privacy Practices applies to Southern Furniture Industries health plans covered by the privacy regulations, for example, health benefits plans, dental plans, employee assistance plans (EAPs) and pharmacy benefit programs (collectively, the Plans). The Plans are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. We are required to provide you with this Notice about our policies, safeguards and practices. When the Plans use or disclose your PHI, the Plans are bound by the terms of this Notice, or the revised Notice, if applicable.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

Model HIPAA Notice of Privacy Practices

Effective Date: 5/1/2021

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

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Human Resources at 662-488-4007.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

REQUIRED NOTICES

HIPAA Privacy and Security Notice cont.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

REQUIRED NOTICES

HIPAA Privacy and Security Notice cont.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Privacy Official Southern Motion Incorporated, PO Box 1064, Pontotoc MS 38863. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Privacy Official Southern Motion Incorporated, PO Box 1064, Pontotoc MS 38863. **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Privacy Official Southern Motion Incorporated, PO Box 1064, Pontotoc MS 38863.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Privacy Official Southern Motion Incorporated, PO Box 1064, Pontotoc MS 38863. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Privacy Official Southern Motion Incorporated, PO Box 1064, Pontotoc MS 38863. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice from Human Resources.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Human Resources at 662-488-4007. All complaints must be made in writing. You will not be penalized for filing a complaint.

You may contact your HR office at:

Southern Motion Incorporated, PO Box 1064, Pontotoc MS 38863
Phone: 662-488-4007

or Fusion Furniture Incorporated, 957 Pontotoc County Industrial Pkwy, Ecru, MS 38841
Phone: 662-489-1296

The Plans may change the terms of this Notice at any time. If the Plans change this Notice, the Plans may make the new Notice terms effective for all of your PHI that the Plans maintain, including any information the Plans created or received before we issued the new Notice. If the Plans change this Notice, the Plans will make it available to you.

REQUIRED NOTICES

Discrimination Notice

Southern Furniture Industries complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Southern Furniture Industries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Southern Furniture Industries:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Human Resources.

If you believe that Southern Furniture Industries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Human Resources. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Human Resources is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20211
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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PROVIDER CONTACT INFORMATION

For questions regarding Medical,
contact **UMR** at:
800-826-9781 or visit www.umr.com



For questions regarding Prescription Drugs,
contact **Express Scripts (ESI)** at:
800-818-6634 or visit www.express-scripts.com



For questions regarding Dental,
contact **Lincoln Financial Group** at:
800-423-2765 or visit www.lincoln4benefits.com



For questions regarding Vision,
contact **VSP** at:
800-877-7195 or visit www.vsp.com



For questions regarding Short-Term Disability, Basic and Voluntary Life,
contact **Prudential** at:
888-598-5671 or visit www.prudential.com/mybenefits



For questions regarding the Employee Assistance Program,
contact **ComPsych** at:
800-311-4327 or visit www.guidanceresources.com



For questions regarding the Travel Assistance Program,
contact **International Medical Group, Inc. (IMG)** at:
855-847-2194 or visit www.imglobal.com
email assist@imglobal.com



For questions regarding the 401(k) Savings Account,
contact **Fidelity** at:
800-835-5097 or visit www.401k.com



The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.