



**OPEN ENROLLMENT 2026**  
Register and shop for benefits starting  
NOVEMBER 17, 2025, through DECEMBER 10, 2025  
(Benefits Effective January 1, 2026)

November 7, 2026

**2026 BENEFITS & ST. MORITZ ADP EMPLOYEE SELF-SERVICE PORTAL – Your Pay, Benefits & Policy Resource Center 24/7**

The Open Enrollment shopping window to select your 2026 Benefits Program opens Monday, November 17th! You must access the **St. Moritz ADP Employee Self-Service** portal to enroll in new programs, cancel existing benefits, or update coverage levels.

The **St. Moritz ADP Employee Self-Service** portal provides employees with convenient access to their own personal, benefits, and pay information. Through our customized site, employees can accomplish the following activities any day of the week, at any hour of the day:

- View and update your personal information such as address, phone numbers, dependents, or emergency contacts.
- View, save, or print your pay statements and annual W-2 statements.  
**NOTE: ADP is going paperless. Paper check vouchers will no longer be mailed to most employees.**
- View and update your federal tax filing status (W-4), as well as access financial calculators.
- View your **Direct Deposit** bank account information.
- View and update your talent records such as education, PSPA training, skills, memberships, licenses & certifications.
- Visit the **Resources** menu under **Company Policies** to view the Employee Policy & Procedure Manual or Safety Manual or check **Forms Library** to see Sick Pay information, Benefit Plan descriptions, Benefit Claim forms, Annual Notices, and more.
- **ENROLL, CANCEL, OR REVIEW your enrollments in 2026 Company Sponsored Benefits.** *All benefits/insurance activity will be processed online through the St. Moritz ADP Employee Self-Service portal site.*
- Access your pay or retirement data and process your benefit enrollments securely using the **ADP Mobile App!**
- **Wisely Pay Cards** are here! Employees without direct deposit may be paid by Wisely pay card rather than paper checks. For more information about the Wisely pay card, visit [mywisely.com](http://mywisely.com).

**NOT REGISTERED?**

If you have not already registered on the St. Moritz ADP Employee Self-Service portal site you can take the First Step NOW to register and ensure your full access to information and enrollment opportunities (Change, cancel or enroll in 2026 Benefits Programs). *Note: This system requires a valid email address.*

1. Visit [www.workforcenow.adp.com](http://www.workforcenow.adp.com)
2. Click: New user? **“Get started”**
3. Choose to create your account by selecting FIND ME or enter your exclusive Registration Code emailed to you by ADP. *(Please note that this is case specific and must be entered exactly as written.)*
4. Enter your first and last name and the identifying information requested on the **“Let’s get started”** screen when asked if you want to set up an account with St. Moritz Security Services, Inc. *(This applies to both St. Moritz Security AND St. Moritz Building Services employees.)*
5. Select an option to verify your identity. ADP will send you a verification code by either email or text message. Enter the verification code in the box on the screen.
6. Follow the on-screen instructions to complete the setup of your unique and secure Username, Password, and Security Questions.

**TROUBLE REGISTERING?**

Perhaps you don’t yet have an email address on file with us. To update our system please send your name and email address to: [hr@stmoritzgroup.com](mailto:hr@stmoritzgroup.com) (For example: Name: John Doe, Email: [jdoe@gmail.com](mailto:jdoe@gmail.com)). Your email will be added to the database, and you will receive an email back from the HR Team with “Next Steps” instructions.

**Don’t have an email?** Visit [www.stmoritzbenefits.org](http://www.stmoritzbenefits.org) to watch the video on how to set up a free personal email account.

**Already registered for the ADP Portal.** Simply bypass the registration process by visiting [www.workforcenow.adp.com](http://www.workforcenow.adp.com) and log in with your existing Username and password. You will be able to see the Open Enrollment benefit options starting November 18<sup>th</sup>.

**For assistance call the St. Moritz Benefits Concierge Service Center:  
Benefit Simply Benefits: 1-724-567-3887 or 1-888-744-0037 (M-F 9am-5pm EST)**

# Voluntary Benefit Enrollment

## Open Enrollment:

November 17, 2025, to December 10, 2025

Changes made during this period are effective on **January 1, 2026**. During Open Enrollment you may make changes to your current coverage level, add new coverage, or end coverage. If you do not want to make any changes to your benefits, you do not need to take any action. Employees must work at least 20 hours per week to enroll in voluntary benefits.

Plans to choose from:

- Dental\*
- Vision\*
- Critical Illness Coverage
- Term Life Insurance
- ID Theft/Legal Club - **NEW**
- Short Term Disability
- Long Term Disability
- Accident Coverage
- BOST Teladoc Card

*\*NOTE: **The UHC Vision and Dental plans are paperless.** No cards will be provided for these plans. To print a temporary card, you may register on [myUHCvision.com](http://myUHCvision.com) or [myUHCdental.com](http://myUHCdental.com) or tell your participating provider that you have United Healthcare Vision / Dental, and the provider should be able to locate your coverage in their system.*

For assistance enrolling in the above benefits, you may call **Benefit Simply**, our benefit concierge service, at 1-888-744-0037.

## MEDICAL COVERAGE

**Qualifying employees** who work at least 30 hours per week will be offered UHC FlexWork, an ACA Compliant Minimum Value Coverage Medical Plan. If you have been determined eligible for medical coverage, please visit [www.workforcenow.adp.com](http://www.workforcenow.adp.com) or contact Benefit Simply 1-888-744-0037 for assistance. **NOTE: This plan is guaranteed to be affordable. Employees will NOT be eligible for a subsidy on the exchange.**

### IMPORTANT INFORMATION REGARDING BOST Teladoc Card:

**Payroll Deduction Notification:** If you elect the **BOST Teladoc Card** plan, your paycheck deductions will start the MONTH BEFORE that benefit is effective. (For example, January benefit deductions are withheld in December.) Depending on the enrollment dates, you may owe for both January and February during the month of January. If so, your deduction will be higher for the first month of your enrollment. For all other benefits, your paycheck deductions will start the same month that your benefits are effective.

**NOTE:** If you **miss a paycheck, you are still responsible for paying for your benefits.** Your benefit deduction may be increased to make up for missed premium deductions. If you will be off work for an extended period, contact Human Resources to make arrangements to pay for your benefits.

Visit [www.workforcenow.adp.com](http://www.workforcenow.adp.com)

by December 10, 2025 to register/login, enroll, change, or cancel!

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**Please review the included COBRA Notice for important benefit enrollment and cancellation information.**

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Visit our employee benefits website: [~www.stmoritzbenefits.org~](http://www.stmoritzbenefits.org)

*The following **Benefit Highlights** page shows premium rates for an **entire month**. If you are paid every other week, that amount will be divided in half and will be deducted two times per month. If you are paid each week, that amount will be divided by four and be deducted from four paychecks per month. For example: Employee only Vision coverage is \$7.36 per month, or \$3.68 per pay if you are paid every two weeks, or \$1.84 per pay if you are paid weekly.*

**Dental** - United Healthcare

**Vision** - United Healthcare

**Teladoc Plan** - BOST

**Accident** - Guardian

**Critical Illness** - Guardian

**Term Life** - Guardian

**Long Term Disability** - One America

**Short Term Disability** - One America

**ID Theft/Legal Care** - **NEW**

## ID Theft and Legal Care by Legal Club - **NEW for 2026**

Plan includes **FREE** & discounted **Legal Care**, **Right to Bear Association Membership**, **FREE Tax Preparation** and Advice, plus **Identity Theft** prevention & restoration **including \$1,000,000 of ID Theft insurance** and **FREE** dependent coverage! PLUS plan includes Credit Bureau Monitoring for Equifax, Experian, and Trans Union. **Website:** [www.legalclub.com](http://www.legalclub.com) **Member Services:** 1.800.305.6816

Classic Plan		PLUS Plan
*Monthly	\$16.00	\$22.00

## Dental PPO (with Orthodontics\*\*) by United Healthcare

Diagnostic and preventative services include exams, cleanings, fluoride, space maintainers, fillings, sealants, brush biopsy, and radiographs. See dental policy schedule for services that qualify as preventive, basic, and major. Basic services include emergency palliative treatment, periodontal maintenance, simple extractions, and minor restorative services. Major services include periodontics (other than periodontal maintenance), major restorative services, prosthodontics services, as well as re-aligns and repairs, endodontics, and complex oral surgery.

Contract Year Max is \$1000**	
Deductible	\$50 (\$150 max per family)
Preventative	100%
Basic	90%
Major	60%

Dental *Monthly	
Employee Only	\$19.88
Employee + Spouse	\$42.96
Employee + Child(ren)	\$49.32
Employee + Family	\$78.64

\*\*Lifetime orthodontic benefit of \$1,000.00 applies to children only. **Plan is paperless**, no card needed. **Website:** [myUHCdental.com](http://myUHCdental.com).

## Vision Insurance by United Healthcare (Spectera Network)

- Vision coverage for exams, frames, lenses, contacts
- Exam Copay - \$10 (every 12 months)
- Prescription Glasses Copay - \$25
- Frames – up to \$150 Allowance (every 12 months)
- Lenses – Included (every 12 months)
- Contacts – up to \$150 Allowance (every 12 months)
- **Plan is paperless**, no card needed

Vision *Monthly	
Employee Only	\$7.36
Employee + Spouse	\$11.84
Employee + Child(ren)	\$12.08
Employee + Family	\$19.44

Visit [myUHCvision.com](http://myUHCvision.com) to locate providers and plan information.

## Disability: Voluntary Short Term (VSTD) and Voluntary Long-Term Disability (VLTD) by One America

Provides income when you miss work due to accidents(off the job), pregnancy, or illness. **Website:** [www.oneamerica.com](http://www.oneamerica.com) **Phone:** 855-517-6365

- **Short Term Disability plan options:**
  - 7-day elimination period with 12 weeks of benefits
  - 14-day elimination period with 11 weeks of benefits
  - 30-day elimination period with 9 weeks of benefits
- **Long Term Disability plan options:**
  - Benefit duration from 2 years to age 70 (whichever comes first)
  - Benefit Duration 5 Years to Social Security or full retirement age (SSFRA)

VSTD (30-day plan) & VLTD (2 yr. to age 70 plan) Sample Monthly Costs*		
60% Benefit Amount	VSTD (Based on \$36,000) Salary	VLTD (Based on \$36,000 Salary)
Employee (20-Year-Old)	\$9.00	\$10.80
Employee (40-Year-Old)	\$9.90	\$37.50

## Teladoc Telemedicine Discount Card by BOST: A Lifeline to Health Care

Includes 24/7 access to a doctor via phone or video for consultations and diagnoses for you and your dependents. Saves time, money, and lowers need for lengthy and hassled visits to the emergency room. Pharmacy discounts ranging from 10% to 85%. Additional tools include: Online Wellness, Medical Health Advisor, Medical Bill Saver, and Nurse line.

**App:** MyBenefitsWork

**Website:** [www.mybenefitswork.com/login](http://www.mybenefitswork.com/login)

**Member Services:** 1.800.800.7616

Employee	Employee & Family	
*Monthly	\$22.75	\$22.75

## Term Life Insurance – Guardian

Term Life Insurance with Accidental Death and Dismemberment. Coverage is guaranteed issue up to \$250,000 for the employee, \$50,000 for spouse, and \$10,000 for children (age 14 weeks to 26 years). Rates increase every 5 years. Coverage is fully portable when employee or dependent is no longer eligible under employer's plan. *EOI required outside of New Hire enrollment.*

Example: \$100,000 Life + AD & D Benefit		
Employee Age	*Monthly	\$50k Spouse / \$10k Child
25 Years Old	\$13.40	\$6.70 / \$2.07
50 Years Old	\$54.60	\$27.30 / \$2.07

## Accident ON & OFF Job with Wellness - Guardian

No underwriting required. Wellness Benefit includes coverage for screenings & procedures such as well visits, immunizations, mammography, colonoscopy, pap smear, PSA, serum cholesterol test, completion of smoking cessation and weight reduction programs and many more.

Advantage Plan Sample Rate	*Monthly
Employee	\$19.00
EE & Spouse	\$30.26
EE & Child(ren)	\$30.66
Family	\$41.92

## Critical Illness with Cancer and Infectious Disease\*\* Rider - Guardian

Guardian's Critical Illness Product provides ability for an insured to receive a lump sum benefit payment upon first and second diagnosis of any qualified Critical Illness or Infectious Disease listed under covered conditions. Benefits are paid directly to insured when they need it most. Expenditure for claim proceeds is not limited to covering medical expenses, funds can be used under the discretion of the insured for things such as childcare, transportation, and to fill in gaps in their medical plan, like co-pays and deductibles. Wellness Benefit pays when insured completes screenings such as mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation, and weight reduction programs. Benefits paid even if medical insurance pays 100% of the cost. Portability allows the employee to take the coverage with them even if employment has ended. **\*\*Infectious Disease Rider benefit effective 10/1/2021 and not before that date.**

Employee Benefit Amount & Monthly Premium*						
Age	<30	30-39	40-49	50-59	60-69	70+
<b>\$10,000</b>	\$7.10	\$9.50	\$17.10	\$30.80	\$47.10	\$90.60
<b>\$20,000</b>	\$12.50	\$17.30	\$32.50	\$59.90	\$92.50	\$179.50
<b>\$30,000</b>	\$17.90	\$25.10	\$47.90	\$89.00	\$137.90	\$268.40

Spouse Benefit Amount & Monthly Premium*						
Age	<30	30-39	40-49	50-59	60-69	70+
<b>\$5,000</b>	\$3.61	\$4.81	\$8.61	\$15.46	\$23.61	\$45.36
<b>\$10,000</b>	\$6.31	\$8.71	\$16.31	\$30.01	\$46.31	\$89.81
<b>\$15,000</b>	\$9.01	\$12.61	\$24.01	\$44.56	\$69.01	\$134.26

Premiums					
Premiums listed are for Issue Age and will not increase due to an insured's age. Child cost is included with employee election.					
Underwriting Requirements	Employee <70	Spouse <70	Child	Employee 70+	Spouse 70+
<b>Guarantee Issue</b>	\$30,000	\$15,000	All amounts Guaranteed	Health questions required	Health questions required

**Enrollments are processed via the St. Moritz ADP portal or on the ADP mobile app.**

### Register today:

If you have not already registered on the St. Moritz ADP Employee Self-Service portal follow the steps below *Note: This system requires a valid email address.*

1. Visit [www.workforcenow.adp.com](http://www.workforcenow.adp.com)
2. Click: New user? Get started
3. Choose to create your account by selecting FIND ME or use your exclusive Registration Code emailed to you by ADP. *(Please note that this is case specific and must be entered exactly as written.)*
4. Enter your first and last name and the identifying information requested on the **"Let's get started"** screen when asked if you want to set up an account with St. Moritz Security Services, Inc. (This applies to both St. Moritz Security AND St. Moritz Building Services employees.)
5. Complete the **Identify Yourself** section with your Name, Last 4 digits of your SSN, and birth date.
6. Follow the on-screen instructions to set up your unique and secure Username, Password, and Security Questions.

**TROUBLE REGISTERING?** Send your name and email address to: [hr@stmoritzgroup.com](mailto:hr@stmoritzgroup.com)  
(For example: Name: John Doe, Email: jdoe@gmail.com)

For assistance call our benefit concierge service, **BenefitSimply** at: 1-724-567-3887 or 1-888-744-0037 (M-F 9am-5pm EST)

\*See brochures, flyers, and policy contracts for full details. Final rates may fluctuate a few cents on your paycheck. The Benefit Highlights is not an official outline of coverage. See the policy from the insurance provider for the most accurate representation of your benefit plans. St. Moritz is not liable in any way for any inaccurate information contained within. If BAC coverage is selected, a payroll deduction will either be taken out a month in advance of the effective date or based on payroll timing, twice in one pay period following the effective date. If you miss a payroll deduction, your next deduction will be increased to bring your account current. \*All rates are shown using total monthly cost and payroll deduction amounts will vary depending on pay frequency. Employee must average 20 hours/week to maintain benefit enrollments. **Visit the Forms Library within ADP for additional information regarding plans, policies, and filing claims.**



# WORKPLACE SAFETY

## Employee's Right to Report Workplace Injuries & Illnesses

It is our goal to prevent work-related injuries from happening. We are always concerned whenever an employee is injured or becomes ill due to a work-related condition.

If you experience a work-related injury or illness, you are expected to report the injury or illness immediately to your supervisor. Reporting promptly helps prevent problems and delays in receiving benefits, including the medical care you may need. It is important for you to get emergency treatment if you need it. If applicable, your supervisor will tell you where to go for treatment. Tell the health care provider who treats you that your injury or illness is job-related. Upon reporting of your injury, you will be provided with a claim form. You are required to complete the claim form within one working day after learning about your injury or illness. Fill out the claim form and return it to your supervisor.

Employees on workers' compensation leave are expected to comply with their treating physician's work restrictions, keeping scheduled medical appointments, and returning to work as prescribed by a physician.

For more information regarding Workers' Compensation refer to the Employee Handbook or contact the **Chief Human Resources Officer**:

*Cassandra Tabler*  
4600 Clairton Boulevard  
Pittsburgh, PA 15236  
412-885-3144

*This communication is to inform you of your right to report work-related injuries and illnesses without fear of retaliation and to inform you of St. Moritz procedures for reporting injuries and illnesses. Employees cannot be disciplined or discharged for reporting a workers' compensation injury or illness.*

## ~ Join the 401(K) Retirement Plan ~

VISIT: [www.mykplan.com](http://www.mykplan.com) or call ADP Retirement Services at 1-800-695-7526 to enroll.

### Eligibility Requirements:

- One (1) year of continuous service (you are eligible to enroll the month following your 1-year anniversary)
- Age 21 or older
- 1,000 hours of service
- **Non-Union** (Limited PA and OH unions are included. Check with your HR Department.)

### ***Never Participated in a 401(k) Retirement Plan Before?***

Here's how it works: YOU decide how much of your paycheck (1% - 90%) you want to contribute via payroll deduction and St. Moritz automatically deposits that amount into your individual retirement account after each payday.

St. Moritz serves as the "plan sponsor" for the 401(k), yet the money always stays in YOUR name, not the company's. St. Moritz sends your payroll deductions directly to your retirement savings account. You decide how to invest your money among the options offered by the plan. Wells Fargo Financial is the financial advisor and the administration of the plan is handled through ADP (your current payroll provider).

We encourage you to take advantage of this opportunity to put some money away for retirement and lower your federal taxable income each pay. We look forward to welcoming you to the plan! **401(k) Summary Plan Description and Summary Annual Report are available in ADP on the Home page or: Visit RESOURCES / Company Information / Forms Library and on [stmoritzbenefits.org](http://stmoritzbenefits.org).**

VISIT: [www.mykplan.com](http://www.mykplan.com) or call ADP Retirement Services at 1-800-695-7526 to enroll.

## General Notice of COBRA Continuation Coverage Rights

### \*\* Continuation Coverage Rights Under COBRA \*\*

#### Introduction

You're getting this notice because you may have recently elected 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-employees' 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."

#### When is COBRA continuation 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; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Sharyn Reagan, St. Moritz Benefits Manager. **Supporting documentation will be required.**

#### How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. You must provide this notice to: Sharyn Reagan, St. Moritz HR Benefits Coordinator. **Supporting documentation will be required.**

#### Second qualifying event extension of 18-month period of continuation coverage:

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

#### Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

#### If you have questions:

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

Keep your Plan informed of address changes. To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

#### Plan contact information:

St. Moritz Group, Attn: Sharyn Reagan, 4600 Clairton Boulevard, Pittsburgh, PA 15236.  
Phone: 412-885-8144, x340 or Fax: 412-404-3231