2026 Plan Year Employee **Benefits Package**

Meridian Airport Authority

Insurance Terms and Definitions

PPO (PREFERRED PROVIDER ORGANIZATION)

A PPO is a type of insurance network. In this type of network, you may choose to obtain care in or out of your network. If you choose to visit a "Preferred", or "In-Network", provider, your out of pocket expense will be significantly less than if you visit a provider outside your network. The reason for this is the In-Network provider agrees to accept set, contracted rates as payment in full for their services in return for being part of the insurance carrier's Preferred Provider network.

DEDUCTIBLE

The amount you pay before the insurance carrier starts sharing the expense of your medical care. Major medical expenses apply to the deductible like inpatient/outpatient surgeries, MRI's, CT Scans, etc…

EMBEDDED DEDUCTIBLE

This only applies to employees who have dependents enrolled on their plans. In an Embedded deductible, no member of the family unit can satisfy more than the single deductible during the deductible period. Even though the family is subject to the family deductible as a whole, no one person can satisfy more than the single deductible.

DEDUCTIBLE PERIOD

This is the 12 month time period in which all medical expenses that would apply to your deductible accumulate. Your deductible will reset after this period ends. This time period is important to note, because it does not always align with your plan year

DEDUCTIBLE CREDIT

If your Deductible Period and Plan Year are not the same with your new health insurance carrier, the new carrier will give you "credit" for the portion of the deductible you've satisfied with the old health insurance carrier during the most recent Deductible period. In order to obtain this credit, please supply your Plan Administrator with your most recent Explanation of Benefits (EOB) from the old carrier.

CO-INSURANCE

After you've reached your deductible for the year, the insurance carrier will split the balance of the major medical expense with you. They pay a percentage and you pay a percentage of your medical expense until you've reached your Out of Pocket Maximum

OUT OF POCKET MAXIMUM

This is the maximum amount you will pay for covered medical expenses during your deductible period

CO-PAYS

This is a set Dollar amount you pay when you receive medical care from a PCP, Specialist, Urgent Care, Emergency Room, or Pharmacy. It's called a CO-pay, because you pay the set dollar amount and your insurance carrier pays the rest of the actual charge from the doctor/facility. Co-pays DO NOT apply to the deductible

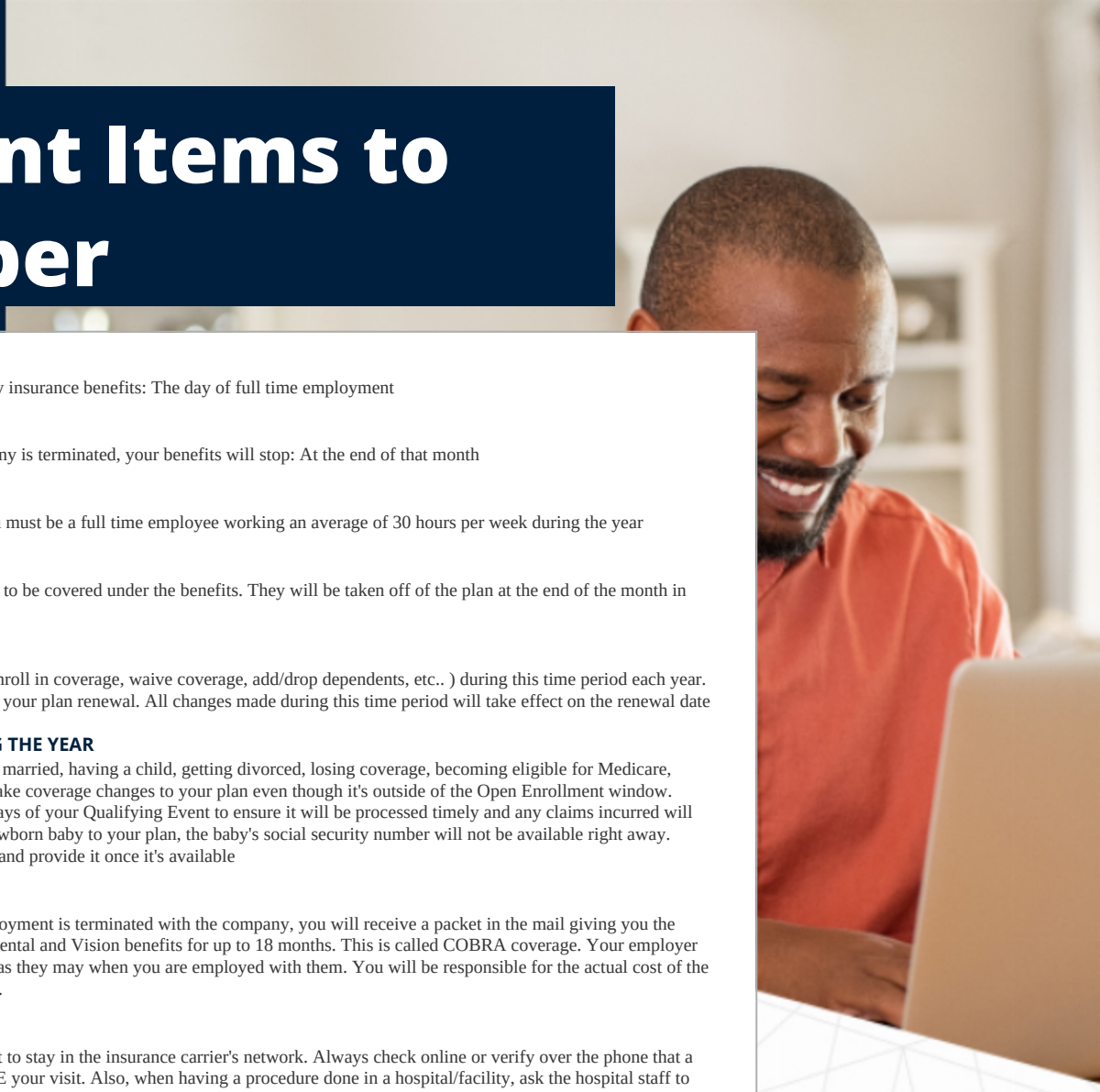
NEGOTIATED RATE (CONTRACTED RATE)

When a Provider (doctor, facility, pharmacy or hospital) contracts with an insurance carrier, they are considered In-Network. Part of the contract states that the provider will accept a lower payment (lower than what they normally charge) from the insurance carrier as payment in full. This lower payment is the Negotiated Rate.

EXPLANATION OF BENEFITS

Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.

Important Items to Remember



NEW HIRE WAITING PERIOD
New employees are eligible for company insurance benefits: The day of full time employment

TERMINATION OF BENEFITS
When your employment with the company is terminated, your benefits will stop: At the end of that month

ELIGIBLE EMPLOYEES
To be eligible for company benefits, you must be a full time employee working an average of 30 hours per week during the year

DEPENDENT CHILDREN
Children under the age of 26 are eligible to be covered under the benefits. They will be taken off of the plan at the end of the month in which they turn 26

OPEN ENROLLMENT
You can make changes to your plans (enroll in coverage, waive coverage, add/drop dependents, etc..) during this time period each year. Open enrollment occurs 30 days prior to your plan renewal. All changes made during this time period will take effect on the renewal date

MAKING PLAN CHANGES DURING THE YEAR
If you've had a major life event (getting married, having a child, getting divorced, losing coverage, becoming eligible for Medicare, etc…) during the year, you're able to make coverage changes to your plan even though it's outside of the Open Enrollment window. Please turn in all paperwork within 30 days of your Qualifying Event to ensure it will be processed timely and any claims incurred will be paid. PLEASE NOTE: If adding a newborn baby to your plan, the baby's social security number will not be available right away. Please submit the paperwork without it, and provide it once it's available

COBRA
PLEASE NOTE: In the event your employment is terminated with the company, you will receive a packet in the mail giving you the opportunity to continue your Medical, Dental and Vision benefits for up to 18 months. This is called COBRA coverage. Your employer DOES NOT contribute to this coverage as they may when you are employed with them. You will be responsible for the actual cost of the insurance if you wish to continue with it.

STAY IN NETWORK
To obtain the best benefits, it's important to stay in the insurance carrier's network. Always check online or verify over the phone that a doctor or hospital is in network BEFORE your visit. Also, when having a procedure done in a hospital/facility, ask the hospital staff to make sure EVERY doctor/nurse/radiologist/anesthesiologist/etc... is in your network

EXPLANATION OF BENEFITS
Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.

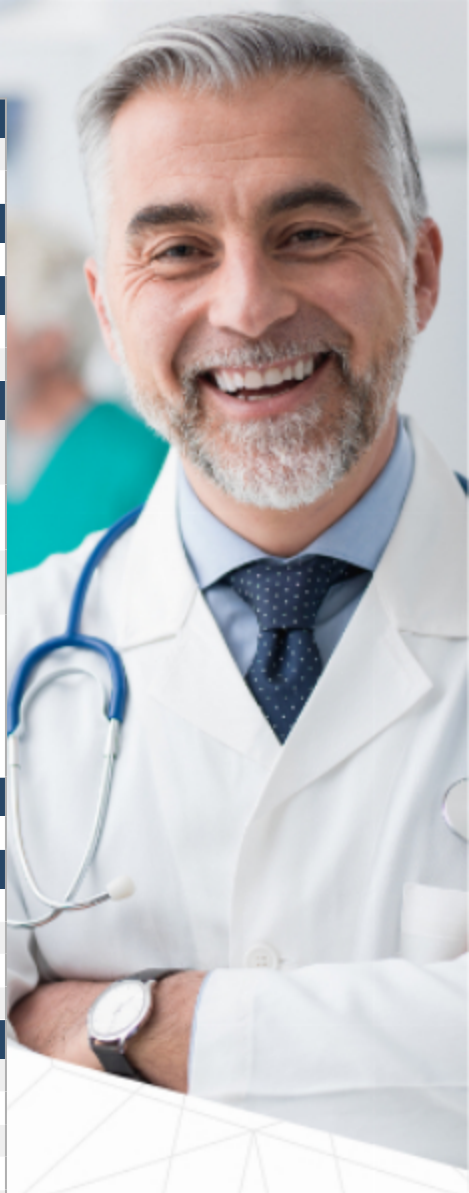
NEED A NEW ID CARD OR ANOTHER ID CARD FOR A DEPENDENT?
You can register for the insurance carrier's website where you can print out temporary ID cards and order new cards, or you can contact: Charli Armes at Benefits Management Group Email: charli@bmgp.net Phone: 601-485-0688 ext. 237

HAVE QUESTIONS ABOUT AN INSURANCE CLAIM?
PLEASE HAVE COPIES OF YOUR EXPLANATION OF BENEFITS ALONG WITH A COPY OF YOUR BILL(S) READY & CONTACT Charli Armes at Benefits Management Group Email: charli@bmgp.net Phone: 601-485-0688 ext. 237

Blue Cross Blue Shield of Mississippi | Medical Plan

DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Single	$500	$1,000
Family	$1,000	$2,000
COINSURANCE		
Member %	20%	40%
OUT OF POCKET MAXIMUM		
Single	$2,500	$5,000
Family	$5,000	$10,000
COMMONLY USED SERVICES		
Primary Care Physician Office Visit	$15 / office visit Deductible does not apply.	Not Covered
Specialist Office Visit	$25 / Specialist office visit; Deductible does not apply.	40% Coinsurance
Urgent Care	$15 / Primary care or $25 / Specialist office visit; Deductible does not apply.	40% Coinsurance
Emergency Room	20% Coinsurance	40% Coinsurance for non-emergency services rendered by a Non-Network Provider; 40% Coinsurance for non-emergency services rendered by a Non-Network Provider.
PREVENTIVE CARE		
Preventive Services	No charge; Deductible does not apply.	Not Covered
MAJOR MEDICAL EXPENSES		
Outpatient Surgery	$15 office visit copay; 20% Coinsurance	40% Coinsurance
Inpatient Hospitalization / Surgery	20% Coinsurance	40% Coinsurance
CT scan, PT scan, MRI	20% Coinsurance	Not Covered
Hospital Newborn Delivery	20% Coinsurance	40% Coinsurance
PRESCRIPTION DRUG COVERAGE		
Prescription Deductible	$0 Deductible	Not Covered
Generic (Tier 1)	$10 copay	Not Covered
Brand Name (Tier 2)	$25 copay	Not Covered
Non-Preferred (Tier 3)	$50 copay	Not Covered
Specialty (Tier 4)	$100 copay	Not Covered
PLAN INFORMATION		
Plan Year	2026	
Deductible Period	Calendar Year	
Deductible Explanation	Embedded	
Network Type	PPO	
Network Name	Network Blue	
Member Website	www.bcbsms.com	
Customer Service Phone Number	601-664-4590 or 1-800-942-0278	

PREMIUM PER EMPLOYEE PAYCHECK	
Employee Only	$0.00
Employee + Spouse	$164.16
Employee + Child(ren)	$126.85
Family	$313.38



Plan Explanation

Health Insurance explanation - Meridian Airport Authority. is pleased to offer a robust Benefit Plan designed to protect our employees. Below is the summary for our 2026 MEDICAL PLAN. Please remember to create a MYBLUE account and download the free app on your smart phone so you will have access to your benefits 24/7.

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Blue Cross & Blue Shield of Mississippi: NetworkBlue

Coverage for: Individual and/or Family | **Plan Type:** PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit us at www.bcbsms.com or call 601-664-4590 or 1-800-942-0278. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary on www.healthcare.gov/sbc-glossary or call 601-664-4590 or 1-800-942-0278 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$500 per Individual / $1,000 per Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care and medical services with copayments are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	Yes. $0 per Individual for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	For Network Providers: $2,500 per Individual / $5,000 per Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Balance-billed charges, non-network deductibles, non-network coinsurance, premiums and healthcare this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbsms.com or call 601-664-4590 or 1-800-942-0278 for a list of Network Providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$15 / office visit Deductible does not apply.	40% Coinsurance	Other Covered Services rendered in the Network Provider's office will be subject to the Network Coinsurance amount.
	Specialist visit	$25 / office visit Deductible does not apply.	40% Coinsurance	Other Covered Services rendered in the Network Provider's office will be subject to the Network Coinsurance amount. Routine vision and podiatry are not covered. See Rehabilitation services, below, for additional information.
	Preventive care/screening/ immunization	No charge	Not covered	Covered Services must be rendered by a *Healthy You!* Network Provider in that Provider's setting. Please see www.bcbsms.com/be-healthy/healthy-you-wellness-benefit. You may have to pay for services that aren't preventive. Ask your Provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% Coinsurance	Not covered	Benefits listed are for Independent Labs and Diagnostic Services Facilities. Services provided in the Provider's office may be subject to the amounts listed above for Primary or Specialist care.
	Imaging (CT/PET scans, MRIs)	20% Coinsurance	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.bcbsms.com.	Category One Drugs	$10 / prescription	Not covered	Limited to a 30-day retail supply. Certain Prescription drugs may be subject to Prior Authorization, quantity limits, day limits and/or duration of use restrictions. Generic drugs mandatory when available. *See the Prescription Drug Benefits section in Article VIII. Prescription Deductible is waived for Category One drugs.
	Category Two Drugs	$25 / prescription	Not covered	
	Category Three Drugs	$50 / prescription	Not covered	
	Category Four Drugs	$100 / prescription	Not covered	
	Category One Maintenance Drugs	$25 / Generic prescription; $30 / Brand prescription	Not covered	Limited to a 90-day maintenance supply. Certain drugs may be subject to Prior Authorization, quantity limits, day limits and/or duration of use restrictions. Generic drugs mandatory when available. *See the Prescription Drug Benefits section in Article VIII. Prescription Deductible is waived for Category One drugs.
	Category Two Maintenance Drugs	$62.50 / Generic prescription; $75 / Brand prescription	Not covered	
	Category Three Maintenance Drugs	$125 / Generic prescription; $150 / Brand prescription	Not covered	
	Category Four Maintenance Drugs	$250 / Generic prescription; $300 / Brand prescription	Not covered	
	Disease Specific Drugs	Per 30-day supply, 10% of the Allowed Amount up to $350 Copayment with a minimum of $100 Copayment	Not covered	Disease Specific Drugs must be provided by a Network Disease Specific Pharmacy or a Non-Pharmacy Network Provider, be listed in the Disease Specific Drug Formulary and are subject to Prior Authorization.
	Medical Prescription Drugs	20% Coinsurance	40% Coinsurance or Not Covered	Must be dispensed or administered by a Hospital, Physician or Allied Provider and listed in the Medical Prescription Drug Formulary. Medical Deductible applies. Non-Network Provider Benefits may vary by place of treatment. No Benefit provided if Non-Network Provider's services are not covered.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% Coinsurance	40% Coinsurance	Certain Covered Services may be subject to the Specialty Services provisions. *See the Schedule of Benefits-Specialty Services. Prior Authorization may be required if Covered Services can be provided in a lower place of treatment. *See the Ambulatory Surgical Facility Services Article.
	Physician/surgeon fees	20% Coinsurance	40% Coinsurance	None.
If you need immediate medical attention	Emergency room care	20% Coinsurance	20% Coinsurance	40% Coinsurance for non-emergency services rendered by a Non-Network Provider.
	Emergency medical transportation	20% Coinsurance	40% Coinsurance	None.
	Urgent care	$15 / Primary care or $25 / Specialist office visit; Deductible does not apply.	40% Coinsurance	Other Covered Services rendered in the Network Provider's office will be subject to the Network Coinsurance amount.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% Coinsurance	40% Coinsurance	Inpatient Rehabilitation Services are limited to 30 days per year and not covered if services received from Non-Network Provider. Certain Covered Services may be subject to the Specialty Services provisions. *See the Schedule of Benefits-Specialty Services. Prior Authorization may be required if Covered Services can be provided in a lower place of treatment. *See the Hospital Benefits Article.
	Physician/surgeon fees	20% Coinsurance	40% Coinsurance	None.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$15 / office visit; 20% Coinsurance for Outpatient services.	40% Coinsurance	For Outpatient services, other Covered Services rendered in the Network Provider's office will be subject to the Network Coinsurance amount with the Deductible waived. Subject to Care Management, Medical Necessity, and appropriateness of care.
	Inpatient services	20% Coinsurance	40% Coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you are pregnant	Office visits	$15 / visit Deductible does not apply.	40% Coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, a Copayment, Coinsurance, or Deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Maternity coverage is not available for dependent children.
	Childbirth/delivery professional services	20% Coinsurance	40% Coinsurance	
	Childbirth/delivery facility services	20% Coinsurance	40% Coinsurance	
If you need help recovering or have other special health needs	Home health care	20% Coinsurance	Not covered	Available only through Care Management. *See the Home Health section in Article XIII.
	Rehabilitation services	Inpatient and Outpatient: 20% Coinsurance Physical Medicine: 20% Coinsurance	Inpatient: Not covered Outpatient: 40% Coinsurance Physical Medicine: Not covered	Inpatient Rehabilitation limited to 30 days per year by a Network Provider. Physical medicine limited to 20 combined outpatient visits per year in the home and Provider's office. Outpatient Cardiac Rehab limited to 36 visits per year and must be rendered by a Network Provider. Speech Therapy limited to 20 outpatient visits per year. *See the Inpatient Rehabilitation, Outpatient Cardiac Rehabilitation, Physical Medicine and Speech Therapy sections.
	Habilitation services	Not covered	Not covered	Not covered.
	Skilled nursing care	Not covered	Not covered	Not covered.
	Durable medical equipment	20% Coinsurance	Not covered	Medical Necessity certificate required. *See the Durable Medical Equipment section in Article VIII.
	Hospice services	20% Coinsurance	Not covered	6 month lifetime limitation. *See the Hospice Care section in Article VIII.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Routine dental and eye care are not available.
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric Surgery
- Cosmetic Surgery
- Dental Care
- Habilitation Services
- Hearing Aids
- Infertility Treatment
- Long-term Care
- Non-emergency care when traveling outside the U.S.
- Private-duty Nursing
- Routine Eye Care
- Routine Foot Care
- Skilled Nursing Care
- Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic Care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa or you can contact the plan at 601-482-0364. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: the plan, Blue Cross & Blue Shield of Mississippi at 601-664-4590 or 1-800-942-0278 or the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 601-664-4590 or 1-800-942-0278.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 601-664-4590 or 1-800-942-0278.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 601-664-4590 or 1-800-942-0278.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 601-664-4590 or 1-800-942-0278.

Pennsylvania Dutch (Deitsh): Fer Hilf griege in Deitsch, ruf 601-664-4590 or 1-800-942-0278 uff.

Samoan (Gagana Samoa): Mo se fesoasoani I le Gagan Samoa, vala' au mai I le numera telefoni 601-664-4590 or 1-800-942-0278.

Carolinian (Kapasal Falawasch): ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 601-664-4590 or 1-800-942-0278.

Chamorro (Chamoru): Para un ma ayuda gi finu Chamoru, å'gang 601-664-4590 or 1-800-942-0278.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

* For more information about limitations and exceptions, see the plan or policy document on the Member page at www.bcbsms.com.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$500
Primary Care copayment	$15
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$500
Copayments	$0
Coinsurance	$2,000
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	$2,560

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$500
Specialist copayment	$25
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**
In this example, Joe would pay:	
Cost Sharing	
Deductibles*	$500
Copayments	$570
Coinsurance	$130
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	$1,220

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

The plan's overall deductible	$500
Specialist copayment	$25
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$500
Copayments	$80
Coinsurance	$390
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	$970

*Note: This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Principal Life Insurance Company | Accident Plan

INJURY	SCHEDULED BENEFIT
Burn - 2nd Degree	$500 - $1,500
Burn - 3rd degree	$2,500 - $5,000
Coma	$15,000
Concussion	$500
Dental Injury	$500
Dislocation - Hip	surgical: $7,500 / non-surgical: $3,750
Dislocation - Knee	surgical: $5,000 / non-surgical: $2,500
Dislocation - Shoulder	surgical: $3,000 / non-surgical: $1,500
Fracture - Hip	surgical: $10,000 / non-surgical: $5,000
Fracture - Skull	surgical: $10,000 / non-surgical: $5,000
Fracture - Arm	surgical: $3,000 / non-surgical: $1,500
Fracture - Hand	surgical: $3,000 / non-surgical: $1,500
Quadriplegia	100%
Paraplegia	50%
Loss of Speech	100%
Loss of Hearing	50%
Wellness Benefit	If you or your covered dependent has a covered screening test performed, you each may receive a $150 benefit, once per calendar year
Accidental Death & Dismemberment	You: $25,000 / Your spouse: $12,500 / Your child(ren): $6,250
PLAN INFORMATION	
Plan Year	2026
Member Website	principal.com
Customer Service Phone Number	1-800-247-4695

PREMIUM PER EMPLOYEE PAYCHECK	
Employee Only	$5.58
Employee + Spouse	$9.53
Employee + Child(ren)	$9.59
Family	$15.45

Plan Explanation

Accident Insurance explanation - This coverage pays a lump-sum benefit for injuries received from an accident.

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Policyholder: MERIDIAN AIRPORT AUTHORITY

Group accident insurance
Benefit summary for all members

Your coverage renews every January 1
This summary was created on 11/04/2025 and shows benefits available at that time.

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week

Benefits if you or your spouse are accidentally injured off the job		
Injury[1]	Benefit	
Burn		
2nd degree up to 25% of body	$500	
2nd degree over 25% of body	$1,500	
3rd degree up to 25% of body	$2,500	
3rd degree over 25% of body	$5,000	
Coma	$15,000	
Concussion	$500	
Dental injury	$500	
Dislocation[2]	Open reduction (surgical)	Closed reduction (non-surgical)
Hip	$7,500	$3,750
Knee	$5,000	$2,500
Ankle, collarbone, elbow, foot (excluding toes), hand (excluding fingers), lower jaw, shoulder, wrist	$3,000	$1,500
Eye injury with surgical repair	$500	
Fracture[2]	Open reduction (surgical)	Closed reduction (non-surgical)
Hip, skull (depressed), thigh (femur)	$10,000	$5,000
Lower leg (fibula, tibia), pelvis, skull (non-depressed), vertebrae	$5,000	$2,500
Ankle, arm, collarbone, elbow, facial bones, foot (excluding toes), hand (excluding fingers), jaw, knee cap, shoulder blade, wrist	$3,000	$1,500
Sternum, vertebral processes	$2,000	$1,000
Rib, tailbone (coccyx)	$1,000	$500
Injuries not specifically listed	$100	
Internal injury	$1,500	
Knee cartilage injury with surgical repair	$1,500	
Ruptured disc with surgical repair	$1,500	

Tendon / ligament / rotator cuff injury with surgical repair[3]	$1,500

[1]One benefit per injury type is payable per accident, unless noted.
[2]If you suffer multiple dislocations and/or fractures, your benefit will be up to 200% of the benefit amount for the dislocation/fracture with the highest benefit.
[3]Up to two benefits are payable per accident.

This benefit summary is a summary only. For a complete list of benefit information and limitations, please refer to your booklet.

What benefits does Accidental Death and Dismemberment (AD&D) provide?

AD&D	
You	$25,000
Your spouse	$12,500
Your child(ren)	$6,250
Loss	
Loss of life, or loss of both hands or both feet or one hand and one foot	100%
Loss of one hand or one foot	50%
Loss of thumb and index finger on the same hand	25%
Common carrier - If you die while a passenger on public or commercial transportation	additional 200%
Seat belt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	additional 25%
Loss of use / paralysis - total loss of movement for 12 consecutive months or permanent paralysis	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot	50%
Loss of use of one arm, one leg, one hand, or one foot	25%
Loss of sight, speech and/or hearing - total loss for 12 consecutive months	
Loss of speech and hearing in both ears, or loss of sight in both eyes	100%
Loss of speech or hearing in both ears, or loss of sight in one eye	50%
Loss of hearing in one ear	25%

Additional benefits:

Wellness	If you or your covered dependent has a covered screening test performed, you each may receive a $150 benefit, once per calendar year. Make sure to file your claim within a year of the date of service.
Portability	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.

Organized youth sports	When a covered dependent child age 18 or younger is injured while participating in an organized youth sport, they may be eligible for an additional 25% of the benefit payable for that injury up to $1,000 per calendar year.

What's available to me?

Be better prepared financially for accidents before they happen. This coverage pays a lump-sum benefit for injuries received from an accident.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

What are the limitations and exclusions of my coverage?

Benefits will not be paid for an injury arising from or during employment for wage or profit. There are limitations and exclusions to your coverage. A complete list is included in your booklet.

Principal®

principal.com

ACCIDENT INSURANCE PROVIDES LIMITED BENEFITS.
This is a summary of accident coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

Critical illness, accident, and hospital indemnity insurance

Be well—and enjoy the financial incentives

Maintaining a healthy lifestyle has plenty of advantages. In fact, with the wellness/health screening benefit from Principal®, employees and covered family members have a financial incentive for completing a covered test or procedure.

What is the wellness/health screening benefit?

The wellness/health screening benefit pays out when an employee or insured dependent has a covered wellness screening or procedure.

- One benefit is payable once per calendar year for each employee and insured dependent, and there's no family limit.
- Employees with two or more coverages (critical illness, accident, or hospital indemnity) are eligible to receive benefits by submitting only one claim.
- The benefit is paid regardless of the results or cost of the test or procedure—even if the test is covered by medical insurance.

Eligible tests and procedures

- Adult and child immunization
- Annual physical
- Bone density screening
- Cancer screening
  - Bone marrow cancer screening (serum protein electrophoresis)
  - Breast cancer screening (CA 15-3, clinical breast exam, mammogram, MRI, thermography, ultrasound)
  - Cervical cancer screening (pap smear)
  - Colorectal cancer screening (CEA, colonoscopy, double contrast barium enema, fecal occult blood test, sigmoidoscopy)
  - Ovarian cancer screening (CA 125)
  - Prostate cancer screening (digital rectal exam, PSA blood test)
- Skin cancer screening
- Cardiac stress test or electrocardiogram (EKG/ECG)—resting or stress
- Chest x-ray
- Completion of a smoking cessation program
- Completion of a weight reduction program
- COVID testing
- Doppler screening for peripheral vascular disease (arteriosclerosis) or carotid doppler ultrasound
- Genetic screening testing
- Human Papillomavirus (HPV) vaccine
- Mental health assessment
- Sampling of blood or tissue to test for genetic susceptibility for the risk of cancer
- Standard blood chemistry profile or lipid panel (cholesterol, triglycerides, HDL, LDL, fasting blood glucose, hemoglobin A1c)
- Ultrasound screening of the abdominal aorta for abdominal aortic aneurysm
- Vision testing

Submitting claims

It's easy to submit a claim online.

- Log in on **principal.com**.
- New users select **create an account** and enter the requested information.
- No need to provide proof or an explanation of benefits. We'll just need the name of the facility or provider, their phone number, plus the date of service and the test completed.

Don't want to submit the wellness/health screening claim online? On principal.com, access the **state-specific claim form** (under FOR CUSTOMERS, click "Find claims and forms"). Then, complete it and mail, email, or fax it to the address on the form.

Principal®

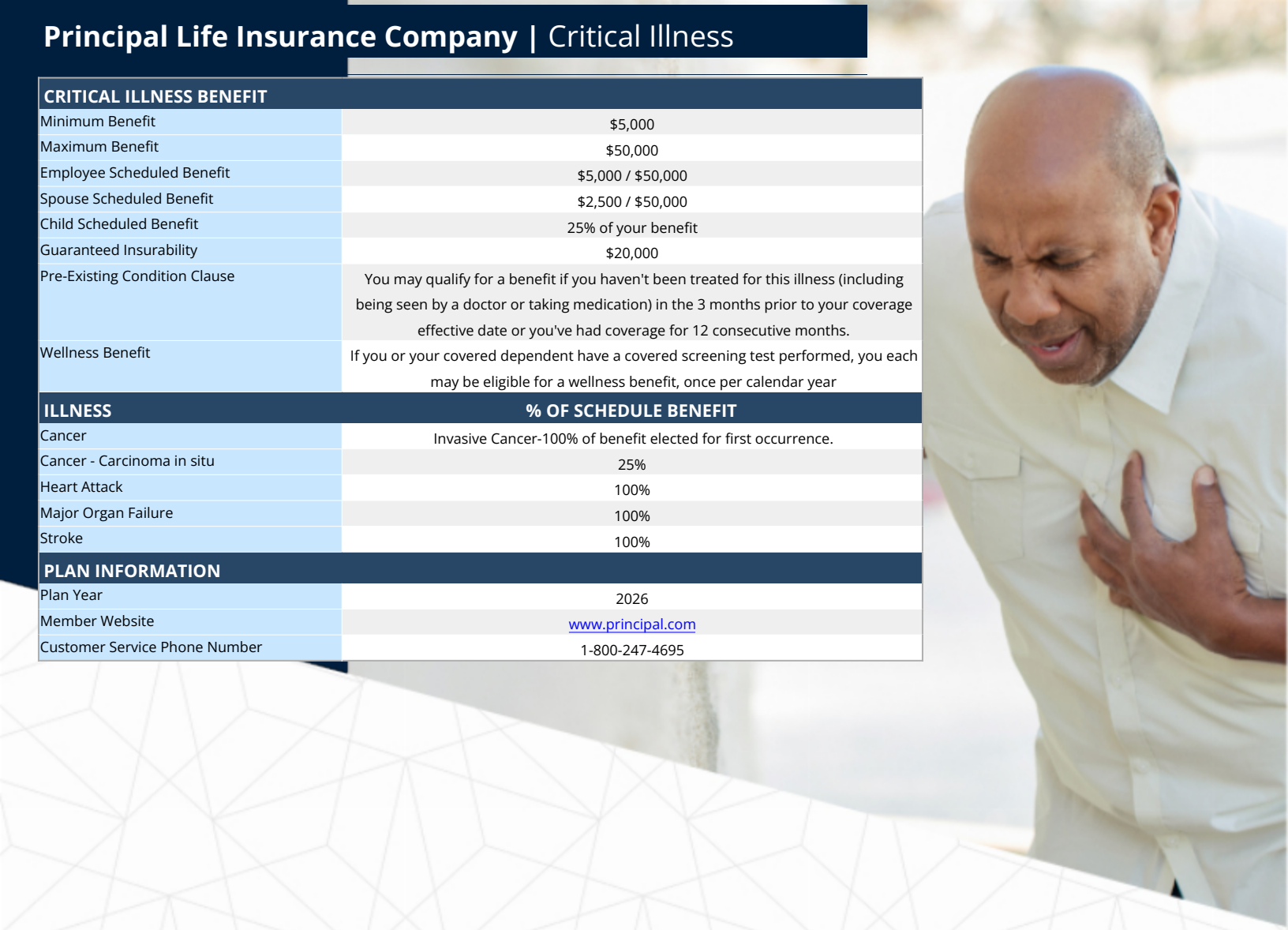
GP62824-02 (Spanish SP1991) | 04/2024 | 3461115-042024 | © 2024 Principal Financial Services, Inc.

Principal Life Insurance Company | Critical Illness

CRITICAL ILLNESS BENEFIT	
Minimum Benefit	$5,000
Maximum Benefit	$50,000
Employee Scheduled Benefit	$5,000 / $50,000
Spouse Scheduled Benefit	$2,500 / $50,000
Child Scheduled Benefit	25% of your benefit
Guaranteed Insurability	$20,000
Pre-Existing Condition Clause	You may qualify for a benefit if you haven't been treated for this illness (including being seen by a doctor or taking medication) in the 3 months prior to your coverage effective date or you've had coverage for 12 consecutive months.
Wellness Benefit	If you or your covered dependent have a covered screening test performed, you each may be eligible for a wellness benefit, once per calendar year

ILLNESS	% OF SCHEDULE BENEFIT
Cancer	Invasive Cancer-100% of benefit elected for first occurrence.
Cancer - Carcinoma in situ	25%
Heart Attack	100%
Major Organ Failure	100%
Stroke	100%

PLAN INFORMATION	
Plan Year	2026
Member Website	www.principal.com
Customer Service Phone Number	1-800-247-4695



Plan Explanation

Critical Illness Insurance explanation - A plan to help cover some of the expenses associated with a serious illness. If you are diagnosed with a specific critical illness while covered under a Principal plan, you'll receive a lump-sum benefit you can use however you need to.

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Policyholder: MERIDIAN AIRPORT AUTHORITY

Group critical illness insurance

Policy anniversary: January 1

The benefits shown below are the benefits available as of 11/05/2025

What's available to me?

Help cover some of the expenses associated with a serious illness with critical illness coverage. If you're diagnosed with a specific critical illness while covered under a Principal plan, you'll receive a lump-sum benefit you can use however you need to.

Features	ALL MEMBERS	Details
Your benefit (increment / maximum)	$5,000 / $50,000	Select a benefit based on the increment amount and up to the maximum.
Your guarantee issue[1]	$20,000	Amount of coverage you may buy without providing health information.
Spouse benefit	$2,500 / $50,000	Select a benefit for your spouse based on the increment amount and up to the maximum (up to 100% of your benefit).
Spouse guarantee issue[1]	$20,000	Amount of coverage you may buy without providing health information.
Child(ren)	25% of your benefit	Your eligible children up to age 26 are automatically covered.

[1]Amount of coverage you may buy without providing health information.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase coverage up to the guaranteed issue amount within 31 days without having to provide health information.
  - You may enroll or increase coverage for yourself or your spouse if it's more than 31 days after becoming eligible for coverage only during the open enrollment period.
- If you're covered, you may buy coverage for your spouse, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above for you and your spouse will require health information.

May I increase my benefit later?

- If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase coverage up to the guaranteed issue amount within 31 days without having to provide health information.
- You may enroll or increase coverage for yourself or your spouse if it's more than 31 days after becoming eligible for coverage only during the open enrollment period.

Benefits payable		
To qualify for a benefit under this policy, the definition of the incurred critical illness must be satisfied. For diseases covered under the infectious disease benefit, the covered person must be confined to a hospital for at least 3 days.		
Covered conditions	**% of benefit for 1st occurrence**	**% of benefit for additional occurrences**
Alzheimer's disease	100%	0%
Amyotrophic lateral sclerosis	100%	0%
Benign brain tumor	100%	0%
Carcinoma in situ	25%	25%
Coma	100%	0%
Coronary artery disease	25%	25%
Heart attack	100%	100%
Invasive cancer	100%	100%
Loss of hearing	100%	0%
Loss of sight	100%	0%
Loss of speech	100%	0%
Major organ failure	100%	100%
Multiple sclerosis	100%	0%
Occupational infectious disease	100%	0%
Paralysis	100%	0%
Parkinson's disease	100%	0%
Skin cancer	$250	$0
Stroke	100%	100%
Infectious disease benefit		
COVID-19	25%	25%

Diphtheria	25%	25%
Encephalitis	25%	25%
Legionnaire's disease	25%	25%
Lyme disease	25%	25%
Malaria	25%	25%
Meningitis	25%	25%
Methicillin-resistant staphylococcus aureus (MRSA)	25%	25%
Necrotizing fasciitis	25%	25%
Osteomyelitis	25%	25%
Poliomyelitis	25%	25%
Rabies	25%	25%
Sepsis	25%	25%
Tetanus	25%	25%
Tuberculosis	25%	25%
Mental health benefit		
Bipolar I disorder	25%	0%
Post traumatic stress disorder (PTSD)	25%	0%
Schizophrenia	25%	0%
Childhood conditions		
Cerebral palsy	100%	0%
Cleft lip / palate	100%	0%
Cystic fibrosis	100%	0%
Down syndrome	100%	0%
Muscular dystrophy	100%	0%
Spina bifida	100%	0%
For diseases covered under the infectious disease benefit, the insured must be confined to a hospital for at least 3 days.		

This benefit summary is a summary only. For a complete list of benefit information and limitations, please refer to your booklet.

What if I've already had a covered illness (referred to as a preexisting condition)?

You may qualify for a benefit if you haven't been treated for this illness (including being seen by a doctor or taking medication) in the 3 months prior to your coverage effective date or you've had coverage for 12 consecutive months.

I've already received a benefit. Can I receive another benefit?

- Is it a different illness? You may receive a benefit if you're diagnosed more than 12 months after your prior illness.
- Is it an additional occurrence of the same illness? You may receive an additional benefit for carcinoma in situ, coronary artery disease, heart attack, invasive cancer, major organ failure and stroke if you're diagnosed more than 12 months after your prior illness and you've been treatment-free for 12 consecutive months.

What are the limitations and exclusions of my coverage?

There are limitations to your coverage. A complete list is included in your booklet.

What additional benefits are included?

Additional benefits	
Health screening benefit	If you or your covered dependent have a covered screening test performed, you each may receive a $50 benefit, once per calendar year. Make sure to file your claim within a year of the date of service.
Portability	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.

CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS.

This is a summary of group Critical illness coverage insured by or with administrative services provided by Principal Life Insurance Company®. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations, and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

Insurance issued by Principal Life Insurance Company®, 711 High Street, Des Moines, IA 50392.

MERIDIAN AIRPORT AUTHORITY

Critical Illness - employee

Estimated employee semi-monthly premium amounts
End of rate guarantee period: 12/31/2026

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
$5,000	$0.59	$0.79	$1.26	$1.53	$2.15	$3.10	$4.72	$6.69	$9.82	$14.04	$20.27
$10,000	$1.17	$1.58	$2.52	$3.06	$4.31	$6.20	$9.45	$13.39	$19.65	$28.08	$40.54
$15,000	$1.76	$2.37	$3.78	$4.59	$6.46	$9.30	$14.17	$20.08	$29.47	$42.11	$60.81
$20,000	$2.34	$3.16	$5.04	$6.12	$8.61	$12.40	$18.89	$26.77	$39.29	$56.15	$81.08
$25,000	$2.93	$3.95	$6.30	$7.65	$10.76	$15.50	$23.61	$33.46	$49.11	$70.19	$101.35
$30,000	$3.51	$4.74	$7.56	$9.18	$12.92	$18.60	$28.34	$40.16	$58.94	$84.23	$121.62
$35,000	$4.10	$5.53	$8.82	$10.71	$15.07	$21.70	$33.06	$46.85	$68.76	$98.26	$141.89
$40,000	$4.68	$6.32	$10.08	$12.24	$17.22	$24.80	$37.78	$53.54	$78.58	$112.30	$162.16
$45,000	$5.27	$7.11	$11.34	$13.77	$19.37	$27.90	$42.50	$60.23	$88.40	$126.34	$182.43
$50,000	$5.85	$7.90	$12.60	$15.30	$21.53	$31.00	$47.23	$66.93	$98.23	$140.38	$202.70

Critical Illness - spouse

Estimated spouse semi-monthly premium amounts
End of rate guarantee period: 12/31/2026

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
$2,500	$0.29	$0.40	$0.63	$0.77	$1.08	$1.55	$2.36	$3.35	$4.91	$7.02	$10.14
$5,000	$0.59	$0.79	$1.26	$1.53	$2.15	$3.10	$4.72	$6.69	$9.82	$14.04	$20.27
$7,500	$0.88	$1.19	$1.89	$2.30	$3.23	$4.65	$7.08	$10.04	$14.73	$21.06	$30.41
$10,000	$1.17	$1.58	$2.52	$3.06	$4.31	$6.20	$9.45	$13.39	$19.65	$28.08	$40.54
$12,500	$1.46	$1.98	$3.15	$3.83	$5.38	$7.75	$11.81	$16.73	$24.56	$35.09	$50.68
$15,000	$1.76	$2.37	$3.78	$4.59	$6.46	$9.30	$14.17	$20.08	$29.47	$42.11	$60.81
$17,500	$2.05	$2.77	$4.41	$5.36	$7.53	$10.85	$16.53	$23.42	$34.38	$49.13	$70.95
$20,000	$2.34	$3.16	$5.04	$6.12	$8.61	$12.40	$18.89	$26.77	$39.29	$56.15	$81.08
$22,500	$2.63	$3.56	$5.67	$6.89	$9.69	$13.95	$21.25	$30.12	$44.20	$63.17	$91.22
$25,000	$2.93	$3.95	$6.30	$7.65	$10.76	$15.50	$23.61	$33.46	$49.11	$70.19	$101.35
$27,500	$3.22	$4.35	$6.93	$8.42	$11.84	$17.05	$25.97	$36.81	$54.02	$77.21	$111.49
$30,000	$3.51	$4.74	$7.56	$9.18	$12.92	$18.60	$28.34	$40.16	$58.94	$84.23	$121.62
$32,500	$3.80	$5.14	$8.19	$9.95	$13.99	$20.15	$30.70	$43.50	$63.85	$91.24	$131.76
$35,000	$4.10	$5.53	$8.82	$10.71	$15.07	$21.70	$33.06	$46.85	$68.76	$98.26	$141.89
$37,500	$4.39	$5.93	$9.45	$11.48	$16.14	$23.25	$35.42	$50.19	$73.67	$105.28	$152.03
$40,000	$4.68	$6.32	$10.08	$12.24	$17.22	$24.80	$37.78	$53.54	$78.58	$112.30	$162.16
$42,500	$4.97	$6.72	$10.71	$13.01	$18.30	$26.35	$40.14	$56.89	$83.49	$119.32	$172.30
$45,000	$5.27	$7.11	$11.34	$13.77	$19.37	$27.90	$42.50	$60.23	$88.40	$126.34	$182.43
$47,500	$5.56	$7.51	$11.97	$14.54	$20.45	$29.45	$44.86	$63.58	$93.31	$133.36	$192.57
$50,000	$5.85	$7.90	$12.60	$15.30	$21.53	$31.00	$47.23	$66.93	$98.23	$140.38	$202.70

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.
Note: Children are automatically covered for 25% of the employee's benefit for no additional cost.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Principal Life Insurance Company | Dental Plan

DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Single	$25	$25
Family	$125	$125
MAXIMUM THE CARRIER WILL PAY		
Annual Maximum	$1,750 per person per calendar year	$1,750 per person per calendar year
FREQUENCIES		
Cleaning	Twice per calendar year	
Exam	Twice per calendar year	
DENTAL COVERAGE		
Cleanings	100%	100%
Exams	100%	100%
X-Rays	Once per calendar year	Once per calendar year
Sealants	100%	50%
Fillings	80%	50%
Simple Extractions	80%	50%
Root Canal	50%	50%
Periodontal Gum Disease	80%	80%
Oral Surgery	50%	50%
Crowns	50%	50%
Dentures	50%	50%
Bridges	50%	50%
Implants	50%	50%
Orthodontia	50%	50%
Orthodontia Lifetime Maximum	$1,000	
Orthodontia Maximum Age	19	
OUT OF NETWORK EXPLANATION		
	Benefits will be based on the 99th percentile of the usual and customary charges.	
PLAN INFORMATION		
Waiting Period for Major Services	No waiting periods	
Plan Year	2026	
Network Type	Unscheduled	
Network Name	Principal Plan Dental network	
Member Website	principal.com/dentist	
Customer Service Phone Number	1-800-247-4695	

PREMIUM PER EMPLOYEE PAYCHECK	
Employee Only	$0.00
Employee + Spouse	$16.58
Employee + Child(ren)	$20.11
Family	$40.41

Plan Explanation

Dental Insurance explanation - Meridian Airport Authority has selected Principal Life to carry the Dental plan. Dental insurance helps reduce out-of-pocket costs for most common dental procedures, like cleanings, fillings, crowns, dentures, oral surgery, and other treatments. It's an important component of overall wellness and prevention for your health. Please see the information below for more details for our 2026 Dental.

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Policyholder: MERIDIAN AIRPORT AUTHORITY

Group dental insurance
Benefit summary for
all members

Your coverage renews every January 1
This summary was created on 11/04/2025 and shows benefits available at that time.

What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

Eligibility				
Eligible employees	All active, full-time employees			
	Calendar-year deductible		Coinsurance your policy pays	
	In-network	Out-of-network	In-network	Out-of-network
Preventive	$0	$0	100%	100%
Basic	$25	$25	80%	80%
Major	$25	$25	50%	50%
Orthodontia	$0	$0	50%	50%
Additional provisions				
Family deductible	3 times the per person deductible amount			
Combined deductible	Your in-network deductiblesfor basic and major services are combined. Your out-of-network deductibles for basic and major are combined. Your services applied to the in-network deductible will apply to the out-of-network deductible and vice versa.			
Combined maximum	Your calendar year maximum for preventive, basic, and major in-network services are combined. Your calendar year maximum for preventive, basic, and major out-of-network services are combined. In-network calendar year maximums are $1,750 per person or out-of-network calendar year maximums are $1,750 per person. Your services applied to the in-network maximum will apply to the out-of-network maximum and vice versa.			
Orthodontia lifetime maximum	$1,000 PPO in-network maximum / $1,000 PPO out-of-network maximum			
Maximum accumulation	Included			
Plan type	Unscheduled			

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
  - o If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - o You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period, or qualifying event.

Additional eligibility requirements may apply.

Which procedures are covered, and how often?

Preventive	
Routine exams	Twice per calendar year
Routine cleanings	Twice per calendar year
Bitewing X-rays	Once per calendar year
Fluoride	Twice per calendar year (covered only for dependent children under age 16)
Sealants	Covered only for dependent children under age 16; once per tooth each 36 months

Basic	
Full mouth X-rays	Once every 24 months
Emergency exams	Twice per calendar year
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; four per calendar year
Fillings	Replacement fillings every 24 months
Oral surgery	Simple and complex
General anesthesia / IV sedation	Covered only for specific procedures
Harmful habit appliance	Covered only for dependent children under age 16

Major	
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontics	Once per quadrant per 24 months (including scaling and root planing)
Periodontal surgical procedures	Once per quadrant per 36 months

Crowns	Each 60 months per tooth if tooth cannot be restored by a filling
Core buildup	Each 60 months per tooth
Implants	Each 60 months per tooth
Bridges	60 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)
Repairs	Partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture, within policy limitations

Orthodontia	
Coverage	For your dependent children. Bands that are placed on a dependent child's teeth before age 19 may be covered.

Additional benefits

Prevailing charge	When you receive care from an out-of-network-provider, benefits will be based on the 99th percentile of the usual and customary charges.
Maximum accumulation	Some of your unused annual benefit maximum can be carried over to the next year. To qualify, you must have had a dental service performed within the calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the out-of-network maximum benefit or $1,000. If the qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effective dates will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year
Periodontal program	If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.
Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.
Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.
General anesthesia program	If you have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida you may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office. All other contractual limitations apply.

How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit principal.com/dentist to find a dentist or call 800-247-4695.

What if my dentist isn't in the network?

You can refer your dentist to our network. Please submit the dentist's name and information by calling 800-247-4695, or submitting a form at principal.com/refer-dental-provider.

What are the limitations and exclusions of my coverage?

- Frequency limitations for services are calculated to the month and exact date from the last date of service or placement date.

There are additional limitations to your coverage. Please review your booklet for more information. We strongly recommend submitting a predetermination to determine benefits.

What are the restrictions of my coverage?

Orthodontia	If there is orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group coverage for ortho, there will be immediate coverage for treatment if proof is submitted that shows: 1) The lifetime maximum under any prior group coverage has not been exceeded, 2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and 3) Ortho treatment has been continued while insured under this policy. Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit. You will not be covered if ortho treatment is in progress prior to the effective date with Principal Life and you are not covered under any prior group coverage for ortho.

There are additional limitations to your coverage. A complete list is included in your booklet.

Community Eye Care | CEC Vision

VISION COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	$10	Up to $50 minus the copay
Single Vision Lens	Covered up to $175.00 once every 12 months after a $10 Copayment	Covered up to $148.75 once every 12 months after a $10 Copayment.
Lined Bi-Focal Lens	Covered up to $175.00 once every 12 months after a $10 Copayment	Covered up to $148.75 once every 12 months after a $10 Copayment.
Lined Tri-Focal Lens	Covered up to $175.00 once every 12 months after a $10 Copayment	Covered up to $148.75 once every 12 months after a $10 Copayment.
Lenticular Lens	Covered up to $175.00 once every 12 months after a $10 Copayment	Covered up to $148.75 once every 12 months after a $10 Copayment.
Contact Lens Allowance	$175	Covered up to $148.75 once every 12 months after a $10 Copayment.
Frame Allowance	$175	Covered up to $148.75 once every 12 months after a $10 Copayment.
FREQUENCIES		
Exam Frequency	All benefits renew every 12 months	
Lens Frequency	All benefits renew every 12 months	
Frame Frequency	All benefits renew every 12 months	
OUT OF NETWORK EXPLANATION		
	While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you.	
PLAN INFORMATION		
Plan Year	01/01/2026	
Network Name	Community Eye Care/VSP	
Member Website	cecvision.com/members/login	
Customer Service Phone Number	1-888-254-4290	

PREMIUM PER EMPLOYEE PAYCHECK	
Employee Only	$0.00
Employee + Spouse	$3.36
Employee + Child(ren)	$2.35
Family	$6.04

Plan Explanation

Vision Insurance explanation - Meridian Airport Authority has selected Community Eye Care to carry the vision plan. Vision insurance helps cover the costs of exams, glasses and contact lenses, and may include access to discounted materials and services through a network of vision service providers. Please see the information below for more details for our 2026 Vision.

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Vision Benefits Summary

Meridian Airport Authority

CEC community eye care

A Vision Plan for Everyone

All members enrolled in the CEC vision plan can take advantage of our simple and flexible benefits. Each plan year, you'll receive an eye exam, a flexible eyewear allowance, and a contact lens fitting.

Plan Features

Flexible Eyewear Allowance

Purchase exactly what you want—frames, lenses, contact lenses, sunglasses, special lens options, and any combination of these items. If the eyewear you want is sold in an optical shop, it's covered!

Don't Need Prescription Glasses?

Non-prescription eyewear, including blue-light blocking glasses, sunglasses, safety glasses, and readers, is covered by your CEC vision plan. Don't need prescription lenses? This is a great way to use your annual eyewear allowance!

Expansive Provider Network

CEC's network includes optometrists, ophthalmologists, and national retail optical chains, ensuring you can easily find a provider that meets your needs. Visit **cecvision.com/search** to find an in-network provider near you.

Vision Care is Important

Even if you have perfect vision, your annual eye exam is critical to your overall health and wellness. Common diseases, including glaucoma, diabetes, cardiovascular disease, and cancer, can be identified during an eye exam. Your exam is covered-in-full. You just cover the copay.

Member Portal

Our Member Portal gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card, and more! Log in at:

cecvision.com/members/login.

eyeconic®

Prefer to Shop Online?

Eyeconic offers CEC members special discounts when using the promo code **CECMEMBERS**. To save online, visit:

cecvision.com/members/special-offers/eyeconic

Your CEC Vision Benefits Summary

Company: Meridian Airport Authority

CEC Coverage Effective Date: 01/01/2024

175 PLAN
Frequency: All benefits renew every 12 months.

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT
Exam	An annual routine eye exam.	$10	Up to $50 minus the copay
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	$39	None
Eyewear	An annual **$175** flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	$10	Up to 85% of flexible allowance minus the copay
Contact Lens Fitting	An annual fitting or evaluation.	$10	Up to $48 minus the copay

PER PAY PERIOD RATES	
Employee Only	**$0.00**
Employee + Spouse	**$3.36**
Employee + Child(ren)	**$2.35**
Employee + Family	**$6.04**

ADDITIONAL SAVINGS	
Additional Pairs of Glasses or Contacts	Members receive a 20% savings on additional pairs of prescription and non-prescription glasses, and 10% savings on contact lenses, from any CEC in-network provider within 12 months of their last eye exam.
LASIK Discounts	Members can save up to 50% from participating QualSight LASIK providers, including TLC Laser Eye Center.
Special Offers	A variety of special offers are available to CEC members. Visit **cecvision.com/members/special-offers** for additional information!

Benefits may vary by location.

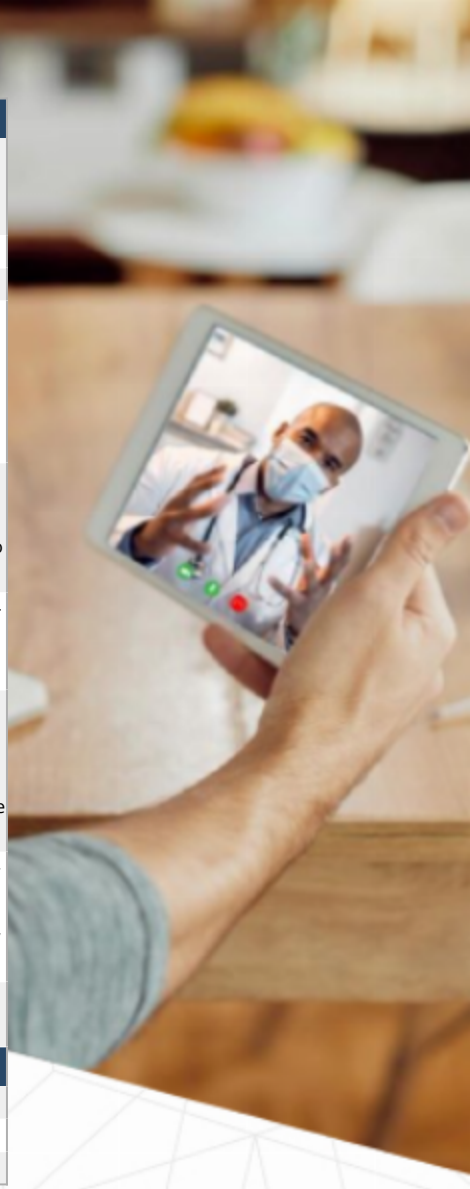
Rev. 03/2023

Questions about your benefits?

Visit us online at **cecvision.com** or call **888-254-4290**.

SwiftMD-Revive | Employer Paid Telemedicine

TELEHEALTH BENEFIT	
What is Telehealth?	SwiftMD is the modern version of the house call. We are a leading telehealth service featuring U.S. trained, boardcertified physicans who specialize in virtual doctor visits via phone and videoconferencing, 24/7.
When can I use Telehealth?	24/7/365
What is the cost of a Telehealth visit?	$0 Copay
What conditions can I use Telehealth for?	SwiftMD treats many common, routine illnesses and injuries, including sinus infections, allergies and rashes, insect bites and stings, headache, fever and flu, pink eye, joint and back pain, stomach pain, and urinary tract infections. However, it is not designed to replace your Primary Care Physician or specialists managing chronic illnesses or serious medical conditions.
Can Telehealth doctors prescribe medication?	Should you need medication following a consult, SwiftMD doctors use Surescripts — the largest network provider of electronic subscription services – to send your prescription to your chosen pharmacy. Over 95% of U.S. pharmacies are connected to the Surescripts network, including thousands of local independent pharmacies
When NOT to use Telehealth	When a physical exam, lab tests, imaging, broken bone, emergency services, andother in-person diagnostic measures are needed to make a diagnosis, the SwiftMD doctor will refer the patient to the care that they need
Who are the doctors I'm speaking with?	SwiftMD doctors are U.S. trained, board-certified Emergency and Family Medicine specialists. Our doctors are exclusive to SwiftMD in telemedicine, which allows us to provide more consistent, quality care for common illnesses. They are carefully screened to ensure their excellence as intelligent, sympathetic, and safe providers. We believe our doctors are the best you'll find in any telemedicine company
How do I use Telehealth?	As a SwiftMD member you can simply call our toll-free number, download the app, or click "Log in" to activate your account and schedule a consult with a doctor. After the consult you can review your treatment notes, and you can enter your Medical History at any time, including any medications you are taking for ongoing medical conditions.
Who is eligible?	All full-time employees and their dependents. Dependent children over the age of 26, are not eligible.
PLAN INFORMATION	
Plan Year	2026
Member website	www.swiftmd.com/members
Member Customer service	1-833-794-3863



Plan Explanation

SwiftMD is included in your benefits package, and you are already a member.

• 24/7 consults with U.S.-trained physicians by phone or videoconference, usually within30 minutes.
• Get treatment for many common, minor illnesses andinjuries, from your home, office, or on the road.
• Get prescriptions, if appropriate, at your pharmacy of choice.
• Avoid unnecessary visits to the ER and long waits for your doctor appointments.
No co-pays, no cost to you! It's simple and you are already a member!

Welcome to SwiftMD

Eligible employees and dependents can talk to a doctor 24/7 by phone or videoconference at no cost for co-pays or consult fees!

Some of the Benefits of SwiftMD:

- 24/7 nationwide access to U.S. Board-Certified physicians
- Convenient consults from your home, office, or on the road, usually within 30 minutes
- Doctor makes diagnosis and recommends treatment, and sends prescriptions to your preferred local pharmacy
- Avoid unnecessary visits to the ER and Urgent Care, or long waits for appointments at your doctor's office
- **No co-pays and no cost to you!** Meridian Airport Authority is paying for your membership!

Getting Started:

- Go to **SwiftMD.com** member login and click "Get Started"
- Enter Group Passcode: MERAIRAUTH21, company name, your name, birthdate, email address and other info
- SwiftMD will send an activation email; be sure to log on to complete activation of your membership!

– OR –

- You can use SwiftMD anytime simply by calling toll free **833-SWIFTMD (833-794-3863).** Your membership will be verified, and your appointment scheduled for a callback from a SwiftMD doctor.

SwiftMD Physicians Are:

- U.S.-trained and Board Certified
- Experienced at diagnosing a range of illnesses and injuries, with a minimum of 10 years practicing medicine
- Excellent communicators with great bedside manner!

SwiftMD does not replace your PCP or specialists managing chronic and serious conditions. SwiftMD doctors do not prescribe controlled substances, psychiatric, and certain other medications. For more info review the Exclusionary Criteria at mySwiftMD.com.

Benefits Management Group 601-485-0688

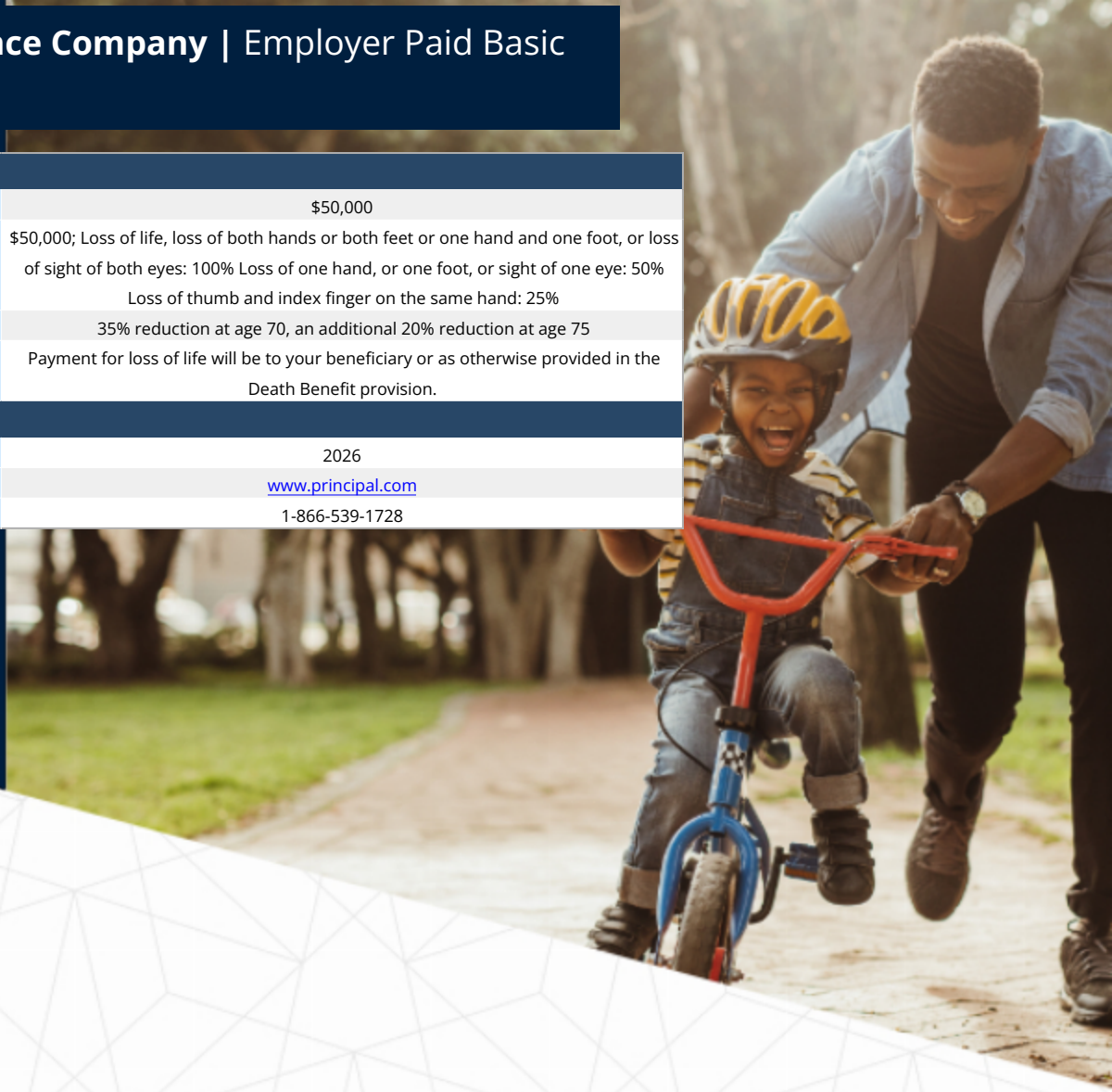
Meridian Airport Authority

GROUP PASSCODE:
MERAIRAUTH21

Conditions We Treat

Allergies and rashes
Arthritis pain
Back pain or injury
Cold sores
Diarrhea
Earache
Conjunctivitis or pink eye
Fever and flu
Headache
Insect bites and stings
Lyme disease
Sinusitis
Sore throat
Stomach ache and nausea
Upper respiratory infections
Urinary tract infections
Vomiting
Your individual concerns

Principal Life Insurance Company | Employer Paid Basic Life/AD&D



LIFE INSURANCE BENEFITS	
Life Insurance Coverage	$50,000
Accidental Death & Dismemberment	$50,000; Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes: 100% Loss of one hand, or one foot, or sight of one eye: 50% Loss of thumb and index finger on the same hand: 25%
Age Reduction Schedule	35% reduction at age 70, an additional 20% reduction at age 75
Beneficiary	Payment for loss of life will be to your beneficiary or as otherwise provided in the Death Benefit provision.
PLAN INFORMATION	
Plan Year	2026
Member Website	www.principal.com
Customer Service Phone Number	1-866-539-1728

Plan Explanation

Life Insurance explanation - Meridian Airport Authority is concerned about your financial security and we offer a Basic Life and Accidental Death and Dismemberment policy to all Full time employees at no cost to you. Below is the summary for our 2026 Basic Life & AD&D.

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Policyholder: MERIDIAN AIRPORT AUTHORITY

Group term life insurance
Benefit summary for all members

Your coverage renews every January 1.
This summary was created on 11/04/2025 and shows benefits available at that time.

What's available to me?

Protect what means the most to you – the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Guaranteed issue[1]	Benefit reduction[2]
You	$50,000	If you're under 70: $50,000 If you're 70 or older: The lesser of $50,000 or the amount with the prior carrier	35% reduction at age 70 with an additional 20% reduction at age 75

[1]Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.
[2]As you get older, your life insurance benefit amount decreases. Age reductions apply to the benefit amount after providing health information.

Who receives coverage?

- You'll receive coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts up to the guaranteed issue shown in the table above won't require health information.

What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you're accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

Loss	AD&D Benefit
Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes	100%
Loss of one hand, or one foot, or sight of one eye	50%

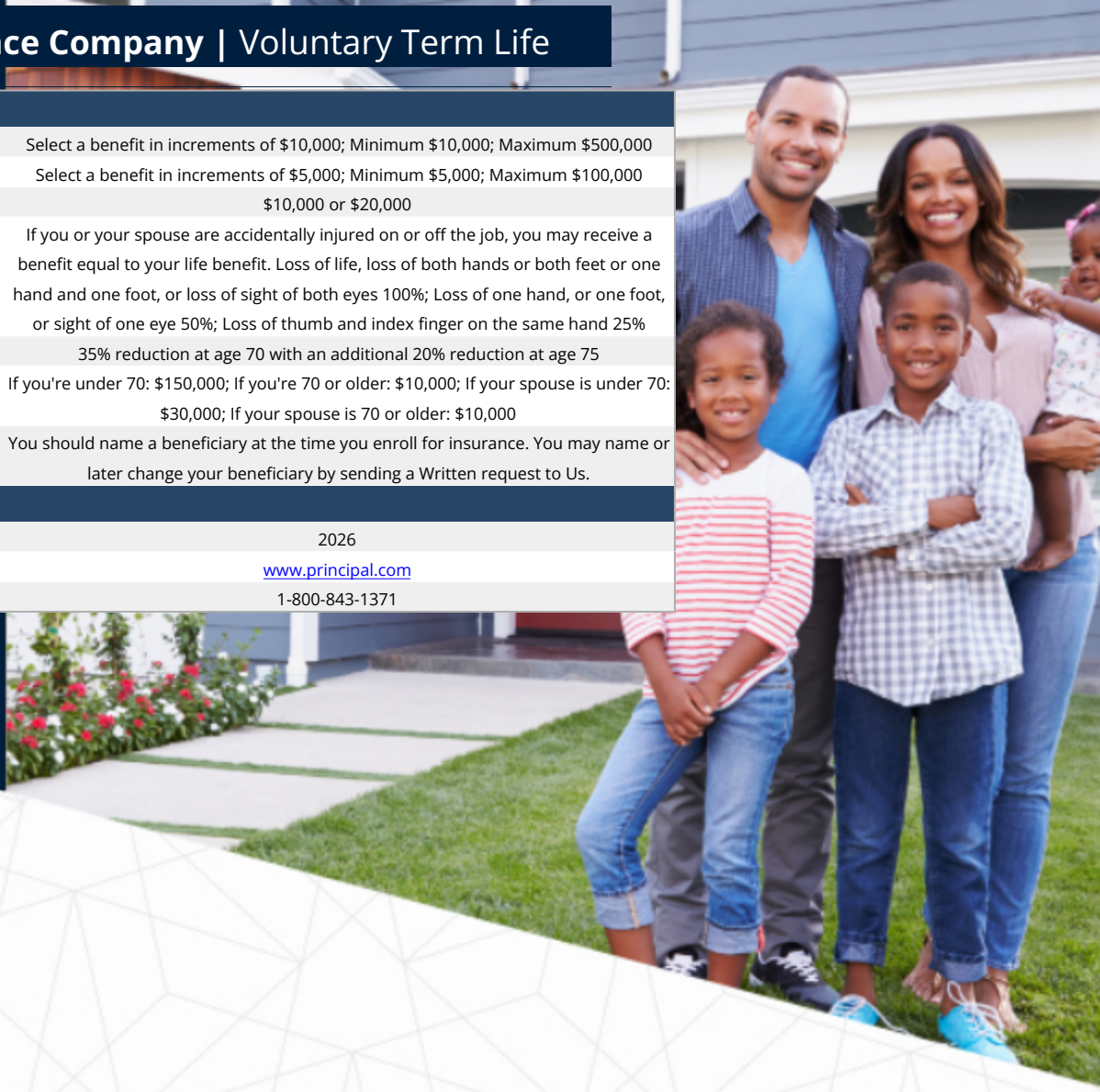
Loss of thumb and index finger on the same hand	25%
Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	$10,000
Repatriation - If you die at least 100 miles from your home	Up to $2,000
Education - If your children are enrolled in an accredited post-secondary school at the time of your death	$3,000/year for up to 4 years
Public transportation - If you die while you're a passenger on public or commercial transportation	100%
Helmet - If you die while operating or riding as a passenger on a motorcycle while wearing a helmet	$10,000
Career adjustment - If your spouse attends an accredited post-secondary school after you die	$1,000/year for up to 2 years
Child care - Child care reimbursement for your dependent children under age 13 when you die	Up to $300/month for 1 year
Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot.	50%
Loss of use of one arm, one leg, one hand or one foot	25%
Loss of speech and/or hearing - total loss for 12 consecutive months	
Loss of speech and hearing in both ears	100%
Loss of speech or hearing in both ears	50%
Loss of hearing in one ear	25%

Additional benefits:

Accelerated death benefit	If you're terminally ill, you may be able to receive a portion of your life benefit.
Coverage during disability	If you're disabled, you may be able to continue your coverage and not pay premium.
Conversion of terminated coverage	If coverage terminates, you may be able to convert coverage to an individual policy.

The benefit summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

Principal Life Insurance Company | Voluntary Term Life



LIFE INSURANCE BENEFITS	
Employee Life Insurance Coverage	Select a benefit in increments of $10,000; Minimum $10,000; Maximum $500,000
Spouse Life Insurance Coverage	Select a benefit in increments of $5,000; Minimum $5,000; Maximum $100,000
Child(ren) Life Insurance Coverage	$10,000 or $20,000
Accidental Death & Dismemberment	If you or your spouse are accidentally injured on or off the job, you may receive a benefit equal to your life benefit. Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes 100%; Loss of one hand, or one foot, or sight of one eye 50%; Loss of thumb and index finger on the same hand 25%
Age Reduction Schedule	35% reduction at age 70 with an additional 20% reduction at age 75
Guaranteed Insurability	If you're under 70: $150,000; If you're 70 or older: $10,000; If your spouse is under 70: $30,000; If your spouse is 70 or older: $10,000
Beneficiary	You should name a beneficiary at the time you enroll for insurance. You may name or later change your beneficiary by sending a Written request to Us.
PLAN INFORMATION	
Plan Year	2026
Member Website	www.principal.com
Customer Service Phone Number	1-800-843-1371

Plan Explanation

Life Insurance explanation - Protect what means the most to you-the people you love. If you passed away, your life insurance proceeds would go to the people you've designated as your beneficiaries.

Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Policyholder: MERIDIAN AIRPORT AUTHORITY

Group voluntary term life insurance
Benefit summary for all members

Your coverage renews every January 1.
This summary was created on 11/04/2025 and shows benefits available at that time.

What's available to me?

Protect what means the most to you – the people you love. If you passed away, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Minimum	Guaranteed issue[1]	Maximum	Benefit reduction[2]
You	Select a benefit in increments of $10,000	$10,000	If you're under 70: $150,000 If you're 70 or older: $10,000	$500,000	35% reduction at age 70 with an additional 20% reduction at age 75
Your spouse[3]	Select a benefit in increments of $5,000	$5,000	If your spouse is under 70: $30,000 If your spouse is 70 or older: $10,000	$100,000	35% reduction at age 70 with an additional 20% reduction at age 75
Your child(ren)[3]	Options[4]: • $2,000, or • $4,000, or • $5,000, or • $10,000, or • $20,000				

[1]Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.
[2]As you get older, your life insurance benefit amount decreases.
[3]Amount of coverage may not exceed 100% of your benefit.
[4]Dependent children under 14 days old receive a $1,000 benefit.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
  - o If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - o You must enroll within 31 days of being eligible. If you don't, you may need to provide health information for review, or if you have a qualifying event.
  - o If you and your spouse are both employed at MERIDIAN AIRPORT AUTHORITY and are eligible for benefits, you're not eligible to have benefits as both an employee and a spouse.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above for you and your spouse may require you to provide health information.

May I increase my benefit later?

- You may be able to enroll for or increase your benefit and your dependent's benefit two increments per year during your open enrollment period without providing health information.
- If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase your benefit up to the guaranteed issue amount within 31 days without having to provide health information.

What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you or your spouse are accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

Loss	AD&D Benefit
Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes	100%
Loss of one hand, or one foot, or sight of one eye	50%
Loss of thumb and index finger on the same hand	25%

Additional benefits:

Accelerated death benefit	If you're terminally ill, you may be able to receive a portion of your life benefit.
Coverage during disability	If you're disabled, you may be able to continue your coverage and not pay premium.
Portability	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.
Conversion of terminated coverage	If coverage terminates, you may be able to convert coverage to an individual policy.

MERIDIAN AIRPORT AUTHORITY

Voluntary-term life/AD&D - employee

Estimated employee bi-weekly premium amounts
End of the rate guarantee period: 12/31/2026

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
$10,000	$0.60	$0.74	$0.92	$1.43	$2.30	$3.69	$5.67	$8.72	$15.55
$20,000	$1.20	$1.48	$1.85	$2.87	$4.62	$7.39	$11.36	$17.45	$31.11
$30,000	$1.80	$2.22	$2.77	$4.29	$6.92	$11.08	$17.03	$26.17	$46.66
$40,000	$2.40	$2.95	$3.69	$5.72	$9.23	$14.77	$22.71	$34.89	$62.21
$50,000	$3.00	$3.70	$4.62	$7.16	$11.54	$18.47	$28.39	$43.62	$77.77
$60,000	$3.60	$4.43	$5.54	$8.59	$13.85	$22.16	$34.06	$52.34	$93.32
$70,000	$4.20	$5.17	$6.46	$10.01	$16.15	$25.84	$39.74	$61.06	$108.88
$80,000	$4.80	$5.90	$7.38	$11.44	$18.46	$29.53	$45.41	$69.78	$124.43
$90,000	$5.40	$6.65	$8.31	$12.88	$20.77	$33.23	$51.09	$78.51	$139.99
$100,000	$6.00	$7.38	$9.23	$14.31	$23.08	$36.92	$56.77	$87.23	$155.54
$110,000	$6.60	$8.12	$10.15	$15.73	$25.38	$40.61	$62.44	$95.95	$171.09
$120,000	$7.20	$8.86	$11.08	$17.17	$27.70	$44.31	$68.13	$104.68	$186.65
$130,000	$7.80	$9.60	$12.00	$18.60	$30.00	$48.00	$73.80	$113.40	$202.20
$140,000	$8.40	$10.34	$12.92	$20.03	$32.30	$51.69	$79.47	$122.12	$217.75
$150,000	$9.00	$11.08	$13.85	$21.47	$34.62	$55.39	$85.16	$130.85	$233.31
$160,000	$9.60	$11.82	$14.77	$22.89	$36.92	$59.08	$90.83	$139.57	$248.86
$170,000	$10.20	$12.55	$15.69	$24.32	$39.23	$62.77	$96.51	$148.29	$264.41
$180,000	$10.80	$13.30	$16.62	$25.76	$41.54	$66.47	$102.19	$157.02	$279.97
$190,000	$11.40	$14.03	$17.54	$27.19	$43.85	$70.16	$107.86	$165.74	$295.52
$200,000	$12.00	$14.77	$18.46	$28.61	$46.15	$73.84	$113.54	$174.46	$311.08
$210,000	$12.60	$15.50	$19.38	$30.04	$48.46	$77.53	$119.21	$183.18	$326.63
$220,000	$13.20	$16.25	$20.31	$31.48	$50.77	$81.23	$124.89	$191.91	$342.19
$230,000	$13.80	$16.98	$21.23	$32.91	$53.08	$84.92	$130.57	$200.63	$357.74
$240,000	$14.40	$17.72	$22.15	$34.33	$55.38	$88.61	$136.24	$209.35	$373.29
$250,000	$15.00	$18.46	$23.08	$35.77	$57.70	$92.31	$141.93	$218.08	$388.85
$260,000	$15.60	$19.20	$24.00	$37.20	$60.00	$96.00	$147.60	$226.80	$404.40
$270,000	$16.20	$19.94	$24.92	$38.63	$62.30	$99.69	$153.27	$235.52	$419.95
$280,000	$16.80	$20.68	$25.85	$40.07	$64.62	$103.39	$158.96	$244.25	$435.51
$290,000	$17.40	$21.42	$26.77	$41.49	$66.92	$107.08	$164.63	$252.97	$451.06
$300,000	$18.00	$22.15	$27.69	$42.92	$69.23	$110.77	$170.31	$261.69	$466.61
$310,000	$18.60	$22.90	$28.62	$44.36	$71.54	$114.47	$175.99	$270.42	$482.17
$320,000	$19.20	$23.63	$29.54	$45.79	$73.85	$118.16	$181.66	$279.14	$497.72
$330,000	$19.80	$24.37	$30.46	$47.21	$76.15	$121.84	$187.34	$287.86	$513.28
$340,000	$20.40	$25.10	$31.38	$48.64	$78.46	$125.53	$193.01	$296.58	$528.83
$350,000	$21.00	$25.85	$32.31	$50.08	$80.77	$129.23	$198.69	$305.31	$544.39
$360,000	$21.60	$26.58	$33.23	$51.51	$83.08	$132.92	$204.37	$314.03	$559.94
$370,000	$22.20	$27.32	$34.15	$52.93	$85.38	$136.61	$210.04	$322.75	$575.49
$380,000	$22.80	$28.06	$35.08	$54.37	$87.70	$140.31	$215.73	$331.48	$591.05
$390,000	$23.40	$28.80	$36.00	$55.80	$90.00	$144.00	$221.40	$340.20	$606.60
$400,000	$24.00	$29.54	$36.92	$57.23	$92.30	$147.69	$227.07	$348.92	$622.15
$410,000	$24.60	$30.28	$37.85	$58.67	$94.62	$151.39	$232.76	$357.65	$637.71

Reduced benefit	70-74
$6,500	$18.00
$13,000	$36.00
$19,500	$54.00
$26,000	$72.00
$32,500	$90.00
$39,000	$108.00
$45,500	$126.00
$52,000	$144.00
$58,500	$162.00
$65,000	$180.00
$71,500	$198.00
$78,000	$216.00
$84,500	$234.00
$91,000	$252.00
$97,500	$270.00
$104,000	$288.00
$110,500	$306.00
$117,000	$324.00
$123,500	$342.00
$130,000	$360.00
$136,500	$378.00
$143,000	$396.00
$149,500	$414.00
$156,000	$432.00
$162,500	$450.00
$169,000	$468.00
$175,500	$486.00
$182,000	$504.00
$188,500	$522.00
$195,000	$540.00
$201,500	$558.00
$208,000	$576.00
$214,500	$594.00
$221,000	$612.00
$227,500	$630.00
$234,000	$648.00
$240,500	$666.00
$247,000	$684.00
$253,500	$702.00
$260,000	$720.00
$266,500	$738.00

Reduced benefit	75 & over
$4,500	$12.46
$9,000	$24.92
$13,500	$37.38
$18,000	$49.85
$22,500	$62.31
$27,000	$74.76
$31,500	$87.23
$36,000	$99.69
$40,500	$112.16
$45,000	$124.61
$49,500	$137.08
$54,000	$149.54
$58,500	$162.00
$63,000	$174.46
$67,500	$186.92
$72,000	$199.39
$76,500	$211.85
$81,000	$224.30
$85,500	$236.77
$90,000	$249.23
$94,500	$261.70
$99,000	$274.15
$103,500	$286.62
$108,000	$299.08
$112,500	$311.53
$117,000	$324.00
$121,500	$336.46
$126,000	$348.93
$130,500	$361.38
$135,000	$373.84
$139,500	$386.31
$144,000	$398.77
$148,500	$411.23
$153,000	$423.69
$157,500	$436.16
$162,000	$448.62
$166,500	$461.07
$171,000	$473.54
$175,500	$486.00
$180,000	$498.47
$184,500	$510.92

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.
This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

Principal®

MERIDIAN AIRPORT AUTHORITY

Voluntary-term life/AD&D - employee

Estimated employee bi-weekly premium amounts
End of the rate guarantee period: 12/31/2026

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
$420,000	$25.20	$31.02	$38.77	$60.09	$96.92	$155.08	$238.43	$366.37	$653.26
$430,000	$25.80	$31.75	$39.69	$61.52	$99.23	$158.77	$244.11	$375.09	$668.81
$440,000	$26.40	$32.50	$40.62	$62.96	$101.54	$162.47	$249.79	$383.82	$684.37
$450,000	$27.00	$33.23	$41.54	$64.39	$103.85	$166.16	$255.46	$392.54	$699.92
$460,000	$27.60	$33.97	$42.46	$65.81	$106.15	$169.84	$261.14	$401.26	$715.48
$470,000	$28.20	$34.70	$43.38	$67.24	$108.46	$173.53	$266.81	$409.98	$731.03
$480,000	$28.80	$35.45	$44.31	$68.68	$110.77	$177.23	$272.49	$418.71	$746.59
$490,000	$29.40	$36.18	$45.23	$70.11	$113.08	$180.92	$278.17	$427.43	$762.14
$500,000	$30.00	$36.92	$46.15	$71.53	$115.38	$184.61	$283.84	$436.15	$777.69

Reduced benefit	70-74
$273,000	$756.00
$279,500	$774.00
$286,000	$792.00
$292,500	$810.00
$299,000	$828.00
$305,500	$846.00
$312,000	$864.00
$318,500	$882.00
$325,000	$900.00

Reduced benefit	75 & over
$189,000	$523.38
$193,500	$535.85
$198,000	$548.30
$202,500	$560.77
$207,000	$573.23
$211,500	$585.70
$216,000	$598.15
$220,500	$610.61
$225,000	$623.08

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.
This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

Principal®

MERIDIAN AIRPORT AUTHORITY

Voluntary-term life/AD&D - spouse

Estimated spouse bi-weekly premium amounts
End of the rate guarantee period: 12/31/2025

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
$5,000	$0.30	$0.37	$0.46	$0.71	$1.15	$1.84	$2.84	$4.36	$7.78
$10,000	$0.60	$0.74	$0.92	$1.43	$2.30	$3.69	$5.67	$8.72	$15.55
$15,000	$0.90	$1.10	$1.38	$2.14	$3.46	$5.53	$8.51	$13.08	$23.33
$20,000	$1.20	$1.48	$1.85	$2.87	$4.62	$7.39	$11.36	$17.45	$31.11
$25,000	$1.50	$1.85	$2.31	$3.58	$5.77	$9.23	$14.19	$21.81	$38.89
$30,000	$1.80	$2.22	$2.77	$4.29	$6.92	$11.08	$17.03	$26.17	$46.66
$35,000	$2.10	$2.58	$3.23	$5.01	$8.08	$12.92	$19.87	$30.53	$54.44
$40,000	$2.40	$2.95	$3.69	$5.72	$9.23	$14.77	$22.71	$34.89	$62.21
$45,000	$2.70	$3.32	$4.15	$6.43	$10.38	$16.61	$25.54	$39.25	$69.99
$50,000	$3.00	$3.70	$4.62	$7.16	$11.54	$18.47	$28.39	$43.62	$77.77
$55,000	$3.30	$4.06	$5.08	$7.87	$12.70	$20.31	$31.23	$47.98	$85.55
$60,000	$3.60	$4.43	$5.54	$8.59	$13.85	$22.16	$34.06	$52.34	$93.32
$65,000	$3.90	$4.80	$6.00	$9.30	$15.00	$24.00	$36.90	$56.70	$101.10
$70,000	$4.20	$5.17	$6.46	$10.01	$16.15	$25.84	$39.74	$61.06	$108.88
$75,000	$4.50	$5.54	$6.92	$10.73	$17.30	$27.69	$42.57	$65.42	$116.65
$80,000	$4.80	$5.90	$7.38	$11.44	$18.46	$29.53	$45.41	$69.78	$124.43
$85,000	$5.10	$6.28	$7.85	$12.17	$19.62	$31.39	$48.26	$74.15	$132.21
$90,000	$5.40	$6.65	$8.31	$12.88	$20.77	$33.23	$51.09	$78.51	$139.99
$95,000	$5.70	$7.02	$8.77	$13.59	$21.92	$35.08	$53.93	$82.87	$147.76
$100,000	$6.00	$7.38	$9.23	$14.31	$23.08	$36.92	$56.77	$87.23	$155.54

Reduced benefit	70-74
$3,250	$9.00
$6,500	$18.00
$9,750	$27.00
$13,000	$36.00
$16,250	$45.01
$19,500	$54.00
$22,750	$63.00
$26,000	$72.00
$29,250	$81.00
$32,500	$90.00
$35,750	$99.00
$39,000	$108.00
$42,250	$117.00
$45,500	$126.00
$48,750	$135.01
$52,000	$144.00
$55,250	$153.00
$58,500	$162.00
$61,750	$171.00
$65,000	$180.00

Reduced benefit	75 & over
$2,250	$6.23
$4,500	$12.46
$6,750	$18.70
$9,000	$24.92
$11,250	$31.15
$13,500	$37.38
$15,750	$43.61
$18,000	$49.85
$20,250	$56.08
$22,500	$62.31
$24,750	$68.54
$27,000	$74.76
$29,250	$81.00
$31,500	$87.23
$33,750	$93.46
$36,000	$99.69
$38,250	$105.93
$40,500	$112.16
$42,750	$118.39
$45,000	$124.61

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

Child(ren) premium amounts (per family) *--Child(ren) are covered until age 26*

$2,000	$0.13
$4,000	$0.27
$5,000	$0.34
$10,000	$0.68
$20,000	$1.36

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.
This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

Principal®

General Notice of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)

** 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."

RETIREE COVERAGE ONLY:

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 Meridian Airport Authority, 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 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;
- Retiree coverage only: Commencement of a proceeding in bankruptcy with respect to the employer; 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 after the qualifying event occurs. You must provide this notice to: Meridian Airport Authority.

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.

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, Children's Health Insurance Program (CHIP), 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.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period* to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

* https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start.

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. (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.

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

Jerome Roberts, Director of Human Resources, 601-482-0364, jroberts@meridianairport.com

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Jerome Roberts, Director of Human Resources, 601-482-0364, jroberts@meridianairport.com

Newborn's 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WHCRA Enrollment Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: .

If you would like more information on WHCRA benefits, call your plan administrator 601-482-0364

WHCRA Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 601-482-0364 for more information.

Premium Assistance Under Medicaid and the

Children's Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone:304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Meridian Airport Authority

2811A Airport Blvd South, Meridian, MS, 39307
https://www.meridianairport.com
601-482-0364, jroberts@meridianairport.com
Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

Your Choices
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing Purposes
- Sale of your Information

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
- Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Special Notes: We never sell or market your personal information

Greater limits on disclosures: We will never share any substance abuse treatment records without your written permission.

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date of this notice: 2026-01-01

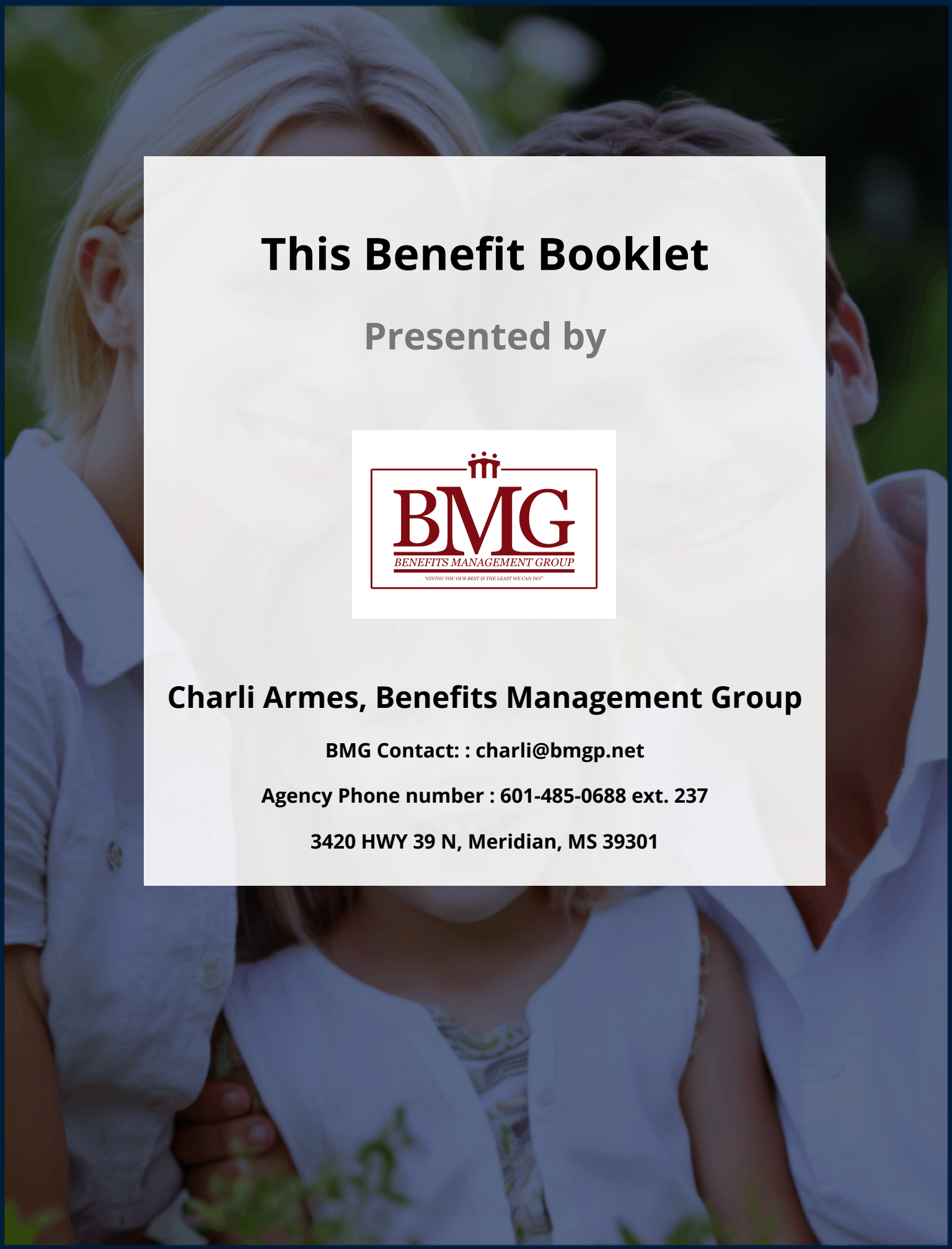
OHCA notice:

Privacy Official: Meridian Airport Authority, jroberts@meridianairport.com, 601-482-0364

APPS FOR EASY ACCESS

CARRIER	WEBSITE TO CREATE ACCOUNT	YOU WILL NEED	QR	PHONE APP
BCBS MS	WWW.BCBSMS.COM *Register Now*	BCBS ID Number		
PRINCIPAL	WWW.ACCOUNTS.PRINCIPAL.COM *Register Here ~ Individuals*	Date of Birth Phone Number		
COMMUNITY EYE CARE	https://www.cecvision.com/members/login *Not Registered?*	CEC Member ID Date of Birth Zip Code		
COLONIAL LIFE	https://apps2.coloniallife.com/memberservices *Create an Account ~ Policyholder*	SSN Date of Birth		
SWIFTMD	https://www.swiftmd.com/ *Log In ~ Get Started*	Group Passcode Employer Date of Birth Address Email		

BMG
BENEFITS MANAGEMENT GROUP
3420 HIGHWAY 39N
MERIDIAN, MS 39301
BMG@BMGP.NET
601 - 485 - 0688



This Benefit Booklet

Presented by

Charli Armes, Benefits Management Group

BMG Contact: : charli@bmgp.net

Agency Phone number : 601-485-0688 ext. 237

3420 HWY 39 N, Meridian, MS 39301