Health Insurance Marketplace Coverage Options and Your Health Coverage

Important Information About This Notice and Your Caliber Holdings LLC Benefits

Why Am I Receiving This Notice?

This notice explains how to access information about the Health Insurance Marketplace, where you can shop for individual health insurance offered through your state or the U.S. Department of Health and Human Services. Caliber Holdings LLC is required to give this notice to every U.S. employee under the federal Patient Protection and Affordable Care Act (ACA), whether or not you are eligible for or enrolled in Caliber health coverage.

What Do I Need to Do?

You don't need to do anything unless you're interested in Marketplace coverage. If you are eligible to participate in the Caliber Holdings LLC Consolidated Health and Welfare Plan, you can elect coverage at compass.empyreanbenefits.com/caliber/login or by calling the Caliber Benefits Center at 844-347-8941 within 30 days of your hire date.

How Does My Caliber Coverage Compare to the Marketplace?

The Caliber Holdings LLC Consolidated Health and Welfare Plan intends to provide **more coverage at a lower cost to you** than a Marketplace health plan. The Plan meets the ACA's minimum value standard, and its cost is intended to be affordable. If you buy insurance in the Marketplace instead, you will not receive a contribution from Caliber Holdings LLC toward that coverage.

What If I'm Interested in Marketplace Coverage?

- Go to www.HealthCare.gov to review the plans available in your state.
- Keep this notice. Part B has the employer information you'll need to apply for Marketplace coverage.
- Compare Caliber Holdings LLC coverage costs to Marketplace costs. To confirm the cost of your Caliber coverage:
  - Log in to compass.empyreanbenefits.com/caliber/login to see the plans available to you and your per-paycheck cost for each; or
  - Review plan options and costs at CaliberBenefitsAtWork.com; or
  - Call the Caliber Benefits Center at 844-347-8941 (Monday through Friday, 7:00 a.m. – 7:00 p.m. CT).

Questions about the Marketplace? Call 1-800-318-2596 (TTY: 1-855-889-4325) or visit www.HealthCare.gov.

2026 Health Plan Legal Notices
Marketplace Health Insurance Notice

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.96%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.96% of the employee's household income.[2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution—as well as your employee contribution to employment-based coverage—is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

If you or your family members are enrolled in Medicaid or Children's Health Insurance Program (CHIP) coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-25-25.pdf (Rev. Proc. 2025-25) for 2026.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact the Caliber Benefits Center at 844-347-8941 (Monday through Friday, 7:00 a.m. – 7:00 p.m. CT) or Caliber HR Support at 866-921-9186. You may also contact your medical plan directly: Accolade Member Services at +1 (866) 417-0197, Surest at +1 (866) 683-6440, or Kaiser at +1 (800) 514-0985.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

2026 Health Plan Legal Notices
Marketplace Health Insurance Notice

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Caliber Holdings LLC		4. Employer Identification Number (EIN) 33-0730794
5. Employer address 2941 Lake Vista Drive		6. Employer phone number 877-275-2254
7. City Lewisville	8. State TX	9. ZIP code 75067
10. Who can we contact about employee health coverage at this job? Caliber HR Support		
11. Phone number (if different from above) 866-921-9186		12. Email address N/A

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees.
  - ☒ Some employees. Eligible employees are:

    Full-time salaried or hourly employees of Caliber Holdings LLC who are regularly scheduled to work at least 30 hours per week. Coverage is effective on the date of hire.
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:
    - Your spouse, which means a person recognized as married to you by the state, possession, or territory of the United States in which you were married, regardless of where you live. If you were married in a foreign jurisdiction, your spouse means a person recognized as your spouse under the laws of at least one state, possession, or territory of the United States, regardless of where you live;
    - Your domestic partner;
    - Your children or your domestic partner's children through the end of the month in which they turn age 26, regardless of their marital status, student status, or whether or not they live with you or you provide any of their support;
    - Children for whom the Plan is required to provide coverage under a Qualified Medical Child Support Order (QMCSO); and
    - Your mentally or physically disabled adult dependent children who live with you and who are primarily dependent on you for support (you must provide appropriate documentation), provided that the child became disabled before reaching the age limit for dependent children.

    Your eligible dependents can be enrolled in medical, dental, and vision coverage under the Plan only if you (the employee) are enrolled. Your eligible domestic partner's children can be enrolled in medical, dental, and vision coverage only if you enroll your domestic partner.
  - ☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.