



ANNUAL HEALTH PLAN
IMPORTANT NOTICES FOR:

The Planet Fitness Employee Benefit Plan
January 1, 2026- December 31, 2026

If you (and/or your dependents) have Medicare or will be eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 3 for more details.

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NOTICE: CMS MEDICARE PART D NOTICE OF CREDITABLE OR NON-CREDITABLE COVERAGE

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates that prescription drug coverage under our plan is creditable.

Creditable Coverage	
	Cigna OAP HRA - Account # 334532
	Cigna OAP HSA - Account # 334532
	Cigna OAP \$5000 - Account # 334532

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.shiphelp.org>.

REMEMBER: If you have creditable coverage through our plan, keep this Notice as proof. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this Notice when you join to show you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

DATE	1/1/2026-12/31/2026
NAME OF ENTITY/SENDER:	Pla-Fit Franchise, LLC
CONTACT--POSITION/OFFICE:	Human Resources
ADDRESS:	4 Liberty Lane West Hampton, NH 03842
PHONE NUMBER:	603-750-0001

Notice: Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance, 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 stopped contributing towards the other coverage). However, you must request enrollment within 30 days after you 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, see the contact information at the end of these notices.

A special enrollment right also arises for employees and their dependents who lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. The employee or dependent must request enrollment within 60 days of the loss of coverage or the determination of eligibility for premium assistance.

NOTICE: HIPAA NOTICE OF PRIVACY PRACTICE

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. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

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 ❖ 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 ❖ 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 action
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 9. ❖ 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 (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 to 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 <i>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.</i>	
In these cases, we <i>never</i> 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.
Uses and disclosures of certain substance use disorder treatment records:	❖ If we receive or maintain any information about you from a substance use disorder treatment program that is covered by Section 543 of the PHSA (42 USC 290dd-2) and 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose those records for purposes of treatment, payment, or health care operations, we may use and disclose those records for treatment, payment, and health care operations purposes as described in this notice. However, we will not use or disclose a Part 2 Program record about you, or testimony that describes the information contained in a Part 2 Program record about you, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority against you, unless authorized by your consent or the order of a court after it provides you notice of the court order. Although we do not anticipate using any Part 2 Program records for fundraising purposes, you will be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications from us before we will use any Part 2 Program records for fundraising purposes.	

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: [Your Rights Under HIPAA | HHS.gov](#).

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 partner 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	❖ We can share health information about you with organ procurement organizations.

requests and work with a medical examiner or funeral director	❖ 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: [Your Rights Under HIPAA | HHS.gov](#).

NOTICE: CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

Introduction

If 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."

When is COBRA Continuation Coverage Available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the contact person shown at the end of these notices.

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 (for fully insured plans issued in California, coverage generally last for 36 months). 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 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>.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact information at the end of these notices. 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.

NOTICE: WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

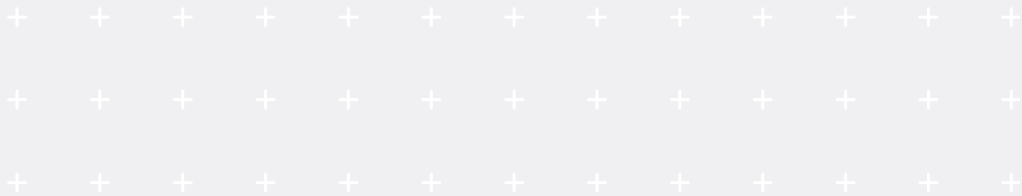
Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? For more information, see the contact information at the end of these notices.

NOTICE (ONLY APPLICABLE TO HMO GROUP HEALTH PLANS): PATIENT PROTECTION – PRIMARY CARE DESIGNATION (HMO)

Your group health plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, your health insurer designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, see the contact information at the end of these notices.

NOTICE (ONLY APPLICABLE TO HMO GROUP HEALTH PLANS): PATIENT PROTECTION – OBSTETRICS & GYNECOLOGICAL CARE (HMO)

You do not need prior authorization from your group health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, see the contact information at the end of these notices.



NOTICE: 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 **(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 **(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	COLORADO – HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) & CHILD HEALTH PLAN PLUS (CHP+)
WEBSITE: http://myalhipp.com/ PHONE: (855) 692-5447	HEALTH FIRST COLORADO WEBSITE: https://healthfirstcolorado.com/ HEALTH FIRST COLORADO MEMBER CONTACT CENTER: (800) 221-3943 / STATE RELAY 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ CUSTOMER SERVICE: (800) 359-1991 / STATE RELAY 711 HEALTH INSURANCE BUY-IN PROGRAM (HIBI): https://www.mycohibi.com/ HIBI CUSTOMER SERVICE: (855) 692-6442
ALASKA – MEDICAID	FLORIDA – MEDICAID
THE AK HEALTH INSURANCE PREMIUM PAYMENT PROGRAM WEBSITE: http://myakhipp.com/ PHONE: (866) 251-4861 EMAIL: CustomerService@MyAKHIPP.com MEDICAID ELIGIBILITY: WEBSITE: https://health.alaska.gov/dpa/Pages/default.aspx	WEBSITE: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html PHONE: (877) 357-3268
ARKANSAS – MEDICAID	GEORGIA – MEDICAID

WEBSITE: http://myarhipp.com/ PHONE: (855) MyARHIPP (855-692-7447)	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
CALIFORNIA – MEDICAID	INDIANA – MEDICAID
WEBSITE: HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM http://dhcs.ca.gov/hipp PHONE: (916) 445-8322 Fax: (916) 440-5676 EMAIL: hipp@dhcs.ca.gov	HEALTHY INSURANCE PREMIUM PAYMENT PROGRAM ALL OTHER MEDICAID WEBSITE: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ FAMILY AND SOCIAL SERVICES ADMINISTRATION PHONE: (800) 403-0864 MEMBER SERVICES PHONE: (800) 457-4584
IOWA – MEDICAID AND CHIP (HAWKI)	MASSACHUSETTS – MEDICAID AND CHIP
MEDICAID WEBSITE: Iowa Medicaid Health & Human Services PHONE: (800) 338-8366 HAWKI WEBSITE: Hawki - Healthy and Well Kids in Iowa Health & Human Services PHONE: (800) 257-8563 HIPP WEBSITE: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) PHONE: (888) 346-9562	WEBSITE: https://www.mass.gov/masshealth/pa PHONE: (800) 862-4840 TTY: 711 EMAIL: masspremassistance@accenture.com
KANSAS – MEDICAID	MINNESOTA – MEDICAID
WEBSITE: https://www.kancare.ks.gov/ PHONE: (800) 792-4884 HIPP PHONE: (800) 967-4660	WEBSITE: https://mn.gov/dhs/health-care-coverage/ PHONE: (800) 657-3739
KENTUCKY – MEDICAID	MISSOURI – MEDICAID
KENTUCKY INTEGRATED HEALTH INSURANCE PREMIUM PAYMENT PROGRAM (KI-HIPP) WEBSITE: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx PHONE: (855) 459-6328 EMAIL: KIHIPPPROGRAM@ky.gov KCHIP WEBSITE: https://kynect.ky.gov PHONE: (877) 524-4718 KENTUCKY MEDICAID WEBSITE: https://chfs.ky.gov/agencies/dms	WEBSITE: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm PHONE: (573) 751-2005
LOUISIANA – MEDICAID	MONTANA – MEDICAID

WEBSITE: www.medicaid.la.gov or www.ldh.la.gov/lahipp MEDICAID HOTLINE: (888) 342-6207 LAHIPP PHONE: (855) 618-5488	WEBSITE: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP PHONE: (800) 694-3084 EMAIL: HSHIPPProgram@mt.gov
MAINE – MEDICAID	NEBRASKA – MEDICAID
ENROLLMENT WEBSITE: https://www.mymaineconnection.gov/benefits/s/?language=en_US PHONE: (800) 442-6003 TTY: Maine Relay 711 PRIVATE HEALTH INSURANCE PREMIUM WEBPAGE: https://www.maine.gov/dhhs/ofi/applications-forms PHONE: (800) 977-6740 TTY: Maine Relay 711	WEBSITE: http://www.ACCESSNebraska.ne.gov PHONE: (855) 632-7633 LINCOLN: (402) 473-7000 OMAHA: (402) 595-1178
NEVADA – MEDICAID	OREGON – MEDICAID
WEBSITE: https://dhcfp.nv.gov/ PHONE: (800) 992-0900	WEBSITE: http://healthcare.oregon.gov/Pages/index.aspx PHONE: (800) 699-9075
NEW HAMPSHIRE – MEDICAID	PENNSYLVANIA – MEDICAID
WEBSITE: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program PHONE: (603) 271-5218 TOLL FREE NUMBER FOR THE HIPP PROGRAM: (800) 852-3345 Ext. 5218 EMAIL: DHHS.ThirdPartyLiabi@dhhs.nh.gov	WEBSITE: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html PHONE: (800) 692-7462 CHIP WEBSITE: Children's Health Insurance Program (CHIP) (pa.gov) PHONE: (800) 986-KIDS (5437)
NEW JERSEY – MEDICAID AND CHIP	RHODE ISLAND – MEDICAID AND CHIP
MEDICAID WEBSITE: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ MEDICAID PHONE: (800) 356-1561 CHIP PREMIUM ASSISTANCE PHONE: (609) 631-2392 CHIP WEBSITE: http://www.njfamilycare.org/index.html CHIP PHONE: (800) 701-0710 (TTY: 711)	WEBSITE: http://www.eohhs.ri.gov/ PHONE: (855) 697-4347 or (401) 462-0311 (Direct Rite Share Line)
NEW YORK – MEDICAID	SOUTH CAROLINA – MEDICAID
WEBSITE: https://www.health.ny.gov/health_care/medicaid/ PHONE: (800) 541-2831	WEBSITE: https://www.scdhhs.gov PHONE: (888) 549-0820
NORTH CAROLINA – MEDICAID	SOUTH DAKOTA - MEDICAID
WEBSITE: https://medicaid.ncdhhs.gov/ PHONE: (919) 855-4100	WEBSITE: http://dss.sd.gov PHONE: (888) 828-0059
NORTH DAKOTA – MEDICAID	TEXAS – MEDICAID

WEBSITE: https://www.hhs.nd.gov/healthcare PHONE: (844) 854-4825	WEBSITE: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services PHONE: (800) 440-0493
OKLAHOMA – MEDICAID AND CHIP	UTAH – MEDICAID AND CHIP
WEBSITE: http://www.insureoklahoma.org PHONE: (888) 365-3742	UTAH’S PREMIUM PARTNERSHIP FOR HEALTH INSURANCE (UPP) MEDICAID WEBSITE: https://medicaid.utah.gov/upp/ EMAIL: upp@utah.gov PHONE: (888) 222-2542 ADULT EXPANSION WEBSITE: https://medicaid.utah.gov/expansion/ UTAH MEDICAID BUYOUT PROGRAM WEBSITE: https://medicaid.utah.gov/buyout-program/ CHIP WEBSITE: http://health.utah.gov/chip
VERMONT– MEDICAID	WEST VIRGINIA – MEDICAID AND CHIP
WEBSITE: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access PHONE: (800) 250-8427	WEBSITE: https://dhr.wv.gov/bms/ http://mywvhipp.com/ MEDICAID PHONE: (304) 558-1700 CHIP TOLL-FREE PHONE: (855) MyWVHIPP (699-8447)
VIRGINIA – MEDICAID AND CHIP	WISCONSIN – MEDICAID AND CHIP
WEBSITE: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs MEDICAID & CHIP PHONE: (800) 432-5924	WEBSITE: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm PHONE: (800) 362-3002
WASHINGTON – MEDICAID	WYOMING – MEDICAID
WEBSITE: https://www.hca.wa.gov/ PHONE: (800) 562-3022	WEBSITE: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ PHONE: (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
www.dol.gov/agencies/ebsa
(866) 444-EBSA (3272)

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

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 and posted electronically.

For more information, contact:

NAME OF ENTITY/SENDER: Pla-Fit Franchise, LLC
CONTACT--POSITION/OFFICE: Human Resources
ADDRESS: 4 Liberty Lane West
Hampton, NH 03842
PHONE NUMBER: 603-750-0001

Section 125- Pre-Tax Negative Enrollment: All deductions for medical, dental and vision insurance will continue to be made on a pre-tax basis which means you save federal, state and social security taxes on premium paid. Employees cannot change pre-tax elections during our January 1- December 31 ERISA plan year unless they experience a qualified change in status. If you do not want your premium deducted on a pre-tax basis, you may sign a Section 125 waiver form available in Human Resources.

Imputed Income: ***Tax Implications of Covering a Domestic Partner or Former Spouse on The Planet Fitness Employee Benefit Plan:*** Benefit contributions are made on a pre-tax basis under Pla-Fit Franchise's Section 125 Plan. The IRS allows pre-tax contributions for employees and their eligible dependents. In most cases the IRS does not recognize former spouses or domestic partners as tax dependents. If you are covering either a domestic partner or a former spouse on our plan, please contact Human Resources so we may provide you with more information on the taxability of the benefit. We will also require that you complete an Affidavit for our records.

Note on State Taxes: Massachusetts exempts employees from taxation (State tax) for covering former spouses. There is no such state exemption for Domestic Partner coverage.