

Welcome! Please read these Remodel Health Member Terms (the "Member Terms") carefully because they serve as an agreement between You ("You" or "User") and LINC Holdings, LLC, doing business as Remodel Health and its affiliates and subsidiaries ("Remodel Health", "We", or "Us") regarding all products and services offered by Us to You. In order to access the Remodel Health products and services, You must agree to these Member Terms, the on-line Terms of Use (<https://remodel-health.pactsafe.io/legal.html?g=3784#terms-of-use>) and the Privacy Policy (<https://remodel-health.pactsafe.io/legal.html?g=3784#privacy-policy>).

## General

Your employer has adopted a WageUp or Individual Coverage Health Reimbursement Arrangement (ICHRA) strategy.

If your employer has implemented a WageUp strategy, You are given a taxable wage increase to be used at Your discretion. If you elect to do so, the intended purpose of this wage increase is to provide funds to assist You in enrolling in an individual or other health care plan, a health care sharing organization, or a term medical offering (a "Health Solution"). However, You are not required to use the funds for this purpose. Your employer has sole discretion as to any adjustments to your compensation.

If Your employer has implemented an ICHRA strategy, You are eligible to be reimbursed on a pre-tax basis for health care expenses as defined by Your employer's ICHRA strategy.

## Authorization and Consent

You authorize Austin Lehman, Remodel Health principal agent, and licensed agents in the employ of Remodel Health (hereinafter "Remodel Health Agents") to serve as health insurance agents for Yourself and Your entire household if applicable, for purposes of enrollment in a Qualified Health Plan ("QHP") offered on the Federally Facilitated Marketplace, Off-Exchange from an insurance carrier, or any State Based Exchange (hereinafter "SBE").

You also authorize the aforementioned Remodel Health Agents to utilize accurate taxable household data and personally identifiable information (names, birthdates, Social Security Numbers, taxable relationships, addresses, income, deductions, citizenship status, etc, hereinafter "PII") as well as previous or current insurance coverages all given by You to Remodel Health by any means whatsoever, including but not limited to email communication, in person, by telephone, and/or by virtual conferencing for the purposes of one or more of the following:

1. Searching for an existing Marketplace, Off-Exchange, or SBE application;
2. Creating, completing, editing, updating, or renewing an application for eligibility and enrollment in a Marketplace, Off-Exchange, or SBE QHP, or other government insurance affordability programs, such as Medicaid, CHIP, APTC, or CSR to help pay for Marketplace premiums;

3. Providing ongoing account maintenance and enrollment assistance, as necessary; or
4. Responding to inquiries from the Marketplace, Off-Exchange carriers, or SBE regarding Your application.

Remodel Health Agents will help You explore various Health Solution options available to You, based on the specific life circumstances You have communicated to Us. You are not required to enroll in any of the Health Solutions recommended by Remodel Health. You may elect to enroll in another Health Solution or none at all. However, if You elect not to enroll in any Health Solution, You may be solely responsible for the payment of up to 100% of Your health care expenses and/or You may incur federal and state tax penalties.

If and when You select a Health Solution, Remodel Health will communicate Your selection to Your employer. Your employer may communicate with you regarding your Health Solution selection and the premiums You owe associated with Your selected Health Solution. You may authorize your employer to withhold an agreed upon amount from your wages for the premiums owed for your selected Health Solution ("Premium Payments"), and for your employer to remit such Premium Payments to Remodel Health. If you do so, Remodel Health will remit the Premium Payments to the Health Solution You selected and assist You in managing Your communications with the Health Solution. Remodel Health will notify Your employer of Your Health Solution enrollment and will, thereafter, share information about Your Health Solution coverage throughout your enrollment for purposes of this arrangement.

It is important for You to remember that while Remodel Health and Your employer are working together to help You enroll in Your selected Health Solution and to simplify Your payment of the required Premium Payments, You are ultimately responsible for timely providing information necessary to ensure Your enrollment in the Health Solution and for paying the Premium Payments. You are also responsible for providing all documentation necessary to enroll in the Health Solution and to secure any income tax credit(s) or rebate(s) that You may be eligible to receive.

You also authorize Remodel Health to release and disclose to your employer, including the human resources department and any other persons responsible for administering this agreement with Remodel Health, the amount of Premium Payments to be withheld and forwarded to Remodel Health, the type of Health Solution, including but not limited to whether Your plan is an individual plan, a family plan, a parent plan, a sharing plan, an ACA plan, a short term plan, or coverage through Medicaid or Medicare, and the name of the insurance company or any other entity providing reimbursement to You for Your covered medical expenses for purposes of administering the services provided by Remodel Health and analysis of the benefits of Remodel Health services provided to You and to Your employer. You authorize Remodel Health to use your marginal income tax rate for the purpose of advising you about your options and alternatives for coverage for payment of some or all of your and/or your family's health care expenses. You further authorize Remodel Health to disclose such marginal income tax rate only to those at your employer who need to know such information and then only for the purpose of determining and/or explaining any wage increase.

You understand that the Remodel Health Agents will not use or share Your PII for any purposes other than those listed above. The Remodel Health Agents will ensure that Your PII is kept private and safe when collecting, storing, and using Your PII for the stated purposes above.

Further, You understand that for any of the aforementioned data and information, it is Your responsibility to update Remodel Health Agents whenever this data or information changes. I acknowledge that Remodel Health Agents will then take this data and information to update Your Marketplace, Off-Exchange, or SBE application to ensure that accurate information is reflected on Your Marketplace, Off-Exchange, or SBE application.

You understand that this Authorization and Consent remains in effect until Your employment ends with the organization that is contracted with Remodel Health, or You revoke it at any time. Further, You may revoke or modify this Authorization and Consent at any time by requesting to be "waived" in the Remodel health "Platform", in person, by email, by phone, or over digital conferencing. You may revoke Your Authorization and Consent for Your employer to withhold Premium Payments funds from Your wages and/or terminate Your relationship with Remodel Health at any time upon written notice to your employer and Remodel Health.

If You request Remodel Health to continue "servicing" (i.e. any or all of the 1-4 authorizations above) Your Marketplace, Off-Exchange, or SBE application after Your employment ends or Your employer is no longer in a contractual relationship, You understand this Authorization and Consent will remain in effect until such time as You revoke it in person, by email, by phone, or over digital conferencing.

This document will be held either in paper or digital format by the Remodel Health Agents and Remodel Health for no less than ten (10) years.

#### **Not Medical Advice**

Remodel Health has developed an interactive technology tool (the "Platform") to provide information intended to help You select a Health Solution and to obtain general information as to health related matters. The Platform is not intended to be a substitute for professional medical advice, diagnosis or treatment, and does not constitute medical or other professional advice. Remodel Health does not recommend or endorse any specific physicians, health care facilities, ancillary health care providers, products, procedures, opinions, or other information that may be mentioned or accessed on the Platform or any other electronic means. Reliance on any information provided by Remodel Health is solely at Your own risk. The information provided through the Platform is designed to support, not replace, the relationship that exists between You and Your physician. Never disregard or delay seeking professional medical advice because of something You read or see on the Platform. If You have any questions about Your health conditions, consult Your doctor.

#### **Not Legal Advice**

You may be eligible for a federal subsidy that will offset some or all of the premium costs for certain Health Solutions. However, individual circumstances vary. Remodel Health does not provide legal or tax advice. You are encouraged to contact a qualified legal or tax advisor to determine whether you are eligible for a subsidy and how Your enrollment in a Health Solution will affect your state and federal tax obligations.

#### **Your Promises**

You promise that:

- All information You provide to Remodel Health is true and accurate. If any information provided to Remodel Health becomes inaccurate, You will notify Remodel Health immediately.
- You have the right to provide any information You submit to Remodel Health.
- You will promptly contact Remodel Health in the event that Your employment is terminated so that Remodel Health can transition the payment of Your premiums over to You.
- You will timely provide any verification documentation requested by Remodel Health. If You do not provide such verification documentation, Your enrollment in a Health Solution may be delayed, denied or terminated and/or You may lose otherwise available income tax credit.

### **Important Information for Medicaid Coverage**

If you enroll in Medicaid, YOU are required by state law to renew your Medicaid coverage every year. As the Member, YOU will be responsible for this renewal process.

Medicaid will send you a renewal packet by regular United States Postal Service physical mail every year, 1 to 2 months prior to your coverage start date. Remodel Health is not responsible for sending renewal notices. IF YOU DO NOT COMPLETE THE RENEWAL PROCESS, you are subject to losing your current coverage.

### **Dispute Resolution**

All disputes arising from or related in any manner to Remodel Health's products and services or the business relationship between You and We which cannot be resolved by mutual agreement shall be submitted to binding arbitration in accordance with the JAMS Comprehensive Arbitration Rules and Procedures and shall take place in Marion County, Indiana, or another location agreed to by the parties. Judgment on any award rendered by the arbitrator(s) may be entered in any court of competent jurisdiction. Claims will be arbitrated only on an individual basis. You and We agree to and hereby waive any right to join or consolidate claims in an arbitration or court action by or against one another, other individuals, or entities to pursue, on a class basis, any dispute; provided however, that if an arbitrator or court of competent jurisdiction determines that such waiver is unenforceable for any reason with respect to a particular dispute, then the parties agree that such dispute shall be decided instead in a court of competent jurisdiction in Marion County, Indiana. You and Us agree that arbitration is the only litigation forum for resolving covered claims, and that both parties are waiving the right to a trial before a judge or jury in federal or state court in favor of arbitration. The parties agree that this provision is subject to, and shall be interpreted in accordance with, the Federal Arbitration Act, 9 U.S.C. §§ 1-14.