

Aetna Life Insurance Company



NOTICE OF PROTECTION PROVIDED BY CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations or the rights or obligations of the Association.

COVERAGE

▪ **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association and the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

▪ **Amounts of Coverage**

The basic coverage protections provided by the Association are as follows.

▪ **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

▪ **Life Insurance**

80% of death benefits but not to exceed \$300,000.

80% of cash surrender or withdrawal values but not to exceed \$100,000.

▪ **Annuities and Structured Settlement Annuities**

80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000.

The maximum amount of protection provided by the Association to an individual, for all life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

- **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of July 1, 2016, is \$546,741. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer. Changes to this amount will be posted on the Association's website <https://www.califega.org/>.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract.
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society.
- If the person is provided coverage by the guaranty association of another state.
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual.
- Employer and association plans, to the extent they are self-funded or uninsured.
- A policy or contract providing any health care benefits under Medicare Part C or Part D.
- An annuity issued by an organization that is only licensed to issue charitable gift annuities.
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract.
- Any policy of reinsurance unless an assumption certificate was issued.
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at www.califega.org, or contact either of the following:

California Life and Health Insurance
Guarantee Association
P.O. Box 16860,
Beverly Hills, CA 90209-3319
(323) 782-0182

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street
Los Angeles, CA 90013
(800) 927- 4357

Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.

Aetna Life Insurance Company

Group accident and health insurance policy

The group accident and health insurance policy ("group policy") is by and between
Aetna Life Insurance Company
and

SHIELDS HARPER & CO

Policyholder

Group policy number: GP-179807
Effective date: January 01, 2025
Policyholder situs: California

The group policy terms begin on the **effective date** if we have received your signed group application and the initial premium. It remains in force until terminated.

Term of the group policy:

- The initial term shall be the 12 consecutive months beginning on the **effective date**.
- Subsequent terms shall be the 12 consecutive months beginning with the **renewal date**.

Premium due dates:

The **effective date** and each monthly anniversary of the **effective date**.

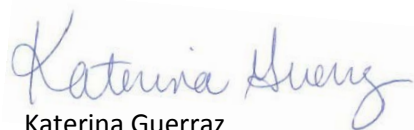
You can renew this policy each year ("guaranteed renewable"). We decide the **premium** rates. However, we may decide not to renew the policy under certain conditions, which are explained in this policy, or when required by law. See the *Termination* section for more information.

You may keep this policy in force by meeting the policy requirements and by paying the **premium** on time. See the *Premium* section for more information.

Signed at Aetna's Home Office 151 Farmington Avenue Hartford, Connecticut 06156.

This group policy is non-participating.

This group policy is governed by applicable federal law and the laws of California.



Katerina Guerraz
Executive Vice President, Chief Operating Officer
Aetna Life Insurance Company
(A Stock Company)

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The group policy

The group policy consists of several documents taken together. These documents are:

- Your group application (Any statement made in the absence of fraud is deemed a representation not a warranty)
- This group policy
- The certificate(s) of coverage
- The schedule of benefits
- Any riders and amendments to the group policy, the certificate, and the schedule of benefits

If you want to discuss your policy coverage

If you have questions about your coverage under the group policy, contact your agent. If you did not use an agent to purchase your coverage, **contact us at:**

Aetna

**151 Farmington Avenue
Hartford, Connecticut 06156
1-800-872-3862**

Please have your group policy number available when you contact us. It is on the front page of this document.

If we don't provide a resolution after you contact us, **you can contact the California Department of Insurance at:**

**California Department of Insurance, Consumer Services Division
300 Spring Street, South Tower
Los Angeles CA 90013
1-800-927-HELP (4357)
TDD: 1-800-482-4TDD (4833)
<http://www.insurance.ca.gov>**

Definitions

You will see some words in bold type in the group policy. The bold type means we have defined those words. The definitions are in this section and in the *Glossary* section of the certificate.

Covered person

An employee, or a dependent of one for whom all of the following applies:

- The person is eligible for coverage as defined in the certificate
- The person has enrolled for coverage and paid any required premium contribution
- The person's coverage has not terminated

Effective date

Date your coverage begins under the group policy.

Policyholder

SHIELDS HARPER & CO and entities associated with it for purpose of coverage under this group policy.

Premium due date

The **effective date** and each monthly anniversary of the **effective date**.

Renewal date

Date that is 12 months after the **effective date** and each 12 months after that.

Termination date

The date coverage ends according to the *Termination* section.

Premium

Premium – rates and amount due

We charge premium based on the premium rates in effect on the **premium due date**.

The premium due on any **premium due date** is the total of the premium charges for your coverage.

When we calculate premium due, we will use our records to determine who is a **covered person**.

You owe premium for a **covered person** starting with the first **premium due date** on or after the day the person's coverage starts. You stop paying premium for a **covered person** as of the first **premium due date** on or after the day the person's coverage ends.

We and you agree to maintain a record of the current premium rates for all of the coverages provided under the group policy.

Premium – changes in rates

- We may change the premium rates as of the **renewal date**.

We will let you know in writing of any change in premium rates 90 days before they take effect.

Premium – experience credit

As a condition of us giving you an experience credit, we can require you to share it with your employees in an agreed upon manner. We will require you to apply at least the excess experience credit for the sole benefit of employees, if the sum of employee contributions for coverage exceeds the sum of premium paid less any experience credits.

Premium – when due

Premium is due on the **premium due date**.

You have a payment grace period of 31 days immediately following the **premium due date**. The group policy will remain in force during the grace period. If we have not received all premiums due by the end of the grace period, this group policy will automatically terminate at the end of the grace period. Refer to the *Termination* section.

Premium – how billed and paid

We will bill you electronically or by US Postal Service. You shall pay premium due by electronic fund transfer unless you choose to pay by check.

We may accept a partial payment but this does not waive our right to collect the entire amount due.

We may choose not to accept premium that is paid for you by someone else unless we are required to by law.

Premium – overdue amounts

Overdue premium includes amounts due after the grace period.

We may also recover from you the costs of collecting any unpaid premium, including reasonable attorney fees and court costs.

Premium – eligibility corrections

We will retroactively drop a **covered person** from coverage and credit your premium payments if:

- We billed you based on eligibility information you provided us
- The person did not pay the required premium contribution for the period
- The eligibility information included a person who was not eligible for coverage
- You request that we retroactively drop the person from coverage

Our credit of premium is limited to 2 month's credit for a person whose loss of eligibility occurred more than 60 days before the date you notified us. We may reduce the credit by the amount of any benefit payments we may have made on behalf of such persons before you notified us that the person was not eligible for coverage.

If you ask us to retroactively drop coverage, we will consider that as your statement that the person did not pay the required premium contribution for the period.

We will retroactively cover eligible persons who were not included in the eligibility information you provided us. We will cover them retroactively no more than 60 days before the date you both notify us and pay all applicable past premium.

Fees for special services and assessments

Special services

You may request that we provide special services beyond the routine administration of this group policy. We will charge you a fee for each special service.

The special services are:

- Us billing you for amounts due in a non-electronic medium
- Us accepting payment of amounts due from you other than by electronic fund transfer. If you pay us by check, the check does not constitute payment until it is honored by a bank.
- Us handling your check returned to us due to insufficient funds. We may return the check to you without a second attempt to cash it.
- Reinstatement of the group policy according to the *Termination* section
- Any other special service you request and we agree to provide.

Special services – fees

We may change any fee with 30 days advance notice to you.

Assessments

We may charge you a pro rata allocation of any assessments we receive for state high-risk pools and other state programs.

Fees and assessments – when due

Fees and assessments are due on the **premium due date** upon invoice.

Fees and assessments – how billed and paid

We will bill you electronically or by US Postal Service. You shall pay fees and assessments by electronic fund transfer unless you choose to pay by check.

We may accept a partial payment but this does not waive our right to collect the entire amount due.

Fees and assessments – overdue amounts

Overdue fees and assessments include amounts due but not paid during the grace period.

We may also recover from you the costs of collecting any unpaid fees and assessments, including reasonable attorney fees and court costs.

Some of our other responsibilities

We will prepare the certificate and schedule of benefits that are part of the group policy, as required by applicable laws. We will provide them to you in electronic form. We will also provide them to you in paper form if you request it.

We will provide the coverage stated in the certificate and schedule of benefits that are part of the group policy. We will administer the coverage as required by the group policy and applicable laws.

We will protect the personal health information of **covered persons** as required by law. We will use it and share it with others as needed for their care and treatment. We will also use and share it to help us process **providers'** claims and otherwise help us administer the group policy. For a copy of our Notice of Privacy Practices, call the toll-free number on your member ID card or log on to <https://www.aetna.com/>.

Our duties in this section survive termination of the group policy.

Some of your other requirements and responsibilities

Participation and contribution

You must comply with our participation and contribution requirements.

Distribution – certain Patient Protection and Affordable Care Act (ACA) requirements

You shall distribute two documents required by the federal ACA:

- Summary of benefits and coverage (SBC)
- Notices of material modifications

You shall distribute them to your employees and their dependents, in accordance with the federal delivery, timing, and trigger requirements.

You shall certify to us on an annual basis and upon our request, that you have distributed them and will distribute them consistent with the ACA. You shall give us your certification within 30 calendar days of our request.

You shall give us information or proof, upon our request, that you have distributed them and will distribute them consistent with the ACA. The information or proof must be in a form we will accept. You shall give us the information or proof within 30 calendar days of our request.

Your duties and our rights in the ACA requirements provision survive termination of the group policy.

Distribution – certain Employee Retirement Income Security Act (ERISA) of 1974 requirements

You are responsible for creating and distributing all reports and disclosures required by ERISA. These include:

- Summary plan descriptions
- Summary of material modifications
- Summary annual reports

Distribution – certificate and schedule of benefits

You will distribute, the certificate and schedule of benefits we provide, as required by applicable laws.

Information – access

You shall make payroll and other records directly related to a person's coverage under this group policy available to us for inspection. This will occur:

- Upon our reasonable advance request
- At our expense
- At your office
- During regular business hours

Your duties and our rights in the *Information – access* provision survive termination of the group policy.

Information – enrollment

You shall send us enrollment information we request to administer the group policy. We will request the information as needed. You will send us the information on our form, or through such other means, as we require.

The enrollment information includes but is not limited to data needed to:

- Enroll your employees and their dependents
- Process terminations
- Make any changes in family status

We can and will rely on the information you send and that it is correct.

You shall:

- Maintain a complete record of the information you send us for at least seven years, and until the final rights and duties under the group policy have been resolved
- Send us information you sent us before, upon request

We will not start covering a person under the group policy until you send us the information to enroll that person. Subject to applicable laws and the group policy, we will not stop covering a person until you send us the information to terminate coverage.

You shall notify us within 15 business days of the date in which either:

- An employee's employment ends
- A dependent loses eligibility under the group policy

You must notify us when a request for retroactive termination is a result of either a **covered person**

- Performing an act or practice that constitutes fraud
- Making an intentional misrepresentation of material fact

to get coverage or to get a benefit under the group policy.

Your duties and our rights in this *Information – enrollment* provision survive termination of the group policy.

90 day waiting period limitation

Your plan can't have a waiting period of more than 90 days. That means employees and their dependents must be able to begin health coverage within 90 days. This is a requirement of the ACA. It applies both to you and to us.

You will give us **effective dates** for your employees and their dependents that take into account all state and federal waiting period requirements. You acknowledge that we will rely on this information. You will inform us immediately if this information changes.

We will use this **effective date** information to enroll eligible employees and their dependents into the group plan.

Notices – termination of coverage

You shall notify **covered persons** in writing, of their rights when coverage stops.

In particular, you shall notify all eligible **covered persons** of their right to continue coverage pursuant to the *Special coverage options after your plan coverage ends* provisions in the certificate and applicable laws. Your notification will include:

- A description of plans available
- Premium rates
- Application forms

Termination

Automatic termination

This group policy and all coverages end as of the last day of the grace period if you have not paid us all premiums. The *Premium* section has a description of the grace period.

Termination by you

You may end coverage under this group policy if you give us 30 days advance written notice. Your termination notice may apply to all classes or any class of your employees covered under the group policy. You can send us a termination notice during a period for which you have paid premium, but your **termination date** must be after that period.

Termination by us

We may end the group policy and all coverage it provides:

- Immediately upon notice to you:
 - If you perform any act or practice that constitutes fraud
 - If you make any intentional misrepresentation of a material fact relevant to the coverage
 - If you are a member of an association and your membership in the association ceases
- Upon 30 days written notice to you:
 - If you breach a provision of the group policy and you do not cure the breach within the notice period
 - If you cease to be a group as defined under applicable state law
 - If you fail to meet our contribution or participation requirements applicable to this group policy
 - If you do not certify your compliance with our policies and procedures upon request
 - If you change your eligibility or participation requirements without our consent
- Upon 90 days written notice to you (or such longer notice period as applicable laws require,) if we cease to offer the product provided by this group policy
- Upon 180 days written notice to you (or such longer notice period as applicable laws require,) if we act as required by applicable laws for uniform termination of coverage

We may rescind the group policy and all coverage it provides for fraud or intentional misrepresentation of material fact with 30 days advance written notice. The notice will state the effective date of rescission.

Effective time of termination

The group policy and its coverage end at 11:59 p.m. on the day of termination.

Effect of termination

You, **covered persons**, and we continue to be responsible following termination for the duties we each incur prior to the termination of the group policy. One of your duties includes payment of premium due for coverage through any grace period up to the day of termination. You, **covered persons**, and we also continue to be responsible for your, their, and our duties that the group policy states are to occur following termination.

You, **covered persons**, and we have the rights and duties following termination of the group policy, as stated specifically in the group policy.

You shall notify **covered persons** of the termination of the group policy. Your notice will comply with applicable laws. We have the right to notify employees of termination of the group policy.

Reinstatement

You may request that we reinstate the group policy and coverage after we end it. You must make the request within 30 days of the **termination date**. We will reinstate the group policy as of the **termination date** upon payment of all amounts due and you giving us reasonable assurances that you can and will fulfill all of your obligations under the group policy.

Intentional deception

If we learn that you or a **covered person** defrauded us or that a **covered person** intentionally misrepresented material facts, we can and may take actions that can have serious consequences for coverage within 24 months of the effective date of coverage. These serious consequences include, but are not limited to:

- Loss of coverage, starting at some time in the past. This is called rescission.
- Loss of coverage going forward.
- Denial of benefits.
- Recovery of amounts we already paid.

We also may report fraud to law enforcement.

Rescission means you or a **covered person** loses coverage both going forward and going backward. If we paid claims for past coverage, we are entitled to receive the money back.

A **covered person** has special rights if we rescind coverage just for that individual:

- We will give the **covered person** 30 days advance written notice of any rescission of coverage
- The **covered person** has the right to an Aetna appeal
- The **covered person** has the right to a third party review conducted by the California Department of Insurance.

Responsibility for conduct

Employees and agents

We are responsible to you for what our employees and other agents do.

We are not responsible to you for what is done by others, such as **providers**. They are not our employees or agents. **Providers** in our network are what the law calls our independent contractors. That simply means we have a business relationship with them and they are not our employees or agents. We will notify you when a **provider** in our **network** ends or breaches their contract or has an inability to perform. You will tell your employees within 30 days of the notification.

Indemnification – in general

We agree to indemnify and hold you harmless against that portion of your liability to third parties as determined by a court of final jurisdiction or by binding arbitration caused directly by our willful misconduct, criminal conduct, or material breach of this group policy.

You agree to indemnify and hold us harmless against that portion of our liability to third parties as determined by a court of final jurisdiction or by binding arbitration caused directly by your:

- Negligence
- Breach of the group policy
- Breach of applicable laws
- Willful misconduct
- Criminal conduct
- Fraud
- Breach of a fiduciary responsibility in the case of an action under ERISA, related to or arising out of this group policy or your role as employer or Plan Sponsor, as defined by ERISA

These indemnification obligations end with the group policy, except as to any matter concerning a claim that has been made in writing within 365 days after termination.

Indemnification – federal law requirements

You shall indemnify us and hold us harmless for our liability that is directly caused by either your:

- Negligence
- Breach of the group policy
- Breach of laws
- Willful misconduct

and your act or failure to act was related to or arose out of your obligation to deliver the Summary of benefits and coverage and Notices of material modification.

Your and our rights and duties in this section survive termination of the group policy.

Indemnification – regulatory reporting requirements

We are entitled to rely on the information supplied by you in connection with the services we provide and our other obligations under the group policy.

You agree to indemnify and hold us harmless from liability caused by your failure to furnish us with correct information in a timely manner. These liabilities may include:

- Fines
- Penalties
- Any fees assessed in connection with reporting delays or errors

Your and our rights and duties in this section survive termination of the group policy.

General provisions

General provisions – content and interpretation of the group policy

Applicable law

Applicable law means all federal and state laws that apply to the matters covered by the group policy. Federal and state law means statutes, regulations, official agency direction and guidance, and judicial decisions and orders, as they may be passed or issued, or as they may be amended, from time to time.

Compliance with law

You and we shall interpret the group policy so it complies with applicable laws.

If the group policy omits or misstates any right or duty under applicable laws, you and we shall implement the group policy as though the right or duty is stated correctly.

If any provision of the group policy is invalid or illegal, you and we shall implement the group policy as though the provision does not exist.

Changes to the group policy

We may both consent to amend the group policy in writing.

We may change or end some or all coverage under this group policy by notice, if we act as required by applicable laws for uniform modification of coverage and uniform termination of coverage.

Payment of the applicable premium on the **effective date** of any amendment is your consent to any amendment requiring your consent.

Changes to the group policy do not require the consent of any employee or of any other person.

Entire group policy

The group policy replaces and supersedes:

- All other prior group policies of accident and health coverage between us
- Any other prior written or oral understandings, negotiations, discussions, or arrangements between us related to this accident and health coverage

Waiver

Only an officer of Aetna may waive a requirement of the group policy.

We may fail to implement or fail to insist upon compliance with a provision of the group policy at any given time or times. Our failure to implement or to insist on compliance is not a waiver of our right to implement or insist upon compliance with that provision at any other time or times.

General provisions – administration of the group policy

Aetna name, symbols, trademarks, and service marks

We control the use of our name and of our symbols, trademarks, and service marks presently existing or subsequently established. You shall not use any of them in advertising or promotional materials or in any other way without our prior written consent. You shall stop any and all use immediately upon our direction or upon termination of the group policy.

Assignment and delegation

You shall not assign any right or delegate any duty under the group policy unless we approve it in writing in advance.

We may delegate some of our functions under the group policy to third parties. We may also change or end these delegations. We do not need to give you advance notice to enter into, change or end these arrangements, and we do not need your consent.

Claim determinations – ERISA claim fiduciary (Applies to employer-based ERISA plans.

Doesn't apply to government or church plans, other plans not subject to ERISA.)

We are a fiduciary for the purpose of section 503 of Title 1 of the Employee Retirement Income Security Act of 1974. We have the right to review all denied claims for benefits under this group policy. In exercising this fiduciary responsibility, we have authority:

- To review whether and to what extent **covered persons** are entitled to benefits.
- To construe any disputed or doubtful terms under the group policy.

Our review of claims for benefits may include the use of software and other tools to take into account factors such as:

- An individual's claim history
- A provider's billing patterns
- Complexity of the service or treatment
- Amount of time and degree of skill needed
- The manner of billing

Claim determinations (Applies to government or church plans, other plans not subject to ERISA)

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Our review of claims for benefits may include the use of software and other tools to take into account factors such as:

- An individual's claim history
- A provider's billing patterns
- Complexity of the service or treatment
- Amount of time and degree of skill needed
- The manner of billing

Correcting our administrative errors

We will make a fair adjustment in premium if correction of the error or delay changes coverage.

We may correct, withdraw, or replace the group policy, any certificate, any schedule of benefits and any other document issued with an error or issued in error.

Correcting your honest mistakes

If you or any employee make an honest mistake of fact, we may make a fair change in premium. If the misstatement affects the existence or amount of coverage, we will use the true facts to determine whether coverage is or remains in effect and its amount.

Discrimination prohibited

You shall not encourage or discourage enrollment in the coverage provided by the group policy based on health status or health risk.

You shall act so as not to discriminate unfairly between persons in like situations at the time of the action.

Financial sanctions exclusions

If coverage provided by this group policy violates or will violate any economic or trade sanctions, the coverage is immediately invalid. For example, we cannot make payments for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Incontestability

We will not use a statement you make to void this group policy after it has been in force for 2 years from its effective date.

We will use only a statement in writing that you or a covered person makes, to do any of the following:

- To void coverage of the covered person
- To deny coverage of the covered person
- To deny a claim for benefits by the covered person

We will not use a statement by a **covered person** to deny a claim for benefit more than 2 years after the covered person's effective date.

Notices

The group policy requires or permits notice to each other. These notices shall be in writing.

Notice may be delivered:

- In person, and is effective upon delivery
- By United States mail, sent first class, postage prepaid, and is effective three U.S. Postal Service delivery days following the date of mailing
- By commercial carriers UPS and FedEx, effective upon delivery
- By e-mail, fax, or other electronic means, effective upon sending

Notice sent to us by mail and commercial carrier shall be sent to:

Aetna

151 Farmington Avenue

Hartford, Connecticut 06156

Notice sent to you by mail and commercial carrier shall be sent to:

SHIELDS HARPER & CO

4591 PACHECO BLVD

MARTINEZ, CA 94553

You and we must designate specific e-mail addresses, fax numbers or other electronic means in writing for purpose of notices.

Policies and procedures

We have the right to adopt reasonable policies, procedures, rules, and interpretations of the group policy in order to promote orderly and efficient administration. You and all **covered persons** are bound by and shall comply with them. You will certify your compliance with them upon our request or as required specifically by the group policy.

Third parties rights

This group policy does not give any rights or impose any duties on third parties except as specifically stated.

Health Savings Account contribution

Your contributions for all Health Savings Account (HSA) eligible plan(s) must fall within the permissible annual employer contribution range of \$0 to \$400.