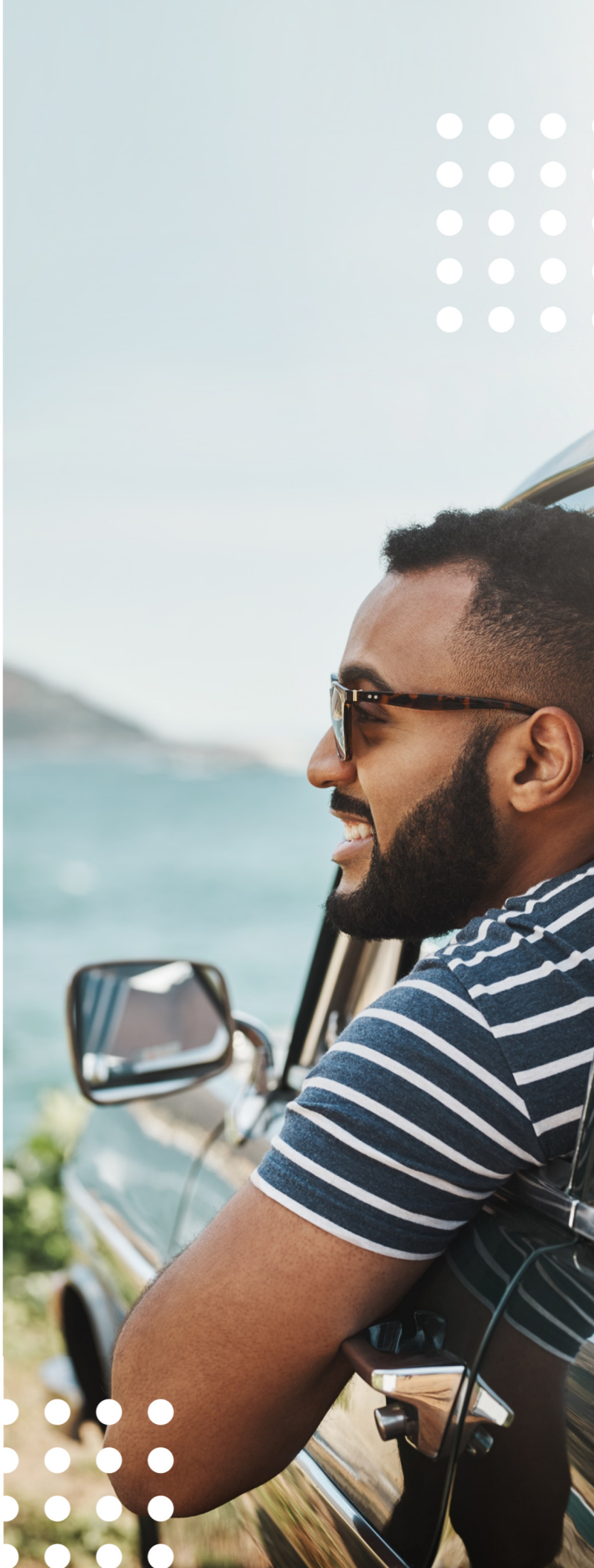
INSERT LOGO

# 2023

# EMPLOYEE BENEFITS GUIDE

[[Client Name]] offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll.

We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



# WELCOME TO [[CLIENT NAME]]!

As a new benefits-eligible employee, you may elect to enroll in the Health and Welfare plans described in this guide, effective the first of the month following 30 days of employment.

## Questions?

If you have questions about your benefits, please contact the Conner Strong & Buckelew Member Advocacy Team at **800.563.9929** (Monday through Friday, 8:30 am to 5 pm ET) or go to **www.connerstrong.com/memberadvocacy** and complete the fields.

## Inside This Guide

# COVERAGE & ELIGIBILITY

## When Does Coverage Begin?

Coverage will be effective the first of the month following 30 days of employment, provided you complete your enrollment within 45 days of your hire date.

## Who is Eligible to Elect Benefits?

If you are a benefits-eligible employee (regular full-time employee scheduled to work a minimum of 30 hours per week), you can enroll in the benefits described in this Guide. Please remember that only eligible dependents can be enrolled. Eligible dependents include: an employee's spouse or civil union partner; if under the age of 26, a natural child, adopted child, foster child, stepchild or grandchild (if court-ordered custody); or a disabled dependent.

Medical, Dental and Vision coverage is available for employees with same-sex domestic partnerships in states that do not recognize civil union partnerships. However, the domestic partnership must be legally recognized by the state and the employee would need to present a certificate to certify such. Opposite-sex domestic partnerships are not covered.

# ENROLLMENT & MAKING PLAN CHANGES

## Enrollment Timeline

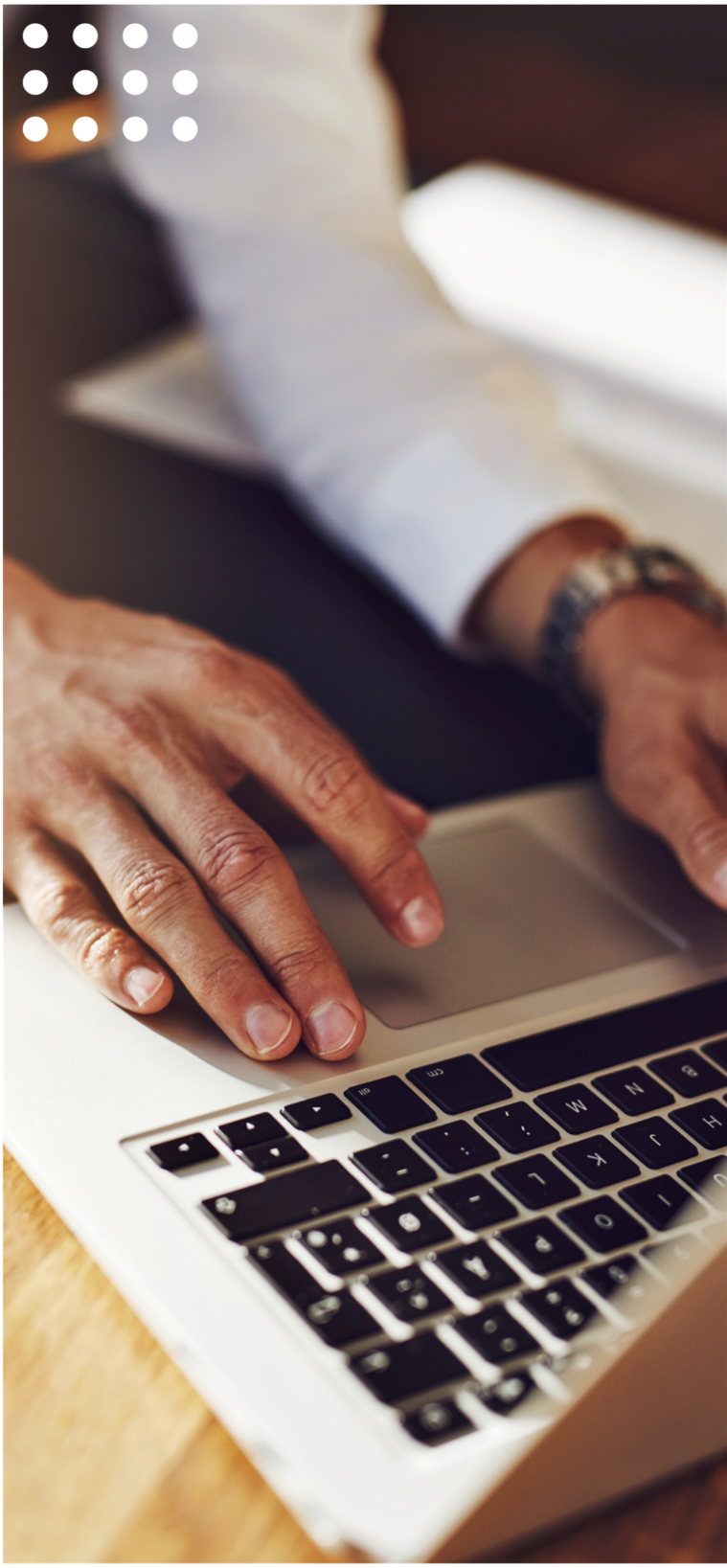
You MUST enroll online through our enrollment system *benefits*CONNECT.

You will have 45 days from your date of hire to log on and complete your benefits enrollment. If you do not enroll within this timeframe, you will not be able to enroll until our next open enrollment, unless you experience a qualifying life event.

## Qualifying Life Events

Unless you have a qualified life event, you cannot make changes to the benefits you elect until the next Open Enrollment period.

**Qualified life events include:** marriage, divorce, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.



# MEDICAL BENEFITS

## CIGNA

Below is a summary of the medical plans available to you, effective January 1, 2023.

| | OA POS ELITE PLAN | OA POS HIGH PLAN | OA POS MID PLAN | HSA-QUALIFIED HDHP |
|---|---|---|---|---|
| **IN-NETWORK BENEFITS** | | | | |
| **Deductible** Individual/Family | None | $250/$500 | $500/$1,000 | $1,350/$2,700** |
| **Firm HSA Funding** Individual/Family | N/A | N/A | N/A | $650/$1,300 |
| **Out-of-Pocket Maximum** Individual/Family | $2,500/$5,000 | $3,000/$6,000 | $4,000/$8,000 | $6,550/$13,100*** |
| **Preventive Care Services** | Covered 100% | Covered 100% | Covered 100% | Covered 100% |
| **PCP Office Visit** | $15 copay | $30 copay | Plan pays 80%* | Plan pays 80%* |
| **Specialist Office Visit** | $30 copay | $60 copay | Plan pays 80%* | Plan pays 80%* |
| **Diagnostic Laboratory** | Covered 100% | Plan pays 90% | Plan pays 80%* | Plan pays 80%* |
| **Diagnostic X-Ray/Imaging** (MRI, CT-Scan) | $100 copay | $100 copay | Plan pays 80%* | Plan pays 80%* |
| **Emergency Room** | $150 copay | $150 copay | Plan pays 80%* | Plan pays 80%* |
| **Urgent Care Center** | $50 | $50 | Plan pays 80%* | Plan pays 80%* |
| **Inpatient Hospital** | $250 copay per admission | Plan pays 90%* | Plan pays 80%* | Plan pays 80%* |
| **Outpatient Surgery** | Covered 100% | Plan pays 90% * | Plan pays 80%* | Plan pays 80%* |
| **OUT-OF-NETWORK BENEFITS** (SUBJECT TO BALANCE BILLING) | | | | |
| **Deductible** Individual/Family | $500/$1,500 | $1,500/$3,000 | $2,500/$5,000 | $3,000/$6,000** |
| **Out-of-Pocket Maximum** Individual/Family | $5,000/$15,000 | $5,000/$15,000 | $10,000/$20,000 | $6,550/$13,100 |
| **Coinsurance** | Plan pays 70%* | Plan pays 70%* | Plan pays 60%* | Plan pays 50%* |

* After deductible

** Full Family Deductible: The family deductible must be met if employee covers self and one or more dependent.

*** Once any one individual meets the individual out-of-pocket maximum, their expenses are covered at 100% for the balance of the plan year, all other family members must collectively meet the family out-of-pocket maximum before the plan pays 100%.

# TELEMEDICINE

## TELADOC

WHETHER YOU'RE ON PTO OR IT'S THE MIDDLE OF THE NIGHT, THE CARE YOU NEED IS JUST **A CALL OR CLICK AWAY**.

### All benefit eligible employees, regardless of medical enrolled status, have access to the Teladoc benefit.

In addition, if you are enrolled in a medical plan at [[Client Name]], you may also access the Teladoc benefit for the dependents you cover under the medical plan. Teladoc is offered outside of the medical plan and has no impact on your medical deductibles, copays, coinsurance or out-of-pocket maximum.

Teladoc doctors are U.S. board-certified, licensed in your state and average 15 years of practice experience. With your consent, Teladoc will provide information about your consult to your primary care physician. Your electronic health record is secure and portable.

It is a convenient and affordable option that allows you to talk to a doctor who can diagnose, recommend treatment and prescribe medication when appropriate for many of your medical issues. There is **no fee** for use of the general Teladoc consultation service.

If a Teladoc provider writes a prescription, it can be filled using your prescription drug benefits. The prescription cost would apply to your plan deductible for HDHP plan participants

### Licensed Therapist Consultations*

If something is weighing you down, talking to someone can help. Teladoc's licensed therapists are available 7 days a week. Choose your therapist, pick a time that is convenient for you and then talk to the therapist from anywhere you feel comfortable.

This service is offered outside of the medical plan and has no impact on your medical deductibles, copays, coinsurance or out-of-pocket maximum.

Teladoc therapists can treat anxiety, depression, family/marriage issues and more.

**Consultation costs for licensed therapists:**

- Psychiatric (initial visit): $200/session
- Psychiatrist (ongoing visit): $95/session
- Psychologist, licensed clinical social workers, counselor or therapist: $85/session

** This service is available to members and eligible dependents 18 and older.*

# PRESCRIPTION BENEFITS

## CIGNA

### If you are enrolled in one of the medical plans, you are automatically enrolled in the corresponding prescription drug plan through Cigna.

| | OA POS ELITE, HIGH, & MID PLANS | HSA-QUALIFIED HDHP |
|---|---|---|
| **RETAIL PHARMACY** (UP TO A 30-DAY SUPPLY) | | |
| **Generic** | $20 copay | Plan pays 80%* |
| **Preferred Brand** | $40 copay | Plan pays 80%* |
| **Non-Preferred Brand** | $60 copay | Plan pays 80%* |
| **MAIL ORDER PHARMACY** (UP TO A 90-DAY SUPPLY) | | |
| **Generic** | $40 copay | Plan pays 80%* |
| **Preferred Brand** | $80 copay | Plan pays 80%* |
| **Non-Preferred Brand** | $120 copay | Plan pays 80%* |

* After deductible

### Save on your prescriptions with Mail Order: Cigna Home Delivery Pharmacy

When you use the Cigna Home Delivery Pharmacy to fill your maintenance drug prescriptions, you will receive a 90-day (3-month) supply for two retail copays. In addition to the savings, your prescriptions will be delivered right to your home.

To learn more about using mail order, simply visit **www.cigna.com**.

### Cigna 90-Day Prescription for Maintenance Medications

Maintenance medications must be filled in a 90-day supply at a retail pharmacy or Home Delivery pharmacy to be covered under your plan. Maintenance medications are those medications that are taken regularly, over time, to treat an ongoing health condition, such as diabetes, high blood pressure, cholesterol or asthma.

Effective July 1, 2023, you will be able to receive three 30-day fills before your maintenance medication is not covered. If you haven't switched to a 90-day supply after three fills, your plan won't cover the cost of the medication.

Having a 90-day supply of your medication on-hand typically means you're less likely to miss a dose.

### Where you can fill a 90-day prescription

Your plan also offers a new retail pharmacy network that gives you more choice in where you can fill your 90-day prescriptions. There are thousands of retail pharmacies in the network.

For more information about your new pharmacy network, you can go to **www.Cigna.com/Rx90network**.

# HEALTH SAVINGS ACCOUNT (HSA)

## FLEXFACTS

If you participate in the HSA-Qualified HDHP, you may be eligible to participate in a Health Savings Account (HSA). An HSA is a tax-exempt savings account that can be used for contributions, earnings and withdrawals for eligible expenses.

### HSA Highlights

An HSA is portable, meaning that if you leave your employer, you can take your HSA funds with you. There is no "use it or lose it" provision with an HSA. If you don't use the money in your account by the end of the year, it just stays there and collects interest on a tax-deferred basis.

An HSA includes a banking partner that offers you several investment options that suit your needs. An HSA does not require third party substantiation for transactions; however, you should keep records of these transactions in the event of an IRS audit.

### HSA Eligibility

You may contribute to an HSA if you:

- Are covered under an HSA Qualified high deductible health plan (HDHP)
- Do not have disqualifying coverage such as other "first dollar" medical coverage etc.
- Are not entitled to (eligible and enrolled) Medicare
- Cannot be claimed as a dependent on someone else's tax return

### HSA Eligible Expenses Include:

- Medical and prescription drug deductibles, coinsurance and copayments
- Dental deductibles, coinsurance and copayments
- Orthodontia or other dental care
- Eye exams, contact lenses and glasses

### HSA Contributions

The maximum amount that can be contributed to an HSA in a tax year is established by the IRS and is dependent on whether you have single or family coverage in the HDHP plan. For 2023, the contribution limits are: **$3,450** for individual coverage and **$6,900** for family coverage. This annual maximum includes funds contributed by the Firm as well as funds contributed by the employee. The annual catch-up contribution for age 55 and older is $1,000 per month.

If you elect the HSA Qualified HDHP for the new plan year, the Firm will contribute **$650** into your HSA if enrolled as Single or **$1,300** if enrolled as a Family. The Firm funded amount will be available with the first pay of the new plan year.

Employees electing the HSA July 1, 2023 will have 90 days to submit Medical claims with dates of service up to June 30, 2022 if they participated in an FSA for the prior plan year. Any funds up to **$500** after the 90 day run out will need to rollover into a Limited Purpose FSA "LPFSA" for future use.

### Getting Started is easy!

If you elect the HSA-Qualified HDHP for 2023 and wish to participate in the HSA, you need to make your election via the ADP enrollment site. If you are turning 65 or older, please see medicare.gov for restrictions on HSA accounts.

**Reminder!**

**Employees in the HDHP may also participate in a Limited Purpose FSA (LPFSA). Funds available in a LPFSA can be used only for eligible dental and vision expenses. Additional information regarding the LPFSA can be found on page 12.**

# VISION BENEFITS

## UNITED HEALTHCARE

**If you are enrolled in the medical benefits at [[Client Name]], you are automatically enrolled in the vision plan.**

United Healthcare Vision is one of the nation's leading vision benefit providers. UHC vision coverage is provided for eye exams, prescription lenses, contact lenses and frames. Most services are covered at 100% after a $10 office copayment and a $25 materials copayment when obtained from a participating United Healthcare Vision provider. Cosmetic options and laser eye surgery are available at a reduced cost.

For those who elect non-participating providers for services, a modest reimbursement schedule applies. You will be entitled to an eye exam and lenses every 12 months and frames every 24 months. Go to **www.myuhcvision.com** to locate a participating provider.

UHC VISION PLAN

| | IN-NETWORK | OUT-OF-NETWORK |
|---|---|---|
| **Eye Exam** | $25 / $75 | $50 / $150 |
| **Prescription Glasses**<br>Single Vision<br>Lined Bifocal<br>Lined Trifocal | $1,500 | $1,500 |
| **Frames** | Plan pays 50% | Plan pays 50% |
| **Elective contacts**<br>(in lieu of glasses) | $1,000 | $1,000 |
| **Frequency**<br>Frames<br>Lenses<br>Exam | Plan pays 100%<br>NO deductible | Plan pays 90%<br>NO deductible |

# DENTAL BENEFITS

## CIGNA

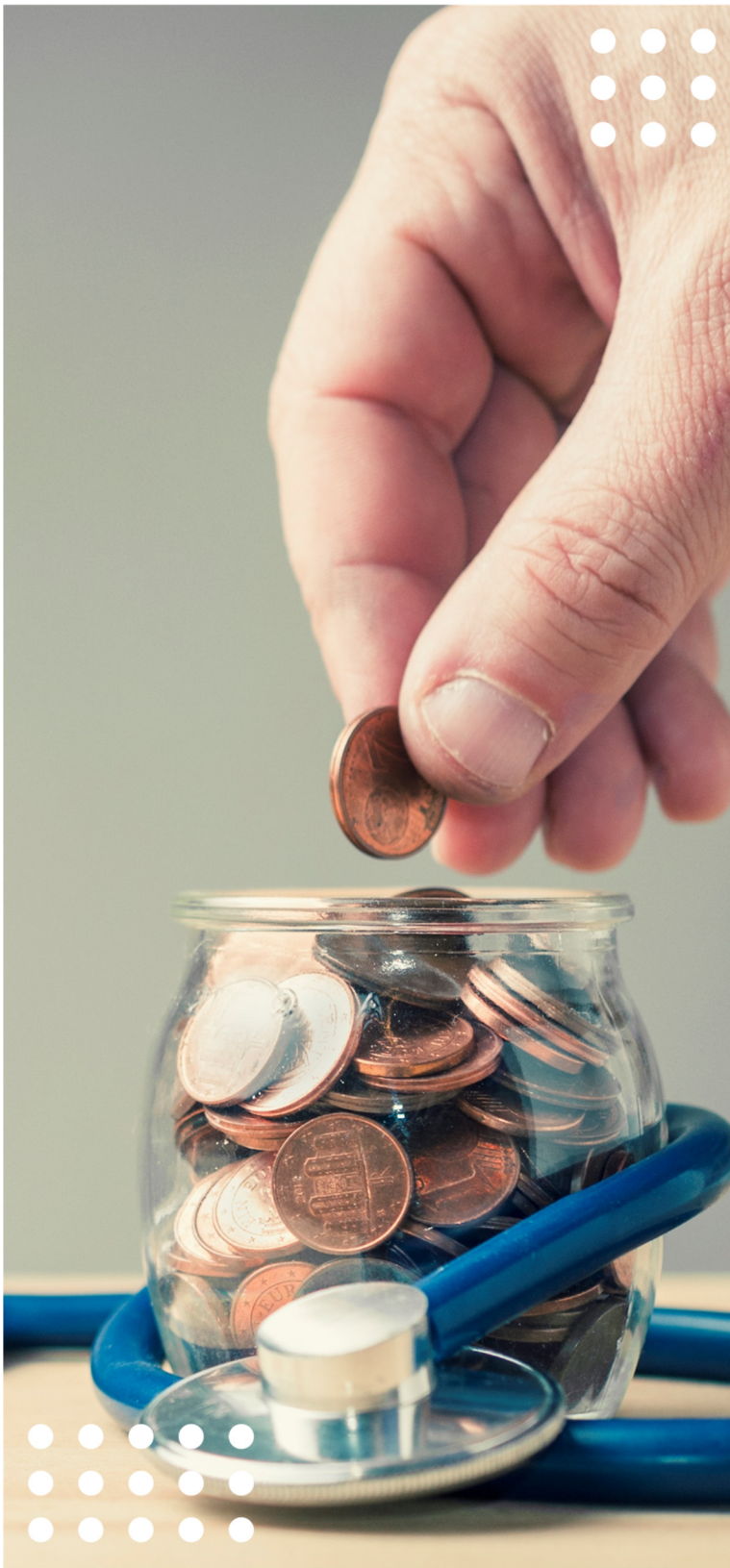
Below is a summary of the dental plans available to you, effective January 1, 2023.

| | OA POS ELITE PLAN | | OA POS HIGH PLAN | |
|---|---|---|---|---|
| | **IN-NETWORK** | **OUT-OF-NETWORK** | **IN-NETWORK** | **OUT-OF-NETWORK** |
| **Calendar Year Deductible** Individual/Family | $50/$150 | $75/$225 | $50/$150 | $75/$225 |
| **Calendar Year Maximum** (per patient) | $1,250 | | $2,250 | |
| **Preventive & Diagnostic Services**<br>• Exams<br>• Cleanings<br>• Bitewing X-rays (each twice in a calendar year)<br>• Fluoride Treatment (once in a calendar year, children to age 19) | Covered 100% | | Covered 100% | |
| **Basic Services**<br>• Fillings, Extractions<br>• Endodontics (root canal)<br>• Periodontics, Oral Surgery<br>• Sealants | Plan pays 100% after deductible | Plan pays 80% after deductible | Plan pays 100% after deductible | Plan pays 80% after deductible |
| **Major Services**<br>• Crowns<br>• Gold Restorations<br>• Bridgework<br>• Full and Partial Dentures | Plan pays 60% after deductible | Plan pays 50% after deductible | Plan pays 60% after deductible | Plan pays 50% after deductible |
| **Orthodontia Benefits** (children age 19 and below) | Plan pays 50% | | Plan pays 50% | |
| **Orthodontia Lifetime Maximum** (per patient) | $2,000 | | $2,000 | |

# FLEXIBLE SPENDING ACCOUNTS (FSA)

## CIGNA

A Flexible Spending Account (FSA) allows you to have money deducted from your pay on a pre-tax basis and put into an account that you can use to pay for eligible expenses. There are three types of accounts: **Medical, Dependent Day Care and Commuter (Parking & Transit)**.



### Traditional Medical FSA

To participate in the FSA you must make an election before the beginning of the plan year via the ADP enrollment site. Your annual election is divided by the number of pays during the year and the funds are taken out of your pay on a pre-tax, semi-monthly basis over the course of the plan year.

The Plan is subject to the Use It or Lose It rules set forth by the IRS. However, the Firm allows you to rollover over $500 of unused Medical FSA funds from the current plan year to the new plan year, starting July 1, 2023. Any Medical FSA funds in excess of $500 remaining in your account after the "run out period" which ends September 30, 2023,will be lost. The "run out period" allows a participant to continue to submit receipts to FlexFacts to be reimbursed for expenses incurred during the 2023/2024 plan year.

Common expenses that are eligible include co-pays, deductibles, prescriptions, vision and dental expenses. The maximum you can elect for the 2023 calendar year is $2,650.

Employees enrolled in HSA cannot enroll in the Traditional Medical FSA.

A complete list of expenses eligible under the medical FSA is available at www.flexfacts.com. Click on the FSA Eligible Expense Table link at the bottom of the page and enter in Access Code “flex2023”.

# FLEXIBLE SPENDING ACCOUNTS (FSA)

## CIGNA

### Limited Purpose FSA

Available to HSA participants only. The IRS allows members who participate in a Health Savings Account to also elect a LPFSA. LPFSA participants may contribute up to $2,650 to be used for eligible dental and vision expenses only.

If you participated in the Traditional Medical FSA during the 2022/2023 plan year and you elect to participate in the HSA to coincide with enrollment in the NEW HSA-Qualified HDHP medical plan for the new plan year, unused funds up to $500 in that Traditional Medical FSA will be transferred to a LPFSA.

### Dependent Day Care FSA

Common expenses that are eligible include; daycare facilities, after school programs, summer day camp, and in home babysitters.

The maximum that you can elect is $5,000 per calendar year per family unit. If you are married filing separately the maximum is $2,500. Dependent children are covered under this account to the age of 13.

If you have unused funds in this account at the end of the plan year, you may still access those funds to pay expenses until September 30, 2023. Unused funds will not roll over into the new plan year. Participants are still able to submit reciepts for reimbursement to FlexFacts for expenses incurred in the 2022/2023 plan year up until September 30, 2023.

### Parking and Transit Accounts

You can put money aside pre-tax to pay for transit and/or parking at or near your place of employment.

The maximum amount you may contribute for parking and transit is $255 per month. Unused funds left in this account at the end of the plan year, will roll over into the new plan year.

### To Contact FlexFacts

**Call:** 877.94.FACTS (32287) Monday - Thursday, 8:30 AM to 8:30 PM & Friday, 8:30 AM to 5:30 PM EST

**Email:** support@flexfacts.com

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

## CIGNA

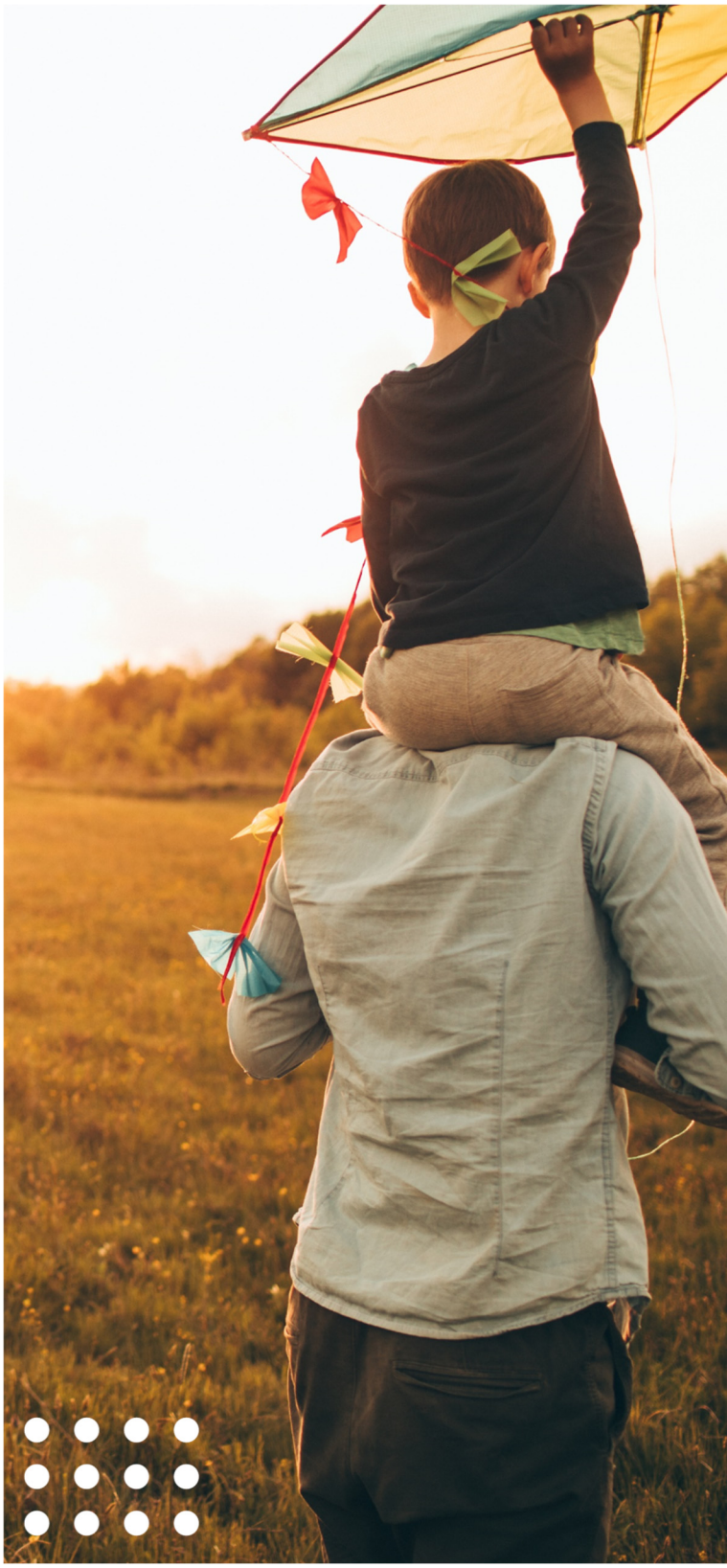
Life can be complicated at times and, sometimes, we all need a little support. Take advantage of the EAP—a free and 100% confidential service available to you and your family.

The Integrated Behavioral Health (IBH) Employee Assistance Program (EAP) is a confidential service that provides you and your family members with support services for a variety of issues associated with daily living. These services include:

- Unlimited telephonic consultations with an EAP Counselor
- Dynamic website featuring over 3,400 helpful resources, such as articles on topics like wellness, training courses, a legal and financial center, and more!
- Referrals to up to three sessions with local counselors—free of charge.

### To Contact IBH

**Call:** 800.395.1616
**Visit:** www.ibhcorp.com



# VOLUNTARY BENEFITS

## METLIFE

**Eligible employees also have the option to purchase the following voluntary benefits. Unexpected illnesses, accidents and injuries can lead to unexpected costs. Voluntary benefits can be used to supplement your core benefits and protect your family's financial future, should you be faced with the unexpected. The cost of these benefits is 100% paid by employees.**

### Critical Illness

- Helps offer financial support if you are diagnosed with a covered critical illness.
- Examples of covered illnesses include cancer, kidney failure, a stroke, Alzheimer's Disease and a heart attack.
- Choose a coverage amount based on your individual need and budget.
- Coverage is available for employees, spouses and dependent child(ren).

CRITICAL ILLNESS WEEKLY PER PAY COST PER $10,000 OF COVERAGE

| AGE | EMPLOYEE ONLY | EMPLOYEE+ SPOUSE | EMPLOYEE+ CHILD(REN) | EMPLOYEE+ FAMILY |
|---|---|---|---|---|
| 0-24 | $1.50 | $2.30 | $2.19 | $3.00 |
| 25-29 | $1.54 | $2.40 | $2.26 | $3.11 |
| 30-34 | $1.91 | $2.93 | $2.60 | $3.62 |
| 35-39 | $2.12 | $3.25 | $2.83 | $3.97 |
| 40-44 | $2.40 | $3.67 | $3.09 | $4.36 |
| 45-49 | $3.30 | $5.00 | $4.01 | $5.70 |
| 50-54 | $4.63 | $6.97 | $5.33 | $7.66 |
| 55-59 | $6.43 | $9.62 | $7.13 | $10.31 |
| 60-64 | $8.60 | $12.80 | $9.30 | $13.50 |
| 65-69 | $11.67 | $17.35 | $12.37 | $18.04 |
| 70-99 | $16.98 | $25.22 | $17.67 | $25.91 |

# VOLUNTARY BENEFITS

## METLIFE

### Hospital Indemnity

- Helps mitigate expenses associated with a hospital stay for sickness or injury by paying a cash benefit for hospital confinement.
- Coverage is available for employees, spouses and dependent child(ren).
- Choice between the low or high plan.

HOSPITAL INDEMNITY PLAN

| BENEFIT | LOW | HIGH |
|---|---|---|
| **Non-ICU Admission Benefit** | $500 | $1,000 |
| **ICU Admission Benefit**<br>Pays concurrently to Non-ICU benefit | $500 | $1,000 |
| **Non-ICU Confinement Benefit**<br>Payable for up to 31 days per covered person | $100/day | $200/day |
| **ICU Hospital Confinement**<br>Payable in addition to the Non-ICU benefit for up to 15 days per covered person | $100/day | $200/day |

HOSPITAL INDEMNITY WEEKLY PER PAY COST

| | LOW | HIGH |
|---|---|---|
| **Employee Only** | $2.81 | $5.27 |
| **EE + Spouse** | $5.77 | $11.09 |
| **EE + Child(ren)** | $4.63 | $8.84 |
| **EE + Family** | $7.60 | $14.65 |

### Accident Insurance

- Plan pays lump sum dollar amount to you in the event of an accidental injury including hospitalization and ICU, ambulance services and other medical related expenses.
- Examples of covered accidents include a broke bone, dislocation, burn, eye injury and surgery.
- Helps protect your savings from being depleted should an accident occur.
- Coverage is available for employees, spouses and dependent child(ren).
- Choice between the low or high plan

If you are currently enrolled in voluntary products through your local property, you are able to continue to maintain these benefits as long as you pay the required premium. Note that the premium will no longer be taken through payroll deduction, you will be billed direct to your home.

ACCIDENT WEEKLY PER PAY COST

| | LOW | HIGH |
|---|---|---|
| **Employee Only** | $1.42 | $2.25 |
| **EE + Spouse** | $2.46 | $4.01 |
| **EE + Child(ren)** | $2.68 | $4.36 |
| **EE + Family** | $3.28 | $5.30 |

# MEMBER ADVOCACY

## CONNER STRONG & BUCKELEW

### You Can Contact Member Advocacy for Assistance if You:

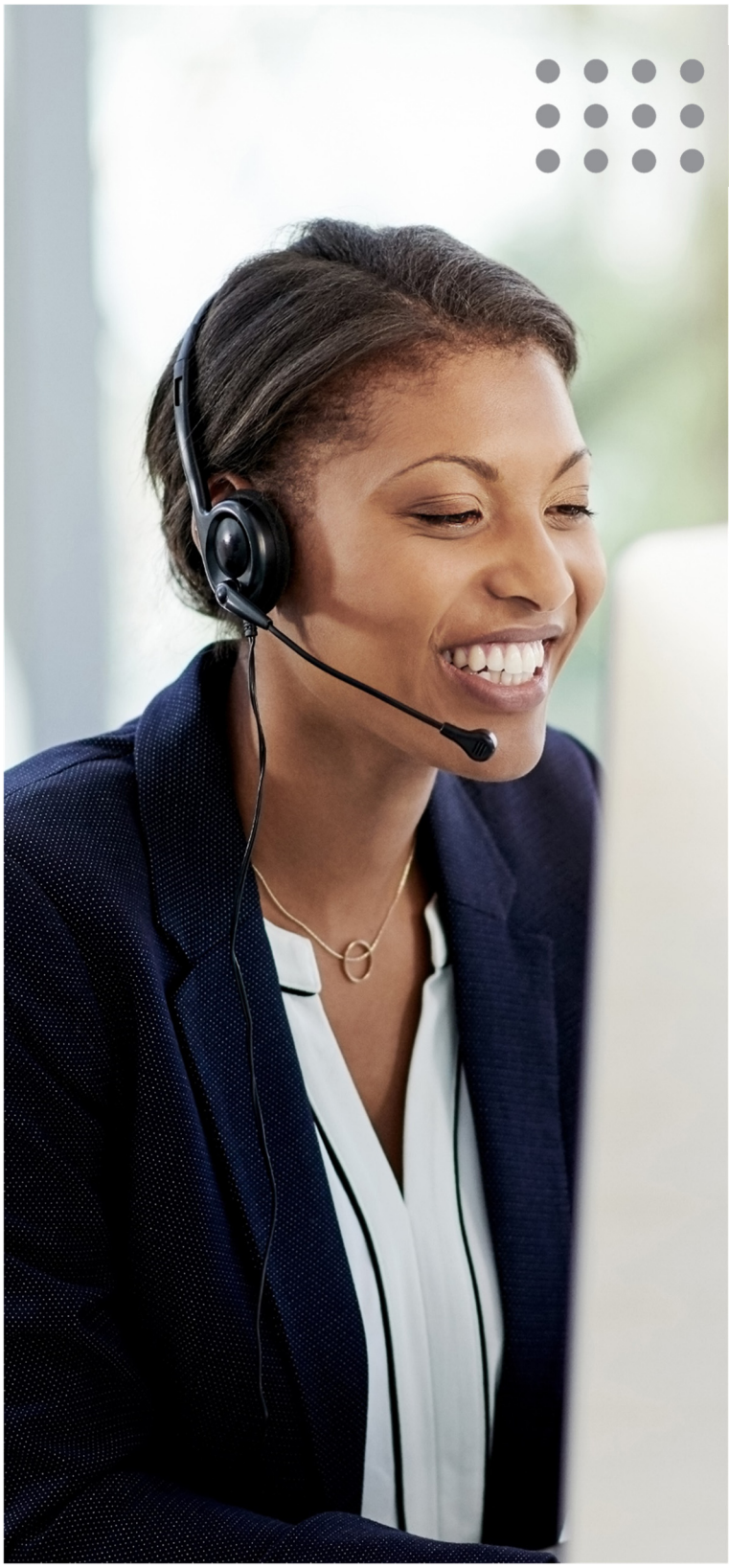
- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your benefits work
- Need information about adding or deleting a dependent
- Need help to resolve a problem you've been working on

Member Advocates are available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

### How to Contact Member Advocacy?

You may contact the Member Advocacy Team in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web: **www.connerstrong.com/memberadvocacy**
- Via fax: **856.685.2253**



# BENEPORTAL

## ADDITIONAL RESOURCES

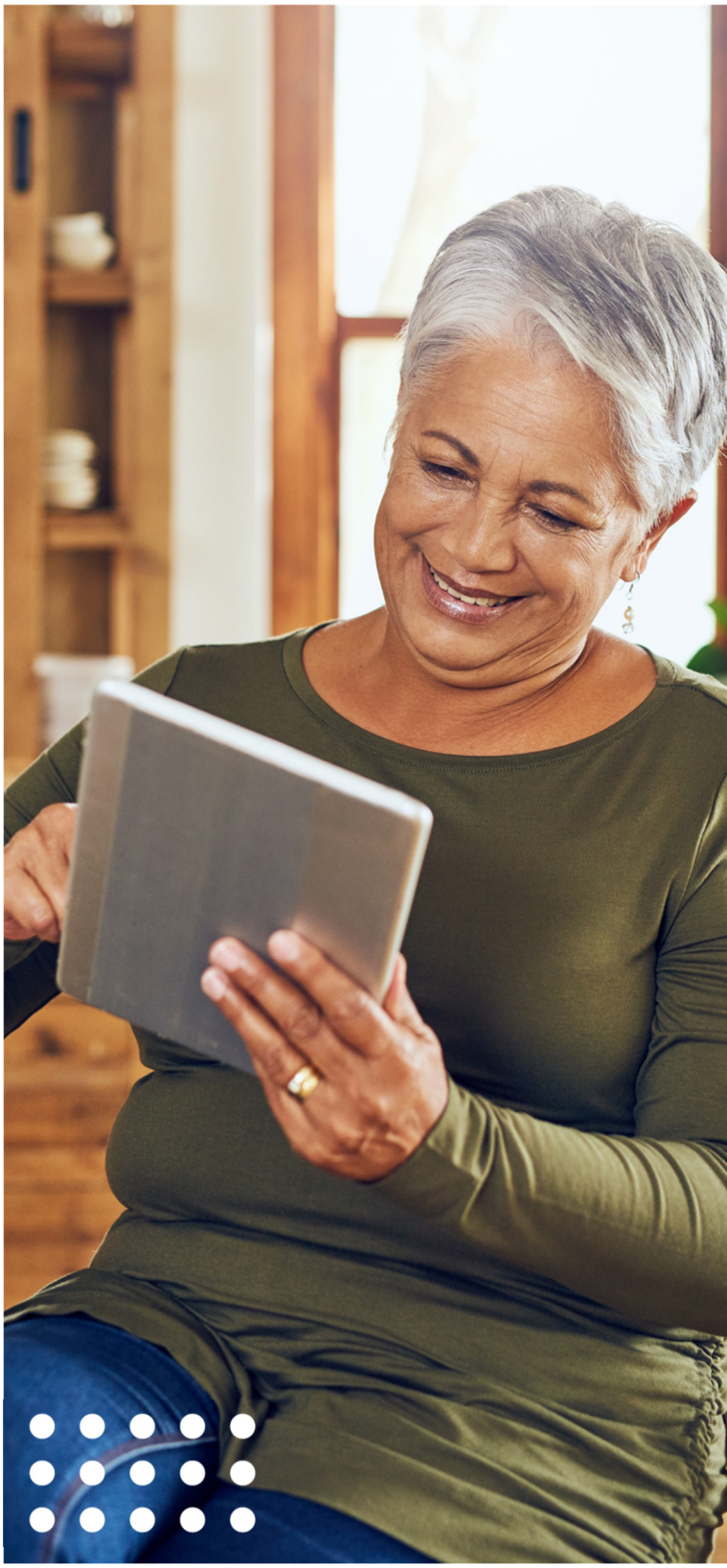
BenePortal, powered by Wix, is [[Client Name]]'s virtual employee benefits portal, providing access to company benefits programs, health and wellness information, recommended links, pertinent forms and guides, and a wealth of additional tools and resources.

BenePortal is available 24/7 to [[Client Name]]'s employees and their eligible dependents to access benefit plan information, insurance company contacts, forms, guides, links and other applicable benefit materials.

Simply go to **www.samplebenefitsportal.com** to access your benefits information today!

BenePortal features include:

- Secure online access - with NO login required!
- Mobile optimized site
- Direct links to specific enrollment sites
- Plan summaries
- Wellness resources
- Carrier contacts
- Downloadable forms
- GoodRx
- Benefit Perks Discount Program
- And more!



# VALUE-ADDED SERVICES

## CONNER STRONG & BUCKELEW

### Benefit Perks

This feature provides a broad array of services, discounts and special deals on consumer services, travel services, recreational services and much more. Simply access the site and register and you can begin using it now.

Learn more at: **connerstrong.corestream.com**

### GlobalFit Gym Discount Program

GlobalFit offers discounts at more than 10,000 gyms nationwide. Members also get exclusive savings on home health and fitness products including Zumba, Total Gym, Schwinn, StairMaster and more!

Learn more about GlobalFit by calling **800.294.1500** or visit **globalfit.com/connerstrong**

### GoodRX

Compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Learn more at: **connerstrong.goodrx.com**

### HealthyLearn

This resource covers over a thousand health and wellness topics in a simple, straight-forward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well.

Learn more at: **healthylearn.com/connerstrong**

# CARRIER CONTACTS

Below is a list of important contacts for all of your employee benefits needs.

| BENEFITS/RESOURCES | CONTACT | PHONE NUMBER | WEBSITE |
|---|---|---|---|
| **Medical and Prescription** | Cigna | 555-555-5555 | www.cigna.com |
| **Vision** | UnitedHealthcare | 555-555-5555 | www.uhc.com |
| **Dental** | Cigna | 555-555-5555 | www.mycigna.com |
| **Life/AD&D, STD and LTD** | Unum | 555-555-5555 | www.unum.com |
| **Flexible Spending Accounts and Commuter Benefits** | Flores & Associates | 555-555-5555 | www.flores247.com |
| **Employee Assistance Program (EAP)** | IBH | 555-555-5555 | www.ibhcorp.com<br>User Name: [[CLIENT NAME]]<br>Password: [[CLIENT NAME]] |
| **401(k)** | Principal | 555-555-5555 | www.principal.com |
| **Member Advocacy** | Member Advocacy | 555-555-5555 | www.connerstrong.com/memberadvocacy |
| **Accident, Critical Illness and Hospital Indemnity** | Unum | 555-555-5555 | www.unum.com |

# LEGAL NOTICES

## Notice Regarding Special Enrollment

**Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program)** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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 Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of coverage for Medicaid or a State Children's Health Insurance Program**

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP).

**New dependent by marriage, birth, adoption, or placement for adoption**

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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment"

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opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711
CHP+ Website: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991 / State Relay 711

FLORIDA – Medicaid
Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: http://www.indianamedicaid.com
Phone 1-800-403-0864

IOWA – Medicaid
Website: http://dhs.iowa.gov/Hawki
Phone: 1-800-257-8563

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512

KENTUCKY – Medicaid
Website: https://chfs.ky.gov
Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-862-4840

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

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MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll-Free: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://dma.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 855-697-4347 or 401-462-0311

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

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WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

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

# INSURANCE MARKETPLACE NOTICE

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

**What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets our needs and fits your budget. The Marketplace offers "one -stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

**Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

**How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier's customer service number located on your ID card. 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. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to https://www.healthcare.gov/marketplace/individual/.

## 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<br>[[Client Name]] | | 4. Employer Identification Number<br>00-0000000 |
| 5. Employer Address<br>123 Somewhere Street | | 6. Employer phone number<br>(123)-456-7890 |
| 7. City<br>Somewhere | 8. State<br>New Jersey | 9. Zip Code<br>12345 |

[1] An employer-sponsored 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.


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