EMPLOYEE
BENEFITS
GUIDE

Blue Stone Therapy

2027

WELCOME

Welcome! We encourage you to take the time to review your options.

Enclosed in this package is all the information you will need to educate yourself on the offers you and your eligible family members are eligible to enroll in. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Who is Eligible?

If you are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide.

How to Enroll?

Your first step is to review all benefit options on our benefits site at enhance-benefits.com which will also include instructions on how to schedule your benefits enrollment call with Panda. During your enrollment meeting, you will be able to discuss all benefit options and get any information you need to assist in making your decision. Click here to schedule 2027 open enrollment benefits call.

When to Enroll?

As a new hire, your benefits are effective the 1st of the month after 1 month of employment. However, during the annual benefits open enrollment period, all elections, changes or cancellations will be effective on January 1st. Elections can be made by scheduling a personal call with one of our enrollment specialists.

Once you complete your elections, please allow at least two weeks to receive your ID cards. When possible, it is always a good idea to schedule appointments two weeks after the 1st to allow for processing delays

Welcome to the team!

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OVERVIEW OF BENEFITS

ELIGIBILITY

All full-time employess working a minimum of 30 hours per week are eligible for company benefits. You can elect medical, dental, and vision coverage for your spouse* and dependent/ adult children up to 26 years old. Your employer reserves the right to request proof of qualifying life event in order to add dependents.

WHEN COVERAGE BEGINS AND ENDS

Your benefits become effective the 1st of the month following one month of hire provided you've elected your benefits with an enrollment specialist during the enrollment period. Any applicable waiting periods or additional exceptions are covered under each benefit description.

Your coverage under the benefits plans will end the day of your last day of work and/or the last day of the month, the day you no longer meet the plan's eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

QUALIFYING EVENTS

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a Qualifying Event.

These may include, but not limited to: Changes in employment status, legal marital status or number of dependents, taking an unpaid leave of absence, Dependent satisfies or ceases to satisfy eligibility requirement, a COBRA-qualifying event, Entitlement to Medicare or Medicaid, or a change in the place of residence of the employee, resulting in the current carrier not being available.

THINGS TO CONSIDER

Consider your personal situation and the difference between the plan options and their costs when making your decision. You may also elect to waive coverage.

Ask yourself the following questions

- Will your current doctor be in or out-of-network?
- Do you have any planned surgeries this year?
- How many family members will you cover?
- How often do you visit the doctor?
- Are you planning to have a baby this year?

By reading this guide cover to cover, you will become familiar with your benefits options. After enrolling, verify that your payroll deductions are correct. If not, please contact your HR representative.

Benefit Enrollment

To enroll or get assistance enrolling **call** or **scan** below to schedule with a Panda Benefits Specialist today! **800-995-0171** **Click here to schedule.**



*spousal surcharge may apply

KEY TERMS
TO REMEMBER



COINSURANCE

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

DEDUCTIBLE

The amount you pay for covered health care services before your insurance plan starts to pay. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

COPAYMENT

A flat fee that you pay toward the cost of covered medical services.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

IN-NETWORK

Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

OUT-OF-NETWORK

Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and play payments are SUBJECT to deductibles and copayments.

OUT-OF-POCKET MAXIMUM (OOPM)

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

USUAL, CUSTOMARY AND REASONABLE (UCR)ALLOWANCE

The fee paid for services that is: (1) a similar amount to the fee charged from a health care provider to the majority of patients for the same procedure, (2) the customary fee paid to providers with similar training and expertise in a similar geographic area, and (3) reasonable in light of any unusual clinical circumstances.

MEDICAL Benefits

Wellmark

	In Network			Out of Network		
	BRONZE	SILVER	GOLD	BRONZE	SILVER	GOLD
Plan Design						
Deductible Individual / Family	$5,000 / $10,000	$3,000 /$7,000 $100 person $300 family per calendar year for drug card	$2,000 / $5,000	$10,000 / $20,000	-	$5,000 / $10,000
Max Out-of-Pocket Individual / Family	$6,350 / $12,700	$7,350/$14,700	$5,000 / $10,000	$12,700 / $25,400	-	$10,000 / $20,000
Doctor's Office Visit						
Primary care visit to treat injury or illness	10% Coinsurance	$15 Copay	$0 Copay per date of service	30% Coinsurance	30% Coinsurance	50% Coinsurance
Specialist visit	10% Coinsurance	$40 Copay	$25 Copay	30% Coinsurance		
Preventive care/ screening/ immunization	No Charge	No Charge	No Charge	30% Coinsurance		
Imaging and Testing						
Diagnostic test (x-ray, blood work)	10% Coinsurance	Independent labs: $40 Copay Facility: 20% coinsurance	Independent lab: $25 Copay Facility: 20% coinsurance	30% Coinsurance	30% Coinsurance	50% Coinsurance
Imaging (CT/PET scans, MRIs)		20% Coinsurance	20% Coinsurance	30% Coinsurance		
Outpatient Surgery						
Facility fee	10% Coinsurance	20% Coinsurance	20% Coinsurance	30% Coinsurance	30% Coinsurance	50% Coinsurance
Physician/surgeon fees						
Immediate Medical Attention						
Emergency room care	10% Coinsurance	20% Coinsurance	20% Coinsurance	10% Coinsurance	20% Coinsurance	20% Coinsurance
Emergency medical transportation				10% Coinsurance		
Urgent care		$60 Copay	$40 Copay	30% Coinsurance	30% Coinsurance	50% Coinsurance
Prescription Drugs						
Tier 1	10% Coinsurance	$10 Copay per prescription	$10 Copay per prescription	Not Covered	Not Covered	Not Covered
Tier 2		$35 Copay per prescription	$35 Copay per prescription			
Tier 3		$60 Copay per prescription	$60 Copay per prescription			
Tier 4						
Specialty Drugs	Generic: 10% Preferred: 20% Non-preferred: 50%	Generic: 10% Preferred: 20% Non-preferred: 50%	Generic: 10% Preferred: 20% Non-preferred: 50%			

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Plan Design Continued	In Network			Out of Network		
	BRONZE	SILVER	GOLD	BRONZE	SILVER	GOLD
Hospital Stay						
Facility fee (e.g., hospital room)	10% Coinsurance	20% Coinsurance	20% Coinsurance	30% Coinsurance	50% Coinsurance	30% Coinsurance
Physician/surgeon fees						
Pregnancy						
Office visits	10% Coinsurance	20% Coinsurance	20% Coinsurance	30% Coinsurance	30% Coinsurance	50% Coinsurance
Childbirth/delivery professional services						
Childbirth/delivery facility services						
Mental Health Care						
Outpatient services	10% Coinsurance	Outpatient: $15 Copay Facility: 20%	Office: $0 copay per date of service Facility: 20% coinsurance	30% Coinsurance	30% Coinsurance	50% Coinsurance
Inpatient services		20% Coinsurance	20% Coinsurance			
Recovery Assistance						
Home Health Care	10% Coinsurance	20% Coinsurance	20% Coinsurance	30% Coinsurance	30% Coinsurance	50% Coinsurance
Rehabilitation Services		Office: $15 PCP /$40 Non-PCP Facility: 20%	Office: $0 PCP /$25 Non-PCP Facility: 20%			
Habilitation services						
Skilled nursing care		20% Coinsurance	20% Coinsurance			
Durable medical Equipment						
Hospice services						

Benefit Enrollment

To enroll or get assistance enrolling **call** or **scan** below to schedule with a Panda Benefits Specialist today! **800-995-0171** [Click here to schedule.]

HSA, FSA, DCA & Transit Accounts

FLEXFACTS
a company of grant benefit solutions

Health Savings Accounts (HSA)

- An HSA is a personal savings account that allows you to set aside **pre-tax dollars** for current and future healthcare expenses for you and your dependants.
- If you are signed up for the RBP or Bronze Medical Plans you qualify for a Health Savings Account. Unlike an FSA, unused funds stay in the account year to year and can be invested like a 401(k) all while staying **tax free**.
- For the 2027 plan year, you can contribute up to $4,500 if you are enrolled employee only on your medical, or up to $9,000 if you also enrolled one or more family members in your medical.

For a list of eligible expenses visit:
https://hsastore.com/hsa-eligibility-list

Medical Flexible Spending Accounts

- A Flexible spending Account (FSA) allows you to set aside up to $3,500 per year tax free for healthcare expenses.
- Funds are available immediately, but any **unused funds are forfeited end of the year** or if your employment ends.
- Your election can only be changed during the plan year if you experience a qualifying event.
- Save your receipts. You may need itemized invoices to verify card swipes or for claim reimbursements.
- Reminder: You can't contribute to an FSA and HSA within the same plan year.

For a list of eligible expenses visit:
fsastore.com/FlexfactsEL

Dependent Care FSA (DCA)

A dependent care FSA (DCA) is a flexible spending account that allows you to set aside **pre-tax dollars** for dependent care expenses that allow you to work or look for work. This includes daycares, babysitters and before/after school care.

Choose an annual election amount, up to $7,500/family. This amount will be deducted from your pay checks in equal instalments throughout the year.

Eligible Expenses Include:

- Before/after school care for children 12 and younger
- Custodial care for adult dependents
- Licensed day care centers
- Nursery Schools or preschools
- Late Pick-up fees
- Summer or Holiday day camps

Full list of eligible expenses can be found at flexfacts.com.

Transit Account

A transit account allows you to set aside pre-tax dollars for mass transit expenses associated with your daily commute to work. Up to a monthly election amount, up to $350/month.

- Funds will be made available in your transit account, as deductions are taken each payroll.
- You can change or cancel your election amount at any time.
- Save your receipts. You may need itemized invoices to verify card swipes.

Any unused funds that remain in your account at the end of the year will be carried over into the next plan year.

Questions? Contact us at info@flexfacts.com or 877-943-2287

TELEMEDICINE Essentials

24 / 7 / 365 Telemedicine & Teletherapy from Doctegrity. Help when you need it, where you need it. Unlimited Access to board-certified Primary Care Physicians and licensed Mental Health Therapists for the whole family.

How to start with Doctegrity:

1. **WELCOME EMAIL**
   Click "Access Benefit" and create a password
2. **OPEN DOCTEGRITY APP**
   Click "Login"
3. **ENTER CREDENTIALS**
   Enter the email address associated with your account & password
4. **SCHEDULE**
   You're done! Easily schedule telemedicine & teletherapy consultations and more!

- **No insurance needed!**
- **Available to any and all employees!**
- **You and you whole family have access.**
- **No copays or surprise bills.**
- **$10 per month INCLUDING FAMILY**

Talk to us!
Call: 877.342.5152
email: hello@doctegrity.com
Online: doctegrity.com



eHealthcare
Video/Phone Doctors

Speak to a Board Certified Physician or Video Chat 24/7/365 **nationwide and get a prescription** if needed.

Medical question? Ask a doctor / get a **Second Option**

Mental Health Therapy

More than an EAP: Talk or Text a licenses Mental Health Therapist 24/7/365 nationwide.

True short-term Mental Health Therapy with 100% follow-ups with the same therapist.

Pharmacy Plan & Health Discounts

Save up to 80% on prescriptions. **Even works on pet medications!**

Lab Discount: Up to 80% off lab tests. No doctor needed; well handle it!

Our services extend beyond healthcare

We make life easier.

- Financial Consultations
- Attorney Consultations
- Medical Bill Help
- Medical Diagnosis Support

DENTAL Benefits

DELTA DENTAL®

Dental PPO Plans

Plan Details	LOW		BASIC			ENHANCED		
	In-Network	Out-of-Network	In-Network		Out-of-Network	In-Network		Out-of-Network
	If a Delta Dental PPO Dentist is Used	If a Non-Particpating Dentist is Used	If a Delta Dental PPO Dentist is Used	If a Delta Dental Premier Dentist is Used	If a Non-Participating Dentist is Used	If a Delta Dental PPO Dentist is Used	If a Delta Dental Premier Dentist is Used	If a Non-Participating Dentist is Used
Preventative & Diagnostic								
Exams, Cleanings, Bitewing X-Rays, Fluoride Treatments (Frequency limitations apply), Full Mouth X-rays, Sealants, Space Maintainers	100%	50%	100%	100%	100%	100%	100%	100%
Basic								
Fillings, Simple Extractions, Repair of Dentures	50%	50%	50%	50%	50%	80%	80%	80%
Major								
Crowns & Gold Restorations	N/A	N/A	50%	50%	50%	50%	50%	50%
Bridgework	N/A	N/A						
Full & Partial Dentures	N/A	N/A						
Oral Surgery	N/A	N/A				80%	80%	80%
Root Canals (Endodontics)	N/A	N/A				80%	80%	80%
Periodontics	N/A	N/A				80%	80%	80%
Annual Maximum (per person)	**$1,000**	**$500**	**$1,000**	**$1,000**	**$1,000**	**$1,500**	**$1,500**	**$1,500**
Annual Deductible (waived for Preventive and Diagnostic)								
Per Person	$50	$100	$50	$50	$50	$50	$50	$50
Family Maximum	$150	$300	$150	$150	$150	$150	$150	$150
Orthodontics								
Children Only to age 26	N/A	N/A	N/A	N/A	N/A	50%	50%	50%
Lifetime Maximum (per person)	N/A	N/A	N/A	N/A	N/A	$1,500	$1,500	$1,500

Dependent children are covered to age 26 regardless of student status

Get the most out of your benefits with:

Carryover Max5M - Carry over a portion of your unused standard annual maximum benefit limit into the next year and beyond to use on more expensive procedures in the future. Learn more at Delta Dental NJ.com/COM.

Oral Health Enhancement - Receive up to four dental cleanings and/or periodontal maintenance procedures in any combination per benefit period if you have been treated for periodontal (gum) disease in the past. Details on how to qualify can be found in your benefit booklet or online at DeltaDentalNJ.com/OHE.

Special Health Care Needs benefit - Covered members with a qualifying special health care need have access to enhanced benefits such as additional cleanings and/or examinations and treatment modifications. Learn more at DeltaDentalNJ.com/SHCN

Hearing Savings Program - Get access to savings on hearing aids and services through Amplifon Hearing Health Care at no additional cost Learn more at DeltaDentalNJ.com/Hearing.

DeltaVision®
In partnership with VSP®

VISION Benefits

Vision Highlights

Benefits	In-Network
Exam/Lens/Frame frequency (months)	12/12/24
Contacts frequency (in lieu of glasses)	12
Exam	$10 copay
Frame allowance	
Includes Walmart/Sam's Club)*	$130
Frame allowance Costco*	$70
Contact lenses	
Elective contact allowance	$130
Necessary contact lenses	Covered in full after copay
Contact lens fit/eval copayment	Up to $60
Both frames and contacts in same year	No (allows contacts in lieu of frames)
Lens enhancements[1]	
Anti-glare coatings	$41 single/$41 multifocal
Impact-resistant lenses - adult	$31 single/ $35 multifocal (covered for children)
Progressive lenses	Standard Progressive lenses are covered
Light-reactive lensess	$75 single vision/ $75 multifocal
Scratch-resistant coating	$17 single vision/$17 multi focal

Out-of-network allowances (in addition to in-network copays)

	Covered up to:		Covered up to:
Examination	$45	Lenticular lenses	$100
Single vision lenses	$30	Frame	$70
Bifocal lenses	$50	Elective contact lenses	$105
Trifocal lenses	$65	Necessary contact lenses	$210
Progressive lenses	$50		

Additional savings

Frames discount over allowance[2]	An extra $20 allowance on featured designer brands for frames. 20% savings on any amount above the retail allowance.
Additional Pair	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP provider within 12 months of exam.
LASIK[2]	Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.
Retinal screening[2]	Routine retinal screening covered for a maximum fee of $39.
Lens coverage[2]	Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full.[3]
Essential Medical Eye Care	Retinal imaging for members with diabetes covered-in-full. Additional exams and services beyond routine care to treat immediate issues such as pink eye or to monitor ongoing conditions like high blood pressure, diabetes, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed. $20 per exam.
Low vision	Pre-approved low vision supplemental testing covered every two years. 75% coverage for approved low vision aids, up to $1,000 (less any amount paid for supplemental testing) every two years.
Eyeconic®[2]	Go to Eyeconic.com® for an easy-to-use, convenient online eyewear option.
TruHearing	Save up to 60% on hearing aids and batteries. Visit TruHearing.com/VSP or call 877.396.7194 for more information.[4]

1) Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices may vary. Prices are valid only through VSP Choice Network Providers and are subject to change without notice. **2)** Available in-network only. **3)** Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits, and savings may vary by location. Benefits may also vary at participating retail chains. Promotions like rebates are continually evaluated and subject to change without notice. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. **4)** VSP is providing information to its members, but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information, please visit vsp.com/offers/special-offers/hearing-aids/truhearing. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California.

ID CARDS & FINDING A **Provider**

Medical

A medical ID card will be mailed to you. To request duplicate ID cards, please log on to the website for our plan administrator and register at www.wellmark.com. Members may also email our provider at etmedical@apatpa.com for the request or call **800-524-9242**.



Dental



You can access your Virtual Dental ID or view your coverage online. To create an account go to deltadentalnj.com/idcard and register. You can also use our app, which is available on Apple and Android, or call us at: **800-442-7742**

How do I find a Dental Provider?
Simply visit deltadentalnj.com/idcard. Follow the prompts to find a dentist in your area who participates in your plan's network.
Low Plan: Delta Dental PPO Network
Basic and Enhanced Plan: Delta Dental PPO OR Delta Dental Premier Network

Vision

How do I find a Vision Provider?
Simply visit vsp.com, call **800-877-7195**, or download the mobile app.



SHORT-TERM Disability

A Short-Term Disability Plan provides for payment of a monthly disability benefit when a covered employee is disabled and unable to work due to an injury or sickness. Benefit payments begin after the elimination period is satisfied and continue during disability, up to the disability benefit period.

Why enroll in Group Disability Insurance? Group Disability is like insurance for your paycheck. The plan insures a portion of your monthly salary in the event you become disabled and are unable to work due to injury or sickness.

Additional Plan Information

- This plan provides a benefit for covered disabilities resulting from illnesses or injuries that are not work related.
- Partial Disability Benefit Included!



Benefit	Plan 1	Plan 2
Montly Benefit Amount Paid directly to you by check, benefits start only after elimination period and approval.	**$300 to $4,000** **60% of your base annual pay.**	
Elimination Period From the date you are unable to work due to an injury or illness.	**7 days**	**14 days**
Benefit Duration	**6 months**	**6 months**

BENEFITS SPECIFICATIONS

Total Disability
Monthly benefit starts after the elimination period has been met due to injury, sickness, organ donation, pregnancy, and complications of pregnancy. Limited by maximum benefit period.

Elimination Period
Time you must wait between when an illness or disability begins and when you can begin receiving your benefits.

Portability
This option allows employees to take their Short-Term Disability insurance coverage with them when coverage ends for reasons other than sickness, injury, retirement, or termination of the employer's plan. Employees can apply for a portable Short-Term Disability policy without satisfying Evidence of Insurability. Availability may vary by state.

LONG-TERM Disability

OneAmerica® Financial

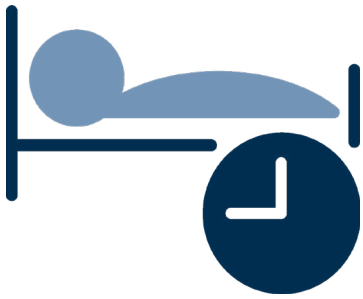
PROTECTS YOUR INCOME WHEN YOU CAN'T WORK.

If you're unable to work for an extended period because of a covered disability, Long-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

Additional Plan Information

- You're covered for disabilities resulting from and injury or sickness
- Premium is waived while you are disabled and cannot work
- Coverage is portable



Benefit	Plan 1	Plan 2
Monthly Benefit Amount* Paid directly to you by check, benefits start only after elimination period and approval.	50% of total monthly earnings, up to $10,000	60% of total monthly earnings, up to $10,000
When Benefits Begin	180 days	
Maxium Benefit Duration	Social Security Full Retirement Age	

BENEFITS SPECIFICATIONS

Pre-Existing Condition
A pre-existing condition includes anything you have sought treatment for in the 12 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescriptions for drugs or medicine.

Total Disability
Monthly benefit starts after the elimination period has been met due to injury, sickness, organ donation, pregnancy, and complications of pregnancy. Limited by maximum benefit period.

Elimination Period
Time you must wait between when an illness or disability begins and when you can begin receiving your benefits. See 'When Benefits Begin'.

Will income from other sources affect my income?
Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income. For more information, contact your benefits administrator.

How do I file a claim after becoming disabled?
Complete and submit a claim form online at www.employeebenefits.aul.com or call 855-517-6365

Social Security Normal Retirement Age
SSNRA - the normal retirement age under the Federal Social Security Act

GROUP Accident

Benefit Amounts*

Base Accident		High Plan	Low Plan
Accidental Death and Dismemberment	Employee Spouse Children	$50,000 $25,000 $10,000	$25,000 $12,500 $5,000
Common Carrier Accidental Death (fare-paying passenger)	Employee Spouse Children	$100,000 $50,000 $20,000	$50,000 $25,000 $10,000
Standard Hospital Admission		$1,000	$500
Hospital Confinement per day		$200	$100
ICU Confinement per day		$400	$200
Family Member Lodging per day		$150	$50
Outpatient Surgery Facility		$500	$300
Rehab Confinement per day		$150	$75
Ambulance	Ground Air	$200 $1,000	$100 $500
Additional Enhancements		**High Plan**	**Low Plan**
Initial Treatment	ER/Urgent Care Doctor's Office	$250 $200	$150 $100
Appliance		$400	$500
Blood, Plasma, Platelets		$100	$50
Burns	Second Degree up Third Degree	$1,000 $20,000	$500 $10,000
Chiropractic or Alternative Therapy (per visit)		$35	$15
Concussion		$200	$100
Coma		$10,000	$5,000
Dislocations		$3,000	$1,500
Dismemberment	Single Loss Double Loss One or more fingers/toes Partial Dismemberment	$12,500 $25,000 $1,250 $125	$6,250 $12,500 $625 $62.50
Emergency Dental		$200	$100
Eye Injury		$250	$125
Follow-up Treatment (per visit)		$75	$50
Fractures		$4,000	$2,000
Lacerations		$600	$200
Major Diagnostic Exam (CT, MRI, etc.)		$200	$125
Pain Management		$100	$50
Paralysis	Two limbs (paraplegia or hemiplegia) Four limbs (quadriplegia)	$5,000 $10,000	$2,500 $5,000
Prosthetics		$750	$500
Residence/Vehicle Modification		$750	$500
Surgery & Anesthesia	In-patient Out-patient	$1,000 $500	$500 $300
Therapy – Physical, Occupational, or Speech		$35	$15
Transportation (per trip, 100 or more miles)	Ground Air	$300 $500	$150 $250

Accidents happen and treatment can be vital to recovery, but also expensive.

Most major medical insurance only pays a portion of the bills. We help pick up where other insurance leaves off by providing cash to help cover expenses.

Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer.
- Protection for accidental injuries on- or off-the-job, 24-hours a day.
- Coverage available for spouse and child(ren)
- Affordable premiums conveniently payroll deducted



* Benefit dollar amounts shown are maximum amounts payable amount paid, may vary based on severity of injury, benefits subject to limitations on a per accident basis. See plan design from AFLAC for more details.

Benefits Enhancements and Specifications

Hospital Admission
Once per accident, within 6 months of the accident. Not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.

Hospital Confinement
Per day, Maximum 15 days of confinement per covered accident within 6 months after the accident

Hospital Intensive Care
Per day, max. 15 days per accident, within 6 months after the accident.

Initial Treatment
Once per accident, within 7 days after the accident, not payable for telemedecine services.

Accident Follow-Up Treatment
Max. 2 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident.

Rehabilitation Unit
Maximum of 15 days per confinement, no more than 30 days total per calendar year for each insured.

Family Member Lodging
Greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident.

Transportation
Greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident.

Therapy
Maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident.

Chiropractic and Alternative Therapy
Maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident.

Ambulance
Once per accident, within 90 days after the accident.

Major Diagnostic Testing
Once per accident, within 6 months after the accident.

Blood, Plasma, & Platelets
Once per accident, within 6 months after the accident.

Pain Management
Once per accident, within 6 months after the accident.

Concussion
Once per accident, within 6 months after the accident.

Coma
Once per accident.

Emergency Dental Work
Once per accident, within 6 months after the accident.

Burns
Once per accident, within 6 months after the accident.

Fractures
Once per accident, within 90 days after the accident.

Dislocations
Once per accident, within 90 days after the accident.

Lacerations
Once per accident, within 7 days after the accident.

Dismemberment
Once per accident, within 6 months after the accident.

Paralysis
Once per accident, diagnosed by a doctor within six months after the accident.

Outpatient Surgery & Anesthesia
Per day / maximum of one per covered accident, within one year after the accident.

Inpatient Surgery & Anesthesia
Per day / maximum of one per covered accident, within one year after the accident.

Appliances
Maximum of 1 per accident, within 6 months after the accident.

Prosthesis
Once per accident, up to 2 prosthetic devices and one replacement per device per insured.

* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.

Accidental Death Benefit
Payable if a covered accidental injury causes the insured to die within 90 days after the accident.

Accidental Common-Carrier Death Benefit
Payable if the insured is a fare-paying passenger on a common carrier, injured in a covered accident and, dies within 90 days after the covered accident.

CRITICAL ILLNESS Insurance

Plan Highlights

- Benefits paid directly to you.
- Coverage available for your spouse and children.
- Coverage may be continued; refer to your certificate for details.
- Health Screening Benefit of $75 - payable when an insured receives health screening tests.

Initial Diagnosis Benefit

Should you seek emergency medical care, and physician determines that you have suffered a heart attack, Aflac Group Critical Illness pays and Initial Diagnosis Benefit of $15,000.

Additional Diagnosis Benefit

Alfac Group Critical Illness will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months.

Reoccurance Benefit

Benefits are paid for the same critical illness after the first when the two dates of diagnoses are separated by at least 12 consecutive months.

Benefits of Critical Illness:

Maintain your lifestyle: If you're unable to work due to a serious illness, critical illness insurance can help cover your living expenses so you can maintain your lifestyle and avoid dipping into your savings or retirement funds.

1. Provide additional support: Even if you have health insurance, the out-of-pocket expenses associated with a serious illness can be substantial. Critical illness insurance can provide financial support to help cover these costs.
2. Customized to your needs: Choose the level of coverage that best meets your needs and budget, have peace of mind knowing that you're covered in the event of a serious illness.

Critical illness insurance is a valuable investment for anyone who wants to protect themselves and their finances from the unexpected. While nobody likes to think about the possibility of being diagnosed with a serious illness, critical illness insurance provides a sense of security and peace of mind.



Financial support in the event that you are diagnosed with a serious illness, such as cancer, heart attack, stroke, or kidney failure. These types of illnesses can be devastating not just emotionally and physically, but also financially.

By purchasing critical illness insurance, you can have peace of mind knowing that you'll have financial support to help cover these expenses if you're ever faced with a serious illness. This can help alleviate some of the stress and anxiety that often comes with a diagnosis and allow you to focus on your recovery.

Plan Benefits

Base Benefits	
ALS	100%
Benign Brain Tumor	100%
Bone Marrow Transplant	100%
Cancer (except skin cancer)	100%
Coma	100%
Coronary Artery Obstruction	25%
End Stage Renal Failure	100%
Heart Attack	100%
Loss of Sight, Speech, or Hearing	100%
Major Organ Transplant	100%
Metastatic Cancer	25%
Multiple Sclerosis	100%
Non-Invasive Cancer	25%
Paralysis	100%
Severe Burns	100%
Stroke	100%
Sudden Cardiac Arrest	100%
Skin Cancer Benefit Payable once per insured per year	$250
Type 1 Diabetes	25%
Accident Benefit	
Payable if an insured sustains a covered accident and suffers any of the following, which is solely due to, caused by, and attributed to, the covered accident: Coma / Loss of Sight / Loss of Speech / Loss of Hearing / Severe Burn / Paralysis	100%

HOSPITAL INDEMNITY Insurance

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how a Aflac Group Hospital Indemnity Insurance plan can help. It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.



Hospital Admission Benefit

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. Benefits will not be paid for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

No benefits will be paid for admission of a newborn child following their birth; however, benefits will be paid for a newborn's admission to a Hospital Intensive Care Unit if, following birth, they are confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).

Hospital Confinement Benefit

Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If benefits are paid for confinement and the insured becomes confined again within six months because of the same or related condition, this confinement will be treated as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.

Plan Highlights

- Should the insured be hospitalized and then released within two days, the Hospital Indemnity plan will pay $1,050.
- In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).
- The plan has limitations and exclusions; refer to your certificate for details.

Plan Benefits	
	Amounts
Hospital Admission Per day	$950
Hospital Confinement Per day	$50
Successor Insured Benefit	
If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.	

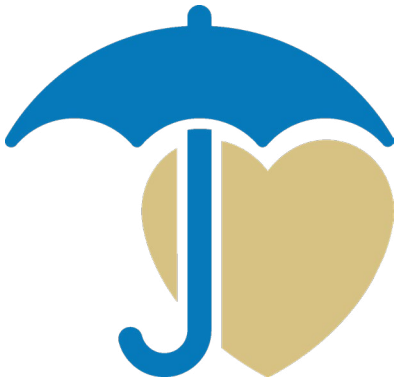
In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).



TERM LIFE Insurance

Protect what means the most to you - the people you love. Life Insurance makes sure you've done all you can to protect your family's way of life.

Plan Highlights



- Coverage available for 10 or 20-year planned level premium terms.
- Waiver of Premium (employee only)
- Benefits paid directly to named Beneficiary
- Coverage is portable (see certificate for details). That means you can take it with you if you change jobs or retire.
- Premiums are paid through convenient payroll deduction.
- **$117,500** benefit if insure passes in a crash on a commercial flight.

Benefit Summary		
	Benefit	**Qualified Issue Coverage**
Employee	$50,000	$100,000
Spouse not to exceed employee's coverage		$50,000
Child(ren) not to exceed employee's coverage		$25,000

Death Benefit

While the coverage is in force, we will pay this benefit when we receive proof of loss showing that a covered person has died. The amount of the Death Benefit will be the sum of the amount of life insurance shown on the certificate schedule, plus any life insurance provided by an optional benefit rider, plus any portion of premium paid beyond the month the covered person died, plus any applicable interest, minus any unpaid premium due before the death of the covered person and any accelerated benefit we paid on behalf of the covered employee.

Basic AD&D

We will pay the Basic Accidental Death, Loss or Sight and Dismemberment Benefit if a covered person suffers one of the following as a result of an accidental injury that occurs while the certificate is in force: loss of life, loss of one or both hands, loss of once or both feet, loss of sight in one or both eyes, loss of one hand and sight in one eye, loss of once foot and sight in one eye. We will pay the beneficiary 10% of the amount of life insurance for this benefit as shown on the certificate schedule for loss of life. For accidental dismemberment as stated above, we will pay 5% of the amount of life insurance as shown on the certificate schedule. The loss must occur within 180 days after the accidental injury.

Additional AD&D

The Accidental Death Benefit is the same amount of the Death Benefit on the base plan. We will pay 100% of the Accidental Death Benefit shown in the certificate schedule if the employee or spouse suffers accidental loss of life. This benefit is payable in addition to other benefits. Or, We will pay 50% of the Accidental Death Benefit for accidental loss of dismemberment as stated above. Or, We will pay 125% of the Accidental Death Benefit for death resulting from a motor vehicle or common carrier as long as the: insured is wearing a seat belt and is, or a passenger on a common carrier. This benefit is available to the employee and spouse only.

Total Disability Waiver of Premium

We will waive premiums in the event of a total disability by a covered accidental injury or sickness prior to the insured's attained age 60. Premiums will be waived after six (6) consecutive months of covered total disability.

Benefit Enrollment

To enroll or get assistance enrolling **call** or **scan** below to schedule with a Panda Benefits Specialist today! **800-995-0171** Click here to schedule.

WHOLE LIFE Insurance

Aflac Group Whole Life Insurance doesn't only look out for your family's tomorrow - It also works hard for you today.

Plan Highlights

- No Premium increases
- Benefits may be paid directly to your named Beneficiary
- Portable Coverage, which means you can take it with you if you change jobs or retire
- Premiums are paid through payroll deduction



Whole Life Benefit Coverage Options

- Employee
- Spouse
- Children ages 15 days through 25 years may be covered in either of these two ways:
  1. A Child Term Rider for dependent children (the rider will cover all of your dependent children)
  2. A separate Whole Life plan for each of your dependent children

Whole Life Benefit

The Whole Life Benefit pays proceeds upon the insured's death. Proceeds are defined as the total of the benefits payable upon the insured's death. Proceeds will be the sum of the amount of insurance in force, any insurance on the life of the insured provided by benefit riders, any premium paid that applies to a period of time beyond the certificate month in which the insured dies, less any certificate loan and loan interest, and any unpaid premium, except the first premium, that applies to a period before and including the certificate month in which the insured dies.

Accelerated Death Benefit

The Accelerated Benefit Rider pays a lump sum benefit up to one-half of the eligible death benefit when the insured is diagnosed with one or more Qualifying Life Events.

The insured may choose the amount of the Accelerated Benefit, subject to these limitations: The maximum Accelerated Benefit is 50% of the eligible death benefit subject to state limitations. Refer to your certificate for benefit details. The insured may also choose to take the Accelerated Benefit as a monthly benefit. See certificate for details.

Accidental Death Benefit

The Accidental Death Benefit Rider provides an additional benefit equal to the face amount if the insured dies within 90 days of direct accidental bodily injuries. The maximum coverage available under this rider is $300,000. Employees and spouses, ages 18-60, are issued this benefit, which terminates at age 65.

Accidental Death Benefit

The Accidental Death Benefit Rider provides an additional benefit equal to the face amount if the insured dies within 90 days of direct accidental bodily injuries. The maximum coverage available under this rider is $300,000. Employees and spouses, ages 18-60, are issued this benefit, which terminates at age 65.

Waiver of Premium

The Waiver of Premium Benefit Rider waives entire premium amount for employee coverage after the insured has been totally disabled due to bodily injury or disease for 4 consecutive months and continues throughout the duration of the disability. Any recurrence of a prior disability will be covered, provided the prior disability continued for at least 6 consecutive months, began within 30 days of recovery, and was due to the same or related causes. The Waiver of Premium Benefit Rider is also available for loss of sight or loss of limbs even though the employee may be able to engage in an occupation. Only employees, ages 18–55, are eligible to be issued this benefit, which terminates at age 60.

Children's Term Insurance Benefit

The Children's Term Rider pays a benefit upon receipt of due proof of death of an insured child if coverage is in force, it is before the expiration date, and it is before the rider anniversary following the insured child's 26th birthday. The children's term insurance may be converted to a whole life plan without evidence of insurability subject to the maximum shown in the certificate. Refer to your certificate for details.

ComPsych®
— The GuidanceResources Company® —

EMPLOYEE ASSISTANCE Program

Anytime your ComPsych® GuidanceResources® program EAPEssential offers someone to talk to and resources to consult whenever and wherever you need them.

What happens when I call for counselling support?

When you call, you will speak with a GuidanceConsultantSM, a master's- or PhD-level counsellor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant will provide the name of a counsellor who can assist you. You will receive counselling through the EAP up to 3 telephonic sessions per issue, per person, per calendar year. You can then set up an appointment to speak with the counsellor over the phone.

What counseling services does the EAP provide?

The EAP provides free short-term counselling with counsellors in your area who can help you with your emotional concerns. If the counsellor determines that your issues can be resolved with short-term counselling, you will receive counselling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counselling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship / marital conflicts

Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet are

Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Financial Resources

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

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Concierge@wonderschool.com

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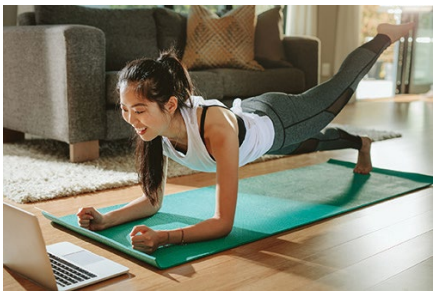


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1. Visit the dedicated link from your employer, association, or health plan to access the Active&Fit Direct™ website. See Below
2. Search for a fitness center or studio near you by entering your ZIP code, or City and State, in the fitness centers search box.
3. Select your gym then create an account and pay your initial fees. You'll pay for your first 2 months, plus an enrollment fee. **(The enrollment fee is waived for standard gyms through November 30![1])**
4. Print your fitness card or save it to your phone, and take it with you to your fitness center of choice. You can also immediately access over 10,800 workout videos so you can work out at home or on-the-go.
5. Want to add your spouse? Enroll your spouse or domestic partner directly from your Active&Fit Direct dashboard![2]

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Use Code- ENHANCE

[1] $28 enrollment fee waived for standard fitness centers only 10/1/23 12:01 a.m. - 11/30/23 11:59 p.m. PT.

[2] Add a spouse/domestic partner to a primary membership for additional monthly fees. Spouses/domestic partners must be 18 years or older. Fees will vary based on fitness center selection.

[3] Plus an enrollment fee and applicable taxes for standard fitness centers. Costs for premium exercise studios exceed $28/mo. and an enrollment fee will apply for each premium location selected, plus applicable taxes. Fees vary based on premium fitness studios selected.

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Through our affiliation with Enhance Therapies, OnePoint Advantage (OPA) is pleased to offer professional and responsive real estate and moving assistance to you and your family.

Together We Move!

Working with a dedicated OnePoint Advantage (OPA) relocation advisor isn't just for corporate transferees anymore! Everyone moving gets help regardless of where, when, and why they are moving! Manage your move the OPA way and get a plan of action, a sense of control, advocacy, and the attention you need.

Together You Save!

OPA partners with real estate brokers, lenders, and movers throughout the US. When you complete a transaction with our partners, you can receive thousands of tax-free dollars in rebates and discounts. You can use all these services, just a few or none. There is no cost or obligation to use this program.

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IDENTITY Protection

MetLife

Meet Aura

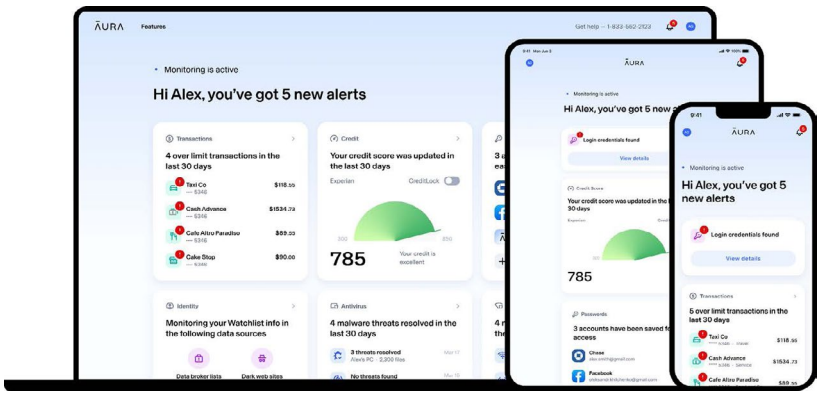
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Aura monitors your personal information and alerts you if any threats are detected.

Financial Fraud Protection
Aura monitors your credit, financial accounts, and property titles and alerts you to any suspicious activity.

Privacy and Device Security
Get intelligent safety tools– like VPN, antivirus, password manager, and more – to protect your online privacy.

Family Safety
Loved ones with integrated parental controls, elder fraud prevention tools, and more.



In today's digital world, employees are spending more time online than ever which could put their personal information in the hands of cyber criminals.

Aura protects you and your families from fraud by helping to ensure your private information is not anywhere it shouldn't be.

24/7/365 Customer Support	White Glove Fraud Resolution	$5M Insurance Policy	Features at your fingertips
Aura's 100% US-based Customer Support team is available 24/7/365.	Aura's White Glove Resolution Specialists guide fraud victims through every step of the remediation process.	Each enrolled adult is backed by a generous $5M insurance policy* to cover eligible losses and expenses.	With Aura's easy to use mobile app, members enjoy a consistent experience across devices.

MetLife

LEGAL Services

Unlike other voluntary benefits which are purchased as a safety net (with the hope that you never have to use them), the more you use a Legal Plan, the more you benefit. Like it or not, laws permeate every aspect of our lives. So, it's helpful to have an advocate in your corner dealing with expensive legal issues like identity theft or debt.

Plan Features			
Money Matters	Debt Collection Defense Financial Education Programs Identity Theft Defense	Identity Restoration Services Negotiations with Creditors Personal Bankruptcy	Promissory Notes Tax Audit Representation Tax Collection Defense
Home & Real Estate	Boundary & Title Disputes Mortgages Security Deposit Assistance Deeds	Property Tax Assessments Tenant Negotiations Eviction Defense Refinancing & Home Equity Loan	Zoning Applications Foreclosure Sale or Purchase of Home
Estate Planning	Codicils Living Wills	Revocable & Irrevocable Trusts Complex Wills	Complex Wills Powers of Attorney
Family & Personal	Adoption Guardianship Prenuptial Agreement Affidavits Immigration Assistance Protection from Domestic Violence	Conservatorship Juvenile Court Defense, Review of ANY Personal Legal Demand Letters Including Criminal Matters Document Divorce (20 hours)	Name Change School Hearings Garnishment Defense Parental Responsibility Matters Personal Properties Issues
Civil Lawsuits	Administrative Hearings Disputes Over Consumer Goods & Services	Pet Liabilities Civil Litigation Defense	Small Claims Assistance Incompetency Defense
Elder-care Issues	Consultation & Document Review for Issues Related to Your Parents: Medicaid Powers of Attorney	Medicare Prescription Plans Deeds Notes	Wills Leases Nursing Home Agreements
Traffic & Other Matters	Defense of Traffic Tickets Driving Privileges Restoration	Habeas Corpus Repossession	License Suspension Due to DUI

Insurance

MetLife

Insure what's important while enjoying saving

- **Automated payment options and discounts**
- **Claim-free driving rewards**
- **Multi-policy savings**
- **Roadside assistance**
- **24/7 claim reporting**

Access to quality insurance to protect your valuables, to help protect against personal liability, and that can help feel financially secure with 24/7 professional support they need to bounce back, if the unexpected happened. This program helps choose policies to fit your needs and that fit your budget with special savings based on where you work, among other discounts.

Auto Insurance
Comprehensive coverage? Collision coverage? Deductibles? Medical Payments? Where to begin? Your local Farmers agent can take the mystery out of selecting the right Car insurance coverage for your needs and budget. Get started with an online Auto insurance quote and learn about our insurance discounts that can help you save money.

Home Insurance
Your home is perhaps your most valuable possession, so you'll want to make sure your insurer has withstood the test of time. Farmers® has been providing insurance products for over 80 years, and will be there in the event disaster strikes and your home is damaged in a fire or due to another covered cause of loss. Plus, get competitive rates with our multi-line insurance discounts. Get a Home insurance quote now.

Renters Insurance
Your landlord may have an insurance policy, but if there's a fire in your building, that policy may not cover your possessions. That's why there's Renters insurance. Get a Renters insurance quote to see how affordable it is to protect your personal belongings: about the price of a movie and popcorn once a month.

Umbrella Insurance
You work hard for the things that are important to you. For added coverage above and beyond the liability limits of your Auto or Home insurance policies, a Personal Umbrella insurance policy can provide added protection for your assets and future earnings

MetLife

PET Insurance

MetLife Pet Insurance is committed to helping pet parents experience the joys of parenthood by providing them the confidence to care for their pet. Pet insurance helps to reimburse pet parents for covered unexpected veterinary expenses for their furry family members. This will help to give you the confidence that you can pay for treatment for your pets if they become sick or have an accidental injury.

Freedom of Comprehensive coverage

Flexibility to select various levels of coverage with no breed exclusions or upper age limits; ability to include multiple pets on one policy through our innovative family plans

- Optional wellness coverage (preventive care) included in annual limit
- Competitive rates with discounts, healthy pet incentive and the only provider offering family plans (i.e., multiple pets covered by one policy)
- Coverage of pre-existing conditions when switching providers, no initial exam or previous vet records to apply

Simple and delightful experience

Your home is perhaps your most valuable possession, so you'll want to make sure your in New mobile app experience that allows for easy claim submission & track claims with most claims processed within 10 days

• Team of pet advocates to assist with enrollment and service, access to telehealth concierge service.

• No waiting period for orthopedic coverage and among the industry's shortest wait period for accident and illness coverage.

Backed by MetLife's unmatched track record

Simple set up with no additional costs to you and a seamless integration across MetLife benefits. Ongoing support with customizable employee communications & tools

Umbrella Insurance

You work hard for the things that are important to you. For added coverage above and beyond the liability limits of your Auto or Home insurance policies, a Personal Umbrella insurance policy can provide added protection for your assets and future earnings

FINANCIAL Wellness

dailypay.

Think of DailyPay as your money command center. One simple app lets you access your pay when you need it, watch your earnings grow, and build better financial habits. Whether you need to pay a bill today, save for tomorrow, or track your credit for the future, DailyPay can help you make it happen.

Get your pay whenever you want.

DailyPay allows you to access your earned pay whenever you want instead of waiting for payday. See your earnings after every shift and how much is available for early access. Choose the amount you want to transfer and when you want to receive it. Anything you don't transfer early is paid to you on payday.

Free one-on-one financial coaching

DailyPay has partnered with Coordinated Assistance Network to offer you a free financial wellness coaching session. Specialized coaches can help you to manage your expenses, build savings, make a plan to pay o debt and so much more!

Get cash back at participating vendors when you use your DailyPay Card.

Browse offers and track your earned cash back in the DailyPay app. Get cash back rewards on everyday essentials like gas, food, and more!

Credit Health: Access your full monthly credit report, free, no impact to your credit.

Track your credit score over time and get alerts about changes to your life. Understand what's impacting your score and build a strong credit history

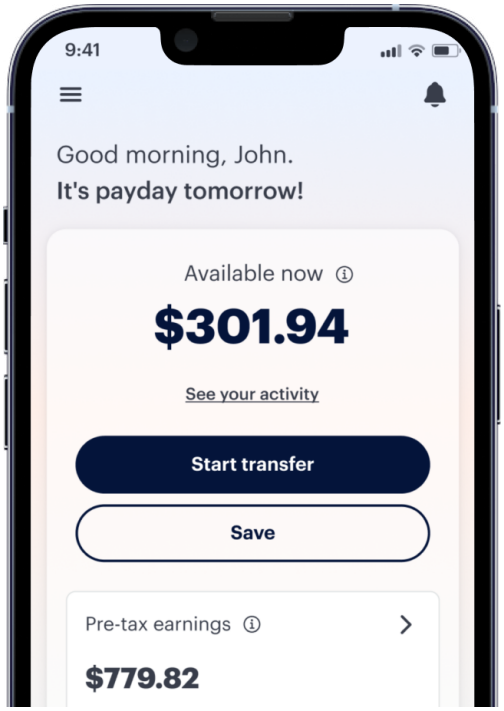
Create customizable Savings jars to organize your money and reach your goals.

Easily send money from your DailyPay Card to your Savings jars and withdraw money instantly whenever you want.

How to sign up:

1. Log in to your DailyPay app
2. From your home screen click on the Rewards icon at the bottom right
3. Scroll down and click on "Learn More" under Free Financial Counselor
4. Click on "Enroll Now"
5. Click on "Sign Up" under New User if you have not used this benefit previously
6. Fill out the required information and submit

DailyPay allows you access to your earned pay when you need it. Download the app:



Plan for your future with UpWise.

Take control of your financial situation.

Meet UpwiseTM

Upwise financial wellness app is still here to help you build positive money habits and make progress that feels good. With behavioral science at its core, Upwise recommends tailored challenges and content that help you make progress toward your financial goals, such as creating a budget or digital estate plan.

Virtual and in-person workshops that make a difference.

Retirewise®

As a foundation to the workshop series, MetLife's award-winning Retirewise program offers comprehensive financial and retirement education for all employees — regardless of their age or career stage. Broad spectrums of financial topics are covered in each of the sessions ranging from budgeting and investment principles to tax strategies and estate planning. It can complement and incorporate your existing benefit offerings which can help build awareness and participation.

Single topic workshops

In addition to Retirewise, we offer over 20 single topic workshops that address your diverse needs, with a variety of relevant topics for all ages and career stages. Topics include: Investing 101 & 201, Tax Strategies, Get Retirement Ready and Managing Your Money In Today's Uncertain Times and many more.

All workshops are delivered by specially trained financial professionals and employees can take advantage of a no cost consultation with the presenter. We provide workshop handouts, ready to use communications and easy to use online registration to help drive participation. Also provided are attendee survey results that include satisfaction and metrics to

upwise

EVERGREEN
Mobile Savings

Hello Team,

At Enhance Therapies, we're always looking for ways to provide meaningful benefits that support our team members both at work and at home. That's why we're excited to introduce a new voluntary benefit through Evergreen Mobile Benefits!

Through our partnership with Evergreen, eligible team members can access discounted mobile plans through T-Mobile and Verizon, with flexible options that may help lower monthly phone costs while keeping the features you rely on every day.

Why Consider Evergreen Mobile Benefits?

- Competitive monthly rates
- Unlimited talk, text, and data
- Mobile hotspot included
- Keep your current device with Bring Your Own Device (BYOD) options
- Dedicated support team to help guide you through enrollment

Available Plans

T-Mobile

- $20/line per month – Bring Your Own Device (new number or port-in)
- $25/line per month – Existing T-Mobile Transfer

Verizon

- $15/line per month – Bring Your Own Device (new number or port-in)
- $30/line per month – Existing Verizon Transfer

Please note: Each line must be enrolled separately. Taxes, carrier fees, and a small administrative fee may apply.

Learn More

Evergreen's support team is available to assist throughout the enrollment and transfer process, making it easy to get started.

Ready to Get Started?
Click the link below and use your Employee ID in UKG to verify that you work for Enhance Therapies: www.evergreen-benefits.com/enhance-therapies

We're excited to bring this new savings opportunity to our team and hope you'll take a look!

The Enhance Therapies Benefits Team

enhance therapies

EVERGREEN Mobile Savings

SAVE ON YOUR MOBILE PLAN

Exclusive discounted mobile plans for eligble Enhance Therapies team members.

T-MOBILE

$20/line per month	$25/line per month
Bring Your Own Device *(new number or port-in)*	**Existing T-Mobile transfer**

verizon

$15/line per month	$30/line per month
Bring Your Own Device *(new number or port-in)*	**Existing Verizon transfer**

WHY EVERGREEN?

- Competitive monthly rates
- Unlimited talk, text & data
- Mobile hotspot included
- Keep your current device
- Dedicated enrollment support



READY TO GET STARTED?

Visit evergreen-benefits.com/enhance-therapies

Use your UKG Employee ID to verify eligibility.
Each line must be enrolled separately. Taxes, carrier fees and a small administrative fee may apply

CARRIER CONTACT INFORMATION

For assistance understanding and enrolling your benefits, reach the enrollment call center at **(800) 995-0171** Monday-Friday 8am-5pm CST

Below is contact information for each of the carriers of the specific benefits available to you for when you need to make a claim or have questions relating to a specific condition, coverage, or loss.

Carrier Contact Information

Benefit Enrollment Center	Panda	(800) 995-0171	enhancebenefits@pandaecs.com
Medical Benefits	Wellmark BCBS	(800) 524-9242	wellmark.com
HSA, FSA, DCA & Transit Accounts	FlexFacts	(877) 943-2287	flexfacts.com
Telemedicine	Doctegrity	(877) 342-5152	doctegrity.com
Dental	DeltaDental	(800) 452-9310	deltadentalnj.com
Vision	DeltaVision with VSP	(800) 452-9310	deltadentalnj.com
Short-Term Disability	Aflac	(800) 433-3036	aflacgroupinsurance.com
Long-Term Disability	OneAmerica	(855) 517-6365	employeebenefits.aul.com
Accident	Aflac	(800) 433-3036	aflacgroupinsurance.com
Critical Illness	Aflac	(800) 433-3036	aflacgroupinsurance.com
Hospital Indemnity	Aflac	(800) 433-3036	aflacgroupinsurance.com
Term Life Insurance	Aflac	(800) 433-3036	aflacgroupinsurance.com
Whole Life Insurance	Aflac	(800) 433-3036	aflacgroupinsurance.com
Employee Assistance Program	ComPsych GuidanceResources	(855) 387-9727	guidanceresources.com
Identity Protection	MetLife	(833) 552-2131	support@aura.com
Legal Services	MetLife	(800) 821-6400	legalplans.com
Home & Auto	Farmers Insurance	(800) 438-6381	metlife.com
Pet Insurance	MetLife	(800) GET-MET8	metlife.com/getpetquote
Financial Wellness	UpWise from MetLife		upwise.com

Important Notice from the Enhance Therapies Healthcare Plan About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Enhance Therapies Healthcare Plan (the "Plan") and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

The Plan Administrator has determined that the prescription drug coverage offered by the Plan is, on average for all Plan Participants, NOT expected to pay out as much as the standard Medicare prescription drug coverage will pay and is therefore considered Non Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from Enhance Therapies Healthcare Plan. This is also important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

You can keep your current coverage from Enhance Therapies Healthcare plan. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs
are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully- it explains your options.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiaries leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

If you do decide to enroll in a Medicare prescription drug plan and drop your Plan prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with the Plan and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

For more information about this notice or your current prescription drug coverage…

Contact the Plan Administrator for further information. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through the Plan changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

For more information about Medicare prescription drug plans…

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date:	09/15/2025
Name of Entity/Sender:	Enhance Therapies Healthcare Plan
Address:	400 NJ 70, Lakewood NJ 08701
Phone Number:	(732) 367-3667

ENHANCE THERAPIES HEALTHCARE PLAN

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Protected Health Information ("PHI") is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you or your physical or mental health or condition in the past, present or future.

This Notice of Privacy Practices (the "Notice") describes how we may use and disclose your PHI. It also describes our obligations and your rights to access and control your PHI. We are required by law to (i) maintain the privacy of PHI; (ii) provide you with this Notice of our legal duties and privacy practices with respect to PHI; and (iii) abide by the terms of the notice currently in effect.

Mandatory Uses and Disclosures

We are required to disclose your PHI to you, at your request, to allow you to exercise your rights regarding your PHI, as described below.

We are also required to disclose your PHI to the Secretary of the Department of Health and Human Services (the "Secretary"), if the Secretary requests such information, to investigate or determine our compliance with federal privacy regulations.

Permitted Uses and Disclosures

The following categories describe different ways that we may use and disclose your PHI without your consent or authorization:

- **Treatment.** We may use or disclose your PHI to facilitate care and treatment. As a group health plan, we do not provide treatment.
- **Payment.** We may use and disclose your PHI to facilitate payment. For example, a bill may be sent to you or a third-party payer. The information on the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- **Health Care Operations.** We may use and disclose your PHI during the course of running our health business – that is, during operational activities, including, but not limited to, quality assessment and improvement, licensing, accreditation, performance measurement and outcomes assessment population based activities relating to improving health or reducing health care costs and related functions that do not include treatment, case management and care coordination. For example, we may use information about your claims to project future benefit costs or we may use your PHI to determine the cost impact of benefit design changes.
- **Other Health Care Providers.** We may disclose your PHI to any hospital, nursing home, or other health care facility to which you have been admitted; to an assisted living or personal care facility of which you are a resident; to any physician providing you care; and to licensing or state agencies acting as a representative of the Medicare/Medicaid programs.
- **Emergency Treatment.** We may also use or disclose your PHI for treatment in emergency situations. In such emergencies, we will inform you in advance and provide you the opportunity to either agree or to prohibit or restrict the use or disclosure of your PHI unless you are incapacitated or cannot otherwise agree or object, in which case we may use or disclose your PHI if it is in your best interest, as determined in the exercise of our professional judgment.
- **Others Involved in Your Care**. We may disclose your PHI to family members, other relatives, your close personal friends, and any other person you choose is allowed under federal law if (i) the information is directly relevant to the family or friend's involvement with your care or payment for that care, and (ii) you have agreed to the disclosure, or we can reasonably infer from the circumstances, based on our professional judgment, that you do not object to the disclosure, or you have been given an opportunity to object to the disclosure and have not objected, or, if you are not present or cannot agree or object because you are incapacitated or because of an emergency situation and we, in the exercise of our professional judgment, determine that the disclosure is in your best interest. You have the right to restrict information that is provided to such persons as more fully described below. We also may, under certain circumstances, use or disclose your PHI to notify or assist in the notification of a family

member, your personal representative or another person responsible for your care of your location, general condition or death. We also may disclose your PHI to any authorized public or private entities assisting in disaster relief efforts.

- **Your Personal Representatives**. We may disclose your PHI to your personal representative in accordance with applicable state and federal law.
- **Business Associates.** We may disclose your PHI to our business associates and may allow our business associates to create or receive PHI on our behalf.
- **As Required By Law.** We may use or disclose PHI when required to do so by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- **To Plan Sponsor.** We may disclose your PHI to the sponsor of the Plan.
- **Public Health Activities.** We may disclose your PHI for public health activities. These activities may include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with medical products; notifying you of recalls of products you may be using; notifying you or another person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and evaluating work-related illness or injury and carrying out workplace medical surveillance. In the case of work-related illness and workplace surveillance, we will provide you with written notice that your PHI will be disclosed to your employer.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose your PHI to an appropriate government authority if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will only make such disclosures if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for oversight activities authorized by law. Oversight activities may include audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary actions and civil, administrative or criminal proceedings or actions.
- **Judicial or Administrative Proceedings.** We may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if we receive satisfactory assurance that reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may disclose PHI if asked to do so by a law enforcement official (i) in response to a court order, subpoena, warrant, summons or similar process or as otherwise required by law, for example in relation to a legitimate law enforcement inquiry; (ii) to identify or locate a suspect, fugitive, material witness or missing person; (iii) about an individual who is or is suspected to be a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (iv) about an individual who has died if we have a suspicion that such death may have occurred as a result of criminal conduct; and (v) about criminal conduct occurring on our premises.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties authorized by law. We may also disclose your PHI to funeral directors, as necessary to carry out their duties.
- **Organ, Eye and Tissue Donation.** Consistent with your wishes, we may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue to facilitate organ or tissue donation and transplantation.
- **Research.** We may use or disclose your PHI for research purposes under certain circumstances.
- **To Avert a Serious Risk to Health or Safety.** Consistent with applicable law and standards of ethical conduct, we may use or disclose your PHI if we believe such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the public or

another person.

- **Military.** If you are a member of the armed forces, we may use and disclose your PHI when required by military command authorities, as may be applicable. We may also release the PHI of individuals who are foreign military personnel to the appropriate foreign military authorities.
- **National Security and Intelligence Activities.** We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose your PHI to authorized federal officials for the protection of the President or foreign heads of state or other authorized persons.
- **Workers' Compensation.** We may disclose your PHI to the extent necessary to comply with laws relating to workers' compensation and other similar programs created by law that provide benefits for work-related injuries or illness without regard to fault.
- **Inmates.** If you are an inmate of a correctional facility or under the custody of a law enforcement officer, we may disclose your PHI to the correctional institution or the law enforcement officer.

Generally, we will make every reasonable effort to disclose only the minimum necessary amount of PHI to achieve the purpose of the use or disclosure.

Note: HIV-related information, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

Additionally, sometimes we may have records related to substance use disorders created by programs that are subject to additional privacy laws and are marked as receiving special protection ("SUD Records"). In all cases, if we have SUD Records, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (i) your consent or (ii) a court order or subpoena.

Other Uses and Disclosures

Other uses and disclosures of your PHI not covered by this Notice will be made only with your written authorization. If you authorize us to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use your PHI for the reasons covered by your written authorization; however, we will not reverse any uses or disclosures already made in reliance on your prior authorization.

Your Rights with Respect to Protected Health Information

You have the following rights regarding your PHI:

Right to Inspect and Copy. Generally, you may inspect and/or obtain a copy of your PHI for as long as the PHI is kept by or for us. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and/or obtain a copy of your PHI in very limited circumstances. If we deny your request to inspect and/or obtain a copy of your PHI, you may have a right to have that decision reviewed.

Right to Request Amendment. If you feel that your PHI is inaccurate or incomplete, you have the right to request that we amend it for as long as the PHI is kept by or for us. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that (i) was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment; (ii) is not part of the PHI kept by or for us; (iii) is not part of the information that you would be permitted to inspect and copy; or (iv) is accurate and complete. If we deny your request for amendment, you have the right to have a statement of disagreement included with the PHI and we have a right to include a rebuttal to your statement, a copy of which will be provided to you.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of disclosures of your PHI that we have made to others. This list will not include disclosures made for the purpose of treatment, payment, or health care operations, disclosures made to you or other disclosures exempted from the disclosure accounting requirements by the federal rules governing such disclosures. Your request must state a time period, which may not be longer than six years and may not include dates before October 1, 2009. The first list that you request within a 12 month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs

are incurred.

Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a restriction on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or a friend. Your request must state (i) what information you want to restrict; (ii) whether you want to restrict our use, disclosure or both; and (iii) to whom you want the restriction to apply. We are not required to agree to a restriction that you request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you regarding PHI in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to Receive a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically.

You may make any of the requests described above by calling the Plan Administrator at (732) 367-3667 or writing to the Plan Administrator at Enhance Therapies Healthcare Plan Enhance Therapies.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Plan Administrator. To file a complaint with the Secretary, contact Office for Civil Rights, U.S. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, New York 10278. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

For More Information

If you have any questions regarding this Notice or the subjects addressed in it you may call or write to the Plan Administrator.

Changes to this Notice

We reserve the right to revise the terms of this Notice and to make the revised notice applicable to PHI that we already have as well as PHI that we receive in the future. We will provide you with a copy of the revised notice via first class mail. We will post a copy of the current notice on our website.

Effective Date

This Notice is effective 02/16/2026.

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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 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 January 31, 2014. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	**COLORADO** – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	**FLORIDA** – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150

IDAHO – Medicaid and CHIP	**MONTANA** – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	**NEBRASKA** – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278
IOWA – Medicaid	**NEVADA** – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	**NEW HAMPSHIRE** – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	**NEW JERSEY** – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	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
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	
MASSACHUSETTS – Medicaid and CHIP	**NEW YORK –** Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	**NORTH CAROLINA** – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA** – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP	**UTAH** – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid and CHIP	**VERMONT**– Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-877-314-5678	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA** – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid	**WASHINGTON** – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA** – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	**WISCONSIN** – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING** – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2013, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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

WOMEN'S HEALTH AND CANCER RIGHTS ACT ANNUAL NOTICE

On October 21, 1998 the federal government passed Women's Health and Cancer Rights Act of 1998. As part of our plan's compliance with this Act, we are required to provide you with this annual notice outlining the coverage that this law requires our plan to provide
Our group health plan has always provided coverage for medically necessary, mastectomies. This coverage includes procedures to reconstruct the breast on which the mastectomy was performed, as well as the cost of necessary prostheses (implants, special bras… etc.) and treatment of any physical complications resulting from any stage of mastectomy. However, as a result of this federal law the plan now provides coverage for surgery and reconstruction of the other breast to achieve a symmetrical appearance and any complications that could result from that surgery.

The following benefits are required to be provided if benefits are provided for a mastectomy:

1. Coverage for reconstruction of the breast on which the mastectomy is performed.
2. Coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance with the breast on which the mastectomy is performed.
3. Coverage for prostheses and physical complications resulting from any stage of mastectomy, including lymphedemas.

These benefits are subject to the same deductibles, copays and coinsurance that apply to mastectomy benefits under the plan.

If you would like more information on WHCRA benefits please contact your human resources director, or American Plan Administrators.

Newborns' and Mothers' Health Protection Act

Newborns' and Mothers' Health Protection Act Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification (sometimes referred to as preauthorization). For information on precertification, please call us at the toll-free phone number on your health plan ID card.