



# BENEFITS GUIDE 2024



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# Welcome

Community Care Partner's Purpose is "We keep people out of the hospital."

Community Care Partner's Promise is "We deliver care that is personal. We treat patients how we would like to be treated."

At CCP we start with our team, we create a great environment where team members can realize their full potential and flourish. Helping you and your families achieve and maintain good physical, emotional and financial health is the reason the company offers you this comprehensive benefits program. We are providing you with this overview to help you understand the benefits available to you and how to best use them. Please review it carefully and make sure to ask any important questions that are not addressed here. A list of plan contacts is provided at the back of this summary.

While we've made every effort to make sure this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to the summary plan descriptions (SPDs) available on our benefits website, [ccptmbenefits.com](https://ccptmbenefits.com).

Your personal benefit elections will be housed in our HRIS system. This is the site you will use to make benefit elections during your new hire eligibility or Open Enrollment periods, as well as to review your current elections throughout the year.

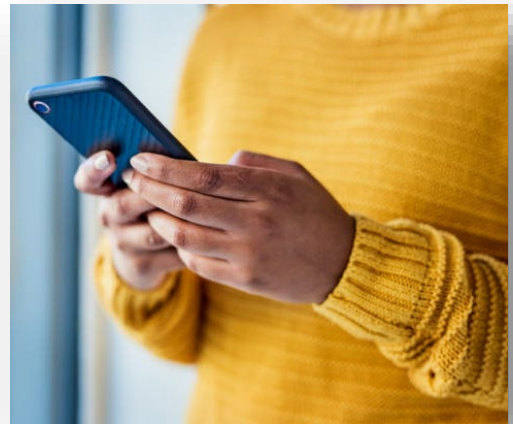
When you are ready to make your elections, sign on to your HRIS portal and follow the instructions.

Once you confirm your elections, they will be locked and you will not be able to change them until the next open enrollment period, unless you have a qualified life-changing event.



## Info on the Go!

Scan with your Smartphone to access your 2024 Benefits Guide and enrollment materials online ANYTIME.



## Free Access to Care

CCP provides **team members** and **dependents** enrolled on our medical plan free access\* to services at our facilities!

This includes any services performed at the place of service including labs and x-rays.

*\*Does not pertain to Physical, Occupational, or other therapies offered by Community Care Partners.*

# Eligibility & Enrollment

## Who Is Eligible?

If you are a full-time team member working 30 or more hours per week, you are eligible to enroll in benefits described in this guide. You are eligible for benefits on the **first of the month following 30 days of employment**.

You may enroll your eligible dependents in the same plans you choose for yourself, including medical, dental, vision and voluntary life and AD&D coverage. Eligible dependents may include the following:

- ✓ Your legal spouse
- ✓ Your Domestic Partner (same or opposite sex) or Common Law spouse
- ✓ Your children up to age 26
- ✓ Your unmarried dependent children over age 26 who are incapable of self-care because of a disability and who rely on you for support
- ✓ Your grandchild provided that the grandchild meets the definition of Child. For example:
  - A lawfully adopted Child or Child placed with a covered team member in anticipation of adoption.
  - A Child for who the team member is required to provide health coverage due to a Qualified Medical Child Support Order (QMCSO)
  - A Child for whom the team member has obtained legal guardianship

**When you enroll dependents, please submit the following (if applicable):**

- ✓ Affidavit of Domestic Partnership or Common Law Marriage
- ✓ Date of Birth
- ✓ Social Security Number

If you do not provide this documentation within 31 days of hire, your dependents will not be enrolled in benefits.

## Enrolling for Coverage

Your enrollment period is an important time to review your benefits and choose the best options for you and your family. Review the 2024 Team Member Benefits Guide to understand the coverage available to you. **You must enroll in coverage within 31 days of your hire date or during the annual open enrollment period.**

**Newly hired full-time team members enrolling for the first time** will make their benefit elections on our HRIS platform. You can make your benefit elections during the enrollment window, and coverage begins on the first of the month following 30 days of employment.

Your personal benefit elections will be housed in the HRIS system.





# Eligibility & Enrollment

## Changing Your Coverage During the Year

Whether you are a newly hired team member or a current team member making modifications during the annual open enrollment, the elections you make at this time will remain in effect until our next open enrollment period, unless you have a qualifying life event (as defined by the IRS) that allows a mid-year plan change.



These changes include (but are not limited to):

- ✓ Birth or adoption of a baby or child
- ✓ Loss of other healthcare coverage
- ✓ Eligibility for new healthcare coverage
- ✓ Marriage
- ✓ Divorce
- ✓ Change in child's dependent status
- ✓ Change in residence due to an employment transfer for you or your spouse

If you experience a qualifying life event, or if you have questions, please contact Human Resources (HR). You have 30 days after a qualifying event to notify HR and request a change to your benefit elections.

*Note: The benefit changes you make must be consistent with the life event.*

## When Dependent Children Age Out

Dependent children can remain on the medical, dental and/or vision coverage(s) until the end of the month in which they turn 26, at which time their coverage will be cancelled. Coverage under Voluntary Life and AD&D ends at midnight on their 19<sup>th</sup> or if they're a full-time student on their 26<sup>th</sup> birthday.

# Medical & Prescription Drug

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>



Medical and prescription drug coverage provides you with benefits that help keep you healthy like preventive care screenings, access to urgent care and medications. It also provides important financial protection if you have a serious medical condition. **Community Care Partners** offers two medical plans administered by **BPA** under the Cigna PPO Network.

MEDICAL NETWORK: Cigna PPO

Rx NETWORK: CVS caremark®

2024	HDHP – Base Plan		Premier – Buy Up Plan	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
<b>Annual Deductible <sup>B</sup></b>	\$3,500 per member, up to \$7,000 per family	\$7,000 per member, up to \$13,000 per family	\$3,000 per member, up to \$6,000 per family	\$6,000 per member, up to \$12,000 per family
<b>Coinsurance</b>	10%	40%	20%	50%
<b>Annual Out-of-Pocket Max <sup>B</sup></b>	\$6,250 per member, upto \$12,500 per family	\$12,500 per member, up to \$25,000 per family	\$6,250 per member, up to \$12,500 per family	\$12,500 per member, up to \$25,000 per family
<b>Lifetime Max</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Office Visits</b> Primary / Specialist	You pay 10% after deductible	You pay 40% after deductible	\$25/\$50 copay	Not Covered
<b>Preventive Services</b>	No charge	You pay 40% after deductible	No charge	You pay 50% after deductible
<b>Inpatient Hospitalization</b>	You pay 10% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 50% after deductible
<b>Outpatient Surgery</b>	You pay 10% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 50% after deductible
<b>Emergency Room</b>	You pay 10% after deductible	You pay 40% after deductible	\$300 copay	\$300 copay
<b>Urgent Care</b>	You pay 10% after deductible	You pay 40% after deductible	\$50 copay	You pay 50% after deductible
<b>Prescription Drugs</b> Retail (31-day supply) Tier I Tier II Tier III	\$0- Preventive Generics  After Deductible: \$10 copay \$30 copay \$50 copay	Not Covered	\$10 copay \$30 copay \$50 copay	Not Covered
<b>Mail Order</b> (90-day supply) Tier I Tier II Tier III	\$0- Preventive Generics  After Deductible: \$20 copay \$60 copay \$100 copay	Not Covered	\$20 copay \$60 copay \$100 copay	Not Covered

<sup>B</sup> The BPA plans have an **embedded** deductible and out-of-pocket (OOP), which means that a “per member” deductible and OOP are embedded within the “per family” thresholds. Each covered family member is subject only to their “per member” deductible or OOP.

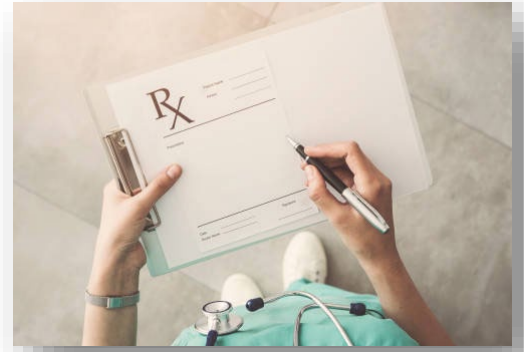
**Community Care Partners** provides **team members and dependents** enrolled on our medical plan free access\* to services at **Community Care Partners**.

*\*Does not pertain to Physical, Occupational, or other therapies offered by Community Care Partners.*

# Medical & Prescription Drug

## Medical Key Reminders

- ✓ To limit your Out-of-Pocket expenses, please seek services from a Cigna provider. To find a provider, visit <https://hcpdirectory.cigna.com/web/public/consumer/directory/search>.
- ✓ If services are provided by a non-Cigna provider, the member is responsible for any amounts exceeding the "allowable charges," in which case balance billing could occur.
- ✓ Dependent Child Age Limits: Covered to age 26.



## Prescription Drug Coverage

We know prescription drug coverage is important to you and your family, so when you elect medical coverage, you are automatically covered under the prescription drug plan. You may fill your prescriptions at participating retail pharmacies. Under both medical plan option, the mail order option allows you to buy qualified prescriptions in larger 90-day quantities at a reduced cost (with the exception of specialty medications). Mail order saves you time in trips to the pharmacy because prescriptions are delivered right to your door.

There are several categories of drugs under the plans. The differences between these categories are described below:

- ✓ **Tier 1 – Generic:** Frequently prescribed generic drugs. (\$10 Copay)
- ✓ **Tier 2 – Preferred Brand:** Lowest cost brand name drugs. (\$30 Copay)
- ✓ **Tier 3 – Non-Preferred Brand:** Brand names drugs with higher costs than preferred brand name drugs. (\$50 Copay)
- ✓ **Specialty:** Typically for chronic high-cost conditions. (\$10, \$30 or \$50 copay depending upon applicable tier). Specialty drugs are limited to a 31-day supply and must be obtained through CVS/Caremark's Specialty Pharmacy ([www.cvscaremarkspecialtyrx.com](http://www.cvscaremarkspecialtyrx.com)).

**Choose Generics** - The member pays the applicable copay (if applicable) only if the physician requires brand. If the member requests brand when a generic is available, the member pays the applicable copay plus the difference between. Be sure to discuss this with your physician when he or she writes your prescription.

If you are enrolled in the HDHP, there are many Preventive Generic drugs available at NO COST. To review the list of applicable drugs you can visit:

<https://www.ccptmbenefits.com/benefits-guide-handouts>

Find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging on to [www.cvscaremark.com](http://www.cvscaremark.com) or by calling CVS Caremark.

### Helpful Terms

**Deductible** – The amount you must pay out-of-pocket for expenses before the insurance company will cover any benefit costs for the year (except for preventive care and other services where the deductible is waived).

**Coinurance** – The cost share between you and the insurance company. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 80%, you are responsible for paying the remaining 20% of the cost.

**Copay** – The fee you pay to a provider at the time of service.

**Out-of-Pocket Maximum** – The most you would pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, the plan covers 100% of eligible expenses.

**Balance Billing** – Non-network providers are allowed to charge you more than the plan's allowable charge. This is called Balance Billing.



# Health Savings Account (HSA)

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>



## Health Savings Account (HSA)

Do you want to save money on taxes? A Health Savings Account is a tax-advantaged, portable (you own it!) savings account. You must be enrolled in the HSA-Base Plan to establish and/or contribute to a Health Savings Account.

You and your employer can contribute pre-tax money to your account to save for out-of-pocket healthcare expenses. And, any money you don't spend grows year after year and can be used in the future, even after you retire. **Navia Benefits Solutions** administers this program.



## THE COMPANY'S CONTRIBUTION TO YOUR ACCOUNT

BPA HSA – Base Plan	
Team Member Only	\$750 annually
Team Member + Spouse	\$750 annually
Team Member + Family/Child(ren)	\$1,200 annually

The company's contribution to your HSA will be made in **monthly installments**. Mid-year enrollees will receive a pro-rated contribution from the company based on the month in which your coverage change is processed.

In addition, if you contribute up to \$25 per month to your HSA account, **Community Care Partners** will match that monthly contribution, adding up to \$300 per year to your HSA, in addition to the above!

## MAKING YOUR OWN HSA CONTRIBUTIONS

The IRS has set limits on the total amount that can be contributed to your Health Savings Account each calendar year. Contributions by you and your employer count toward this limit. **In 2024, the IRS limit for HSA contributions is \$4,150 for an individual and \$8,300 for a family.** If you're over 55, the IRS allows you to contribute an additional \$1,000—this is called a "catch-up contribution."

Your contribution limits are calculated based on the coverage under the company's HDHP for the full calendar year, exclusive of any "catch-up contribution." Please contact HR to confirm your contribution limit if you have a mid-year enrollment change.

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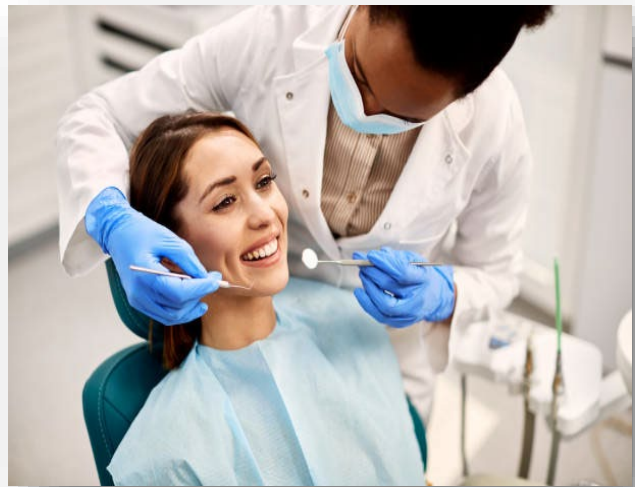
# Dental Benefits

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>



Regular visits to your dentists can help more than protect your smile: they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes and heart disease.

The company offers you a dental plan through **MetLife**.



	MetLife Dental	
	In-Network <sup>A</sup>	Out-Of-Network <sup>B</sup>
<b>Calendar Year Deductible <sup>C</sup></b>	\$50 per member, up to \$150 per family	\$50 per member, up to \$150 per family
<b>Calendar Year Maximum</b>	\$1,500 per member	\$1,500 per member
<b>Diagnostic &amp; Preventive</b> (Periodic Oral Evaluation, Fillings, Radiographs, Labs and Other Diagnostic Tests, Cleaning, Fluoride, Sealants, Space Maintainers)	No charge	No charge
<b>Basic Services</b> (Restorations, Simple Extractions)	You pay 20% after deductible	You pay 20% after deductible
<b>Major Services</b> (Crowns, Bridges, Dentures, Implants, In/Onlays, Veneers)	You pay 50% after deductible	You pay 50% after deductible
<b>Orthodontic Services</b>	You pay 50%	You pay 50%
Lifetime Maximum	\$1,000 per member	\$1,000 per member
Orthodontia Covers	Dependent Children up to age 19	Dependent Children up to age 19

<sup>A</sup> Services provided by a MetLife Dental PPO network dentist will be covered according to MetLife's Contracted Fee Schedule.

<sup>B</sup> Services provided by an out-of-network dentist will be covered by MetLife according to Reasonable and Customary Allowances at the 90<sup>th</sup> percentile. Out-of-network dentists may balance bill you up to their usual fees.

<sup>C</sup> Applies to Basic and Major Services only

# Voluntary Vision Benefits

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>



Routine vision exams are important, not only for correcting vision, but because they can detect other serious health conditions.

The company offers you a plan through VSP. Our policy covers routine eye exams and other procedures and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. The following chart outlines the Vision benefits we offer. The network for this plan is the VSP network.

	VSP Vision	
	In-Network	Out-Of-Network
<b>Examination</b>	\$10 copay	Reimbursed up to \$45
Frequency	12 months	12 months
<b>Materials</b>	\$10 copay	\$10 copay
<b>Eyeglass Lenses</b>		
Single Vision Lens	\$10 copay	Reimbursed up to \$30
Bifocal Lens	\$10 copay	Reimbursed up to \$50
Trifocal Lens	\$10 copay	Reimbursed up to \$65
Frequency	12 months	12 months
<b>Frames</b>	\$150 allowance + 20% discount on costs in excess	Reimbursed up to \$70
Frequency	12 months	12 months
<b>Contacts (Elective)</b>	\$150 allowance + 15% discount on costs in excess	\$105 allowance
Fitting	Covered in full	Applied to contact lens allowance
Frequency (in lieu of glasses)	12 months	12 months

# Cost of Coverage

Community Care Partners pays a portion of your health care premiums; however, we do require team members contribute toward their health care costs as well. Team members pay a dollar amount based on the level of coverage they select. The following Team Member Payroll Deductions will be effective for this plan year and will be reflected on your first paycheck after your effective date.

MEDICAL Plan Payroll Deductions								
PLAN	Team Member		Team Member + Spouse		Team Member + Children		Team Member + Family	
	Semi- Monthly	Monthly	Semi- Monthly	Monthly	Semi- Monthly	Monthly	Semi- Monthly	Monthly
Base HDHP/HSA	\$35.23	\$70.45	\$153.71	\$307.41	\$123.29	\$246.58	\$269.06	\$538.11
Premier Buy-Up	\$124.85	\$249.70	\$319.06	\$638.12	\$273.11	\$546.22	\$509.81	\$1,019.61

Free Access to Care

**Community Care Partners** provides **team members and dependents** enrolled on our medical plan free access\* to services at Community Care Partners facilities!

This includes services performed at the place of service including labs and x-rays.

DENTAL Plan Payroll Deductions							
Team Member		Team Member + Spouse		Team Member + Children		Team Member + Family	
Semi- Monthly	Monthly	Semi- Monthly	Monthly	Semi- Monthly	Monthly	Semi- Monthly	Monthly
\$7.71	\$15.41	\$27.99	\$55.98	\$33.58	\$65.16	\$55.02	\$110.04

VISION Plan Payroll Deductions							
Team Member		Team Member + Spouse		Team Member + Children		Team Member + Family	
Semi- Monthly	Monthly	Semi- Monthly	Monthly	Semi- Monthly	Monthly	Semi- Monthly	Monthly
\$3.83	\$7.65	\$7.66	\$15.31	\$8.08	\$16.15	\$12.09	\$24.18

VOLUNTARY LIFE/AD&D FOR YOU AND/OR FOR YOUR DEPENDENTS

Your cost will be reflected in our HRIS platform when you enroll

VOLUNTARY SHORT-TERM DISABILITY

Your cost will be reflected in our HRIS platform when you enroll

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# Flexible Spending Accounts



Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>

A Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. **This benefit must be re-elected each year to participate in and receive the tax benefits of an FSA.** Navia Benefits Solutions administers this program.

## IMPORTANT CONSIDERATIONS

- 2024 plan year expenses must be incurred between 01/01/24 and 12/31/24 and submitted for reimbursement no later than 03/31/25.
- Elections cannot be changed during the plan year unless you have a qualified life change event.
- If you elect the Healthcare FSA, you can keep (roll-over) up to \$640 of unused money for use in the next plan year by re-enrolling in the following plan year. Unused amounts above \$640 will be lost, so it is very important that you plan carefully before making your election.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- You can obtain reimbursement for eligible expenses incurred by your spouse or tax dependent children, even if they are not covered on the company health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts. In most cases, you'll need to provide proof that your expenses were considered eligible for IRS purposes.



## HEALTHCARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars from your **General Healthcare FSA**. Eligible expenses include medical, dental, and vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to **\$3,200** this year.

If you are enrolled in the HSA-Base Plan, you can participate in our **Limited Purpose Healthcare FSA** which covers out-of-pocket for only vision and dental expenses.

## DEPENDENT CARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home childcare, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are considered your tax dependent and are incapable of self-care. **It is important to note that you can access money only after it is placed into your dependent care FSA account.**

All caregivers must have a tax ID or Social Security Number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to **\$5,000** per household for eligible dependent care expenses for the year



# Life and AD&D Insurance

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>



If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security.

## BASIC LIFE

Basic Life Insurance pays your beneficiary a lump sum if you die. **The cost of coverage is paid in full by Community Care Partners.** Coverage is provided by **MetLife**.

Basic Life Amount	1X your Basic Annual Earnings (\$50,000 minimum coverage) up to a maximum of \$150,000
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## ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. **The cost of coverage is paid in full by Community Care Partners.** Coverage is provided by **MetLife**.

Basic AD&D Amount	1X your Basic Annual Earnings up to a maximum of \$150,000
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**Beneficiary Reminder:** It is required that you name a beneficiary for your life insurance benefit. It's important to know many states require that a spouse be named as the beneficiary unless they sign a waiver.

## VOLUNTARY LIFE & AD&D

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Voluntary Accidental Death and Dismemberment (AD&D) protects your family's financial security in case you suffer from loss of limb, speech, sight or hearing or if you die in an accident. Coverage is provided by **MetLife**.

Team member Voluntary Life and AD&D Amount	Increments of \$10,000 up to \$500,000, not to exceed 5X your Basic Annual Earnings New Entrants Guarantee Issue: \$200,000
Spouse Voluntary Life and AD&D Amount	Increments of \$5,000 up to \$100,000; not to exceed 50% of the team member benefit New Entrants Guarantee Issue: \$30,000
Child(ren) (No differentiating cost for multiple children) Voluntary Life and AD&D Amount	15 days to 6 months: \$1,000 6 months to 26 years*: Options of \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000 New Entrants Guarantee Issue: \$10,000

\*26 years old if a full-time student

**Taxes:** Due to IRS regulations, a life insurance benefit of \$50,000 or more is considered a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

- **New entrant:** If you elect coverage when you are initially eligible, evidence of insurability is required only for any amount over \$200,000.
- **New entrant:** If you elect coverage for your spouse when you are initially eligible, evidence of insurability is required only for any amount over \$30,000.
- **Late entrant:** Employees who previously declined coverage during their initial enrollment (as new entrant) can elect coverage for themselves and their spouse but must complete the required evidence of insurability form.

**Evidence of Insurability (EOI):** Depending on the amount of voluntary coverage you select, or you did not elect when first eligible, you will need to submit an EOI form, which involves providing the insurance company with additional information about your health. Once your EOI is reviewed, they will notify you in writing, approving or denying your request for coverage.

# Disability Income Benefits

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>



If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

## VOLUNTARY SHORT-TERM DISABILITY INSURANCE

If you purchase Short-Term Disability coverage it pays you a benefit if you temporarily can't work because of an injury, illness, or maternity leave. **Benefits may be reduced by income from other income sources, such as paid time off and state-mandated disability insurance plans (California, New York, Washington, Oregon and New Jersey).** Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition. Coverage is provided by **MetLife**.

<b>Weekly Benefit Amount</b>	Plan pays 60% of your weekly salary
<b>Maximum Weekly Benefit</b>	\$1,500 per week
<b>Benefits Begin After:</b>	
Accident	7 days of disability
Sickness	7 days of disability
<b>Maximum Payment Period*</b>	12 weeks
<b>Pre-Existing Condition**</b>	3 months lookback. 12 months exclusion

\* Maximum payment period is based on the first day you are disabled, not when benefits begin.

\*\*A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.

## LONG-TERM DISABILITY INSURANCE

Long-Term Disability coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. **The cost of the coverage is paid in full by Community Care Partners.**

It's important to know that benefits are reduced by income from other benefits you might receive while disabled like workers' compensation and Social Security.

If you qualify, long-term disability benefits begin after short-term disability benefits end. Coverage is provided by **MetLife**.

<b>Monthly Benefit Amount</b>	Plan pays 60%
<b>Maximum Monthly Benefit</b>	\$5,000 per month
<b>Benefits Begin After:</b>	
Accident	90 days of disability
Sickness	90 days of disability
<b>Maximum Payment Period*</b>	Reducing Benefit Duration with Social Security Normal Retirement Age

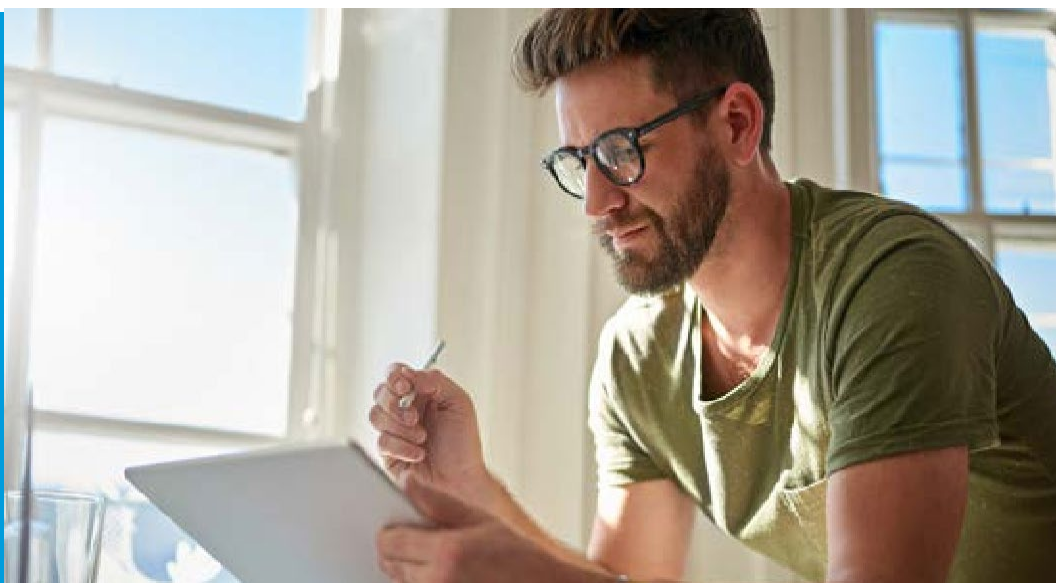
\*The age at which the disability begins may affect the duration of the benefits



## Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



### Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search "LifeWorks" on iTunes App Store or Google Play. Log in with the username: **metlifeeap** and password: **eap**

### Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

### Convenient and confidential help when you want it, how you want it

Your program includes up to **5** in person, phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select "Employee Assistance Program" when prompted. You'll immediately be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to [metlifeeap.lifeworks.com](https://metlifeeap.lifeworks.com), username: **metlifeeap** and password: **eap**



## Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

## Legal experts on your side, whenever you need them

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a monthly fee, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

MetLife Legal Plans gives you access to the expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft or caring for aging parents.

[Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.](#)

### How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys or use an attorney outside of our network and be reimbursed some of the cost.

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly premium conveniently paid through payroll deduction, an expert is on your side as long as you need them.

When you need help with a personal legal matter, MetLife Legal Plans is there for you to help make it a little easier.

### How to use the plan

#### 1. Find an attorney

Create an account at [legalplans.com](http://legalplans.com) to see your coverages, select an attorney and get a case number for your legal matter. Or, give us a call at 800.821.6400 for assistance.

#### 2. Make an appointment

Call the attorney you select, provide your case number, and schedule a time to talk or meet.

#### 3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

MONTHLY RATE

**\$19.75**



# Identity & Fraud Protection

MetLife and Aura Identity & Fraud Protection helps protect you from fraud and online threats with all features in one place and a consistent experience across web and an easy-to-use app.

**Identity Theft Protection** - Monitors personal info, accounts, and online reputation and sends alerts if we detect threats. Automatically requests removal of information found online to help keep it out of the hands of thieves and spammers.

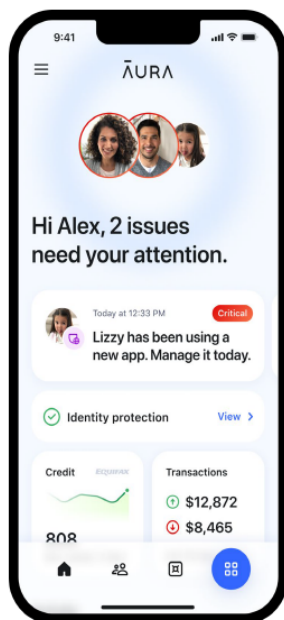
**Financial Fraud Protection** - Monitors credit, financial accounts, and property titles and sends alerts if suspicious changes are detected.

**Privacy & Device Protection** - Shop, bank, and connect online more securely and privately with intelligent safety tools that help protect passwords, devices, and WiFi connections from hackers.

**Family Safety** - Gives you the tools to protect loved ones — no matter who they are, how old they are, or where they live — from online predators and thieves.

**Service and Support** - 24/7/365 100% US Based Customer Care, White Glove Resolution Services, one MetLife account team, and much more.

Protection Individual	Protection Family	Protection Plus Individual	Protection Plus Family
\$8.95	\$12.95	\$10.95	\$18.95



Financial Fraud Protection	Protection	Protection Plus
Credit Monitoring & Alerts	1 Bureau	3 Bureau
Annual Credit Report	1 Bureau	3 Bureau
Monthly Credit Score Tracker <sup>5</sup>	✓	✓
In-Platform Credit Dispute	✓	✓
Credit, Bank & Utility Account Freeze Assistance	✓	✓
Home & Vehicle Title Monitoring	✓	✓
Financial Account Opening & Takeover Monitoring	✓	✓
Financial Transaction Monitoring	✓	✓
High-Risk Transaction Alerts	✓	✓
Utility Account Monitoring	✓	✓
PayDay/Specialty Loan Block	✓	✓
Experian Credit Lock		✓
Credit Score Simulator		✓
Identity Theft Protection	Protection	Protection Plus
Privacy Assistant	✓	✓
Dark Web Monitoring	✓	✓
Digital Vault	✓	✓
SSN & Identity Authentication Alerts	✓	✓
Criminal, Court & Public Records Monitoring	✓	✓
USPS Address Monitoring	✓	✓
Social Media Monitoring & Takeover Alerts		✓
Gamertag Monitoring		✓
Social Media Privacy Checkup		✓
Privacy & Device Protection	Protection	Protection Plus
Password Manager & Automated Password Change	✓	✓
Email Alias	✓	✓
Safe Web Browsing	✓	✓
IP Address Monitoring	✓	✓
Wi-Fi Security/VPN	2 Devices	Unlimited Devices
Antivirus	2 Devices	Unlimited Devices
AI-Powered Call & Text Screening <sup>7</sup>		✓
Family Safety (Family Plans Only, Unlimited #of Children Covered)	Protection	Protection Plus
Parental Controls	✓	✓
Child Cyberbullying Protection	✓	✓
3-Bureau Child Credit Freeze Wizard	✓	✓
Child SSN Monitoring & Alerts	✓	✓
Sex Offender Geo Alerts	✓	✓
Secure Family Onboarding	✓	✓
Family Sharing	✓	✓
Child Safety Checklist	✓	✓
Unrestricted Family Definition	✓	✓
Services and Support	Protection	Protection Plus
\$5M Insurance Policy per Enrolled Adult <sup>8</sup>		
• 401K & HSA	✓	✓
• Home title identity theft		✓
• Senior & deceased family member identity theft		✓
• Cyber extortion/ ransomware		✓
Lost Wallet Protection with \$500 Emergency Cash	✓	✓
24/7/365 100% US-based Customer Care	✓	✓
White Glove Fraud Resolution Services	✓	✓
Restoration Services for Pre-Existing Fraud Events	✓	✓
Mobile App (iOS & Android)	✓	✓
Aura Account Security (2FA)	✓	✓



# Additional Value Add Benefits



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# 401k Benefits



**Community Care Partners (CCP)** offers a robust 401(K) Plan to help you better prepare for retirement. Team members are eligible to participate in the plan on the first day of the month following 30 days of service or attaining age 18, whichever comes later.

Plan participants can contribute the lesser of 100% of their compensation or **\$23,000** (\$30,500 if age 50 or older) for the 2024 plan year. These contributions can be made as a Traditional Pre-Tax contribution, a Roth after-tax contribution, or any combination of the two.

**CCP** will match 100% of your salary deferrals that do not exceed **3%** of your compensation after 90 days of employment.

The employer contributions are deposited to your account each pay period and are immediately 100% vested. **This is free money, don't leave it sitting on the table!**

The plan is administered by John Hancock. For additional information on enrolling in the plan please review the following pages.



# 401k Benefits



## Accessing John Hancock

**With John Hancock, you'll find simple suggestions to help you in your journey to retirement. Contact us to access your account 24 hours a day, seven days a week.**

### Online

[johnhancock.com/myplan](http://johnhancock.com/myplan)

Once logged in, check out the personalized retirement planning tool. It's a unique and meaningful way to plan for your retirement.

### Mobile Device

Download the free **mylifeflow**® mobile application for your iOS or Android device or scan the QR code. Launch the app to log into your account using your username and password. Enroll in the retirement plan, and view your account balance, asset allocation and personal rate of return.

### One-on-one Support

**800-294-3575**

For general account needs, call to access the Automated Voice Response Service or speak with a John Hancock representative. Representatives are available from 8 a.m. to 10 p.m. Eastern time on New York Stock Exchange business days.

**Hablamos español** – Llame al 888.440.0022 para información en español. Representantes están disponibles de lunes a viernes, de 8 a.m. a 10 p.m. hora del Este en días hábiles de la Bolsa de Valores de Nueva York.

**877-525-7655**

Call a Consolidation representative if you have past accounts that you'd like to combine into your current retirement account at John Hancock. Representatives are available Monday through Friday, 8:30 a.m. to 7 p.m. ET.\*

**866-401-2472**

Changing jobs or retiring? Our Rollover Education Specialists can review your options with you and help you make a choice that reflects your financial needs. Our team is available Monday through Friday, 8:30 a.m. to



**Access your  
retirement savings  
plan at any time  
from anywhere.**



[johnhancock.com/myplan](http://johnhancock.com/myplan)

**800-294-3575**

**Take action!**

**Be sure to bookmark  
[johnhancock.com/myplan](http://johnhancock.com/myplan)  
and add it to your favorites.**

# 401k Benefits

## Accessing John Hancock's website

Whether you're registering for the first time, or you need a refresher, follow these steps to access your account online.

### Register

Go to [johnhancock.com/myplan](https://johnhancock.com/myplan) and click on **Register Now**.

**Step 1: Tell us about yourself.** Enter your last name, Social Security number, and birthdate. Click **Continue**.

**Step 2: Create your username and password.** You'll also enter your email address and mobile phone number. Click **Create Profile**.

### You're registered!

You can now use your username and password to login. If you ever forget, click on **Forgot your Username or Password?**

### Still need to enroll in the plan?

If you haven't enrolled, you'll be prompted to do so after the registration process. Click **Get Started Now!**

Your future is important and planning for your retirement is part of it. **Take control and get online today!**



<sup>^</sup> As other options are available, you are encouraged to review all of your options to determine if combining your retirement accounts is suitable for you.

\*There are advantages and disadvantages to all rollover options; you are encouraged to review your options to determine if staying in a retirement plan, rolling over to an IRA, or another option is best for you.

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To learn more about protecting your account and profile, click on **Account Security** located at the bottom of the login page.

# Important Notices

## Notice of Patient Protections & Prior Authorization Procedures

Your **BPA** plan allows you to visit any doctor or hospital you choose. However, Prior Authorization is required for certain services. Make sure Your Provider obtains Prior Authorization before any planned hospital stays (except maternity admissions), skilled nursing and rehabilitative facility admissions, certain outpatient procedures, Advanced Radiological Imaging services, certain Specialty Drugs, and Durable Medical Equipment costing \$500 or more. Contact **BPA** Customer Service using the number on the back of your medical ID card or online at [www.bpaco.com](http://www.bpaco.com) to find out which services require Prior Authorization. You can also call the customer service department to find out if your admission or other service has received Prior Authorization. For more information, please refer to your Evidence of Coverage document located online at [www.bpaco.com](http://www.bpaco.com).

## Women's Health and Cancer Rights Act of 1998

Patients who undergo a mastectomy, and who elect breast reconstruction in connection with the mastectomy, are entitled to coverage for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including Lymphedemas, in a manner determined in consultation with the attending physician and the patient.

The coverage may be subject to Coinsurance and Deductibles consistent with those established for other benefits. For more information, please refer to your Evidence of Coverage document located online at [www.bpaco.com](http://www.bpaco.com).

## 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. For information on precertification, contact your plan administrator.

## Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources.

## Notice of Privacy Practices

**BPA** is required to maintain the privacy of all medical information as required by applicable laws and regulations; provide a notice of privacy practices to all Members; inform Members of the Plan's legal obligations; and advise Members of additional rights concerning their medical information. For more information, please refer to your Evidence of Coverage document located online at [www.bpaco.com](http://www.bpaco.com).

All Members will be notified of any changes by receiving a new notice of the Plan's privacy practices. You may request a copy of this notice of privacy practices at any time by contacting **BPA**.

## Uniformed Services Employment and Reemployment Rights Act of 1994

A Subscriber may continue his or her Coverage and Coverage for his or her Dependents during military leave of absence in accordance with the Uniformed Services Employment and reemployment Rights Act of 1994. When the Subscriber returns to work from a military leave of absence, the Subscriber will be given credit for the time the Subscriber was covered under the Plan prior to the leave.



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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov). If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

<b>ALABAMA – Medicaid</b> Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	<b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b> Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
<b>ALASKA – Medicaid</b> The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	<b>FLORIDA – Medicaid</b> Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ARKANSAS – Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>GEORGIA – Medicaid</b> Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
<b>CALIFORNIA – Medicaid</b> Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 1-800-541-5555	<b>INDIANA – Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864

<b>IOWA – Medicaid and CHIP (Hawki)</b> Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563	<b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>KANSAS – Medicaid</b> Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a> Phone: 1-800-792-4884	<b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>KENTUCKY – Medicaid</b> Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	<b>NEVADA – Medicaid</b> Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
<b>LOUISIANA – Medicaid</b> Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	<b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>MAINE – Medicaid</b> Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	<b>NEW JERSEY – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	<b>NEW YORK – Medicaid</b> Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b> Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	<b>NORTH CAROLINA – Medicaid</b> Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	<b>NORTH DAKOTA – Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>UTAH – Medicaid and CHIP</b> Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>OREGON – Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	<b>VERMONT – Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427

<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>SOUTH DAKOTA – Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

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

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

#### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20230 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

# Important Notice from **Community Care Partners** About Your Prescription Drug Coverage and Medicare for plans:

- BPA HDHP (HSA)
- BPA PPO Plan

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage from **Community Care Partners** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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.
2. Community Care Partners has determined that the prescription drug coverage offered by the **BPA Plans** are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under your **BPA Plan** is creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **BPA Plan** coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current **Community Care Partners** coverage, be aware that you and your dependents will not be able to get this coverage back until next Annual Open Enrollment or a mid-year qualifying event.

## 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 drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of 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.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: 01/01/2024  
Name of Entity/Sender: **Community Care Partners**  
Office Contact/Position: Maria Pulido  
Phone: (458) 207-3657  
Address: 91302 Coburg Industrial Way Suite 122 Coburg, OR 97408



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2024)

## PART A: General Information

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

### What is the Health Insurance Marketplace?

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

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

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

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

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

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

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact HUMAN RESOURCES DEPARTMENT.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name COMMUNITY CARE PARTNERS		4. Employer Identification Number (EIN) 61-1849968	
5. Employer address 91302 Coburg Industrial Way Suite 122		6. Employer phone number (458) 207.3657	
7. City Coburg	8. State OR	9. ZIP code 97408	
10. Who can we contact about team member health coverage at this job? Maria Pulido			
11. Phone number (if different from above)		12. Email address <a href="mailto:Maria.Pulido@ccpartners.com">Maria.Pulido@ccpartners.com</a>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

Full-time employees working 30+ hours per week

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

- ☐
1. Legal Spouses
  2. Domestic Partners (same and opposite sex)
  3. Dependents up to age 26

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional foremployers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

- ☒ **Yes** (Continue)
- ☐ 13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?\_\_\_\_\_ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard\*?

☒ **Yes** (Go to question 15) ☐ **No** (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard\* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ 35.23

b. How often? ☐ Weekly ☐ Every 2 weeks ☒ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?\_\_\_\_\_

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



Carrier Contact	Contact Information
<b>Medical</b> <b>Benefits Plan Administrators (BPA)</b>	Phone: <b>1 (800) 236-7789</b> Medical Website: <a href="http://www.bpaco.com">www.bpaco.com</a> Rx Website: <a href="http://www.cvscaremark.com">www.cvscaremark.com</a>
<b>Dental</b> <b>MetLife</b>	Phone: <b>1 (800) 942-0854</b> Website: <a href="http://www.metlife.com">www.metlife.com</a>
<b>Vision</b> <b>VSP</b>	Phone: <b>1 (800) 877-7195</b> Website: <a href="http://www.vsp.com">www.vsp.com</a>
<b>Life and AD&amp;D, Voluntary Life and AD&amp;D</b> <b>MetLife</b>	Phone: <b>1 (866) 942-6983</b> Website: <a href="http://www.metlife.com">www.metlife.com</a>
<b>Disability</b> <b>MetLife</b>	Phone: <b>1 (800) 300-4296</b> Website: <a href="http://www.metlife.com">www.metlife.com</a>
<b>Health Savings Account (HSA), Flexible Spending Accounts (FSAs)</b> <b>Navia Benefit Solutions</b>	Phone: <b>1 (425) 452-3421</b> Website: <a href="http://www.naviabenefits.com">www.naviabenefits.com</a>
<b>Team Member Assistance Program</b> <b>MetLife</b>	Phone: <b>1 (800) 854-1446</b> Website: <a href="http://www.metlifeeap.lifeworks.com">www.metlifeeap.lifeworks.com</a>
<b>Legal Assistance (MetLaw)</b> <b>MetLife</b>	Phone: <b>1 (800) 821-6400</b> Website: <a href="http://www.legalplans.com">www.legalplans.com</a>
<b>Identity and Fraud Protections (Aura)</b> <b>MetLife</b>	Phone: <b>1(844)931-2872</b> Website: <a href="http://my.aura.com/start">my.aura.com/start</a>

### Your People & Organization Team

Contact Name	Title	Phone	Email
People & Organization			<a href="mailto:benefits@ccpartners.com">benefits@ccpartners.com</a>



Provided to you by:

