



HEALTHCARE AND REHABILITATION SERVICES 2023 EMPLOYEE BENEFITS AT A GLANCE

Medical | Dental | Vision | FSA | Life | Disability | Voluntary | Wellness



Benefit Summary 2023

HCRS' greatest asset is you! Therefore, we feel it is vitally important that in addition to offering competitive salaries, we strive to offer one of the best benefit packages in the area, to support your physical, emotional, and financial health. We also understand the need for work-life balance and provide a generous paid time off policy as well as medical, dental, vision plans with relatively low premiums. We also offer a 5% match on our retirement plan, helping you to save for the future.

In addition, we offer a variety of incentives and perks for your overall well-being, including:

- Shoe ice-grippers
- CSAs and gardening
- Fitness watches
- All weather tires
- Seat covers
- Wellness programs
- Wellness fairs
- Perks for expecting parents
- Discounted fitness memberships
- Financial planning
- Holiday savings program
- Interest-free computer loans
- And much, much more!

Our mission is to provide creative, collaborative, and compassionate health care services that are responsive to the needs of our communities. **We envision** a community where people are inspired, empowered, and supported to lead healthy and meaningful lives. We achieve these goals through **our values** of accountability, balance, growth, integrity, leadership, and teamwork.

The text contained in this Guide was taken from various summary plan descriptions and benefit information. In case of a discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996. If you have any questions about your Guide, contact Human Resources.

Contact Information

| Plan | Vendor | Website | Phone |
|---|------------------|---|---|
| Medical Coverage | CBA Blue | www.cbabluevt.com | 888-222-9206 |
| Telemedicine | CBA Blue LIVE | https://portal.cbabluevt.com | 866-453-5228 |
| Employee Assistance Program | Invest EAP | www.investeap.org | 866-660-9533 |
| Meditation | Headspace | https://work.headspace.com/hcrs/member-enroll/login | 800-650-890 |
| Pharmacy Coverage | Smith Rx | www.mysmithrx.com | 884-454-5201 |
| Dental Coverage | Delta Dental | www.nedelta.com | 800-537-1715 |
| Vision Coverage | VSP | www.vsp.com | 800-877-7195 |
| Life and AD&D and Long-Term Disability | Reliance | www.reliancestandard.com | 800-351-7500 |
| Voluntary Life | Reliance | www.reliancestandard.com | 800-351-7500 |
| Voluntary Critical Illness | Colonial | customerservice@caliberbenefitsgroup.com | 888-623-6236 x821 |
| Voluntary Accident | Colonial | customerservice@caliberbenefitsgroup.com | 888-623-6236 x821 |
| Voluntary Short-Term Disability | Colonial | customerservice@caliberbenefitsgroup.com | 888-623-6236 x821 |
| Flexible Spending Account Dependent Care Account | ebpa | www.ebpabenefits.com | 888-678-3457 |
| Health Savings Account | Health Equity | www.myhealthequity.com | 877-472-8632 |
| Wellness | Navigate | www.navigatewell.com | 262-365-9825 |
| 403(b) Retirement Plan | Principal | www.principal.com | 800-547-7754 |
| Medicare Preparation | SmartMatch | gps.smartmatch.com/pareto | 855 248-1648 |
| Travel Assistance | Reliance | www.reliancestandard.com | 603-328-1966 |
| Benefits Information | EBC | http://hcrs.trgportal.com | Username: hcrs Password: benefits |

Eligibility

| Benefit | Eligibility | Waiting Period |
|---------------------------|---|---|
| Health & Rx Plan | Minimum 30 hours/week | 30 days after date of hire |
| Telemedicine | Minimum 30 hours/week | 30 days after date of hire |
| Dental Plan | Minimum 30 hours/week | 30 days after date of hire |
| Vision Plan | Minimum 30 hours/week | 30 days after date of hire |
| Dependent Care (DCA) | Minimum 30 hours/week | 30 days after date of hire |
| Flexible Spending (FSA) | Minimum 30 hours/week; Plan 3 participants not eligible | 30 days after date of hire |
| Health Savings (HSA) | Minimum 30 hours/week; Plan 3 enrollment | 30 days after date of hire |
| Group Term Life/AD&D | Minimum 30 hours/week | 30 days after date of hire |
| Long Term Disability | Minimum 30 hours/week | 1 st of the month following 30 days of service |
| Voluntary Plans | Minimum 30 hours/week | 1 st of the month following 30 days of service |
| Employee Assistance (EAP) | All employees | Date of Hire |
| Headspace | All employees | Date of Hire |
| 403(b) Retirement Plan | Minimum 1,000 hours/year | None; auto enrollment |
| Paid Medical Leave | Qualification under FMLA for employee's own serious health condition, making them medically unable to work. | FMLA requires the employee to have worked at least 1,250 hours during the 12-month period preceding the date FMLA-related leave will begin. Paid Medical Leave: 15-day elimination period |
| Tuition Reimbursement | Minimum 30 hours/week | Two (2) years |
| Emergency Loan | Minimum 30 hours/week; in good standing | One (1) year |
| Computer Loan | Minimum 30 hours/week | One (1) year |

Eligibility

You may also enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse or civil union partner. Certain eligibility requirements apply for spouses/civil union partners—please see below*
- Your natural, adopted or step-child(ren) up to age 26.
- Any dependent child who is incapable of self-support because of a physical or mental disability (carrier approval required)

When Do I Enroll?

The IRS provides strict regulations about the changes to pre-tax elections during the plan year. Once you enroll in benefits, you will not be able to make any changes to your elections until the next annual open enrollment period, unless you experience a qualifying life event.

Qualified life events include, but are not limited to:

- Change in your legal marital status
- Birth, adoption, placement for adoption or permanent legal guardianship of a child
- A dependent no longer meets the eligibility requirements
- You and/or your dependent becomes eligible or loses eligibility for Medicare, Medicaid or the Children's Health Insurance Program (CHIP)
- Employee or dependents change in employment status resulting in loss or gain of eligibility for employer sponsored benefits
- A court or administrative order

It is your responsibility to notify Human Resources within 30 days after a qualified life event.

Any benefit changes must be directly related to the qualified life event.

When Coverage Ends

- Your employment with HCRS ends (last day of work; if falls on a Friday, coverage ends Saturday)
- Your regular work schedule is reduced to fewer than 30 hours per week
- Your dependent(s) coverage ends
- When your coverage ends, or
- The last day of the month in which the dependent is no longer eligible

*Spousal/Civil Union Partner Exclusion Policy, effective January 1, 2021

An employee's spouse/ Civil Union partner is excluded from participation in the Group Health coverage if the spouse/partner is eligible for medical coverage through the spouse/partner's employer. If the only medical coverage available to a spouse/partner has an annual out-of-pocket maximum expense greater than \$3,000, and the spouse/partner incurs expenses in excess of that amount during the plan year, HCRS will reimburse the employee for out-of-pocket expenditures in excess of \$3,000 on a dollar-for-dollar basis, up to a maximum of \$2,600, upon presentation of appropriate documentation.

For the employee's spouse/partner to be excluded, coverage provided by the spouse/partner's employer must be:

- Considered at least minimum value per the Affordable Care Act;
- and affordable per the Affordable Care Act

Ultipro Benefit Enrollment System



You can access HCRS' online enrollment and much more through the UltiPro website:
<https://ew44.ultipro.com/Login.aspx>

When you log in for the first time, use your HCRS email as your username and your date of birth in the MMDDYYYY format as your password. For example, the date February 1, 1900, would be 02011900.

And don't forget the UltiPro app! It is available on all HCRS cell phones, and you can download the app from your download service to a personal device. When logging in for the first time on the UltiPro app, the Company Access Code is HCRSVT.

To enroll in benefits:

Once logged in to UltiPro, go to Menu → Myself → Life Events, and select your life event (for example, "I am a new employee.")

Verify your dependents – dependents are people eligible to be covered by your HCRS health, dental, vision, and/or flex plans. You will need to enter their name, date of birth, and social security number prior to enrolling them.

Using the round *Next* button, move from screen to screen to enroll in the plan(s) you want, and decline any benefits you do not want.

At the review screen, check over your elections and when you are ready, click the green *Submit* button.

Please note – you may see some items listed as Current Benefits (like Group Term Life or Deferred Compensation) and not see those as New Benefits. That is because some benefits (like contributions to the 403(b)-retirement plan) are not impacted by life events, so no changes are being made at this time.

Additional information about UltiPro:

You can change your address and contact information at any time (and if you do have a change of address, it's important to keep HR updated). Just go to Menu → Myself → Name, Address, and Telephone.

Looking for your pay statements? Find them under Menu → Myself → Pay.

What to see what would happen if your deductions changed? You can model pay changes by going to Menu → Myself → Pay and selecting Model My Pay.

If you want to view your benefits enrollment, go to Menu → Myself → Benefits and view your Benefits Summary. There, you can change the drop-down menu to view Active, Inactive, or All benefits.

Please reach out to Human Resources if you have any questions about UltiPro.



Employee Assistance Program

HCRS offers an Employee Assistance and Mental Health Program to **all employees and household members – free of charge!** HCRS understands how work and personal challenges can affect your health and wellbeing. At some point in our lives, we can all use some help. InvestEAP is available **24 hours a day, 365 days a year.**

Invest EAP provides a robust range of confidential services including; free legal referrals, financial advice, lunch & learn seminars, self assessments and counseling. Employees and household members can see a counselor who is convenient to their home or workplace for up to five face-to-face sessions, per issue per year at no cost.

866-660-9533

www.investEAP.org

(Password: HCRS)

Services Provided: All our staff are Masters Level Counselors with considerable experience in work/life issues. It is entirely free—and confidential—for you and your household members to use

| | | |
|------------------|--|---|
| Self-Assessments | <ul style="list-style-type: none"> • Alcohol • Anger • Anxiety • Depression | <ul style="list-style-type: none"> • Gambling • Relationship • Wellbeing |
| Family | <ul style="list-style-type: none"> • Aging Parents • Blended Families • Childcare • Divorce | <ul style="list-style-type: none"> • Domestic Violence • End of Life Issues • Parenting • Relationships |
| Mental Health | <ul style="list-style-type: none"> • ADHD • Anger/Violence • Anxiety • Bi-Polar • Depression • Domestic Violence | <ul style="list-style-type: none"> • Grief/Loss • PTSD • Schizophrenia • Stress • Substance Abuse • Suicide |
| Legal/Financial | <ul style="list-style-type: none"> • Budget Creation • Future Planning • Savings/Investing • Retirement | <ul style="list-style-type: none"> • Credit/Debt • Fuel Assistance • Resource Center |
| Workplace | <ul style="list-style-type: none"> • Disabilities • Harassment | <ul style="list-style-type: none"> • Positive Workplace • Safety |
| Health | <ul style="list-style-type: none"> • Alzheimer’s Disease • Arthritis • Asthma • Cancer • Chronic Fatigue Syndrome • Diabetes • Exercise/Fitness • Flu Information • Heart Disease | <ul style="list-style-type: none"> • Kidney Disease • Lung Disease • Meditation • Multiple Sclerosis • Nutrition • Parkinson’s Disease • Sleep Issues • Smoking Cessation • Yoga |

Medical



Nationwide access to Blue Cross Blue Shield providers.

| Plan Features | Plan 1* | Plan 2* | Plan 3** |
|--|--|--------------------------------------|--------------------------------------|
| Deductible* | \$500 / person \$1,000 / family | \$1,500 / person \$3,000 / family | \$2,500 / person \$5,000 / family |
| Out-of-Pocket Maximum* | \$1,500 / person \$3,000 / family | \$3,000 / person \$6,000 / family | \$2,500 / person \$5,000 / family |
| Preventive Care | Deductible does not apply | | |
| Telemedicine | \$40 | \$40 | \$40 |
| Office Visits - Primary Care | \$20 | \$25 | 0% AD |
| Office Visits – Specialist | \$40 | \$45 | 0% AD |
| Mental Health & Substance Abuse | | | |
| Inpatient Facility | 20% AD | 20% AD | 0% AD |
| Outpatient Facility | \$20 | \$25 | 0% AD |
| Urgent Care | \$75 | \$75 | 0% AD |
| Emergency Room | \$250 | \$250 | 0% AD |
| Inpatient Hospital Services | 20% AD | 20% AD | 0% AD |
| Outpatient Hospital Services | 20% AD | 20% AD | 0% AD |
| Infertility | 20% AD | 20% AD | 0% AD |
| Prescriptions | Retail: Up to a 30-day Supply; Mail-Order: Up to a 90-day Supply | | |
| Wellness Rx | Same as any other drug | Same as any other drug | Deductible does not Apply |
| Generic | \$10 | \$10 | 0% AD |
| Preferred Brand | \$30 | \$30 | 0% AD |
| Non-Preferred Brand | \$50 | \$50 | 0% AD |
| Specialty | 20% | 20% | 0% AD |

*Stacked Deductible and Out-of-Pocket Maximum. When you have two person or family coverage once one person hits the individual deductible, benefits are paid for that individual.

**Aggregate Deductible and Out of Pocket Max: individual within a family is not covered until after family deductible is met

AD = After Deductible

Important Additional Information:

- Generic meds required if available, but step therapy also available.
- Your prescription Drug Program provides you access to a retail pharmacy network managed by SmithRx. To locate a network pharmacy or access the SmithRx formulary, go to www.mysmithrx.com. Your prescription drug program also provides you access to a valuable home delivery program through SmithRx. To take advantage of this service, obtain a 90-day prescription from your doctor and visit www.mysmithrx.com to create an online account and begin the process



\$40 copay per visit

HCRS will reimburse \$20 per visit

Benefit Highlights

CBA Blue LIVE gives the patient direct access to a doctor 24 hours a day, seven days a week and 365 days a year to treat common ailments such as colds and flu, sinus infections, allergies, pink eye, etc. The consultation can take place by a phone call, email or a web-based video call, and may include discussing symptoms, treatment options and prescriptions. Telemedicine consultations are a supplement for non-emergency treatment and visits to a primary care physician. And best of all, Telemedicine helps make healthcare affordable and convenient.

- Access to licensed Physicians in your state 24 hours a day, 7 days a week for your entire immediate family, even when you are not in your home state.
- Treat common ailments such as colds and flu, sinus infections, allergies, pink eye, etc.
- Consultations can be conducted via telephone or video.
- Request a doctor to call back within 2 hours or schedule a specific time for a visit.
- When appropriate, the doctor may prescribe a medication for you to pick up at your selected local pharmacy.

How to Use

1. Member activates account by going to portal.cbabluevt.com, calling **866.453.5228** or by visiting cbabluevt.com/members (you will need to click the sign in button and identify your employer group).
2. Members will fill out their Medical Profile by logging into their member portal or over the phone.
3. Dependents and their medical profiles can be added through the member portal. Any dependent over 18 will be set up in the member portal but will have their own log in to fill out their own medical profile.
4. Consults may be requested by logging into their member portal at portal.cbabluevt.com or calling **866.453.5228** and a doctor will call back within 2 hours.

Pharmacy Benefit - SmithRx

How to Use and Maximize your Pharmacy Benefit

Your Prescription Benefit Plan through SmithRx.

SmithRx is your new prescription benefit provider. SmithRx is dedicated to giving you the best service and resources to help you and your family make better healthcare decisions.

Using Your Prescription Drug Card at Retail

You will receive a prescription card from your employer. Please present your new prescription card along with your prescription to any of our 67,000+ retail pharmacies every time you fill your prescription.

Using Your Mail Order Home Delivery Benefit

Taking advantage of your home delivery benefit may enable you to receive up to a 90-day supply of your maintenance medication(s) at a discounted price through **Serve You DirectRx**. Just ask your physician to write a new prescription to **Serve You DirectRx** for home delivery. To get started you can ask your physician to:

- **E-prescribe or Fax:** Have your doctor electronically prescribe or fax your prescription to (866) 494-0364. Faxed prescriptions may only be sent by a doctor's office and must include patient information and diagnosis for timely processing.
- **Phone:** Your doctor can "call in" the prescription to (800) 759-3203 with an IVR option.

Please note: For prompt delivery, please provide your payment information by faxing or mailing in your completed order form to PO Box 26096, Milwaukee, WI 53226 and calling **(800) 759-3203**.

Online Tools at www.mysmithrx.com

Secure online connection, protecting your confidentiality and providing:

- Drug formulary
- Real-time benefit information
- View and download pharmacy claims
- Download claim reimbursement, prior authorization request, specialty pharmacy enrollment, and mail order forms

Formulary Changes

To help provide our customers with access to safe, high-quality and cost-effective prescription benefits, it is necessary to classify some drugs as preferred and others as nonpreferred drugs on the SmithRx formulary.

Additional requirements for coverage or limits on certain medications may include:

Your Plan may have additional requirements for coverage or limits for select prescription medications. These requirements and limits ensure that members use these medications in the most effective way and also help the Plan control medication costs. A team of practicing physicians and pharmacists developed these requirements and limits to help your Plan provide quality coverage to members.

Quantity Limits

For certain medications, your Plan may limit the amount of the medication that will be covered per prescription or for a defined period of time. Amounts exceeding these limits will require additional review for coverage.

Step Therapy

In some cases, your Plan requires you to first try one medication to treat your medical condition before it will cover another medication for that condition. For example, if Drug A and Drug B both treat your medical condition, your Plan may require your physician to prescribe Drug A first. If Drug A does not work for you, then your Plan will cover Drug B.

Prior Authorization

If your physician prescribes a medication requiring a prior authorization, you will need to go through an additional authorization process. Our Clinical Team reviews requests for these selected medications to help ensure appropriate and safe use of medications for your medical condition(s). To see if your medication(s) require prior authorization, please contact Customer Service at (844) 454-5201

SmithRx Connect

Did you know as a member of CBA Blue you have access to SmithRx Connect? SmithRx Connect is your connection to the lowest cost prescription solutions. This benefit has two programs, Copay Maximization and International Sourcing.

Copay Maximization

This program helps pharmacy apply copay coupons to medications. By maximizing the monthly benefit on manufacturer coupons, the programs allows you to have a low or \$0 copay on prescriptions.

- The copay maximization program helps the pharmacy apply copay coupons to medications that help reduce the cost of prescriptions for both you and your employer.
- To take full advantage of the program, we assist members in transitioning their qualifying medications to a partnering pharmacy. Our support specialists will contact you if your medications qualify for the Copay Maximizing Program to start the transition process.

International Sourcing

This program utilizes a network of international pharmacies through GlobalRx Manage. Medications qualify for this program when they are available in these countries by the same manufacturer that provides the medication in the US. The unique international pricing structures for medications allow for these prescriptions to be significantly less expensive.

- If you are taking medications that qualify for the International Sourcing Program, you will receive communication from our support specialist via phone or email. It is important that you engage with them and provide them the information they request.

What steps do I take to see if my medication qualifies for the International Sourcing Program?

1. If your medication qualifies for the program, our support specialists will contact you and help you sign up. Enrollment can be done by phone or online through a pharmacy portal.
2. You will then need to either upload your prescription to the portal or have your doctor fax the prescription to 1-800-883-1814.
3. To place an order, please call GlobalRx's customer care team at 1-800-883-8841.

GoodRx

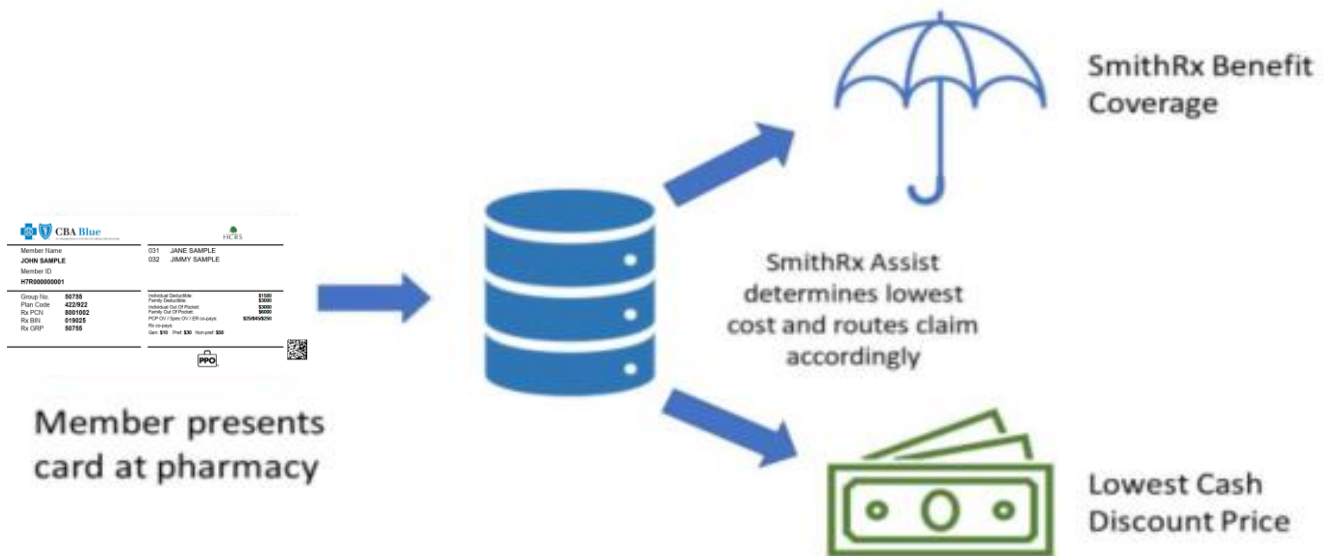
- GoodRx gathers current prices and discounts to help you find the lowest cost pharmacy for your prescriptions.
- GoodRx is 100% free. No registration required.

SmithRx Assist: Real Time Rx Cost Analysis

SmithRx Assist finds the lowest prescription cost option at the point of sale, considering member responsibility and total prescription cost.

SmithRx Assist provides member and plan savings without changing consumer behavior.

- No pre-shopping for best price
- No printing coupons
- No online prescription programs



How does it work?

The member goes to the pharmacy to fill their prescription and presents their Medical Member ID card which includes SmithRx Assist BIN. When the pharmacy submits the claim, the decision engine will compare multiple discount card program prices and the SmithRx contracted rates. Based on the result of the comparison, the claim will be routed to the processor with the lowest price.

Are there additional costs for SmithRx assist?

There is no additional cost to the plan or member to enroll in SmithRx Assist. The plan will be charged the standard per claim admin fee for SmithRx Assist claims just like normal SmithRx claims.

What medications are included in the SmithRx Assist Program?

The SmithRx Assist program currently compares cost savings opportunities on generics only.

Flexible Spending Accounts (FSA)

A Flexible Spending Account (FSA) provides you the opportunity to pay for health care and dependent care expenses on a pre-tax basis. By anticipating your family’s health care and dependent care costs for the next plan year, you can lower your taxable income.

How It Works

Each plan year you designate an annual election to be deposited into your health care or dependent care accounts. Your annual election will be divided by the number of pay periods in the plan year and deducted equally from each paycheck on a pre-tax basis. For health care and limited purpose expenses, you have immediate access to the total amount you elected to contribute for the plan year. With the dependent care, you have access to the amount of the current contributions in your account at the time you request reimbursement.

Things To Consider

- Your 2023 contributions must be used for expenses you incur between 1/1/23-12/31/23.
- Be conservative when estimating your annual election amount. The IRS has a strict “use it or lose it” rule. You will forfeit any funds left in your account after the end of the plan year (above your allowed \$610 annual rollover limit).
- The Health Care and Dependent Care FSAs are two separate accounts and funds cannot be transferred between accounts.
- You cannot stop or change your FSA contribution amount during the year unless you have a qualified change in family status.
- Expenses reimbursed through an FSA cannot be used as a deduction or credit on your federal income taxes.

FSA Reimbursement Options

To receive reimbursement from your FSA, you can submit a claim online, complete a paper form or use your FSA debit card. It is important to save your receipts as CBA may ask you to provide a copy to substantiate a claim.

Flexible Spending Account Options

| | Health Care FSA | Limited Purpose FSA | Dependent Care FSA |
|---------------------------------------|--|--------------------------------|---|
| Maximum Plan Year Contribution Amount | Up to \$3,050 | Up to \$3,050 | Up to \$5,000 (\$2,500 if married & filing separate income tax returns) |
| Who Can Elect Coverage? | All benefit eligible employees | All benefit eligible employees | All benefit eligible employees |
| Examples of Eligible Expenses | Medical, Prescriptions, Dental & Vision expenses | Dental & Vision expenses | Cost of child-care for children under age 13 |
| Rollover Amount | \$610 | \$610 | No rollover |

To access your FSA or ask questions, please visit www.ebpabenefits.com or call 888-678-3457

Health Savings Account- Plan 3



A Health Savings Account (HSA) paired with HCRS's Plan 3 medical plan, helps you and your family plan, save and pay for qualified health care expenses. A Health Savings Account empowers you to build savings for health care expenses in a tax advantaged account.

About Health Savings Accounts

A Health Savings Account (HSA) is a tax advantaged savings account that you own and control. HSAs are like retirement accounts in that they rollover year-to-year, they are portable when you move jobs or retire, the balance can be invested in mutual funds, and there are survivor benefits.

Who Is Eligible?

You must be enrolled in the Plan 3 and meet the following requirements:

- Have no other health insurance coverage except what's permitted by the IRS
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

What Is A Qualified Health Care Expense?

You can use money in your HSA to pay for any qualified health care expenses for you, your spouse and your tax dependents, even if they are not covered on your qualified medical plan. Examples of qualified expenses include: your insurance plan deductibles, copayments, and coinsurance; doctor's office visits; prescriptions; dental treatments and x-rays; eyeglasses, contacts and visions exams.

How Much Can I Contribute To A Health Savings Account?

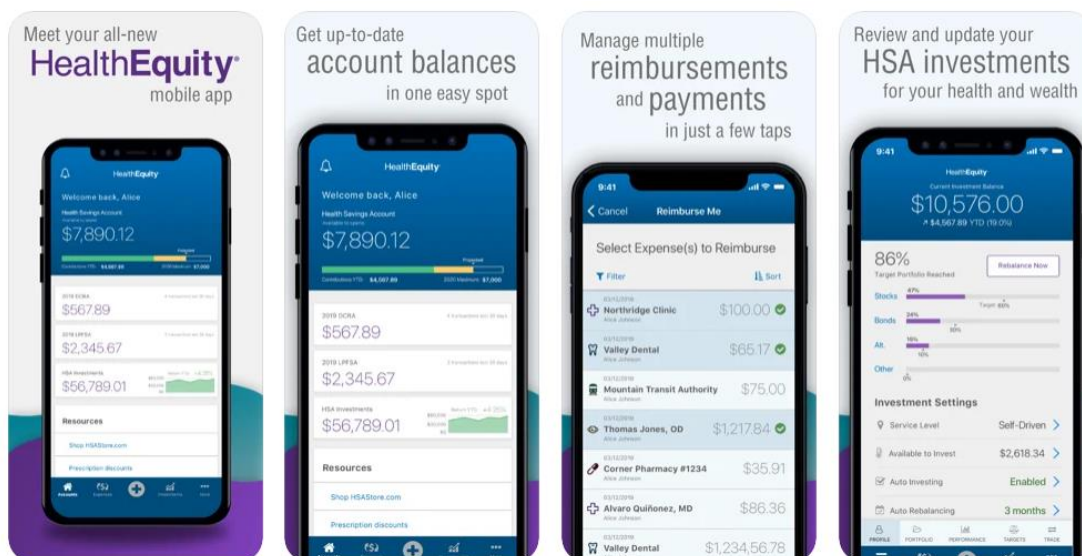
Each year the IRS establishes the maximum contribution limit. The chart below represents the IRS limits for 2023. These limits are for the total funds contributed, including your contributions and any other contributions. Please keep in mind you can change your HSA allocation at any time during the plan year (as permitted by HCRS Human Resources and Payroll).

IRS Annual Contribution Limits for 2023

Employee Only: **\$3,850**

Employee + Dependents: **\$7,750**

At age 55, and additional \$1,000 contribution is allowed annually.



To access your HSA or ask questions, please visit www.healthequity.com or call (866) 346-5800

KISx Card

SURGERY. SIMPLIFIED.

To help you be healthy.

The KISx Card is a surgery & imaging program that your employer has made available to you for the most common surgical & imaging procedures. Some of the most typical procedures through The KISx Card include: Orthopedic, General Surgery, Colonoscopies, MRI, CT and PET Scans. If you utilize the program, you will receive your procedure at ***NO COST**.



CALL

Call a KISx Card Nurse at 877-GET-KISX to find out more about your procedure and how the program works. We will assist you in finding the right facility nearby.



SCHEDULE

A KISx Card Nurse will help schedule your procedure. Upon scheduling, they will then provide you with a voucher to take to your initial consultation.



SAVE

You will ***NOT** pay anything out of pocket for choosing a KISx Card provider. Every aspect of your procedure is covered through the KISx Card.

HOW IT WORKS?

Before seeking In-Network Providers through your health plan, just call a KISx Card Nurse regarding your elective procedure. By choosing a KISx Card provider, you will always pay ***\$0**.

**CALL, SCHEDULE, SAVE
BE HEALTHY**



Local Provider Highlight:

8 Commerce Ave
West Lebanon. NH 03784



Call: 877-GET-KISX



Car Seat

We know that safety while traveling is vitally important for you and your child.

Perk: Your plan will reimburse up to \$150 for Car Seats.



Fitness Maternity Classes

Staying healthy when you are pregnant is important for the mother as much as it is for the child.

Perk: For maternity use ONLY. Your plan will provide up to \$150 per pregnant mother to reimburse fees paid for maternity fitness classes.



Homemaker Service

Some mothers need a little extra help and care during pregnancy.

Perk: Your plan will provide reimbursement up to \$225 for Homemaker services.



Educational/Parenting Classes

Knowledge is power. Take advantage of educational and parenting classes.

Perk: Your plan will provide reimbursement up to \$125 for educational classes taken during pregnancy and up to 3 months after delivery dealing with topics like childbirth, siblings, parenting, and CPR.

Have a Question?

To enroll in the Maternity Perks Care Services, call **800.641.3224, option 3.**
For specific coverage or benefit questions call **888.222.9206**

| Plan Features | | Basic Plan | Premier Plan |
|--|--|------------------------|----------------------------|
| Diagnostic/ Preventive (Coverage A) | <ul style="list-style-type: none"> • Diagnostic • Preventive • Emergency Palliative Treatment | 100% | 100% |
| Basic Restorative (Coverage B) | <ul style="list-style-type: none"> • Restorative • Oral Surgery • Endodontics • Periodontics • Denture Repair | 70% | 70% |
| Major Restorative (Coverage C) | <ul style="list-style-type: none"> • Prosthodontics • Crowns • Onlays/ Inlays • Implants | 50% | 50% |
| Calendar Year Maximum | <ul style="list-style-type: none"> • Per Individual per Calendar Year | \$1,000 | \$2,000 |
| Double-Up Maximum Eligible | | Yes | Yes |
| Orthodontia (Coverage D) | <ul style="list-style-type: none"> • Braces | 50% (Children Only) | 50% (Adults & Children) |
| Lifetime Maximum | <ul style="list-style-type: none"> • Per Individual | \$1,000 | \$2,000 |

Delta Dental Network Options

PPO Network – Visit a dentist in the PPO network to maximize your savings. These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill. You will also pay less out-of-pocket as you will have a lower deductible and coinsurance.

Premier Network – If you can't find a PPO dentist, Delta Dental Premier dentists offer the next best opportunity to save. Unlike non-Delta Dental dentists, they have agreed to set fees, and you won't get charged more than your expected share of the bill.

To find a participating provider visit nedelta.com

Double-Up Max

This Northeast Delta Dental Plan allows you to double your calendar year maximum by earning an additional \$250 per year for use in future benefit periods. Here is how it works:

- To qualify for the carryover, you must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and your total paid claims cannot exceed \$500 during the same calendar year.
- The carryover will accumulate for each year of qualification up to an amount equal to the plan's original calendar year maximum. If, for example, the calendar year maximum is \$1,000, enrollees can ultimately achieve an annual maximum of \$2,000
- This feature does not apply to orthodontic benefits.

Health Through Oral Wellness HOW

A healthy mouth is part of a healthy life, and Northeast Delta Dental's innovative HOW program works with your dental benefits to help you achieve and maintain better oral wellness. HOW is all about you because it's based on your specific oral health risk and needs. Best of all, it's secure and confidential. Here's how to get started:

1. Register

Go to www.healththroughoralwellness.com and click on "Register Now".

2. Know Your Score

After you register, please take the free oral health risk assessment by clicking on "Free Assessment" in the Know Your Score section of the website.

3. Share Your Score With Your Dentist

The next step is to share your results with your dentist at your next dental visit. Your dentist can discuss your results with you and perform a clinical version of the risk assessment

eyeMed Vision Discount

Great Savings—Up to 35% off eyewear

Choose from any available frame including quality name-brand products such as Brooks Brothers®, Ann Klein®, Vogue® and more at provider locations. With EyeMed Vision Care, Northeast Delta Dental members have access to over 71,000 vision care providers nationwide at 27,000 locations including optometrists, ophthalmologists, opticians, and the nation's leading optical retailers.

It's easy! To request your discount, simply present your Delta Dental member ID card or this flyer when you arrive at the provider office or location. Your EyeMed provider will take care of the rest! To learn more about the EyeMed Vision Care Discount Plan, please visit our website at www.nedelta.com.

Vision

| Plan Features | In-Network | Out-of-Network |
|--|---|----------------|
| Eye Exam (once every 12 months) | \$10 | Up to \$50 |
| Materials-Prescription Glasses (once every 12 months) | \$20 | |
| Frames (once every 24 months) | \$150-\$170 allowance, plus 20% off balance over allowance | Up to \$70 |
| Lenses (once every 12 months) (Glass or Plastic) | | |
| Single Vision | Included with Prescription Glasses | Up to \$50 |
| Lined Bifocal | | Up to \$75 |
| Lined Trifocal | | Up to \$100 |
| Polycarbonate lenses for children | | |
| Lens Options | | |
| Standard Progressives | \$50 | |
| Premium Progressives | \$80-\$90 | |
| Custom Progressives | \$120-\$160 | Up to \$75 |
| | Average savings of 35-40% off other lens enhancements | |
| Contact Lenses – (in lieu of glasses) (once every 12 months) | | |
| Exam | Up to \$60 | Up to \$105 |
| Elective | \$130 allowance | |
| Medically Necessary | Covered in full | |
| Laser Vision Correction | <ul style="list-style-type: none"> • Average 15% off or 5% off promotional offer. • Discounts only available from VSP contracted facilities. | |
| Additional Pairs of Glasses | <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. | |

To find a participating visit www.vsp.com or call (800) 877-7195

Vision

Eyeconic

Eyeconic connects your eyewear, your insurance coverage, and the VSP® doctor network.

Your vision and wellness come first with VSP. Now, your benefit includes [eyeconic.com](https://www.eyeconic.com),® an eyewear store for VSP members.

When you choose Eyeconic, you'll enjoy:

- Applying your benefit directly to your purchase.
- Browsing a huge selection of contact lenses and designer frames 24/7—and using the virtual try-on feature.
- Buying without risk—Eyeconic offers free shipping and returns. Plus, if you find the same merchandise at a lower price, we'll refund the difference.
- Personal attention—Each qualifying purchase includes a complimentary frame adjustment or contact lens consultation.
- Peace of mind—Eyeconic will verify your prescriptions and perform a 25-point inspection

You get exclusive savings year-round.

Already used your benefits for the year? As a VSP member, you still receive 20% savings on glasses and sunglasses at Eyeconic

It's easy to use your VSP benefit.

1. **Create an account at [vsp.com](https://www.vsp.com).** Review your vision benefit and access your eligibility and coverage information, including how to apply your benefits at Eyeconic.
2. **Find superior eye care near you.** The decision is yours— choose a conveniently located VSP doctor or any out-of-network provider. Visit [vsp.com](https://www.vsp.com) or call **800.877.7195** to find the best provider for you.
3. **Check out Eyeconic and browse the frame brands you love.**
You can connect to your VSP benefits, upload your prescription and order your glasses following your WellVision Exam.®

TruHearing

TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible, too .

In addition to great pricing, TruHearing provides you with:

- Three provider visits for fitting and adjustments
- 45-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid

Plus, with TruHearing you'll get:

- Access to a national network of more than 5,500 hearing healthcare providers
- Straightforward, nationally-fixed pricing on a wide selection of the latest brand-name hearing aids
- Deep discounts on batteries shipped directly to your door

Best of all, if you already have a hearing aid benefit from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!

Basic & Supplemental Life and AD&D

HCRS provides all eligible full-time employees with basic group life with accidental death & dismemberment (AD&D) insurance coverage at **no cost to you!**

Basic Term Life with Accidental Death & Dismemberment (AD&D)

Life insurance will pay your beneficiary a lump-sum payment if you should pass away while covered under the term of this policy. The money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D insurance is also provided, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

| Plan Features | Basic Life | AD&D |
|--------------------------------|---------------------------------|---------------------------------|
| Employee Benefit Amount | 2x Annual Earnings to \$350,000 | 2x Annual Earnings to \$350,000 |
| | Rounded up to next \$1,000 | |

Age Reduction 65% at age 70, and 50% at age 75

Supplemental Term Life with Accidental Death & Dismemberment (AD&D)

HCRS also provides you the opportunity to purchase additional life insurance and AD&D coverage for yourself, your spouse and your unmarried dependent children to age 25. However, you may only elect coverage for your dependents if you elect additional coverage for yourself.

| Plan Features | Employee | Spouse | Children |
|--------------------------|---|---|---|
| Maximum Amount | Up to \$500,000, not to exceed 5x your earnings in increments of \$10,000 | Up to \$500,000, not to exceed 100% of the employee amount in increments of \$5,000 | Birth up to 6 months: \$1,000 6 months up to age 25: Choice of \$2,500, \$5,000, \$7,500, \$10,000 |
| *Guaranteed Issue | \$200,000 | \$50,000 | All child amounts are guaranteed issue |
| Age Reduction | 65% at age 70, and 50% at age 75 | | |

Voluntary Life and Voluntary Accident and Dismemberment are purchased separately

Beneficiary Designation

We recommend you designate a beneficiary for your life insurance policy(ies). A beneficiary is the person (or people, estate, trust, etc.) to whom benefits will be paid in the event of your death. You may change your beneficiary at any time during the plan year.

Portability

You may be eligible to apply for continuation of coverage should you leave the company, retire or change the number of hours you work. Approval of this benefit will extend your coverage for an additional period-of-time.

Waiver of Premium

Your cost may be waived if you are totally disabled for a period-of-time. Applicable for Supplemental Life only

*Only applicable to new hires

Long-Term Disability

HCRS provides all eligible full-time employees with long-term disability (LTD) insurance coverage at **no cost to you!** Coverage is guaranteed so you don't have to answer medical questions. Long-term disability provides a source of income should your qualified disability keep you from working for an extended period-of-time due to an illness or injury.

| Plan Features | Long-Term Disability – Employer Paid |
|--------------------------|---|
| Benefit Amount | 60% of monthly earnings |
| Maximum Benefit | Up to \$6,500 per month |
| Elimination Period | 120 days |
| Maximum Benefit Duration | Social Security Normal Retirement Age (SSNRA) |

Definition of Disability

An employee is considered disabled when he/she is unable to perform his/her job, is not doing any work for payment, and is under the regular care of a Physician. This definition may vary by state, so check with your RSL Sales Representative for details.

Deductible Sources of Income

Other sources of income an Insured receives or is eligible to receive will reduce the Group LTD benefits paid by RSL. We do this so that an Insured does not receive more money while disabled than while working.

- Disability income benefits the Insured is eligible to receive under any group insurance plan(s),
- Disability income benefits the Insured is eligible to receive under any governmental retirement system, except benefits payable under a federal government employee pension benefit,
- Disability income benefits the Insured is eligible to receive under workers' compensation laws, occupational disease law, and any compulsory benefit law,
- Wages or other compensation an Insured is entitled to receive from you, excluding the amount allowable while engaged in Rehabilitative Employment,
- Commissions or monies an Insured is entitled to receive from you, including vested renewal commissions but excluding commissions or monies that an Insured earned prior to being disabled which are paid after the disability has begun,
- That part of a disability or retirement benefit paid for by you that the Insured is eligible to receive under a group retirement plan, and
- Disability or retirement benefits under the United States Social Security Act, the Canadian pension plans, federal or provincial plans or any similar law for which an employee and his/her dependents are eligible to receive.

Exclusions and Limitations

- intentionally self-inflicted injury,
- act of war,
- commission of a felony, or
- an injury or sickness that occurs while the Insured is confined in any penal or correctional institution

Voluntary Short-Term Disability

HCRS offers Short Term Disability on a voluntary basis through Colonial Life. This coverage is effective after 14 days of accident or illness

| Plan Features | Short-Term Disability- Employee Paid |
|--------------------------|---|
| Benefit Amount | \$1,000 increments, up to \$4,000 per month |
| Elimination Period | 14 days |
| Maximum Benefit Duration | 12 Months |

Your bills continue, even if your paycheck doesn't

Think about your ongoing monthly expenses — everything from your mortgage or rent to your groceries and utilities. If a disability left you without a paycheck, you might rely on savings as a backup plan, but would you have enough? Disability insurance can help you pay for your expenses and keep you focused on what really matters — recovery.

Coverage advantages

- Benefits are payable directly to you (unless you specify otherwise), and you can use them however you'd like.
- At enrollment, you can choose the disability benefit amount to best meet your needs (subject to income).
- Benefits are payable regardless of any insurance you may have with other companies.
- Disability benefits may also be available if you return to work part time.



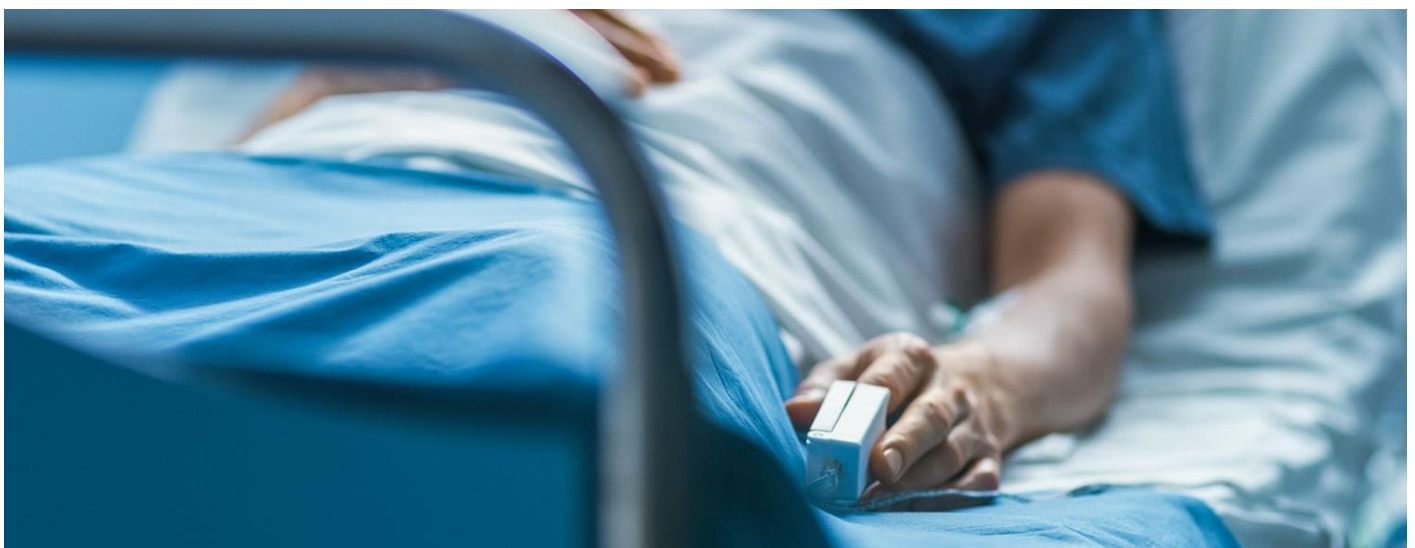
Voluntary Critical Illness

Critical Illness insurance can pay a set benefit amount based on the type of illness you have.

With Colonial Life you can have peace of mind knowing -

- Pays a lump sum cash benefit to help with out-of-pocket medical and indirect nonmedical expenses related to critical illness such as: cancer, heart attack, or stroke.
- You can buy coverage up to \$30,000
- Guaranteed issue coverage up to \$30,000 for employee. Spouse can be covered at 50% of employee.
- Includes a Cancer Vaccine Benefit that pays a \$50.

| For the diagnosis of the covered critical illness condition | Payable percentage |
|---|--------------------|
| Heart Attack | 100% |
| Stroke | 100% |
| End-stage renal (kidney) failure | 100% |
| Major organ failure | 100% |
| Permanent paralysis due to a covered accident | 100% |
| Blindness | 100% |
| Occupational infectious HIV or occupational infectious hepatitis B, C, or D | 100% |
| Coronary artery bypass graft surgery/disease | 50% |
| For the diagnosis of the covered cancer | Payable Amount |
| Diagnosis of cancer (internal or invasive) | 100% |
| Diagnosis of carcinoma in situ | 25% |
| Skin cancer | \$500 |



Voluntary Accident

Accident insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on or off the job. And it includes a range of incidents, from common injuries to more serious events.

With Colonial Accident Insurance you can have peace of mind knowing -

- Coverage is guaranteed issue, without answering health questions.
- Benefits are paid directly to you!
- It can help you with out-of-pocket cost that your medical plan doesn't cover, like deductibles, copayments and coinsurance.
- Benefits are paid in addition to any other coverage.
- Coverage is portable and may be continued if you change jobs or retire.

Plan Highlights Include:

- Hospital Admission – \$1,000 (once per covered accident)
- Hospital Confinement – \$250/day (up to 365 days)
- Intensive Care Admission - \$1,750 (once per covered accident)
- Intensive Care Confinement - \$400/day (up to 15 days)
- Ambulance – \$300 ground / \$1,500 air
- Emergency Room Treatment – \$150
- Fractures – schedule up to \$7,500
- Dislocations – schedule up to \$6,000
- Laceration – schedule up to \$600
- Accidental Death - \$50,000 employee, \$50,000 spouse and \$10,000 child (in addition to any life insurance benefits)
- Accidental Dismemberment – schedule up to \$18,000
- Plus much more



403(b) Retirement Plan

Health Care & Rehabilitation Services of Southeastern Vermont offers a 403(b) plan to employees through Principal Financial Group. Principal offers a wide selection of investment options and excellent online technology to help you better plan for retirement. Basic plan details are listed below and outlined in more detail in the Summary Plan Description. If you have questions about the plan, send an email to HelpRetire@therichardsgrp.com. You can also call Principal at directly at (800) 547-7754 or access your account online at <https://www.principal.com/>.

| | |
|---------------------------------|--|
| Eligibility Requirements | You are eligible to enter the plan immediately. |
| Enrollment Dates | Once you have met the eligibility requirements, you can join the plan per payroll period. You will be automatically enrolled in the plan once you meet the eligibility requirements at a 2% pre-tax contribution, unless you opt out. |
| Employee Contributions | You may contribute 0 - 100% of your annual pay, not to exceed \$22,500 for calendar year 2023. Annual limitations are set by the IRS and are subject to change. If you are age 50 or older, you can make an additional catch-up contribution of \$7,500. |
| Roth Contributions | Your plan permits Roth after-tax employee contributions as well as Pre-Tax contributions. You can also elect to contribute a combination of both Roth and Pre-Tax. |
| Employer Contributions | Employer Matching Contribution: Your employer may elect to match up to 100% of the first 5% of your compensation. You must contribute a minimum of 2% to receive a matching contribution from HCRS. To maximize the employer match, you need to save at least 5% to get a 5% match. |
| Vesting | You will always be 100% vested in the portion of your account attributable to employee contributions. Your employer contributions are subject to the following vesting schedule: Employer Match Contributions: 5-year graded schedule, see below. Less than 1 year = 0%, 1 year of service = 20%, 2 years of service = 40%, 3 years of service = 60%, 4 years of service = 80%, 5+ years of service = 100%. |
| Rollovers | Money from other qualified plans may be accepted. |
| Investment Transfers | Using Principal's automated telephone or internet service, you have the ability to review your accounts and transfer funds from one investment option to another, 24-hours a day. |
| Hardship Withdrawals | Hardship withdrawals may be taken in cases of extreme hardship as defined by the IRS. They are limited to the amount of the immediate and heavy financial need. |
| In-Service Withdrawals | In-service withdrawals are permitted by your plan once you attain age 59.5. Early withdrawals, if taken before age 59.5, may be subject to a 10% early withdrawal penalty unless certain exceptions apply. Money distributed from the plan may be taxed as ordinary income in the calendar year that the money is received. |
| Loan Provision | Loans are available. |

Additional Benefits

Tuition Repayment Assistance- Grad Fin

The HCRS tuition assistance program is designed to help employees pay back student loan debt and improve their financial well-being.

Utilizing HCRS's relationship with The Richards Group, consultation services provided through GradFin are provided free of charge. GradFin is a new employee benefit program that is revolutionizing the way employees can reduce their student loan debt or obtain funding to go back to school.

To schedule a one-on-one consultation visit: www.gradfin.com/trg.html

For additional information, please visit the "Tuition Assistance" tab on the EBC

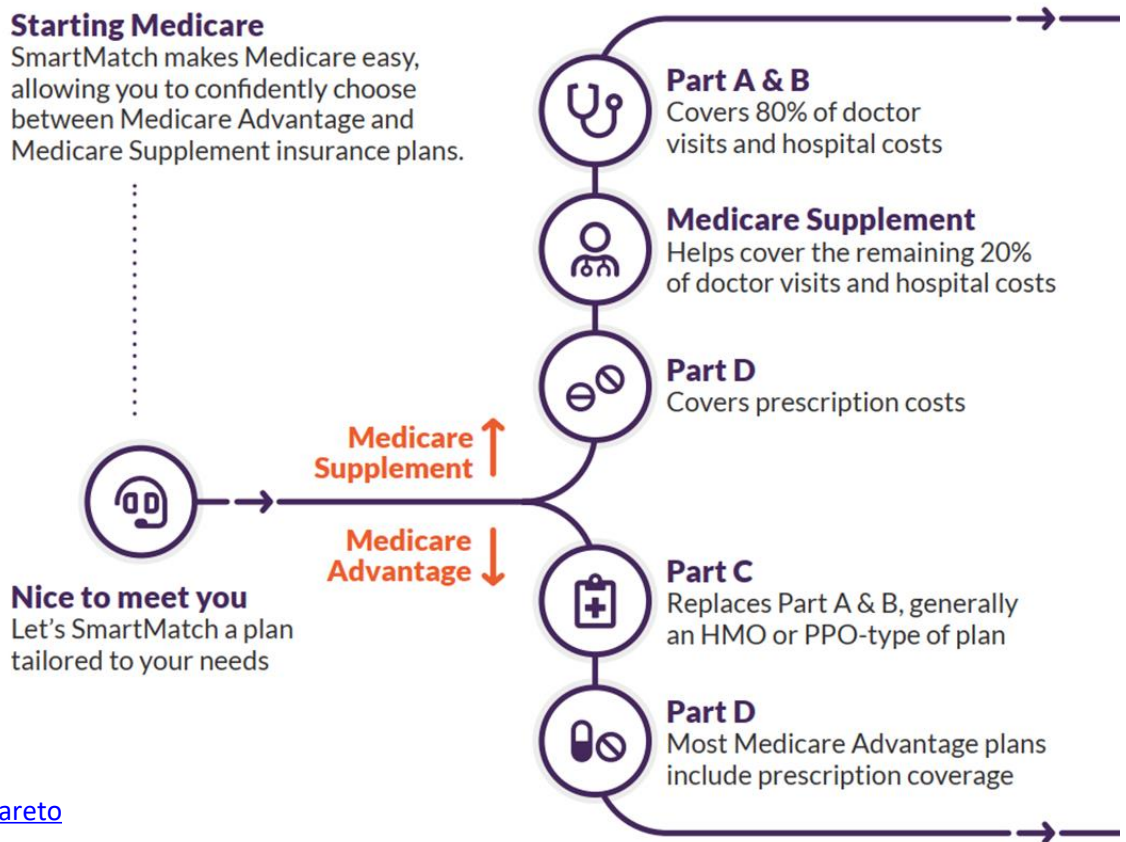
Medicare Navigation (SmartMatch Insurance through The Richards Group)



Medicare is very complex, and it is important that you have an advocate who can provide you the proper Medicare education and guidance.

There are different paths you can choose in Medicare plans. and it can be very time consuming and difficult to filter through these options yourself. It is important that you find the appropriate plan in your area that best fits your medical needs and is within your financial budget.

Here is a resource that will simplify the Medicare approach by providing you the needed education, plan evaluation and enrollment assistance:



SmartMatch Insurance
855-248-1648
connect.smartmatch.com/pareto

Additional Benefits

CSA Reimbursement

Reimbursement for employees for a subscription to a CSA (Community Supported Agriculture).

Financial Wellness

HCRS partners with TRG to offer 1:1 financial wellness meetings on a regular basis.

Fitness Room

Available to staff Monday through Friday, 7am - 7pm at the Springfield location.

Headspace

Mindfulness app, available to all employees at no cost. Download the app and sign up for your free account. work.headspace.com/hcrs/member-enroll/login

Interest Free Computer Loan

No-interest loan up to \$1,000, payable over one year, for the purchase of a computer.

Interest Free Emergency Loan

In cooperation with River Valley Credit Union, a one-time no-interest emergency loan up to \$750 to help with unanticipated emergency needs; repaid through payroll deduction.

On Site Chair Massage

Access to on-site chair massages for staff designed to provide the benefits of a spa massage conveniently in the workplace.

Paid Holidays

HCRS observes eight (8) holidays each year.

Paid Medical Leave

Paid Medical Leave (short-term disability) for employees that qualify under FMLA-related leave based on their own serious medical condition. Provides salary continuation at 65% of pay with the number of days provided based on the employee's years of service.

Paid Time Off

Vacation Leave: Three weeks per calendar year; four weeks after 5 years of service.

(School-based staff receive school holidays as vacation leave.)

Personal Leave: Five days per year. (School-based staff receive 3 to 4 days based on schedule.)

Sick Leave: One day per month, accrued bi-weekly.

Private Lactation Room for Breastfeeding Mothers

Proud to be designated a "Breastfeeding Friendly Employer"—HCRS provides private lactation rooms for breastfeeding mothers.

Winter Tire Subsidy

Reimbursement up to \$200 for the purchase of new winter tires.

Tobacco Free Campus

All HCRS buildings and the surrounding property are designated tobacco-free environments.

Tuition Reimbursement

Employment-related tuition costs are eligible for up to 50% reimbursement, based on years of service. Reimbursement up to a maximum of \$5,250 per calendar year available.

Yoga Classes

Available—and free—to all HCRS staff. Yoga is on-site weekly for Springfield, Brattleboro (Fairview Street), and Hartford locations.

Employee Benefit Center

The EBC is your online employee benefits manual. The purpose of this website is to give you information and answer your questions regarding your HCRS benefits. Forms, links to provider directories and compliance documents will be housed on the EBC.



**TO LOG IN TO THE EBC
DIRECTLY GO TO:**

<https://hcrs.trgportal.com>

Username: hcrs Password: benefits

EBC Perks

- Links to carrier websites
- Open Enrollment Information
- Benefit summaries
- Brief Videos on each benefit
- Annual notices from HR
- Wellness Plan information
- News about my company



SCAN ME!

Bi-Weekly Employee Premiums – 52 Week

| Plan 1 | Tobacco-Free Rate* | Tobacco User Rate |
|-----------------------|--------------------|-------------------|
| Employee | \$89.74 | \$94.74 |
| Employee + Spouse | \$184.48 | \$189.48 |
| Employee + Child(ren) | \$175.01 | \$180.01 |
| Family | \$241.33 | \$246.33 |

| Plan 2 | Tobacco-Free Rate* | Tobacco User Rate |
|-----------------------|--------------------|-------------------|
| Employee | \$53.32 | \$58.32 |
| Employee + Spouse | \$111.62 | \$116.62 |
| Employee + Child(ren) | \$105.80 | \$110.80 |
| Family | \$146.62 | \$151.62 |

| Plan 3 | Tobacco-Free Rate* | Tobacco User Rate |
|-----------------------|--------------------|-------------------|
| Employee | \$32.50 | \$37.50 |
| Employee + Spouse | \$69.99 | \$74.99 |
| Employee + Child(ren) | \$66.25 | \$71.25 |
| Family | \$92.50 | \$97.50 |

Spousal Exclusion. If you indicated that your spouse’s employer offers medical insurance for which your spouse is eligible, they will not be eligible for coverage under the HCRS Health Plan. If coverage is not offered by their employer, acceptable documentation must be provided to HR within 10 days of election. Acceptable documentation includes a letter from the employer on company letterhead. If your spouse is unemployed, disabled, or in school you must provide documentation to HR to verify.

If your spouse is not eligible but you enroll them in an HCRS Health Plan or if you do not provide sufficient documentation up on request, your spouse’s coverage may be cancelled and any claims denied, and you may face disciplinary actions – up to and including termination.

***Tobacco Free Credit.** To be eligible for the Tobacco Free Credit, the enrolled employee and all of their health plan enrolled dependents may not use tobacco in any form at any time. For this policy, the definition of a tobacco use is: the use of any product containing nicotine, including cigarettes, cigars, pipes, chewing tobacco, and e-cigarettes, regardless of frequency or location.

To receive the TFC, employees must submit a completed Tobacco Free Credit Affidavit annually. The TFC will be applied to the next pay date based on the normal payroll deadlines.

Employees and/or family members not eligible for the TFC, may become eligible by completing a Tobacco Cessation Program. Once a certificate of completion has been provided for each tobacco user, the TFC is available for the following 12 months.

Bi-Weekly Employee Premiums – 45 & 44 Week

| Plan 1 | Tobacco-Free Rate* | Tobacco User Rate |
|-----------------------|--------------------|-------------------|
| Employee | \$106.97 | \$111.97 |
| Employee + Spouse | \$207.74 | \$223.93 |
| Employee + Child(ren) | \$218.93 | \$212.74 |
| Family | \$286.12 | \$291.12 |

| Plan 2 | Tobacco-Free Rate* | Tobacco User Rate |
|-----------------------|--------------------|-------------------|
| Employee | \$63.92 | \$68.92 |
| Employee + Spouse | \$125.95 | \$137.82 |
| Employee + Child(ren) | \$132.82 | \$130.95 |
| Family | \$174.19 | \$179.19 |

| Plan 3 | Tobacco-Free Rate* | Tobacco User Rate |
|-----------------------|--------------------|-------------------|
| Employee | \$39.32 | \$44.32 |
| Employee + Spouse | \$79.20 | \$88.62 |
| Employee + Child(ren) | \$83.62 | \$84.20 |
| Family | \$110.23 | \$115.23 |

Spousal Exclusion. If you indicated that your spouse's employer offers medical insurance for which your spouse is eligible, they will not be eligible for coverage under the HCRS Health Plan. If coverage is not offered by their employer, acceptable documentation must be provided to HR within 10 days of election. Acceptable documentation includes a letter from the employer on company letterhead. If your spouse is unemployed, disabled, or in school you must provide documentation to HR to verify.

If your spouse is not eligible but you enroll them in an HCRS Health Plan or if you do not provide sufficient documentation upon request, your spouse's coverage may be cancelled and any claims denied, and you may face disciplinary actions – up to and including termination.

***Tobacco Free Credit.** To be eligible for the Tobacco Free Credit, the enrolled employee and all of their health plan enrolled dependents may not use tobacco in any form at any time. For this policy, the definition of a tobacco use is: the use of any product containing nicotine, including cigarettes, cigars, pipes, chewing tobacco, and e-cigarettes, regardless of frequency or location.

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Employees and/or family members not eligible for the TFC, may become eligible by completing a Tobacco Cessation Program. Once a certificate of completion has been provided for each tobacco user, the TFC is available for the following 12 months.

Bi-Weekly Employee Premiums

52 Week

| Basic Dental Plan | Full Time | Part Time |
|-------------------|-----------|-----------|
| Employee | \$0.00 | \$7.00 |
| Employee + One | \$11.81 | \$18.81 |
| Family | \$24.31 | \$31.31 |

| Premier Dental Plan | Full Time | Part Time |
|---------------------|-----------|-----------|
| Employee | \$3.27 | \$10.27 |
| Employee + One | \$17.48 | \$24.48 |
| Family | \$35.98 | \$42.98 |

| Vision | All Employees |
|---------------------|---------------|
| Employee | \$4.40 |
| Employee + one | \$7.06 |
| Employee + Children | \$7.13 |
| Family | \$11.61 |

45 & 44 Week

| Basic Dental Plan | Full Time | Part Time |
|-------------------|-----------|-----------|
| Employee | \$0.00 | \$8.27 |
| Employee + One | \$13.96 | \$22.23 |
| Family | \$28.73 | \$37.00 |

| Premier Dental Plan | Full Time | Part Time |
|---------------------|-----------|-----------|
| Employee | \$3.86 | \$12.14 |
| Employee + One | \$20.66 | \$28.93 |
| Family | \$42.52 | \$50.79 |

| Vision | All Employees |
|---------------------|---------------|
| Employee | \$5.20 |
| Employee + one | \$8.34 |
| Employee + Children | \$8.43 |
| Family | \$13.72 |

Important Notices

COBRA Information:

COBRA continuation coverage is a temporary extension of coverage under the group health plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Benefits Coordinator in Human Resources.

Health Insurance Marketplace:

You may have other options available to you when you lose group health coverage. You may be eligible to buy an individual plan through the Health Insurance Marketplace (www.healthcare.gov). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

HIPAA Information:

Special Enrollment Right Mandated by the Health Insurance Portability and Accountability Act of 1996

Group health plans and health insurance insurers are required to provide special enrollment periods during which individuals who previously declined coverage for themselves and their dependents may be allowed to enroll without having to wait for the plan's next open enrollment period. A special enrollment period can occur if a person with other health coverage loses that coverage or if a person becomes a new dependent through marriage, birth, adoption or placement for adoption. If you refuse enrollment for yourself or your dependents for medical coverage, you may later enroll within 30 days of a change in family status or loss of health coverage.

Individuals may not be denied eligibility or continued eligibility to enroll for benefits under the terms of the plan based on specified health factors. In addition, an individual may not be charged more for coverage than similarly situated individuals based on these specific health factors.

CHIPRA

Effective April 1, 2009, the Children's Health Insurance Reauthorization Act of 2009 (CHIPRA) created a new 60-day special enrollment period for eligible employees and dependents to immediately enroll in the plan if they become ineligible for Medicaid or any state's Children's Health Insurance Program (CHIP) and lose coverage or become eligible for that state's premium assistance program. The employee must request coverage within 60 days after the termination of coverage or the determination of subsidy eligibility.

Women's Health and Cancer Rights Act of 1998 (WHCRA):

WHCRA requires a group health plan to notify you, as a participant or a beneficiary, of your potential rights related to coverage in connection with a mastectomy. Your plan may provide medical and surgical benefits in connection with a mastectomy and reconstructive surgery. If it does, coverage will be provided in a manner determined in consultation with your attending physician and the patient for a) all stages of reconstruction on the breast on which the mastectomy was performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance; c) prostheses; and d) treatment of physical complications of the mastectomy, including lymphedema. The coverage, if available under your group health plan, is subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. For specific information, please refer to your summary plan description or benefits booklet, or contact Human Resources.

*All content of this summary and more compliance notices can be found on you EBC at <https://hcrs.trgportal.com>

