Carenet Health®

Engaging. For the better.™

2023 Benefits Guide

January 1 - December 31, 2023

Benefits Designed with You in Mind

Welcome

Benefit Elections 2023

Carenet Health is committed to providing a high-quality and comprehensive benefits package to serve the diverse and changing needs of the Carenet Team Members. Please review this guide in its entirety to understand and maximize the options available to you and your dependents. This guide will be housed on the People Services section of Connect for your future reference.

What's Inside

New Hire Enrollment Checklist

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- [ ] Read the Benefits Enrollment Guide
- [ ] Review the Rate Sheet for 2023 benefit options
- [ ] Listen to the Virtual Enrollment Informaiton Session found on LMS and/or watch the Brainshark at: https://www.brainshark.com/usi/vu?pi=zHyz7tWKoz5nPvz0 or scan the QR code at the bottom of this page with your mobile device
- [ ] Login to UKG within the first 30 days of employment to make your benefit elections
- [ ] Verify your dependents & beneficiaries
- [ ] Once you have made your 2023 elections – remember to SUBMIT!

It is essential that you have your dependents and beneficiaries Social Security numbers and dates of birth at the time of Open enrollment.

Have a Happy, Healthy Plan Year!

Benefits Overview

2023 Plan Highlights

Medical

Changes for 2023 include:

- UMR (a United Healthcare sister company) will be your medical claims administrator,
- Two plan choices instead of three, reduced deductibles and out-of-pocket maximums,
- Primary Care visit copay on the Prime PPO plan reduced by more than half,
- Generic drug copay on the Prime PPO plan reduced by half,
- Requirement to assign a primary care provider has been eliminated from the Standard HDHP plan,
- Eliminated the need for referrals on the Standard HDHP plan,
- The cost of an Emergency Room visit has increased,
- A new wellness program, in conjunction with Wellworks for You, that can help you better manage your health and decrease your premium withholding costs for 2024 has been introduced.

What's not changing?

- Your network of medical providers will continue to be the United Healthcare Choice Plus Network,
- Carenet continues to add $500 to the HSA bank accounts of all Team Members enrolled in the Standard HDHP plan

Dental & Vision: Comprehensive coverage to make dental & vision care easy and affordable.

Voluntary Life & Short-Term Disability: Evidence of Insurability will be required if not elected when first offered or electing over the guaranteed issues amounts.

Wellness: In addition to the new wellness program, Carenet continues to offer 3 levels of the Corporate Gym membership!

Pretax Benefits

Many of the benefit elections you select will be paid for with pretax dollars. This will save you tax dollars because the cost of the elections are deducted from your paycheck before taxes are calculated. This means you do not pay Federal or Social Security taxes on the costs of your elections.

Pretax benefit elections include:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Health Savings Account
- Flexible Spending Account (FSA) Benefits

Examples of Annual Tax Savings	With Pretax Benefits	Without Pretax Benefits
Gross Salary	$40,000	$40,000
Less Pretax Premiums / Contributions	$5,000	$0.00
Taxable Salary	$35,000	$40,000
Less Taxes Owed	$9,929	$11,282
Net Income	$25,071	$28,718
Less After-Tax Premiums / Contributions	$0.00	$5,000
Spendable Income	$25,071	$23,718
Savings	$1,353	$0.00

Open Enrollment

Eligibility and Enrollment

You are eligible to participate in Carenet benefits if you are a full-time Team Member working at least 30 hours per week.

If you enroll for benefits, you may also cover your:

- Legal spouse or domestic partner
- Children up to age 26, including natural children, stepchildren, and unmarried children of any age who are physically or mentally disabled.

You have 30 days from your hire date to log on to https://ew13.ultipro.com and enroll. Your benefits begin on the first of the month following 30 days of continuous employment.

Eligibility and Enrollment

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage.
- A significant change in the cost or coverage of your dependent's benefits
- Change in eligibility or cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 30 days from the date of the event to log on to https://ew13.ultipro.com and make the change. Keep in mind, the changes you make must be directly related to the event. Documentation will be required to verity your qualifying life event.

What Will It Cost?

Carenet is committed to offering you comprehensive benefits at a fair cost.

View page 19-21 for more information about your costs for coverage.

Medical & Prescription Drug Coverage

Get to Know Your Medical Options

All plans offered through Carenet provide care through a network of doctors, hospitals, pharmacies, laboratories, and other providers.

The United Healthcare Choice Plus network is large and comprehensive. It consists of primary care physicians and specialists ranging from cardiologists, podiatrists and OB/GYN to oncologists, ophthalmologists, and orthopedists. Facilities such as hospitals, urgent care centers and labs also belong to the network.

The key to saving money and choosing the best plan for you and your family is to understand how the plans work and become an informed healthcare customer. Make the most of your coverage and savings opportunities.

Your 2023 United Healthcare Medical Plan Options:

Standard HDHP	Prime PPO
✓ Would like the lowest monthly premium in exchange for higher out-of-pocket costs when you use your benefits	✓ Are willing to pay a higher monthly premium, with lower out-of-pocket costs when you utilize services
✓ Prefer to manage your healthcare expenses through a tax-advantaged Health Savings Account (HSA)	✓ Prefer to only pay a small deductible and the lowest copays for In-Network services

Medical & Prescription Coverage

Medical insurance provided through UMR, a United Healthcare sister company. Both plan coverages differ in your cost when you receive care, how care is covered in-network versus out-of-network, and the amount deducted from your paycheck. Both plans utilize the United Healthcare Choice Plus network. Review the chart below for the amount you will pay for the medical service listed.

MEDICAL	Standard HDHP		Prime PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	You Pay	You Pay	You Pay	You Pay
Annual Deductible Individual | Family	$5,000 | $10,000	$10,000 | $20,000	$3,500 | $7,000	$7,000 | $14,000
Out-of-Pocket Maximum Individual | Family	$5,000 | $10,000	$15,000 | $30,000	$6,000 | $12,000	$14,000 | $28,000
Member Coinsurance	0% after ded	30% after ded	20% after ded	50% after ded
Preventive Care	No charge	30% after ded	No charge	50% after ded
Office Visits Primary Care Urgent Care Specialist	 0% after ded 0% after ded 0% after ded	 30% after ded 30% after ded 30% after ded	 $10 copay $75 copay $120 copay	 50% after ded 50% after ded 50% after ded
Emergency Room	0% after ded		$500 copay + 20% after ded	

Note: ded = deductible

Prescription Drug Insurance: When you enroll in one of the United Healthcare medical plan options, you will automatically have prescription drug coverage through the medical plan of choice. Review the chart below for the amount you will pay for the corresponding prescription drug service listed.

PRESCRIPTION	Standard HDHP		Prime PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drug Tier 1 Tier 2 Tier 3	 $0 after ded $0 after ded $0 after ded	Not covered	 $10 copay $80 copay $120 copay	Not covered
Mail Order: 90 day Tier 1 Tier 2 Tier 3	 $0 after ded $0 after ded $0 after ded	Not covered	 $20 copay $160 copay $240 copay	Not covered

Finding In-Network Providers

- Log on to www.umr.com
- For Standard HDHP and Prime PPO, select Medical and click the link for United Healthcare Choice Plus Network.

Medical & Prescription Coverage

How the Plans Work

Both medical plans cover 100% of the cost for preventive care services like annual physicals and routine immunizations when utilizing in-network providers. The way you pay for care is different with each plan. Both plans use the United Healthcare Choice Plus Network.

Under the **Standard HDHP** plan, you will pay the full negotiated cost for In Network medical services and prescription drugs until you meet your annual deductible. After you pay the deductible, the plan pays 100% of your claims for the remainder of the plan year.

The **Prime PPO** plan has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach our annual out of pocket maximum.

	HSA Eligible $500 Carenet $$**	
	Standard HDHP	Prime PPO
Per-Paycheck Cost for Coverage	✓ Lower	✓ Higher
Annual Deductible	✓ Higher	✓ Lower
Annual Out-of-Pocket Maximum	✓ Lower	✓ Higher
Using the Plan	✓ Pay less with each paycheck ✓ Pay more when you need care	✓ Pay more with each paycheck ✓ Pay less when you need care
Spending Account Options	✓ Health Savings Account ✓ Dependent Care FSA	✓ Medical FSA ✓ Dependent Care FSA

**NOTE: If you enroll in the HDHP plan, Carenet will contribute an amount of $19.23 per paycheck to your Health Savings Account (HSA) each paycheck throughout the plan year based on your effective date of coverage.

Dental & Vision Coverage

Dental Insurance: Carenet offers one dental plan administered by SunLife with comprehensive coverage to make dental care easy and affordable. This includes coverage for your annual cleanings and exams twice a year.

DENTAL PLAN	In-Network	Out-of-Network
Annual Maximum Per person	$1,000	$1,000
Annual Deductible Individual | Family	$50 | $150	$50 | $150
Preventive Care Routine Cleaning & X-Rays	FREE	FREE
Basic Services Fillings, Basic Root Canals, Extractions	0% after deductible	0% after deductible
Major Services Bridges, Dentures, Crowns, Implants	50% after ded	50% after ded
Orthodontia Coverage Lifetime Maximum Eligibility	50% after deductible $1,000 per person Child to age 26	50% after deductible $1,000 per person Child to age 26

You pay less for services when you use a dentist in the Sun Life dental network.

Find an in-network dentist online
Sunlifedentalbenefits.com
Find a Dentist
800.733.7879

Vision Insurance: Carenet offers one vision plan administered by SunLife to provide coverage for many of your vision care needs. This includes in network annual eye exams, lenses, and bi-annual frames.

You pay less for services when you use a vision provider in the VSP network.

Find an in-network provider online at
vsp.com
800.733.7879

VISION PLAN	In-Network	Out-of-Network Reimbursement
Exam (Once every 12 months)	$10 copay	Up to $45
Frames (Once every 24 months)	$130 allowance 20% off remaining balance	Up to $70
Lenses (Once every 12 months) Single Lined Bifocal Lined Trifocal Lenticular	 $25 copay $25 copay $25 copay $25 copay	 Up to $30 Up to $50 Up to $60 Up to $100
Contact Lenses in lieu of glasses (once every 12 months) Fitting Elective Medically Necessary	 $60 allowance Up to $130 Covered in full	 Up to $105* *included in above Up to $210

Health Savings Account | HSA

Employees enrolled in the Standard HDHP medical plan must choose to open a Health Savings Account (HSA). Here's how an HSA works:

1. **Deductible** – You must meet the entire deductible before the plan starts to pay your medical and prescription drug benefits (excluding in-network preventive care).
2. **Coinsurance & Out-of-Pocket Maximum** – Note, this only applies to out-of-network claims. Once you've met the plan's annual deductible, you are responsible for a portion of your medical expenses. This portion is called coinsurance. Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100% of the allowable charges for all eligible covered services for the rest of the calendar year. Out-of-network providers may balance bill you for any amount not covered under the insurance.
3. **Health Savings Account (HSA)** – To help offset the annual deductible, Carenet will contribute $500 to your HSA. You may also deposit your own dollars into your HSA through pre-tax payroll deductions.

The guidelines for contribution maximums are set by the IRS each year. The maximum amount that can be contributed into an HSA (including the company's contribution) is outlined below. The amount contributed by Carenet should be subtracted from the IRS maximum limits.

Coverage Level	2023 Annual Contribution Max	Carenet Contribution Max	Your Contribution Max
Employee	$3,850	$500	$3,350
Family	$7,750	$500	$7,250
Catch-Up (ages 55 & up)	Additional $1,000		

Important HSA Facts

- The money in your HSA is yours to keep. The money will grow year after year and remains with you, even if you change medical plans, leave the company, or retire.
- There is no "use-it-or-lose-it" rule associated with the HSA. Any funds left over in your account at the end of the plan year will carry into the next plan year.
- You decide when to use your savings to pay for qualified health-related expenses. This provides a strong incentive for you to spend wisely on your medical care, just as you do on other items you purchase.
- You can use your HSA funds to pay for qualified health-related expenses for yourself, your spouse, your tax-dependent children, and others you claim as dependents on your federal tax return, even if they are not covered under the medical plan.

How to Use Your HS Bank Account

Carenet's healthcare savings account is administered by HSA Bank. Please note, Flexible Spending Accounts are administered by Proficient Benefit Services. If you elect to participate, you will receive a single HSA Bank debit card that is linked to your health savings account. You can manage your account online at hsabank.com or download the HSA Bank Mobile App. If you elect to participate in the FSA program and maintain a healthcare savings account, you will be issued two separate debit cards.

Advantages of Using a Health Savings Account

HSAs offer a triple tax advantage

1. Contributions to your HSA are not taxed.
2. Funds in your HSA grow tax-free.
3. Any withdrawals for qualified medical expenses are also tax-free.

Save money on your medical premium

HSA plans have a higher deductible than other plans, but they come with much lower premiums. This savings is especially apparent to someone who pays the premiums all year long but doesn't actually go to the doctor or use medical services very often. For this person, the premium can feel like money out the window.

Based on premium savings alone, some HSA owners see 20–40% savings in the cost of maintaining insurance coverage each year. Over the years, a healthy person can save some serious money!

You retain what you don't spend

Unlike a "use it or lose it" FSA, your HSA funds are protected.

Any money you don't use at the end of the year rolls over to the next year. Your balance can keep growing year over year!

Your money (and your employer's money) is yours to keep!

You always have access to the money in your account, including what your employer contributes. Even if you lose your health insurance, the account stays with you.

Your HSA is portable. It goes with you even if you get a new job with a different employer or leave the workforce.

You don't need a crystal ball

But it's a good idea to try to plan for what you may spend on healthcare.

When you contribute to your HSA, you'll have money to cover any surprising or not-so-surprising qualified medical expenses.

You can invest your HSA $$$

You can invest your HSA balance in a variety of mutual funds.

The best part is, the money you earn through investing generally is income tax-free. You can use that money for future medical expenses, or even for retirement.

It's about your family, too

You can use your HSA to pay for the qualified medical expenses of anyone you claim on your taxes, even if you're only enrolled with single coverage.

Flexible Spending Accounts | FSA

An FSA allows you to set aside a portion of your salary to pay for eligible medical, dental, or vision expenses or for dependent daycare expenses. Money deducted from your pay into an FSA is not subject to federal, state (except in Pennsylvania and New Jersey), and Social Security taxes, resulting in tax savings for you. You do not have to be enrolled in our medical plan to participate in the Reimbursement Account Plans. There are two separate accounts.

NOTE: You are not eligible for a Health FSA IF you have enrolled in the Standard HDHP plan with HSA.

	Why Would I Use It?	Maximum Contribution Amounts
Health Care FSA 	• Pays the uncovered portions of medical, dental, and vision expenses (including copays and deductible). • Contributions are pre-tax, so it increases your non-taxable take-home pay. • Covers expenses incurred by you or an eligible dependent.	**$3,050** per plan year • **Money left in your account at the end of the plan year will be forfeited, so be sure to estimate your needs conservatively.** • The account is pre-funded, meaning you can access your total annual contribution amount (less any monies already spent) at any time, even before the money is deposited.
Dependent Care FSA 	• You (and your spouse, if married) work outside the home and require dependent care to allow you to work full-time. • Pays for daycare for eligible dependents your child or children under age 13, your disabled spouse, an elderly parent, or other dependent who is physically or mentally incapable of self-care. • You claim the dependent on your income tax return. • Contributions are pre-tax, so it increases your non-taxable take-home pay.	**$5,000** per plan year (**$2,500** if married and filing separately) • **This is also a "use-it-or-lose-it" account, so estimate your needs conservatively.** • The account is NOT pre-funded, meaning after you file a claim, you may only receive reimbursement for amounts that are currently in the account.

Click on the image above or go to
https://flimp.me/fsavideo
to learn more about Flexible Spending Accounts

Get 24-hour access to your account through Proficient Connect

- Manage Your Account
- Submit Claims
- Add Receipts
- And More!

GET IT ON Google Play

Download on the App Store

For a complete list of eligible expenses, go to irs.gov/publications/p502

Life, AD&D and Disability Insurance

Life and Accidental Death & Dismemberment (AD&D) Insurance

Carenet provides basic life and accidental death and dismemberment (AD&D) insurance to help protect your family's financial security at no cost to eligible Team Members. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary life and AD&D coverage at our group rates.

How it Works	Basic Life & AD&D*	Voluntary Life & AD&D**	Guarantee Issue Amount
Life Benefit: Your beneficiaries receive the life benefit if you pass away. **AD&D Benefit:** You, or your beneficiaries, receive the benefit if you pass away or are seriously injured in an accident	**Class 2:** Corporate Staff and Clinical Services One times your base annual salary up to $450,000*** **Class 3:** All FT Active Team Members not defined in Class 2 $15,000	**You:** $10,000 increments up to the lesser of 5 times annual base salary or $500,000 **Spouse:** $5,000 increments up to $100,000 (not to exceed 50% of your amount) **Child(ren):** $10,000	**You:** Up to the lesser of $100,000 or 5 times your annual salary **Spouse:** Up to $50,000 **Child(ren):** $10,000 Amount of coverage you can elect without answering medical questions

*This is a company paid benefit; Age reductions apply, amount reduces to 65% at age 65 and to 50% at age 70
**This benefit is paid by the Team Member; Evidence of Insurability is required if requesting more than the guaranteed issue amount.
***Team Members pay tax on any amount over $50,000

Keep Your Beneficiaries Up to Date

You must log on to https://ew13.ultipro.com to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

Disability Insurance

Should you have a qualified disability and are unable to work disability insurance is a benefit to replace a portion of your income.

How it Works		Who Pays for the Benefit
Voluntary Short-Term Disability	You may receive 60 of your income up to $1,000 per week. Benefits may begin after 14 calendar days of absence from work and continues for up to 24 weeks. A 3/12 pre-existing condition exclusion applies. Any disability caused by a pre-existing condition will be excluded for 12 months if the Team Member sought treatment for that condition within 3 months prior to the effective date.	Team Member
Long-Term Disability	You may receive 60 of your income up to $6,000 per month. Benefits may begin after a 180-day elimination period and continues until you reach the Social Security retirement age. A 3/12 pre-existing condition exclusion applies. (see definition under Voluntary Short-Term Disability above)	Carenet

Accident, Critical Illness, and Hospital Indemnity Insurance

Voluntary Accident Insurance

Accident insurance is an excellent benefit for those who have active lifestyles or children involved in sports or other extracurricular activities. The accident plan is designed to pay benefits directly to you based on treatment received and injuries sustained as a result of a covered accident. There is no waiting period for coverage to begin and payment will be in addition to any other insurance you have.

Voluntary Accident Benefit	
Benefit	Reimbursement
Wellness Benefit	$50 per calendar year
Air Ambulance	$750
Ground Ambulance	$200
Emergency Room	$100
Follow Up Treatment	$50
Hospital Admission/ICU	$1,000/$2,000
Hospital Confinement	$200 per day, 365 max
ICU Confinement	$400 per day, 30 max
Concussion	$400
X-Rays	$100
Doctor Follow-up Visits	$50

Voluntary Critical Illness Insurance

Many times, when a major illness is diagnosed, there can be several expenses that are not covered by medical insurance. This plan pays a lump sum benefit when a covered critical illness is diagnosed directly to the policyholder to help cover any expenses that typically are paid out of pocket.

Voluntary Critical Illness Benefit	
Benefit	Reimbursement
Benefit Amount	$10,000 or $20,000 Spouse at 100% Child(ren) at 50%
Covered Illnesses	Invasive Cancer Heart Attack Stroke Major Organ Failure Coronary Artery Bypass Graft
Wellness Benefit	$50 Payable once per calendar year per covered person

Voluntary Hospital Indemnity Insurance

Hospital Indemnity pays you directly a lump sum if you are admitted to the hospital. There is also a benefit paid for every day you are confined in the hospital up to 30 days whether in Intensive Care or not. Benefits are also payable if you are held overnight for observation

Hospital Indemnity Benefit	
Benefit	Reimbursement
Hospital or ICU Admission	$1,000
Hospital or ICU Confinement	$150
Hospital Observation	$500

To file wellness claims, access certificates of insurance, and more:
www.prudential.com/mybenefits

Wellness Options

Wellness

Carenet is deeply committed to creating an environment for its Team Members to achieve optimum physical well-being. We offer three great ways to better attain your wellness goals.

1. Wellworks Wellness Program

Carenet is excited to announce our new wellness program in partnership with Wellworks for you

- Benefit eligible employees must complete one primary care physician visit (annual physical) with lab work between 09/1/22 – 8/31/23 as well as one age and gender preventive screening to receive a premium discount on their medical plan starting on 1/1/24.

- Starting 1/1/2023, all participants must certify their tobacco status by completing a tobacco affidavit. Tobacco users must complete the tobacco cessation program to avoid a tobacco surcharge.

Please Note: Employees hired 5/1/23 and before must comply with the wellness program to earn the incentive and to avoid the tobacco surcharge. Employees hired 5/2/23 or later will be grandfathered for 2023 but must comply in 2024 to earn the incentive and to avoid the tobacco surcharge.

More detailed instructions will be distributed in your Wellworks Wellness Packet.

Questions? Please contact Wellworks For You at 800-425-4657

2. Corporate Gym Membership

We partner with Gold's Gym to offer conventional payroll deduction of Team Member's gym memberships. To find a location near you, sign up for, and make changes to your current elections click here: https//www.goldsgym.com/db-online/carenet

We have 3 levels with different monthly rates for this program!!!

- Level 1: $25 (plus tax) monthly
- Level 2 (includes STUDIO): $35 (plus tax) monthly
- Level 3M (included STUDIIO & Pool): $45 (plus tax) monthly

Gym/Fitness Reimbursement Program – Carenet will reimburse $27.00 per month for eligible gym/fitness center or exercise program if you attend 10 days per month. To receive your reimbursement, you must submit the following through Jira to Payroll:

- A utilization report to verify attendance (date and time stamp required). This does not include a written note or letter.

- The Carenet Gym/Fitness Program Reimbursement Form to submit your gym fees for reimbursement can be found by going to :

Connect>P&P Library>Policies and Procedures>Finance Section>Gym/Fitness Program Reimbursement Form

Additional Benefits

401(k) Retirement Plan

Carenet offers a 401(k) plan with an employer match and a wide variety of investment options to help you prepare for retirement. All active Team Members are eligible to participate in the plan after 90 days of employment

- Your Contributions – You can contribute 1% to 85% of your salary up to the 2023 maximum of $20,500 to the Carenet 401(k) plan. You contribute a percentage of your total income to your plan through pre-tax payroll deductions. Log on to www.myKplan.com at any time to choose or increase your deductions.
- Carenet's Contributions – Carenet will match 50% of the first 10% you contribute to your plan.
- Vesting – You are vested in all of your contributions and any earnings your contributions make. The contributions Carenet makes to your 401(k) are subject to the following vesting schedule:

Years of Service	Vesting Percentage
1 Year	20%
2 Years	40%
3 Years	60%
4 Years	80%
5 Years +	100%

Loans: You can borrow from your savings (a fee may apply). Only 1 outstanding loan is allowed at a time. The minimum loan amount is $500. The maximum repayment period is generally 5 years unless the loan is for the purchase of a primary residence. The interest rate is Prime +2%. See plan for specifics.

Distributions: Vested savings may be eligible for distribution upon retirement, death, disability, or termination of employment.

Nurse Advice Line

We have available to all our Team Members the ability to call a nurse 24 hours a day, 7 days a week. Phone visits can be used for advice and guidance about various illnesses but cannot be used to test for or treat any illness. You will work with a select team of Carenet providers*.

Talk to a Registered Nurse for free:
833.315.0583

*A limited, select team of specialty trained Carenet Nurses will field these calls. Carenet will work diligently to protect PHI following HIPAA guidelines.

Additional Benefits

Carenet Cares

A non-profit organization that provides essential financial support in times of crisis to Carenet Team Members through a people-helping-people approach. Established in 2020, we created this organization with a strong belief in creating an organization that will assist in supporting our Team Members who might find themselves in an unexpected, unforeseen, or unavoidable financial hardship.

Who is Eligible?

- Current Carenet Team Member or directly in support of Carenet at the time of application and award.
- Continuous employment for at least 90 days prior to the date you apply.
- Have a temporary financial hardship due to a life situation.

When to Apply

Apply when you are faced with a temporary financial hardship. A temporary financial hardship is one caused by a defined, time-limited, specific event such as but not limited to:

- Death of a family member/household member
- Fire, natural disaster, or other factor resulting in loss of housing
- Serious illness or injury
- Critical injury
- Significant loss of household income

Carenet Cares

How to Apply

- Go to Connect – Carenet Cares Program – Application (access the application as a word document and complete)
- Send an email to CarenetCaresBoard@carenethealthcare.com for assistance.

How can you help

Carenet Cares is made possible because of the support of Carenet's Leadership, Carenet's Team Members, and the efforts of the Carenet Cares Board of Directors. To be able to provide support to team members, Carenet Cares is funded through monetary donations.

You can donate to help our team members several ways!

How can you help

- Login to UKG
- Click on Menu
- Hover over Myself
- Click on Giving
- Click on a Campaign
- Complete the necessary fields
- Click Submit

PayPal – 3 ways to donate

- Paypal.me/carenetcares
- https://www.paypal.com/donate/?hosted_button_id=SKVRRPSU75Y84&source=url
- QR code found on this page

Mail a check or Money Order payable to

Carenet Cares
11848 IH 10 West, Ste 400
San Antonio, TX 78245

Donate your Prop Points

- Login to Props
- Click on Donate Your Points
- Follow the next steps

GuidanceResources®

ComPsych®
GuidanceResources® Worldwide

An Overview of Your GuidanceResources® Program

No matter what's going on in your life, ComPsych® GuidanceResources® is here to help.

Personal problems, planning for life events or simply managing daily life can affect your work, health and family. ComPsych® GuidanceResources® is a company-sponsored service that is available to you and your dependents, at no cost, to provide confidential support, resources and information to get through life's challenges. This flyer explains how ComPsych® GuidanceResources® can help you.

Confidential Counseling on Personal Issues

Your Employee Assistance Program (EAP) is a confidential assistance program to help address the personal issues you and your dependents are facing. This service, staffed by experienced clinicians, is available by phone 24 hours a day, seven days a week. A GuidanceConsultant℠ is available to listen to your concerns and refer you to a local provider for in-person counseling or to resources in your community. Call any time with personal concerns, including:

- Depression
- Stress and anxiety
- Marital and family conflicts
- Alcohol and drug abuse
- Job pressures
- Grief and loss

Financial Information, Resources and Tools

Financial issues can arise at any time, from dealing with debt to saving for college. Our financial professionals are here to discuss your concerns and provide you with the tools and information you need to address your finances, including:

- Saving for college
- Tax questions
- Getting out of debt
- Estate planning
- Retirement planning

Legal Information, Resources and Consultation

When a legal issue arises, our attorneys are available to provide confidential support with practical, understandable information and assistance. If you require representation, you can also be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call any time with legal issues including:

- Divorce and family law
- Bankruptcy
- Debt obligations
- Criminal actions
- Landlord and tenant issues
- Civil lawsuits
- Real estate transactions
- Contracts

Online Information, Tools and Services

GuidanceResources® Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial concerns. Create your own account by going to www.guidanceresources.com.

Each time you return to the site, you will find personalized, relevant information based on your individual life needs. You can:

- Review in-depth HelpSheets℠ on topics you select
- Get answers to specific questions
- Search for services and referrals
- Use helpful planning tools

WE ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK.

Call: 800.311.4327
TTY: 800.697.0353
Online: guidanceresources.com
Your company Web ID: GRS311

Prudential Beneficiary Advocate℠

Prudential understands that for those coping with the loss of a loved one, grief counseling can prove invaluable. Grieving loved ones, however, may require many other forms of assistance, including legal and financial services and funeral and estate planning. This is why we offer Beneficiary Advocate by Prudential, a comprehensive program of beneficiary services to help, no matter what the issue.

Prudential has a thorough understanding of the unique responsibilities and difficulties in these situations. Whether coping with other family members' grief, struggling with estate-related issues, or coordinating urgent child care or elder care needs, beneficiaries can benefit from the comprehensive, best-in-class services offered by Prudential in partnership with the worldwide leader in behavioral health solutions, ComPsych® Corporation.

Comprehensive Beneficiary Support

For up to one year following a claim, beneficiaries can contact ComPsych 24 hours a day, seven days a week regarding behavioral and emotional health issues, along with family, legal and financial matters. All services are accessible via a Prudential-dedicated toll-free line and connect you directly to a GuidanceExpert℠, who will conduct an assessment of your issues and put you in touch with the appropriate services. Our support includes:

Emotional Support for Grief and Loss

- Unlimited, 24/7 toll-free phone access to masters-level clinicians for in-the-moment support
- Assessment and action planning to help you develop an individualized course of action
- Up to three face-to-face or telephonic counseling sessions with a local provider. Talk to us about:
  - Grief and Loss
  - Anxiety, stress, depression
  - Guidance on returning to work, and more

Funeral Planning Services

Planning a funeral can feel overwhelming. It is a stressful time and many decisions need to be made in a short timeframe. Many feel overwhelmed with the process and can be vulnerable to being taken advantage of financially. Final Arrangements services can prevent that. Our Funeral Planning Experts are specially trained to gather information and provide options so you can make the right decisions. Services include:

- Thorough assessment of your needs
- Options, pricing and availability for funeral homes, caskets, urns, cemeteries and more
- Comprehensive referral packet with three detailed referrals for each needed resource

Online Will Preparation Services

EstateGuidance® can help you secure your future by overcoming the legal, financial and emotional barriers to estate planning. This online service allows you to create a legally binding Last Will and Testament, Living Will and Final Arrangements document online, without the hassle or expense of hiring a lawyer. EstateGuidance walks you through the documentation process and breaks down each step into easy-to-understand terms.

Identity Theft Restoration Services

Sadly, recent beneficiaries are often the targets of fraud and identify theft. For victims of identity theft, IDResources® includes unlimited telephonic assistance from our staff of attorneys, financial professionals and counselors. Services are designed to address legal, financial and work/life issues associated with identity loss, assist with restoration of identity, and assist with damage to credit history.

Financial Planning Services

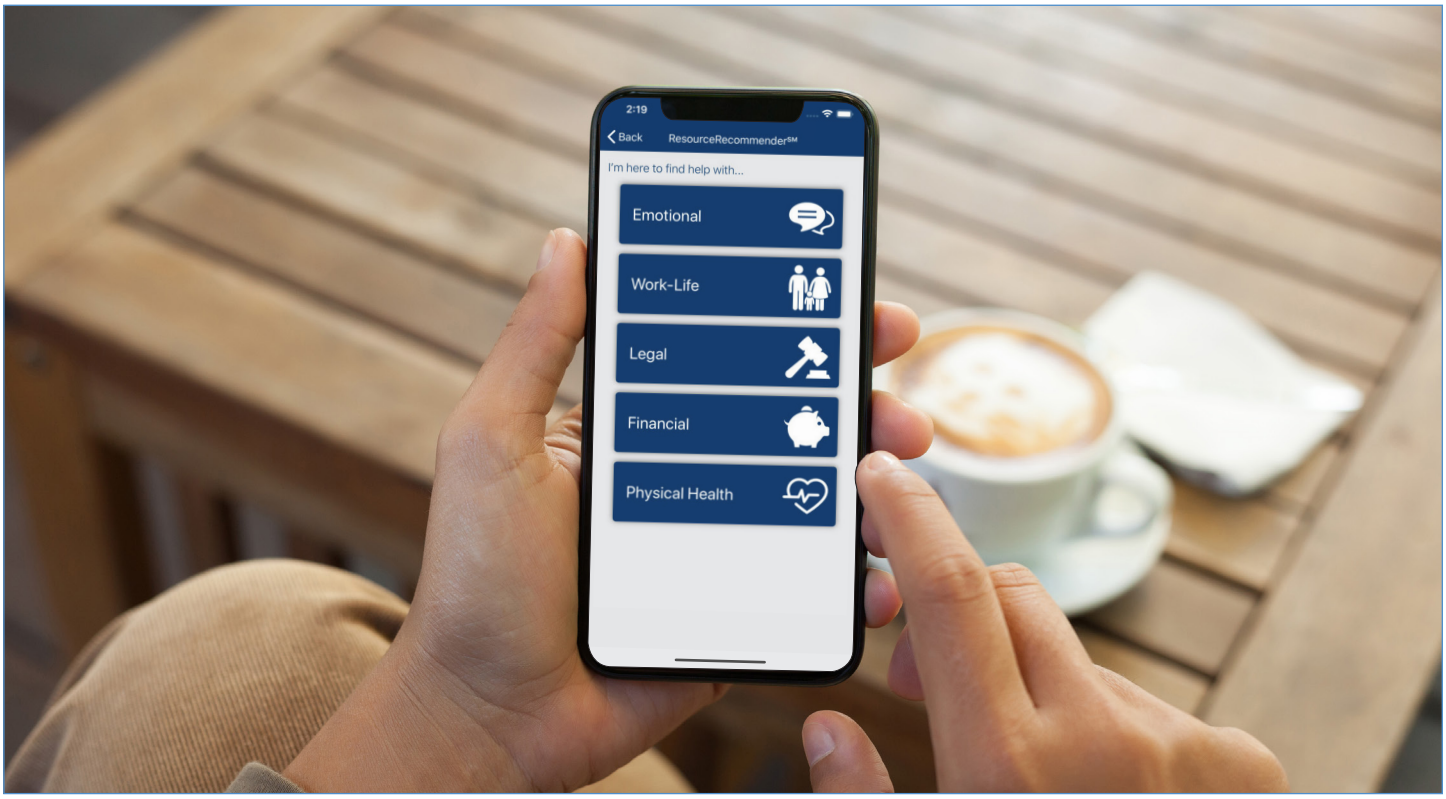
FinancialPoint® provides objective financial planning guidance to beneficiaries. This simple-to-follow online process makes it easy for individuals to create a financial plan to carry them forward in the wake of a loved one's passing. Users are given step-by-step instructions to complete the data-gathering and personal investment viewpoint questionnaires online. A FinancialPoint expert reviews the individual's responses; corresponds directly with them for additional information or questions, and provides a detailed, customized personal financial plan. In addition, FinancialPoint provides access to other online tools and resources as well as a financial planning hotline staffed by CPAs, CFPs and other financial experts, through Prudential's dedicated toll-free number.

Services for Beneficiaries at time of claim.

WE ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK.

Call: 833.962.0064
TTY: 800.697.0353
Online: guidanceresources.com
Your company Web ID: ADVOCATE

GuidanceResources®



Very Smart.

You can access GuidanceResources® Online from your smartphone.

- Mobile access to expert info on thousands of topics, including wellness, relationships, work, education, legal, financial, lifestyle and more
- Search for child care, elder care, attorneys and financial planners

Check it out!

Download the app

- Search GuidanceResources (one word)
- Install GuidanceNow℠
- Tap Login and enter your username and password

Here when you need us.

Call: 800.311.4327
TTY: 800.697.0353
Online: guidanceresources.com
App: GuidanceNow℠
Web ID: GRS311

Coverage Costs

Medical, Dental and Vision Insurance Coverage Cost Per Paycheck

Coverage Tier	Standard HDHP Plan	Prime PPO Plan	Dental Plan	Vision Plan
Team Member Only	$64.88	$222.23	$8.83	$0.52
Team Member + Spouse	$377.98	$630.91	$23.97	$2.98
Team Member + Child/ren	$281.31	$496.66	$24.44	$3.04
Team Member + Family	$531.76	$872.89	$43.75	$5.32

Voluntary Life & AD&D Insurance Coverage Cost Per Paycheck

Team Member Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Team Member / Spouse* Rate	$.070	$.070	$.100	$.110	$.135	$.193	$.285	$.515	$.779	$1.481	$2.389
Child/ren**	$0.290										

*Spouse Rate is based on Spouse's Age.
**Same rate no matter the number of children insured.

To Calculate Per Paycheck cost for Voluntary Life/AD&D Premium

Voluntary Life - Team Member/Spouse

Benefit Amount _____ ÷ 1,000 = _____ X (Age Rate) _____ = _____ x 12 ÷ 26 = _____

Voluntary Life - Children

Benefit Amount $10,000 ÷ 1,000 = 10 X $0.290 = $2.90 X 12 ÷ 26 = $1.34

Short-Term Disability Insurance Coverage Cost Per Paycheck

Team Member Age*	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Team Member	$1.294	$1.294	$1.294	$1..294	$1.176	$1.294	$1.627	$1.724	$1.666

*Team Member's age as of 1/1/2023

To Calculate Per Paycheck cost for Short-Term Disability

_____ (Weekly Income) X 60% = _____ (Benefit Amount) X _____ (Age Rate) ÷ 10 = _____ (Monthly Cost) x 12 ÷ 26 = $ _____ (Per Paycheck)

Coverage Costs

Accident Insurance Coverage Cost Per Paycheck	
Team Member Only	$3.73
Team Member + Spouse	$5.83
Team Member + Child/ren	$6.11
Team Member + Family	$8.95

Hospital Indemnity Cost Per Paycheck	
Team Member Only	$7.05
Team Member + Spouse	$12.18
Team Member + Child/ren	$13.21
Team Member + Family	$18.35

	Critical Illness Coverage Cost Per Paycheck			
	Team Member Only: Smoker		Team Member Only: Non-Smoker	
	$10,000	$20,000	$10,000	$20,000
<25	$1.20	$2.40	$1.12	$2.23
25-29	$1.62	$3.24	$1.43	$2.85
30-34	$2.25	$4.50	$1.83	$3.66
35-39	$3.40	$6.79	$2.52	$5.05
40-44	$5.13	$10.26	$3.52	$7.04
45-49	$8.61	$17.22	$5.35	$10.71
50-54	$12.39	$43.42	$7.32	$14.64
55-59	$16.32	$62.78	$9.55	$19.11
60-64	$20.55	$82.47	$12.02	$24.05
65-69	$27.36	$111.16	$16.21	$32.42
70+	$35.22	$139.29	$22.04	$44.08

Spouse and Child rates on next page

Coverage Costs

	Critical Illness Coverage Cost Per Paycheck			
	Spouse: Smoker		Spouse: Non-Smoker	
	$10,000	$20,000	$10,000	$20,000
<25	$1.24	$2.48	$1.16	$2.33
25-29	$1.69	$3.38	$1.50	$2.99
30-34	$2.20	$4.39	$1.81	$3.63
35-39	$3.37	$6.74	$2.54	$5.08
40-44	$4.95	$9.90	$3.46	$6.91
45-49	$9.19	$18.38	$5.75	$11.50
50-54	$14.74	$28.95	$8.55	$17.10
55-59	$20.93	$41.85	$12.18	$24.36
60-64	$27.49	$54.98	$15.96	$31.92
65-69	$37.05	$74.10	$21.79	$43.59
70+	$46.53	$92.86	$28.82	$57.65
Child			$2.60	

To Calculate Per Paycheck cost for Voluntary Critical Illness Premium

Critical Illness

Team Member Benefit Amount $_____ Team Member Cost $_____ (page 20)

Spouse Benefit Amount $_____ Spouse Cost $_____ (above)

Child Benefit Amount $ 10,000 Child Cost $_____ (above)

Total Cost Per Paycheck $_____

How to Enroll

Preparing to Enroll

Carenet provides its Team Members with comprehensive benefit plans. As a committed partner in your health, Carenet will be absorbing a significant amount of the costs. Keep in mind that you may select any combination of medical, dental and/or vision plans and any combination of coverage categories. For example, you could select medical coverage for you and your entire family but select dental and vision coverage only for yourself. The only requirement is that you, as an eligible Team Member of Carenet, must elect coverage for yourself in order to elect any dependent coverage. You have the option to select coverage from the following categories:

- Team Member Only
- Team Member + Spouse
- Team Member + Child/ren
- Team Member + Family [Spouse and Child/ren]

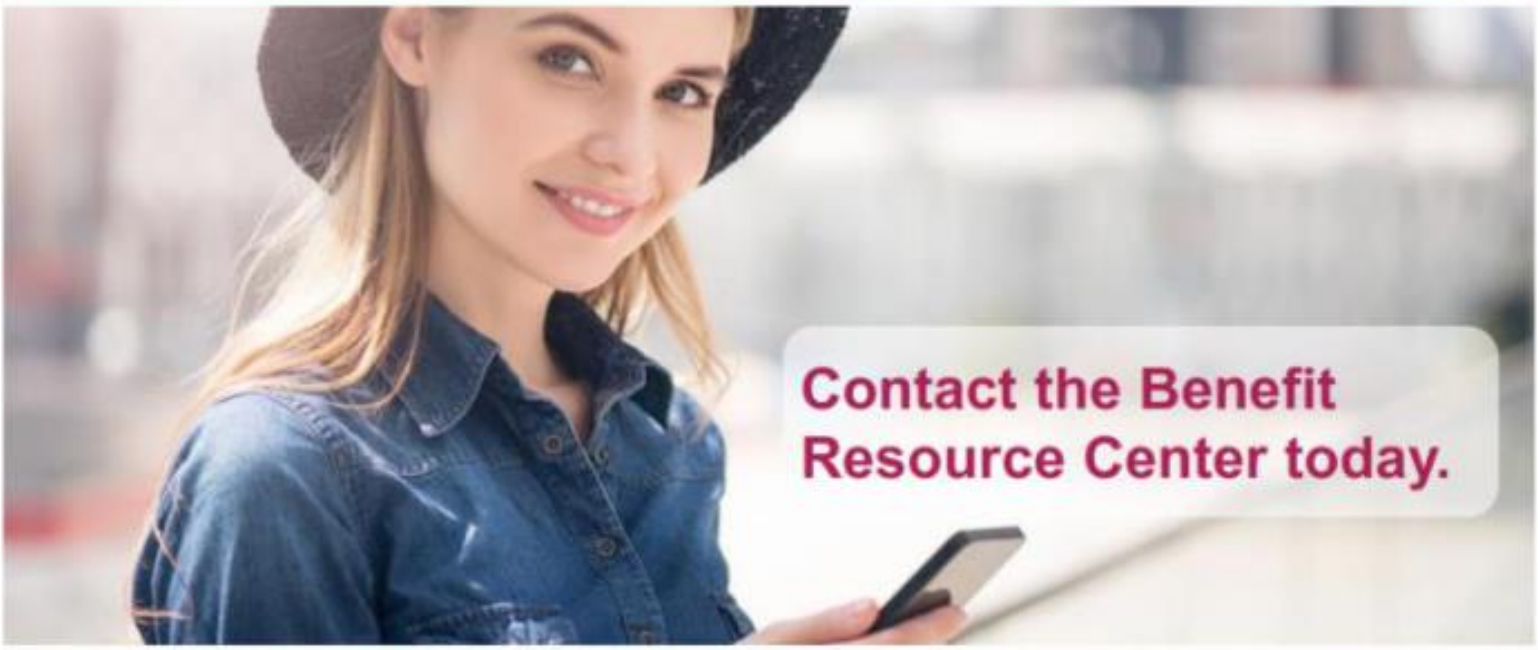
How to Enroll

It is essential that you have your dependents and beneficiaries' Social Security numbers and date of birth at the time of Open Enrollment.

- Login to UKG
    - To login from home computer:
        - You can enroll from your home computer through https://ew13.ultipro.com
        - Enter Username: CARHS0##### (5 digit employee number replaces the #)
        - Enter the UKG password (reach out to peopleservices@carenethealthcare.com to have this re-set if needed)
    - To Enroll via workstation or when logged into VPN:
        - Go to Connect http://kfuze.carenet.local/home
        - Expand the Quick Links
        - Click on UKG
- Click on Menu
- Hover over Myself
- Click on Open Enrollment
    - Then Open Enrollment 2023
- For New Hires, Click on Life Events
    - Choose the "I am a new employee" link
    - What is the reason? = LifeEvent – Hire
- Proceed through all the pages making your elections or declining as you deem necessary
- Make sure you click Submit (top right hand side of the screen) on the last page so that the request will go through fully
- Save a copy for your records

    - **Online System Will Guide You**: The online system will guide you through all the benefit plan options you are eligible to elect. You must either elect coverage or decline coverage for every benefit offered. (The system will not allow you to submit your elections until you have made a selection for every benefit).
    - **Draft of Elections**: You can save a draft of your benefit elections until you are ready to finalize them. If you need to save a draft, click the draft button located in the upper right corner of the screen.

DON'T LET YOUR EMPLOYEE BENEFITS CONFUSE YOU.



Benefit Resource Center (BRC)

The BRC is available to all employees on our benefits plan, as well as their covered dependents. The BRC is your **toll-free one-call benefits information hotline**. The BRC is staffed with experienced Benefit Specialists who have specific knowledge of *your* plans. These specialists will be able to:

- Answer benefit plan/policy questions
- Assist with eligibility and claim problems with carriers
- Provide claim appeals information and explain the process
- Explain allowable family status election changes (adding newborns, marriage, divorce, etc.)
- Provide vendor plan contact information
- Help you understand your Explanation of Benefits
- Assistance with finding a Primary Care Physician
- Assistance with the Wellness Plan

CONTACT THE BENEFIT RESOURCE CENTER (BRC)!

By phone: **855-874-0110**
(Toll-Free)
8 AM - 5 PM CST Mon - Fri

Via Email:
BRCSouthwest@usi.com
24 / 7

Benefits can be confusing. You don't have to feel overwhelmed.
Let the BRC help you get the most value from your plans.

Free Mobile Benefits App

Find It In Your App Store

Search for **MyBenefits2Go** and download our free app. After scrolling through the intro pages, enter the code listed below to access the benefit details for **Carenet Health.**

COMING SOON

Highlights of the MyBenefits2Go App

- Stay Organized - Access all of your plan information and cards in one place
- Stay Up-To-Date - Receive the most updated plan information automatically
- Lighten Up Your Wallet - Store your ID cards in the app
- Get In Touch - Convenient contact information

GET IT ON Google Play

Download on the App Store

Access ALL of your benefits insurance policy details and contact information while on the go!

USI

IMPORTANT PATIENT PROTECTION AND AFFORDABLE CARE ACT NOTICES, ERISA NOTICES AND CONTACTS FOR MORE INFORMATION

The legal notices describe important rights that you have under the terms of the **Carenet** Health Plan. They are accessible at [insert location]. If you need a printed copy of these notices or have any questions about them, you may contact:

Your Employer Representative
Maria Salas
Senior Benefits Specialist
(210) 249-5586
mcsalas@carenethealthcare.com
or by mail at
Carenet Health
11845 Interstate 10 West, Suite 400
San Antonio, Texas 78230

Important Legal Notices

- CHIPRA Notice (Children's Health Insurance Program Reauthorization Act)
- WHCRA Notice (Women's Health and Cancer Rights Act)
- Patient Protection Choice of Providers
- HIPAA Special Enrollment Rights Notice
- Medicare Creditable & Non-Creditable Notices

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IMPORTANT NOTICE: The legal notices are provided to help employers understand the compliance obligations for Health & Welfare benefit plans, but it may not take into account all the circumstances relevant to a particular plan or situation. It is not exhaustive and is not a substitute for legal advice.

Hello Valued Team Member,

You are receiving this important message as a part-time employee at Carenet.

The benefits open enrollment season is upon us and although you are not eligible as a part-time employee for Carenet healthcare benefits, we want to inform you of a great alternative for obtaining healthcare.

You may qualify for subsidized healthcare coverage through the Affordable Care Act (ACA).

More specifically, part-time employees are eligible for healthcare plans through the Affordable Care Act Healthcare Exchange, and you may even be eligible for ACA subsidies to assist in paying the insurance premiums – sometimes up to 100% of the premiums will be covered by the subsidies.

Our new benefits broker is standing by to assist our team members who either want more information on healthcare benefits through the exchange, or who may need help enrolling.

The open enrollment period for 2023 coverage through the Healthcare Marketplace starts on November 1, 2022.

Please see the ACA flyer attached and on Connect.

NOTE: If you have questions about your part-time status, please contact your manager or people services to discuss by October 14, 2022. Part-time team members are those who average less than 30 hours per week or 130 hours per month.

KEYHEALTHPLANS

Health Insurance for Individuals and Family

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KEYHEALTHPLANS helps you find the perfect health plan designed around your lifestyle and health.

How Do Health Insurance Plans Work?

When shopping for a suitable health insurance plan that fits you; it is important to keep in mind the key features that help you decide your budget for health care. These are allocated into five major features: Premium, Deductible, Copayment, Coinsurance, and Maximum out-of-pocket amount.
Read more here

How Does This Work?

Employees and their family contact the dedicated phone line to speak with representatives who can assist them in determining if they qualify for enrollment in medical insurance plans through both traditional carriers and through the federal government's ACA Health Insurance Marketplace (i.e. the Exchange), and then selecting the plan(s) that works best for them and their families.

Dedicated Phone Line

Hours of Operation
Monday – Friday: 8AM – 5PM

Value Added Consultation Service

We provide expert guidance on available HMO, PPO, and Indemnity plan options. A licensed agent will educate you on plan features such as physician networks, and cost analysis for the following: premiums, copays, deductibles. Throughout the enrollment process and post-enrollment, you will have a personal contact to assist with questions, claims, or concerns, should any arise.

Making Decisions

If you need help understanding your options, enrolling, or managing your plan, we're here for you.

- Learn about different types of health insurance
- Preventative Care
- Enrollment Periods
- Compare plans

OEP

The 2023 Open Enrollment Period (OEP) begins November 1, 2022, in most states.
Depending on your situation, you may be able to enroll in health insurance for the rest of the year. But if you're not eligible, you can enroll in coverage for 2023 starting November 1.

Who Is Eligible for SEP?

2 ways to get 2022 health insurance With a Special Enrollment Period
You can enroll in a Marketplace plan for the rest of the year if you qualify for:

- A Special Enrollment Period due to a recent life event, like losing other coverage, moving, getting married, or having a baby
- A new Special Enrollment Period based on estimated household income. To qualify for this SEP, you must be within the 150% federal poverty level and enroll in an on-exchange health plan. Qualified applicants can enroll at KeyHealthPlans any time of the year. Coverage starts on the first of the following month. The New Mexico low-income SEP is available for those below the

Member Resources

Benefit	Contact	Contact Information
Benefits Help	Benefit Resource Center Mon-Fri 8am-5pm CST	**855.874.0110** BRCSouthwest@usi.com
	Carenet Benefits Team	**210.595.2000** Benefits@carenethealth.com
Medical & Prescription Drug	UMR	**800.826.9781 English** **800.826.8781 Spanish** Umr.com
Virtual Visits	Teladoc	**800.835.2362** Teladoc.com
Nurse Advice Line	Carenet	**833.315.0583**
Dental	Sun Life	**800.733.7879** Sunlifedentalbenefits.com
Vision	Sun Life/VSP	**800.733.7879** Vsp.com
Health Savings Account	HSA Bank	**800.357.6246** Hsabank.com
Flexible Spending Accounts	Proficient Benefit Services	**888.659.8151** Proficientbenefits.com
Life and AD&D	Prudential	**800.524.0542**
Disability	Prudential	**800.842.1718** Prudential.com/mybenefits
Accident, Critical Illness & Hospital Indemnity	Prudential	**844.455.1005** Prudential.com/mybenefits
401(k) Retirement	ADP	**800.695.7526** myKplan.com

People Services
11845 Interstate 10 West, Suite 400
San Antonio, TX 78230

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*Every year Carenet must provide members with certain legal notices. These notices are being provided for the 2023 plan year here on page 32. You now have them available and cannot claim they were not provided to you.

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

Deductibles (employee/family): [HDHP] $5,000/$10,000 In-network, $10,000/$20,000 out-of-network
[PPO] $3,500/$7,000 in-network, $7,000/$14,000 out of network

Coinsurance (in-network/out-of-network): 0%/30% [HDHP]; 20%/50% [PPO]

NEWBORNS ACT DISCLOSURE - FEDERAL

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

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 30 days after your 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 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

NOTICE REGARDING WELLNESS PROGRAMS

Carenet Health's wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You will be asked to complete a biometric screening, which will include a blood test for lipids, cholesterol and other items. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive a premium incentive for completing the program, including a tobacco affidavit or tobacco cessation program. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

The information from the results of your biometric screening will be used to provide **you** with information to help you understand your current health and potential risks. You are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Carenet Health may use aggregate information it collects to design a program based on identified health risks in the workplace, Wellworks for You (vendor) will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) employees of Wellworks for You in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Maria Salas, at (210) 249-5586 or mcsalas@carenethealth.com

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.
No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Maria Salas
11845 Interstate Highway 10 West, Suite 400
San Antonio, Texas 78230
(210) 249-5586
mcsalas@carenethealthcare.com

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

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
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- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
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We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

Effective January 1, 2023
Maria Salas, Senior Benefits Specialist
11845 Interstate 10 West, Suite 400
San Antonio, Texas 78230

mcsalas@carenethealth.com

(210) 249-5586

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Example: We use health information about you to develop better services for you.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
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Effective January 1, 2023
Maria Salas, Senior Benefits Specialist
11845 Interstate 10 West, Suite 400
San Antonio, Texas 78230

mcsalas@carenethealth.com

(210) 249-5586

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Carenet About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Carenet 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. **UMR/Optum has determined that the prescription drug coverage offered by the Carenet medical plans, is, 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 15thto December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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 Carenet coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Carenet coverage, be aware that you and your dependents will be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Carenet and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, 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 (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage Carenet changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC **Updated April 1, 2011**

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
- 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, 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:	January 1, 2023
Name of Entity/Sender:	Maria Salas, Carenet
Contact--Position/Office:	Senior Benefits Specialist
Address:	11845 Interstate 10 West, Suite 400, San Antonio, Texas 78230
Phone Number:	(210) 249-5586

CMS Form 10182-CC **Updated April 1, 2011**

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

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

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

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

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

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

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	**FLORIDA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
INDIANA – Medicaid	**MINNESOTA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	**MISSOURI – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	**MONTANA – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
KENTUCKY – Medicaid	**NEBRASKA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	**NEVADA – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	**NEW HAMPSHIRE – Medicaid**

Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP	**SOUTH DAKOTA - Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	**TEXAS – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	**UTAH – Medicaid and CHIP**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	**VERMONT– Medicaid**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	**VIRGINIA – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid	**WASHINGTON – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	**WYOMING – Medicaid**

Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

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

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

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 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.1210-0149
(expires 6-30-2023)

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.1

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

How Can I Get More Information?

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

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

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

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	4. Employer Identification Number (EIN)	
Carenet	71-0879286	
5. Employer address	6. Employer phone number	
11845 Interstate 10 West, Suite 400	(210) 249-5586	
7. City	8. State	9. ZIP code
San Antonio	Texas	78230
10. Who can we contact about employee health coverage at this job?		
Maria Salas, Senior Benefits Specialist		
11. Phone number (if different from above)	12. Email address	
Same as above	mcsalas@carenethealth.com	

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

- As your employer, we offer a health plan to:
  - [x] All employees. Eligible employees are:

    Working 30 hours or more per week as determined by the employer's measurement period(s).

  - [ ] Some employees. Eligible employees are:

- With respect to dependents:
  - [x] We do offer coverage. Eligible dependents are:

    Legal spouses or domestic partners, children to age 26, including stepchildren, legally adopted children, or children placed with the employee for adoption, and foster children, unmarried children of any age who are mentally of physically disabled.

  - [ ] We do not offer coverage.

[x] 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 will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

• 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 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

This benefit guide is proudly presented by USI Insurance Services.