



YOUR 2024 EMPLOYEE BENEFITS GUIDE

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WELCOME!



At PEAC Solutions, we are committed to providing our employees with a comprehensive, valuable benefits package and the resources you need to understand all the options available to you.

2024 Benefit Highlights

- PEAC Solutions offers two medical benefit options through Cigna: An Open Access Plus plan and a HDHP HSA Plan.
- Dental coverage is provided through Cigna.
- Life and AD&D is provided through New York Life.
- Vision coverage is a voluntary benefit and is provided through Vision Benefits of America.
- Commuter Benefits are provided through Optum Financial.
- PEAC Solutions also provides an Employee Assistance Program, which is offered through New York Life.
- **Spousal Surcharge** - If your spouse has coverage available to them through their own employer and you would still like to cover them under PEAC Solution's benefit plan, a **\$40 per pay surcharge** will be applied to your monthly contributions.

ELIGIBILITY & ENROLLMENT DETAILS

Eligibility Details

- Medical: Eligible for coverage upon 1st day of work. You must be directly employed by PEAC Solutions as a full-time regular or part-time regular employee, working at least 30 hours per week.
- Dental, Vision, and Supplemental Life insurance are effective the 1st of the month following your start date.

Qualified Life Events

The elections you make during this open enrollment will remain in effect for all of 2024 and cannot be changed or revoked until the next annual open enrollment period, unless you experience a qualifying life event.

Should you experience a qualifying life event, you **MUST** notify HR within **30** days of the event in order to ensure coverage.

Examples of qualifying life events are:

- Marriage, divorce, legal separation or annulment;
- Birth or adoption of a child;
- Death of a spouse or dependent;
- You, your spouse, or dependent lose benefit coverage due to termination of employment or begin coverage through a new employer.

Now, take a look at your benefit options and
LET'S FIND THE COVERAGE THAT FITS!

MEDICAL PLAN OPTIONS

Eligible employees may choose from the following two medical plan options. Medical coverage is provided through Cigna. For more information, visit BenePortal at www.peacsolutionsbenefits.com.

OPEN ACCESS PLUS

HDHP HSA

BENEFIT DESCRIPTION	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual/Family	\$750/\$1,500	\$1,600/\$3,200 (True family deductible)	
Out-of-Pocket Maximum Individual/Family	\$4,000/\$8,000	\$5,000/\$10,000	\$10,000/\$20,000
Preventive Care Services	100% (no deductible)	100% (no deductible)	60% after deductible
Primary Care Physician (PCP) Required?	No	No	
PCP Office Visit (non-preventive care)	\$30 copay	80% after deductible	60% after deductible
Specialist Office Visit	\$50 copay	80% after deductible	60% after deductible
Telemedicine Services	100% after \$30 copay	80% after deductible	Not Covered
Diagnostic Laboratory Office Setting or Labcorp/Quest Outpatient Facility	100% (no deductible) 80% after deductible	80% after deductible	60% after deductible
Diagnostic X-Ray/Imaging Office Setting Outpatient Facility	100% (no deductible) 80% after deductible	80% after deductible	60% after deductible
Emergency Room	80% after deductible	80% after deductible	
Urgent Care Center	\$50 copay, no deductible	80% after deductible	
Inpatient Hospital	80% after deductible	80% after deductible	60% after deductible
Outpatient Surgery	80% after deductible	80% after deductible	60% after deductible
PRESCRIPTION DRUG BENEFIT			
Prescription Deductible Individual/Family	\$0	Combined with medical deductible	
Retail (Up to 30 day supply) Generic Preferred Brand Non-Preferred Brand	\$20 copay \$40 copay \$60 copay	80% after deductible	
Mail Order (Up to 90 day supply) Generic Preferred Brand Non-Preferred Brand	\$40 copay \$80 copay \$120 copay	80% after deductible	

HEALTH SAVINGS ACCOUNT

What is an HSA?

If you participate in the HDHP, you can elect to participate in a Health Savings Account (HSA). An HSA is a tax-exempt savings account that can be used for contributions, earnings and withdrawals for eligible expenses (an expense which pays for care as described in Section 213 (d) of the Internal Revenue Code).

Getting started is easy!

The maximum amount that can be contributed to an HSA in a tax year is established by the IRS and is dependent on whether you have single or family coverage in the HDHP plan. **For 2024, the contribution limits are: \$4,150 for individual coverage and \$8,300 for family coverage.** The annual catch-up contribution for age 55 and older is \$1,000.

Our vendor is Inspira Financial (formerly PayFlex), a recognized leader with over fourteen years of experience in the health-based savings account industry. Inspira Financial has focused on and remains exclusively dedicated to servicing and administering Health Savings Accounts. Inspira Financial currently administers over 1.6 million accounts with over \$4 billion Health Savings Account Assets.

The major differences between an HSA and a Flexible Spending Account (FSA) are:

- An HSA is portable, meaning that if you leave your employer, you can take your HSA funds with you.
- There is no “use it or lose it” provision with an HSA. If you don’t use the money in your account by the end of the year, it just stays there and collects interest on a tax-deferred basis.
- An HSA includes a banking partner that offers you several investment options that suit your needs.
- An HSA does not require third party substantiation for transactions; however, you should keep records of these transactions in the event of an IRS audit.



CIGNA MEMBER TOOLS AND RESOURCES



MyCigna Online Tools

Make MyCigna your personal health place. Enjoy a simple way to personalize, organize and access your important plan information.

Register on www.myCigna.com. Once you do, you can log in anytime, just about anywhere to:

- **Manage** and track claims
- **View** ID card information
- **Find** in-network doctors and compare cost and quality ratings
- **Review** your coverage
- **Track** your account balances and deductibles
- **Order** your Cigna Home Delivery Pharmacy prescriptions online and view order history

Register today!

Visit www.myCigna.com or download the myCigna App. After you register, you can set up paperless communications. Just log in to www.myCigna.com and select “Go Paperless”.

CIGNA ONE GUIDE

Enjoy Easier Service

Ready to answer all your health plan questions and so much more!

Let's face it, understanding and using your health plan isn't always easy. Well, not to worry. Your Cigna One Guide® team is ready and waiting to help. It's our highest level of personal support available.

Simply call us, click-to-chat on www.myCigna.com or use the **myCigna® App**. You'll automatically be connected with a One Guide representative who will help guide you where you need to go.

Save Money and Stay Healthy.

Your Cigna One Guide team can help you:

- Learn how your coverage works
- Get answers to your health care or plan question
- Find an in-network health care provider, lab or urgent care center
- Connect with health coaches, pharmacists and more
- Help schedule your annual check-up and other Appointments
- Connect with dedicated, one-on-one support for complex health situations
- Earn incentives (if provided by your employer)
- Get cost estimates to avoid surprises



VIRGIN PULSE

Take the first step to wellness.

Whether you're motivated by reducing stress, having more energy or getting more involved in your community, you can customize your goals and find the best path to get there. It's all included with your Cigna Healthcare plan **at no extra charge to you.**

Our wellness experience lets you set achievable goals, challenge friends to healthy competitions, tackle stress and enjoy a healthier lifestyle. And it's powered by Virgin Pulse®, one of the world's largest comprehensive digital health activation and engagement companies impacting 100+ million people with their mission to help change lives for good.

Here's how we make it fun and easy

- **Take a digital coaching journey.** Choose a goal that's meaningful to you. Journeys® personalized digital coaching guides you to take small, achievable steps, so that you can “try on” and build lasting healthy habits.
- **Challenge yourself — and others.** Add a friendly dose of competition to your well-being journey when you challenge friends and colleagues to create new healthy habits, like taking the most steps or burning the most calories.
- **Track your progress.** Integrate with your Apple Watch®, Fitbit® and many other fitness tracking apps and devices, so you get credit for all your activity.
- **Spread the motivation.** Share in the fun — and offer free account access to up to 10 friends and family members — to encourage and motivate each other.

Get started with these simple steps

1. Set up your profile today on www.myCigna.com or by downloading the myCigna® app.
2. Select the **Wellness** tab, then click “**Get Started**” to enroll.

Don't forget to turn on notifications for the app to enable helpful reminders and information about upcoming opportunities — so you get the most out of your mobile experience.



CIGNA MEMBER TOOLS & RESOURCES

Cigna Virtual Care - MDLIVE

Get care whenever and wherever with medical and behavioral/mental health virtual care.

Life is demanding. It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through Cigna includes access to medical and behavioral/mental health virtual care.

Whether it's late at night and your doctor or therapist isn't available, or you just don't have the time or energy to leave the house, you can:

- Access care from anywhere via video or phone.
- Get medical virtual care 24/7/365 – even on weekends and holidays.
- Schedule a behavioral/mental health virtual care appointment online in minutes.
- Connect with quality board-certified doctors and pediatricians, as well as licensed counselors and psychiatrists.
- Have a prescription sent directly to your local pharmacy, if appropriate.

Connect With Virtual Care Your Way

- Contact your in-network provider or counselor
- Talk to an MDLIVE medical provider on demand on www.myCigna.com
- Schedule an appointment with an MDLIVE provider or licensed therapist on www.myCigna.com
- Call MDLIVE 24/7 at **888.726.3171**



Convenient? Yes. Costly? No.

Medical virtual care for minor conditions costs less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit.

CIGNA KNOW BEFORE YOU GO

Virtual Urgent Care

More affordable than in-person and urgent care or ER visit. On average, virtual urgent care saves \$114 per visit. On-demand 24/7 or schedule a time that works for you to receive care for minor medical illnesses and injuries. Prescriptions may be available if necessary. Access virtual care on the **myCigna®** App or **www.myCigna.com**, or by calling MDLIVE® at **888.726.3171**.

Urgent Care Center

Lower cost than emergency room (ER). For medical conditions that aren't life threatening. Find an in-network urgent care center on **www.myCigna.com**.

Local Provider

May charge copay/ coinsurance and/or deductible. Schedule an in-person appointment with a local health care provider to treat common ailments and manage care for all health conditions. Find an in-network provider on **www.myCigna.com**.

Emergency Room

Most expensive. For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest ER.

	VIRTUAL URGENT CARE	LOCAL PROVIDER	URGENT CARE CENTER	EMERGENCY ROOM
Ages	All ages. Parent/guardian must accompany minors.	All ages. May vary by provider/service.	All ages. May vary by location. Confirm restrictions for infants as many have age limits.	All ages.
Conditions Treated	<ul style="list-style-type: none"> • Colds and flu • Rashes • Sore throats • Pink eye • Ear pain • Fever • Allergies • Acne • Urinary tract infections (UTIs) and more 	<ul style="list-style-type: none"> • General health issues • Preventive care • Routine checkup • Vaccines and screenings • Acute sickness • Questions regarding health 	<ul style="list-style-type: none"> • Fever and flu symptoms • Joint pain, sprains and cuts • Minor respiratory symptoms • Stomach pains • STDs • UTIs 	<ul style="list-style-type: none"> • Sudden numbness, weakness • Uncontrolled bleeding • Seizure or loss of consciousness • Shortness of breath • Chest pain • Head injury/major trauma • Blurry or loss of vision • Severe cuts or burns • Overdose
Cost and time	<ul style="list-style-type: none"> • Connect with a doctor in minutes • No need to leave work or home with visits available by phone or video 	<ul style="list-style-type: none"> • Usually need appointment • Short wait times 	<ul style="list-style-type: none"> • No appointment needed • Waiting times vary • Available most days of the week • Often have extended hours • In-person treatment 	<ul style="list-style-type: none"> • Available 24/7/365 • No appointment needed • Waiting times vary • In-person treatment

CIGNA 90-DAY PRESCRIPTION FILLS

The **Cigna 90 Now** program makes it easier for you to fill your maintenance medications. These are the medications you take every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma.

With the Cigna 90 Now program, your plan covers maintenance medications when you fill them:

1. In a 90-day (or three month) supply, and
2. At an in-network pharmacy that's approved to fill 90-day prescriptions.

Your plan only allows 3 fills at a less than 90-day (or 3 month supply). Once you run out of those fills, your plan coverage will only apply to your medication if you fill it in a 90-day supply.

A 90-day supply helps make life easier!

You'll make fewer trips to the pharmacy for refills. And you're more likely to stay healthy because with a 90-day supply on-hand, you're less likely to miss a dose.

Use home delivery and get your medication delivered to your door, and more. Home delivery may be a convenient option when you're taking a medication every day to treat an ongoing health condition. Our home delivery pharmacy will ship your medication to you at no extra cost. And they'll send you reminders so you don't miss a dose. To get started using home delivery, call **800.835.3784**.

Questions?

Call the number on your Cigna ID card. You can also chat with us online on the myCigna website, Monday–Friday, 9 am – 8 pm EST.

Choose the pharmacy that's most convenient for you. Retail or home delivery.

There are thousands of retail pharmacies in your plan's network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop. Every pharmacy in your plan's network can fill 30-day prescriptions, and a select number of pharmacies can fill 90-day prescriptions.

Here are some of the retail pharmacies in your plan's network that can fill a 90-day prescription. You can also go to [Cigna.com/Rx90network](https://www.cigna.com/Rx90network) to find more pharmacies in your plan's network.

- **CVS Pharmacy** (includes Target)
- **Walmart Pharmacy**
- **Publix Pharmacy**
- **ACME Pharmacy**
- **Safeway Pharmacy**
- **Savon Pharmacy**

DENTAL PLAN OPTIONS

Eligible employees may choose from the following two dental plan options, administered through Cigna. Both plans include Preventive and Diagnostic Care at 100% with no deductible.

	DHMO*		DPPO ADVANTAGE	
	IN-NETWORK		IN-NETWORK	OUT-OF-NETWORK*
Calendar Year Deductible** Individual/Family	\$0/\$0		\$50/\$150	\$50/\$150
Calendar Year Maximum (per patient)	N/A		\$1,500	\$1,500
Preventive & Diagnostic Services Exams, Cleanings, Routine X-rays (each twice in a calendar year) Fluoride Application (once in a calendar year, children to age 19)	Fee Schedule		100% (no deductible)	100% (no deductible)
Basic Services Fillings, Extractions Endodontics (root canal) Periodontics, Oral Surgery	Fee Schedule		100% after deductible	80% after deductible
Major Services Crowns, Gold Restorations Bridgework Full and Partial Dentures	Fee Schedule		60% after deductible	50% after deductible
Orthodontia Benefits (Children and Adult)	Fee Schedule		50%	50%
Orthodontia Lifetime Maximum (per patient)	N/A		\$1,000	\$1,000

**DHMO only offered in select states*

***Out-of-Network Dentists may balance bill the difference between the Cigna network costs and what the Dentist typically charges for service.*



CIGNA DPPO PROVIDER FINDER

Make the most of your dental plan by registering and using www.myCigna.com.

By registering for myCigna.com, you can get individualized information, set to your dental plan. When searching for a dentist, your home zip code will be entered automatically, but you can change the zip if you are looking for a dentist in a different area. Once you've registered and logged on, you can search for a Cigna DPPO Advantage network dentist or specialist by choosing "Find Care and Costs" at the top of the screen, and following the prompts to search based on provider name, location, procedure type or specialty.

You'll see a list of results that has facts that can help you make a good choice about what dentist you want to use. The search results will include information that can help you make an informed decision about who to see for the care you need. Provider profiles may include the following:

- **Brighter Score feature.** Use this scoring method to help you compare dentists. The score is derived from factors such as affordability, patient experience and professional history.
- **Dental office reviews and comparisons.** View dentist profiles with pictures and video content. Read verified patient reviews.
- **Enhanced search and transparent pricing.** Search for a dentist by a procedure or group of procedures. Information is personalized for your specific plan. Shows estimated out-of-pocket costs including coinsurance and deductibles.

Savings you can See.

Dentists listed "**Cigna DPPO Advantage**" have all agreed to offer care at discounted rates.

You may still choose to see a dentist who is not in the Cigna DPPO Advantage network, but your benefits may be lower and you may have to file your own claims. See your plan documents for the details of your specific dental plan. **If you are not registered on www.myCigna.com, you can still search for a dentist from the online directory on www.Cigna.com.**

Because this is a public site, you don't need to register or log in to view search results. Also, keep in mind that you'll only be able to view limited information about dentists such as office address, network type and contact information.

- To search for a dentist on www.Cigna.com, visit the site and click "**Find a Doctor, Dentist or Facility.**"
- Follow the prompts on screen and when asked to choose your plan, select "**DPPO/ EPO > Cigna DPPO Advantage.**"

For help locating a Cigna network dentist or specialist, call Cigna and ask for a customized directory based on the type of dentist you are looking for in your area.

Register today!

Any further inquires or questions you may have about Cigna DPPO Provider Finder don't hesitate to call us at **800.Cigna24** or **800.244.6224**.

CIGNA DHMO PROVIDER FINDER

Your Cigna DHMO Plan

Finding a Cigna Dental Care® network dentist or specialist is quick and easy. And how you do it is up to you.

Once you enroll in a Cigna Dental Care plan, register at www.myCigna.com. Then the site will give you information for your specific dental plan. You can search for a dentist using your location, dentist name or procedure. Results can be further narrowed down using the prompts on the results page. These steps can also be following on the **myCigna App**.

To search for a dentist on www.Cigna.com, visit the site and click **“Find a Doctor, Dentist or Facility.”**

- Follow the prompts on screen and when asked to choose your plan, select **“CIGNA DENTAL CARE DHMO > Cigna Dental Care Access.”**
- Review the lists given by specialty. Or narrow your search by typing in provider name, specialty or office name.
- Once you get your search results, you can further refine your search by:
 - Distance
 - Years in practice
 - Specialty
 - Additional languages
- Click on a dentist’s name for more details. Such as office hours and location listings with map view.

Call your current Dentist

Your current dentist could be in-network. Call the office and ask if they participate in the Cigna Dental Care Access network.



Need help finding a Cigna Dental Care network dentist or specialist? Just give us a call at **800.244.6224** so you can speak directly with a customer service representative.

SMARTSCAN: CIGNA

What is SmartScan?

SmartScan is a simple oral health screening you can do from home. If you avoid dental visits — whether due to costs, inconvenience or dental anxiety, SmartScan provides a fast, free and painless way to stay on top of your oral health.

What SmartScan is NOT.

SmartScan is not a replacement for a full exam and x-rays done in a dental office, which are important ways to protect your teeth, gums and overall good health.

The many benefits of SmartScan.

- SmartScreen screenings are available at no additional cost.
- The process takes approximately five minutes from start to finish
- You'll get an understanding of your oral health status plus health tips on how to improve your oral health

How to get started with SmartScan.

1. Log in or register on myCigna*
2. Select “Talk to a Doctor”
3. Select “Dental” virtual care
4. Select “Connect” to be directed to SmartScan

From here, using your smartphone, you'll take a series of photos of your teeth and gums. You'll be instructed on how to hold the camera and what to expect in terms of the types of photos needed.

**Please note: You must be actively enrolled in the Cigna Dental coverage to participate in the SmartScan program.*



Once completed:

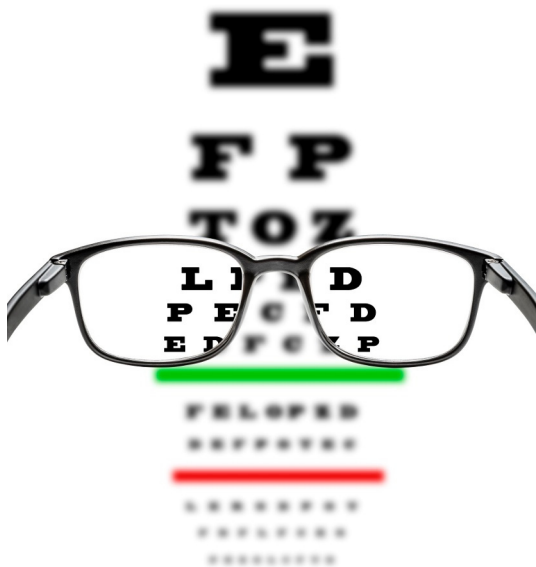
- Your photos will be uploaded to www.Dental.com
- Each photo is analyzed through artificial intelligence (AI) to determine potential areas of concern. Our network dentists also review each scan to improve the accuracy of the AI engine.
- You will receive a report that includes an overall rating of **green, yellow** or **red**, indicating your oral health status
- If your oral rating is green, you'll have peace of mind knowing your mouth is healthy. If your oral rating is yellow or red, you'll have an opportunity to book a teledentistry appointment thorough Cigna Healthcare Dental virtual care, or be referred to a Cigna Healthcare Dental in-network provider.

VISION PLAN

PEAC Solution’s vision plan is a voluntary benefit administered through Vision Benefits of America (VBA). To locate participating VBA providers, [CLICK HERE](#).

VISION PLAN

	IN-NETWORK	OUT-OF NETWORK
Exam	100%	\$40 reimbursement
Materials	\$20 copay	N/A
Frames	\$50 wholesale allowance (approx.. \$125 - \$150 retail)	Up to \$50 reimbursement
Lenses		
Single Vision Lenses	100%	Up to \$40 reimbursement
Bifocal Lenses	100%	Up to \$60 reimbursement
Trifocal Lenses	100%	Up to \$80 reimbursement
Lenticular Lenses	100%	Up to \$120 reimbursement
Contact Lenses (in lieu of eyeglasses)	\$110 allowance for elective 100% coverage for medically necessary	Up to \$110 reimbursement for elective Up to \$450 reimbursement for medically necessary
Frequency		
Vision Exam	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 12 months	Once every 12 months



If you choose to see an Optometrist who is Non-Participating: Make an appointment and receive the necessary services from the provider. Pay the provider in full fee and obtain an itemized receipt, which must contain the following information:

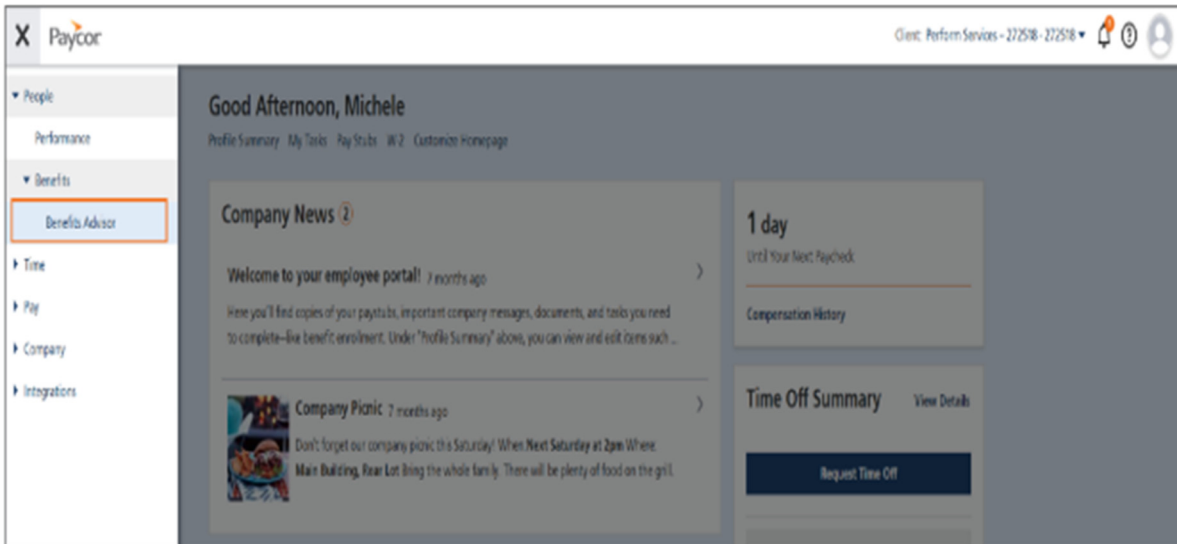
Patient’s name, Date of Service, the services & materials you received, the type of lenses you received.

Mail your vision care benefits form and receipts to:
Vision Benefits of America
300 Weyman Plaza
Pittsburgh, PA 15236-1588

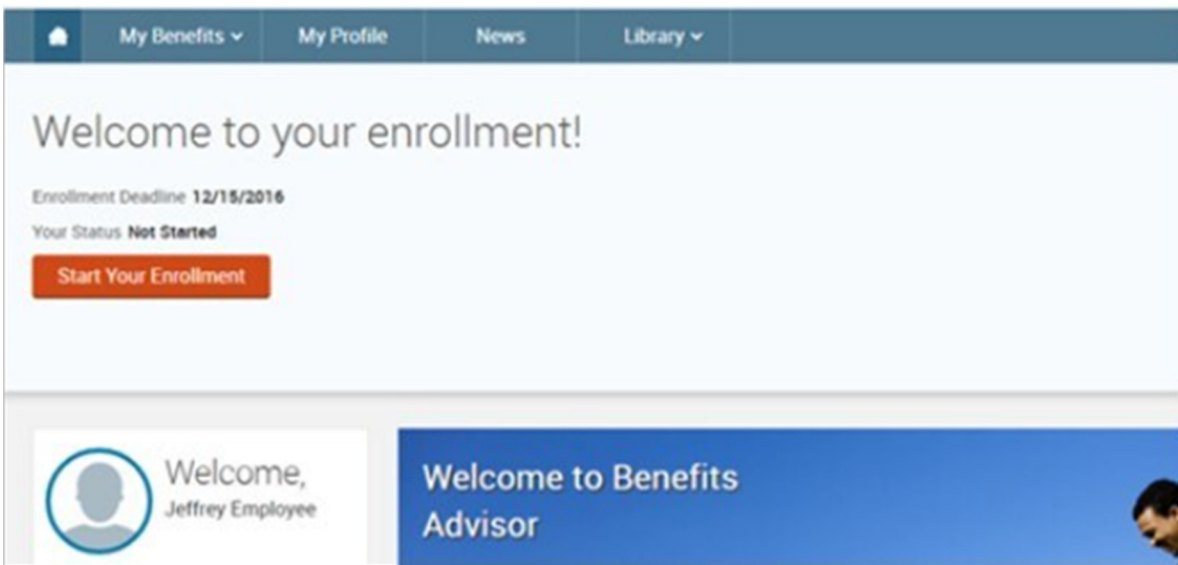
HOW TO ENROLL

Please follow the steps below to enroll in your benefits:

1. Login to Paycor. Click **People > Benefits**, and then click **Benefits Advisor**. You are not asked to login in again.

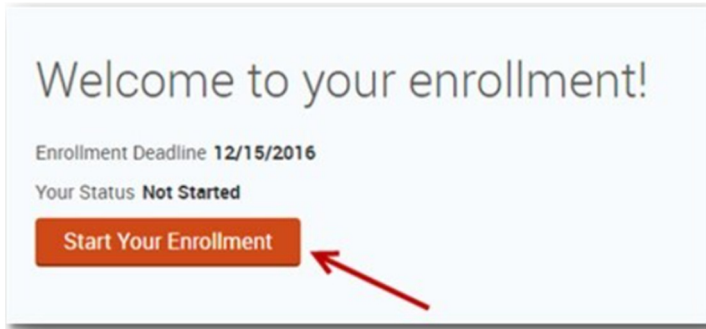


2. Review current benefit elections, update beneficiaries, update demographic information (This includes name, address, phone numbers and email addresses). From this screen you can: View your benefits, get information on the plans you're enrolled in, find carrier information, process a life event change that allows you to update your benefits, such as:
 - **Marriage:** add a spouse
 - **Birth/Adoption of a child:** add a new child
 - **Divorce:** remove a former spouse
 - **Loss of coverage through a spouse's plan:** allows you to add benefits



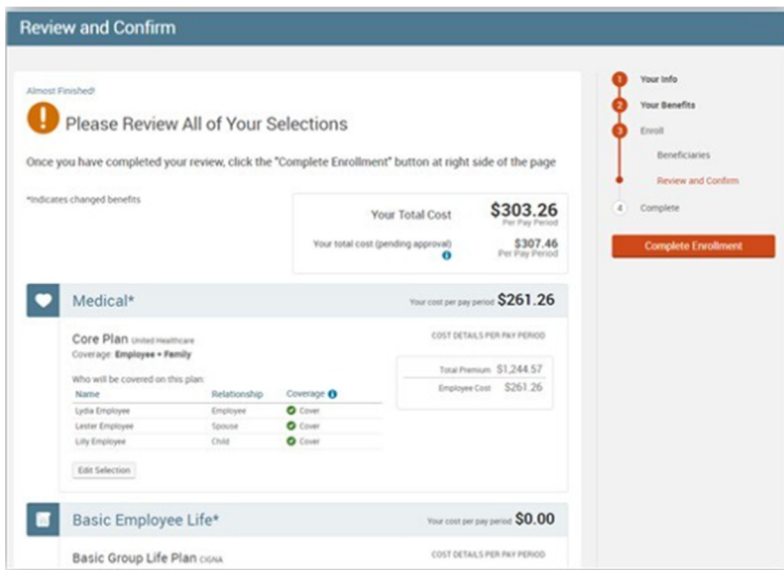
HOW TO ENROLL

3. Begin Open Enrollment. On the home screen, select **Start Your Enrollment** on the message board.



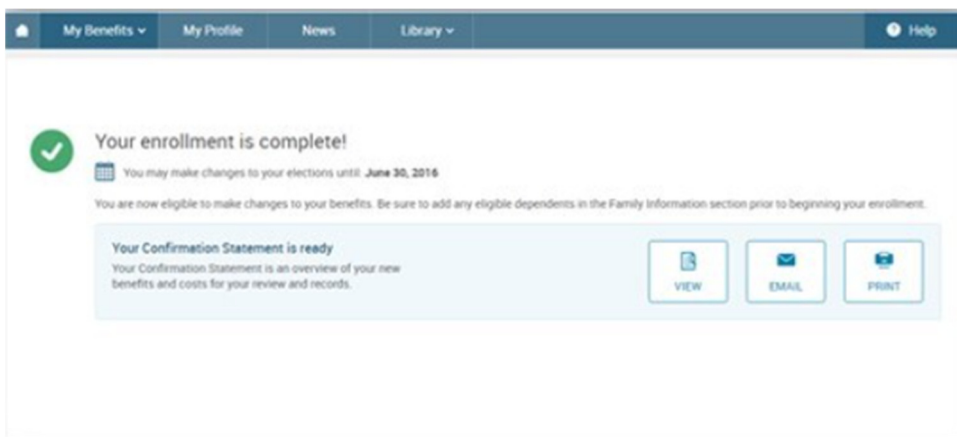
4. Carefully review all your benefit elections and covered dependents.

Note: You can change your elections by clicking **Edit Selection** for any of your plan selections. The dependents you wish to have included in your coverage are listed.



5. Email or print your confirmation statement of your elections.

Note: It is highly recommended that you send yourself an email or print your confirmation statement of your elections for your records.



ANCILLARY BENEFITS

Flexible Spending Account (FSA)

Flexible Spending Accounts (FSA) are a voluntary benefit that allows you to pay eligible healthcare and dependent care expenses with pre-tax dollars. You will not pay federal or social security taxes and, in most cases, state or local taxes on funds deducted for your plan.

- Health Care Expenses reimbursement for a wide variety of things such as medical copays and out of pocket expenses, dental, orthodontia, eyeglasses, many over the counter drugs, etc. **For 2024, the contribution limit is \$3,200.**
- Dependent Care Expense reimbursement for day care expenses for your qualified dependent/child. **For 2024, the contribution limit is \$5,000.**

401(k) Profit Sharing Plan & Trust

Saving for retirement is about giving yourself choices. Deductions from your paycheck toward the 401(k) program are invested with pre-tax money. This means that your contributions effectively lower the amount of income you get taxed on. Also, as long as your money stays in a 401(k) plan, you won't pay a penny in tax on your investment returns. Money compounds until you're ready to retire.

- Employees are eligible to participate on the 1st of the month, after 30 days of employment.
- Company matching contributions
- Free investment advice available

Life and AD&D Insurance

- Eligible employees receive one time Basic Annual Earnings, rounded to the next higher \$1,000; subject to a maximum of \$350,000
- **Benefit is paid by PEAC Solutions**

Long-Term Disability (LTD)

Long-Term Disability provides your income continuation in the event your illness or injury last beyond 180 days. This helps ensure you have a continued income if you are unable to work due to a covered sickness or injury.

- All full-time active employees working 40 hours or more
- Benefits for all other eligible classes provide a benefit up to 60% of salary maximum, \$10,000 per month
 - * **Benefit is paid by PEAC Solutions**
- Buy Up benefit of 66.67% to a maximum of \$15,000 per month is available
 - * **Benefit is 100% employee-paid**

Voluntary Life and AD&D Insurance

- Increments of \$10,000, to a maximum benefit of the lesser of \$500,000 or 5 times the employees Basic Earnings up to a maximum of 50% the employee selected benefit
- Spouse Life Insurance: Multiples of \$5,000 up to a maximum of 50% to a maximum of \$250,000 of your elected Life Insurance Benefit (rounded to the next higher \$5,000)
- Dependent Life Insurance: \$10,000 per dependent with a maximum benefit of \$500 for dependent children who are less than six months old
- Guaranteed Issue Amounts: \$200,000 for employee, \$30,000 for spouse
- **Benefit is 100% employee-paid**

NEW YORK LIFE VALUE-ADDED SERVICES

From health and wellness support, financial or legal needs, or help with life's everyday challenges, New York Life offers a variety of programs, offering you resources, services and discounts to help you manage your unique concerns and save time, energy and money. Explore the services listed below available to you and members of your household to start taking advantage of any or all of these offerings today.

Employee Assistance & Wellness Support

At no extra cost to you, an advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

You have face-to-face sessions with a behavioral counselor available to you - and your household members. Call to request a referral.

Educational seminars on a variety of relevant topics such as managing your life, work, money, and health are available in a quarterly calendar of monthly webcasts distributed to your employer.

For help handling life's challenges go on line for articles and resources including on family, care giving, pet care, aging, grief, balancing, working smarter, and more.

Receive a free 30-minute consultation with a network attorney. And up to a 25% discount on select fees.

Receive a free 30-minute consultation and 25% discount on tax planning and preparation.

You can contact Employee Assistance and Wellness Support in the following ways:

- Via phone: **800.344.9752**
- Website: **www.guidanceresources.com**
- Web ID: **NYLGBS**

New York Life Group Benefit Solutions Secure Travel

Take advantage of a worldwide travel assistance program including pre-trip planning, help while travelling and emergency support for trips more than 100 miles from home.

For assistance anywhere in the world, call **888.226.4567** (U.S. and Canada) or **202.331.7635**. Please indicate that you are a member of the New York Life Group Benefit Solutions Secure Travel program and group #57.

New York Life GBS Survivor Assurance

Find peace of mind in knowing your loved ones will have the support they need following a loss. Payment amounts from New York Life Group Life or Personal Accident programs over \$5,000 are deposited into an account that acts like a checking account and accrues interest. New York Life will send a package of information about the account as well as other valuable programs to help Life and Accident beneficiaries cope during a difficult time.

You can contact New York Life GBS Survivor Assurance in the following ways:

- Via phone: **800.570.3778** Mon-Fri from 8:00 am to 7:00 pm EST
- By writing to: **NYL GBS Survivor Assurance
PO Box 534029
Pittsburgh, PA 15253-4029**

NEW YORK LIFE VALUE-ADDED SERVICES

My Secure Advantage

- A full-service financial wellness program that offers solutions to all types of personal financial challenges.
- You and members of your household can work with a Money Coach for 30 days at no additional cost to you. Your Money Coach can help you handle any and every type of financial challenge, including but not limited to: basic money management, getting out of debt, saving for college or retirement, purchasing a home, marriage or divorce, loss of income, death in the family, and more.
- Through an easy-to-use online portal, you can communicate with your Money Coach, view educational webinars and access a library of financial tools, forms and tips.
- If you would like to continue working with your Money Coach after the first 30-day coaching period you may do so on a self-pay basis of \$39.95 per month.
- Even if you don't participate in Money Coaching, you can get a 25% discount on tax planning and preparation.
- Identity theft protection includes a fraud resolution kit and free 30-minute consultation with a Fraud Resolution Specialist for victims of identity theft or to learn how to better protect yourself from identity theft.
- Create and execute state-specific wills, powers of attorney and a variety of other important legal documents online, and use your legal consultation benefits to obtain a qualified attorney's review.

You can access MSA at **888.724.2262** Mon-Fri from 9:00 am to 11:00 pm ET (6:00 am to 8:00 pm PT) to speak to a representative or visit <https://cigna.mysecureadvantage.com>.



Work Wellness Website

In addition to these programs, New York Life Disability customers can access our Work Wellness Website for information on how to submit a disability claim, what to expect when you are on a disability and when you are returning to work, general information on family medical leave, and tips for managing your particular health condition at work.

Visit www.newyorklife.com/group-benefit-solutions/employees/work-wellness for information.

For more detailed information on each of these programs please see the flyers available through your employer.

COMMUTER BENEFITS

Reduce your commuting expenses by taking advantage of Commuter Benefits provided by **Optum Financial**. The IRS allows for certain work-related transit and parking expenses to be deducted from your paycheck on a pre-tax basis. Because you do not pay taxes on these expenses, you can SAVE BIG!

For tax years beginning after January 1, 2024 the IRS allows up to **\$315 per month** to be deducted pre-tax for commuter costs, and up to **\$315 per month** pre-tax for parking costs. Any amount beyond that becomes a post-tax deduction.

Transportation & Parking Benefits

- **Transit Passes** - You may purchase a transit pass for a specific vendor, such as subway, train or bus line. Passes are available from hundreds of vendors. You can pick the exact pass you use every day to commute to work, and we will mail it directly to your home every month. Or you can choose to receive a check that you will then use to purchase your transit pass. Types of transit passes include:
 - * **Standard Transit Pass**—This type of transit pass is a disposable pass that may be used to pay for transportation. If lost, this pass cannot be reissued and the value is gone.
 - * **Smart Card Transit Pass** - This type of transit pass is reloaded electronically and can be replaced if lost. Not every vendor offers a Smart Card.
- **Commuter Check Voucher for Transit** - Commuter Check Vouchers are redeemable for transit tokens and other fare media. The voucher is also accepted by participating vanpools. Vouchers may be used to purchase one or more types of transportation and you may use more than one voucher at a time. Change will not be given by the transportation provider, so be sure to order your check in the closest full dollar denomination to the charge. Commuter checks are valid for 15 months.
- **Commuter Check Prepaid MasterCard for Transit and Parking** - This is a reloadable prepaid card that can be used for qualified transit and parking expenses where Debit MasterCard®, Maestro® cards and NYCE® cards are accepted.
- **Direct Pay for Parking** - This option is for people with an existing relationship with a parking provider. With Direct Pay, the parking provider is paid directly on your behalf. It's a great choice for people who pay their parking on a monthly basis.
- **Commuter Check Vouchers for Parking** - Like the Commuter Check Vouchers for Transit, vouchers can be used to pay for eligible parking expenses. Vouchers may be used to purchase one or more types of parking, and you may use more than one check at a time. Change will not be given by the parking provider, so be sure to order your check in the closest full dollar denomination to the charge. Each Commuter Check Voucher for parking must be made payable to the Parking Operator. Commuter checks are valid for 15 months.
- **Parking reimbursement** - If offered by your employer, you can get reimbursed for eligible work-related parking expenses paid out of pocket. You may file a reimbursement claim online, create a recurring reimbursement, or contact Optum Financial customer service to receive a claim form. You will need to provide documentation that includes your name, description of service, date of service, and amount charged. Cancelled checks, credit card receipts, or balance forward statements are not acceptable.
- **Shared Rides** - If you leverage uberPOOL or Lyft Line to get to work each day, you can now use your Commuter Check Prepaid MasterCard to pay for this service. Simply select this payment method prior to requesting the chosen service for your work commute so that funds are properly allocated and enjoy the tax-free savings!

For more information on the Commuter Benefits available to you, provided by Optum Financial, please visit www.peacsolutionsbenefits.com.

BI-WEEKLY EMPLOYEE CONTRIBUTIONS

MEDICAL BENEFITS

	OPEN ACCESS PLUS	HDHP HSA
Employee Only	\$139.04	\$69.48
Employee & Spouse	\$278.94	\$150.12
Employee & Child(ren)	\$219.16	\$116.15
Family	\$368.67	\$195.73

DENTAL BENEFITS

	DPPO	DHMO (EXCEPT NH)
Employee Only	\$6.14	\$2.08
Employee & Spouse	\$12.41	\$4.01
Employee & Child(ren)	\$13.36	\$5.06
Family	\$19.62	\$7.00

VISION BENEFITS

Employee Only	\$2.34
Employee + 1	\$4.44
Family	\$6.09

ADDITIONAL BENEFIT RESOURCES

BenePortal

YOUR BENEFITS INFORMATION IS A CLICK AWAY!

BenePortal is a valuable online resource that houses all of our benefit information. It's your One-Stop-Shop for:

- All benefits-related information and downloads, including benefit summaries, detailed plan documents and legal notices
- Quick links to carrier websites
- Enrollment instructions and wellness forms
- And much more...

You and your family can access BenePortal anytime at peacsolutionsbenefits.com.

Benefits Member Advocacy Center (MAC)

AVAILABLE MONDAY-FRIDAY, 8:30 AM - 5:00 PM EST

The Benefits Member Advocacy Center (MAC), provided by our benefits consultant, Conner Strong & Buckelew, allows you to speak to a specially trained and experienced Member Advocate who can assist with any questions you have regarding the benefits being offered to you.

Call **800.563.9929**, send an email to cssteam@connerstrong.com, or submit a request online at www.connerstrong.com/memberadvocacy and complete the fields.

HUSK

Save money and achieve your fitness goals! Choose from over 10,00 gyms including national chains, regional chains and local gyms.

- Save with Husk Lowest Price Guarantee
- Enrolling is easy! Husk handles all inquiries, enrollments, etc. No paperwork, no payroll deductions and no hassle!
- Start moving! Once you enroll, you can start by noon the next day!
- And much more...

For more information, visit

<https://marketplace.huskwellness.com/connerstrong>

HealthyLearn

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

For more information, visit

www.healthylearn.com/connerstrong

PEAC Solutions reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.

ADDITIONAL BENEFIT RESOURCES

GoodRx

GoodRx, provided by Conner Strong & Buckelew, allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications. The cost for the same medications --- even when using a network retail pharmacy --- vary drastically from one drug store to the next. And while prescription drug plan copays may be the same no matter which pharmacy you go to, the retail cost to your employer may be greatly reduced when you get your medications from a pharmacy that charges a lower discounted price. Start saving on your prescriptions today at connerstrong.goodrx.com

Benefit Perks

CSB Benefit Perks is a discount and rewards program provided by our benefits consultant Conner Strong & Buckelew (CSB) that is available to all employees at no additional cost. The program allows consumers to receive discounts and cash back for hand-selected shopping online at major retailers. Use the Benefit Perks website to browse through categories such as: Automotive, Beauty, Computer & Electronics, Gifts & Flowers, Health & Wellness and much more! Consumers can also print coupons to present at local retailers and merchants for in-person savings, including movie theaters and other services.

Start saving today by registering online at <https://connerstrong.corestream.com>.



BENEFIT CONTACTS

LINE OF COVERAGE	COMPANY	WEBSITE	PHONE
Medical	Cigna	www.myCigna.com	866.494.2111
Pharmacy	Cigna	www.myCigna.com	866.494.2111
Dental	Cigna	www.myCigna.com	800.244.6224
Vision	Vision Benefits of America	www.vbaplans.com	800.432.4966
Life & Disability	New York Life	www.mynylgbs.com	888.842.4462
Spending Accounts	Inspira Financial	www.inspirafinancial.com	844.729.3539
Commuter Benefits	Optum Financial	www.optum.com	800.243.5543
Retirement - 401k	Lincoln Financial Group	www.lincolnfinancial.com/retire	800.234.3500
Member Advocacy (BenefitsMAC)	Conner Strong & Buckelew	www.connerstrong.com/memberadvocacy	800.563.9929



LEGAL NOTICES & DISCLOSURES

Notice Regarding Special Enrollment

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program)

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

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

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

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

Eligibility for Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, please contact Human Resources.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96

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

Women's Health and Cancer Rights Act

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

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

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

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't

already enrolled. This is called a "special enrollment" 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, 2023. Contact your State for more information on eligibility –

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

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

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

CALIFORNIA - MEDICAID
Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid
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

LEGAL NOTICES & DISCLOSURES

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

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

KANSAS – Medicaid

Website: <https://www.kancare.ko.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-766-9012

KENTUCKY – 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: KIHIP.PPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – 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)

MAINE – Medicaid

Enrollment Website: www.mymaineconnection.gob/benefits/s/?language=en_US
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

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 617-886-8102
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

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

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 1-573-751-2005
MONTANA – Medicaid
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178
NEVADA – Medicaid
Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/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

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

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlre Share Line)

SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS - Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 800-251-1269

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

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

LEGAL NOTICES & DISCLOSURES

Important Notice From PEAC Solutions 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 PEAC Solutions 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. PEAC Solutions has determined that the prescription drug coverage offered by the PEAC Solutions Prescription Drug plan 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 15th to 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 PEAC Solutions Prescription Drug coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage. More information is available at: <http://www.cms.hhs.gov/CreditableCoverage/>, which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

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

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 PEAC Solutions 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 information or call Payroll at 856-461-6800 ext. 1012. **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 through PEAC Solutions changes. You also may request a copy of this notice at any time.

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).

Date:

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).

September 25, 2023

Name of Entity/Sender: PEAC Solutions
Contact - Position/Office: Human Resources
Address: 300 Fellowship Road
Mt. Laurel, NJ 08054
Phone Number: 856-505-4175

INSURANCE MARKETPLACE NOTICE

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier's customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to <https://www.healthcare.gov/marketplace/individual/>.

PART B: Information about Health Coverage Offered by Your Employer

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

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.

3. Employer Name PEAC Solutions		4. Employer Identification Number (EIN) 38-3686388	
5. Employer Address 300 Fellowship Road		6. Employer phone number 888-479-9111	
7. City Mt. Laurel	8. State NJ	9. Zip Code 08054	
10. Who can we contact about employee health coverage at this job? Human Resources		11. Phone number 856-505-4175	12. Email Address hr@peacsolutions.com

HEALTH CARE SPOUSAL SURCHARGE FORM

A \$40 bi-weekly spousal surcharge will be added to your premium if you have elected coverage for your spouse and your spouse is eligible for coverage through his/her employer but elects not to enroll. If your spouse is eligible for coverage as an employee, the spousal coverage surcharge is waived.

_____ I have enrolled my spouse in PEAC Solution's Medical Plan, and my spouse does not have health coverage available through his/her employer; or my spouse does not work; or is self-employed; or is covered only through Medicare for his/her primary insurance.

_____ I have enrolled my spouse in PEAC Solution's Medical Plan and my spouse has health coverage available through his/her employer and has elected not to enroll in their health plan. I understand the \$40 bi-weekly premium surcharge will be applied & authorize a deduction from my pay check on a pre-tax basis.

If this form is not received by the Human Resources Department and your spouse is enrolled in coverage, you will be charged the surcharge until this form is received.

If your spouse loses or obtains health coverage through their employer, you have 30 days to notify the Human Resources Department of such change. The Human Resources Department needs to be notified in writing of this and all Family Status changes within 30 days of when the change occurred. If you do not provide your notification within this 30-day period, you will not be able to change your benefit elections until the next company wide open enrollment.

My signature below indicates that the facts set forth on this form are true and complete to the best of my knowledge. I also understand that if my spouses group health insurance status changes, it is my responsibility to notify the Human Resource Department in writing within 30 days of such change. Any false statements written on this form or on future forms as it relates to spousal health information shall be considered grounds for disciplinary action.

Name (Please Print)

Employee #

Signature

Date