CENTER FOR FAMILY SERVICES

2024-2025

EMPLOYEE BENEFITS GUIDE

At **Center For Family Services,** we are committed to providing our employees with a comprehensive, valuable employee benefits package and the resources you need to understand all the options.

As an employer, we recognize that our employees are our most valuable asset and the health and well-being of you and your dependents is very important to us. We want to ensure that we continue in our commitment to provide you with valuable benefit options, tools, and resources you need to stay committed to your health.

The benefits outlined in this guide will be effective from **July 1, 2024 through June 30, 2025**. If you have any questions about the benefits outlined, please see page 17 of this guide for a list of benefit resources available to assist you with the enrollment process.

We encourage you to carefully review this guide to familiarize yourself with our benefit offerings and ensure you are making the best decision for you and your family.

INSIDE THIS GUIDE

ELIGIBILITY INFORMATION

WHO IS ELIGIBLE TO ELECT BENEFITS?

Full-time employees who are working 30 hours or more and their eligible dependents are eligible to enroll in the medical, dental, and vision benefits described in this guide. Employees are required to work 35 hours per week to be eligible for Basic Life and AD&D and 20 hours per week for Voluntary Life.

Eligible dependents including all of the following:

- Legal spouse/civil union partner
- Biological child(ren), Legally adopted child(ren), Foster child(ren), Stepchild(ren) as long as a natural parent remains married to the employee and resides in the employee's household
- Child(ren), including grandchild(ren) for whom you have court-ordered legal guardianship.
- Child(ren) up to age 26 for medical, vision, dental, and voluntary benefits

NOTE: If you are enrolling a dependent(s) for the first time, or if you have not provided Human Resources with proof in the past, you will need to provide proof of your dependent's eligibility (e.g., birth certificate, marriage certificate, etc.)

ENROLLMENT INFORMATION

HOW TO ENROLL/WAIVE

To enroll in benefits, waive coverage and update your dependent information, you ***must*** login to the **e3 Portal**.

Important Note: Please remember that NO paper enrollment forms will be accepted, all changes must be made online through e3.

Coverage will be effective the first of the month following 30 days of employment.

QUESTIONS?

If you have any questions on the benefits available to you, you may contact the HR Department.

As an additional resource for benefit related questions, you may also call the Conner Strong & Buckelew Benefits Member Advocacy Center (Benefits MAC) at **800.563.9929 (Monday - Friday, from 8:30 am to 5:00 pm)**.

HOW OFTEN CAN I CHANGE MY PLAN ELECTIONS?

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment period. Qualified changes in status include:

- Marriage/civil union partnership
- Employment (status change)
- Divorce
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse/civil union partner
- Commencement or termination of adoption proceedings
- Change in spouse's/civil union partner's benefits or employment status

NOTE: You must notify Human Resources and provide all the required documentation, within 31 days of experiencing a qualified status change. Create a Human Resources Work Order/Ticket on the Staff Portal.

MEDICAL & PRESCRIPTION PLANS

CIGNA

	BASE PLAN	STANDARD PLAN	BUY-UP PLAN
IN-NETWORK BENEFITS			
CALENDAR YEAR DEDUCTIBLE Individual/Family	$2,500/$5,000	$2,000/$4,000	None
OUT-OF-POCKET MAXIMUM* Individual/Family	$6,600/$13,200	$3,500/$7,000	$4,000/$8,000
COINSURANCE	Plan pays 60%	Plan pays 70%	Plan pays 100%
PREVENTIVE CARE SERVICES	Covered 100%	Covered 100%	Covered 100%
PCP OFFICE VISITS	$40 copay	$30 copay	$30 copay
SPECIALIST OFFICE VISIT	$60 copay	$50 copay	$50 copay
INPATIENT HOSPITAL	Plan pays 60%**	Plan pays 70%**	$400 per day (max 5 days)
OUTPATIENT SURGERY	Plan pays 60%**	Plan pays 70%**	$200 copay
DIAGNOSTIC LABORATORY	Covered 100%	Covered 100%	Covered 100%
DIAGNOSTIC X-RAY/IMAGING (MRI, CT-Scan)	Routine Radiology: Plan pays 100% Complex Radiology: $100 copay	Routine Radiology: Plan pays 100% Complex Radiology: $100 copay	Routine Radiology: Plan pays 100% Complex Radiology: $100 copay
EMERGENCY ROOM	$100 copay (waived if admitted)	$100 copay (waived if admitted)	$100 copay (waived if admitted)
URGENT CARE CENTER	$50 copay	$50 copay	$50 copay
OUT-OF-NETWORK BENEFITS			
DEDUCTIBLE Individual/Family	$7,500/$15,000	$3,000/ $6,000	$2,500/$5,000
OUT-OF-POCKET MAXIMUM Individual/Family	$20,000/$40,000	$15,000/ $30,000	$12,000/$24,000
COINSURANCE (% Plan Pays)	Plan pays 50%**	Plan pays 50%**	Plan pays 60%**
PRESCRIPTION BENEFITS			
RETAIL PHARMACY *(30 day-supply)* Generic Brand Preferred Brand Non-Preferred	 $10 copay 30% to $50 max 50% to $75 max	 $10 copay 30% to $50 max 50% to $75 max	 $10 $40 $60
MAIL ORDER *(90-day supply)* Generic Brand Preferred Brand Non-Preferred	 $20 copay 30% to $100 max 50% to $150 max	 $20 copay 30% to $100 max 50% to $150 max	 $20 $80 $120

PLEASE NOTE: The **Benefit Year** begins on July 1 and ends on June 30. The deductible and out-of-pocket maximum amount reset at the beginning of **each calendar year**, January 1.

* Out-of-Pocket maximums include medical deductible, copays/prescription cost share, and coinsurance

** After deductible

ONLINE TOOLS
CIGNA

IMPORTANT! CIGNA ID CARDS

To obtain a copy of your ID card, you will need to create an account on **www.mycigna.com** or on the myCigna app. Once you register, you will be able to email, download, and print your ID card.

MYCIGNA WEBSITE AND MOBILE APP

There is so much you can do on the myCigna website or the myCigna app! You are able to find a provider and access a variety of health and wellness tools. The myCigna website and app both have an easy, interactive health assessment to help you learn more about your health and what you can do to improve it.

REGISTER TODAY

You can register online or through the app:

- Go to **www.mycigna.com** or launch the myCigna App and select **"Register Now"**
- Enter the requested information
- Confirm your identity
- Create your security information and provide your primary email address
- Review and submit

PRICE ASSURE

Powered by GoodRx

If you are enrolled in one of the Cigna medical plans, you will have access to Price Assure powered by GoodRx! GoodRx pricing is available for many commonly used non-specialty generic medications (filled in a 30-day or 90-day supply) at any in-network retail pharmacy.

All you need to do is present your Cigna ID card, and behind the scenes Price Assure will compare the GoodRx price (when available) versus the benefit price and ensure you pay the lower amount! Additionally, any amount you pay out of pocket for a covered drug using Price Assure will count towards your deductible and maximum out-of-pocket amounts.

Scan the QR Code to visit the myCigna website!

SAVE TIME & MONEY!
KEEP NON-EMERGENCIES OUT OF THE ER

Avoid long waits at the Emergency Room and reduce your out-of-pocket costs by utilizing MDLIVE and Urgent Care Centers for ailments that are not life-threatening. Both of these options provide fast, effective care—when you need care fast. Unnecessary visits to the ER can be very costly. When you keep non-emergencies out of the ER, you help keep benefits costs down, both for you and Center For Family Services. **And the best part is, you can do this in the privacy of your home or office.**

KNOW WHERE TO GET CARE

Before you go to the ER, consider whether your condition is truly an emergency or if you can receive care from MDLIVE or Urgent Care instead. Below are just a few examples of where you can go and when.

MDLIVE	URGENT CARE CENTER	EMERGENCY ROOM
• Cold/Flu • Allergies • Animal/ insect bite • Bronchitis • Skin problems • Respiratory infection • Sinus problems • Strep throat • Pink eye/ Eye irritation • UTI/ Urinary issues	• Allergic reactions • Bone x-rays, sprains or strains • Nausea, vomiting, diarrhea • Fractures • Whiplash • Sports injuries • Cuts and minor lacerations • Infections • Tetanus vaccinations • Minor burns and rashes	• Heart attack/ Stroke symptoms • Chest pain, numbness in limbs or face, difficulty speaking, shortness of breath • Coughing up or vomiting blood • High fever with stiff neck, confusion or difficulty breathing • Sudden, unexplained loss of consciousness • Excessive blood loss

ACCESS DOCTORS ON DEMAND

You and your family members have unlimited on-demand access to doctors by phone or video chat. Whether you're on vacation or it's the middle of the night, the care you need is just to call or click away. You and your family members have unlimited on-demand access to doctors by phone or video chat from your mobile device - 24/7/365.

To connect with a MDLIVE virtual provider, log into **www.cigna.com** or call **888.726.3171**.

To locate a Cigna Behavioral Health provider, log into **www.cigna.com** or call **800.244.6224**.

WHEN TO USE URGENT CARE

Urgent Care Centers should be used for non-emergency, time-sensitive ailments. Urgent Care Centers are, on average, 80% less costly than Emergency Rooms. They are a convenient, cost-effective medical care alternative when your primary care physician is unavailable or your ailments cannot be treated through MDLIVE. Typically no appointments are necessary and most Urgent Care centers are open 7 days a week!

As a reminder, under each of the Cigna medical plans, you will pay a $50 copay for an Urgent Care visit versus a $100 copay for an Emergency Room visit.

DENTAL BENEFITS

DELTA DENTAL

DELTA DENTAL PPO PLUS PREMIER*

SERVICES	IF A DELTA DENTAL PPO DENTIST IS USED	IF A DELTA DENTAL PREMIER DENTIST IS USED	IF A NON-PARTICIPATING DENTIST IS USED
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major Services ONLY	$50 individual / $150 family	$50 individual / $150 family	$50 individual / $150 family
CALENDAR YEAR MAXIMUM (per patient)	$1,500	$1,500	$1,500
PREVENTIVE & DIAGNOSTIC Exams, Cleanings (twice per year) Bitewing X-rays (1 set per calendar year) Fluoride Treatment (once in a calendar year, children to age 16)	100%	100%	100%
BASIC SERVICES Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	80%	80%	80%
MAJOR SERVICES Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	50%	50%	50%
ORTHODONTIA BENEFITS	Not Covered	Not Covered	Not Covered
ORTHODONTIA LIFETIME MAXIMUM (per patient)	Not Covered	Not Covered	Not Covered

* Delta Dental PPO Plus Premier combines the Delta Dental PPO and Delta Dental Premier networks, which gives you the benefits of Delta Dental PPO and more. With this plan, even if your Delta Dental Premier dentist is not in the PPO network, you still receive the benefit of that dentist's contracted fee.

To find a participating Delta Dental dentist in your area, go to www.deltadentalnj.com or call Delta Dental Member Services at 800.452.9310.

Scan the QR Code to visit the Delta Dental website!

PRE-ESTIMATION

If the charge for dental treatment is expected to exceed $250, Delta Dental recommends securing a pre-treatment estimate before starting treatment. Pre-treatment estimates are most commonly requested for procedures such as crowns, wisdom teeth extractions, bridges, dentures, etc.

ID CARDS

Delta Dental provides physical ID cards for dental coverage, which you will receive in the mail. You can also print a copy of your card from the secure Delta Dental member website at any time, by visiting **www.deltadentalnj.com**.

VISION BENEFITS

VISION BENEFITS OF AMERICA (VBA)

VISION PLAN

	IN-NETWORK	OUT-OF-NETWORK
EYE EXAMINATION	Covered 100%	Up to $40 reimbursement
MATERIALS		
Single Vision	Pays 100% after $20 copay	Up to $40 reimbursement
Bifocal		Up to $50 reimbursement
Trifocal		Up to $75 reimbursement
Basic Progressive ** additional costs apply*		Up to $75 reimbursement
FRAMES	Up to $125 retail allowance	Up to $50 reimbursement
CONTACT LENSES (in lieu of eyeglasses)	$100 allowance (including 15% of fitting UCR)	Up to $100 reimbursement
FREQUENCY		
Examination	Once every 12 months	
Frames	Once every 24 months	
Lenses	Once every 12 months	
Contact Lenses	Once every 12 months	

LASIK DISCOUNTS

TLC Laser Eye Centers

- Receive a free consultation and 10% off a LASIK procedure from TLC Laser Eye Centers.
- TLC Laser Eye Centers offer the most advanced LASIK procedures including Bladeless and Custom LASIK.
- TLC has performed over two million procedures, and provides enhancement procedures free of charge if necessary. To learn more or search for locations near you visit **www.TLCVision.com**.

QualSight Lasik

- Save up to 35% off LASIK procedures from QualSight. QualSight provides a managed Laser Vision Correction program through a national, credentialed network of the nation's most experienced surgeons, who have collectively performed more than 6.5 million procedures. QualSight has more than 900 locations nationwide. Learn more at **www.qualsight.com** or call **877.437.6105**.

To find an in-network vision provider, please visit www.vbaplans.com.

Please note, the Group Number for this plan is VBA2108.

Scan the QR Code to visit the VBA website!

EMPLOYEE CONTRIBUTIONS
EFFECTIVE JULY 1, 2024 THROUGH JUNE 30, 2025

CIGNA BASE PLAN			
ENROLLMENT TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	26 PAYS
EMPLOYEE ONLY	$905.78	$113.65	$52.45
EMPLOYEE + SPOUSE	$1,272.93	$867.88	$400.56
EMPLOYEE + CHILD(REN)	$1,597.84	$206.56	$95.34
FAMILY	$1,943.57	$1,068.86	$493.32

CIGNA STANDARD PLAN			
ENROLLMENT TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	26 PAYS
EMPLOYEE ONLY	$986.50	$215.10	$99.28
EMPLOYEE + SPOUSE	$1,470.18	$1,053.17	$486.08
EMPLOYEE + CHILD(REN)	$1,792.49	$334.33	$154.31
FAMILY	$2,256.84	$1,293.88	$597.18

CIGNA BUY UP PLAN			
ENROLLMENT TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	26 PAYS
EMPLOYEE ONLY	$875.13	$491.82	$226.99
EMPLOYEE + SPOUSE	$1,236.29	$1,634.30	$754.29
EMPLOYEE + CHILD(REN)	$1,595.39	$824.10	$380.35
FAMILY	$1,927.74	$2,111.59	$974.58

DELTA DENTAL PLAN			
ENROLLMENT TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	26 PAYS
EMPLOYEE ONLY	$26.18	$6.89	$3.18
EMPLOYEE + SPOUSE	$31.41	$32.88	$15.18
EMPLOYEE + CHILD(REN)	$50.91	$13.38	$6.18
FAMILY	$56.15	$39.38	$18.18

VISION PLAN			
ENROLLMENT TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	26 PAYS
EMPLOYEE ONLY	$2.39	$0.81	$0.37
EMPLOYEE + SPOUSE	$2.40	$4.45	$2.06
EMPLOYEE + CHILD(REN)	$5.25	$1.75	$0.81
FAMILY	$5.25	$4.84	$2.23

LIFE/AD&D AND LONG-TERM DISABILITY

SUNLIFE

BASIC LIFE, AD&D, AND LONG-TERM DISABILITY (LTD)

All active, full-time employees regularly working at least 35 hours each week are enrolled in Basic Life, Accidental Death & Dismemberment (AD&D), and Long-Term Disability (LTD) Plan. This coverage is available at no cost - the company pays 100% of the Basic Life, AD&D, and LTD premium.

- Basic Life/AD&D benefit is one times annual salary to a maximum of $75,000.
- LTD coverage equal to 60% of covered monthly earnings to a maximum of $5,000 per month.

REMINDER: Don't forget to check in the e3 Portal to ensure that all of your beneficiary information is up-to-date for Agency and Voluntary Policies.

VOLUNTARY LIFE

Employees working 20 or more hours weekly have the opportunity to purchase additional Life insurance for yourself, your spouse and your child(ren). **Voluntary Life coverage is 100% employee paid.**

NOTE: You must purchase Voluntary Life Insurance for yourself to be eligible to purchase voluntary coverage for your spouse and/or child(ren).

VOLUNTARY LIFE OPTIONS:

EMPLOYEE: $10,000 to a maximum of $250,000 or not to exceed 5 times your basic annual earnings. Guaranteed Issue Amount: $150,000*

SPOUSE: $5,000 to a maximum of $125,000 (this may not exceed 50% of the elected employee amount). Guaranteed Issue Amount: $50,000*

CHILD(REN): $1,000, $5,000, or $10,000 each (this may not exceed 50% of the elected employee amount).

*Guaranteed Issue amounts are available to new hires **ONLY**.

IMPORTANT! Employees may also purchase Voluntary AD&D coverage for themselves. You MUST have Voluntary Life coverage in order to elect Voluntary AD&D coverage. Additionally, your Voluntary Life and AD&D election amounts MUST match.

Age Reduction applies:

- **AGE 70:** benefits reduce by 33% of original life amount
- **AGE 75:** benefits will reduce 33% of in force life amount. *Reduced amount will not be less than $20,000.*
- Contribution rate information can be found in the e3 online enrollment system.

NOTE: Employees and spouses are responsible for identifying when their Voluntary Life election requires Evidence of Insurability (EOI). EOI can be submitted to SunLife via paper or the SunLife portal.

Submit an HR Work Order/Ticket from the staff portal for further instructions.

VOLUNTARY BENEFITS
CIGNA

Hospital Indemnity and Accident Insurance coverages are 100% employee paid.

HOSPITAL INDEMNITY

A hospital stay can happen at any time, and it can be costly. Hospital Indemnity insurance helps you and your loved ones have additional financial protection.

With hospital indemnity insurance, a benefit is paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness.

Benefits are payable upon initial admission to the hospital (ICU and non-ICU) as well as a per day benefit while confined. Benefits can be used to cover the cost of copays, deductible, childcare or other unexpected costs.

Voluntary plans do not coordinate with medical coverage, which means you'll receive the benefit for a covered hospitalization, regardless of what your medical insurance covers.

ACCIDENT INSURANCE

Accidents happen and they can affect more than just your physical health. With Accident Insurance you're eligible to receive a benefit, according to a set schedule, when you experience a covered accident or injury. You may utilize the payments as you best see fit. Voluntary plans do not coordinate with medical coverage, which means that you'll receive the benefit for a covered accident or injury, regardless of what your medical insurance covers.

Accident Insurance covers:

- Initial & emergency care
- Hospitalization
- Fractures & dislocation
- Follow-up care

In addition, the Cigna Accident Insurance includes a wellness rider, which will pay a $50 benefit, **per covered person per year**, for completing a covered health screening or preventive care service. Some examples include (but are not limited to): routine gynecological exams, adult immunizations (including COVID-19), general health exams, cancer screenings, Well Child Care (visits, labs, and immunizations), etc.

QUESTIONS?

To learn more about these benefits please call **800.351.9214** or visit **www.cigna.com**.

Scan the QR Code to visit the Cigna website!

FLEXIBLE SPENDING ACCOUNTS

WEX

Center For Family Services provides you with the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars from the Flexible Spending Accounts.

REMEMBER!

FSA participants have until March 31, 2025 to submit all claims for eligible FSA expenses incurred during the 2024 calendar year. You MUST enroll/re-enroll in the FSA plan each year.

HEALTHCARE FSA

A **Healthcare Flexible Spending Account (FSA)** is used to reimburse out-of-pocket healthcare expenses you and your dependents incur. The minimum contribution is **$100** and the maximum you can contribute to the Healthcare FSA is **$3,200**.

The Healthcare FSA can be used for:

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses, and sunglasses
- LASIK eye surgery

CARRYOVER MAXIMUM

Employees are eligible to carryover up to $640 of the current calendar year unused healthcare FSA funds into the next calendar year, if you choose to participate in the next healthcare FSA. The unused amount of up to $640, will carryover into the next calendar year when you re-enroll in the healthcare FSA and can be used to pay for eligible medical expenses in the next calendar year. Any unused funds exceeding $640 at the end of the current calendar year will be forfeited. For example, you have $350 of unused FSA funds on December 31, 2024 and make a new election of $3,000 for the 2025 plan year. The total amount available to you in 2025 is $3,350 ($350 rolled over from 2024 + $3,000 new election).

DEPENDENT CARE FSA

The Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents. The Dependent Care FSA allows you to use pre-tax dollars toward qualified dependent care expenses. The annual maximum amount you may contribute is $5,000 (or $2,500 if married and filing separately) per calendar year.

The Dependent Care FSA can be used for:

- Au Pair
- After school programs
- Baby-sitting/dependent care to allow you to work or actively seek employment
- Day camps and preschool
- Adult/eldercare for adult dependents

COMMUTER & PARKING BENEFITS

WEX

Center For Family Services is pleased to provide our employees Commuter and Parking Benefits provided through WEX. See below for additional information regarding this account, as well as a list of qualified eligible expenses that would enable you to enroll in this type of spending account.

TRANSIT & PARKING PRE-TAX REIMBURSEMENT ACCOUNTS

The accounts allow your to pay for eligible work-related parking and transit commuter expenses through pre-tax payroll deductions from your paycheck.

You are able to make a monthly pre-tax election up to **$315 for transit and/or up to $315 for parking**. Once you make your election, you will receive a debit card that can be used to pay for work related transit and parking expenses. Your debit card is loaded with your pre-tax deductions each time a deduction is taken from your paycheck. Each time you use your debit card to pay for transit and parking purchases, the funds are automatically debited from your transit or parking account.

Any unused funds from your parking or transit accounts may be carried over to subsequent years. There is no annual "use it or lose it" rule. While unused amounts cannot be cashed out, they do not need to be forfeited, and can be carried over to provide parking or transit benefits in subsequent years.

QUESTIONS

If you are an employee that qualifies to enroll in either a parking or transit account, or have questions regarding either, please contact WEX at **877.837.5017** or create a Human Resources Work Order/Ticket on the Staff Portal.

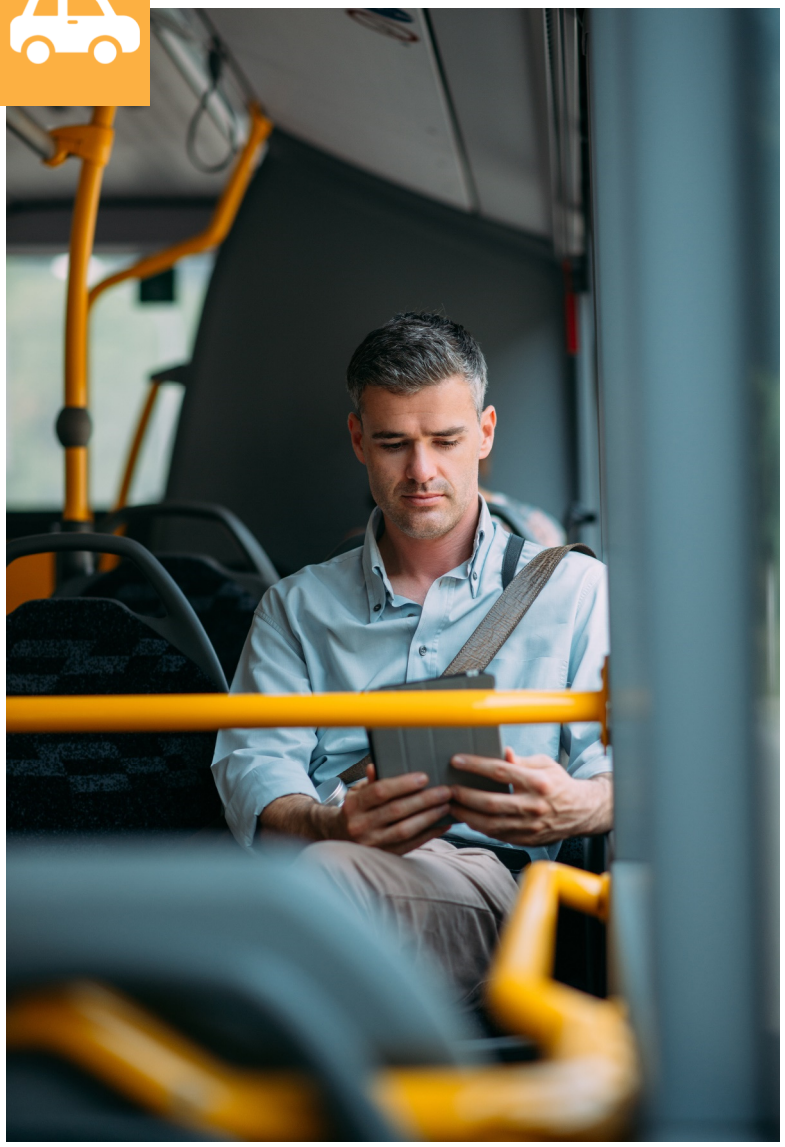
ELIGIBLE PARKING & TRANSIT EXPENSES

Eligible work-related transit expenses include vouchers, passes, tokens for buses, trains, rail, subway, ferries, and vanpooling costs.

Eligible work-related parking expenses include parking at or near work in a parking garage, lot, or at a meter.

This account also includes parking at a place where a vehicle is parked in order to take mass transit to work.

EXAMPLE: Parking at a commuter train station because you take the train to work - often called "Park and Ride" Lots.



EMPLOYEE ASSISTANCE PROGRAM

COMPSYCH

All Center For Family Services employees, and their dependents or family members are eligible for free services through the Employee Assistance Program.

WHAT COUNSELING SERVICES DOES THE EAP PROVIDE?

Your ComPsych GuidanceResources program EAPEssentials offers someone to talk to and resources to consult whenever and wherever your need them. The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns. If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

WHAT HAPPENS WHEN I CALL FOR COUNSELING SUPPORT?

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

TO ACCESS YOUR EAP 24/7:

- Call **800.460.4374 (TTY: 800.697.0353)**
- Download the App: **GuidanceNow**
- Visit **www.guidanceresources.com**
  Web ID: **EAPEssential**
  Company ID: **cente**

WHEN TO CONTACT THE EAP

Confidential Emotional Support

Highly trained clinicians will listen to your concerns and help you or your family members in your household with any issues, including:

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

Work-Life Solutions

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

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

Legal Guidance

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

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

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

Financial Resources

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

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

Online Support

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

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

BENEFIT RESOURCES
PROVIDED BY CONNER STRONG & BUCKELEW

BENEFITS MEMBER ADVOCACY CENTER

Available Monday - Friday, 8:30 am - 5:00 pm EST

The Benefits Member Advocacy Center (Benefits 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 questions you may have regarding the benefits being offered.

Call **800.563.9929** or submit a request online at **www.connerstrong.com/memberadvocacy** and complete the fields.

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 forms and wellness forms
- And much more...

You and your family can access BenePortal anytime at **www.cfsbeneportal.com**.

HEALTHYLEARN

This resource covers over a thousand health and wellness topics in a simple, straight-forward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well. To learn more about HealthyLearn, please visit **https://healthylearn.com/connerstrong**.

HUSK WELLNESS

Empowering Healthier Living

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace (formerly GlobalFit). HUSK offers:

- Exclusive savings and flexible membership options to a variety of gyms and fitness centers
- HUSK nutrition provides evidence based virtual health and nutrition programs.
- On-Demand Fitness
- And much more...

You can learn more about HUSK Wellness by calling **800.294.1500** or visit **https://marketplace.huskwellness.com/connerstrong**.

BENEFIT PERKS

This feature provides a broad array of services, discounts and special deals on consumer services, travel services, recreational services and much more. Simply access the site and register and you can begin using it now. Learn more at **https://connerstrong.corestream.com**.

GOODRX

GoodRx is a valuable resource that allows you to compare prescription drug prices at local and mail-order pharmacies and discover free coupons and savings tips. Learn more about GoodRx and start saving today by visiting **https://connerstrong.goodrx.com**.

IMPORTANT CONTACTS

LINE OF COVERAGE	COMPANY	WEBSITE	PHONE
MEDICAL & PRESCRIPTION	Cigna	www.cigna.com	800-244-6224
DENTAL	Delta Dental	www.deltadentalnj.com	800-452-9310
VISION	Vision Benefits of America (VBA)	www.vbaplans.com	800-432-4966
BASIC LIFE, AD&D, AND LTD	Sunlife	www.sunlife.com/us	800-247-6875
ACCIDENT INSURANCE & HOSPITAL INDEMNITY	Cigna	www.cigna.com	800-351-9214
FLEXIBLE SPENDING ACCOUNTS (FSA), PARKING & COMMUTER BENEFITS	WEX	www.myfsaexpress.com	877-837-5017
EMPLOYEE ASSISTANCE PROGRAM (EAP)	ComPsych	www.guidanceresources.com Web ID: EAPEssential Company ID: cente	800-460-4374

LEGAL NOTICES

Special Enrollment Notice

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 (including COBRA 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 or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36 -month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment.

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). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

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 or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption.

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. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, 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 January 31, 2024. 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@MyAKHIPP.com
Medicaid Eligibility:
https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (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 Plan Plus (CHP+)
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.flmedicaidtplrecovery.com/flmedicaidtplrecovery.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

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

LEGAL NOTICES

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.ks.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: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website:
https://chfs.ky.gov/agencies/dms

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: 711
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: HHSHIPPProgram@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 RIte 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 January 31, 2024, 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

Important Notice from Center For Family Services 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 *Center For Family Services* 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. *Center For Family Services* has determined that the prescription drug coverage offered by *Center For Family Services* prescription drug plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is **Creditable Coverage**, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 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 *Center For Family Services* coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage. *See* pages 7 - 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (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 *Center For Family Services* coverage, be aware that you and your dependents will be able to get this coverage back if there is a Life Event or at open enrollment.

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 *Center For Family Services* 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. 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 Center For Family Services 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).

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:	July 2024
Name of Entity/Sender:	Center For Family Services
Contact - Position/Office:	Human Resources
Address:	1 Alpha Avenue, Voorhees, NJ 08043
Phone Number:	856-657-7553