



2023-2024
NEW HIRE BENEFIT GUIDE

DISCOVER YOUR BENEFITS



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Important Notice

Caraday Healthcare has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. Caraday Healthcare reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible team members and Caraday Healthcare share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Caraday Healthcare.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 25 for more details.



From the moment anyone – residents, families, or team members – walk through the doors of a Caraday Healthcare community, there is a noticeable and distinct difference.

Our vision in everything we do is to convey a shared value of compassion, a commitment to excellence, open communications, motivation to be the best, and a sense of personal integrity. We are honored to care for our residents and share a passion to make their days enriching and fulfilling.

Quite simply, that is The Caraday Way.

Mission:

To provide the best care and environment so that our residents look forward to each day and our team members enjoy a sense of pride and purpose.

Shared values:

- ♥ Compassion
- ♥ Motivation
- ♥ Personal integrity
- ♥ Operational excellence
- ♥ Communication



As a team member of Caraday Healthcare enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization. For the 2023-2024 plan year, Caraday Healthcare has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Caraday Healthcare is offering an overall benefits package that can be shaped and molded by you to fit your needs. This benefits booklet is a summary description of your Caraday Healthcare benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment. We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

Review this guide to choose which benefits are right for you. If after reading this guide you need more information, please contact Human Resources.



¹ You can change your coverage during the year if you experience a “Qualified Status Change,” including but not limited to marriage, domestic partnership, divorce, birth or adoption of a child or death of spouse or child.

ELIGIBILITY



Full-time team members (working a minimum of 30 hours per week) and their eligible dependents can participate in Caraday Healthcare benefits. Eligible dependents include:

- Your legal spouse
- Child(ren) up to age 26
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

PROOF OF DEPENDENT ELIGIBILITY

You may be required to provide proof of eligibility for your dependents. Note that attempting to enroll an ineligible dependent could lead to discipline. If your dependent becomes ineligible for coverage during the year, you must contact Human Resources within 30 days. Failure to provide notification may lead to discipline.

Enrolling in Benefits

If you're eligible for Caraday Healthcare benefits, you can enroll by visiting <https://workforcenow.adp.com>. Once you've accessed the page, log in using your User ID and password. Go to "Myself/Benefits/Enrollments", you can "Select Plan" or "Waive This Benefit". Continue each step until all elections are complete. If after reading this guide you have enrollment questions, please contact HR.

BENEFITS TERMS

Before reviewing your benefit choices for this year, here's a refresher on some key health insurance vocabulary that will help you better understand your options.

Coinsurance	The percentage you pay for the cost of covered health care services after you've met your deductible. For example, if the coinsurance under your plan is 30%, you would pay 30% of the cost of the service and your insurance would pay the remaining 70%.
Copayment (Copay)	A fixed amount (for example, \$30) you pay for a covered health care service, usually when you receive the service (as specified by your plan).
Deductible	The amount you pay in a calendar year before your health plan begins to pay benefits.
PCP	If you elect the Base HMO plan you will be required to choose a PCP (Primary Care Physician) who participates in the Blue Essentials HMO. This PCP will need to provide a referral to a specialist when you need to see a specialist.
Network	A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated discounted rate.
Out-of-Pocket Maximum	The cap on your out-of-pocket costs for the calendar year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.
Premium	The amount of money that's paid for your health insurance every month. Caraday Healthcare pays a portion of this amount, and you pay a portion.

TEAM MEMBER CONTRIBUTIONS



The values below indicate how much you're responsible for contributing towards coverage. Amounts are taken directly from your paycheck each pay period.

CONTRIBUTION SUMMARY

Benefit	Team members Only	Team members + Spouse	Team members + Child(ren)	Team members + Family
Medical- Base HMO Plan	\$69.86	\$325.12	\$213.99	\$357.90
Medical- Buy Up Plan 1	\$134.62	\$497.26	\$339.85	\$731.43
Medical Plan- Buy Up Plan 2	\$201.31	\$666.14	\$461.05	\$957.68
Base Dental	\$12.94	\$27.17	\$23.93	\$38.81
Buy-up Plan	\$24.44	\$51.32	\$45.20	\$73.29
Vision Plan	\$3.96	\$7.51	\$7.91	\$11.63
Basic Life and AD&D	Employer Paid			
Voluntary Life and AD&D	Age-specific rates are available when you enroll in ADP			
Supplemental Short-Term Disability (STD)	Age-specific rates are available when you enroll in ADP			
Supplemental Long-Term Disability (LTD)	Age-specific rates are available when you enroll in ADP			
Voluntary Accident	\$4.71	\$7.48	\$8.89	\$13.93
Critical Illness Plan	See page 21			

MEDICAL & PRESCRIPTION DRUG BENEFITS



You have the opportunity to enroll in one of three medical plans through Blue Cross Blue Shield. The Base HMO plan does not offer out of network care except in a true emergency. Buy Up plan 1 and 2 offer out of network care but you will want to stay in network for lowest cost and no balance billing. To find an in-network provider visit <https://www.bcbs.com/> and click on "Find a Doctor".

MEDICAL PLANS SUMMARY

Key Features	Medical Base HMO Plan	Medical Buy-Up Plan 1	Medical Buy-Up Plan 2
	Blue Essentials HMO	Blue Choice PPO [BCA]	Blue Choice PPO [BCA]
	In-Network	In-Network	In-Network
Calendar Year Deductible Individual / Family	\$6,000/ \$12,000	\$3,000/ \$6,000	\$1,500/ \$3,000
Out-of-Pocket Maximum (includes deductible) Individual / Family	\$6,600/ \$13,200	\$6,600/ \$13,200	\$5,000/ \$10,000
Lifetime Maximum	No Limit	No Limit	No Limit
Coinsurance (portion you pay)	30%	20%	20%
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Primary Care Physician (PCP) Office Visit	\$25	\$35	\$30
Virtual Visit (MDLive)	\$25	\$35	\$30
PCP Required	Yes	No	No
Specialist Office Visit	\$70	\$60	\$50
Referral needed by PCP to access a specialist	Yes	No	No
Urgent Care Copay	\$100	\$75	\$75
Emergency Room Copay (waived if admitted)	\$200 copay + 30% after deductible	\$200 copay + 20% after deductible	\$300 copay + 20% after deductible
Inpatient Hospital (per admission)	30% after deductible	20% after deductible	20% after deductible
Lab and X-Ray Services In-office/Outpatient	Copay/ 30% after Deductible	Copay/ 100%	Copay/ 100%
Advanced Imaging (MRI, PET Scan, CT Scan, etc)	30% after Deductible	20% after deductible	20% after deductible

MEDICAL OUT-OF-NETWORK BENEFITS

Annual Deductible (Individual/Family)	Not Available	\$15,000/ \$45,000	\$15,000/ \$45,000
Out of Pocket Max (Individual/Family)	Not Available	\$30,000/ \$90,000	\$30,000/ \$90,000
Plan Coinsurance	Not Available	50%	50%

RETAIL PRESCRIPTIONS (30-DAY SUPPLY)

NO RX DEDUCTIBLE – COPAYS APPLY

Generic	\$5	\$10	\$10
Preferred Brand	\$50	\$35	\$35
Non-preferred Brand	\$100	\$70	\$70
Specialty	\$250	\$200	\$200

MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)- 2.5 TIMES 30 DAY COPAY

NOTE: Copays do not count toward a health plan's deductible, but do count toward your Out-of-Pocket Maximum.

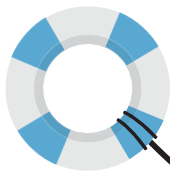
Mandatory generic: If you chose a brand over a generic, you will pay the brand copay plus the cost difference in the medication unless your doctor writes dispense as written. *The information above is a summary of coverage only. For more information, visit <https://www.bcbs.com/> or contact HR.



Employee Assistance Program

Extra Help When It's Needed Most

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. This is why we have teamed with ComPsych® Corporation to offer the Employee Assistance Program to team members covered by our Basic Life and AD&D insurance. The Employee Assistance Program provides convenient resources to help address emotional, legal and financial issues.



Employee Assistance Program

In the U.S. and Canada call

866-899-1363

TDD: 800-697-0353

guidanceresources.com

Enter Your Company ID: DISRES



BlueCross BlueShield
of Texas

Face-to-Face Sessions

The Employee Assistance Program provides Basic Life and AD&D insured team members with **three face-to-face sessions** in a geographically accessible location to address behavioral issues.

Unlimited Telephonic Counseling

The Employee Assistance Program also provides Basic Life and AD&D insured team members with unlimited telephonic counseling (24 hours a day, 7 days a week) to help address behavioral issues. Master's degree level counselors use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.

Web-Based Services

GuidanceResources® Online (guidanceresources.com) is a secure, password-protected website that contains self-assessments, extensive content on personal health and powerful tools to help with personal, relational, legal, health and financial concerns. This service is free of charge to team members who are insured with us for Basic Life and AD&D insurance. It covers many topics and personal concerns, such as:

- Alcohol and drug abuse
- Depression
- Divorce and family law
- Estate planning
- Getting out of debt
- Grief and loss
- Job pressures
- Managing debt obligations
- Marital and family conflicts
- Retirement planning
- Saving for college
- Stress and anxiety
- Tax questions
- Real estate buying and selling

To Access Your Services



Call: 866-899-1363

- You will be asked what type of insurance policy you have: LTD, STD or life insurance. If you are unsure, consult with your HR representative.



Online: GuidanceResources.com

- Click "Register" to create a new account.
- Enter Your Company ID: DISRES

Your Guide to GuidanceResources® Online

GuidanceResources.com

What about financial concerns?

Financial issues can arise at any time, from dealing with debt to saving for college. Guidance Resources® Online is available to provide you with the tools and information you need to help solve your personal money management concerns.

How can I manage all of my life's little details and the issues my family faces?

Whether you are a new parent, giving care to an elder, sending a child off to college, buying a car or doing home repairs, you're bound to come across concerns that need to be addressed. Let GuidanceResources® Online help you explore your options.

Where can I get answers to all my legal questions?

GuidanceResources® Online provides access to practical, understandable information and tools to help address your concerns about divorce, bankruptcy, buying real estate and other issues.

Guide to using GuidanceResources.com

1. Once on the **GuidanceResources.com** home page, click on the tab at the top labeled **"Register."**
2. Enter your **company ID: DISRES**. Create a **username and password**. The username has to be at least six characters long and should have no spaces (for example: joesmith). Make sure that you **complete all required fields, noted with red asterisks**.
3. Read the Terms of Use and click inside the checkbox to indicate your agreement to those terms.
4. When you've finished, **click on the "Submit" button** at the bottom of the page.

GuidanceResources® Online offers web-based services designed to help address the personal concerns and life issues you may be facing.

Whether it's depression, alcohol and drug abuse, or grief and loss, these services are available to you and members of your family at no cost—24 hours a day, 7 days a week.



ONLINE ACCESS: GuidanceResources.com

- Click "Register" to create a new account.
- Enter Your Company ID: DISRES
- FOR FUTURE LOGINS, just go to the member login section and enter your username and password. This will take you directly to **GuidanceResources.com**.

If you have any problems logging in, you can contact: **memberservices@guidanceresources.com** or **877-595-5289**.

The Employee Assistance Program

In the U.S. and Canada call
866-899-1363

TDD: 800-697-0353

guidanceresources.com

Enter Your Company ID: DISRES



**BlueCross BlueShield
of Texas**

Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

GuidanceResources® Online is offered and administered by ComPsych® Corporation. ComPsych® Corporation is an independent organization that does not provide Blue Cross and Blue Shield of Texas or Dearborn Life Insurance Company products or services. ComPsych® Corporation is solely responsible for the products and services described in this flier.

For team members use only. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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BCBSTX IMPORTANT INFORMATION



1. Get connected with Blue Access for Members (BAM) before you need assistance.

With BAM, you can:

- Find care – search for in-network doctors, hospitals, pharmacies
- and other health care providers
- Get your digital member ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Sign up for text or email alerts



Scan this QR code to visit [bcbstx.com](https://www.bcbstx.com).

Use your member ID card to create a BAM account at www.bcbstx.com, or text* BCBSTXAPP to 33633 to download the mobile app.

2. How to search for a provider or facility in your network if you are not on the BAM app, or logged in to BCBSTX as a member:

- Step 1- Go to www.bcbstx.com
- Step 2- Select 'Find Care'
- Step 3- Select 'Find a Doctor or Hospital'
- Step 4- Search as Guest to find providers when shopping for a health plan
- Step 5- Enter the location for where you want to search for a provider
- Step 6- Select plan/network
- Step 7- Search for specific names or specialties



BCBSTX IMPORTANT INFORMATION



Please Note: If you select the **Medical- Base HMO Plan** you must select a Primary Care Provider (PCP). All services are coordinated through your PCP in order to get in-network benefits.

How to Find Providers as a Guest

To get the most accurate results based on your plan, use the **Member Login**.

Where to Start

A. Go to bcbstx.com

B. Select **Find Care**

C. Select **Find a Doctor or Hospital**

D. **Search as Guest** to find providers when shopping for a health plan

Enter the Location Where You Want to Search for a Provider

E. Enter any of the following under

Optimize Your Browse Experience:

- City
- State
- ZIP Code

The screenshot shows the BCBSTX website interface with several steps highlighted by letters A through E. Step A points to the 'Find Care' link in the top navigation bar. Step B points to the 'Find Care' link in the main navigation bar. Step C points to the 'Find a Doctor or Hospital' link in the 'Providers in Your Network' section. Step D points to the 'Search as a Guest' button in the 'Find a Doctor or Hospital' section. Step E points to the 'Where would you like to search for care?' input field in the 'Optimize Your Browse Experience' section.

A Welcome Employers Producers Providers Company Information Feedback Language Assistance En español

Blue Cross BlueShield of Texas

Find Care Prescription Drugs Insurance Basics Shop Plans Member Services

Health Care Coverage

Member Login Pay My Bill

User Name

B Find Care Our Plans Prescription Drugs Insurance Basics Shop Plans Member Services

C Providers in Your Network

- Find a Doctor or Hospital
- Find a Dentist
- Find a Vision Provider
- Virtual Visit
- Providers Outside of U.S.
- Breastfeeding Counseling

Blue Distinction® Specialty Care

- Blue Distinction Centers
- Bariatric Surgery
- Cardiac Care
- Cellular Immunotherapy
- Fertility Care
- Gene Therapy
- Knee and Hip Replacement
- Maternity Care
- Spine Surgery
- Substance Use Treatment and Recovery
- Transplants

Where You Go Matters

- Know Your Network
- Choosing Health Care Options
- Tips To Find a Doctor or Hospital
- Utilization Management
- What is an Emergency
- Understanding Costs and Quality
- Provider Network Selection Criteria
- Provider Information Validation
- Blue Star Group Report

D Find a Doctor or Hospital

Search for doctors, hospitals, pharmacies, urgent care and more.

Member Login

Log in to your account to get the most accurate, personalized search results based on your plan. You'll see details that may help you lower health care costs.

- Doctors in your plan network*
- Doctor reviews and ratings
- Cost estimates

Guest Search

Even if you're not a member, you can search for doctors, hospitals and other providers. If you need help, we've created these helpful guides:

Step-by-Step PDF

E Search as a Guest

Optimize Your Browse Experience

Where would you like to search for care?

City, State or ZIP

Continue




F. Select your plan/network from the drop down list

Log In

- [View Less](#)

Plans

City, state or zip
Austin, TX — 73301

G  Search for Names and Specialties

Common Searches: **Primary Care** **H**ent Care Behavioral Health Hospital Durable Medical Equipment

G. Search for specific names or specialties OR

H. Select **Primary Care Option from the drop-down list**

I. PCP ID should be listed under Providers name. Remove the H0 at the beginning of the PCP ID and the 01 at the end. The PCP ID to put in the ATL Enrollment Spreadsheet would be 83039Y (example: ~~H083039Y01~~)



Family Practice

PCP ID: H083039Y01

I

☐ Compare[View Profile](#)

6835 Austin Center Blvd, Austin, TX 78731
[Get directions](#) (est. 3.3 miles away)

Phone: 512-346-6611

- ✓ Accepting New Patients

★★★★★ 5.0 [View 1 rating](#) >

 4 Affiliations

 3 Awards

 Completed Education in 1997

[Log In for personalized results](#)



Express Scripts - Mail Order Pharmacy

With this program, you can order from the comfort of your home — through your mobile device, online or over the phone. Your doctor can fax, call or send your prescription electronically to Express Scripts® Pharmacy for up to a 90-day supply of long-term medicines.

Accredo- Specialty Medications

Accredo carries roughly 99% of specialty drugs, which means you're more likely to get all of your specialty drugs from one pharmacy. Through Accredo, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through Accredo, you get:

- One-on-one counseling from 500+ condition specific pharmacists and 600+ nurses
- Simple communication, including refill reminders, by your choice of phone, email, text or web⁴
- An online member website to order refills, check order status and track shipments, view order and medication history, set profile preferences and learn more about your condition
- A mobile app that lets you refill and track prescriptions, make payments and set reminders to take your medicine⁴
- Free standard shipping
- 24/7 support

To start using Accredo, call **833-721-1619**. An Accredo representative will work with your doctor on the rest. Once registered, you can manage your prescriptions on **accredo.com** or through the mobile app.

Well on Target - Member Wellness Portal

The Fitness Program is available exclusively to you and your covered dependents (age 16 and older).^{*} The program gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.

The Suite of programs and tools include:

- Digital Self-management Programs: Learn about nutrition, fitness, weight loss, quitting smoking, managing stress and more!
- Health and Wellness Library: The health library has useful articles, podcasts and videos on health topics that are important to you.
- Tools and Trackers: These interactive resources help keep you on track while making wellness fun.
- Personal Challenges: Join a personal challenge to help you reach your goals. There are over 30 challenges, so you can choose the best one to fit your wellness journey. Topics include stress, sleep, physical activity and more!

Go to **bcbstx.com** and log in to Blue Access for Members, select **Wellness** tab on the top navigation bar of the Dashboard page. Then scroll down to the **Fitness Program** section and click on **Learn More** to complete registration form. Questions? If you have any questions about Well onTarget, call Customer Service at 877-806-9380.

Blue Points - Rewards for Healthy Living

With the Blue Points program, you will be able to earn points for regularly participating in many different healthy activities. You can redeem these points in the online shopping mall, which provides a wide variety of merchandise. Log on to **wellontarget.com** today to find all the interactive tools and resources you need to start racking up Blue Points. Keep yourself motivated to earn more points by heading over to the online shopping mall and checking out all the rewards you can earn for adopting — and continuing — healthy habits.

BCBSTX ADDITIONAL SERVICES CONT.



Blue365 - Discount Program

With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorization's.

Once you sign up for Blue365 at blue365deals.com/bcbstx, weekly “Featured Deals” will be emailed to you.

These deals offer special savings for a short period of time.

SmartER- Care Options

When having an emergency, knowing where to go for medical care may save you on cost and time. You have options for where you can get care depending on your symptoms- these are called SmartER Care options. Visit the “Control Costs with SmartER Care” web page at bcbstx.com for more details.

Special Beginnings- Maternity Program

The Special Beginnings maternity program supports you from early pregnancy until six weeks after delivery.

An experienced Blue Cross and Blue Shield of Texas staff member will contact you and:

- Ask you questions to determine what support you will need
- Send you information about having a healthy pregnancy and baby
- Answer any questions you have and help you plan your care with your doctor
- Assist you with managing high-risk conditions such as gestational diabetes and preeclampsia

Visit the Special Beginnings website to view a video library and week-by-week pregnancy information. To access the site, log into **Blue Access for MembersSM (BAMSM)** by visiting bcbstx.com and click on the “My Health” tab. Call **888-421-7781**, 8 a.m. – 6:30 p.m., CT, to enroll or ask questions about the program

Wondr

Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. This science-based program was created by a team of doctors and clinicians and is clinically-proven for lasting results. *To learn more and join the waitlist, visit: wondrhealth.com/BCBSTX. Questions? Visit support.wondrhealth.com

24/7 Nurseline

The 24/7 Nurseline allows you to talk to registered nurses anytime you need them. They can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- Cuts or burns
- Back pain
- High fever
- Sore throat
- Diabetes
- A baby’s nonstop crying
- And much more

Call **800-581-0393** to reach the 24/7 Nurseline and talk to a nurse. Hours of Operation: **Anytime**

BCBSTX ADDITIONAL SERVICES CONT.



Omada

An easy-to-follow program that provides support for healthier living. Through Omada members enrolled in BCBSTX have access to a personal health coach, expert advice to manage food, activity, sleep and stress with personalized support. Visit omadahealth.com/bcbstx.

Hinge Health-

Hinge Health provides all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your needs, technology for instant feedback in the app, a personal coach and a physical therapist. Best of all, it's no cost - 100% covered by Blue Cross and Blue Shield of Texas (BCBSTX) for you and eligible family members. Hinge Health will reach out to eligible members with details and next steps.

Livongo

This program is provided to you and your family members through BCBSTX at no cost to you to help with Diabetes Management and Blood pressure management. To get started- **visit get.livongo.com/well-bcbstx/register or call 800-945-4355 and use registration code: WELL-BCBSTX** to receive unlimited strips & lancets, connected blood sugar meter, one on one coaching, or a connected blood pressure monitor.

Mental Health

Your health plan includes access to mental health care like therapy and medicines that might help. You and your family members can get support for issues such as:

- Depression
- Anxiety and panic attacks
- Substance use
- Attention deficit (ADHD/ADD)
- Autism
- Bipolar
- Eating disorders

Mental health is just as important as physical health. Don't be afraid to reach out – call the Customer Service or behavioral health number on the back of your member ID card.



TELEMEDICINE – MDLIVE



Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSTX benefit, please call the number on the back of your ID card.

*See page 7 for the cost of Virtual Visits.

Activate your Virtual Visits account today:

- Call 888-680-8646
- Go to MDLIVE.com/bcbstx
- Text BCBSTX to 635-483
- Download the app

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

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Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

DENTAL BENEFITS



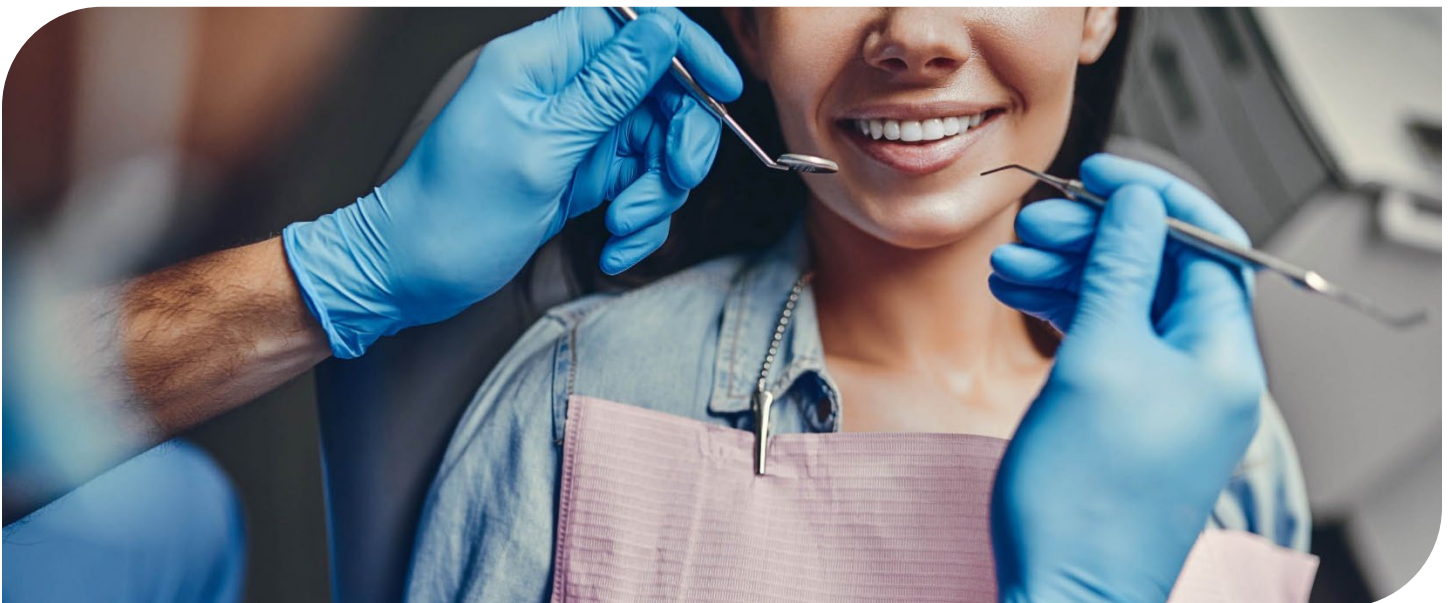
Caraday Healthcare offers dental coverage through Blue Cross Blue Shield of Texas (BCBSTX). You have the opportunity to choose from two PPO dental plan options.

Plan	Plan Features
PPO	<ul style="list-style-type: none">Allows you to receive care from a dentist in the network or outside the networkPays a portion of your expenses after you meet your calendar year deductible, except for preventive care which is covered at 100%

DENTAL PLAN SUMMARY

Key Features	Dental Base Plan		Dental Buy-Up Plan	
	In-Network Only	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible (Individual / Family)	\$50/ \$150		\$50/ \$150	
Preventive Services (no deductible)	100%		100%	
Basic Services	80%		80%	
Major Services	50%		50%	
Endo/Periodontal	Major Service		Basic Service	
Orthodontics (children up to age 19)	Not Covered		50% (lifetime max \$2,000)	
Annual Calendar Year Maximum	\$1,000		\$3,000	

The information above is a summary of coverage only. For more information, visit <https://www.bcbstx.com/> or contact HR.



VISION BENEFITS



You and your dependents have access to vision coverage through Blue Cross Blue Shield of Texas (BCBSTX). The plan pays benefits for both in-network and out-of-network services. However, you will receive maximum value from your vision benefits when you choose in-network providers. If you see a network provider, you will pay copays for most services. If you receive care outside the network, you will need to pay the full cost and file a claim to be reimbursed for a portion of the costs.

VISION PLAN SUMMARY

Key Features	In-Network	Out-of-Network	Frequency
Exam	\$10	Up to \$30	Every 12 Months
Lenses Single/Bifocal/ Trifocal/Lenticular	\$25	Up to \$25/\$40/\$55/\$55	Every 12 Months
Frames	\$150 Allowance	Up to \$75	Every 12 Months
Contact Lenses (instead of glasses)	Elective: Up to \$150 allowance Medically Necessary: Covered 100%	Elective: Up to \$120 allowance Medically Necessary: Up to \$210	Every 12 Months

NOTE: The vision benefits run on a plan year

For more information, visit <https://www.bcbstx.com/> or contact HR.



INCOME PROTECTION BENEFITS



In addition to health benefits, Caraday Healthcare also offers eligible team members income protection benefits. These benefits are intended to provide financial assistance for you and your beneficiaries in the event of disability, accident, or death. For more information, visit <https://www.bcbstx.com/employer/products/ancillary-products/overview> or contact HR.

Caraday Healthcare offers the following benefits:

- Basic Life and Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance
- Short-Term Disability (STD)
- Long-Term Disability (LTD)

BASIC LIFE AND AD&D

Caraday Healthcare provides you with Basic Life insurance, up to \$15,000, at no cost to you. If your death is the result of an accident, you will receive an additional Accidental Death & Dismemberment (AD&D) benefit. If you lose a limb or your eyesight as the result of an accident, the AD&D plan will pay a percentage of your AD&D benefit amount.

Basic Life/ AD&D Insurance	
Life Insurance Benefit	\$15,000
AD&D Benefit	\$15,000
Benefits reduce by 50% at age 70	

VOLUNTARY LIFE AND AD&D

You have the option to supplement your company-paid coverage by purchasing additional Life and AD&D insurance for yourself, your spouse and your children. You are required to purchase coverage for yourself in order to enroll your family members. **PLEASE NOTE:** The amount you purchase on your spouse cannot exceed 50% of what you purchase for yourself.

Voluntary Life/AD&D Insurance	
Maximum Voluntary Life/AD&D Insurance Benefit (Benefits reduce by 50% at age 70)	\$400,000 team members (5x salary max) Spouse limited to 50% of team member election \$20,000 child(ren)
Guarantee Issue amount when 1 st eligible for benefits as a fulltime team member	\$200,000 team members \$30,000 spouse \$20,000 child(ren)
Age specific rates are available when you enroll in ADP.	

Please note: This is a one-time open enrollment for employees to elect up to \$50,000 of coverage for the first time or to increase coverage by up to \$50,000 as long as your total amount of voluntary coverage is \$200,000 or less. If you do not elect coverage now any future increases will be subject to proof of good health. If you elect more than \$50,000 of coverage, the additional is subject to proof of good health. Any increases in coverage for your spouse is subject to proof of good health.

INCOME PROTECTION BENEFITS



DISABILITY

Caraday Healthcare offers Short-Term Disability (STD) and Long-Term Disability (LTD) insurance through Blue Cross Blue Shield of Texas (BCBSTX). For more information, visit <https://www.bcbstx.com/employer/products/ancillary-products/overview> or contact HR.

- **Voluntary Short-Term Disability (STD)**

STD coverage replaces a portion of your income if you are unable to work due to an illness, pregnancy, or non-work-related injury. Benefits begin after 14 days and continue for 13 weeks or until you are certified to return to work. You receive 60% of your pay, up to a maximum benefit of \$1,000 per week. You pay for the cost of this coverage.

PLEASE REMEMBER: If you do not enroll during your new hire eligibility, you will be subject to a 60-day benefit waiting period for sickness or pregnancy during the first 12 months of coverage. Any claim filed within the first 60 days will be denied by BCBSTX.

Plan Features	
Team Member Benefit	60% of salary
Maximum Weekly Benefit	\$1,000
Elimination Period (Accident/Illness)	14 Days
Benefit Duration	13 weeks

Pre-existing condition limitation (3/6): -- Any conditions that you have received medical attention in the 3 months prior to your effective date of coverage will not be covered under the STD plan until you are actively and work and covered for 6 months.

- **Voluntary Long-Term Disability (LTD)**

After you have been disabled for 90 days, LTD benefits begin and you receive 60% of your income, up to a maximum of \$5,000 per month. Benefits continue until you are no longer disabled or until you reach Social Security Normal Retirement Age, whichever comes first. Your LTD benefits will be offset by any other disability payments you may receive, such as Social Security or Workers' Compensation. You pay for the cost of this coverage.

PLEASE NOTE: This is the only time you can enroll in LTD without providing proof of good health. If you waive LTD benefit now, and chose to enroll at the next open enrollment, you will be required to complete an Evidence of Insurability form (EOI) which may be approved or denied by BCBSTX.

Plan Features	
Team Member Benefit Amount	60% of salary
Maximum Monthly Benefit Amount	\$5,000
Elimination Period	90 Days
Benefit Duration	SSNRA

Pre-existing condition limitation (3/12): -- Any conditions that you have received medical attention in the 3 months prior to your effective date of coverage will not be covered under the LTD plan until you are actively and work and covered for 12 months.

VOLUNTARY BENEFITS



As a supplement to the benefits the company provides, we also offer voluntary benefits. These benefits can help pay for out-of-pocket expenses not covered by your medical plan. You can enroll yourself and your eligible family members. You pay the full cost of these benefits.

ACCIDENT INSURANCE

Accident Insurance helps cover the cost of emergency medical care, physical therapy and other unexpected expenses that result from an accidental injury.

Plan Features	
Emergency Treatment	Urgent Care - \$75, Physician - \$50, X-Ray - \$25, Ambulance - \$120 (ground) \$800 (air), Emergency Room - \$75
Follow Up Treatments	\$25
Physical Therapy	\$25
Appliances	\$50
Fractures / Dislocations	\$75 - \$2,000 / \$150 - \$2,000
Initial Hospitalization	\$400
Hospital Confinement	\$150
Lodging / Transportation	\$75 per day / \$200

VOLUNTARY CRITICAL ILLNESS

Critical Illness Insurance pays a benefit if you are diagnosed with a serious illness covered by the plan. The benefit is paid to you and can be used to pay medical costs or living expenses such as childcare or mortgage payments. Covered illnesses include:

Benefit Percentage		Benefit Percentage	
• Invasive Cancer	100%	• End Stage Renal Failure	100%
• Carcinoma in-situ	25%	• Paralysis	100%
• Heart Attack	100%	• Benign Brain Tumor	100%
• Major Heart Surgery	25%	• Coma	100%
• Stroke	100%	• Loss of Sight, Speech or Hearing	100%
• Major Organ Transplant	100%	• Major Burns	100%
		• Severe COVID-19 Infection	100%

Available Coverage Levels	
Employee	\$10,000 or \$20,000
Spouse	\$5,000 or \$10,000
Child(ren)	\$2,500 or \$5,000

Cost Per \$1,000 of Coverage (monthly premiums shown)	
Under 30	\$0.370
30 - 39	\$0.560
40 - 49	\$1.140
50 - 59	\$2.360
60 - 69	\$4.530
70+	\$9.140

Dependent Child(ren) Rates per \$1,000: \$0.210

*Pre-Existing Condition 12/12: Illness or injury for which you received advice or care in the 12 months prior to effective date are not covered for the first 12 months of coverage. For invasive cancer, you must first be cancer free and then a new cancer diagnosis would be covered if you have been on the plan for 12 months.

ADDITIONAL BENEFITS



401(k) SAVINGS PLAN

Caraday Healthcare's 401(k) Plan is a great way to start planning for retirement. You can contribute to your account on a pre-tax basis through automatic payroll deductions, up to the IRS annual maximum (\$22,500 for 2023). If you are age 50 or older, you can make an additional catch-up contribution of \$7,500.

For more information, visit www.Pensionmark.com or contact info@Pensionmark.com

GENERAL INFORMATION

Plan Provider:	ADP Retirement
Plan Number:	425066
Account Access:	https://www.mykplan.com/ (800) 595-1989
Employer Contact:	Ginger Provencher - gprovencher@caradayhealth.com

PLAN DESIGN

Eligibility:	Age 21 and 60 days of service
Automatic Enrollment:	No
Entry Dates:	Monthly after meeting eligibility
Contribution Change Dates:	Monthly

DEFAULT INVESTMENT

If you do not make an investment selection, your account will automatically be invested in the age-based Fidelity Freedom Index Target Retirement Funds.

HAVE OTHER RETIREMENT ACCOUNTS?

The Internal Revenue Service, and this plan, may allow you to roll prior "qualified" money into your new retirement plan account. You may be able to roll this money over prior to eligibility. The first step is to request the rollover/distribution election forms from your previous employer. Once you have the forms, you can contact Pensionmark's Participant Service Team for assistance in completing the process.

CONTRIBUTIONS/VESTING

Roth Contributions:	Yes <i>Roth contributions are post-tax contributions</i>
Employer Contribution:	Discretionary
Vesting, Employer Contributions:	Year 1 = 0%, Year 2 = 0%, Year 3 = 100%

LOANS

Yes, The lesser of \$50,000 or 50% of your total eligible total vested account balance. The minimum loan amount is \$1,000. Only 1 outstanding loan allowed.

WITHDRAWALS

You may withdraw the vested portion of your retirement funds in the event of retirement, disability, termination of employment, and death. Under the tax-deferred plan, you will be required to pay normal income taxes on any funds withdrawn from your account. You may also be assessed a 10% federal excise tax and a state penalty tax.

Hardship Distributions:	Yes <i>Please call to discuss hardship eligibility</i>
In-Service Distributions:	Yes <i>At age 59 ½ per plan documents</i>

ADDITIONAL BENEFITS



CARADAY HOLDINGS LLC 401(K)
PLAN
425066

Your Plan's Highlights

READY TO ENROLL?

Text "Enroll 401k" to 72408

Eligibility

Invest in yourself and take advantage of your retirement savings plan benefit.

- 21 years of age on the next plan entry date
- You must have completed 2 month(s) of service by the next plan entry date

ACCOUNT RESOURCES

You can access your retirement savings account anytime¹, make changes and perform transaction through:

- ADP Mobile Solutions App
- My.ADP.com
- 1-866-695-7526



QUESTIONS? Representatives are available Monday through Friday,
8am – 9pm, Eastern Time.

Mobile: ADP Mobile Solutions App



KEY CONTACTS



For Questions About	Carrier/Contact Name	Phone Number	Website/Email	Plan/Group ID
Medical & Prescription Drug	Blue Cross Blue Shield of Texas	General Information: 972-766-6900 HMO Plan: 877-299-2377 PPO Plan: 800-521-2227	General Information: https://www.bcbstx.com HMO Provider Finder: (providerfinderonline.com)	352944
Telemedicine	Blue Cross Blue Shield of Texas	972-766-6900	Find a Telehealth Provider Blue Cross Blue Shield of Texas	352944
Dental	Blue Cross Blue Shield of Texas	800-521-2227	Find a Dentist Blue Cross and Blue Shield of Texas (bcbstx.com)	352944
Vision	Blue Cross Blue Shield of Texas	877-973-3238	Find a Vision Provider Blue Cross and Blue Shield of Texas (bcbstx.com)	352944
Life and AD&D Insurance	Blue Cross Blue Shield of Texas	877-442-4207	Ancillary Blue Cross and Blue Shield of Texas (bcbstx.com)	VF028239
Disability Resource Services	Blue Cross Blue Shield of Texas	866-899-1363	GuidanceResources.com	352944
Short-Term Disability (STD)	Blue Cross Blue Shield of Texas	877-442-4207	Ancillary Blue Cross and Blue Shield of Texas (bcbstx.com)	VF028239
Long-Term Disability (LTD)	Blue Cross Blue Shield of Texas	877-442-4207	Ancillary Blue Cross and Blue Shield of Texas (bcbstx.com)	VF028239
401(k) Savings Plan	Pensionmark Financial	(888) 201-5488	www.Pensionmark.com Email: info@Pensionmark.com	425066
Critical Illness	Blue Cross Blue Shield of Texas	877-442-4207	Ancillary Blue Cross and Blue Shield of Texas (bcbstx.com)	VF028239
Accident Insurance	Blue Cross Blue Shield of Texas	877-442-4207	Ancillary Blue Cross and Blue Shield of Texas (bcbstx.com)	VF028239
Benefit Plan and Claims	Tanya Henry	469-217-7681	tanya.henry@epicbrokers.com	N/A

Human Resources (HR)	Email	Phone Number
	humanresouces@caradayhealth.com	737-221-5059

Health Plan Notices

MEDICARE NOTICE OF CREDITABLE COVERAGE

Important Notice About Your Prescription Drug Coverage and Medicare

Notice of Creditable Coverage

This Notice applies only if you and/or your dependent(s) are enrolled in a Caraday Healthcare, LLC medical plan and you are eligible for Medicare. If this does not apply to you, you may ignore this notice.

Please read this notice carefully and keep it where you can find it. This notice has information about your prescription drug coverage with Caraday Healthcare, LLC and 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 employer 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 employer 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. Caraday Healthcare, LLC has determined that the prescription drug coverage offered under the Caraday Healthcare, LLC plan(s) 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 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 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.

Health Plan Notices

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

Your health plan coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will not be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your employer coverage, be aware that you and your dependents will not be eligible to receive health and prescription drug benefits in the future.

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 employer coverage and don't join a Medicare drug plan within 63 continuous days after the 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 Employer Prescription Drug Coverage...

Contact the person listed below for further information. 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 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

Health Plan Notices

- 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).

May 2023
Caraday Healthcare, LLC
1101 THORPE LANE
SAN MARCOS, TX 78666
512-641-8805

Health Plan Notices

1. If an eligible team members declines enrollment in a group health plan for the team members or the team members's spouse or dependents because of other health insurance or group health plan coverage, the eligible team members may be able to enroll him/herself and eligible dependents in this plan if eligibility is lost for the other coverage (or because the employer stops contributing toward this other coverage). However, the eligible team members must request enrollment within **30** days after the other coverage ends (or after the employer ceases contributions for the coverage).

In addition, if an eligible team members acquires a new dependent as a result of marriage, birth, adoption or placement for adoption, the eligible team members may be able to enroll him/herself and any eligible dependents, provided that the eligible team members requests enrollment within **30** days after the marriage, birth, adoption, or placement for adoption.

Furthermore, eligible team members and their eligible dependents who are eligible for coverage but not enrolled, shall be eligible to enroll for coverage within 60 days after becoming ineligible for coverage under a Medicaid or Children's Health Insurance Plan (CHIP) plan or being determined to be eligible for financial assistance under a Medicaid, CHIP, or state plan with respect to coverage under the plan.

To request special enrollment or obtain more information, contact your health plan.

Health Plan Notices

Newborns' and Mothers' Health Protection Act Notice

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

Women's Health and Cancer Rights Act Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your health plan.

Health Plan Notices

Notice of HIPAA Privacy Practices

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

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the Caraday Healthcare, LLC Health Plan (the "Plan") sponsored by Caraday Healthcare, LLC ("Plan Sponsor") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH Act) and subsequent amending regulations ("HIPAA Privacy Rule"). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this HIPAA Privacy Notice to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- Your past, present, or future physical or mental health or condition;
- The provision of health care to you; or
- The past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact the individual listed at the end of this notice.

Our Responsibilities

Caraday Healthcare, LLC is required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your Protected health information; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised HIPAA Privacy Notice electronically or by first class mail to the last known

Health Plan Notices

Protections from Disclosure of Medical Information

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

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

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.

COBRA COVERAGE CONTINUATION RIGHTS

INTRODUCTION

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

COBRA COVERAGE CONTINUATION RIGHTS

WHAT IS COBRA CONTINUATION COVERAGE? (CONTINUED)

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- Your spouse dies;
- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

COBRA COVERAGE CONTINUATION RIGHTS

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

COBRA COVERAGE CONTINUATION RIGHTS

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

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, 2023. Contact your State for more information on eligibility –

ALABAMA Medicaid	ALASKA Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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	CALIFORNIA Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA Medicaid
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	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA Medicaid	INDIANA Medicaid
<p>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</p>	<p>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</p>
IOWA Medicaid and CHIP (Hawki)	KANSAS Medicaid
<p>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</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
KENTUCKY Medicaid	LOUISIANA Medicaid
<p>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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE Medicaid	MASSACHUSETTS Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/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: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
MINNESOTA Medicaid	MISSOURI Medicaid
<p>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</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA Medicaid	NEBRASKA Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

NEVADA Medicaid	NEW HAMPSHIRE Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	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	NEW YORK Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA Medicaid	NORTH DAKOTA Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA Medicaid and CHIP	OREGON Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA Medicaid and CHIP	RHODE ISLAND Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA Medicaid	SOUTH DAKOTA Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS Medicaid	UTAH Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT Medicaid	VIRGINIA Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON Medicaid	WEST VIRGINIA Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN Medicaid and CHIP	WYOMING Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

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

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

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Caraday Healthcare, LLC		4. Employer Identification Number (EIN) 84-3394616	
5. Employer address 1101 THORPE LANE		6. Employer phone number 512-641-8805	
7. City SAN MARCOS		8. State TX	9. ZIP code 78666
10. Who can we contact about employee health coverage at this job? Human Resources (HR)			
11. Phone number (if different from above) 737-221-5059		12. Email address humanresouces@caradayhealth.com	

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

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

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Full-time team members (working a minimum of 30 hours per week)

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

- Your legal spouse
- Child(ren) up to age 26
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

☐ We do not offer coverage.

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

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

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

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

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

☐ Yes (Continue)

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

☐ No (STOP and return this form to employee)

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

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

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

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

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

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

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

☐ Employer won't offer health coverage

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

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

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

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

[illegible]

NOTES



Prepared By



Insurance Brokers &
Consultants