



2023-2024

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, 2023 through June 30, 2024**. 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.



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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) for whom you are responsible for under a court-order
- Grandchild(ren) for whom you are responsible for under a court-order
- 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, proof of full-time student status, 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.



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	\$10 copay	\$10 copay	\$10
Brand Preferred	30% to \$50 max	30% to \$50 max	\$40
Brand Non-Preferred	50% to \$75 max	50% to \$75 max	\$60
MAIL ORDER (90-day supply)			
Generic	\$20 copay	\$20 copay	\$20
Brand Preferred	30% to \$100 max	30% to \$100 max	\$80
Brand Non-Preferred	50% to \$150 max	50% to \$150 max	\$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



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
<ul style="list-style-type: none"> • Cold/Flu • Allergies • Animal/insect bite • Bronchitis • Skin problems • Respiratory infection • Sinus problems • Strep throat • Pink eye/ Eye irritation • UTI/ Urinary issues 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 **888.726.3137**.

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!

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.



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 * <i>additional costs apply</i>		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**.



EMPLOYEE CONTRIBUTIONS

EFFECTIVE JULY 1, 2023 THROUGH JUNE 30, 2024

CIGNA BASE PLAN			
ENROLLMENT TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	26 PAYS
EMPLOYEE ONLY	\$877.90	\$113.65	\$52.45
EMPLOYEE + SPOUSE	\$1,214.37	\$867.88	\$400.56
EMPLOYEE + CHILD(REN)	\$1,548.45	\$206.56	\$95.34
FAMILY	\$1,861.16	\$1,068.86	\$493.32

CIGNA STANDARD PLAN			
ENROLLMENT TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	26 PAYS
EMPLOYEE ONLY	\$949.65	\$215.10	\$99.28
EMPLOYEE + SPOUSE	\$1,392.77	\$1,053.17	\$486.08
EMPLOYEE + CHILD(REN)	\$1,727.27	\$334.33	\$154.31
FAMILY	\$2,147.92	\$1,293.88	\$597.18

CIGNA BUY UP PLAN			
ENROLLMENT TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	26 PAYS
EMPLOYEE ONLY	\$833.28	\$491.82	\$226.99
EMPLOYEE + SPOUSE	\$1,148.46	\$1,634.30	\$754.29
EMPLOYEE + CHILD(REN)	\$1,521.36	\$824.10	\$380.35
FAMILY	\$1,804.15	\$2,111.59	\$974.58

DELTA DENTAL PLAN			
ENROLLMENT TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	26 PAYS
EMPLOYEE ONLY	\$22.66	\$6.89	\$3.18
EMPLOYEE + SPOUSE	\$24.55	\$32.88	\$15.18
EMPLOYEE + CHILD(REN)	\$44.05	\$13.38	\$6.18
FAMILY	\$45.96	\$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!

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).

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 units; minimum of \$20,000 to a maximum \$250,000 or not to exceed 5 times your basic annual earnings. Employee guaranteed issue (New Hires): *\$150,000*

SPOUSE: \$5,000 units to a maximum of \$125,000 (this may not exceed 50% of the elected employee amount). Spouse guaranteed issue (New Hires): *\$50,000*

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

** Employees may also purchase Voluntary AD&D coverage for themselves. The voluntary AD&D benefit will match the approved employee voluntary life benefit.*

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.

VOLUNTARY BENEFITS CIGNA



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**.



VOLUNTARY BENEFITS

LIBERTY MUTUAL

PET INSURANCE

Liberty Mutual's customized Pet Insurance delivers multiple policy options spanning accidents, illnesses, and wellness visits. Features include the flexibility to use any vet and the ability to select the percentage you will receive back from each visit, up to 90% of your deductible and annual maximum.

Choose the policy that best protects your pet with affordable coverage underwritten by a company with more than 100 years of insurance experience.

How Do I Enroll and Pay for Coverage?

Liberty Mutual benefits are not eligible for payroll deduction. If you choose to enroll in any coverage offered by Liberty Mutual, you will set up payment on their enrollment website and pay them directly.

Fetch a Quote in Any of the Following Ways:

- Online: <https://pet.libertymutual.com/centerforfamilyservices>
- Phone: **844.250.9199**
- Make sure to reference **Center For Family Services** or the code **14346** for your discount.



AUTO & HOME INSURANCE

Liberty Mutual's flexible options give you the freedom to customize your protection to match your needs. As an employee of Center For Family Services, you are eligible for exclusive savings and you may also qualify for our Multi-Policy discounts.

What Are Some of the Insurance Advantages?

- Accident forgiveness
- Better Car Replacement
- Roadside Assistance
- 24-Hour Emergency Repair
- Contractor Network Referral Program
- Personal Property Replacement Services

How Do the Liberty Mutual Rates Compare?

As an employee of Center For Family Services you may qualify for discounted rates on your auto and home insurance. A Sales Representative will help ensure you get all the discounts you're eligible for.

How Do I Know Which Coverages and Deductibles Are Right For Me?

A Liberty Mutual representative will take the time to go over all your options and ensure you get the right protection at the right price.

To learn more or get a free quote:

- Call **800.699.4378**
- Visit: www.libertymutual.com/centerforfamilyservices
- Make sure to reference **Center For Family Services** or the code **137117** for your discount.

NOTE: Liberty Mutual benefits are not subject to open enrollment and you can add or drop coverage at any time. Rates are not payroll deducted.

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 15, 2024** to submit all claims for eligible FSA expenses incurred during the **2023** 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 **\$3,050**.

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

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

CARRYOVER MAXIMUM

Employees are eligible to carryover up to \$610 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 \$610, 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 \$610 at the end of the current calendar year will be forfeited. For example, if you decide to enroll in the 2024 FSA and elect \$3,050 and have \$350 leftover in the 2023 calendar year, the total amount that is available in the 2024 calendar year would be a total of \$3,400.



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 you 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 **\$300 for transit and/or up to \$300 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 Human Resources or WEX at **877.834.5017**.

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.



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
AUTO & HOME INSURANCE	Liberty Mutual	www.libertymutual.com/centerforfamilyservices Client Number: 137117	800-699-4378
PET INSURANCE	Liberty Mutual	https://pet.libertymutual.com/centerforfamilyservices Client Number: 14346	844-250-9199
FLEXIBLE SPENDING ACCOUNTS (FSA), PARKING & COMMUTER BENEFITS	WEX	www.wexinc.com	877-837-5017

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

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

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

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIP (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://www.colorado.gov/pacific/hcftp/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI):
www.mycohibi.com
HIBI Customer Service: 1-855-692-6442

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

GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162 Press 1
GA CHIPRA Website:
<https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-561-1162 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
HIPPA Website:
<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPPA Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPPA 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: KIHIPPA.PROGRAM@ky.gov
KCHIP Website:
<https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website:
www.mymaineconnection.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

MASSACHUSETTS – Medicaid and CHIP

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

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

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

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPPA 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:
<http://www.nd.gov/dhs/services/medicalserv/medicaid/>
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>
<http://www.oregonhealthcare.gov/index-es.html>
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: <http://gethipptexas.com/>
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://www.coverva.org/hipp/>
<https://www.coverva.org/en/famis-select>
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/>
<https://dhr.wv.gov/bms/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPPA (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, 2023, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov

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 2023
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 x 40135



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