



2023

Open Enrollment



capitahealth

Minds Advancing Medicine

capitalhealth.org

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Disclaimer: If there is any discrepancies between the Guide and plan documents, the plan document will govern. Capital Health reserves the right to amend any changes at any time.



making a good thing better at Capital Health

It's time for open enrollment!

Your benefits are an important part of your compensation and wellbeing at Capital Health. We listened to your feedback from the focus groups held this year and we've made changes for 2023 based on your input. We're improving your access to benefit information, providing an Advocate Team to give you one-on-one assistance, and enhancing some benefit options for you and your family including dental and vision. Be sure and review this information to make the best choices for you and your family during Open Enrollment from October 23 through November 11. *You won't be able to change your benefits until the next annual enrollment—unless you experience a qualifying life event—so make your choices carefully.*

What's New for 2023

There are a number of benefit changes for next year. You spoke, and we listened! Check the at-a-glance list below and if you want more details, just click on the highlighted link.

- Looking for answers? Introducing the new **Benefit Advocacy Center**. *Get assistance with benefit questions, claim issues, and more!* Call 844-932-0158 email Bac.capitalhealth@ajg.com.
- *Medical benefits have been enhanced* including **Bariatric surgery, infertility benefits, and ABA therapy**.
- *Get more from your dental benefit*. Dental annual maximums have increased to \$2,000 for the Premier plan and \$1,500 for the PPO plan. *And dependents are now covered to age 26!*
- *Changes to the vision benefit that make a difference*. The frames annual maximum benefit has been increased to \$210 and contacts now have a separate maximum benefit of \$210.
- *New life insurance carrier—new opportunity for coverage*. Reliance Standard will now be our Group and Supplemental Life carrier. You can elect to purchase **Supplemental Life**—this one time—up to the guaranteed issue limits without medical underwriting. *(If you previously have been declined coverage you won't be eligible for this opportunity.)*
- Our Employee Assistance Program now provides four **face-to-face visits** per issue with a licensed professional.
- New Voluntary Benefit offerings including Accident, Critical Illness and Hospital Indemnity with Aetna.
- *View your benefits information anytime, anywhere* with **Connect to My Benefits (C2MB)** – a new online portal where you can see all of your benefits (see pg. 25) information in one place starting January 1, 2023
- Enhanced Voluntary Benefits for MetLife Legal and Identity theft.



ELIGIBILITY AND QUALIFIED LIFE EVENTS

BENEFIT ELIGIBILITY

The changes that you have made at this Open enrollment will take effect in January 1, 2023. You are eligible for Capital Health medical coverage if you are a **regular part-time or full-time employee** who works at least **20** hours per week. Your benefits become effective on the first of the month following 30 days of employment. You may also elect coverage for your eligible dependents in the medical, dental, and vision plans.

Review your Dependents' Eligibility and Submit your **Family Verification Documentation**

Only eligible dependents as defined by the Plan may be enrolled in coverage. Proof of dependency is required for any new dependents you are enrolling for the first time. Please use Open Enrollment as your opportunity to add dependents or to remove any ineligible dependents. If it's determined that you are covering an ineligible person, you'll be subject to disciplinary action, such as repayment of the cost of health care coverage for the ineligible dependent(s) and termination of employment.

For Qualified Life Events that occur outside of the annual Open Enrollment period, the employee will have 30 days from the Qualified Life Event date to process any benefit changes and submit verification documents.

who is an eligible dependent?

Your legal/civil union spouse

Your children (including stepchildren and children you have legal custody of) to age 26 for medical, dental, and vision coverage

For your Voluntary Life Insurance; your spouse and your unmarried dependent child(ren) to age 26

MEDICAL COVERAGE FOR CHILDREN

Have you welcomed a new baby, married a spouse with children, or divorced this year? Now is a good time to review the dependents you are covering. If you are enrolling children for the first time, you will need to provide proof of dependency such as copies of birth and/or marriage certificates. Open Enrollment is also a good time to remove any ineligible dependents (e.g., over age 26) from your coverage.

Coverage for your enrolled dependents will not take effect until dependent documentation has been verified and approved.

IS YOUR SPOUSE EMPLOYED?

If your spouse is employed and has an available offer of health coverage through their own employer, an Alternative Coverage Surcharge of **\$75 per pay period** will be applied if you choose to enroll your spouse on your medical plan. The surcharge does not apply to spousal retiree or Medicare coverage. A spouse who does not have coverage available through active employment will not be subject to the Alternative Coverage Surcharge.

TOBACCO USE

Each year you are required to recertify your tobacco use in order to avoid a **\$35 per pay period** surcharge. This applies to both you and your eligible spouse, if they are enrolled on your medical plan. You must be either a non-tobacco user, or, participate in one of the smoking cessation programs to avoid the surcharge.

We understand that quitting tobacco use can be a daunting task. That's why we offer a free smoking cessation program through the American Lung Association's Freedom From Smoking, to help you on your way to a tobacco-free lifestyle. Choose from two flexible options: traditional coaching by phone or the online program. Both require completion within 8 weeks of registration in order to avoid the surcharge.

You must register for either program by **December 23, 2022** to avoid the surcharge beginning January 1st 2023. If you register after **December 23**, the surcharge will not be waived until you have registered and started the program.

Ready to get started? Once you have completed your benefits enrollment, you'll have the option to register for the online program or print out the telephonic enrollment form and fax it back to the American Lung Association. Once the registration form is received, an American Lung Association counselor will contact you to begin the program. The form can be found on Capital Link.



MEDICAL BENEFITS

EXPLORE YOUR MEDICAL OPTIONS

Coverage, choice, cost, and convenience are factors each of us considers important when selecting a medical plan. You may choose from two options: Choice Plan and Select Plan. Both options through Aetna are designed to provide you and your family with access to quality, affordable health care by covering a broad range of health care services. The options differ in cost sharing and how they provide access to care. Each medical option is summarized below. Review the charts on pages 6-7 for an overview, or refer to the plan's Summary Plan Description or Summary of Benefit Coverage (SBC) for a detailed description.

CHOICE PLAN provides you with the choice to receive your care from the Capital Inner Circle, the Aetna Network, or from Out-of-Network providers. This option may be well suited for individuals with medical needs beyond physician check-ups and for those with families because of its lower limits on out-of-pocket costs. *However, this option comes with a higher payroll contribution.*

SELECT PLAN Allows you to maximize the value of the Capital Inner Circle and Aetna Network providers. This option offers savings on your bi-weekly contribution costs. Even more savings can be realized when seeking care from providers within the Capital Inner Circle. There is **no out-of-network** coverage with this plan. *This option is a good fit for individuals who don't anticipate seeking care outside of In-Network providers and are looking for lower payroll costs.*

network provider search instructions for log-in

IF YOU HAVE NOT ALREADY DONE SO, YOU MUST FIRST REGISTER USING THE **SEARCH FOR PROVIDER LINK BELOW** *tip: do not use the continue as a guest option as you will not see Capital Health's Inner Circle custom network

1. If you have an account, **LOGIN** into **www.aetna.com**

IF YOU DO NOT HAVE AN ACCOUNT, CLICK **REGISTER NOW**

- COMPLETE REGISTRATION (PERSONAL INFO, VALIDATE IDENTITY, CREATE ACCOUNT, TERMS AND CONDITIONS)

2. Find Care and Pricing

3. Find a Provider

SELECT THE TYPE OF PRACTICE TO BEGIN SEARCH, ENTER HOME LOCATION (IT IS RECOMMENDED TO SEARCH BY ZIP CODE FOR SIMPLICITY)

4. To view Inner Circle providers, enter the zip code for Hopewell (08534) or RMC (08638)

WHEN VIEWING THE RESULTS, YOU CAN IDENTIFY THE CAPITAL HEALTH INNER CIRCLE PROVIDERS BY THE **MAXIMUM SAVINGS TAG** (SHOWN BELOW)

WHEN VIEWING THE RESULTS, IF YOU SEE **STANDARD SAVINGS** THESE ARE AETNA IN-NETWORK PROVIDERS BUT NOT PART OF THE INNER CIRCLE NETWORK.



Wallace, Africa Funmi, MD

Surgery, Thoracic Cardiovascular (2 more specialties)

☆ (No reviews yet)

2 Capital Way, Suite 356 Pennington, NJ 08534

13.86 miles from you

[View Details](#)

Maximum Savings

In Network

Offers Opioid Alternative



Maquilan, Jose M., MD

Surgery, Thoracic Cardiovascular (2 more specialties)

☆ (No reviews yet)

501 Bath Road, Bristol, PA 19007

1.68 miles from you

[View Details](#)

Standard Savings

In Network

Aexcel®

Wheelchair Accessible

sample

medical plan summaries

| | CAPITAL CARE CHOICE | | |
|---|--|---|---|
| BENEFIT DESCRIPTION | CAPITAL INNER CIRCLE (YOU PAY) | AETNA IN-NETWORK (YOU PAY) | OUT-OF-NETWORK (YOU PAY) |
| ANNUAL DEDUCTIBLE Individual / Family | NONE / NONE | \$500 / \$1,000 | \$2,500 / \$5,000 |
| ANNUAL OUT-OF-POCKET MAXIMUM Individual / Family | \$4,250 / \$8,500 | \$4,250 / \$8,500 | \$8,500 / \$17,000 |
| BENEFITS LIFETIME LIMIT | UNLIMITED | | |
| PRIMARY CARE PHYSICIAN'S SERVICES Office Visit Preventive Care Diagnostic X-ray and Lab | \$25 COPAY COVERED 100% 10% (IN OFFICE) | \$30 COPAY COVERED 100% 20% AFTER DEDUCTIBLE | 30% AFTER DEDUCTIBLE 30% AFTER DEDUCTIBLE 30% AFTER DEDUCTIBLE |
| SPECIALIST SERVICES (INCLUDING OB/GYN) Office Visit Preventive Care Diagnostic X-ray and Lab | \$35 COPAY COVERED 100% 10% (IN OFFICE) | \$40 COPAY COVERED 100% 20% AFTER DEDUCTIBLE | 30% AFTER DEDUCTIBLE 30% AFTER DEDUCTIBLE 30% AFTER DEDUCTIBLE |
| MATERNITY CARE Routine Prenatal Care Delivery/Postnatal Care | COVERED 100% 10% | COVERED 100% 20% AFTER DEDUCTIBLE | 30% AFTER DEDUCTIBLE 30% AFTER DEDUCTIBLE |
| HOSPITAL SERVICES Inpatient Outpatient Diagnostic X-ray and Lab Physician Emergency Room (copay waived if admitted) | COVERED 100% COVERED 100% COVERED 100% 10% \$100 COPAY | COVERED 100% 20% AFTER DEDUCTIBLE 20% AFTER DEDUCTIBLE 20% AFTER DEDUCTIBLE \$100 COPAY | COVERED 100% 30% AFTER DEDUCTIBLE 30% AFTER DEDUCTIBLE 30% AFTER DEDUCTIBLE \$100 COPAY |
| MENTAL HEALTH SERVICES Inpatient Hospital Outpatient Hospital Office Visits | COVERED 100% COVERED 100% \$35 COPAY | \$500 COPAY 20% AFTER DEDUCTIBLE \$40 COPAY | 30% AFTER DEDUCTIBLE 30% AFTER DEDUCTIBLE 30% AFTER DEDUCTIBLE |
| VISION CARE Eye Exam (once every 12 months) | \$35 COPAY | \$40 COPAY | 30% AFTER DEDUCTIBLE |

Newly added ABA Therapy

Bariatric Surgery limit increased to \$45k for out-of-network

Comprehensive Infertility enhanced to unlimited cycles; ART enhanced to unlimited dollar max with limit of 5 completed egg retrievals (on Aetna broad network and out-of-network)

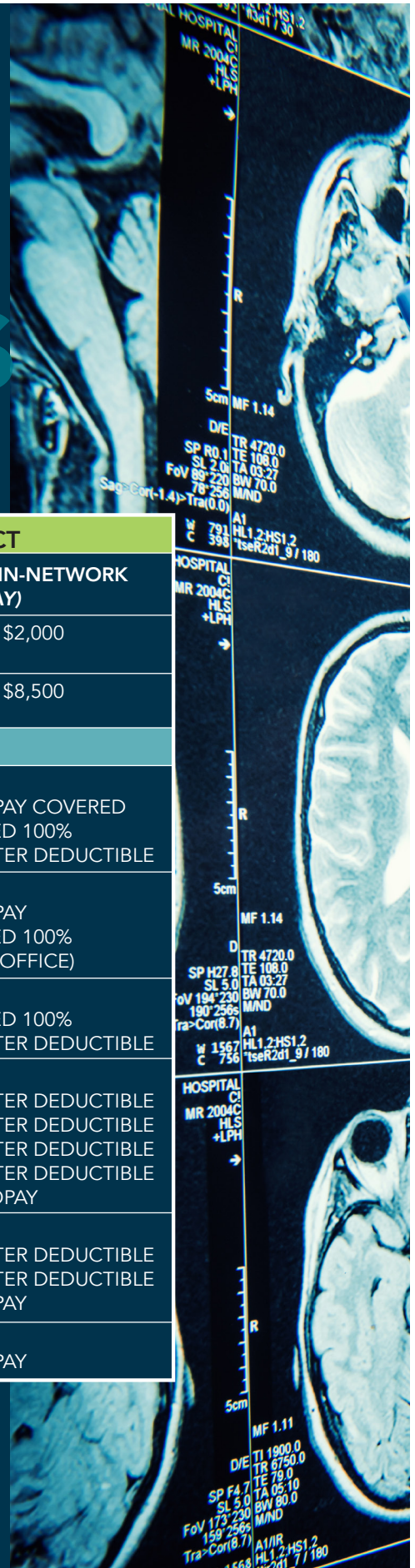
**ABA, Comprehensive infertility and ART are N/A under Capital Inner Circle*

EMPLOYEE BI-WEEKLY CONTRIBUTION RATES CAN BE FOUND ON PAGE 26

medical plan summaries

continued

| | CAPITAL CARE SELECT | |
|---|---|---|
| BENEFIT DESCRIPTION | CAPITAL INNER CIRCLE (YOU PAY) | AETNA IN-NETWORK (YOU PAY) |
| ANNUAL DEDUCTIBLE Individual / Family | NONE / NONE | \$1,000 / \$2,000 |
| ANNUAL OUT-OF-POCKET MAXIMUM Individual / Family | \$4,250 / \$8,500 | \$4,250 / \$8,500 |
| BENEFITS LIFETIME LIMIT | UNLIMITED | |
| PRIMARY CARE PHYSICIAN'S SERVICES Office Visit Preventive Care Diagnostic X-ray and Lab | \$20 COPAY COVERED 100% 10% (IN OFFICE) | \$35 COPAY COVERED COVERED 100% 20% AFTER DEDUCTIBLE |
| SPECIALIST SERVICES (INCLUDING OB/GYN) Office Visit Preventive Care Diagnostic X-ray and Lab | \$30 COPAY COVERED 100% 10% (IN OFFICE) | \$45 COPAY COVERED 100% 20% (IN OFFICE) |
| MATERNITY CARE Routine Prenatal Care Delivery/Postnatal Care | COVERED 100% 10% | COVERED 100% 20% AFTER DEDUCTIBLE |
| HOSPITAL SERVICES Inpatient Outpatient Diagnostic X-ray and Lab Physician Emergency Room (copay waived if admitted) | COVERED 100% COVERED 100% COVERED 100% COVERED 100% \$100 COPAY | 20% AFTER DEDUCTIBLE 20% AFTER DEDUCTIBLE 20% AFTER DEDUCTIBLE 20% AFTER DEDUCTIBLE \$100 COPAY |
| MENTAL HEALTH SERVICES Inpatient Hospital Outpatient Hospital Office Visits | COVERED 100% COVERED 100% \$30 COPAY | 20% AFTER DEDUCTIBLE 20% AFTER DEDUCTIBLE \$45 COPAY |
| VISION CARE Eye Exam (once every 12 months) | \$30 COPAY | \$45 COPAY |



WELLBEING REWARDS INCENTIVE

EARN A WELLBEING REWARDS CREDIT FOR A DISCOUNTED MEDICAL PREMIUM

If you completed your 2022 Wellbeing Program activities through Aetna, you will earn a discount off of your 2023 medical plan contributions. Once you complete 3 eligible activities to earn at least 3 points, you will see your earned credit of **\$25 per pay period** applied towards your medical plan cost. You have until **December 15, 2022** to complete eligible wellbeing activities and earn points.

One of the ways Capital Health's Wellbeing Program works is through an annual Health Assessment (HA). This assessment provides you with a snapshot of your overall health using key health indicators that identify potential risk factors. By identifying these risk factors early on, you can change your lifestyle to avoid serious complications down the road. By completing the annual Health Assessment, you will earn 1 point toward receiving your discount.

What are the eligible 3 activities I can choose from?

- SELF-ATTEST TO COMPLETING A WELL ADULT VISIT (1 POINT)
- SELF-ATTEST TO COMPLETING A WELL WOMAN VISIT (1 POINT)
- SELF-ATTEST TO COMPLETING ONE OF THE FOLLOWING PREVENTIVE SCREENINGS: COLON CANCER, CERVICAL CANCER, BREAST CANCER, PROSTATE CANCER (1 POINT)
- COMPLETE 5,000 STEPS, OR 30 MINUTES OF PHYSICAL ACTIVITY, PER DAY FOR ANY 50 DAYS BETWEEN 5/1-11/1 (1 POINT)
- COMPLETE A QUEST BIOMETRIC SCREENING (1 POINT)
- COMPLETE A HEALTH ASSESSMENT (1 POINT)
- COMPLETE ONE DIGITAL COACHING PROGRAM (EARN 3,000 HEARS = 1 POINT)
- COMPLETE THREE CONDITION MANAGEMENT CALLS (3 CALLS = 1 POINT)

For more information on the Wellbeing Rewards Program, **review the new Wellbeing Guide here.**

Didn't participate or complete the wellness requirements this year? You'll have another opportunity to earn a wellbeing credit when next year's incentives are announced, early in the new year.

SEARCH FOR SAVINGS

Use these value added tips to get the most bang for your buck!

USE GENERIC AND PREFERRED DRUGS

USE INNER CIRCLE PROVIDERS

ENROLL IN A TAX ADVANTAGED HEALTHCARE OR
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT FOR
ELIGIBLE OUT OF POCKET EXPENSES

CHOOSE TO COVER ONLY THOSE DEPENDENTS WHO DO

NOT HAVE AVAILABLE COVERAGE ELSEWHERE

EARN INCENTIVE CREDITS EACH YEAR BY
PARTICIPATING IN CAPITAL HEALTH'S
WELLBEING PROGRAM

TAKE ADVANTAGE OF ANNUAL WELLNESS EXAMS
AND DENTAL CLEANINGS



CAPITAL HEALTH VIRTUAL PRIMARY CARE MEET WITH PROVIDERS VIRTUALLY

Now more than ever, it is important to address health issues as they arise. To conveniently provide you with comprehensive, high quality medical care, Capital Health – Virtual Primary Care offers individuals (ages 16 and older) support in managing health issues, from their home or on the go.

From 8 a.m. to 10 p.m. seven days per week, our virtual primary care practice offers video visits with local doctors, nurse practitioners, physician assistants or other qualified health care providers from Capital Health Medical Group. Our team can address a wide range of health conditions, including but not limited to:

SYMPTOMS OF COVID

SINUS PROBLEMS

UPPER RESPIRATORY INFECTION

URINARY TRACT INFECTION

SORE THROAT AND COUGH

COMMON COLD AND FLU

RASH

EYE INFECTION

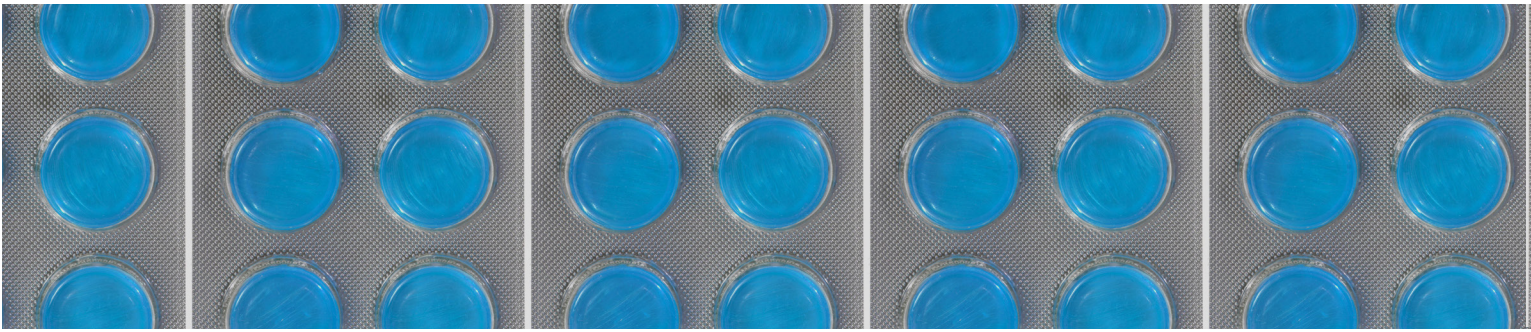
AND MORE

All Capital Health Medical Group practices use a shared electronic records system, so if you are already a Capital Health Medical Group patient, your medical history and vital information will be accessible during your video visit. If needed, patients can easily schedule an in-person follow-up visit with the team member they see on their screen, or one of our other clinicians, at one of Capital Health's primary care offices, located across the greater Mercer, Bucks and Burlington county regions.

REQUESTING A VIDEO VISIT IS AS EASY AS....

- 1. VISIT CAPITALVIRTUALCARE.ORG AND COMPLETE OUR REQUEST FORM.**
- 2. RECEIVE A TEXT FROM OUR PRACTICE WHEN WE'RE READY TO SEE YOU.**
- 3. CLICK ON THE LINK IN OUR TEXT TO BEGIN YOUR VISIT ON YOUR MOBILE DEVICE.**

If you have any questions or need more information, please email virtualcare@capitalhealth.org or visit capitalvirtualcare.org.



PRESCRIPTION

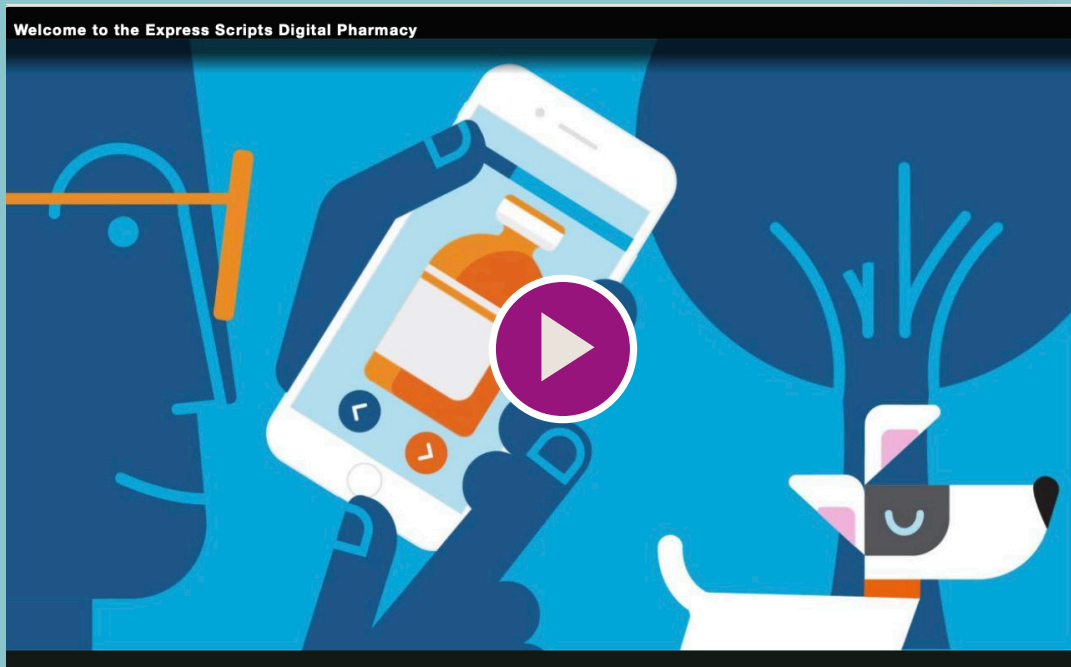
EXPLORE EXPRESS SCRIPTS

When you enroll in either Medical plan option, you will automatically receive prescription drug coverage through Express Scripts®. The prescription benefits available to you are built around different pricing structures, or “tiers”, that enable you to control your cost based on the types of medications you and your physician select.

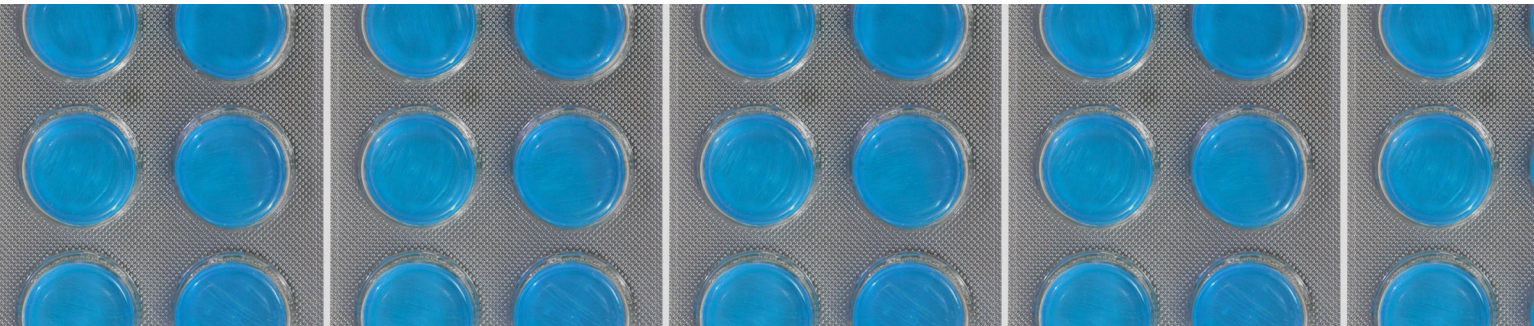
The copay amounts that you will be responsible for paying are indicated in the tables on the right. After you have reached the prescription out-of-pocket limits, **(\$3,900 individual coverage / \$7,800 family coverage)** you will not incur any additional out-of-pocket expenses for covered prescriptions during the remainder of the plan year.

To avoid paying full price, look to the preferred alternatives or ask your doctor for more options.

watch to see how Express Scripts works!



https://players.brightcove.net/1870967467/SkIGbML4_default/index.html?videoId=5680428917001



MAINTENANCE MEDICATIONS

All maintenance medications are limited to a one time pick-up at a retail pharmacy. All subsequent refills must be obtained through either the Capital Health Pharmacy or the Express Scripts Mail Order Program. To get started, visit express-scripts.com, or contact the Capital Health Pharmacy at 609-815-7597.

DRUG MANAGEMENT PROGRAM

To effectively manage drug expenses, Express Scripts uses prior authorization, step-therapy and drug quantity limits for certain medications.

Additionally, most compound drugs are excluded from plan coverage. Please contact Express Scripts if you are unsure if any medications you take are affected.

Getting Started with Home Delivery from the Express Scripts PharmacySM
 Online access to savings and convenience
 Whether you are viewing the member website or using the Express ScriptsSM mobile app¹, you can easily manage your home delivery prescriptions:

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find convenient pharmacies
- View your Rx claims and balances
- Pay your balance
- View our therapy
- And much more!

To access the member website:
 Log in to express-scripts.com just have your member ID number.

If you have a NEW prescription:
 Get started by completing a form directly to Express Scripts or print a form by fax, order form and follow up with us. Or call us and we'll get it done for you.

Please allow 10 to 15 business days for delivery.
 Check Order Status: Transfer retail prescriptions. We'll contact you.

Recent Order Status:
 Prescription You: Chris

Registering with Express Scripts
 Online access to savings and convenience
 Manage your medicines anywhere, any time with express-scripts.com and the Express ScriptsSM mobile app.

Register now so you can experience:

- **More savings.** Compare prices of medicines at multiple pharmacies. Get free standard shipping² from the Express Scripts PharmacySM.
- **More convenience.** Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.
- **More confidence.** Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.
- **More flexibility.** Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.

Get Started Today!
 Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

- Go to express-scripts.com, select Register or download the Express Scripts mobile app for free from your mobile device's app store and select Register.
- Complete the information requested, including personal information and member ID number or Social Security Number (SSN), create your username and member ID along with security information in case you ever forget your password.
- Click Register now and you're registered!
- To set preferences: select Communication Preferences from the menu under Account, scroll to Communication and Viewing Preferences. Click Edit preferences. Preferences can only be selected via the member website.

Members who have touch ID authentication on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

¹ Standard shipping costs are included as part of your prescription plan benefit.
² Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan.
 • All covered adults (aged 18+) in the household need to register separately.
 • When you grant permission to share your prescription information with other registered household members, they can view your information, make orders on your behalf and more.
 The Express Scripts mobile app is available for iPhone[®], Android[™], Windows Phone[®], Amazon[™], and BlackBerry[™] mobile devices.

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SEE POTENTIAL SAVINGS

| MEDICATION (UP TO A 34 DAY SUPPLY) | CAPITAL HEALTH PHARMACY | RETAIL PHARMACY |
|------------------------------------|--|--|
| GENERIC | \$5 COPAY | \$15 COPAY |
| PREFERRED BRAND | \$25 COPAY | \$40 COPAY |
| NON-PREFERRED BRAND | \$40 COPAY | \$55 COPAY |
| SPECIALTY MEDICATION | 10% OF COST UP TO A MAXIMUM COPAY OF \$100 | 10% OF COST UP TO A MAXIMUM COPAY OF \$175 |

| MEDICATION (UP TO A 90 DAY SUPPLY) | CAPITAL HEALTH PHARMACY | RETAIL PHARMACY |
|------------------------------------|-------------------------|-----------------|
| GENERIC | \$10 COPAY | \$30 COPAY |
| PREFERRED BRAND | \$50 COPAY | \$80 COPAY |
| NON-PREFERRED BRAND | \$80 COPAY | \$110 COPAY |

CLICK HERE to download How to Get Started and Register for Express Scripts

Eligible dependents are now covered by Capital Health dental plans until age 26.

DENTAL BENEFITS

DENTAL CARE IS IMPORTANT

Preventive dental care, such as regular checkups and cleanings, can help lower your risk of stroke and heart disease. Capital Health provides you with the choice between two affordable dental options through **Delta Dental**. Both plans offer sizable networks of providers from which to choose as well as generous benefits.

Enrolling in the Delta Dental PPO plan means lower payroll contributions, a lower annual deductible, and lower out-of-pocket expenses at participating providers. We Heard You! The annual maximum benefit for the

DECIDING ON THE BEST OPTION

Maximum plan benefits under either plan option can only be achieved when using a participating provider. Before choosing a dental plan, you should review the provider network by logging on to Delta's website at deltadentalnj.com or call your provider to find out which Delta option(s) they participate in to help you decide which option is best for you. [Click here to see more coverage details.](#)

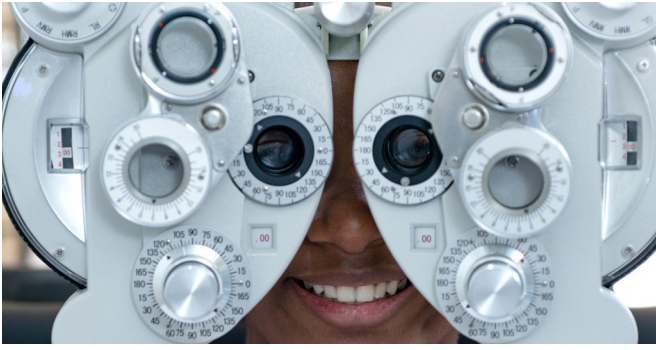
| BENEFIT DESCRIPTION | DELTA DENTAL PPO | DELTA DENTAL PREMIER |
|---|------------------|----------------------|
| ANNUAL DEDUCTIBLE:INDIVIDUAL / FAMILY | \$25 / \$75 | \$50 / \$150 |
| PREVENTIVE & DIAGNOSTIC SERVICES: ROUTINE EXAMS, CLEANINGS, ETC. | 100% | 100% |
| XRAYS: FULL-MOUTH ¹ / PANORAMIC ¹ / ROUTINE BITEWING ² | 100% | 100% |
| BASIC SERVICES: FILLINGS, PERIODONTICS, ETC. | 80% | 80% |
| MAJOR SERVICES: PROSTHODONTICS, CROWNS, ETC. | 50% | 50% |
| ORTHODONTIC SERVICES | 50% | 50% |
| ANNUAL MAXIMUM | \$1,500* | \$2,000* |
| LIFETIME ORTHODONTIC MAXIMUM | \$1,250* | \$1,250* |

¹Covered once in a 60 month period, or every 5 years. ² Covered once per benefit period for those age 19 and over, twice per benefit period for those age 18 and under. *Per person.

SEE THE SAVINGS

Did you know that getting care from a Delta Dental PPO provider helps your benefits dollars stretch further? See the example below that compares what you would pay out-of-pocket to receive major services dental care in each network.

| EXAMPLE | DELTA DENTAL PPO | DELTA DENTAL PREMIER | NON- PARTICIPATING |
|--------------------------------|-----------------------|-----------------------|-------------------------|
| PROCEDURE COST | \$1,000 | \$1,000 | \$1,000 |
| DELTA DENTAL PAYMENT ALLOWANCE | \$640 | \$800 | \$800 |
| COINSURANCE | 50% | 50% | 50% |
| DELTA DENTAL PAYMENT | \$320 | \$400 | \$400 |
| PATIENT PAYMENT | \$640 - \$320 = \$320 | \$800 - \$400 = \$400 | \$1,000 - \$400 = \$600 |



additional savings for members (in-network only)

Receive **40% off** additional pairs of glasses and a 15% discount on conventional lenses, once funded benefit is used- an industry exclusive

Receive **20% off** any item not covered by the plan, including non-prescription sunglasses

Receive **15% off** Lasik or PRK from US Laser Network retail price, or 5% off promotional price

Receive up to **64% off** hearing aids, an extended warranty, and free batteries through Amplifon Hearing Health Care Network

Additionally, new members will receive a voucher for **\$50** off at Sunglass Hut.

VISION BENEFITS

VISION BENEFITS YOU NEED TO SEE TO BELIEVE

Vision Benefits are available for you and your eligible family members, provided through **EyeMed**. Here's what you can look forward to:

- Coverage for eye exams, glasses and contact lenses
- Ability to use the frame and contact lens allowances in the same benefit year- worth up to an extra \$210
- Separate contact lens fit & follow-up coverage, leaving the entire allowance for materials
- Vast network of eye doctors offering a variety of hours to fit any schedule
- Popular brand names: Oakley, Versace, Ray-Ban®, Coach, Armani and more
- Members-only special offers on eyewear, sunglasses and supplies
- Online shopping options at LensCrafters®, Target Optical®, Glasses.com®, ContactsDirect, and Ray-Ban®
- Secure member website and a collection of helpful tools
- Award-winning customer call center
- No claims paperwork for in-network care

VISION PLAN HIGHLIGHTS

This chart summarizes the benefits provided under the vision plan. The plan covers eye examinations, lenses or contact lenses, and frames once every 12 months for

in-network coverage only. The frames maximum benefit has been increased to \$210 and contacts now have a separate maximum benefit of \$210. [Click here](#) to see a full list of your benefits.

| BENEFIT DESCRIPTION | IN-NETWORK (YOU PAY) | OUT-OF-NETWORK REIMBURSEMENT* |
|--|---|---|
| ANNUAL VISION EXAM (WITH DILATION AS NECESSARY) | \$10 COPAY | UP TO \$30 |
| STANDARD CONTACT LENS FIT AND FOLLOW UP PREMIUM CONTACT LENS FIT AND FOLLOW UP | UP TO \$40 1 0% OFF RETAIL PRICE | N/A N/A |
| RETINAL IMAGING | UP TO \$39 | N/A |
| FRAMES | \$0 COPAY; 20% OFF BALANCE OVER \$210 ALLOWANCE | UP TO \$106 |
| STANDARD PLASTIC LENS SINGLE / BIFOCAL / TRIFOCAL / LENTICULAR STANDARD PROGRESSIVE LENS | \$25 COPAY \$80 COPAY | \$25 / \$40 / \$55 / \$55 UP TO \$40 |
| CONTACT LENSES CONVENTIONAL DISPOSABLE MEDICALLY NECESSARY | \$0 COPAY; 15% OFF BALANCE OVER \$210 ALLOWANCE \$0 COPAY; 100% OF BALANCE OVER \$210 ALLOWANCE \$0 COPAY; PAID IN FULL | UP TO \$168 UP TO \$168 UP TO \$210 |



INSURANCE OPTIONS PROVIDING FINANCIAL SUPPORT FOR THE UNEXPECTED

LIFE/ACCIDENTAL DEATH & DISMEMBERMENT

Capital Health offers a number of benefits that can provide a financial safety net in case the unexpected happens. You receive Basic Life Insurance coverage at no cost to you that is based on your pay, budgeted hours and length of service.

30-40 HOURS PER WEEK

- Employees with less than 10 years of service receive employer-paid coverage equal to one times your basic annual earnings to a maximum of \$2,000,000.
- Employees with more than 10 years of service receive employer-paid coverage equal to two times Basic Annual Earnings to a maximum of \$2,000,000.

20-29 HOURS PER WEEK

- Employees with less than 10 years of service receive employer-paid coverage equal to \$5,000.
- Employees with more than 10 years of service receive employer-paid coverage equal to \$10,000.

SUPPLEMENTAL LIFE FOR YOUR FAMILY'S BENEFIT

If you have people who depend on you for financial support, this additional coverage will help protect them in the event something should happen to you.

You have the opportunity to purchase life insurance coverage through **Reliance Standard Life Insurance Company** for yourself, your spouse, and/or your dependent child(ren). If you choose to purchase Supplemental Term Life Insurance, you will be responsible for paying 100% of the premium. All newly elected amounts of Supplemental Term Life Insurance during this Fall 2022 Open Enrollment period are not subject to Proof of Good Health until the amount elected exceeds the plan Guarantee issue limits.

EMPLOYEE LIFE: You may purchase Supplemental Term Life Insurance coverage to a maximum benefit of up to 4 times your basic annual earnings, up to a \$1,000,000 maximum. Benefits are subject to a reduction schedule for employees ages 70 and over. The Guarantee Issue Limit is the lesser of three times your annual earnings or \$300,000.

SPOUSE LIFE: Supplemental Term Life Insurance coverage for your spouse may be purchased in increments of \$10,000, \$15,000, \$25,000 or \$50,000, not to exceed 50% of the employee's Supplemental Life Insurance. Coverage is not available for spouses age 70 and above.

CHILD LIFE: You may purchase Supplemental Term Life Insurance coverage in the amount of \$5,000 for your unmarried dependent child(ren), age 6 months to age 26. For eligible children age birth to 6 months, \$100 coverage will be provided.



**one-time enrollment,
no health questions asked.**

LONG-TERM DISABILITY BENEFITS

| CLASSIFICATION DESCRIPTION | MANAGEMENT EMPLOYEES | ALL OTHER EMPLOYEES |
|-------------------------------------|----------------------|---------------------|
| ELIGIBILITY WAITING PERIOD | 90 DAYS | 90 DAYS |
| CORE MONTHLY BENEFIT | 60% | 50% |
| BUY-UP OPTION | N/A | 10% BUY-UP |
| MONTHLY BENEFIT MAXIMUM | \$25,000 | \$5,000 |
| MONTHLY BENEFIT MAXIMUM WITH BUY-UP | N/A | \$5,833 |

SHORT TERM DISABILITY

All Full-Time employees have access to NJID benefits, which is administered by The State of NJ. The plan provides a benefit amount of 85% of base salary, up to a maximum of \$903/week and elimination period is 7 days. If you work in Pennsylvania, then this benefit is administered by Reliance

LONG TERM DISABILITY: FINANCIAL SUPPORT WHEN YOU'RE SICK OR DISABLED

The Long-Term Disability (LTD) plan offered by Reliance Standard provides income during an extended period of disability, if you are disabled and unable to return to work after 180 consecutive days. The plan pays a percentage of your average monthly pre-disability earnings. This coverage is employer paid unless you are eligible for the buy-up option. You may receive monthly LTD benefits as long as you are deemed totally disabled by our insurance provider. Benefits may continue until you reach the normal social security retirement age, if permanently disabled.

Enroll for flexible spending every year
If you were enrolled in a Dependent Care or Healthcare FSA for 2022 and would like to continue this benefit for the 2023 plan year, you must re-enroll.

FLEXIBLE SPENDING ACCOUNT (FSA)

FLEX YOUR SPENDING POWER!

Flexible Spending Accounts (FSAs) offered through PayFlex are special tax-free accounts you put money into to pay for certain out-of-pocket expenses. The amount you elect to contribute to your FSA is taken from your paycheck before taxes. This means that the funds you set aside to pay for your health care or dependent care expenses are tax free, saving you money!

Healthcare FSA: Set aside up to **\$3,050** in pre-tax dollars for any IRS-allowed medical, dental and vision expense not covered by insurance. With a Healthcare FSA, you can be reimbursed any amount up to the total annual contribution you have elected regardless of your account balance. If you over-estimate your annual spending, you can roll over up to **\$550** of unused funds into the following year.

Dependent Care FSA: Set aside **\$5,000** in pre-tax dollars for qualified day care expenses for your child, disabled parent or spouse that enable you and your spouse (if applicable) to work full-time and/or attend school full-time. With a Dependent Care FSA, you can only be reimbursed for services you have incurred up to your total account balance. If you submit a claim for an amount that exceeds your account balance, your claim will pend until you have sufficient funds in your account to reimburse the total amount of the claim.

CARRY OVER UNUSED HEALTHCARE FSA FUNDS

You may carry over up to **\$550 in unused 2022** Healthcare FSA funds into the next plan year. Any unused 2022 amount up to \$550 that is carried over into 2023 will be exhausted first before your 2023 FSA contributions are used. The **\$550** carry over applies to Healthcare FSA only. Any unused money in your account will be forfeited.

ENROLLMENT IS BINDING

Once you enroll, you cannot make any changes during the plan year unless you experience a qualifying life event. Be sure to take this into account when determining how much money to contribute to your FSA.

USING YOUR FSA DEBIT CARD

The easiest and fastest way to access your Healthcare FSA funds is to use the PayFlex Card at a provider or merchant for eligible medical expenses. The card can be used for eligible medical, dental, prescription, hearing and vision expenses wherever MasterCard is accepted. FSA debit cards are issued every three years.

WHERE CAN I USE MY CARD?

You can use your card at a variety of places. For Healthcare FSAs, you may use your card at your providers' office including primary care physicians, specialists, chiropractors, dentists, optometrists, hospitals, pharmacies, and urgent care locations. Other places where you can spend your FSA funds include most merchants that sell FSA-eligible products such as discount and grocery stores.

When checking out at your providers' office or an eligible merchant, simply swipe your card to pay using your FSA funds. Be sure to save your receipts or statement in case you are required by PayFlex to verify your expense at a later date.

CAN I GET MORE THAN ONE CARD?

If you need another card for someone else on your plan simply contact Payflex online or by phone at **1-888-879-9280** to request additional cards. If your debit card is lost or stolen, report it to PayFlex.

COMMUTER BENEFITS

This benefit offering through Payflex allows employees to pay for all or part of their work-related transportation expenses using pre-tax dollars on a monthly basis. Up to \$275 per month in mass transit expenses can be paid on a pre-tax basis when enrolled in Commuter Benefits. You may only be reimbursed up to your current account balance at any given time.

If you elected FSA this year, it does not roll over to 2023. You must re-enroll for 2023 during open enrollment.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

EVERYDAY SUPPORT AND GUIDANCE FOR YOU AND YOUR FAMILY

From listening to your child talk about being bullied to witnessing a traumatic event, secondhand stress can affect you, too. If you're finding it hard to stay positive when tough things happen to yourself or others, your Carebridge EAP and Worklife Specialists offer confidential support for managing:

ANXIETY AND DEPRESSION

LIVING WITH CHRONIC CONDITIONS

GRIEF AND LOSS

PARENTING AND FAMILY ISSUES

SUBSTANCE USE

STRESS MANAGEMENT

RELATIONSHIP PROBLEMS

CHILD AND ELDERCARE SUPPORT

WORK-LIFE BALANCE

Through this program, you have access to mental health assistance, referral, counseling and educational services for help from a number of professionals. You have 24-hour access to helpful resources by phone, and the EAP benefits include four face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Capital Health. Access additional information by contacting 800-437-0911 or www.myliferesource.com use access code TW585.



LEGAL LEGAL SUPPORT WHEN YOU NEED IT

Most employees will require the services of an attorney at some point in their lives. In fact, it is estimated that 7 out of 10 employees will experience at least one “legal event” annually. The MetLife Legal Plan offers low-cost access to attorneys for a variety of personal legal services. Payments are made conveniently through payroll deductions. It’s like having your own attorney on retainer.

The MetLife Legal Plan helps you deal with a variety of situations, including:

ADOPTION, GUARDIANSHIP AND AFFIDAVITS

REAL ESTATE MATTERS

ESTATE PLANNING DOCUMENTS, WILLS AND TRUSTS

FINANCIAL MATTERS INCLUDING DEBT COLLECTION DEFENSE AND NEGOTIATIONS WITH CREDITORS

CIVIL LAWSUITS SUCH AS CIVIL LITIGATION AND PET LIABILITIES

ELDER CARE ISSUES SUCH AS POWER OF ATTORNEY, DEEDS, WILLS, LEASES

This plan does not provide coverage for legal matters against Capital Health.

ONCE YOU’VE ENROLLED

The MetLife Legal Plan will provide both you and your eligible dependents access to experienced legal professionals who can assist with most personal legal matters. Coverage is extended to your eligible dependents. Your eligible dependents include your legal/civil union spouse and your dependent child(ren) up to age 26 .

There are no limits on plan usage. This means you can use the plan as often as you like, for as long as you like regardless of time, topic, or complexity. Your MetLife Legal coverage is also portable so you can take your coverage with you upon separation of service.

HELPING YOU NAVIGATE LIFE’S PLANNED AND UNPLANNED EVENTS.

Our high-low plan enables you to choose the right plan to suit your needs and your budget. For \$6.83 per pay period for our high plan, or \$5.45 per pay period for our low plan, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms, when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, this benefit, available through the high plan only, provides four hours of network attorney time and services per year.

METLIFE LEGAL PLAN OPTIONS

| | HIGH PLAN | LOW PLAN |
|-------------------------------|---|---|
| MONEY MATTERS | <ul style="list-style-type: none"> •Debt Collection Defense • Identity Theft Defense •LifeStages Identity Restoration Services⁴ •Negotiations with Creditors •Promissory Notes •Tax Collection Defense •LifeStages Premium Identity Protection & Restoration⁴ •Personal Bankruptcy • Tax Audit Representation | <ul style="list-style-type: none"> •Debt Collection Defense • Identity Theft Defense •LifeStages Identity Restoration Services⁴ •Negotiations with Creditors •Promissory Notes •Tax Collection Defense |
| HOME & REAL ESTATE | <ul style="list-style-type: none"> •Deeds •Eviction Defense •Foreclosure •Mortgages •Refinancing & Home Equity Loan • Sale or Purchase of Home •Tenant Negotiations •Boundary & Title Disputes •Property Tax Assessments •Security Deposit Assistance •Zoning Applications | <ul style="list-style-type: none"> •Deeds •Eviction Defense •Foreclosure •Mortgages •Refinancing & Home Equity Loan • Sale or Purchase of Home •Tenant Negotiations |
| ESTATE PLANNING | <ul style="list-style-type: none"> •Codicils •Complex Wills •Healthcare Proxies •Living Wills • Powers of Attorney (<i>Healthcare, Financial, Childcare, Immigration</i>) •Revocable & Irrevocable Trusts •Simple Wills | <ul style="list-style-type: none"> •Codicils •Complex Wills •Healthcare Proxies •Living Wills • Powers of Attorney (<i>Healthcare, Financial, Childcare, Immigration</i>) •Revocable & Irrevocable Trusts •Simple Wills |
| FAMILY & PERSONAL | <ul style="list-style-type: none"> •Adoption •Affidavits •Conservatorship •Garnishment Defense •Guardianship •Name Change •Personal Property Protection • Review of ANY Personal Legal Document •School Hearings •Demand Letters •Divorce •Immigration Assistance •Juvenile Court Defense, Including Criminal Matters •Parental Responsibility Matters •Prenuptial Agreement •Protection from Domestic Violence | <ul style="list-style-type: none"> •Adoption •Affidavits •Conservatorship •Garnishment Defense •Guardianship •Name Change •Personal Property Protection • Review of ANY Personal Legal Document •School Hearings |



Our US-based, customer care team is here for you 24/7/365 at 866.513.1518.

Learn more about this valuable benefit at idwatchdog.com/myplan/CapitalHealthSystems

NO ONE IS IMMUNE TO IDENTITY THEFT. BETTER PROTECT WHAT MATTERS MOST

Identity theft can affect anyone—from infants to seniors. Each generation has habits that savvy criminals know how to exploit—resulting in over \$50 billion lost in the US to identity fraud in 2021.¹ Take action with award-winning ID Watchdog identity theft protection.

GREATER PEACE OF MIND

With ID Watchdog® as an employee benefit, you have a more convenient and affordable way to help better protect and monitor your identity. You'll be alerted to potentially suspicious activity and enjoy greater peace of mind knowing you don't have to face identity theft alone.

| SPECIAL EMPLOYEE PRICING | BI-WEEKLY |
|--------------------------|-----------|
| EMPLOYEE | \$3.18 |
| EMPLOYEE + FAMILY | \$5.72 |

WHY CHOOSE ID WATCHDOG?

Advanced Identity Theft Detection We scour billions of data points—public records, transaction records, social media and more—to search for signs of potential identity theft.

Greater Protection & Control We've got you covered with lock features for added control over your credit report(s) to help keep identity thieves from opening new accounts in your name.

Fully Managed Identity Restoration If you become a victim, you don't have to face it alone. One of our certified resolution specialists will fully manage the case for you until your identity is restored.

Extensive Family Coverage Our family plan helps you better protect your loved ones² with personalized accounts for adult family members, family alert sharing, and exclusive features for children.

¹ Javelin Strategy & Research, 2022 Identity Fraud Study: The Virtual Battleground, Mar 2022.

² Refer to your employer or ID Watchdog for family plan eligibility.



NATIONWIDE PET INSURANCE ON YOUR SIDE

You work hard to provide your family with everything they need. So whether your family includes kids with two feet or kids with four paws, you know what responsibility looks like.

My Pet Protection® from Nationwide® helps you provide your pets with the best care possible by reimbursing you for vet bills. You can get cash back for accidents, illnesses, hereditary conditions, and more!

- Custom made plans for employees only
- Visit any vet, anywhere
- Choose from 70% and 50% reimbursement of vet's invoice
- Low \$250 annual deductible
- Pet Rx Express for prescription medications
- Easy online claim submission
- 24/7 VetHelpline access for policyholders

To enroll you must visit [PetsNationwide.com](https://www.petsnationwide.com) or call 877-738-7874 for a fast, no obligation quote, today!



AETNA VOLUNTARY BENEFITS

AETNA ACCIDENT PLAN

Accidents happen when you least expect them. But an Aetna® Accident Plan can help you be more financially prepared when they do. The plan pays you cash benefits when you or a covered family member are faced with a covered accidental injury that happens off the job.

Unlike regular medical insurance, which pays your provider, an Aetna Accident Plan pays you cash directly for things like medical treatment, deductibles...even rent or mortgage! The money is yours to spend however you need it most.

AETNA CRITICAL ILLNESS PLAN

Nobody is ready to receive a diagnosis of a serious illness. But an Aetna Critical Illness Plan pays benefits when you are diagnosed with a covered illness or condition, after your coverage effective date. This can help you feel a little more financially prepared to focus on the road to recovery.

The plan pays for diagnosis such as cancer, stroke, major organ failure, and more. Check out the benefit plan summary for a full list of covered diagnoses and complete plan details.

AETNA HOSPITAL INDEMNITY PLAN

Whether you're planning a hospital stay, or one comes up unexpectedly, the costs can really add up fast. The Aetna Hospital Indemnity Plan pays cash benefits when you have a hospitalization due to an illness, injury, surgery, or even delivering a baby.

The plan pays benefits for an inpatient hospital admission, plus extra for each day you're in the hospital.

CONTACT INFORMATION

*Accident Insurance,
Critical Illness Insurance,
Hospital Indemnity*

Aetna

1-844-362-0930

www.aetna.com

AETNA VOLUNTARY BENEFITS RATE SHEET

Rates shown are based on per pay period deductions. Your payroll deductions will be taken after taxes are taken.

ACCIDENT PLAN

PAYMENTS PER PAY PERIOD - 26 PAY PERIODS IN TOTAL

| COVERAGE | COST |
|--------------------------|---------|
| YOURSELF ONLY | \$4.52 |
| YOURSELF & SPOUSE | \$7.79 |
| YOURSELF PLUS CHILD(REN) | \$8.51 |
| YOURSELF AND FAMILY | \$11.65 |

CRITICAL ILLNESS PLAN*

YOU MAY ENROLL IN ONE OPTION ONLY.

PAYMENTS PER PAY PERIOD - 26 PAY PERIODS IN TOTAL

| EMPLOYEE FACE AMOUNT: \$15,000 | | | | | EMPLOYEE FACE AMOUNT: \$30,000 | | | | |
|--------------------------------|---------------|---------------------|--------------------------|---------------------|--------------------------------|---------------|---------------------|--------------------------|---------------------|
| AGE BAND | YOURSELF ONLY | YOURSELF AND SPOUSE | YOURSELF PLUS CHILD(REN) | YOURSELF AND FAMILY | AGE BAND | YOURSELF ONLY | YOURSELF AND SPOUSE | YOURSELF PLUS CHILD(REN) | YOURSELF AND FAMILY |
| 16-19 | \$1.68 | \$2.68 | \$1.68 | \$2.68 | 16-19 | \$2.50 | \$4.02 | \$2.50 | \$4.02 |
| 20-24 | \$1.92 | \$3.02 | \$1.92 | \$3.02 | 20-24 | \$2.96 | \$4.72 | \$2.96 | \$4.72 |
| 25-29 | \$2.22 | \$3.48 | \$2.22 | \$3.48 | 25-29 | \$3.56 | \$5.64 | \$3.56 | \$5.64 |
| 30-34 | \$2.64 | \$4.10 | \$2.64 | \$4.10 | 30-34 | \$4.40 | \$6.88 | \$4.40 | \$6.88 |
| 35-39 | \$3.28 | \$5.08 | \$3.28 | \$5.08 | 35-39 | \$5.70 | \$8.84 | \$5.70 | \$8.84 |
| 40-44 | \$4.44 | \$6.84 | \$4.44 | \$6.84 | 40-44 | \$8.02 | \$12.32 | \$8.02 | \$12.32 |
| 45-49 | \$6.38 | \$9.72 | \$6.38 | \$9.72 | 45-49 | \$11.88 | \$18.10 | \$11.88 | \$18.10 |
| 50-54 | \$9.58 | \$14.52 | \$9.58 | \$14.52 | 50-54 | \$18.28 | \$27.72 | \$18.28 | \$27.72 |
| 55-59 | \$14.18 | \$21.42 | \$14.18 | \$21.42 | 55-59 | \$27.48 | \$41.50 | \$27.48 | \$41.50 |
| 60-64 | \$20.12 | \$30.34 | \$20.12 | \$30.34 | 60-64 | \$39.38 | \$59.36 | \$39.38 | \$59.36 |
| 65-69 | \$28.74 | \$43.26 | \$28.74 | \$43.26 | 65-69 | \$56.62 | \$85.22 | \$56.62 | \$85.22 |
| 70+ | \$37.10 | \$55.80 | \$37.10 | \$55.80 | 70+ | \$73.32 | \$110.26 | \$73.32 | \$110.26 |

*Rates are based on your (the subscribers) current age but will increase as you move into a higher ageband.

HOSPITAL INDEMNITY PLAN

| COVERAGE | COST |
|--------------------------|---------|
| YOURSELF ONLY | \$4.50 |
| YOURSELF & SPOUSE | \$10.01 |
| YOURSELF PLUS CHILD(REN) | \$7.20 |
| YOURSELF AND FAMILY | \$12.08 |

THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE ARE A SUPPLEMENT TO HEALTH INSURANCE AND NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

BENEFIT ADVOCACY CENTER (BAC) HERE TO HELP YOU GET THE MOST FROM YOUR BENEFITS!

Benefit programs are complex and can be difficult to understand. That's why we've engaged experts who can get your questions answered and problems resolved. They specialize in understanding the technical nature of your benefits and how to work with our benefit vendor partners so you don't have to. These are the types of questions the BAC can help you with:

Explanation of benefits Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?

Prescription/pharmacy troubles Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting an authorization on a medication?

Benefits questions Are you unsure if your insurance will pay for a certain procedure? Having claim issues? Did you receive a bill from a doctor but don't know why?

Difficult situations Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal that decision?

Insurance carrier contact information Have you not received your insurance cards, need replacement cards or need to get in touch with an insurance carrier?

Contact the BAC by phone or by e-mail
844-932-0158 / Bac.capitalhealth@ajg.com

| QUESTIONS REGARDING | CONTACT | PHONE NUMBER | ONLINE |
|--|------------------------------------|---|---|
| ELIGIBILITY, ENROLLMENT, PLAN OPTIONS, CONTRIBUTIONS, QUALIFYING LIFE EVENTS, GENERAL BENEFITS INFORMATION, ETC. | CAPITAL HEALTH BENEFITS DEPARTMENT | 609-394-4193 | CAPITALINK (INTRANET), HUMAN RESOURCES DEPARTMENT WWW.CAPITALHEALTH.ORG |
| MEDICAL BENEFITS POLICY #884001 | AETNA | 1-844-362-0930 | WWW.AETNA.COM |
| PRESCRIPTION BENEFITS | EXPRESS SCRIPTS | 1-800-285-3486 | WWW.EXPRESS-SCRIPTS.COM |
| ON-SITE PRESCRIPTION SERVICES | CAPITAL HEALTH PHARMACY | 609-815-7597 | |
| VISION BENEFITS | EYEMED | 1-866-800-5457 | WWW.EYEMED.COM |
| DENTAL BENEFITS POLICY # 3121 | DELTA DENTAL | WITHIN NEW JERSEY: 1-800-452-9310 OUTSIDE NEW JERSEY: 1-800-346-5377 | WWW.DELTADENTALNJ.COM |
| FLEXIBLE SPENDING ACCOUNTS | PAYFLEX | 1-800-248-4885 | WWW.PAYFLEX.COM |
| LIFE, SUPPLEMENTAL AND AD&D INSURANCE | RELIANCE | 609-394-4331 609-394-4289 | |
| WORK/LIFE EMPLOYEE ASSISTANCE PROGRAM | CAREBRIDGE | 1-800-437-0911 | WWW.MYLIFERESOURCE.COM ACCESS CODE: TW585 |
| ACCIDENT INSURANCE, CRITICAL ILLNESS INSURANCE, HOSPITAL INDEMNITY | AETNA | 1-844-362-0930 | WWW.AETNA.COM |
| VOLUNTARY LEGAL COVERAGE | METLIFE LEGAL | 1-216-241-0022 | WWW.LEGALPLANS.COM |
| ID THEFT | ID WATCHDOG | 866.513.1518 | IDWATCHDOG.COM/MYPLAN/CAPITALHEALTHSYSTEMS |
| PET INSURANCE | NATIONWIDE | 877-738-7874 | PETSATIONWIDE.COM |

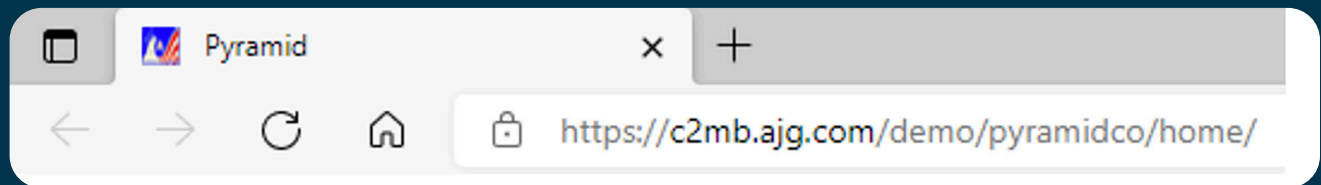
instructions for log-in

CONNECT TO MY BENEFITS (C2MB)

Introducing Capital Health's employee benefits website. Beginning January 1, 2023, on this site, you have access to all of our company's benefit plans, announcements, and benefit information. 24/7 access via your computer, phone, or tablet.

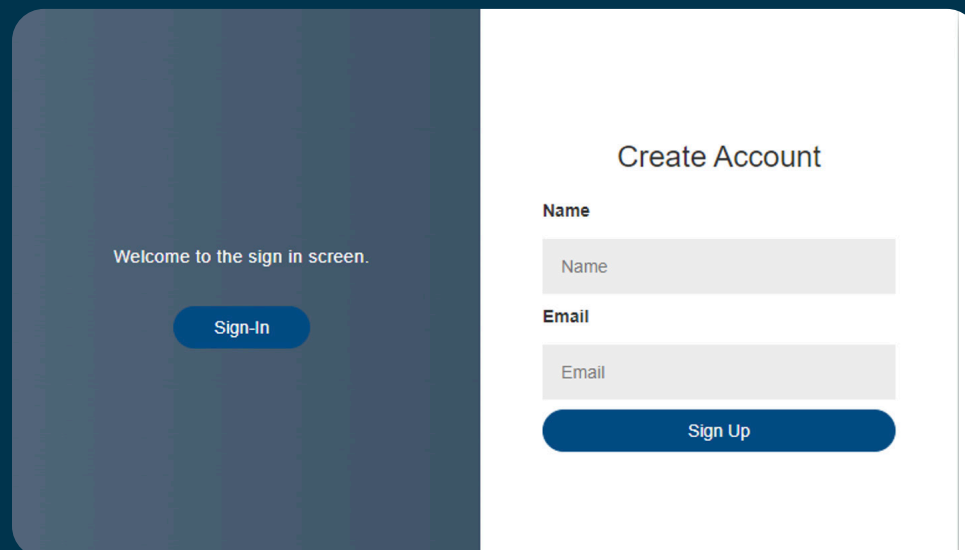
LAUNCH YOUR INTERNET BROWSER AND ENTER THE CUSTOM URL:

[HTTPS://C2MB.AJG.COM/.CAPITALHEALTH](https://c2mb.ajg.com/.CAPITALHEALTH)



THIS WILL PROVIDE ACCESS TO ALL OF YOUR BENEFITS INFORMATION.

IF YOUR EMPLOYER REQUIRES YOU TO CREATE AN ACCOUNT, YOU WILL BE BROUGHT TO THIS SCREEN.



TO REGISTER FOR YOUR SITE, ENTER YOUR NAME AND EMAIL TO CREATE AN ACCOUNT. THEN CLICK ON "SIGN UP" TO COMPLETE YOUR REGISTRATION

BENEFIT RATE SHEET

Your 2023 base¹ medical contributions per pay are shown below.*

2023 CAPITAL CARE SELECT PLAN RATES (PER PAY)

| COVERAGE LEVEL | 30-40 HOURS PER WEEK | 20-29 HOURS PER WEEK |
|-----------------------|----------------------|----------------------|
| EMPLOYEE ONLY | \$73.35 | \$115.64 |
| EMPLOYEE + SPOUSE | \$139.99 | \$222.18 |
| EMPLOYEE + CHILD(REN) | \$126.27 | \$200.26 |
| FAMILY | \$195.99 | \$311.77 |

2023 CAPITAL CARE CHOICE PLAN RATES (PER PAY)

| COVERAGE LEVEL | 30-40 HOURS PER WEEK | 20-29 HOURS PER WEEK |
|-----------------------|----------------------|----------------------|
| EMPLOYEE ONLY | \$99.12 | \$156.39 |
| EMPLOYEE + SPOUSE | \$192.50 | \$305.84 |
| EMPLOYEE + CHILD(REN) | \$170.95 | \$271.45 |
| FAMILY | \$269.72 | \$429.37 |

¹The above rates do not include potential surcharge costs. The tobacco surcharge adds an additional \$35 per pay for each tobacco user covered on the plan. The spousal coverage surcharge adds \$75 per pay if covered spouse has alternate coverage available through employer plan.

***Wellness Premium Credit** If you completed the wellness requirements for 2022, you will see an automatic medical premium credit of \$25 per pay from the rates shown in this chart when you log on to enroll in your benefits

Your 2023 dental plan contributions per pay are shown below.

2023 DELTA DENTAL PLAN OPTIONS AND RATES (PER PAY)

| COVERAGE LEVEL | 30-40 HOURS PER WEEK | | 20-29 HOURS PER WEEK | |
|-----------------------|----------------------|---------------|----------------------|---------------|
| | DELTA PPO | DELTA PREMIER | DELTA PPO | DELTA PREMIER |
| EMPLOYEE ONLY | \$4.50 | \$11.51 | \$9.00 | \$19.56 |
| EMPLOYEE + SPOUSE | \$8.33 | \$21.45 | \$16.66 | \$36.47 |
| EMPLOYEE + CHILD(REN) | \$7.85 | \$20.43 | \$15.69 | \$34.73 |
| FAMILY | \$13.09 | \$33.86 | \$26.17 | \$57.55 |

Your 2023 vision plan contributions per pay are shown below.

2023 EYEMED VISION PLAN RATES (PER PAY)

| COVERAGE LEVEL | 30-40 HOURS PER WEEK | 20-29 HOURS PER WEEK |
|-----------------------|----------------------|----------------------|
| EMPLOYEE ONLY | \$2.85 | \$2.85 |
| EMPLOYEE + SPOUSE | \$5.70 | \$5.70 |
| EMPLOYEE + CHILD(REN) | \$6.28 | \$6.28 |
| FAMILY | \$9.70 | \$9.70 |

Your 2023 buy-up long-term disability insurance contributions per pay are shown below

2023 BUY-UP LTD RATES (PER PAY)

| COVERAGE LEVEL | RATE PER \$100 |
|----------------|----------------|
| EMPLOYEE ONLY | \$0.29 |

Your 2023 legal plan contributions per pay are shown below.

2023 METLIFE LEGAL PLAN RATES (PER PAY)

| COVERAGE LEVEL | RATE |
|-------------------------------|--------|
| ALL COVERED MEMBERS LOW PLAN | \$5.45 |
| ALL COVERED MEMBERS HIGH PLAN | \$6.83 |

Your 2023 employee and spouse supplemental life insurance contributions per pay are shown below.

2023 LIFE INSURANCE RATES (PER PAY)

| AGE | RATE PER \$1,000 | AGE | RATE PER \$1,000 | AGE | RATE PER \$1,000 |
|----------|------------------|-------|------------------|-----------|------------------|
| UNDER 24 | \$0.029 | 40-44 | \$0.057 | 60-64 | \$0.378 |
| 25-29 | \$0.035 | 45-49 | \$0.086 | 65-69 | \$0.729 |
| 30-34 | \$0.046 | 50-54 | \$0.132 | 70 & OVER | \$1.182 |
| 35-39 | \$0.052 | 55-59 | \$0.247 | | |

Your 2023 dependent child(ren) supplemental life insurance contributions per pay are shown below.¹

2023 LIFE INSURANCE RATES (PER PAY)

| COVERAGE LEVEL | RATE |
|----------------------|---------|
| DEPENDENT CHILDREN** | \$0.279 |

¹One rate covers all eligible children up to age 26 for \$5,000 in coverage. Newborns up to 6 months are provided \$100 of coverage.

LEGAL NOTICES

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM

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).

ALABAMA – MEDICAID

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

ALASKA – MEDICAID

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – MEDICAID

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – MEDICAID

Health Insurance Premium Payment (HIPP) Program Website: <http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Email: hipp@dhcs.ca.gov

IOWA – MEDICAID AND CHIP (HAWKI)

Medicaid Website:
<https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website:

<http://dhs.iowa.gov/Hawki> Hawki

Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

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/hcpf/child-health-plan-plus>

CHP+ Customer Service:
1-800-359-1991/ State Relay 711

Health Insurance Buy-In Program (HIBI):
<https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: 1-855-692-6442

FLORIDA – MEDICAID

Website: <https://www.flmedicaidtprrecovery.com/flmedicaidtprrecovery.com/hipp/index.html>

Phone: 1-877-357-3268

GEORGIA – MEDICAID

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162 ext 2131

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

MONTANA – MEDICAID

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

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: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

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: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: -800-977-6740.

TTY: Maine relay 711

MASSACHUSETTS – MEDICAID AND CHIP

Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>

Phone: 1-800-862-4840

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: 573-751-2005

LEGAL NOTICES

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

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
Phone: 1-800-692-7462

NEBRASKA – MEDICAID

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
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/oii/hipp.htm>
Phone: 603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext 5218

NEW JERSEY – MEDICAID AND CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – MEDICAID

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – MEDICAID

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

NORTH DAKOTA – MEDICAID

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/> Phone: 1-844-854-4825

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: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – MEDICAID AND CHIP

Website:
<https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

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

WASHINGTON – MEDICAID

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

WEST VIRGINIA – MEDICAID

Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIPP
(1-855-699-8447)

WISCONSIN – MEDICAID AND CHIP

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

WYOMING – MEDICAID

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

TO SEE IF ANY MORE STATES HAVE ADDED A PREMIUM ASSISTANCE PROGRAM SINCE JULY 31, 2021, OR FOR MORE INFORMATION ON SPECIAL ENROLLMENT RIGHTS, CONTACT EITHER:

U.S. DEPARTMENT OF LABOR
EMPLOYEE BENEFITS SECURITY ADMINISTRATION DOL.GOV/AGENCIES/EBSA
1-866-444-EBSA (3272)
OMB CONTROL NUMBER 1210-0137 (EXPIRES 1/31/2023)

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

HIPAA PRIVACY NOTICE REMINDER

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Capital Health group health plans to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice contact HR – Benefits at 609-394-4524. You may also view the Privacy Notice online on CapitaLink under Legal Notices.

You may also contact the Plan's Privacy Official at 609-394-6783 or Imc-guire@capitalhealth.org for more information on the Plan's privacy policies or your rights under HIPAA.

NOTICE REGARDING WELLNESS PROGRAM

Capital Health offers a voluntary wellness program available to benefit eligible employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be required to choose from a variety of wellness activities in order to earn the wellness credit. One of the activities may include a biometric screening, which will include a finger stick blood test for Cholesterol, HDL, LDL and Triglycerides. As part of this screening your height, weight and body mass index (BMI) will also be recorded. You are not required to complete a screening in order to earn credit towards completing the wellness requirement.

LEGAL NOTICES

Employees who choose to participate in the wellness program will receive a discount off of their medical plan contributions, currently at \$25 per pay period. Although you are not required to participate only employees who do so will receive the discount off of their medical plan contributions.

Capital Health is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means.

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

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Capital Health may use aggregate information it collects to design a program based on identified health risks in the workplace, we 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.

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 the Human Resources Department.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Federal law requires our medical plan, which currently covers mastectomies, to also provide coverage for any necessary surgery, reconstruction of both breasts in order to produce a symmetrical appearance, prostheses and physical complications during all stages of mastectomy, including lymphedemas. In addition, the plan may not interfere with a woman's rights under the plan to avoid these requirements, or offer inducements to the health provider or assess penalties against the health provider, in an attempt to interfere with the requirements of the law. However, the plan may apply deductibles and copays consistent with other coverage

provided by the plan. If you have any questions regarding this law or about our coverage for mastectomies and reconstructive surgery, please contact the customer service number on your medical ID card or the Benefits Department.

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

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

OUTBREAK NOTICE

The U.S. Department of Labor and IRS announced temporary extensions of certain plan deadlines during the COVID-19 pandemic. The extensions relate to the period between March 1, 2020 and 60 days after the end of the National Emergency related to COVID-19, but in no event can it last longer than one year. Under these extensions, plan participants and dependents were given extra time to make HIPAA Special Enrollment election changes, file ERISA claims and appeals, receive notifications about COBRA elections, and make COBRA premium payments.

SECTION 1557: NONDISCRIMINATION IN HEALTH PROGRAMS AND ACTIVITIES

Capital Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 609.394.4524.

UWAGA: Jezeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 609.394.4524.

NEWBORN'S AND MOTHERS' DISCLOSURE NOTICE MATERNITY BENEFITS

Under Federal and state law you have certain rights and protections regarding your Maternity benefits under the Plan.

Under federal law known as the "Newborns' and Mothers' Health Protection Act of 1996" (Newborns' Act) group health plans and health insurance issuers generally may not 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).

2023



capitahealth

Capital Health Medical Center - Hopewell
One Capital Way
Pennington, NJ 08534
1-800-637-2374

capitalhealth.org