Oaks
INTEGRATED CARE

EMPLOYEE BENEFITS GUIDE

2026-2027

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WELCOME TO YOUR BENEFITS GUIDE

Oaks Integrated Care is committed to providing employees with a market-competitive and comprehensive benefit program which we evaluate on an annual basis. We recognize the value of an employee benefits package and strive to create options that will benefit each and every employee.

This benefit guide will include all your benefit options for the October 1, 2026, through September 30, 2027, plan year. Please utilize this benefit guide to help you make decisions on your plan elections for both you and your family.

This benefit guide is an overview

The benefits in this guide are effective

October 1, 2026

through

September 30, 2027

This benefit guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit guide or summary plan descriptions (SPDs). The plan benefit guide determine how all benefits are paid.

ELIGIBILITY

When Am I Eligible?

Number of Hours Required	Employment Category	Eligible Benefit
30+ hours	Full-time & Part-time	Medical & all other benefits listed below
20+ hours	Full-time & Part-time	Dental, Vision, Basic Life, Vol Life, FSA, Legal/ID Shield, Pet Insurance & Prudential

Eligible Benefit	Effective Date
Medical, Dental, Vision, FSA, Prudential, Legal/ID Shield & Pet Insurance	1st of the month following 30 days of employment
Basic & Voluntary Life	1st of the month following 60 days of employment

You can enroll your spouse to whom you are legally married or your civil union partner. Spouses or civil union partners who have access to other medical coverage are not eligible for coverage under Oaks' medical plans. They are still eligible for dental and vision coverage.

Dependent Children are eligible to be covered under the medical benefits up to **age 26** under the following guidelines:

Dependent who is the insured's child (by blood or by law) who:

1. is less than 26 years of age;
2. a dependent on the employee's tax return;
3. is married or unmarried;
4. has no dependents;
5. is not provided coverage as a named subscriber, enrollee or covered person under any other health plan. Note: the dependent can be eligible for coverage through employment but decline to accept it and remain eligible under their parent's plan of benefits.

Dependents will remain covered under the medical, prescription and dental plans under end of the calendar year in which the dependent turns age 26; under the vision plan under the dependents 26th birthday; and under the life insurance under the end of the month of the dependents 26th birthday.

CHANGING YOUR BENEFITS

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a qualified life event, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent Child(ren)
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit your change to HR Benefits Team within 30 days of the qualified life event.

HAVE QUESTIONS ABOUT YOUR BENEFITS?

Imagine 360 Member Support	Innovative Benefit Guardian
Medical Coverage Questions	Escalated/ Unresolved Imagine 360 Service Inquiries
Locate a Provider for Medical Services	Prescription Coverage and Billing Questions
Schedule Appointments for Medical Care	Dental Coverage, Billing and Provider Finder Questions
Obtain a Copy of Your ID Card	Vision Coverage, Billing and Provider Finder Questions
Balance Billing Questions for Medical Services	Flexible Spending Account Coverage Questions
Recuro Health Digital Questions	Life Insurance, Personal Protection, Prudential and Pet Insurance Questions

Oaks Imagine 360 Member Experience Support
Phone #: 833-877-1640
Email: myplan@imagine360.com
Hours of Operation:
M – TH 8AM – 10PM EST
FR 8AM – 8PM EST

Oaks Benefit Guardian
Julie Perez
Phone #: 856-360-7110
Fax #: 856-360-7110
Email: oaksguardian@ibpllc.com
Hours of Operation:
M – FR 8:30AM – 5PM EST

MEDICAL BENEFITS
imagine360

PLAN NAME	Gold Plan	Platinum Plan	Cigna Network PPO Plan
PLAN FEATURES			
Plan Year Deductible (Ind/Fam)	$1,500/$3,000	N/A	$1,000/$2,000
Coinsurance (Member Pays)	30% after deductible	0%	10%
Out-of-pocket max (Ind/Fam)	$5,000/$10,000* (Embedded)	$4,000/$8,000* (Embedded)	$4,000/$8,000* (Embedded)
Preventative care	0%	0%	0%
Primary care office visit	$20 copay	$20 copay	$20 copay
Specialist office visit	$40 copay	$40 copay	$40 copay
Inpatient hospital benefit	30% after deductible	$250; 5 day Maximum	10% after deductible
Outpatient surgical procedures	30% after deductible	$300 copay	10% after deductible
Radiology	0% at freestanding; 30% after deductible in hospital	0%	0% at freestanding; 10% after deductible in hospital
Complex imaging (MRI/CAT/PET)	0% at freestanding facility; 30% after deductible in hospital	$200 copay	10% after deductible
Urgent care center	$40 copay	$40 copay	$40 copay
Emergency room	30% after $100 copay; deductible waived	$150 copay (waived if admitted)	10% after $100 copay; deductible waived
Routine Vision Exam	Not Covered	$40 copay; one exam per benefit period	$40 copay; one exam per benefit period

***Maximum Out-of-Pocket Limit covers both Medical and Prescription claims**

MEDICAL BENEFITS
Quality Care Options – Imagine Health

While Imagine Health does not limit you to a network, our Provider Partners help ensure that you get quality care and may include lower out-of-pocket costs for certain hospital/surgery-based services.

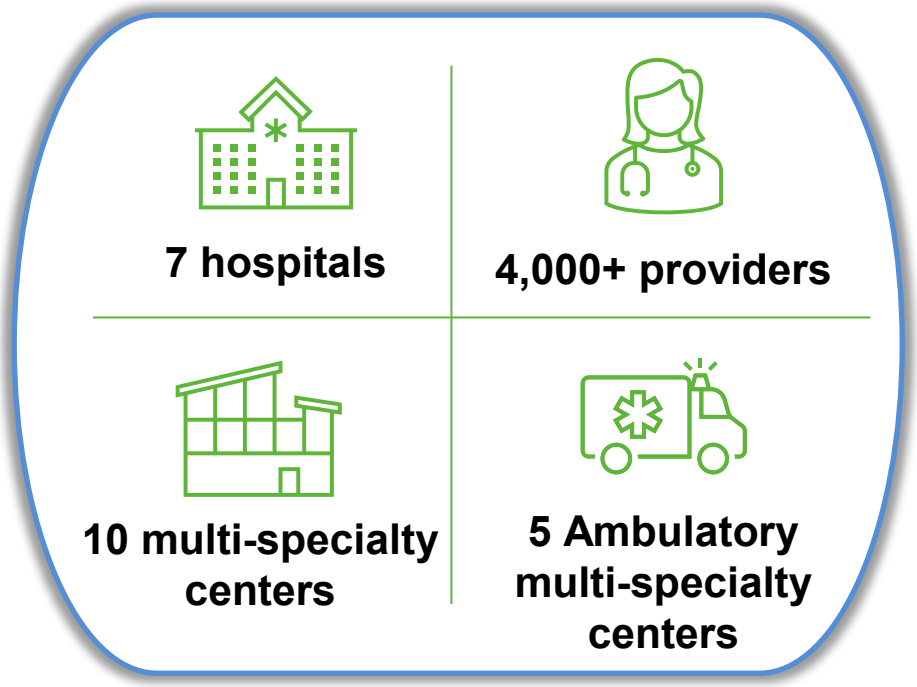
Count on getting the most from Imagine Health's partners and take advantage of:

- Healthcare providers, including doctors and facilities, selected for the quality care they provide.
- Full breadth of providers to meet your healthcare needs, including primary care, pediatricians, specialists, and diagnostic testing.
- Access to all CVS Minute Clinics® nationwide.
- Laboratory services provided through Quest Diagnostics.
- Peace of mind knowing you won't be billed for more than your responsibility under your plan.

Certain Employee Benefit Cost Share May Be Lower	
PLAN NAME	**Imagine Health Quality Care Facility Features**
Gold Plan	Plan Year Deductible: $1,200 Single / $2,400 Family Out of Pocket Maximum: $3,750 Single / $7,000 Family Coinsurance: 10%
Platinum Plan	Out of Pocket Maximum: $1,000 Single / $2,000 Family Inpatient Hospital Benefit: $200 copay per day (5-day max) Outpatient Surgical Facility: $240

MEDICAL BENEFITS
Quality Care Options - Imagine Health

Enjoy Direct Access to Quality Care with imagine HEALTH



Hospitals

1. **Chester County Hospital**
   701 E Marshall St
   West Chester, PA 19380
2. **Hospital of the University of Penn**
   3400 Spruce St
   Philadelphia, PA 19104
3. **Lancaster General Hospital**
   555 N Duke St
   Lancaster, PA 17602
4. **Pennsylvania Hospital**
   800 Spruce St
   Philadelphia, PA 19107
5. **Penn Presbyterian Medical Center**
   51 N 39th St
   Philadelphia, PA 19104
6. **Princeton Medical Center**
   1 Plainsboro Rd
   Plainsboro, NJ 08536
7. **Women & Babies Hospital**
   690 Good Dr
   Lancaster, PA 17601

Ambulatory Surgery Centers

8. **Mercer County Surgery Center**
   2A Princess Rd Ste 100
   Lawrence Township NJ 08648
9. **Princeton Medical Center - Center for Ambulatory Surgery**
   5 Plainsboro Road, Suite 290
   Plainsboro, NJ 08536
10. **Princeton Medical Center - Surgical Center Monroe**
    8 Centre Drive
    Monroe, NJ 08831
11. **Select Surgical Center at Kennedy**
    405 Hurffville Crosskeys Rd, Suite 210
    Sewell, NJ 08080
12. **North Pointe Surgery Center**
    170 N. Pointe Blvd.
    Lancaster, PA 17601

Multispecialty Centers

13. **Perelman Center for Advanced Medicine**
    3400 Civic Center Boulevard
    Philadelphia, PA 19104
14. **Penn Medicine Bucks County**
    777 Township Line Road
    Yardley, PA 19067
15. **Penn Medicine Cherry Hill**
    1865 Route 70 East
    Cherry Hill, NJ 08003
16. **Penn Medicine Radnor**
    250 King of Prussia Road
    Radnor, PA 19087
17. **Penn Medicine Rittenhouse**
    1800 Lombard Street
    Philadelphia, PA 19146
18. **Penn Medicine Southern Chester County**
    455 Woodview Road
    West Grove, PA 19390
19. **Penn Medicine University City**
    3737 Market Street
    Philadelphia, PA 19104
20. **Penn Medicine Valley Forge**
    1001 Chesterbrook Boulevard
    Berwyn, PA 19312
21. **Penn Medicine Washington Square**
    800 Walnut Street
    Philadelphia, PA 19107
22. **Penn Medicine Woodbury Heights**
    1006 Mantua Pike
    Woodbury Heights, NJ 08097

MEDICAL BENEFITS
Prescription Drug Coverage – US-Rx

Description	Copay Plan Structure Available at Any In-Network Retail Pharmacy	Copay Plan Structure at Prescription Mart Mail Order Service
	Retail – 30 Day Supply	Mail Order – 90 Day Supply
		Maintenance Drugs
Day Supply	Retail (30-day supply)	Mail (90-day supply)
Generic	$10	$20
Brand	$40	$80
Non-Formulary	$75	$150

Save money on your maintenance medications by ordering through mail order. Prescription Mart Mail Order Services can help you save money. **NOTE: You must register prior to obtaining your medications**
Choose the ordering method that's best for you. It's as easy as 1,2,3!

Online: www.presmartinc.com

Phone:

- Have your medication, doctor's name and payment information ready.
- Call Prescription Mart at **877-451-4994**.
- Prescription Mart will request a prescription from your doctor for a 90-day supply with refills.

Mail:

- There is no specific form required when sending a prescription. Please mail prescriptions to:

Prescription Mart
PO Box 12607
Beaumont, TX 77726

- Please include the following information along with the prescription
  - **Patient Name, Patient Address, Patient Phone Number, Patient Date of Birth**
- Prescription Mart will contact patients by phone before mailing your medication. Also, they will verify that the correct medication is being dispensed and obtain your credit card information for billing purposes and verify your shipping instructions.

If you have any questions about your copays or medication pricing, please contact US-Rx Care Pharmacy Member Services at 877-200-5533 or log into the "Member Portal" at https://usrxcare.com/member/. Prescription Mart can only access this information as part of the dispensing process.

The GoodRx "cash price" discounts are now integrated into your health plan benefits. There is no need to search the GoodRx site for prices or present anything other than your health benefit card to the pharmacy. The pharmacy systems take care of the rest.
Members should present their card at the pharmacy so the pharmacy can submit the claim. A price comparison will be made between your insurance and the price using GoodRx. Members will pay whichever price is lower.

MEDICAL BENEFITS
Your Benefit Cost – Per Pay Deductions

Gold Plan						
Wellness Tier	Highest Rate		Better Rate		Best Rate	
Employee / Employer Cost Share	Employee	Oaks	Employee	Oaks	Employee	Oaks
Employee	$90.81 (19%)	$379.41 (81%)	$54.27 (12%)	$415.95 (88%)	$28.25 (6%)	$441.97 (94%)
Employee + Child(ren)	$189.15 (25%)	$572.60 (75%)	$121.20 (16%)	$640.55 (84%)	$71.19 (9%)	$690.56 (91%)
Employee + Spouse	$258.26 (25%)	$781.80 (75%)	$164.86 (16%)	$875.20 (84%)	$97.19 (9%)	$942.86 (91%)
Employee + Family	$348.85 (25%)	$1,061.79 (75%)	$222.79 (16%)	$1,187.86 (84%)	$131.82 (9%)	$1,278.82 (91%)

Platinum Plan						
Wellness Tier	Highest Rate		Better Rate		Best Rate	
Employee / Employer Cost Share	Employee	Oaks	Employee	Oaks	Employee	Oaks
Employee	$212.26 (37%)	$360.48 (63%)	$150.23 (26%)	$422.51 (74%)	$107.14 (19%)	$465.61 (81%)
Employee + Child(ren)	$391.13 (42%)	$536.72 (58%)	$280.57 (30%)	$647.27 (70%)	$204.38 (22%)	$723.46 (78%)
Employee + Spouse	$535.83 (42%)	$731.01 (58%)	$384.54 (30%)	$882.30 (70%)	$279.06 (22%)	$987.78 (78%)
Employee + Family	$724.10 (42%)	$994.13 (58%)	$519.65 (30%)	$1,198.58 (70%)	$378.49 (22%)	$1,339.74 (78%)

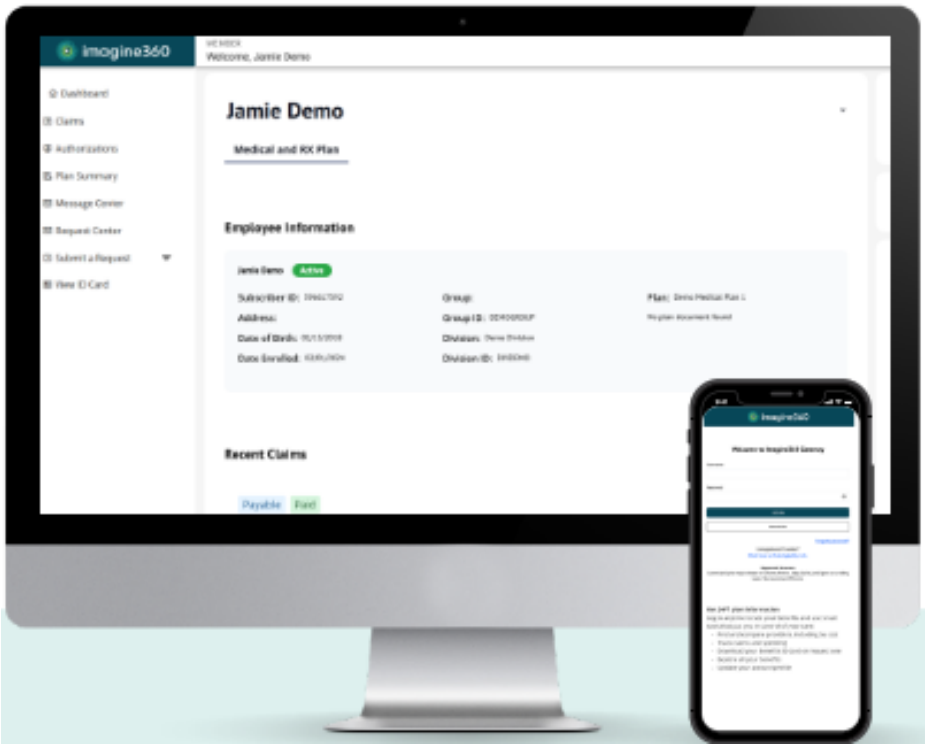
Cigna Network PPO Plan						
Wellness Tier	Highest Rate		Better Rate		Best Rate	
Employee / Employer Cost Share	Employee	Oaks	Employee	Oaks	Employee	Oaks
Employee	$240.16 (40%)	$360.48 (60%)	$178.14 (30%)	$422.51 (70%)	$135.04 (23%)	$465.61 (77%)
Employee + Child(ren)	$436.34 (45%)	$536.72 (55%)	$325.78 (34%)	$647.27 (66%)	$249.59 (26%)	$723.46 (74%)
Employee + Spouse	$597.55 (45%)	$731.01 (55%)	$446.26 (34%)	$882.30 (66%)	$340.78 (26%)	$987.78 (74%)
Employee + Family	$807.80 (45%)	$994.13 (55%)	$603.35 (34%)	$1,198.58 (66%)	$462.20 (26%)	$1,339.74 (74%)

Wellness Tier	Requirements
Best Rate	Participant + ALL the below - Non-Smoker - Meet 4 or more out of 6 metrics
Better Rate	Participant + ONE of the below - Smoker - Meet 3 or less out of 6 metrics
Highest Rate	Non-Participant

MEDICAL BENEFITS
Imagine360 Member Portal & Mobile App

Manage your benefits anytime, anywhere using Imagine360 Gateway Portal

imagine360.vbagateway.com



Helpful benefits information
Get a copy of your ID cards, access educational health and materials, watch videos

Dynamic member dashboard
Track all your claims and deductibles in real-time, view plan information, and more

imagine360

Imagine 360 Member Experience Support
Phone #: 833-877-1640
Email: myplan@imagine360.com
Hours of Operation: M – TH 8AM – 10PM EST & FR 8AM – 8PM EST

GOLD & PLATINUM MEDICAL BENEFITS
Understanding Your Benefits ID Card

It may look different from other cards, but it has all the information you and your provider need

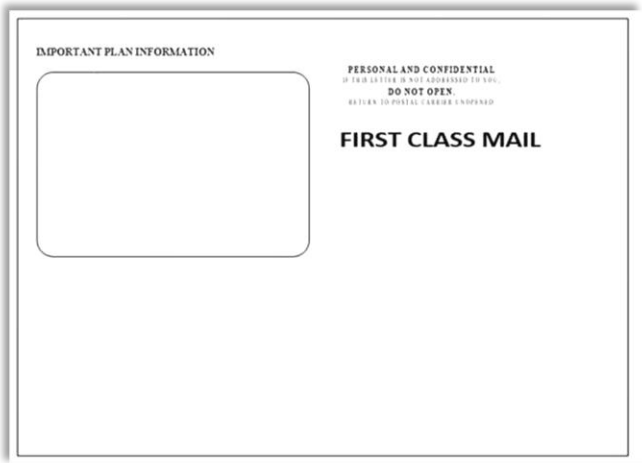
Encourage office staff to call the provider number listed if they:

- **Have questions about your eligibility for benefits**
- **Indicate that they don't accept your benefits**

Call the number on the card if you are asked to pay upfront at anytime

Providers refer to the URL on the card to get the fee schedule

Always provide your ID card at check-in or registration

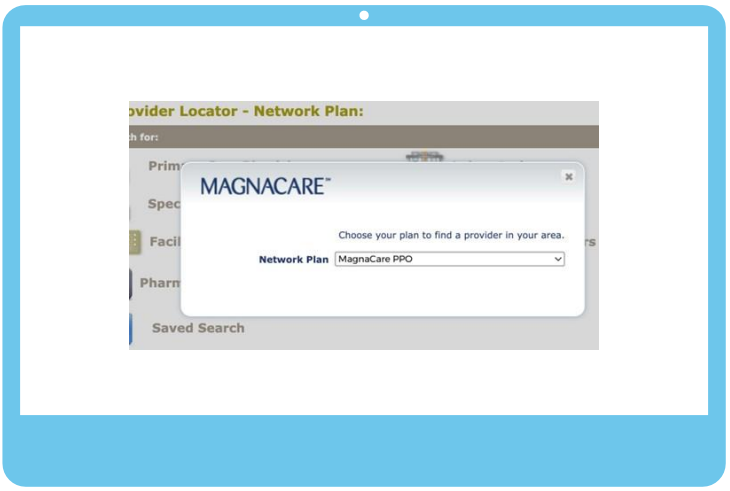


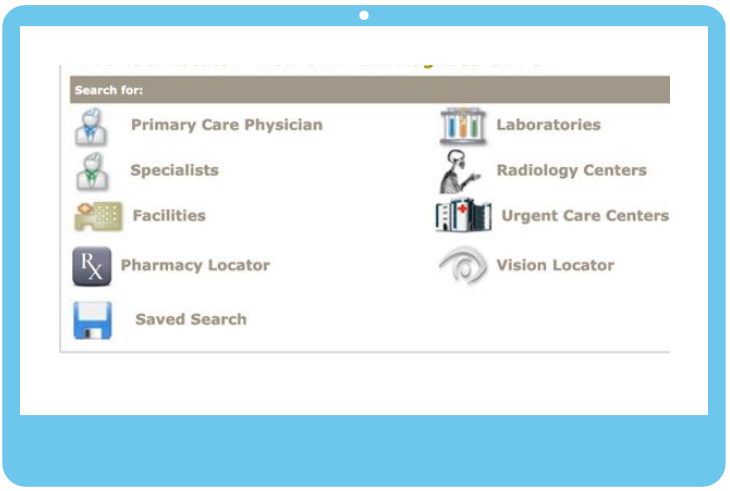
MEDICAL BENEFITS
MagnaCare Provider Network

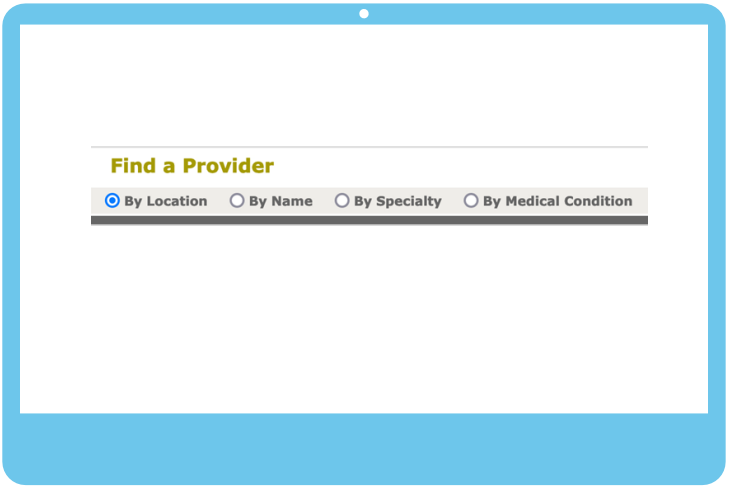
MAGNACARE℠

Oaks's health plan includes a professional-only network for doctors through MagnaCare, administered by Imagine 360.

To begin, go to clm.magnacare.com/providerlocator and select your network from the dropdown menu. The network you should select is the MagnaCare PPO network. Next, you will select the provider type from the Provider Locator screen. MagnaCare only provides access to doctors who are Primary Care Physicians (also known as PCP) and Specialists. Please DO Not click on any of the other options as your Oaks Health Plan's partnership with MagnaCare is only for PCP and Specialists.





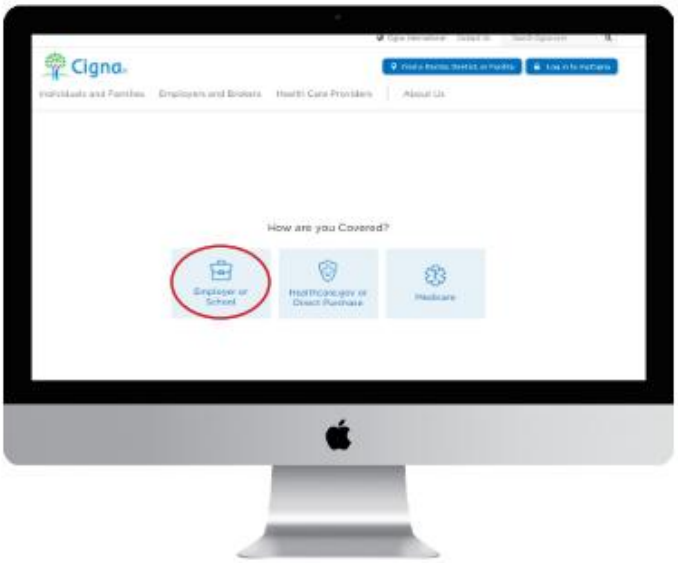


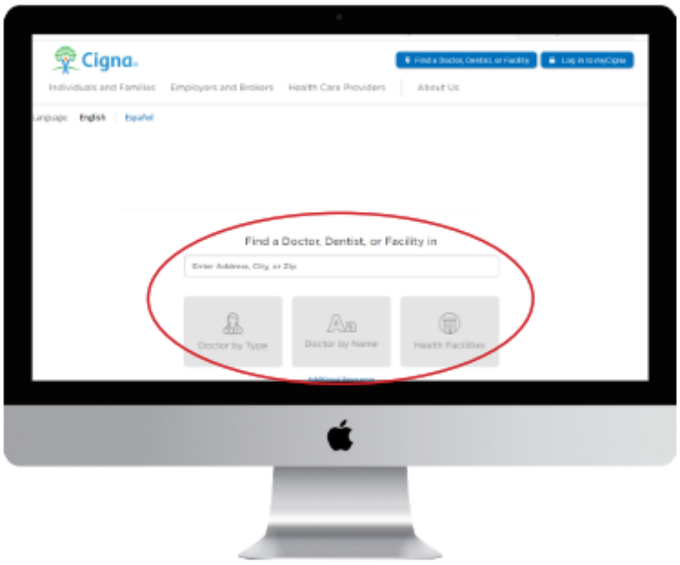
CIGNA NETWORK PPO MEDICAL BENEFITS
Understanding Your Benefits

imagine360

Cigna PPO – How to Find a Provider

1. Go to www.cigna.com and click *Find a Doctor*
2. Under "How are you covered?", select *Employer or School*
3. Enter the zip code you would like to use then use the search options to locate a provider by Location, Type, Name or Health Facility
4. Click *Continue as a Guest*
5. Select the PPO plan





Always provide your Cigna PPO Network ID card at check-in or registration

MEDICAL BENEFITS
Medical Plan Enhancements – Recuro Health

Get care virtually for a range of conditions from board-certified providers, licensed counselors, psychiatrists and our team of care coordinators.

Recuro handles:

- Virtual Emergent & Urgent Care Consultations - $0 copay
- Primary Care - $20 copay
- Counseling - $20 copay
- Psychiatry - $20 copay
- Non-emergency health issues - $20 copay

Get care now

- Visit **member.recurohealth.com**
- Call **844-715-1724**
- Download the **"Recuro Health" app**

You must use your Imagine360 Gateway username and password to register.

SPENDING ACCOUNTS
Ameriflex – FSA

Healthcare FSA

Pre-tax savings account that you can use for eligible ***healthcare, dental, and vision*** *expenses.*

Annual Limit: $3,400
Up to $680 rollover

Eligible Expenses: medical, dental, & vision

Availability of Funds: at the beginning of the plan year

Dependent Care Account

Pre-tax savings account that you can use for ***child or elder dependent care***

Annual Limit: $7,500
Use it or Lose it

Eligible Expenses: day care for children under age 13 or dependent adults

Availability of Funds: only available once you have had payroll deductions

Account Coordination:

- If your spouse also has a dependent care account, the household limit is $7,500.

If you have any questions, please feel free to contact
Ameriflex at (888-868-3539)

SPENDING ACCOUNTS
Ameriflex – Commuter Reimbursement

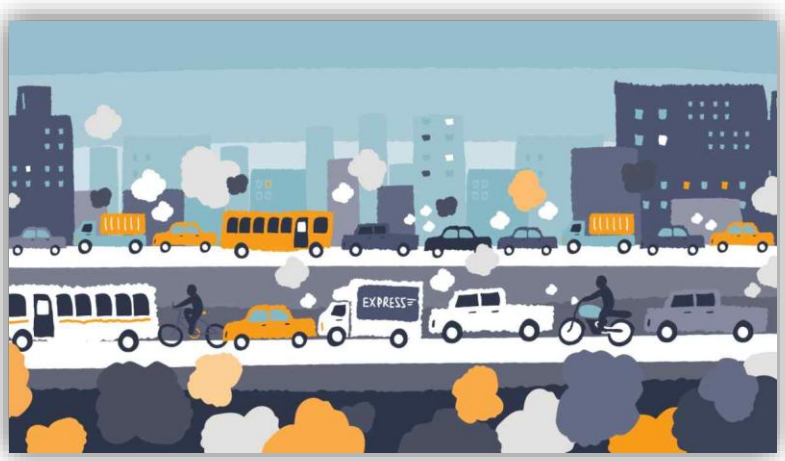
Employees who spend money on parking or public transportation for their work commute may participate in the Commuter Reimbursement Account program through Ameriflex.

This program allows you to set tax free money aside into an account and then submit a receipt for reimbursement from the account. By contributing pre-tax dollars to the account via payroll deductions, you will lower your taxable income and make this commuter costs more affordable.

The account can be used for:

- Parking expenses incurred to park your vehicle on or near your work location or at a location from which you commute to work by mass transit, carpool, or commuter highway vehicle.
- Transit expenses for a pass, token, fare card or voucher used for mass transit to and from work.

The maximum allowable contribution for 2026 is:
- $340/month for parking expenses.
- $340/month for transit passes and commuter highway vehicle expenses.
- A total of $680/month tax-free.



DENTAL BENEFITS
Horizon

Plan Type	Dental PPO	
Plan Features:	In-Network	Out-of-Network
Primary Care Dentist Required	No	
Calendar Year Maximum	$1,250	
Deductible:		
Individual	$50	
Family	$150	
Waived for Preventative	Yes	
Benefit Details:		
Type I - Preventative	0%	0% of FHRV
Type II - Basic	20%*	20%* of FHRV
Type III - Major	50%*	50%* of FHRV
Type IV- Orthodontia Dependent children to age 19	50% up to $1,000 Lifetime Maximum	50% of FHRV up to $1,000 Lifetime Maximum
Out-of-Network Payment Level	80th Percentile	
Certain limits may apply; this table is for illustrative purposes only. Please see the benefit summary for full plan details, limitations, and exclusions.		
Out-of-Network claims are processed based on the FHRV (fair health relative value) *Deductible applies.		

Members receive 3 cleanings per calendar year.
Preventative services do not apply towards the calendar year maximum.

VISION BENEFITS
VBA

VBA Signature Plan		
Plan Features	**In-Network**	**Out-of-Network**
Copay	$20 copay applies to the total cost of the lenses and/or frames only	
Exams	0%	Up to $40
Materials	$20 copay	See Reimbursement Schedule
Frequency: • Exams • Lenses • Frames	Every 12 Months Every 12 Months Every 24 Months	
Frames:	0% Within program's allowance	Up to $50 reimbursement
	In-Network	**Out-of-Network**
Lenses: • Single • Bifocal • Trifocal • Progressives • Lenticular • Polycarbonate • Scratch Coat – 1 Year	0% 0% 0% Controlled Cost ($45 to $175) 0% Covered at 0% for dependents up to age 19 0%	Up to $40 Up to $50 Up to $75 Up to $75 Up to $100 N/A N/A
Contact Lenses: Elective Medically Required	$170 allowance (**15% off UCR for fitting fee**) Covered at 100%	Up to $170 Up to $320

* Please note that you will not receive an ID Card for vision. When visiting a provider, please tell the provider your coverage is through VBA and provide your full name, date of birth and social security number

YOUR BENEFIT COST
Dental and Vision – Per Pay Deductions

Dental Deductions	
DPPO Plan	
Employee Only	$6.54
Employee + Child(ren)	$22.89
Employee + Spouse	$19.63
Family	$35.99

*Please note that Oaks Integrated Care pays 51% of the single dental coverage.

To locate a participating Horizon dental provider:

1. Go to **www.horizonblue.com**
2. Under "find a dentist" enter
3. the zip code you want to search.
4. Choose your plan to start: **Horizon Dental Option**.
5. Enter in zip code. Then view your results.

Vision Deductions	
Signature Plan	
Employee Only	$2.58
Employee + 1	$4.92
Employee + 2 or more	$6.74

To locate a participating VBA provider:

1. Go to **www.vbaplans.com/vision**
2. Click on "Provider Finder" on the left.
3. Enter the zip code or location that you wish to search around.
4. View your results

OTHER BENEFITS
Prudential

Oaks offers these voluntary benefits to all active, full-time and part-time employees working a minimum of 20 hours per week.

Accident Insurance plan provides benefits to help cover medical costs and other out of pocket expenses associated with being involved in an accident. Coverage amounts vary depending on the type, location and severity of the injury.

Hospital Indemnity Insurance provides a benefit pay out to assist with hospitalization expenses. This can help pay for costs such as: Hospital Admissions, Daily Hospital Confinement, and Intensive Care Unit.

Critical Illness provides financial benefits to be paid when a serious illness occurs. Critical illnesses include conditions such as: cancer, heart attack, organ transplant, stroke, end stage kidney failure and others.

Employees can choose from 4 levels of coverage: $10K, $20K, $30K or $40K. Spouse coverage can be purchased in any multiple of $5K, but not more than the lesser of $40K or 100% of the Employee Amount. For Dependent Children, coverage can be purchased in any multiple of $5K, but not more than the lesser of $20K or 50% of the Employee Amount. This benefit has age-banded rates and are based on your elected coverage volume.

For employees that reside in CA, MA, NJ, NY and/or DC - In order to be eligible to enroll for Accident, Critical Illness, or Hospital Indemnity Insurance, you must be enrolled in a major medical plan.

***Examples are illustrative in nature. Actual payouts may vary based on plan design or individual circumstances of the employee.**

OTHER BENEFITS
Prudential – Per Pay Deductions

Accident Insurance	
Employee Only	$2.82
Employee + Child(ren)	$4.44
Employee + Spouse	$4.34
Family	$6.52
Hospital Indemnity Insurance	
Employee Only	$3.73
Employee + Child(ren)	$7.08
Employee + Spouse	$6.96
Family	$10.31

Critical Illness – Non-Smoker Rates Bi-weekly Rate Per $1,000 of Coverage		
Age Bands	**Employee**	**Spouse**
Age <30	$0.113	$0.099
Age 30-39	$0.208	$0.192
Age 40-49	$0.390	$0.391
Age 50-59	$0.639	$0.701
Age 60-69	$0.970	$1.103
Children	$0.108	

Critical Illness – Smoker Rates Bi-weekly Rate Per $1,000 of Coverage		
Age Bands	**Employee**	**Spouse**
Age <30	$0.144	$0.128
Age 30-39	$0.309	$0.293
Age 40-49	$0.649	$0.664
Age 50-59	$1.109	$1.224
Age 60-69	$1.661	$1.893
Children	$0.108	

Other Benefits
Prudential – Life Insurance and AD&D

Oaks offers **employer-paid** Life Insurance and AD&D coverage through Prudential to full-time employees working 20 hours or more per week:

Basic Life Insurance Benefits	
Benefit Amount	1x's annual salary to a maximum benefit of $200,000
Age Reduction Provision	Benefits will reduce by 35% at age 70, and by 50% at age 75. Benefits will terminate at retirement.
AD&D Benefits	
Benefit Amount	1x's annual salary to a maximum benefit of $100,000
Age Reduction Provision	Benefits will reduce by 35% at age 65, and by 50% at age 70. Benefits will terminate at retirement.

Oaks offers **employee-paid** Life Insurance and AD&D coverage through Prudential to full-time and part-time employees that work a minimum of 20 hours per week.

Voluntary Life / AD&D	
Life Benefit Amount	Employee: Increments of $10,000. You must purchase a minimum of $10,000 and can elect a benefit up to a maximum of $500,000 or 5x your salary, whichever is lesser. Spouse: Increments of $5,000 up to a maximum of $10,000 (Not to exceed 50% of the employee's supplemental life amount). Child(ren): Birth to 6 months:$1,000; 6 months to 26 years: coverage is available in increments of $5,000 to $10,000 (Not to exceed 100% of the Employee's supplemental life amount).
AD&D Benefit Amount	Equal to optional life insurance.
Life Guaranteed Issue Amounts	Guaranteed issue is only available to newly hired employees in the following amount: Employee: $100,000 Spouse: $10,000 Child(ren): All Guaranteed Issue
Age Reduction Provision	Benefits will reduce by 35% at age 65, 55% at age 70, 70% at age 75, 80% at age 80.
Evidence of Insurability	If you did not enroll during your initial new hire enrollment period or upon requesting to increase your benefit at any time, you will be required to complete Evidence of Insurability (EOI) paperwork and go through Prudential's review and approval process.

OTHER BENEFITS
Prudential - Employee Paid Ancillary

Employee	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
$10,000	$0.27	$0.34	$0.45	$0.65	$1.05	$1.60	$2.45	$3.04	$4.72	$8.76
$20,000	$0.54	$0.67	$0.90	$1.30	$2.10	$3.19	$4.89	$6.07	$9.43	$17.52
$30,000	$0.82	$1.01	$1.36	$1.95	$3.14	$4.79	$7.34	$9.11	$14.15	$26.28
$40,000	$1.09	$1.35	$1.81	$2.60	$4.19	$6.39	$9.78	$12.15	$18.87	$35.04
$50,000	$1.36	$1.68	$2.26	$3.25	$5.24	$7.98	$12.23	$15.18	$23.58	$43.80
$60,000	$1.63	$2.02	$2.71	$3.90	$6.29	$9.58	$14.68	$18.22	$28.30	$52.56
$70,000	$1.91	$2.36	$3.17	$4.56	$7.33	$11.18	$17.12	$21.26	$33.02	$61.32
$80,000	$2.18	$2.70	$3.62	$5.21	$8.38	$12.78	$19.57	$24.30	$37.74	$70.08
$90,000	$2.45	$3.03	$4.07	$5.86	$9.43	$14.37	$22.02	$27.33	$42.45	$78.84
$100,000	$2.72	$3.37	$4.52	$6.51	$10.48	$15.97	$24.46	$30.37	$47.17	$87.60
Spouse	**<30**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70-74**
$5,000	$0.14	$0.17	$0.23	$0.33	$0.52	$0.80	$1.22	$1.52	$2.36	$4.38
$10,000	$0.27	$0.34	$0.45	$0.65	$1.05	$1.60	$2.45	$3.04	$4.72	$8.76
Child										
$0.35 for $5,000 and $0.69 for $10,000 regardless of number of children covered										
AD&D										
$0.14 per $10,000 for employee, spouse and child										

Voluntary Group Term Life Bi-Weekly Premium Cost (Premiums for spouse coverage based on employee age)

OTHER BENEFITS
Aetna - Employee Assistance Program

Oaks is contracted with Resources for Living (through Aetna) to give you access 24 hours a day, 7 days a week to a professional, confidential services and referrals. The EAP is available to you and your family members free of charge. Employees will receive 5 EAP sessions for Assessment, Referral and Counseling along with 24-hour toll-free telephone consultation and crisis hotline.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

- Relationship difficulties
- Emotional/psychological concerns
- Work or family stress and anxiety
- Alcohol and drug abuse
- Personal and life improvement
- Depression
- Childcare/Eldercare
- Grief issues

Legal/Financial Services

- Free online will
- Telephonic tax consultation
- Reduced rate for continued services
- Identity theft consultation
- Mediation services

Work life Balance

- Monthly webinars on various topics
- Childcare and eldercare searches
- Public and private school searches
- College search and financing tools
- Adoption resources
- Health assessments and tools
- Online Discounts

Nationwide 24 Hour Access

888-238-6232

www.resourcesforliving.com

Username: Oaks

Password: EAP

OTHER BENEFITS
Legal Shield & ID Shield

LegalShield - Employee Paid Plan Overview

Covers member, spouse or partner, and children up to age 26 if never married and living at home or in college.

LegalShield gives you the ability to talk to an attorney on any matter without worrying about the high hourly costs. From real estate to divorce advice, identity theft and beyond, we have your rights covered. Welcome to total peace of mind – Welcome to **LegalShield.**

- Legal Advice – unlimited issues
- Letters/Calls made on your behalf
- Contracts & Documents reviewed up to 15 pages
- Lawyers prepare
  - Your Will
  - Living Will
  - Healthcare Power of Attorney
- Traffic Related Issues
- Trial Defense
  - Pre-Trial
  - Representation Trial
- IRS Audit Assistance
- 25% Preferred Member Discount
- 24/7 Emergency Access for covered situations
- Complete Access to full legal library

Identity Theft Shield - Employee Paid Plan Overview

Covers member, spouse or partner, and up to eight children to age 18.

- Credit Report with Score & Analysis
- Credit Monitoring with Activity Alerts
- Complete Identity Restoration Services – A licensed expert will take the steps to get your life back to where it was before the identity theft happened.
- Credit Report Consultation
- Consultation to help prevent ID theft
- Fraud Alerts
- Combined with the legal plan creates complete coverage
- Protecting Children's SS#

	Individual	Family
LegalShield	$10.13	$10.13
IDShield	$5.98	$10.59
Dual Plan	$16.11	$19.34

OTHER BENEFITS
Pet Insurance - Direct Pay

Covers comprehensive accident and illness plan with option wellness riders. This pet insurance can be used at any veterinary facility, including specialty and emergency clinics. Covers dogs and cats from 7 weeks of age, with no upper age restriction. Rate is based on age, breed and zip code.

Wishbone covers:

- 90% reimbursement, $250 deductible, $25k annual limit
- Includes coverage on office visits, exam fees, and take-home prescriptions
- Easy claims submission with processing in just 5 days
- Coverage on hereditary and congenital conditions
- 30-day free look period

Added Benefits include:

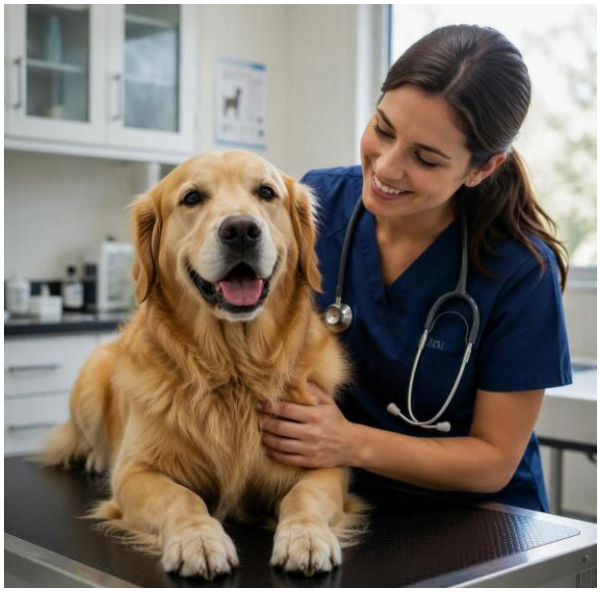
24/7 Pet Telehealth from AskVet

- Members can live chat with a veterinarian 24/7 from their Wishbone account
- Unlimited support on health, wellness, behavior and more
- Reduces unnecessary vet visits and employee absenteeism

Lost Pet Recovery Service from ThePetTag

- Durable ID tag
- Tag can be scanned with any smartphone to access the pet's ThePetTag profile
- Reunites pets with their families faster than a microchip

*Includes 5% group discount
**Additional 5% discount available when you enroll 2+ pets



OTHER BENEFITS
Pet Insurance - Wellness Rider Options

PEDIGREE PLAN
$14/month

- Spay/Neuter — Teeth Cleaning - $0
- Rabies - $15
- Flea/Tick Prevention - $50
- Heartworm Prevention - $30
- Vaccination/Titer - $30
- Wellness Exam - $50
- Heartworm test or FELV screen - $25
- Blood, fecal, parasite exam - $50
- Microchip - $20
- Urinalysis or ERD - $15
- Deworming - $20

Total annual benefits - $305
$13/month in WA, $15/month in FL and MA, and $19.72/month in UT

BEST IN SHOW PLAN
$23/month

- Spay/Neuter — Teeth Cleaning - $150
- Rabies - $15
- Flea/Tick Prevention - $65
- Heartworm Prevention - $30
- Vaccination/Titer - $40
- Wellness Exam - $50
- Heartworm test or FELV screen - $30
- Blood, fecal, parasite exam - $70
- Microchip - $40
- Urinalysis or ERD - $25
- Deworming - $20

Total annual benefits - $535
$29/month in WA, $25/month in FL and MA, and $32.04/month in UT

Visit Oaks' custom landing page to learn more.

https://www.wishboneinsurance.com/oaksintegratedcare

Questions? Contact Us

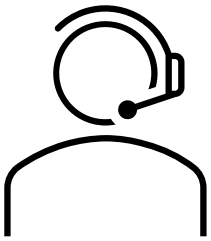
customercare@petbenefits.com

(800) 891-2565

wishbone
PET HEALTH INSURANCE

IMPORTANT CONTACTS

Company	Coverage	Website	Customer Service Number
Innovative Benefit Planning	Benefit Guardian Julie Perez	www.ibpllc.com oaksguardian@ibpllc.com	856-360-7110
Imagine360	Medical	imagine360.vbagateway.com	833-877-1640
Recuro Health	Telemedicine	member.recurohealth.com	844-715-1724
US-Rx Care	Prescription	www.usrxcare.com	877-200-5533
Prescription Mart	Prescription Mail Order	www.presmartinc.com	877-451-4994
Horizon Dental	Dental	www.horizonblue.com	800-355-2583
Vision Benefits of America (VBA)	Vision	www.vbaplans.com/vision	800-432-4966
Prudential	Accidental Injury Hospital Indemnity Critical Illness	https://www.prudential.com	844-455-1002
Ameriflex	FSA	www.myameriflex.com	888-868-3539
Prudential	Life Insurance	https://www.prudential.com	800-524-0542
Aetna Resources for Living Program	EAP	www.resourcesforliving.com	888-238-6232
Legal/ID Shield	Personal Protection	mindy@legalshieldrep.com	720-217-9934
PBS Wishbone	Pet Insurance	customercare@petbenefits.com	800-891-2565



GLOSSARY

-A-

AD&D Insurance
An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount
The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)
A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit
A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing
In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is $100 but the plan's allowable charge is only $70, an out-of-network provider may bill YOU for the $30 difference.

Beneficiary
The person (or persons) that you name to be paid a benefit should you die.
Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug
A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA
A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim
A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance
Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment
A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible
The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Dental Basic Services
Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive
Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments.
Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services
Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dental Basic Services
Services such as fillings, routine extractions and some oral surgery procedures.

Dependent Care Flexible Spending Account (FSA)
An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense
A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service
A service that your health plan doesn't pay for or cover.

-F-

Formulary
A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug
A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered
A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

GLOSSARY

-I-

-In-Network
In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Out-of-network services will cost more, or may not be covered. Check your plan's website to find doctors, hospitals, labs, and pharmacies that belong to the network.

-L-

Life Insurance
An insurance plan that pays your beneficiary a lump sum if you die.

-M-

Mail Order
A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment
The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network
Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of- network services at all.

Out-of-Pocket Cost
A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum
Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Outpatient Care
Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy
A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year
A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug
Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services
Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)
The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP, and require care and referrals to be directed or approved by that provider.

-T-

Telehealth / Telemedicine / Teladoc
A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care
Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations
Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit
An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 833-877-1640 for more information.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the 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
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator 833-877-1640.

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

LIFETIME LIMITS

The lifetime limit on the dollar value of benefits under the group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan.

EMERGENCY CARE PROTECTIONS

Emergency Care Services obtained at an out-of-network facility must be covered as if in the network, which means copayments; deductibles, etc. cannot be higher than if services were provided at an in-network facility. In addition, pre-authorization requirements are removed. Additional requirements are imposed on health plans regarding the reimbursements to these out-of-network facilities.

MICHELLE'S LAW

Michelle's Law, passed in 2008, prohibits group health plans from terminating the coverage of a dependent child who has lost student status because of a medically necessary leave of absence. Plans must continue to provide coverage for up to one year, or until coverage would otherwise terminate under the plan.

COORDINATION OF BENEFITS

Your plan includes a Coordination of Benefits (COB) provision. COB is intended to ensure that all the payments for a given service made by all group health plans, do not exceed the amount the doctor or facility charged.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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 Robert Stiebritz at Robert.Stiebritz@oaksintcare.org or LeeAnne Lucas at LeeAnne.Lucas@oaksintcare.org.

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility

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

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
associate 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
https://www.cms.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, associate Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

PATIENT PROTECTION NOTICE

Imagine360 generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact imagine360 t 833-877-1640.

For plans and issuers that require or allow for the designation of a primary care provider for a child, add:

For children, you may designate a pediatrician as the primary care provider.

For plans and issuers that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider, add:

You do not need prior authorization from Meritain or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your Benefit Guardian.

HIPAA NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that we maintain the privacy of protected health information, give notice of our legal duties and privacy practices regarding health information about you and follow the terms of our notice currently in effect.

If not attached to this document, you may request a copy of the current Privacy Practices, explaining how medical information about you may be used and disclosed and how you can get access to this information.

As Required by Law. We will disclose Health Information when required to do so by international, federal, state, or local law.

You have the right to:

- Inspect and copy records
- Receive an electronic copy of electronic medical records
- Get notice of a breach
- Amend records
- Receive an accounting of disclosures
- Request restrictions
- Request confidential communications
- Receive a paper copy of this notice
- File a complaint if you believe your privacy rights have been violated

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records	• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	• You can ask us not to use or share certain health information for treatment, payment, or our operations. • We are not required to agree to your request, and we may say "no" if it would affect your care.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us using the information on page 1. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html. • We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your car
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive	We can use your health information and share it with professionals who are treating you. Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization	We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. Example: We use health information about you to develop better services for you.
Pay for your health services	We can use and disclose your health information as we pay for your health services. *Example: We share information about you with your dental plan to coordinate payment for your dental work.*
Administer your plan	We may disclose your health information to your health plan sponsor for plan administration. *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues	We can share health information about you for certain situations such as: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
Do research	We can use or share your information for health research.
Comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	• We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	We can use or share health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	We can share health information about you in response to a court or administrative order, or a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Innovative
BENEFIT PLANNING

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by Innovative Benefit Planning, LLC. 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. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Your Benefit Guardian or Human Resources.