You can't predict the future, but you can prepare for it.

BENEFIT ENROLLMENT GUIDE 2025

Note: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 16 for more information.

THE Carmelite SYSTEM

Dignity. Collegiality. Excellence. Collaboration. Service.

We value the important work that you do and are grateful that you are here.

Carmelite aims to provide employees with meaningful, affordable and competitive benefits that will keep you and your family healthy and happy. This guide is a summary of the plans and resources available to you. You are eligible for medical, dental, vision, life and disability coverage the 1st of the month following 30 days of employment.

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Medical Benefits

Each person's health care needs are different. That's why our medical plan offers multiple options so that you can choose the coverage level best-suited to your personal situation.

Did You Know?

Health care debt currently affects 1 in 3 individuals. Make sure you choose the correct health plan.

Commonwealth Fund, 2023 Health Care Affordability Survey, 2023

AETNA	PLAN 1204 - PPO		PLAN 1208 - HDHP	
Employer HSA contribution	None		$200 individual/$400 all others (annual)	
ANNUAL DEDUCTIBLE	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Individual	$750	$1,500	$2,000	$4,000
Individual + Spouse	$1,500	$3,000	$4,000	$8,000
Individual + Child(ren)	$1,500	$3,000	$4,000	$8,000
Family	$1,500	$3,000	$4,000	$8,000
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)				
Individual	$2,500	$5,000	$3,425	$8,000
Individual + Spouse	$5,000	$10,000	$6,850	$16,000
Individual + Child(ren)	$5,000	$10,000	$6,850	$16,000
Family	$5,000	$10,000	$6,850	$16,000
BENEFITS				
Preventive services	Covered 100%	40% after ded.	Covered 100%	40% after ded.
Diagnostic x-rays, lab work	Covered 100%	40% after ded.	20% after ded.	40% after ded.
Diagnostic imaging (CT/PET scans, MRIs)	Covered 100%	40% after ded.	20% after ded.	40% after ded.
Office visit with primary care physician	$20 copay	40% after ded.	20% after ded.	40% after ded.
Specialist visit	$40 copay	40% after ded.	20% after ded.	40% after ded.
Urgent care	$40 copay	40% after ded.	20% after ded.	40% after ded.
Emergency Care	$125 copay		20% after ded.	
Hospital	20% after ded.	40% after ded.	20% after ded.	40% after ded.

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. You may obtain a list of preventive care services at **www.aetna.com**.

Prescription Drug Benefits

Your prescription plan details are as follows:

CVS	PLAN 1204 -PPO		PLAN 1208 -HDHP	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Preventive drugs	Follows plan copays for generic, brand preferred and non-preferred		20%	20%
Generic	$10 copay	$10 copay	20% after ded.	20% after ded.
Brand name preferred (on formulary list)	$30 copay	$30 copay	20% after ded.	20% after ded.
Brand name non-preferred (not on formulary list)	$50 copay	$50 copay	20% after ded.	20% after ded.

NOTE: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, customary, and reasonable charges apply for all out-of-network benefits.

NOTE: This is a summary of benefits. Refer to the plans' contracts, SPDs and certificates for more details. In the event this summary differs from the plans' contracts, SPDs and certificates, the contracts, SPDs and certificates will rule.

Pharmacy Service through CVS

Our prescription drug plan is aimed at keeping you healthy by making it easier and less expensive to fill medications.

- **Mail order:** If you take a drug on an ongoing basis, get a 90-day supply delivered right to your home. PPO plan members pay 2 months copays for a 3-month supply; HDHP members can also enjoy the convenience of this service.
- **HDHP Preventive Rx:** Drugs on this list are not subject to the deductible. You only pay 20% of the drug cost.
- **ACA Preventive Rx:** Drugs on this list are no cost to you.

Provider Guidance and Health Reimbursement through Garner

Garner will help you find high-quality, cost-effective providers for your medical care. When you use a preferred provider, you can submit your out-of-pocket expenses for reimbursement. Garner pays up to $1,000 for individuals and $2,000 for families.

How to use the Garner benefit:

1. Sign up for Garner – then find a quality doctor or get your existing doctor approved.
2. See a Garner recommended doctor. To be eligible for Garner reimbursement funds, **you must either have found your doctor on the Garner website or mobile app, or contacted your Concierge to confirm they are a Garner-approved doctor before your visit.** Your out-of-pocket expenses will be reimbursed when you receive care from Garner recommended doctors.
3. That's it. Your check is on the way. Garner will automatically reimburse you for out-of-pocket medical bills incurred from or ordered by a Garner-approved doctor who was added to your account before your visit. It usually takes approximately six to eight weeks from the date of service for reimbursement checks to arrive.

Sign up today! Access Garner online at **getgarner.com** or download the mobile app.

Health Resources

Telemedicine

CVS Health Virtual Primary Care

Convenient and flexible! Use may virtual care in addition to your traditional network of providers. Virtual care is available for on-demand care, mental health services, and primary care services. To learn more or to get started by registering your account, visit **CVS.com/virtual-care**.

Maternity Program (no cost to you)

Baby on the way? You probably have a ton of questions. So, whether you're a first-time mom or a seasoned veteran — Aetna can help you have a healthy pregnancy and give your baby the best start in life.

MindCheck (no cost to you)

How are you feeling today? Answer four simple questions in the MindCheck online tool to see how you are doing emotionally and find suggested next steps and resources.

Tobacco Cessation Program (no cost to you)

Thinking about quitting tobacco? This program provides you support to help you kick the habit.

PrudentRx Copay Program through CVS (Plan 1204 ONLY)

As part of your Rx plan with CVS/Caremark, the PrudentRx Copay Program allows you to get any of your covered specialty medications on the Exclusive Specialist Drug List for **$0 out-of-pocket** when you fill at a CVS Specialty pharmacy

- **Step 1:** You are automatically enrolled. Your member information is on file with PrudentRx.
- **Step 2:** You need to call **PrudentRx** at **1-800-578-4403** within 5 days to register for any copay assistance available from drug manufacturers. It's essential to speak with a PrudentRx Advocate to complete step 2 and become fully enrolled to avoid being opted out of the program.

Aetna One Flex (no cost to you)

Members enrolled in our Aetna medical plan have a single nurse for one-on-one personalized support. Think of it as your nurse navigator to help you manage and navigate care.

Transform Diabetes Care (no cost to you)

Diabetes management is complex. This program provides support and coaching to help keep your diabetes in check. Use the voucher provided by Aetna/CVS and visit a MinuteClinic for a monitoring visit.

Aetna Concierge (no cost to you)

This service is your front door to health care support and your own personal health care assistant that will help you find the right doctor, determine what your out-of-pocket costs may be for a certain service, tell you what our plan covers, or just point you in the right direction.

NOTE: This is a summary of benefits. Refer to the plans' contracts, SPDs and certificates for more details. In the event this summary differs from the plans' contracts, SPDs and certificates, the contracts, SPDs and certificates will rule.

Controlling Health Care Costs

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:

Use network providers. You will generally receive more favorable coverage if you use providers who participate in the network.

Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.

Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.

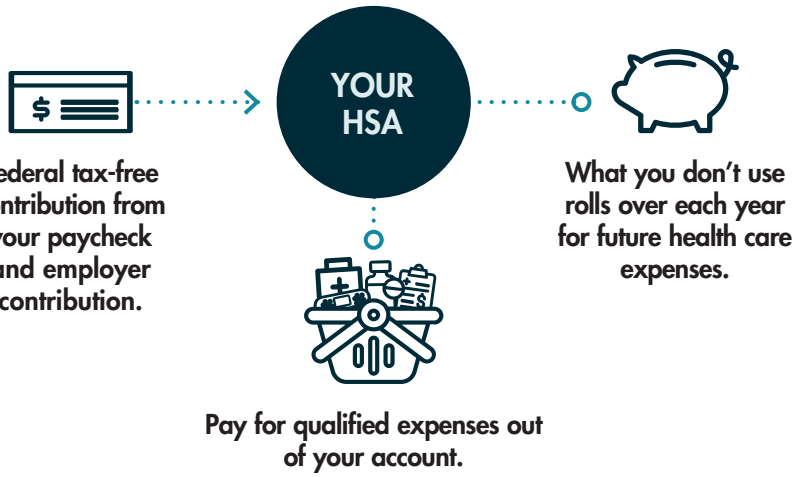
Exercise and maintain a proper diet. The healthier you are, the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.

Health Savings Account (HSA)

Save for future medical costs and reduce your tax bill with this special savings account available to high-deductible health plan (HDHP) participants.

Out-of-pocket medical expenses can add up quickly. Over time, health care likely will be your largest household expense. A health savings account (HSA) allows you to build up protection for future health care expenses.

Along with Carmelite's contributions, you can contribute money to your HSA and use it any time for qualified health care expenses. Whatever you don't use rolls over for future years and in some circumstances may be invested. Better yet, HSAs provide tax advantages.



HSAs Deliver Triple Tax Savings

1. You don't pay federal income tax on the money you contribute.
2. You don't pay taxes on the interest you earn in your account.
3. You don't pay taxes when you use the money to pay for qualified medical services.

Keys to Growing Your Health Savings Account (HSA):

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone because they may grow for when you need them in the future.
- Consider electing supplemental medical benefits to cover big ticket expenses from unexpected serious illnesses or injuries and to ensure they don't wipe away the money in your HSA.
- Monitor your fund's growth. Like a 401(k), your HSA funds may in some circumstances be invested. Make sure your money is growing at an acceptable and safe pace.

HOW MUCH CAN YOU CONTRIBUTE?	ANNUAL IRS CONTRIBUTION LIMIT	ANNUAL CARMELITE CONTRIBUTION	YOUR MAXIMUM CONTRIBUTION AMOUNT
Individual Coverage	$4,300*	$200	$4,100
Family Coverage	$8,550*	$400	$8,150

NOTE: If an individual reaches age 55 by the end of the calendar year, they can contribute an additional $1,000.

NOTE: Amounts change yearly per IRS guidelines.

Dental Benefits

Your dental health is an important part of your overall wellness. The following dental insurance option is offered through Ameritas.

ANNUAL DEDUCTIBLE	LOW PLAN	HIGH PLAN
Individual	$0	$50
Family		$150
ANNUAL BENEFIT MAXIMUM		
Per person per calendar year	$1,000	$1,500
PREVENTIVE SERVICES		
Routine exam and cleaning	100%	100%
Bitewing X-rays		
Fluoride treatment		
BASIS SERVICES		
Fillings	80% after ded.	80% after ded.
Endodontics		
Periodontics		
Simple extractions		
MAJOR SERVICES		
Crowns	50% after ded.	50% after ded.
Dentures		
ORTHODONTIA		
Child only – benefit per person per lifetime	No Coverage	50% up to $1,500

What Does Preventive Dental Care Typically Cover?

Preventive care can save you money later on procedures that are more urgent, complex, and costly.

Routine dental checkups and cleanings should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.

Professional fluoride treatments can be a key defense against cavities. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste and take only minutes to apply.

Dental sealants go a step beyond fluoride by providing a thin, coating to the surface of your teeth. Most dental plans cover sealants as preventive care for children under 18 on their first and second molars.

X-Ray images of your mouth may be taken to better evaluate your oral health. These images provide a more detailed look inside your teeth and gums.

Vision Benefits

Carmelite offers vision coverage through EyeMed and includes eye exams, affordable options for prescription glasses or contacts, and discounts for laser vision correction.

VISION PLAN (EYEMED)	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Exam (1 per 12 months)	$10 copay	Up to $40
Frames (1 per 24 months)	$0 copay; $150 allowance, 20% off balance over $150	Up to $170
Lenses (1 per 12 months)	$25 copay Progressive: $80-200 copay	Varies by lens type
Elective contact lenses (1 per 12 months in lieu of eyeglass lenses)	$150 allowance	Up to $105

NOTE: ID Card not required for vision services.

5 Tips for a Lifetime of Healthy Vision

1. Schedule yearly eye exams. Visiting your eye doctor regularly helps you see your best, protects your sight, and even detects serious health conditions such as diabetes.
2. Protect your eyes against UV rays. No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.
3. Give your eyes a break from digital devices. Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.
4. Quit smoking. Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.
5. Practice safe wear and care of contact lenses. Keep them clean, and follow the recommendations for use and wear.

Flexible Spending Accounts (FSAs)

Reduce your tax bill while putting aside money for health care and dependent care needs.

Flexible spending accounts (FSAs) allow you to put aside money for important expenses and help you reduce your income taxes at the same time. Carmelite offers 2 types of accounts — a health care FSA and a dependent care FSA.

HEALTH CARE FSA

Deductibles, copays, prescription drugs, medical equipment, etc.

DEPENDENT CARE FSA

Babysitters, day care, day camp, home nursing care, etc.

How Flexible Spending Accounts (FSAs) Work

1. Each year during the Open Enrollment period, you decide how much to set aside for health care and dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
3. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement.

Please note that these accounts are separate — if eligible, you may choose to participate in one, all, or none. You cannot use money from the health care FSA to cover expenses eligible under the dependent care FSA or vice versa.

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES*
Health Care Flexible Spending Account	$3,200	Copays, deductibles, orthodontia, over-the-counter medications, etc.
Dependent Care Flexible Spending Account	$5,000 ($2,500 if married and filing separate tax returns)	Day care, nursery school, elder care expenses, etc.

NOTE: See IRS Publications 502 and 503 for a complete list of covered expenses.

Use It or Lose It!

Be sure to calculate your FSA contributions carefully. These funds do not roll over from year-to-year, and you must actively enroll on a yearly basis. You are not automatically re-enrolled.

Health Care Items You Might Not Realize Are FSA Eligible:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts and other foot grooming treatments
- Travel pillows
- Motion sickness bands

For a complete list of covered expenses, go to **www.inspirafinancial.com**.

Life and Accidental Death and Dismemberment (AD&D) Insurance

Always be there financially for your loved ones.

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams a reality. Life insurance ensures your family's future is financially secure if you're no longer there to provide for them.

Carmelite provides basic term life insurance and offers additional options to give you the ability to assemble a complete life insurance portfolio.

Basic Term Life and AD&D Insurance

Carmelite provides eligible employees with basic term life and accidental death and dismemberment (AD&D) coverage at no cost to you, and enrollment is automatic.

Please review the insert to this guide for the specific basic life and AD&D benefit that Carmelite provides for you.

Supplemental Life and AD&D Insurance

You may also choose to purchase supplemental life insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions.

For 2025 Open Enrollment, current participants can increase coverage by one increment, subject to the EOI level, without any EOI on the supplemental life insurance plan.

Late entrants/non-participants can enroll for the first level of coverage without any EOI on the supplemental life insurance plan.

- **Employee:**

EMPLOYEE SUPPLEMENTAL LIFE (METLIFE) MONTHLY RATES	
Choose your benefit amount and the cost is deducted from your paycheck	
$10,000	Medical underwriting is required for elections of more than 3x your annual earnings; or if electing after your new hire period, medical underwriting may be required for all coverage amounts.
$25,000	
$50,000	
$75,000	
$100,000	
Employee Cost Per $1,000 of Coverage	
Age Up to 25	$0.030
25-29	$0.030
30-34	$0.050
35-39	$0.069
40-44	$0.089
45-49	$0.129
50-54	$0.208
55-59	$0.356
60-64	$0.495
65-69	$0.891
70-74	$1.445
75-79	$2.340
80+	$3.802

- **Spouse:**

EMPLOYEE SUPPLEMENTAL LIFE (METLIFE) MONTHLY RATES	
Choose your benefit amount and the cost is deducted from your paycheck	
$5,000	Medical underwriting is required for elections of more than $25,000; or if electing after initial eligibility period, medical underwriting may be required for all coverage amounts.
$12,500	
$25,000	
$37,500	
$50,000	
Employee Cost Per $1,000 of Coverage	
Age Up to 25	$0.050
25-29	$0.069
30-34	$0.079
35-39	$0.089
40-44	$0.119
45-49	$0.168
50-54	$0.317
55-59	$0.525
60-64	$0.950
65-69	$1.634
70-74	$2.455
75-79	$2.455
80+	$2.455

- **Child(ren):**

CHILD SUPPLEMENTAL LIFE (METLIFE) MONTHLY RATES	
Rate per $1,000 of coverage	$0.149

- **Supplemental AD&D:**

SUPPLEMENTAL AD&D (METLIFE) MONTHLY RATES	
Employee elects an amount between $10,000 to $500,000 in $10,000 increments	
Employee Only	$0.016
Family	$0.023

Disability Insurance

Disability insurance replaces a portion of your income if you experience illness or an injury. Please refer to the guide insert for the specific disability plans for which you are eligible.

Voluntary Benefits

Carmelite now offers voluntary benefit programs that supplement your health plans. These plans pay you a lump sum benefit that can help cover other out-of-pocket expenses when the unexpected happens. The plans are available at affordable group rates and premiums are payroll deducted. You may enroll your spouse and dependent children and the plans are guarantee issue. **Please note: These plans are not replacements for medical insurance.**

Did You Know?

U.S. health care spending averaged $13,493 per person in 2022.

Centers for Medicare & Medicaid Services, National Health Expenditure Fact Sheet, 2023

NOTE: The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits. Please see your Summary Plan Description (SPD) for complete details.

Critical Illness Insurance

Critical illness insurance can help protect your finances from the expense of a serious health problem, such as a stroke or heart attack. This plan pays a lump sum benefit directly to you, not to a doctor or health care provider, at the first diagnosis of a covered condition. Four plan options available, with a maximum benefit of $10K, $20K, $30K or $40K per diagnosis. Rates are based on age and tobacco use status.

Covered Illnesses Include:

- Heart attack
- Stroke
- Cancer
- Major organ transplant
- Coronary artery bypass surgery
- End stage renal (kidney) failure

Plan Features

- You do not have to be terminally ill to receive benefits.
- Coverage options are available for your spouse and children as riders to your coverage.**
- Elect supplemental life insurance for yourself and dependents, AD&D insurance, disability insurance, and voluntary benefits.
- Coverage is portable — you can take your policy with you if you change jobs or retire.

The cost of the benefit will vary depending upon factors such as your age, whether you use tobacco, and the dependent coverage you choose.

**If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

NOTE: This plan is not a replacement for medical insurance.

Health Screening Benefit

The critical Illness insurance plan provides a $50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

Voluntary Benefits

Accident Insurance

Accident insurance pays benefits based on an injury you experience and the treatment you need, including X-rays, Emergency Room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and copays.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical therapy
- Emergency room treatment
- Transportation

Health Screening Benefit

The accident insurance plan provides a $50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

ACCIDENT PLAN - MONTHLY RATES	
Employee	$9.63
Employee and Spouse	$16.87
Employee and Children	$19.85
Family	$26.98

Plan Features

- **Guaranteed Acceptance:** There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse and children.*
- **24/7 Coverage:** Benefits are paid for accidents that happen on and off the job.
- **Portable Coverage:** You may be able to take your policy with you if you change jobs or retire.

*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

NOTE: This plan is not a replacement for medical insurance.

Hospital Indemnity Insurance

Hospital indemnity helps cover out-of-pocket costs for a planned or unplanned hospitalization, including admissions for childbirth. Benefits are paid for hospitalization and daily stays.

Health Screening Benefit

The hospital indemnity insurance plan provides a $50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

HOSPITAL INDEMNITY PLAN - MONTHLY RATES	
Employee	$19.11
Employee and Spouse	$42.21
Employee and Children	$31.41
Family	$52.48

Plan Features

- **Guaranteed Acceptance:** There are no health questions or physical exams required.
- **Family Coverage:** You can elect to cover your spouse and children.*
- **Payroll Deduction**: Premiums are paid through convenient payroll deductions.
- **Portable Coverage:** You may be able to take your policy with you if you change jobs or retire.

*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

NOTE: This plan is not a replacement for medical insurance.

Additional Benefits

Student Loan Forgiveness

Carmelite has partnered with PeopleJoy to offer loan forgiveness services to qualified individuals. For more information, contact PeopleJoy at **1-267-310-2723** or at **www.Carmelite.peoplejoy.com**.

Employee Perks

Employee Assistance Program (EAP) (no cost to you)

Support for all work/life resources & talk to a professional about life's challenges: relationship support, stress management, legal services, financial support and more. All household family members are eligible for unlimited telephone assistance and up to three in-person visits. For more information, visit **www.resourcesforliving.com**.

HRconnection – Benefit Library (no cost to you)

HRconnection is your go-to place for benefit information. This website contains our plans' benefit summaries, forms and information about additional resources and tools available to you.

Will Preparation through MetLife

Ensure your final wishes are clear. Employees can choose to work one-on-one with an attorney or use the do-it yourself online services to prepare or update a will, living will, or power of attorney. For more information, visit **www.willscenter.com**.

Dignity Funeral Planning through MetLife

Losing a loved one can be one of life's most difficult moments. While you can't predict life's outcomes, Dignity can be there to help you navigate this difficult time. Services include:

- Expert assistance to guide important decisions
- A discount on funeral services through a network of cemetery providers
- Bereavement travel services

For more information, visit **www.finalwishesplanning.com**.

Grief Counseling Services through MetLife

Grief comes in many forms and affects us in different ways. Whether coping with the loss of a loved one or a major life change like divorce, this service's professional counselors are ready to support you. For more information, visit **www.metlifegc.lifeworks.com** (username:metlifeassist; password: support).

Get More Information

PLAN	VENDOR	PHONE	WEBSITE
Medical	Aetna Concierge	1-866-991-0365	www.aetna.com
Provider Guidance/HRA	Garner	1-866-761-9586	www.getgarner.com
Telemedicine (partnership with CVS)	CVS Health Virtual Care		CVS.com/virtual-care
Employee Assistance Program	Aetna	1-800-843-1327	www.resourcesforliving.com
Prescription Drugs	CVS/Caremark	1-866-388-7682	1. www.caremark.com 2. ACA Preventive Drug List: https://www.caremark.com/portal/asset/NoCost_Preventive_List.pdf 3. HDHP Preventive List: https://www.caremark.com/portal/asset/preventive_dl.pdf 4. PrudentRx Call 1-800-578-4403 to register
Minute Clinic	CVS/Caremark	1-866-389-2727	www.minuteclinic.com
Transform Diabetes Program	Aetna & CVS/Caremark	1-866-991-0365	www.aetna.com
Dental	Ameritas	1-800-487-5553 option 1	www.ameritas.com
Vision	EyeMed	1-866-800-5457	www.eyemed.com
Life Insurance and Accidental Death & Dismemberment	MetLife	1-866-363-8669	www.metlife.com
Disability (STD or LTD)	MetLife	1-866-363-8669	www.mybenefits.metlife.com
Will Preparation	MetLife (partnership Hyatt Legal)	-	www.Willscenter.com
Grief Counseling	MetLife	1-888-319-7819	www.metlifegc.lifeworks.com (username: metlifeassist; password: support)
Dignity Funeral Planning Services	MetLife	1-866-853-0954	www.finalwishesplanning.com
Health Savings Account Administrator	Inspira Financial		inspirafinancial.com
Flexible Spending Accounts Administrator	Inspira Financial		inspirafinancial.com
Commuter Benefits	Inspira Financial		inspirafinancial.com
COBRA Administrator	Inspira Financial		inspirafinancial.com
Student Loan Assistance	PeopleJoy	1-267-310-2723	www.Carmelite.peoplejoy.com

ABOUT THIS GUIDE: Actual plan provisions for Carmelite ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Updated: October 2024

Glossary

Affordable Care Act (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime dollar limits on medical benefits, covering preventive care in-network without cost-sharing if the plan is grandfathered, etc., among other requirements.

Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

Coinsurance

A percentage of costs you pay "out-of-pocket" for covered expenses after you meet the deductible.

Copayment (Copay)

A fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

Employer Contribution

Each month, the company provides you with an amount of money that you can apply toward the cost of your health care premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll. If you're enrolling as a new hire, the employer contribution amount will be prorated based on your date of hire.

Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

High-Deductible Health Plan (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

Out-of-Pocket Maximum

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Plan Year

The year for which the benefits you choose during enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next enrollment period.

Preventive Care

Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).

Important Notices

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained at **https://www.carmelitesystem.org/**; you may also request a copy free of charge by calling **1-518-537-7500**.

Enclosed are important notices about your rights under your health and welfare plan (Carmelite System, Inc. Health and Welfare Plan), the "Plan". The information in the accompanying guide provides updates to your existing SPDs as of October 15 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Carmelite reserves the right to right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Carmelite System, Inc. Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Carmelite System, Inc. Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

Carmelite, Human Resources
646 Woods Road
Germantown, NY 12526

If you have any questions, please contact the Carmelite Human Resources Office at **1-518-537-7500**.

Patient Protection Notice

Carmelite System, Inc. Health and Welfare Plan 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.

Until you make this designation, Carmelite System, Inc. Health and Welfare Plan designates one for you.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Carmelite System's Administrator at **1-518-537-7500**.

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

You do not need prior authorization from Carmelite System, Inc. Health and Welfare Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in-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 Carmelite System's Administrator at **1-518-537-7500**.

Women's Health and Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at **1-518-537-7500**.

Newborns' and Mothers' Health Protection Act Disclosure

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

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Roberta Kozlarek for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

Important Notice from Carmelite About Your Prescription Drug Coverage and Medicare

Medicare Part D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Carmelite and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Carmelite has determined that the prescription drug coverage offered by the Carmelite System, Inc. Health and Welfare Plan is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose (or are losing) your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Carmelite coverage will not be affected.

Your Carmelite coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Carmelite and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Carmelite changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**
- Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- Call **1-800-MEDICARE** (**1-800-633-4227**). TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help:

- Visit Social Security on the web at **www.ssa.gov**, or
- Call **1-800-772-1213**. TTY users should call **1-800-325-0778**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 15
Name of Entity/Sender: Carmelite
Contact: Carmelite System's Administrator
Address: 646 Woods Road,
Germantown, NY 12526
Phone Number: **1-518-537-7500**

Medicare Part D Notice Of Non-Creditable Coverage

Your Options

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Carmelite and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Carmelite has determined that the prescription drug coverage offered by the Carmelite System, Inc. Health and Welfare Plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Carmelite System, Inc. Health and Welfare Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from the Carmelite System, Inc. Health and Welfare Plan.

However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully — it explains your options.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you decide to drop your current coverage with Carmelite, since it is employer-sponsored coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however, you may also pay a higher premium (penalty) because you did not have creditable coverage under Carmelite System, Inc. Health and Welfare Plan.

Since you are losing creditable coverage prescription drug coverage under the Carmelite System, Inc. Health and Welfare Plan, you are also eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Carmelite coverage will not be affected.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

Since the coverage under the Carmelite System, Inc. Health and Welfare Plan, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Carmelite changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**
- Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- Call **1-800-MEDICARE** (**1-800-633-4227**) TTY users should call **1-877-486-2048**

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help:

- Visit Social Security on the web at **www.ssa.gov**, or
- Call **1-800-772-1213**. TTY users should call **1-800-325-0778**.

Date: October 15
Name of Entity/Sender: Carmelite
Contact: Carmelite System's Administrator
Address: 646 Woods Road,
Germantown, NY 12526
Phone Number: **1-518-537-7500**

Your ERISA Rights

As a participant in the Carmelite benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website: **https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices**.

Or you may write to the:
Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **1-866-444-3272**. You may also visit the EBSA's website on the Internet at: **https://www.dol.gov/agencies/ebsa**.

General Notice of Continuation Coverage Rights Under COBRA

Introduction

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

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

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

What Is COBRA Continuation Coverage?

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

Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

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

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

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

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

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

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

When Is COBRA Coverage Available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee.

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to the Plan Administrator.

How Is COBRA Continuation Coverage Provided?

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

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

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

Disability Extension of 18-Month Period of COBRA Continuation Coverage

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

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

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

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **https://www.medicare.gov/medicare-and-you**.

NOTE: **https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start**

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below.

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

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Carmelite System, Inc. Health and Welfare Plan
Carmelite System's Administrator
646 Woods Road Germantown, NY 12526
1-518-537-7500

Summaries of Benefits and Coverage (SBCs)

Availability Notice

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the UltiPro enrollment website. A paper copy is also available, free of charge, by calling **1-518-537-7500** (a toll-free number).

HIPAA 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 the Carmelite group health 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 Plan Administrator at **1-518-537-7500**.

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)**.

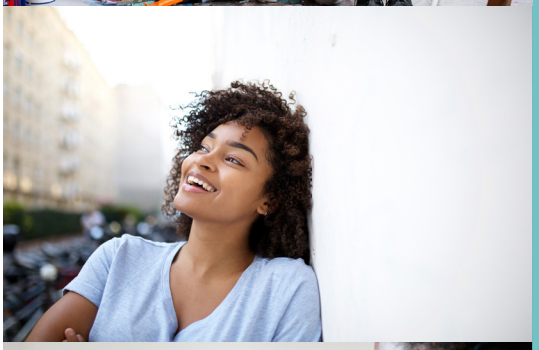
If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

1. ALABAMA – Medicaid
   Website: http://myalhipp.com/
   Phone: 1-855-692-5447
2. ALASKA – Medicaid
   The AK Health Insurance Premium Payment Program
   Website: http://myakhipp.com/
   Phone: 1-866-251-4861
   Email: CustomerService@MyAKHIPP.com
   Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
3. ARKANSAS – Medicaid
   Website: http://myarhipp.com/
   Phone: 1-855-MyARHIPP (855-692-7447)
4. CALIFORNIA – Medicaid
   Health Insurance Premium Payment (HIPP) Program
   Website: http://dhcs.ca.gov/hipp
   Phone: 916-445-8322
   Fax: 916-440-5676
   Email: hipp@dhcs.ca.gov
5. COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
   Health First Colorado Website:
   https://www.healthfirstcolorado.com/
   Health First Colorado Member Contact Center:
   1-800-221-3943/State Relay 711
   CHP+: https://hcpf.colorado.gov/child-health-plan-plus
   CHP+ Customer Service: 1-800-359-1991/State Relay 711
   Health Insurance Buy-In Program (HIBI):
   https://www.mycohibi.com/
   HIBI Customer Service: 1-855-692-6442
6. FLORIDA – Medicaid
   Website: https://www.flmedicaidtplrecovery.com/
   flmedicaidtplrecovery.com/hipp/index.html
   Phone: 1-877-357-3268
7. GEORGIA – Medicaid
   GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
   Phone: 678-564-1162, Press 1
   GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
   Phone: 678-564-1162, Press 2
8. INDIANA – Medicaid
   Health Insurance Premium Payment Program
   All other Medicaid
   Website: https://www.in.gov/medicaid/
   http://www.in.gov/fssa/dfr/
   Family and Social Services Administration Phone: 1-800-403-0864
   Member Services Phone: 1-800-457-4584
9. IOWA – Medicaid and CHIP (Hawki)
   Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid
   Medicaid Phone: 1-800-338-8366
   Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
   Hawki Phone: 1-800-257-8563
   HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
   HIPP Phone: 1-888-346-9562
10. KANSAS – Medicaid
    Website: https://www.kancare.ks.gov/
    Phone: 1-800-792-4884
    HIPP Phone: 1-800-967-4660
11. KENTUCKY – Medicaid
    Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
    https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
    Phone: 1-855-459-6328
    Email: KIHIPP.PROGRAM@ky.gov
    KCHIP Website: https://kynect.ky.gov
    Phone: 1-877-524-4718
    Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
12. 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)
13. MAINE – Medicaid
    Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
    Phone: 1-800-442-6003
    TTY: Maine relay 711
    Private Health Insurance Premium Webpage:
    https://www.maine.gov/dhhs/ofi/applications-forms
    Phone: 1-800-977-6740
    TTY: Maine relay 711
14. MASSACHUSETTS – Medicaid and CHIP
    Website: https://www.mass.gov/masshealth/pa
    Phone: 1-800-862-4840
    TTY: 711
    Email: masspremassistance@accenture.com
15. MINNESOTA – Medicaid
    Website: https://mn.gov/dhs/health-care-coverage/
    Phone: 1-800-657-3672
16. MISSOURI – Medicaid
    Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
    Phone: 573-751-2005
17. MONTANA – Medicaid
    Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
    Phone: 1-800-694-3084
    Email: HHSHIPPProgram@mt.gov
18. NEBRASKA – Medicaid
    Website: http://www.ACCESSNebraska.ne.gov
    Phone: 1-855-632-7633
    Lincoln: 402-473-7000
    Omaha: 402-595-1178
19. NEVADA – Medicaid
    Medicaid Website: http://dhcfp.nv.gov
    Medicaid Phone: 1-800-992-0900
20. NEW HAMPSHIRE – Medicaid
    Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
    Phone: 603-271-5218
    Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
    Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. NEW JERSEY – Medicaid and CHIP
    Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
    Phone: 1-800-356-1561
    CHIP Premium Assistance Phone: 609-631-2392
    CHIP Website: http://www.njfamilycare.org/index.html
    CHIP Phone: 1-800-701-0710 (TTY: 711)
22. NEW YORK – Medicaid
    Website: https://www.health.ny.gov/health_care/medicaid/
    Phone: 1-800-541-2831
23. NORTH CAROLINA – Medicaid
    Website: https://medicaid.ncdhhs.gov/
    Phone: 919-855-4100
24. NORTH DAKOTA – Medicaid
    Website: https://www.hhs.nd.gov/healthcare
    Phone: 1-844-854-4825
25. OKLAHOMA – Medicaid and CHIP
    Website: http://www.insureoklahoma.org
    Phone: 1-888-365-3742
26. OREGON – Medicaid
    Website: http://healthcare.oregon.gov/Pages/index.aspx
    Phone: 1-800-699-9075
27. PENNSYLVANIA – Medicaid and CHIP
    Website: https://www.pa.gov/en/services/dhs/apply-formedicaid-health-insurance-premium-payment-program-hipp.html
    Phone: 1-800-692-7462
    CHIP Website: https://www.pa.gov/en/agencies/dhs/resources/chip.html
    CHIP Phone: 1-800-986-KIDS (5437)
28. RHODE ISLAND – Medicaid and CHIP
    Website: http://www.eohhs.ri.gov/
    Phone: 1-855-697-4347, or
    401-462-0311 (Direct RIte Share Line)
29. SOUTH CAROLINA – Medicaid
    Website: https://www.scdhhs.gov
    Phone: 1-888-549-0820
30. SOUTH DAKOTA – Medicaid
    Website: http://dss.sd.gov
    Phone: 1-888-828-0059
31. TEXAS – Medicaid
    Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
    Phone: 1-800-440-0493
32. UTAH – Medicaid and CHIP
    Utah's Premium Partnership for Health Insurance (UPP)
    Website: https://medicaid.utah.gov/upp/
    Email: upp@utah.gov
    Phone: 1-888-222-2542
    Adult Expansion Website: https://medicaid.utah.gov/expansion/
    Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
    CHIP Website: https://chip.utah.gov/
33. VERMONT – Medicaid
    Website: https://dvha.vermont.gov/members/medicaid/hipp-program
    Phone: 1-800-250-8427
34. VIRGINIA – Medicaid and CHIP
    Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
    https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
    Medicaid/CHIP Phone: 1-800-432-5924
35. WASHINGTON – Medicaid
    Website: https://www.hca.wa.gov/
    Phone: 1-800-562-3022
36. WEST VIRGINIA – Medicaid and CHIP
    Website: https://dhhr.wv.gov/bms/
    http://mywvhipp.com/
    Medicaid Phone: 304-558-1700
    CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
37. WISCONSIN – Medicaid and CHIP
    Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
    Phone: 1-800-362-3002
38. WYOMING – Medicaid
    Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
    Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

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



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