CORAL RIDGE PRESBYTERIAN CHURCH

WESTMINSTER ACADEMY
DEVOTED TO CHRIST • DEDICATED TO EXCELLENCE

CORAL RIDGE MINISTRIES

2027







EMPLOYEE BENEFITS GUIDE

WELCOME

To your employee benefits package

KEY CONTACT INFORMATION

CORAL RIDGE PRESBYTERIAN CHURCH

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aab All Atlantic Benefits

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WESTMINSTER ACADEMY®
DEVOTED TO CHRIST • DEDICATED TO EXCELLENCE

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Visit our Benefits Website for full plan information and to complete your enrollment:
www.crwabenefits.org

OUR CARRIERS

HEALTH

Meritain
Telephone: (888) 306-9215
www.meritain.com
Aetna Network • www.aetna.com

SmithRx • Telephone: (844) 454-5201
www.mysmithrx.com

KISxCard • Telephone: (877)-438-5479
Email: info@getKISx.com

CancerCARE • Telephone: (877) 640-9610
www.cancercareprogram.com

GAP

Transamerica
Telephone: (800) 476-4491
www.webtpa.com

DENTAL & VISION

SunLife
Telephone: (800) 247-6875
www.sunlife.com

LIFE | AD&D | DISABILITY

Mutual of Omaha
Telephone: (800) 769-7159
www.mutualofomaha.com

HSA & FSA

Paylocity
Telephone: (800) 631-3539
https://access.paylocity.com/

EMPLOYEE ASSISTANCE PROGRAM

Mutual of Omaha
Telephone: (800) 316-2796
www.mutualofomaha.com/eap

EMERGENCY TRANSPORTATION

Masa Global
Telephone: (800) 643-9023
www.MASAmtsflorida.com

SUPPLEMENTAL

SunLife
Telephone: (877) 820-5306
www.sunlife.com

OPEN ENROLLMENT

During our annual open enrollment, you are able to make changes to your benefit elections and covered dependents.

PLAN YEAR

January 1, 2027 - December 31, 2027

NEW HIRE ENROLLMENTS

Effective Date of Hire

ELIGIBILITY

Full time employees working 30 or more hours per week are eligible to enroll in the benefits outlined in this guide.

DEPENDENTS

You may be able to enroll eligible dependents in some of our plans. Eligible dependents include:

- Your spouse.
- A child under the age of 26 who is your natural child, step child, legally adopted child, or child for whom you have a obtained legal guardianship.
- An unmarried child over the age of 26 who is not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.
- Many states have extended dependent coverage regardless of student status. Age limitations by plan type will be outlined in this guide as best as possible.

QUALIFYING EVENTS

We are unable to accept changes to benefit elections outside of the annual open enrollment period unless you have a qualifying event. You must notify Human Resources within 30 days of a qualifying event.

Examples of qualifying events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in child's dependent status
- Death in a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

PLEASE NOTE: The materials contained in this booklet provide a brief summary of the benefits offered and are not contractually binding. For additional and complete information, please refer to all certificates of insurance. In the event of a discrepancy or omission, the carrier policy will be deemed accurate.

MEDICAL INSURANCE

MERITAIN® HEALTH
An Aetna Company

aetna™

(888) 306-9215 • www.meritain.com

Plan Name	HDHP HSA $5,500 Ded
Network Access	In Network Only
Provider Network	Aetna Choice® POS II (Open Access)
Opportunities For Care	
Preventative Care	Covered 100%
Physician	10% After Ded
Telemedicine	Primary Care, Urgent Care, Emergency Care, & Mental Health Care Covered 100% through Sam
Specialist	10% After Ded
Convenience Care Clinic	10% After Ded
Urgent Care	10% After Ded
Emergency Room	10% After Ded
Diagnostic Services	
Independent Clinical Lab / X-Ray	10% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	10% After Ded KISX Card: Covered 100%
Outpatient & Inpatient Services	
Outpatient Surgery Ambulatory Surgical Center/Hospital	10% After Ded KISX Card: Covered 100%
Inpatient Hospital	10% After Ded
Provider Services Inpatient Hospital	10% After Ded
Pharmacy Benefits	
Prescription	Ded then $10 / $35 / $70 Specialty: Ded then $150 (Tier 4) / Ded then $500 (Tier 5)
Deductible	
Deductible	$5,500 / $11,000 (Embedded)
Member Co-Insurance	10%
Maximum Benefits	
Member Out of Pocket Maximum	$6,450 / $12,900 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the month Birth Date

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

MEDICAL INSURANCE

MERITAIN® HEALTH
An Aetna Company

aetna™

(888) 306-9215 • www.meritain.com

Plan Name	Copay Base $5,500 Ded
Network Access	In Network Only
Provider Network	Aetna Choice® POS II (Open Access)
Opportunities For Care	
Preventative Care	Covered 100%
Physician	$10 Copay
Telemedicine	Primary Care, Urgent Care, Emergency Care, & Mental Health Care Covered 100% through Sam
Specialist	$25 Copay
Convenience Care Clinic	$25 Copay
Urgent Care *	$75 Copay
Emergency Room *	$500 Copay
Diagnostic Services	
Independent Clinical Lab / X-Ray *	Lab: Covered 100% X-Ray: $60 Copay
Diagnostic Testing Facility MRI, MRA, CT & PET Scans *	10% After Ded KISX Card: Covered 100%
Outpatient & Inpatient Services	
Outpatient Surgery * Ambulatory Surgical Center/Hospital *	10% After Ded KISX Card: Covered 100%
Inpatient Hospital *	10% After Ded
Provider Services Inpatient Hospital *	10% After Ded
Pharmacy Benefits	
Prescription	$10 / $50 / $85 Specialty: $150 (Tier 4) / $500 (Tier 5)
Deductible	
Deductible	$5,500 / $11,000 (Embedded)
Member Co-Insurance	10%
Maximum Benefits	
Member Out of Pocket Maximum	$6,450 / $12,900 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the month Birth Date

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

* GAP may help pay eligible out-of-pocket costs for marked services; limitations, exclusions and plan limits apply.

MEDICAL INSURANCE

MERITAIN® HEALTH
An Aetna Company

aetna™

(888) 306-9215 • www.meritain.com

Plan Name	Silver $3,000 Ded
Network Access	In Network Only
Provider Network	Aetna Choice® POS II (Open Access)
Opportunities For Care	
Preventative Care	Covered 100%
Physician	$10 Copay
Telemedicine	Primary Care, Urgent Care, Emergency Care, & Mental Health Care Covered 100% through Sam
Specialist	$25 Copay
Convenience Care Clinic	$25 Copay
Urgent Care *	$75 Copay
Emergency Room *	$500 Copay
Diagnostic Services	
Independent Clinical Lab / X-Ray *	Lab: Covered 100% X-Ray: $60 Copay
Diagnostic Testing Facility MRI, MRA, CT & PET Scans *	0% After Ded KISX Card: Covered 100%
Outpatient & Inpatient Services	
Outpatient Surgery * Ambulatory Surgical Center/Hospital *	0% After Ded KISX Card: Covered 100%
Inpatient Hospital *	0% After Ded
Provider Services Inpatient Hospital *	0% After Ded
Pharmacy Benefits	
Prescription	$10 / $50 / $85 Specialty: $150 (Tier 4) / $500 (Tier 5)
Deductible	
Deductible	$3,000 / $6,000 (Embedded)
Member Co-Insurance	0%
Maximum Benefits	
Member Out of Pocket Maximum	$6,000 / $12,000 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the month Birth Date

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

* GAP may help pay eligible out-of-pocket costs for marked services; limitations, exclusions and plan limits apply.

MEDICAL INSURANCE

MERITAIN® HEALTH An Aetna Company

aetna™

(888) 306-9215 • www.meritain.com

Plan Name	Gold $2,000 Ded	
Network Access	In Network	Out of Network
Provider Network	Aetna Choice® POS II (Open Access)	
Opportunities For Care		
Preventative Care	Covered 100%	50% After Ded
Physician	$10 Copay	50% After Ded
Telemedicine	Primary Care, Urgent Care, Emergency Care, & Mental Health Care Covered 100% through Sam	
Specialist	$25 Copay	50% After Ded
Convenience Care Clinic	$25 Copay	50% After Ded
Urgent Care *	$75 Copay	50% After Ded
Emergency Room *	$300 Copay	
Diagnostic Services		
Independent Clinical Lab / X-Ray *	Lab: Covered 100% X-Ray: $40 Copay	50% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans *	0% After Ded KISX Card: Covered 100%	50% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery * Ambulatory Surgical Center/Hospital *	0% After Ded KISX Card: Covered 100%	50% After Ded
Inpatient Hospital *	0% After Ded	50% After Ded
Provider Services Inpatient Hospital *	0% After Ded	50% After Ded
Pharmacy Benefits		
Prescription	$10 / $35 / $70 Specialty: $150 (Tier 4) / $500 (Tier 5)	Not Covered
Deductible		
Deductible	$2,000 / $4,000 (Embedded)	$4,000 / $8,000 (Embedded)
Member Co-Insurance	0%	50%
Maximum Benefits		
Member Out of Pocket Maximum	$3,000 / $6,000 (Embedded)	$10,000 / $20,000 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the month Birth Date	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

* GAP may help pay eligible out-of-pocket costs for marked services; limitations, exclusions and plan limits apply.

MERITAIN® HEALTH

An Aetna Company



Your DocFind® Online Directory

Aetna Choice® Point of Service (POS) II

It's easy to find doctors and hospitals in your network

When you and your family need care, you can look for doctors and hospitals in the Aetna Choice POS II network. It's easy when you use the online DocFind directory from Aetna.* With up-to-date listings, you can search for providers by name, specialty, gender, hospital affiliations and more.

Find Aetna providers online in just a few quick steps

You can use the DocFind directory anywhere you have Internet access. Just:

1. Visit **http://www.aetna.com/docfind/custom/mymeritain/**.
2. Key in the ZIP code, city, county or state of the desired geographical area in the *Enter location here* field. Click *Search*.
3. Key in *Aetna Choice® POS II (Open Access)* under *Select a Plan*. OR you can select *Aetna Choice® POS II (Open Access)* from the list of plans. Click *Continue*.
4. There are two options available to search for providers. The guided flow search uses some of our most commonly searched terms and easily organizes them for our users to find. To use the guided search flow choose and click on one of the categories under *Find what you need by category*.

   Or
5. Use the search box, which includes type-ahead suggestions and will present provider, facility, specialty, and condition search options based on what is entered. These suggested options will present an exact match or relevant providers. To use the search box, key in the type of provider, provider name, specialty or condition in the search field under *What do you want to search for near* (will display your chosen location).
6. Choose your provider from the list of providers displayed on the results screen. You can learn more about each by clicking on the provider's name.
7. Narrow your search results by using the *Filter & Sort* option. Choices include *Gender, Languages, Hospital Affiliations, Office Detail, Individual Practice Association Affiliations, Group Affiliations, and Provider Type*.

Find providers by phone

Need a provider when you're not near a computer? No problem. Simply call the Aetna Provider Line at **1.800.343.3140** from 8:00 a.m.–9:00 p.m. ET, Monday through Friday.

If you need more information, we're here to help. Just call Meritain Health at 1.800.925.2272.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates.*

Providers are independent contractors and are not agents of Aetna or Meritain Health. Provider participation may change without notice. Neither Aetna nor Meritain Health provides care or guarantees access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

Additional questions?

Just call Meritain Health Customer Service at the number located on your ID Card.

Telephone: (844) 484-7362

Faster, Smarter Care for Happier, Healthier Teams

Evo by Fabric delivers all-in-one virtual care for today's workforce. Discover lightning-fast access and seamless user experiences your employees can count on.

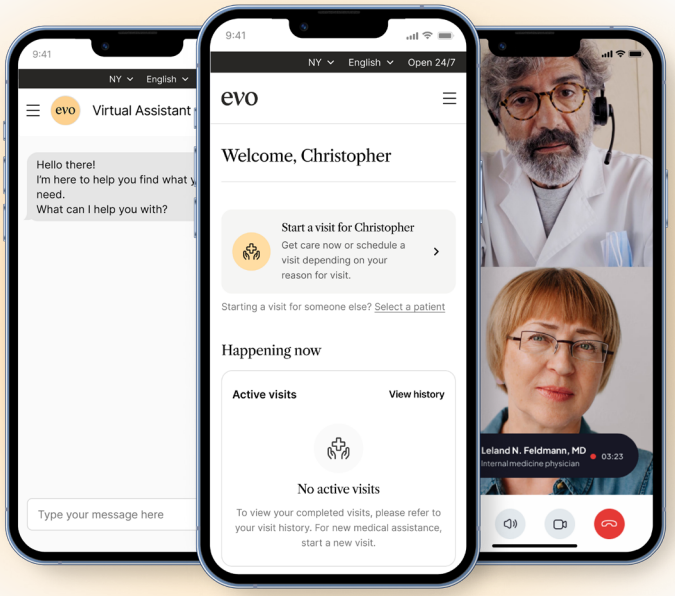
How to Register

1. **Scan the QR code or visit the website.**
2. Select the option to register.
3. **Use the personal email address** listed in ADP - not your work email.
4. Follow the prompts to finish creating your account.

care.evohealth.com

Everyday & Urgent Care

Talk Therapy* **Mental Health Medication Management**



✓ Care Coordination ✓ Virtual Care ✓ Follow-Up

Guidance & Care 24/7/365

Evo connects you with care typically available 24/7 for Everyday & Urgent care conditions. From virtual consultation to care coordination, it offers timely, accurate support tailored to individual needs.

Personalized Virtual Care

Offer convenient virtual access to care. With a robust nationwide network, members wait on average just 7 minutes to receive urgent care treatment plans and can see a provider in as little as 3 days for therapy.

Expert Care Team

Our nationwide network of clinicians and care coordinators are here to deliver professional guidance and support when your members need it most.

Connect *With a Provider*

Quick Care	Guided symptom gathering	Most popular
Phone	No camera required	Familiar phone call
Video	Face-to-face	Show a provider your concern

Member net promoter score

76

Median member wait time for Quick Care visits

5 mins

* Therapy is not 24/7/365. Scheduling is dependent on member location.

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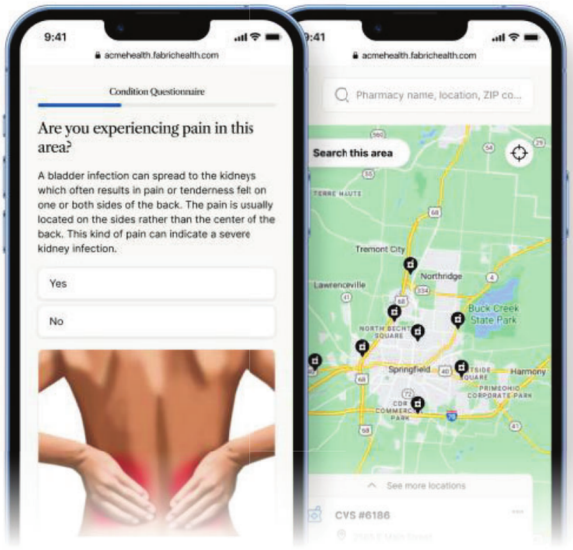
Service Line
Everyday & Urgent Care

The easiest way for adults and children to get access to high quality, on-demand treatment of minor illnesses and injuries. This convenient solution costs much less than emergency care, urgent care, and most walk-in clinics.

Prescriptions available same-day
When medically appropriate, patients can fill prescriptions at their local pharmacy the same day they get care.

Available in English and Spanish
Members can choose their language preference to ensure understandable, accessible care.

On-Demand | Quick Care | Phone | Video



Access to care
24/7/365

Average wait time for Provider Response to Message
<7 minutes

Net Promoter Score
76

- ✓ Allergies
- ✓ Bites & stings
- ✓ Bronchitis
- ✓ COVID-19 concern
- ✓ Diarrhea
- ✓ Fever
- ✓ Flu symptoms
- ✓ Medication refills
- ✓ Nausea
- ✓ Sinus symptoms
- ✓ Skin infections
- ✓ Urinary tract infections
- ✓ Travel medicine
- ✓ Hair and nail health
- ✓ And more

*Ability to enhance with Annual Labs Add On

Privileged & Confidential 2025

SmithRx

Find self-serve tools and resources in the SmithRx Member Portal

SCAN ME

*SMS text and emails apply if SmithRx has the updated member contact information. You can update your contact information in the member portal - simply click your profile to add your email and phone number.

Patient (Member) Support

Toll-free Phone Number
(844) 454 - 5201

Email
help@smithrx.com

Connect Patient Support

Toll-free Phone Number
(844) 385 - 7612

Toll-free Fax Number
(866) 642 - 5620

Connect Access Plus
(844) 385 - 4565

Connect Access Specialty & Traditional
(844) 385 - 7612

Email
connect@smithrx.com

Pharmacy/ Provider Line

Toll-free Phone Number
(844) 512 - 3030

Toll-free Fax Number
(866) 642 - 5620

Email
provider@smithrx.com

Mail Order Partners

Register at www.amazon.com/smithrx. Doctors can send prescriptions via electronic prescribing, fax or phone:

- **Name/E-scribe**: Amazon Pharmacy Home Delivery
- **Amazon Pharmacy fax:** 512-884-5981
- **Amazon prescriber and pharmacy line:** 855-206-3605

Doctors can send prescriptions via electronic prescribing, fax or phone:

- **Walmart Pharmacy fax:** 1 (800) 406-8976
- **Walmart prescriber and pharmacy line:** 1 (800) 273-3455
- **Website:** www.walmart.com/cp/1042239

See whether your medications are available: costplusdrugs.com/medications. Doctors can send prescriptions via electronic prescribing to:

- **Name/E-scribe:** Mark Cuban Cost Plus Drug Company (MCCPD)

We are here to help!

Have questions or need assistance? Contact our Member Services Team. Live support is available **Monday through Friday, 8 am - 9 pm ET** and **Saturdays 11 am - 4 pm ET**.

Chat

Chat live with a member service representative on our website or in the member portal

Portal

Find plan info, ID cards and documents at smithrx.com/portal

Email

Email our team at help@smithrx.com

Phone

Call us at 844-454-5201

KISx Card is Vālenz® Health



If you believe you need any procedure, Call the KISx Card first!

(877) 438-5479

Talk to a KISx Card Nurse About a Procedure:
Call - (877) 438-5479
Email - info@getkisx.com

Providers To Verify Benefits:
Patient is *NOT* to Provide Insurance Information for procedure.

Send Claims to info@getkisx.com

Imaging & Surgery Simplified

By choosing a KISx Card provider you will always pay $0 out of pocket*

(877) 438-5479

SCHEDULE

SAVE

Our program is the first to ever exist that directly rewards YOU for taking action!

KISx Card covers over 400 different procedures

- Orthopedic Surgery
- General Surgery
- Colonoscopies
- MRI, CT Scans

Just call, text, or email your personal nurse concierge who is waiting to schedule your procedure today!

getkisx.com

Please make sure to sign-up for push notifications and download the Spruce Health App: https://spruce.care/KISXCARD so we can stay in touch!

**HSA Plans require first dollar coverage from patient before procedure up to IRS Minimum, before program incentives are received.*

Progeny HEALTH®

Our purpose at ProgenyHealth is to improve the health and well-being of the next generation, one infant and one family at a time.

Ellen Stang, MD - Founder & CEO



ProgenyHealth is addressing the challenges facing the NICU population where 14% of births drive 60+% of health plan spend[1]

$64,815
is the average cost of a preterm birth, an increase by 25 percent[2]

1 in 10
infants in the US are born premature: trending up 4 years in a row[3]

1 in 9
families experience food insecurity[4]

15 minutes
one infant is born with Neonatal Abstinence Syndrome every 15 minutes, on average, in the United States[5]

ProgenyHealth is the only company **exclusively dedicated to NICU** Care Management. Our integrated services start when an infant is admitted to the NICU and continue through a baby's first birthday, and beyond, delivering on average a **2-to-1 or greater ROI** to health plans and employers. ProgenyHealth actively solves for Social Determinants of Health impacting the NICU population.

Delivering better outcomes by optimizing savings levers

Length of stay
ProgenyHealth standard of 10% or greater reduction in length of stay

ER visits
Case Management support to prevent unnecessary ER visits

Leveling of care
Direct savings across all payment methodologies

Readmissions
Reduction in hospital readmissions through focused Case Management

DRG assignments
Correct diagnosis codes to ensure appropriate assignment and weights

Social Determinants of Health
Solving for shelter, food insecurity, health literacy, transportation, and other SDoH concerns

ProgenyHealth by the numbers

125+	NICU-centric clinical team	1,400+	hospitals served throughout the U.S.
70K+	NICU cases to date	55%+	reduction in hospital readmission rates
90%	member satisfaction	10-15%	reduction in NICU spend

To learn more about how ProgenyHealth can improve health outcomes and deliver substantial NICU case cost savings, visit *progenyhealth.com* or call us at 610-832-2001 ext. 227

CancerCARE
Right Care. Right Place. Right Time.

What is CancerCARE?

The CancerCARE Program is a free, fully integrated cancer solution included in YOUR health plan that supports you from the first day of your diagnosis well into the stages of aftercare. CancerCARE coordinates care and benefits for patients with new or existing cancers. Our expert medical team advocates for the best possible care in your community or at a leading national Centers of Excellence location.



Day One Help

The day you receive a cancer diagnosis is overwhelming. Our CancerCARE professionals will answer questions about your diagnosis and help you evaluate your treatment options. They will also help maximize your health benefits and minimize your out-of-pocket expenses.

Register online or by phone promptly (within 72 hours) of diagnosis for the highest care impact.



Personalized Care

Today's cancer treatments vary by cancer type, stage of spread, and the patient's genetic makeup. The most effective care occurs when it is genetically personalized for you. Genetic testing is often not a covered benefit; however, it is fully covered when used for treatment planning with CancerCARE's recommendation.



National Resources

New treatments are developed and tested at leading cancer centers called Centers of Excellence. Treatment received from your local oncologist is often the best possible, but in some instances, we may suggest new treatments that are only offered at a Center of Excellence when those treatments could be more beneficial to you. Two examples would be Clinical Trials or proven new treatments that have not yet been written and given to community oncologists.



Expert Medical Team

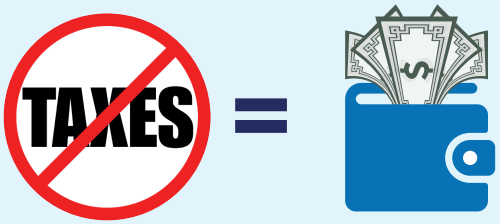
During your Initial registration call, our highly trained Intake Coordinators will quickly gather your medical and health plan information. When a diagnosis permits, you will be assigned your own personal Oncology Nurse Expert who will answer any questions you have regarding your diagnosis as well as your care options. CancerCARE's entire team of Doctors, Nurses, and Medical Experts is dedicated to being with you throughout your treatment journey.

HEALTH SAVINGS ACCOUNT (HSA)

Only Compatible with the HSA Plan

Paylocity: (800) 631-3539 | https://access.paylocity.com/

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).



A Health Savings Account (HSA) is a tax-advantage savings account that can be used for your health care expenses. Money comes out of each paycheck and is deposited into the account for future use.

If you have a high deductible health insurance plan, an HSA can help provide some security for your health care costs and

An HSA can help you save money and conveniently pay for health care costs.

An HSA provides triple tax benefits. Since the deposits are coming straight out of each paycheck, the money you contribute to an HSA is pre-tax, and the interest that accumulates in the account is tax-free. In addition, money withdrawn from an HSA is not taxed, provided that you use it for qualifies medical expenses.

What are the benefits of an HSA?

There are many benefits of using an HSA, including the following:

- It saves you money. HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- It is portable. The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- It is a tax-saver—HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

HSA LIMITS		
TYPE OF LIMIT		2027
Contribution limit	Self-only	$4,500
	Family	$9,000
Catch-up Contribution (not subject to adjustment for inflation)		
Age 55 or older		$1,000



HSA EXAMPLES OF ELIGIBLE EXPENSES

Your HSA may reimburse:

- Qualified medical expenses incurred by the account beneficiary and his or her spouse and dependents;
- COBRA premiums
- Health Insurance premiums while receiving unemployment benefits;
- Qualified long-term care premiums*; and
- Any health insurance premiums paid, other than for a Medicare supplemental policy, by individuals age 65 or older

Qualified Medical Expenses

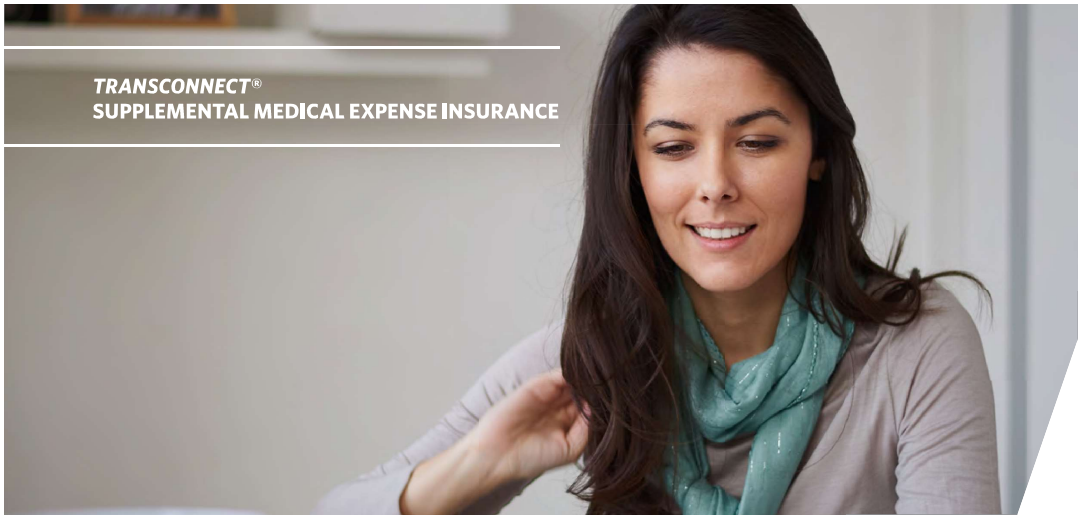
The Internal Revenue Service (IRS) defines qualified medical care expenses as amounts paid for the diagnosis, cure or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental defect or illness.

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

GAP INSURANCE

TRANSAMERICA®

(800) 476-4491 • www.webtpa.com



MORE SOLUTIONS TO MEET EMPLOYEE NEEDS

CERTIFICATE DEDUCTIBLE $0 (this plan has no deductible)

INPATIENT HOSPITAL BENEFITS $500 per Covered Person, 3 times per Family

TransConnect pays benefits for:

- Inpatient hospital stays
- Inpatient procedures
- Inpatient physician charges
- Inpatient mental health and substance abuse treatment
- Routine nursery care for dependent children

You determine the plan year maximum benefit for your employee (multiplied by three for an insured family).

OUTPATIENT HOSPITAL BENEFITS $500 per Covered Person, 3 times per Family

The policy also pays benefits (separate from the inpatient hospital benefits) for:

- Radiation therapy or chemotherapy authorized by a radiologist, chemotherapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- X-rays, MRIs, CT scans, PET scans, diagnostic ultrasounds, and electrocardiogram (EKG) tests, stress tests, and cardiac catheterization
- Treatment for injury due to an accident (accident and sickness for FL residents) in a hospital emergency room (ER) or urgent care center
- Kidney dialysis in a hospital outpatient facility or dialysis treatment center

AMBULANCE BENEFIT $2000 per Covered Person, 3 times per Family

This benefit is payable when ambulance transportation (ground or air) is required to a hospital or emergency center for injuries sustained in an accident. Ambulance transportation must be within 72 hours of the accident and must be provided by a licensed professional ambulance company.

ADDITIONAL BENEFIT OPTIONS

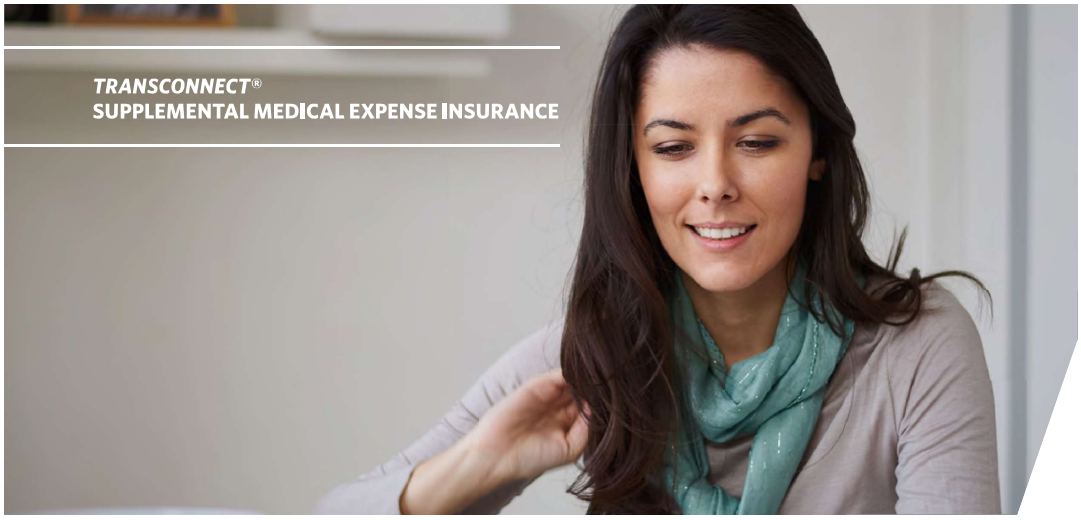
Enhanced Outpatient Benefit Rider includes options for:

Infusion therapy
Laboratory testing (includes tests performed in an independent laboratory)

GAP INSURANCE

TRANSAMERICA®

(800) 476-4491 • www.webtpa.com



MORE SOLUTIONS TO MEET EMPLOYEE NEEDS

CERTIFICATE DEDUCTIBLE $0 (this plan has no deductible)

INPATIENT HOSPITAL BENEFITS $2000 per Covered Person, 3 times per Family

TransConnect pays benefits for:

- Inpatient hospital stays
- Inpatient procedures
- Inpatient physician charges
- Inpatient mental health and substance abuse treatment
- Routine nursery care for dependent children

You determine the plan year maximum benefit for your employee (multiplied by three for an insured family).

OUTPATIENT HOSPITAL BENEFITS $2000 per Covered Person, 3 times per Family

The policy also pays benefits (separate from the inpatient hospital benefits) for:

- Radiation therapy or chemotherapy authorized by a radiologist, chemotherapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- X-rays, MRIs, CT scans, PET scans, diagnostic ultrasounds, and electrocardiogram (EKG) tests, stress tests, and cardiac catheterization
- Treatment for injury due to an accident (accident and sickness for FL residents) in a hospital emergency room (ER) or urgent care center
- Kidney dialysis in a hospital outpatient facility or dialysis treatment center

AMBULANCE BENEFIT $2000 per Covered Person, 3 times per Family

This benefit is payable when ambulance transportation (ground or air) is required to a hospital or emergency center for injuries sustained in an accident. Ambulance transportation must be within 72 hours of the accident and must be provided by a licensed professional ambulance company.

ADDITIONAL BENEFIT OPTIONS

Enhanced Outpatient Benefit Rider includes options for:

Infusion therapy
Laboratory testing (includes tests performed in an independent laboratory)

DENTAL INSURANCE

Sun Life

(800) 247-6875| www.sunlife.com

Carrier Name	SunLife			
	Low PPO		High PPO	
	In Network	Out of Network	In Network	Out of Network
Network	Sun Life Dental Network		Sun Life Dental Network	
Individual Deductible	$50	$50	$50	$50
Family Deductible	$150	$150	$150	$150
Wavied for Preventative	Yes		Yes	
Deductible Calendar Year	Calendar Year		Calendar Year	
Annual Maximum	$1,000		$2,000	$1,500
Preventative - Type 1	100%	100%	100%	100%
Basic - Type 2	50%	50%	90%	75%
Major - Type 3	50%	50%	60%	50%
Ortho - Type 4	50%		50%	
Ortho Age Limit	Child(ren) Only - Age 26		Child(ren) Only - Age 26	
Ortho Maximum	$1,000		$1,500	
Endodontics	Basic		Major	
Periodontics - Non-Surgical	Basic		Basic	
Periodontics - Surgical	Basic		Basic	
Oral Surgery (Simple)	Basic		Basic	
Oral Surgery (Complex)	Basic		Basic	
Implants	Major		Major	
Out-of-Network Reimbursement	MAC		90th UCR	
Dependent Child/Student Age	Up to Age 26, benefit will terminate at the end of the last day of the calendar year			

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Team Member Benefits. In the case of error or omission, the carrier policy will govern.

A Sun Life account provides information about your coverage and makes submitting claims easy.

It's the simplest way to stay up-to-date on your plan and claims. Just head to www.sunlife.com/createaccount and register. You can also snap the QR code to be taken to the registration page. Our site is available via mobile or desktop.



Your Sun Life account allows you to:

- Upload claims
- View claim status and payment information
- Report your return-to-work date
- Submit requests for leave of absence
- Submit medical forms (Evidence of Insurability) where required
- Access your Employee Assistance Program (EAP), benefits information and more

Dental Members

Your Sun Life account provides access to:

- Your recent dental visit history
- A printable Dental ID card
- Resources to search for an in-network provider

After registering, you'll receive an email confirmation.

Tips

- Your Username must have 8 to 30 characters with no spaces or special characters.
- Your password must have 8 to 32 characters, including at least one number, one lowercase letter, and one uppercase letter. Password can only contain letters and numbers and cannot have any spaces, special characters or punctuation.

Forgot your Username? Head to sunlife.com/account and fill in the information to retrieve it.

For more information, to register by phone, or if you need help, just call 800-247-6875, Monday through Friday from 8 a.m. to 8 p.m. ET. We're here to answer all your questions.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

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SHMPFL-1905-a

DENTAL

Tips for Using Your Dental Plan

Your dentist office will want to know that you are a Sun Life plan member at your next visit. Simply share a copy of your new dental ID card with them. You can access a copy of your dental ID card through your **Sun Life account** or via our mobile app, **Benefit Tools**. Quick references to register and access these tools are included on this page. Please note that printed dental ID cards are not provided and/or mailed to your home.

Check out our short video for step-by-step instructions on downloading your Dental ID card at www.brainshark.com/sunlife/Dental-ID-Card.

Online Services

Your Sun Life account gives you access to everything you need to know about your dental plan, including your dental ID card, benefit schedule and more. To complete your registration, you will need your Social Security number or member ID, and date of birth. Register today at www.sunlife.com/account.

Benefit Tools mobile app

Benefit Tools takes your access to information, including your dental ID card and find a dentist, on-the-go! Available for iPhone and Android devices, find the app at www.sunlife.com/mobileapps.

Android download

Apple download

Find a Dentist

If your plan leverages one of our networks, you can easily search for a dentist online or through our mobile app Benefit Tools. Your network is listed on the back of your dental ID card. To find a participating dentist online, visit sunlife.com/findadentist.

Dental Health Center

Get the most from your dental plan by visiting our Dental Health Center. Learn more about dental treatments, average costs, and you can even pose questions through ask-a-dentist. Take control of your dental health at sunlife.com/dentalhealthcenter.

We look forward to providing you and your family with dental benefits and great service!

This dental plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by the Patient Protection and Affordable Care Act. ("PPACA").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01. Prepaid dental products are provided and administered by SLOC under Form Series BDC-GDSA, PDC, and are provided by prepaid dental companies, affiliated with SLOC, under Form Series BDC-GDSA, UDC-CA-GA06-UDC, UDC-CA-GA06-89, FB-NJ-0281, UDC-09-GDSA-TX, PDC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI) under Policy Form Series 15-GP-01, 16-DEN-C-01 and prepaid dental products are provided and administered by SLHIC under Form Series BDC-GDSA-NY.

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GDFL-6866-NP-h (08/21)

VISION INSURANCE

Sun Life

(800) 247-6875 | www.sunlife.com

Plan Name	Vision
Network Access	VSP
Frequency - Exam / Lenses / Frames	12 / 12 / 24
Network	VSP
Exam Copay	$10 Copay
Materials CoPay	$25 Copay
Single Lenses	Covered in full after Copay
Bifocal Lenses	
Trifocal Lenses	
Frames - After Copay	$150 + 20% off balance *Costco: $80
Contacts (Elective)	Up to $150
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of the month of Birth Date

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

THE ULTIMATE PROVIDER PLAYLIST

The right song can set the mood, and the right vision provider can set the tone for a great eye care experience. With VSP, your employees have the freedom to choose a provider they can really groove with.



MORE CHOICES MORE FREEDOM

VSP NETWORK PROVIDERS UP TO 100K ACCESS POINTS

VSP Vision Care | Sun Life

When it comes to choices, VSP® has your employees and their eyes covered with a huge network of independent doctors, popular retailers, and an online option.

Independent Doctors

- Largest network of independent doctors
- 24-hour access to emergency care
- Integrated medical management with VSP Healthy Innovations

Premier Providers

- VSP Premier program locations, where employees can maximize their benefits, include both private practice doctors and more than 700 Visionworks retail locations nationwide

VSP PREMIER PROGRAM | Visionworks

*Log in to confirm in-network locations based on plan type.

Retail Options

VSP provides a truly personalized network for your employees. In addition to Visionworks®, your employees have access to retail chains including:

COSTCO OPTICAL | PEARLE VISION | Walmart | Sam's Club Optical

Buy Online, Anytime!

VSP members can shop the latest designer glasses and name brand contacts online at **eyeconic.com®** with their VSP benefits.

eyeconic®

Enjoy the sweet song of member satisfaction with true freedom of choice from VSP!

This vision plan does not provide coverage for pediatric vision services that satisfies the requirements for "minimum essential coverage" as defined by the Patient Protection and Affordable Care Act. ("PPACA").
Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-VIS-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01 and 16-VIS-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations.
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GVISFL-VSP-7386c

LIFE INSURANCE

Mutual of Omaha

(800) 769-7159 | www.mutualofomaha.com

EMPLOYER PAID BASIC LIFE & AD&D BENEFIT

Coral Ridge Presbyterian Church provides Employer Paid Life Insurance and AD&D to all Full-Time Employee eligible for benefits in the amount of:

All Eligible Employees - $15,000

Benefits will reduce:
At age 65, benefits will reduce by 35% of the original amount
At age 70, benefits will reduce by 60% of the original amount
At age 75, benefits will reduce by 75% of the original amount;
Benefits will terminate when you retire

DISCLOSURES

Accidental Death and Dismemberment (AD&D) pays the Principal Sum Amount for the loss of life due to an accident or the loss of 2 or more members such as hand, foot, or eye.

Half the Principal Sum is payable for the loss of one member.

Please refer to the certificate of insurance for full policy details, benefits, and restrictions.

Rate information can be found in your enrollment kit or platform.

Exclusions may apply.

VOLUNTARY LIFE

Employee Benefits

Benefit Amount:
- Choice of $10,000 Increments
- Not to exceed 5 times your annual salary
- Maximum Amount $500,000

Guarantee Issue:

- Up to $100,000 at Initial Enrollment

Spousal Benefits

Benefit Amount:
- Choice of $5,000 Increments
- 100% of the employee coverage amount; up to $30,000
- Employee must elect coverage in order to enroll spouse

Guarantee Issue:

- Up to $30,000 at Initial Enrollment

Child Benefits

- 14 days to age 26: $10,000
- Employee must elect coverage in order to enroll children

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

DISABILITY INSURANCE

Mutual of Omaha

(800) 769-7159 | www.mutualofomaha.com

VOLUNTARY SHORT TERM DISABILITY

Classes	2, 3, 4, 5, 6
Elimination Period	14th Day Accident and 14th Day Sickness
Maximum Weekly Benefit	60% Of Your Weekly Salary Up to $1,000
Benefit Duration	11 Weeks
Pre-Existing Period	3 months / 6 months

VOLUNTARY LONG TERM DISABILITY

Classes	5 & 6
Elimination Period	90 Days
Maximum Monthly Benefit	60% Of Your Monthly Salary Up To $6,000
Benefits Duration	Up to Age 65 or SSNRA
Own Occupation	24 months
Pre-Existing Period	3 months / 12 months

DEFINITIONS AND REQUIREMENTS

Elimination Period: The number of days you must be disabled before benefit payments begin.

Maximum Benefit: The benefit amount you will receive when you are disabled.

Benefit Duration: The maximum period of time that benefits will be paid during a period of disability.

Definition of Disability: Disability means you are unable to perform the main duties of your occupation on a full-time basis due to non-work related injury or sickness. Please see the summary of benefits for more detail.

Eligibility Requirements: You must be a permanent employee regularly scheduled to work at least 30 hours per week, be actively at work on the coverage effective date.

Program Effective Date: The effective date of your coverage will be the first day of the month following the completion of your waiting period. Late entrants are required to complete satisfactory Evidence of Insurability.

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

VALUE ADDED SERVICES

Mutual of Omaha | www.mutualofomaha.com | (800) 316-2796

Employee Assistance (EAP)

Life's not always easy. Sometimes a persona or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

- Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including: Emotional well being, family and relationships, legal and financial matters.
- Access to EAP professionals 24 hours a day, seven days a week. Three face to face sessions.
- Provides information and referral resources.
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals

Travel Assistance

US Inquiries: 800-856-9947

Outside the US call collect: 312-935-3658

- Take comfort in knowing that Travel Assistance travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.
- Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.
- Offering Pre Trip Assistance, Medical Assistance, Identity Theft Protection and Emergency Travel Support.
- Enjoy Your Trip - We'll Be There If You Need Us - 24/7

Will Preparation by Epoq

www.willprepservices.com Code: MUTUALWILLS

- Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die.
- Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.
- That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).
- Easy, Free and Secure
- Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.
- Provides the following FREE documents: Last Will & Testament, POA, Healthcare Directive, Living Trust

masa Access

Stay prepared with MASA® Access℠

Comprehensive coverage and care for emergency transport.



Our Emergent Premier membership plan includes:

Emergency Ground Ambulance Coverage[2]

Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

Emergency Air Ambulance Coverage[2]

Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

Hospital to Hospital Ambulance Coverage[2]

When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

Repatriation Near Home Coverage[3]

Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.

Minor Return Transportation Coverage[3]

In the event your minor child traveling with you is left unattended due to your emergency transport, MASA coordinates services and covers expenses to return your child safely home.

Did you know?

51.3 million

emergency responses occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.

Source: NEMSIS, National EMS Data Report, 2023

About MASA

MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no “out-of-network” ambulance. Just send us the bill when it arrives and we’ll work to ensure charges are covered. Plus, we’ll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely.

Protect yourself, your family, and your family’s financial future with MASA.

Coverage territories
2: United States and Canada.
3: United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda.

masa Access

Stay prepared with MASA® Access℠

Comprehensive coverage and care for emergency transport.



Our Platinum membership plan includes:

Emergency Ground Ambulance Coverage[2]

Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

Emergency Air Ambulance Coverage[2]

Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

Hospital to Hospital Ambulance Coverage[2]

When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

Repatriation to Hospital Near Home Coverage[4]

Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.

Patient Return Transportation Coverage[4]

Once you're discharged from medical care and able to travel without medical transport, MASA coordinates and covers the costs associated with your commercial airline transport home.

Did you know?

51.3 million

emergency responses occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.

Source: NEMSIS, National EMS Data Report, 2023

About MASA

MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no "out-of-network" ambulance. Just send us the bill when it arrives and we'll work to ensure charges are covered. Plus, we'll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely.

Protect yourself, your family, and your family's financial future with MASA.

Coverage territories

2: United States and Canada.

4: Worldwide coverage to include any region with the exclusion of Antarctica and not prohibited by U.S. law or under certain U.S. travel advisories as long as the member has provided ten (10) day notice.

masa

Download the MASA mobile app today!

Registration is easy with your member ID.

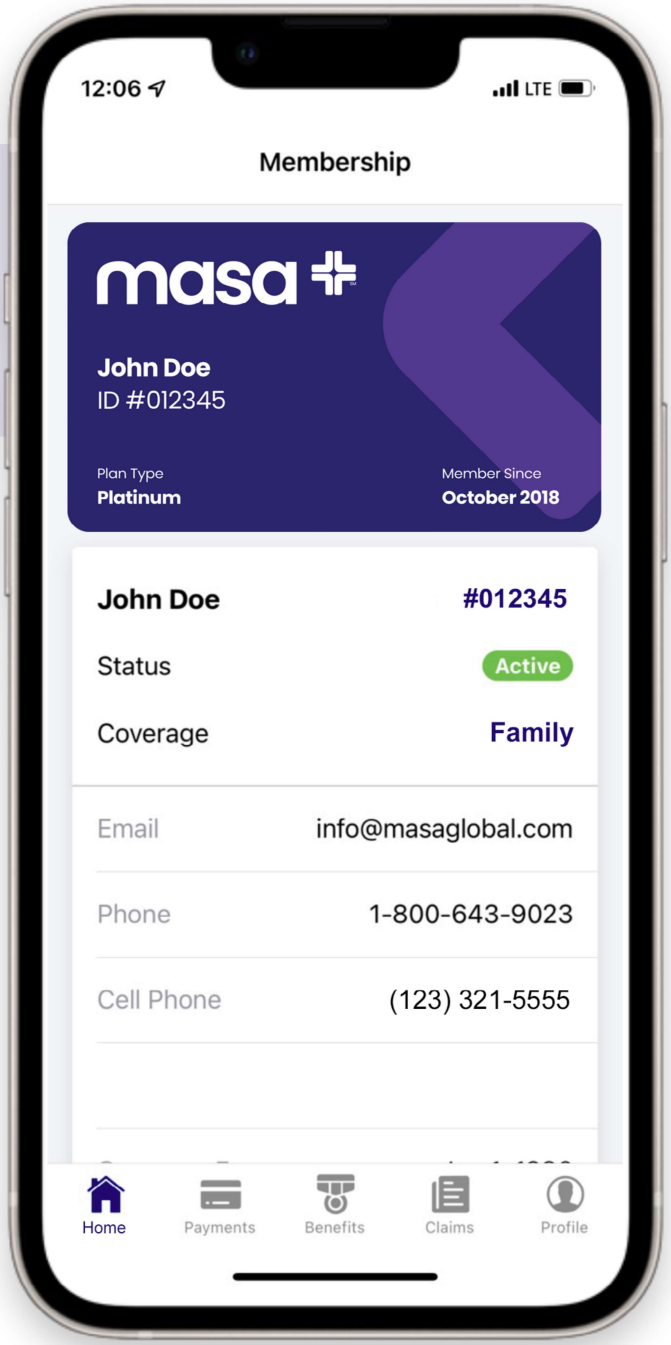
- Access your digital ID cards.
- View plan documents and benefits.
- View your claims history.

You now have access to emergency transportation solutions in the palm of your hand. The MASA App allows you to check and update your membership information, view payment history, immediately access benefits and to view up-to-the minute claims processing information, along with many more exciting features to come.

This one stop shop is a must have app for all MASA Global members, while at home or traveling.

Download on the App Store

GET IT ON Google Play



This material is for informational purposes only and does not provide any coverage. Not all MASA products and services are available to residents of all states.The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. For a complete list of coverage and exclusions, please refer to the applicable member services agreement or policy for your state. For information about MASA plan benefits, visit: https://info.masamts.com/masa-mts-disclaimers.

SUPPLEMENTAL INSURANCE

Sun Life

(877) 820-5306 • www.sunlife.com

GROUP ACCIDENT

Group Voluntary Accident Insurance pays benefits for on- and off-the-job accidents, plus some benefits that correspond with medical care. And, because accident insurance is supplemental, it pays in addition to other coverage you may already have in place. This coverage pays a benefit up to a specific amount for accidental death, dismemberment, dislocation or fracture, initial hosptial confinement, hospital confinement, intensive care, ambulance service, medical expenses and Outpatient Physician treatment.

Coverage Type	Standard	Enhanced
Hospital/ICU Admission	$1,000/$1,500	$1,500/$2,000
Daily Hospital/ICU Confinement	$200/$200	$300/$300
Ambulance - Air/Ground	$1,000/$300	$1,500/$400

GROUP HOSPITAL INDEMNITY

When admitted or confined to the hospital not only can it be stressful, but expenses can add up quick and can catch you off guard. With a Hospital Indemnity plan, you can be better able to handle the accompanying medical expenses and daily living expenses.

Coverage Type	Low	High
Hospital Admission	$1,000	$2,000
ICU Admission	$1,000	$2,000
Hospital/ICU Confinement	$100/$100	$200/$200

GROUP CRITICAL ILLNESS

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

Group Voluntary Critical Illness Insurance can help give you the power to take control of your health when faced with a covered illness. This insurance pays benefits that can be used for non-medical expenses that health insurance might not cover. The cash benefit is in the form of a lump-sum payment, which is paid to the employee after a covered diagnosis.

COVERAGE GUIDELINES	COVERAGE AMOUNT
For You & Spouse Spouse 100% of the employee's benefit amount	Employee & Spouse $10,000 | $20,000 | $30,000 | $40,000
Child(ren) Benefit for each Child Benefit begins at Birth and Terminates at Age 26	50% of employee's CI Principal Sum, up to $20,000

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

DISCLOSURES

Medicare Part D

This notice officially confirms the fact that your prescription drug coverage is creditable does not prevent you from enrolling in Medicare Part D if you wish. The open enrollment for Part D is October 15th to December 7th. However, delaying enrollment in Medicare Part D until a future date will not result in higher premium payments as long as you are covered by a creditable prescription drug plan.

As someone who is Medicare eligible, you will be receiving information on the Medicare Part D plans in your area. Premiums will vary depending upon where you live, but are expected to average about $32-$37/Month. If you do decide to enroll, coordination of benefits will be required.

On Medicare Part D, you can read the "Medicare & You" Hand book which will be mailed to you during October. Visit www.medicare.gov on the web or call 1-800 MEDICARE (633-4227) - TTY users should call 1-877-846-2048

Section 125

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event only if the event affects your own, your spouse's or your dependent's coverage eligibility.

If you experience a qualifying event, you must report the qualifying event to Human Resources Department within 30 days of the event. Beyond 30 days, additions and deletions will be denied and you may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent(s) who continued to be enrolled who no longer meet the entity's eligibility requirements.

If approved, most election changes will be effective on the date of the qualifying event for additions; cancellations will be processed at the end of the month.

Payroll deductions for health, dental, vision and certain supplemental accident insurance premiums, are deducted from your gross income before your income is taxed. The entity's plan is known as a Cafeteria Benefit Plan and is governed by IRS Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay and annual basis. See examples of Qualifying Life Events for allowable enrollment changes as determined by Section 125 of the IRS Code.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called 'continuation coverage') at group rates in certain instances where coverage under the plan would otherwise end. An employee, spouse of an employee or a dependent child of an employee covered by the Entity's group health plan has the right to choose this continuation coverage if coverage is lost for any qualified reason. For more information, please speak with Human Resources.

Medicaid CHIP

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help you pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

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, you can 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, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

aab

HERE FOR YOU.

All Atlantic Benefits

4000 Hollywood Blvd.
Suite 270-N
Hollywood, FL 33021