

Employee Benefits

2023



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We all work together to make Baptist Hospitals of Southeast Texas (BHSET) a success, and our teamwork extends to your benefits. Your health and well-being are important to us, so we provide benefit options to make your and your family's lives better. Together, let's invest in you. Read over this guide for details on your 2023 benefits from A to Z. If you have questions, we are here to help.

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See page 26 for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Community Hospital Corporation or Baptist Hospitals of Southeast Texas. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Eligibility and Enrollment



BHSET offers a variety of benefits to support your and your family's needs. Choose options that cover what's important to your unique lifestyle.

Eligibility

You are eligible to participate in BHSET's medical, dental, vision, life and disability plans and additional benefits if you are:

- » A full-time employee who is regularly scheduled to work at least 30 hours per week.
- » A part-time employee who is working at least 20 hours per week.
- » An employee who is deemed eligible for health coverage under the terms of the Affordable Care Act (ACA).

Note: PRN or temporary employees, consultants, and independent contractors are not eligible. Part-time employees are only eligible for employee only coverage in the medical plan.

When does coverage begin?

Your elections are effective on the first of the month following your date of hire. You won't be able to change your benefits until the next enrollment period unless you experience a qualifying life event.

Eligible Dependents

Dependents eligible for coverage in the BHSET benefits plans include:

- » Your legal spouse.
- » Your children under age 26 which includes any natural child, stepchild, legally adopted child, child placed with you for adoption or child for whom you have legal guardianship; and
- » Dependent children of any age who resides with you and who was medically certified as disabled prior to his/her 26th birthday and who is primarily dependent upon your support (periodic certification may be required).
- » Dependent child(ren) for whom health care coverage is required through a Qualified Medical Child Support Order or other court or administrative order – even if the child does not reside with you.

Verification of dependent eligibility is required upon enrollment. You will be asked to provide supporting documentation, such as a marriage license or birth certificate, to prove your dependent relationship status. When enrolling a spouse or dependent for the first time, you must provide their social security number.

Note

Open Enrollment is your annual chance to choose your benefits, unless you have a qualifying life event, such as marriage or the birth/adoption of a child.

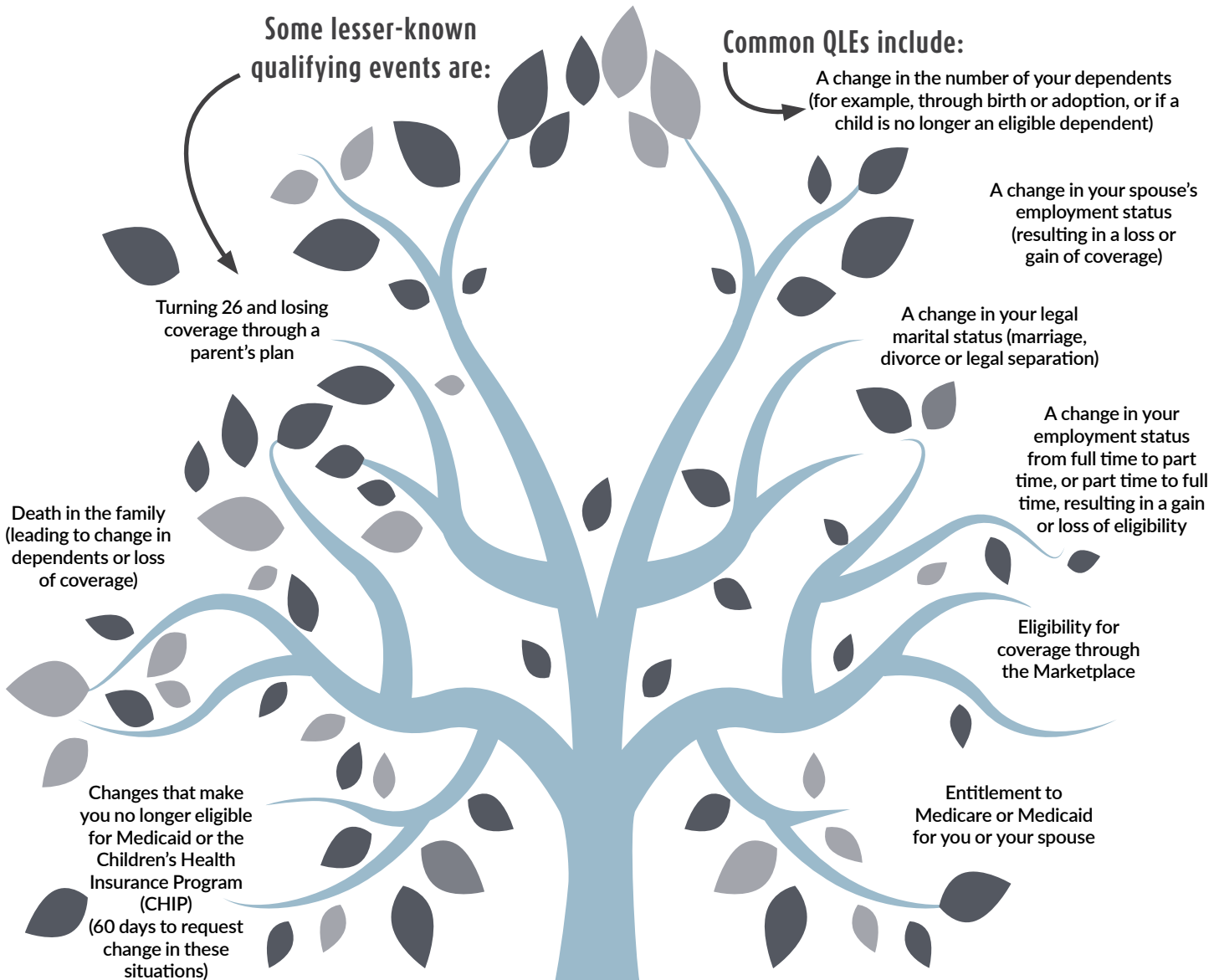


Qualifying Life Events

What are Qualifying Life Events?

Most people know you can change your benefits when you start a new job or during Open Enrollment. But did you know that changes in your life may permit you to update your coverage at other points in the year? Qualifying Life Events (QLEs) determined by the IRS could allow you to enroll in health insurance or change your elections outside of the annual time.

Contact BCI at 888.659.1501 or CHC_HRServices@benefitcommunications.com to make benefit changes related to a QLE.



Questions regarding specific life events and your ability to request changes should be directed to BCI at 888-659-1501 or CHC_HRServices@benefitcommunications.com. Don't miss out on a chance to update your benefits!

When a Qualifying Life Event occurs, you have 30 days in most cases to request changes to your coverage. Keep in mind your change in coverage must be consistent with your change in status.

How and When to Enroll

During open enrollment, you have the opportunity to review your current benefits and update your coverage for the next plan year. Enrollment is easy and convenient. These tips will assist you in choosing the best options for yourself and your family.



The benefit choices you make during open enrollment

will remain in effect from January 1, 2023 through December 31, 2023, unless you have a change in family status or a qualified life change event (see [What are Qualifying Life Events?](#) for details).

2023 Open Enrollment

Enroll in your benefits between November 4 and November 18 for coverage in 2022.

Mandatory Enrollment - If you don't enroll in your benefits, your current 2022 coverage will NOT continue.

2022 New Hire/Status Change Enrollment

New hires are required to enroll in benefits within 30 days from hire date.

Those becoming eligible due to a status change must enroll within 30 days from status change.

This year your enrollment will be completed online at www.electbenefits.com/baptist

1. Read and review all benefit materials provided.
2. Enroll online at www.electbenefits.com/baptist.

- » Username: Your Social Security Number
- Example: 999999999
- » Password: Your birth date as MMDDYYYY;
- Example: June 05, 1968 = 06051968

If you are a new hire, call BCI at 888.659.1501 to enroll.

3. Submit any required dependent documentation within 60 days from the benefit coverage date.

Fax or email documentation for the event to Community Hospital Corporation Benefit Enrollment Center, BCI, at 615.750.8669 or CHC_HRServices@benefitcommunications.com. The fax or email must contain a cover sheet designating the following:

- » ATTN: HR SERVICES – DEPENDENT VERIFICATION PROCESS
- » Date:
- » Company Name:
- » Employee Name:
- » Employee Contact Numbers:
- » Employee Email:
- » Preferred Method of Communication: Phone or Email

After you fax or email documentation to BCI, call BCI at 888.659.1501 and select HR Services to request the change to be made to your benefit plans. Please allow 45 minutes for the documentation to be recognized by BCI prior to calling.

For open enrollment, the above steps must occur within 60 days from December 1, 2022. For new hires, the above steps must occur within 60 days from the effective date of coverage. After faxing your cover sheet and documentation, please wait for a fax confirmation to ensure the fax was sent successfully.

Examples of Dependent Verification Documents:

DEPENDENT	BENEFITS	REQUIRED DOCUMENTATION
Spouse	Medical	Marriage certificate and Tax documents
Child(ren)	Medical	Birth certificates Other legal verification, such as a court order
Birth or adoption or placement for adoption of dependent child	Medical	Certified copy of birth certificate. Certified copy of adoption agreement; or Certified copy of court custody or guardianship documents; or Certified copy of the portion of the divorce decree showing the dependent.
Changes to your dependent(s) due to a judgment, decree, or court order	Medical	Court order signed and dated by judge.

MyQHealth Care Coordinators

Your Personalized, Guided Healthcare Experience

We are pleased to continue to offer the MyQHealth Care Coordination and healthcare navigation

Historically, you contacted your insurance company and physicians' offices directly for questions related to your healthcare benefits and services—that is changing!

Your MyQHealth Care Coordinators are now your primary contact.

MyQHealth is here to simplify your healthcare experience by replacing ID cards, finding in-network providers and so much more. From medical claims to check-ups and even pre-certifications, your Care Coordinators are with you every step of your healthcare journey—they organize and simplify your medical, dental, vision and prescription benefits to provide you with a better experience when you need care. When necessary, the nurses, clinicians and benefit specialists are ready to advocate for your healthcare needs.

And, they're just a tap, click or call away.

Call 877.498.5976 or visit benefits.communityhospitalcorp.com for more information.

At BHSET, we understand the importance of good health as the foundation for a productive life at home and at work. To keep you and your family healthy all year long, BHSET offers you two medical plan options: the PPO 80 Plan and a Consumer Driven Health Plan (CDHP) through UMR. Remember that additional rules may apply to services performed at non-BHSET facilities when those services are available at your BHSET facility. The plans access providers in the UnitedHealthcare Choice Plus network.

PPO 80 Plan – The PPO Plan gives you flexibility to choose an in-network or out-of-network provider each time you need care. Keep in mind that you will save money when you visit in-network providers. Most services, such as doctor's office visits and emergency room visits, are paid with a set copay.

CDHP – With a CDHP, you pay the full cost of your medical care until you reach your annual deductible. This gives you more choice over how to spend your health care dollars. You have the option of using any provider, but keep in mind, you will save money by receiving care from in-network providers.

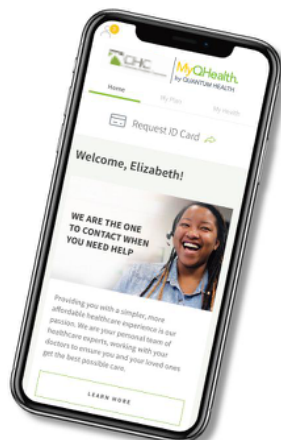
Download the app | MyQHealth - Care Coordinators

Download the FREE MyQHealth mobile app for on-the-go support and guidance whenever you need help with your healthcare. Access your benefits, ID card, claims and so much more.

FOLLOW THESE SIMPLE STEPS TO GET THE APP:

1. Open the Apple App Store or Google Play.
2. Search for **MyQHealth - Care Coordinators**.
3. Select the app and tap Install to begin downloading.
4. Open the app and register your account.

If you need assistance, please call your MyQHealth Care Coordinators at 877.498.5976. Once you're registered, your Care Coordinators will also be available by chat or secure message.



Medical Benefits



Medical benefits are provided through UMR. Choose the plan that works best for your life. Consider the premiums and out-of-pocket costs for each plan. One option isn't better than another. The best Medical Plan option for you depends on your needs and how you prefer to pay for care. Keep in mind your choice is effective for the entire 2023 plan year, unless you have a qualifying life event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your bi-weekly contributions.

	PPO 80 PLAN	CDHP PLAN
BI-WEEKLY CONTRIBUTIONS		
EMPLOYEE	\$138.82	\$122.99
EMPLOYEE + SPOUSE	\$526.96	\$385.98
EMPLOYEE + CHILD(REN)	\$257.81	\$216.53
FAMILY	\$541.13	\$394.89



How to Find a Provider

Call 877.498.5976 or benefits.communityhospitalcorp.com.

Bariatric Services Available Through Bariatric Resources Program

Coverage for bariatric services is available through to members who qualify based on certain clinical requirements such as BMI>35, with complicating comorbidity, directly related to, or exacerbated by Type 2 diabetes. Program requirements apply. Please contact Bariatric Resources (BRS) by calling 888.936.7246 to see if you qualify and take the first step in your journey.

Note

Most preventive care offered by an in-network physician is covered at 100%.

This chart summarizes the 2023 medical coverage administered by UMR. All covered services are subject to medical necessity as determined by the plan. Please be aware that all out-of-network services are subject to Usual and Customary (U&C) limitations. For specific questions about these or any other benefits, call 877.498.5976 or visit benefits.communityhospitalcorp.com.

	PPO 80		CDHP HSA	
HEALTH SAVINGS ACCOUNT FUNDING PER YEAR BY EMPLOYER ¹	N/A		Hourly Base Wage Rate under \$24.04 = \$550 Individual/\$1,100 Family Hourly Base Wage Rate \$24.04-\$48.07 = \$400 Individual/\$800 Family Hourly Base Wage Rate from \$48.08 = \$0	
DEDUCTIBLE				
	IN-NETWORK²	OUT-OF-NETWORK²	IN-NETWORK³	OUT-OF-NETWORK³
INDIVIDUAL/FAMILY	\$850/\$2,550	\$3,000/\$9,000	\$1,500/\$3,000	\$3,000/\$9,000
OUT-OF-POCKET MAXIMUM				
INDIVIDUAL/FAMILY	\$5,000/\$15,000	Unlimited/Unlimited	\$5,000/\$15,000	Unlimited/Unlimited
COINSURANCE	80%	30%	80%	30%
HOSPITAL				
NON-COMPLIANCE PENALTY (assessed if pre-certification is not obtained prior to hospital admissions)	\$250	\$900	\$250	\$900
INPATIENT – ROOM AND BOARD ³	80% after deductible	Not covered. Only in emergency situations.	80% after deductible	Not covered. Only in emergency situations.
EMERGENCY ROOM (for a true emergency)	\$500 copay then 80%, deductible waived ⁴		80% after deductible	
EMERGENCY ROOM FACILITY CHARGES (and all associated services)	80% after \$500 copay ⁴	80% after \$500 copay ⁴	80% after deductible	80% after deductible
EMERGENCY ROOM PHYSICIAN CHARGES	80% after deductible	80% after deductible	80% after deductible	80% after deductible
OFFICE VISITS				
OFFICE VISIT (PCP) ⁵	\$25 copay	30% after deductible	80% after deductible	30% after deductible
SPECIALIST	\$40 copay	30% after deductible	80% after deductible	30% after deductible
PREVENTIVE CARE	100%	Not covered	100%	Not covered
OTHER SERVICES				
X-RAY & LAB IN PHYSICIAN OFFICE (except MRI, CT Scan, Pet Scan, MRA)	80% after deductible	30% after deductible	80% after deductible	30% after deductible
MRI, CT SCAN, PET SCAN, MRA	80% after deductible	Not covered	80% after deductible	Not covered
OUTPATIENT HOSPITAL LAB & X-RAY ⁶	80% after deductible	Not covered	80% after deductible	Not covered
OUTPATIENT SURGERY ⁶	80% after deductible	Not covered	80% after deductible	Not covered
OTHER HOSPITAL OUTPATIENT SERVICES ⁶	80% after deductible	Not covered	80% after deductible	Not covered
PHYSICIAN CHARGES FOR SERVICES IN THE HOSPITAL	80% after deductible	30% after deductible	80% after deductible	30% after deductible
OUTPATIENT TREATMENT FOR MENTAL HEALTH AND SUBSTANCE ABUSE	\$25 copay	30% after deductible	80% after deductible	30% after deductible
INPATIENT TREATMENT FOR MENTAL HEALTH AND SUBSTANCE ABUSE	80% after deductible	Not covered	80% after deductible	Not covered

¹Annual amount is divided by pay periods and contributed to the account. The employer HSA contribution is for full-time and part-time employees.

²PPO deductible is embedded, meaning 1 member can meet the individual deductible while accumulating towards the family deductible.

³CDHP HSA deductible is aggregated, meaning 2 or more members must meet family deductible before deductible is considered met.

⁴Copay waived if admitted within 24 hours.

⁵Internal Medicine, Family Practice, General Practice, Pediatrician, OB/Gyn.

⁶If procedure is available at a BHSET facility, it must be performed at a BHSET facility. Otherwise, the procedure will be covered at the out-of-network benefit level. Maternity care is for employees and spouses only.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Optum Rx. Information on your benefits coverage and a list of network pharmacies is available online at www.optumrx.com or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred or Specialty Drugs.

	PPO	CDHP HSA
RX DEDUCTIBLE	\$100 Rx deductible/\$300 family deductible	Medical Deductible Applies
RETAIL RX (30-DAY SUPPLY)		
GENERIC	\$15	\$10
PREFERRED	\$45	\$30
NON-PREFERRED	\$60	\$50
SPECIALTY DRUGS	\$75	\$75
MAIL ORDER RX (90-DAY SUPPLY)		
GENERIC	\$37.50	\$25
PREFERRED	\$112.50	\$75
NON-PREFERRED	\$150	\$125
SPECIALTY DRUGS	\$187.50	\$187.50

Under the CDHP HSA, certain preventive prescription drugs will be available with no out-of-pocket costs and the plan will pay 100%. Please call 855.524.0381 for a complete list.

Save Money with the Retail 90/Mail Saver Program

Use the Retail 90 or Mail Saver Program to save time and money on your daily prescription medications. The plan covers the first 30-day fill of maintenance medications, but after that you can choose to have 90-day supplies of these medications delivered by the OptumRx Mail Saver Program or pick them up at any Walgreens Pharmacy. To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

The OptumRx app makes the online pharmacy experience as simple as possible. You can easily:

- » Search drug prices at multiple pharmacies
- » Locate a network pharmacy
- » Manage medication reminders
- » Manage home delivery orders
- » Transfer a prescription to home delivery
- » Track your order
- » Refill a prescription

Note

Apps such as GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts. If you use these tools, make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. As a result, if you choose to use a discount card from an app such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

Health Savings Account

Your HSA can be used for qualified expenses for you, your spouse and/or tax dependent(s), even if they are not covered by your plan. If you are not currently enrolled in a CDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

Optum Bank will issue you a debit card, giving you direct access to your account balance. Use your debit card to pay for qualified medical expenses, with no need to submit receipts for reimbursement. You must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, dental, prescription expenses, laser eye surgery and more. Check out IRS Publication 502 on www.irs.gov for a complete list of eligible expenses.

Your Money. Your Account.

Your HSA is a personal bank account that you own and administer. It's up to you how much you contribute, when to use the money for medical services, and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year-over-year to use in retirement. HSA funds are also portable if you change plans. There are no vesting requirements or forfeiture provisions.

How to Enroll

To enroll in the company-sponsored HSA, **you must elect the CDHP medical plan.** Designate the amount to contribute on a pre-tax basis. CHC will establish an HSA account in your name and send in your contribution.

Plan. Spend. Save.

Contributions to an HSA can be made through payroll deduction on a pre-tax basis. **The money in this account (including interest and investment earnings) grows tax free.** When the funds are used for qualified medical expenses, they are spent tax free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

Be sure to provide a physical address (not a P.O. Box) to payroll. **Please note:** Optum Bank charges \$3 per month for average balances under \$5,000.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2023, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$3,850
FAMILY	\$7,750
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

CHC provides an HSA employer contribution that will be deposited per pay period.

ANNUAL EMPLOYER CONTRIBUTION			
	HOURLY BASE WAGE RATE UNDER \$24.04	HOURLY BASE WAGE RATE \$24.04 - \$48.07	HOURLY BASE WAGE RATES FROM \$48.08
EMPLOYEE	\$550	\$400	\$0
FAMILY	\$1,100	\$800	\$0

HSA contributions in excess of the IRS annual contribution limits are not tax deductible and are generally subject to a 6% excise tax.

HSA Guidelines

While the HSA has significant tax advantages, it also has strict requirements, as defined by the IRS:

- » **You must be enrolled in a qualified Consumer Driven Health Plan (CDHP).**
- » You cannot be covered under another non-qualified health plan, including your spouse's Health Care Flexible Spending Account or Health Reimbursement Account.
- » You are not enrolled in Medicare or Tricare. (If you are age 65 or older, you are automatically enrolled in Medicare Part A and are not eligible to open an HSA).
- » You have not received Veteran's Administration Benefits.
- » You are not claimed as a dependent on someone else's tax return.

The CHC HSA is established with Optum Bank. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit www.optumbank.com.

CHC Wellness Program



Commit to your own well-being. You deserve it.

CHC's Wellness program is designed to keep you healthy and happy and support your efforts at living an active lifestyle. When you commit to engaging in positive behaviors, such as exercise, managing stress, good nutrition, and living tobacco-free, you lower your health risks and enjoy higher levels of well-being and productivity.

The Wellness program, administered by Asset Health, is available to all full-time and part-time employees. This program is confidential and voluntary. You can earn up to \$145 in monthly medical discounts (for either PPO 80 or CDHP HSA plan) for 2024 by completing and meeting the 2023 wellness program requirements. Spouses enrolled in the CHC medical plan can also earn rewards. If you are hired in 2022, your wellness credits for 2022 will carryover to 2024.

To qualify for the incentive, you and your spouse must complete the following:

1. Health Assessment Questionnaire
2. Biometric Screening
3. Tobacco Affidavit

Wellness Credits and Incentives

ACTIVITY	REWARD CRITERIA	2024 MONTHLY REWARD DOLLARS	
		EMPLOYEE	SPOUSE
Health Assessment Questionnaire	Completion Required	\$1	\$1
Body Mass Index (BMI)*	BMI: <30, or Men's waist circumference: <40" Women's waist circumference: <34"	\$36	\$36
Systolic Blood Pressure**	<130mm Hg	\$18	\$18
Diastolic Blood Pressure**	<85mm Hg	\$18	\$18
HDL Cholesterol**	Male: HDL ≥ 40 mg/dL Female: HDL ≥ 50 mg/dL	\$12	\$12
Triglycerides**	<150 mg/dL	\$12	\$12
Glucose or HbA1c**	<100 mg/dL or HbA1c <5.7%	\$12	\$12
Tobacco Non-User***	Attest as non-user on Tobacco Affidavit	\$36	\$36
Bi-Weekly Total		\$66.93	\$66.93
Monthly Total		\$145	\$145
Annual Total		\$1,740	\$1,740
2024 Employee & Spouse Grand Total		\$290 per month (\$3,480 per year)	

*Must meet either criteria or have a †5% weight improvement from previous year

**Must meet criteria or have a †10% improvement from previous year

***Must meet criteria or successfully complete Tobacco Free Me Program

† In order to measure improvement based on prior year's data if you did not participate last year, you can submit an appeals form with biometric results from a doctor's visit within the last year or contact Asset Health for alternative standard options at 855.444.1255.

Wellness Program Details

WELLNESS ACTIVITY	DEADLINE DATE	REWARD CRITERIA
Online Health Assessment Questionnaire	September 8, 2022	Confidential survey about your personal health history, nutrition, physical activity, safety habits and other behaviors. Visit wellness.communityhospitalcorp.com and click on the "Health Measures" tab.
Biometric Screening	September 8, 2022	Learn your important numbers: total cholesterol, cholesterol ratio, LDL cholesterol, HDL cholesterol, triglycerides, glucose, blood pressure, height, weight, BMI, and waist measurement. Attend a screening onsite or at your physician's office. Download a physician form at the Wellness Portal and have your doctor complete it. Return form to Asset Health no later than September 8, 2022. Results from March 1, 2022 - September 8, 2022 will be accepted.
Tobacco Affidavit	September 8, 2022	Complete the Tobacco Affidavit on the Home page of the Wellness Portal. If you are a tobacco user, you must successfully complete the Tobacco Free Me Program to earn the reward.

Additional Wellness Tools

Through the Wellness program, you also have the following tools to help keep you healthy, active, and engaged all year:

- » Wellness tools and resources, such as physical activity and nutrition trackers, videos, health news, etc.
- » Interactive health and wellness seminars and challenges
- » Access to a Health Resource library with an endless supply of wellness articles, newsletters, healthy recipes, and much more!

Stay tuned each month for different topics and activities available through the Wellness Portal. You can also email questions to support@assethealth.com

Confidentiality and Alternative Standard

Asset Health values your privacy and is committed to protecting your health information. Your biometric information is not shared with your employer in an identifiable format or with any third party except where required to provide the wellness services contracted by your employer, or as permitted by law.

We will provide only individual participation levels to the Wellness team. CHC will receive de-identified aggregate data about the risk of the population as a whole. If you think you might be unable to meet a biometric standard under this wellness program, you might qualify for an alternate opportunity (or your physician may recommend one) to meet the standard. Contact Asset Health at 855.444.1255.

Note

Get started today by visiting wellness.communityhospitalcorp.com.



Flexible Spending Accounts



Flex your spending power! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account (FSA)

You can contribute up to \$2,850 annually for qualified medical expenses (deductibles, copays and coinsurance) with pre-tax dollars, reducing your taxable income and increasing your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them without waiting for reimbursement.

Please note: You cannot participate in the Healthcare FSA if you are enrolled in the HSA. You can enroll in the Healthcare FSA if:

1. You are not eligible to contribute to a Health Savings Account.
2. You enroll in the PPO 80 Plan
3. You don't enroll in any medical plan

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA – whether or not you elect any other benefits. You can set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time.

- » With the Dependent Care FSA, you can set aside up to \$5,000 to pay for child or elder care expenses on a pre-tax basis.
- » Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the principal place of residence with the employee for more than half the year may be a qualifying individual.

- » Expenses are reimbursable if the provider is not your dependent.
- » You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Examples of eligible dependent care expenses include:

- » In-home babysitting services (not provided by a tax dependent)
- » Care of a preschool child by a licensed nursery or day care provider
- » Before- and after-school care
- » Day camp
- » In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

How to Use the Account

You can use your FSA debit card at doctor and dentist offices, pharmacies and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you attempt to use the card at an ineligible location.

Once you incur an eligible expense, submit a claim form along with the required documentation. Contact WageWorks with reimbursement questions. If you need to submit a receipt, you will be notified by WageWorks. Always retain a receipt for your records.

While FSA debit cards allow you to pay for services at

point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof that an expense was valid, your card could be turned off and your expense deemed taxable.

General Rules and Restrictions

The IRS has the following rules and restrictions for Healthcare and Dependent Care FSAs:

- » Expenses must be incurred during the 2023 plan year.
- » Dollars cannot be transferred between FSAs.
- » You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- » You must “use it or lose it” – any unused funds will be forfeited.
- » You cannot change your FSA election in the middle of the plan year unless you experience a qualifying life event.

Remember, all FSA claims for 2023 must be submitted by March 31, 2024.

Note

You can use your FSA funds to pay for deductibles, copays, coinsurance, menstrual products, over-the-counter medications, and more.



Dental Benefits



Brushing your teeth and flossing are great, but don't forget to visit the dentist too! CHC offers affordable plan options for routine care and beyond. Coverage is available from Delta Dental.

Network Dentists

If you use a dentist who doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Delta Dental at www.deltadentalins.com.

Dental Premiums

Premium contributions for dental are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

Dental Plan Summary

This chart summarizes the 2023 dental coverage provided by Delta Dental.

DELTA DENTAL PLAN

BI-WEEKLY CONTRIBUTIONS		
EMPLOYEE ONLY	\$16.10	
EMPLOYEE + SPOUSE	\$32.20	
EMPLOYEE + CHILD(REN)	\$28.18	
EMPLOYEE + FAMILY	\$45.43	
	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	\$50	\$50
FAMILY	\$150	\$150
CALENDAR YEAR MAXIMUM		
PER PERSON	\$1,500	\$1,500
COVERED SERVICES		
DIAGNOSTIC AND PREVENTIVE SERVICES Oral Exams, Routine Cleanings, X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	100%	100%
BASIC SERVICES Oral Surgery, General Anesthesia, IV Sedation, Endodontics, Periodontics, Palliative, Restorative fillings, Denture Repairs	80%	80%
MAJOR SERVICES Crown, Inlays/Onlays and Cast Restorations, Prosthodontics	50%	50%
ORTHODONTICS Dependent Child(ren) under age 19 (after 1 year waiting period)	50%	
ORTHODONTIC LIFETIME MAXIMUM	Up to a lifetime maximum of \$1,000	

Note

Only 60% of adults ages 20 to 64 have been to the dentist in the past year. Take advantage of your dental coverage to keep your smile healthy.

Vision Benefits



CHC provides you and your family access to quality vision care with a comprehensive vision benefit through Superior Vision

Vision Premiums

Premium contributions for vision are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

Vision Plan Summary

This chart summarizes the 2023 vision coverage provided by Superior Vision.

SUPERIOR VISION PLAN

BI-WEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY		\$2.66	
EMPLOYEE + SPOUSE		\$5.27	
EMPLOYEE + CHILD(REN)		\$5.17	
EMPLOYEE + FAMILY		\$7.86	
		IN-NETWORK	OUT-OF-NETWORK
			FREQUENCY
EXAMS			
	COPAY	\$20 copay	\$45 allowance
			Once per calendar year
LENSES			
	SINGLE VISION	\$20 copay	\$45
	BIFOCAL	\$20 copay	\$65
	TRIFOCAL	\$20 copay	\$85
	LENTICULAR	\$20 copay	\$125
			Once per calendar year
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
	FITTING AND EVALUATION	\$25 copay	Not Covered
	ELECTIVE	\$130 allowance	\$100 allowance
	MEDICALLY NECESSARY	Covered in Full	\$210 allowance
			Once per calendar year
FRAMES			
	COPAY	\$20 copay	\$45 allowance
	ALLOWANCE	\$130 allowance	\$63 allowance
			Once per calendar year

Note

More than 150 million Americans use corrective eyewear to compensate for refractive errors.

Supplemental Health Benefits



CHC offers several ways for you to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and is offered at discounted group rates.

Accident Coverage

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident Coverage, available through MetLife, provides benefits for you and your covered family members if you have expenses related to an accidental injury. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you to use as you wish.

The Accident insurance plan pays cash benefits to help with costs associated with out-of-pocket expenses and bills in the event of a covered accident.

For a schedule of payments for fractures, dislocations, lacerations, burns, etc., please visit the MetLife website or view the plan documents online through www.mybenefits.metlife.com.

Critical Illness Coverage

Critical Illness coverage through MetLife pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home healthcare costs or any of your regular household expenses.

Consider the following advantages of this critical illness coverage offering:

- » A set amount of money is paid directly to you to be used however you choose.
- » You can insure your spouse and children for 50% of your benefit amount.
- » Receive up to \$100 when you take an eligible health screening.
- » You can elect up to \$30,000 in \$5,000 increments.

For more information on the Critical Illness Plan, please contact MetLife customer service at 800.GET.MET8 (800.438.6388) or online at www.mybenefits.metlife.com.

Hospital Indemnity Coverage

Hospital expenses can add up quickly. With hospital indemnity insurance through MetLife, you will have the peace of mind and financial protection you need to cover your out-of-pocket costs from a hospitalization. You have the choice between two options: High Plan or Low Plan. While the High Plan has higher monthly premiums, it pays a larger lump sum benefit for hospitalization. If you are admitted to the hospital, a cash benefit is paid directly to you based on a preset benefit schedule for things like intensive care and daily hospital confinement, regardless of the actual cost of treatment. Keep in mind that there are some conditions that are not covered under this plan, and any preexisting condition you have from the past 12 months would not be covered for one year.

For more information about this plan, please contact MetLife customer service at 800.GET.MET8 (800.438.6388) or online at www.mybenefits.metlife.com.

Benefits of Voluntary Benefits

- » Coverage is affordable and offered to you at group rates
- » You own the policy. You take it with you if you leave CHC or retire
- » Coverage is effective on the first day of the month in which payroll deductions begin
- » Premiums are conveniently deducted from your paycheck

Survivor Benefits



It's difficult to think about what would happen if something ever happened to you, but it's important to have a plan in place to make sure your family is provided for. Survivor benefits provide financial protection and security in the event of an absence or unexpected event. Securing Life insurance now ensures your family will be protected for the future.

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

CHC provides employees with Basic Life and AD&D insurance as part of your basic coverage through Prudential, which guarantees that loved ones, such as a spouse or other designated survivor(s), continue to receive part of an employee's benefits after death.

Your Basic Life and AD&D insurance benefit is one times your base annual salary, up to \$200,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you elect to waive other coverage. Salary excludes overtime, shift differential, bonuses, etc. Coverage ends at retirement or employment termination.

If you terminate your employment or if you become ineligible for this coverage, you have the option to convert all or part of the amount of life insurance in force on the termination date without Evidence of Insurability. Conversion election must be made within 31 days of your termination date.

What's a beneficiary?

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life and AD&D offered by CHC.

Name a primary and contingent beneficiary to make your intentions clear. Make sure to indicate their full name, address, Social Security number, relationship, date of birth and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches majority age at 18. If you need assistance, contact Human Resources or your own legal counsel. You receive the benefit payment for a dependent's death under the Prudential insurance.



Voluntary Life and AD&D Insurance

Life and AD&D benefits are an important part of your family's financial security. The basic benefits provided to you by CHC may not be enough to cover expenses in a time of need. Therefore, you may also purchase additional life insurance for yourself, your spouse and your children at group rates, as described in the table below. To elect coverage for your spouse and/or children, you must be covered under the Optional Employee Life Insurance plan. Evidence of Insurability (EOI) may be required if you want to add or increase your elections outside of your initial enrollment period, or more than 31 days after you were first eligible to apply. Premiums are paid post-tax through payroll deductions.

VOLUNTARY LIFE INSURANCE			
BENEFIT	EMPLOYEE	SPOUSE	CHILDREN
LIFE INSURANCE AMOUNT OF COVERAGE	Up to 5x annual salary to a maximum of \$500,000 in increments of \$10,000	Up to \$250,000 in \$5,000 increments (cannot exceed 50% of employee's amount)	\$10,000 (from birth until age 26)
GUARANTEE ISSUE	Under age 60: \$300,000	\$50,000	\$10,000
	Age 60-69: \$150,000		
	Age 70+ All amounts require EOI		

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

CHC gives you the option to purchase additional protection through Prudential if you or your family suffer certain injuries or die as the result of an accident. You receive part or all of your benefit depending on the injury. In the event that death occurs from a covered accident, both Life and AD&D benefits would be payable.

EMPLOYEE ONLY	You may elect coverage in \$10,000 increments, subject to a maximum of \$500,000, not to exceed 10 times Basic Annual Earnings.	<p>All life and AD&D insurance will be reduced when you reach certain ages, as outlined below:</p> <ul style="list-style-type: none"> » Ages 65 to 70 – 65% of the amount of life insurance you had prior to age 65 » Ages 70+ – 50% of the amount of life insurance you had prior to your first reduction
SPOUSE ONLY	The spouse may be covered at 60% of the employee's principal sum.	
EACH CHILD	20% of the employee's principal sum not to exceed \$50,000.	
SPOUSE AND CHILD	Spouse 50%, and each child 20% of employee's principal sum, not to exceed \$50,000.	

VOLUNTARY LIFE INSURANCE			
	AGE AS OF JANUARY 1, 2023 OR DATE OF ENROLLMENT FOR NEW HIRES	MONTHLY COST PER \$1,000 OF COVERAGE	
		NON-SMOKER	SMOKER
EMPLOYEE AND SPOUSE – YOU AND YOUR SPOUSE PAY THE RATE BASED ON YOUR AGE. SOME AMOUNTS MAY REQUIRE EVIDENCE OF INSURABILITY.	Under age 25	\$0.048	\$0.073
	25-29	\$0.058	\$0.073
	30-34	\$0.077	\$0.110
	35-39	\$0.092	\$0.156
	40-44	\$0.120	\$0.238
	45-49	\$0.220	\$0.458
	50-54	\$0.358	\$0.715
	55-59	\$0.623	\$1.210
	60-64	\$0.697	\$1.302
	65-69	\$1.226	\$1.980
	70-74	\$1.988	\$3.090
	75+	\$3.209	\$4.529
CHILD LIFE	AMOUNT OF COVERAGE	MONTHLY RATE	
	\$10,000 per child	\$1.69 (covers all children)	

VOLUNTARY AD&D INSURANCE	
	MONTHLY COST PER \$1,000 OF COVERAGE
EMPLOYEE	\$0.013
EMPLOYEE & FAMILY	\$0.022

Life Insurance: Term vs. Universal Life

TERM LIFE

UNIVERSAL LIFE

WHAT IS IT?

- Provides protection during your working years
- Affordable coverage to help survivors weather an unexpected loss

- Provides benefits for a lifetime
- More than just a death benefit – value you can use during times of need
- Living benefit rider included for long term care

WHY DO YOU NEED IT?

- Income replacement
Kind of like renting a house: employees use the protection for a set period of time
- Can help pay the costs families face during the working years if the breadwinner dies prematurely; Housing, Education, Saving for Retirement
 - Can be used to pay for the expenses associated with terminal illness

- Final expenses plus cash accumulation, long term care
Kind of like owning a house: you keep the benefit for a lifetime
- Can help pay final expenses
 - Can also be used to pay for the expenses associated with terminal illness - including long term care
 - Accumulates cash value at a guaranteed interest rate; employees can borrow against this value

HOW DOES IT WORK?

- Flexible, normally ends at retirement
- You may increase coverage as your needs evolve
 - The benefit typically decreases after age 65, and can end at retirement, when income replacement may no longer be necessary
 - Guaranteed issue means you can get coverage with no health questions or exams

- Stable premium for life
- Option to increase premium every Open Enrollment (may require EOI)
 - The coverage continues for life
 - Guaranteed issue for employee, spouse and child

HOW LONG DO THEY WORK TOGETHER?

Protection for now, helpful benefits for later
With valuable protection for your working years and benefits that carry into retirement, a combination of Term Life and Whole/Universal Life provide comprehensive protection for your loved ones.

Employees are eligible for the Universal life insurance by TransAmerica, which offers you a permanent life insurance option with guaranteed premiums based on your current age. In addition to Universal life insurance, this plan also includes a Living Benefit Rider (LBR) benefit which you can use in times of need.

HYPOTHETICAL EXAMPLE

EMPLOYEE ELECTS \$50,000 LIFE INSURANCE POLICY

Pays 4% for long term care when unable to complete 2 of the 6 ADLs \$2,000 per month

Does not require admission to LTC facility or any facility. Benefits can be paid to non-licensed caregiver.

LTC pays for 50 months (total \$100K for \$50k policy)
If LTC is paid, 25% death benefit is approved for final expenses (\$12,500)

- » Guaranteed issue—coverage is offered to you without any medical questions
- » Portable—you own this policy; you can keep the policy if you leave or retire and you will pay the same premium
- » Waiver of premium for layoff
- » Cash value—this policy accumulates cash value; you can borrow funds from this value as needed
- » Tax-free benefit—premiums for this policy will be deducted on a post-tax basis which means any benefits you receive will not be taxed

Premiums are based on your current age and tobacco usage.

TransElite HFA - Universal Life Insurance

MONTHLY PREMIUM			
NON-TOBACCO USER			
ISSUE AGES	\$50,000 FACE AMOUNT	\$60,000 FACE AMOUNT	\$70,000 FACE AMOUNT
16-20	N/A†	\$20.01	\$23.34
21-25	\$20.17	\$24.20	\$28.23
26-30	\$24.14	\$28.97	\$33.80
31-35	\$29.87	\$35.84	\$41.81
36-40	\$37.29	\$44.75	\$52.21
41-45	\$47.73	\$57.27	\$66.82
46-50	\$63.14	\$75.77	\$88.39
51-55	\$84.82	\$101.79	\$118.75
56-60	\$120.87	\$145.05	\$169.22
61-65	\$186.47	\$223.77	\$261.06
66-70	\$278.13	\$333.76	\$389.39
71-75	\$442.22	\$530.66	\$619.10
76-80	\$482.87	\$579.44	\$676.02

MONTHLY PREMIUM			
TOBACCO USER			
ISSUE AGES	\$50,000 FACE AMOUNT	\$60,000 FACE AMOUNT	\$70,000 FACE AMOUNT
16-20	\$24.02	\$28.83	\$33.63
21-25	\$29.21	\$35.05	\$40.90
26-30	\$35.88	\$43.06	\$50.23
31-35	\$44.66	\$53.59	\$62.52
36-40	\$57.09	\$68.51	\$79.93
41-45	\$74.10	\$88.92	\$103.74
46-50	\$98.56	\$118.27	\$137.98
51-55	\$133.35	\$160.02	\$186.69
56-60	\$187.26	\$224.71	\$262.16
61-65	\$266.86	\$320.23	\$373.60
66-70	\$394.75	\$473.70	\$552.65
71-75	\$603.05	\$723.66	\$844.27
76-80	\$640.00	\$767.99	\$895.99

† Face Amount is insufficient to require the minimum planned premium of \$17.33 Monthly

Income Protection



Maintaining your quality of life counts on your income. CHC offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or until you reach retirement age.

Voluntary Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available for purchase on a voluntary basis. STD insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	\$1,500
ELIMINATION PERIOD	0 days for accident; 7 days for illness or pregnancy
MAXIMUM BENEFIT PERIOD	13 weeks

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available for purchase on a voluntary basis. LTD insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. LTD benefits are offset with other sources of income, such as Social Security and workers' compensation. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	\$8,000
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.
PROGRESSIVE INCOME BENEFIT	Additional 20% of base salary (up to \$2,000 per month) if you have lost the ability to safely and completely perform two or more Activities of Daily Living.

VOLUNTARY STD/LTD		
AGE (AS OF JANUARY 1, 2022)		
AGE RANGE	STD MONTHLY COST PER \$10 OF WEEKLY BENEFIT	LTD MONTHLY COST PER \$100 OF COVERED SALARY
< 30	\$0.890	\$0.730
30-34	\$1.063	\$0.730
35-39	\$1.082	\$0.730
40-44	\$1.128	\$0.730
45-49	\$1.183	\$0.730
50+	\$1.210	\$0.730

Pre-Existing Condition Limitation (12/12/24 Exclusion) If you are diagnosed with, treated for, or prescribed medication for a condition during the 12 months prior to the plan's effective date, that condition is excluded as pre-existing. However, after 24 months of coverage or 12 months treatment free, the pre-existing condition limitation will be waived.

TO CALCULATE HOW MUCH YOUR STD COVERAGE WILL COST:

\$	÷ 52 =	\$	x 60%	\$	x Rate	\$	÷ \$10	\$
Annual Salary		Weekly Income		Weekly Benefit		Amount		Monthly Premium

TO CALCULATE HOW MUCH YOUR LTD COVERAGE WILL COST:

\$	÷ 12 =	\$	x Rate	\$	÷ \$100	\$
Annual Salary		Monthly Covered Payroll		Amount		Monthly Premium

Additional Benefits



CHC cares about you and wants you to succeed in all aspects of life, so we offer a variety of additional benefits to help make your day-to-day easier.

Employee Assistance Program

We know life is complicated, and sometimes we all just need a little help. Our Employee Assistance Program (EAP) helps manage your and your family's total health, including mental, emotional and physical. And it comes at no cost to you – whether you're enrolled in a company-sponsored medical plan or not.

Through this program, you have access to mental health assistance and legal and financial help from a number of professionals. You have 24-hour access to helpful resources by phone, and the EAP benefit includes five (5) face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with CHC. You may access information, benefits, educational materials and more either call 866-248-4094 or visit liveandworkwell.com. You will select "Browse as a guest with a company access code." Then enter the guest access code: chc.

The Program provides referrals to help with:

- » Emotional health and well-being
- » Alcohol or drug dependency
- » Marriage or family relationship problems
- » Job pressures
- » Stress, anxiety, depression
- » Grief and loss
- » Financial or legal advice

Video counseling also available. For more information, contact Optum at 866-248-4094 or visit liveandworkwell.com.

Legal Family Protection Plan

MetLaw offers low-cost access to attorneys for a variety of personal legal services. Payments are made conveniently through payroll deductions. It's like having your own attorney on retainer, but for a lot less. There are attorneys standing by to assist you with:

- » Estate-planning documents, wills and trusts
- » Real-estate matters
- » Identity theft defense
- » Financial matters, such as debt collection defense
- » Traffic offenses
- » Document review
- » Family law, including adoption and name change
- » Advice and consultation on personal legal matters
- » Divorce

Legal coverage is available for \$18.00 per month and covers you and your dependents.

Retirement Program

Saving for the future is a top priority in smart financial planning. That's why CHC sponsors a retirement plan through Fidelity Investments. The program includes:

- » The 401(k) Plan
- » The 403(b) Plan

All full and part time employees may be eligible for a matching contribution. Any matching contributions will be deposited into the 401(k) Plan.

All employees hired after January 1, 2021 are automatically enrolled in the 403(b) Plan at a contribution rate of 3% of your pre-tax eligible earnings. Your contributions are invested in a Fidelity Freedom Fund that most closely matches your expected retirement date based on your date of birth and assuming a retirement age of 65, but can be changed at any time. If you were hired before July 1, 2006, you can enroll online by accessing your account at www.fidelity.com/atwork or call 800.343.0860.

Enroll or make changes to your retirement plans

You may change your contribution rate or discontinue participation in the Plan at any time by calling Fidelity Investments at 800.343.0860. Changes to your contribution rate may take up to three weeks to process.

Contributions

You may contribute 1% - 75% of your eligible pay to the annual IRS limit as soon as you are hired as a pre-tax contribution, a Roth contribution or both. If you make the maximum contribution to your plan account and are age 50 or older, you are eligible to contribute towards the catch-up contribution up to the IRS limits. If a matching contribution is available, it is only made for pre-tax contributions.

Vesting

You are always 100% vested in your contributions to the CHC 403(b) Plan, as well as any earnings on them. Your Employer's matching contributions in the 401(k) plan and any earnings vest according to the following schedule:

YEARS OF SERVICE	1	2	3	4	5
Percent	20%	40%	60%	80%	100%

Investment Options

To help meet your investment goals, the Plan offers a range of investment options. You can select a mix of investment options that best suit your goals, time horizon, and risk tolerance. A complete description of the Plan's investment options and their performance, as well as planning tools to help you choose an appropriate mix, are available online.

The Plan also offers the Fidelity Freedom Funds that offer a blend of stocks, bonds, and short term investments within a single fund. Each Freedom Fund's asset allocation is based on the number of years until the fund's target retirement date. The Freedom Funds are designed for investors who want a simple approach to investing for retirement.

Fidelity has trained and licensed representatives that are available by phone at 800.248.4213 or at one of their local Investor Centers to help with investment selection, portfolio planning and overall retirement questions.

Loans and Withdrawals

Although you are able to borrow money from your account, it is highly recommended that you leave the money in your account until you retire. Generally, you may borrow the lesser of 50% of your vested account balance or \$50,000. Any outstanding loan balances over the previous 12 months may reduce the amount you have available to borrow. The minimum loan is \$1,000.

Withdrawals from the Plan are generally permitted when you terminate your employment, retire, reach age 59 1/2, become permanently disabled, or have a severe financial hardship as defined by your Plan. Keep in mind that withdrawals are subject to income taxes and possible early withdrawal penalties. Be sure to understand the tax consequences and the Plan's rules for distributions before you initiate a distribution. The plan document and current tax laws will govern in case of discrepancy.

Visit www.fidelity.com/atwork or call 800.343.0860 to learn more.

Required Notices

Important Notice from Community Hospital Corporation About Your Prescription Drug Coverage and Medicare under the HDHP, PPO Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Community Hospital Corporation 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. Community Hospital Corporation has determined that the prescription drug coverage offered by the HDHP, PPO plan(s) 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 during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll each year from October 15th through December 7th.

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

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

If you decide to join a Medicare drug plan, your current Community Hospital Corporation coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current Community Hospital Corporation coverage, be aware that you and your dependents will not be able to get this coverage back.

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 Community Hospital Corporation and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices 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 Community Hospital Corporation changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D 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:	January 1, 2023
Name of Entity/Sender:	Community Hospital Corporation
Contact—Position/Office:	Human Resources
Address:	7800 N. Dallas Parkway Ste 200 Plano, TX 75024
Phone Number:	972-943-6400

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 was signed into law on October 21, 1998. The Act requires that all group health plans providing medical and surgical benefits with respect to a mastectomy must provide coverage for all of the following:

- » Reconstruction of the breast on which a mastectomy has been performed
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance
- » Prostheses
- » Treatment of physical complications of all stages of mastectomy, including lymphedema

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions which apply for the mastectomy. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description or contact Human Resources at 972-943-6400.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. The Notice of Privacy Practices has been recently updated. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 972-943-6400.

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 later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

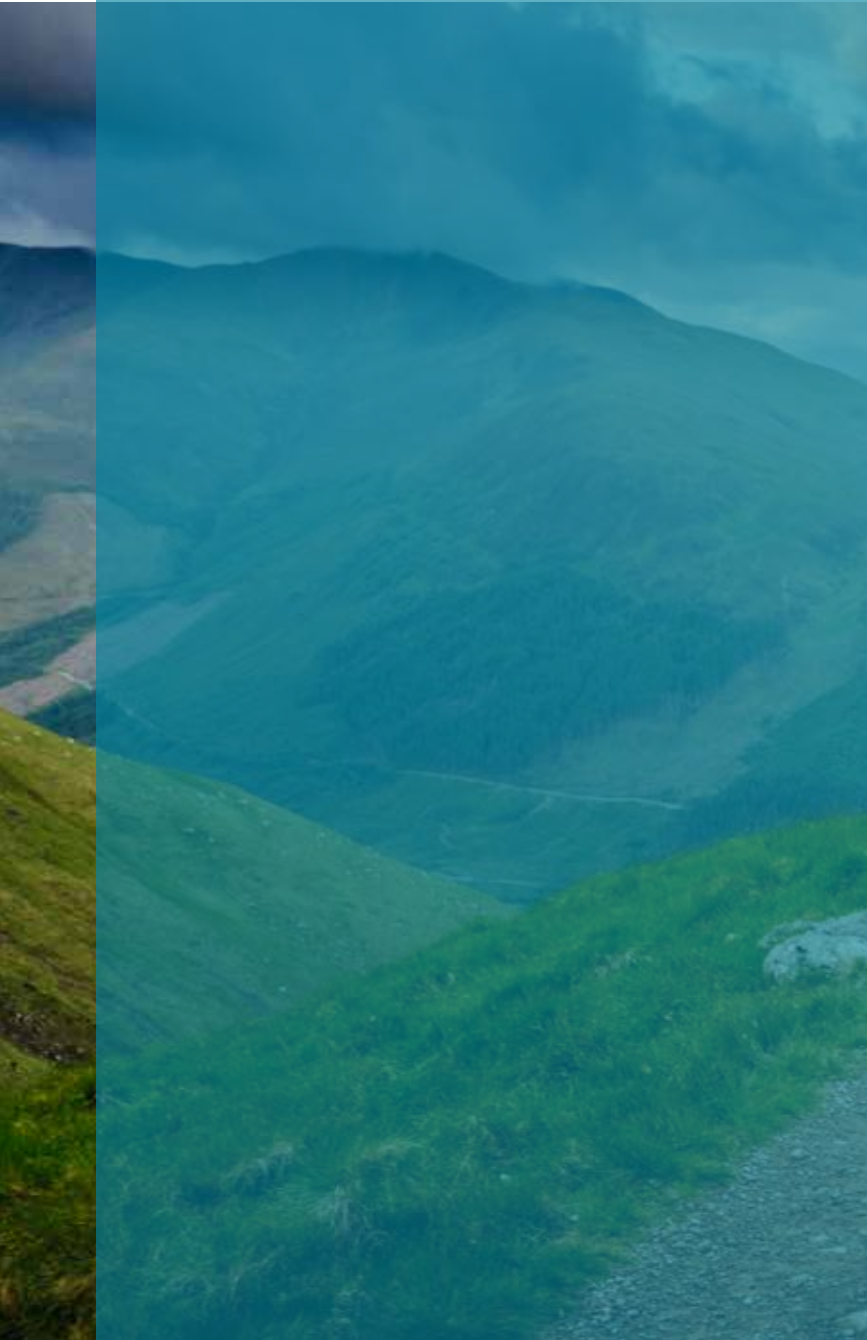
In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 972-943-6400.

Important Contacts

Need help? Contact the benefit carriers directly at the phone number or website listed below:

BENEFIT	PROVIDER	TELEPHONE	WEBSITE
MyQHealth Care Coordination	Quantum	877.498.5976	benefits.communityhospitalcorp.com
Medical	UMR	866.868.7406	www.umar.com
Prescription Drugs	OptumRx	855.524.0381	www.OptumRx.com
Health Savings Account	Optum Bank	866.234.8913	www.optumbank.com
Flexible Spending Accounts	WageWorks	877.924.3967	www.wageworks.com
Critical Illness Insurance	MetLife	800.438.6388	www.metlife.com
Accident Insurance	MetLife	800.438.6388	www.metlife.com
Hospital Indemnity Insurance	MetLife	800.438.6388	www.metlife.com
Dental	Delta Dental	800.521.2651	www.deltadentalins.com
Vision	Superior	800.507.3800	www.superiorvision.com
Short and Long-Term Disability	Prudential	888.598.5671	www.prudential.com/personal/workplace-benefits
Life and AD&D Insurance	Prudential	888.598.5671	www.prudential.com/personal/workplace-benefits
Universal Life	TransAmerica	800.797.2643	www.transamerica.com
Retirement Program	Fidelity Retirement Investments	800.343.0860	www.fidelity.com/atwork
Employee Assistance Program	Optum	866.248.4094	www.liveandworkwell.com
Legal Financial Protection Plan	MetLife	800.438.6388	www.metlife.com
Qualifying Life Events or to Change Your HSA Election During the Year	Benefit Communications, Inc. (BCI)	888.659.1501	N/A



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