



2025 Employee Benefit Guide

Commission On
Economic
Opportunity



Changing lives, improving our community.



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal Law gives you choices about your prescription drug coverage.



Employee Benefit Guide

Coverage Period : January 1, 2025 – December 31, 2025

Welcome

CEO takes pride in offering a comprehensive and valuable benefit package to its employees. CEO offers you a benefit program that allows choice and flexibility.

Through this program you can choose the benefits that are best suited for you and your family.

About this guide

This guide is a basic outline of your benefits and highlights the plans that are part of CEO’s benefits program. This guide does not include all of the details or exclusions that are found in the insurance contracts or official plan documents. If there is a conflict between this guide or the information directly from the carriers contract, the official carrier’s plan document will govern.

Benefits at a glance for 2025

Insurance Type	Carrier	Renewal Date	Plan
Medical	CDPHP	1/1	HMO Plan
Vision	Guardian	1/1	Davis Vision
Dental	Guardian	1/1	PPO
Voluntary Life Insurance	Guardian	1/1	Term Life
Telemedicine	United Concierge	1/1	Employer Paid
Flexible Spending Account	Flex	1/1	FSA- Employee Funded

Changes ahead: When switching Insurance carriers

- Make sure your provider(s) are participating
- Make sure that your medications are on the drug formulary
- Keep in mind that authorizations are not always carried over
- Make sure once the new plans are active, that you provide your new ID card to your doctors, pharmacy, dental office, and vision provider.



Eligibility

If you are a full-time or part - time employee you are eligible to enroll in the benefits outlined in this guide. The following family members are eligible for medical, dental, and vision coverage: spouse, domestic partner, and any eligible dependent children.

New Employee

New employees are eligible for coverage first of the following month after you complete 30 days of employment.

Open Enrollment

The annual open enrollment is the time for you to review your benefit offerings and update information if necessary. During Open Enrollment you can make the following benefit changes:

- Switch between plans
- Enroll yourself (and dependents) in the insurance(s)
- Cancel your coverage
- Remove dependents

Special Enrollment

Typically you are not permitted to make changes to or cancel your coverage during the plan year.

Changes and cancellations are permitted only during the annual Open Enrollment or if you experience a qualifying event during the plan year. The effective date of coverage would occur the date the change below took place. Qualifying events include:

- Marriage/ Divorce
- Birth of child; adoption or legal guardianship
- Death
- Loss or gain of alternative coverage
- Change in work status
- Medicare/ Medicaid eligible



2025 Open Enrollment - What do I need to know?

- **CDPHP medical**
- Renewing as is with the Hybrid plan.
- CEO has increased their total employer contribution to the plan.
- In the unfortunate event someone has a service that applies to the deductible, contact Gallagher's Benefit Advocacy Center (BAC) who can help guide you in applying for financial assistance with the hospital/facility (which is typically income based). We will make efforts to further negotiate the bill down.
- CDPHP is now covering Insulin in full. Advanced Imaging copay will increase to \$150, if you use a CDPHP preferred site the copay will be waived or lowered.

CVS is now a non-preferred pharmacy and members will be responsible for 50% of the prescription cost.

- **Guardian voluntary life** is remaining the same, if you are newly enrolling for open enrollment or are increasing the amount of life insurance, you will need to complete the EOI form (medical underwriting). Guardian will approve or deny your coverage request, you will receive a letter confirming this.
 - The only time you will see a change in rate is if you aged into the next bracket.
- **Guardian dental and vision**- no change to rate or plan design.
- **Guardian EAP** (Employee Assistance Program) is FREE to everyone!
- **Flexible Spending Account (FSA)** will be moving to a new vendor, Flexible Benefit Solutions (Flex).
 - Flores will administer the 60 run-out until 2/28/2025
- **UCM, virtual ER** is continuing as an employer paid benefit, it is free to you!
 - You are given the option to enroll or decline the benefit. Make sure your correct dependents are covered on this plan.
- **AFLAC:** Accident, Cancer/ Specified Disease, Disability Insurance, and Hospital coverage. All policies are standalone and you can mix and match coverage. Please contact CEO's AFLAC rep for more information or to set up/ change your policy:
 - Beth Serfilippi Email: beth_serfilippi@us.aflac.com
- **Navigator:** For **Open Enrollment** we will be using our benefit platform, **Employee Navigator**. Every employee must sign-on to their account and elect or decline all benefits. It is important to make Sure all of your personal information is correct in the system. You will receive an email with instructions on how to sign-on to your member account.
- **Benefit Advocacy Center (BAC)** is a new service offered by Gallagher. CEO employees will have a dedicated email and phone number to reach a licensed healthcare advocate. The advocates will assist with insurance cards replacements, claims or complex issues, prescription or pharmacy issues, and benefit questions or provider searches.



CDPHP HMO Plan

Carrier	CDPHP
Plan Type	Hybrid Plan
Network	HMO
Cost Share Information	
Individual/Family Deductible	\$3,000/ \$7,500
Out of Pocket Maximum	\$9,200/ \$18,400
Co-Insurance	20%
Office Visits	
Routine Preventive Care	\$0
Primary Care	\$30
Specialist	\$50
Inpatient Services	
Inpatient Hospital	Deduct then 20%
Outpatient Services	
Outpatient Surgery	Deduct then 20%
Lab	\$50*
Advanced Radiology	\$150*
Emergency Care	
ER	Deduct then 20%
Urgent Care	\$40
Prescription Drugs	
RX Deductible	None
Drug Card	\$10/ \$50/ \$80

*If you have these done at a CDPHP Preferred Site the copay will be lower or waived .

CDPHP[®] HMO Plan Benefit Summary



Plan Code: HM7L25
 Group ID: 20023624
 Presented For: Commission on Economic Opportunity
 Date Prepared: 10/25/2024
 Effective Date: 01/01/2025

In-Network

Cost Sharing Information	
Deductible	\$3,000 Single / \$7,500 Family (Embedded)
Out of Pocket Maximum	\$9,200 Single / \$18,400 Family (Embedded)
Office Visits	
PCP	\$30 Copayment
*PCP Cost share waived for members that are under the age of 19	
Specialist	\$50 Copayment
Telemedicine	
Preferred Live Video Doctor Visits (Doctor on Demand, Foodsmart, MovN)	Covered in Full
Other Participating Telemedicine Providers (Valera, aptihealth)	\$30 Copayment
Telehealth services from a CDPHP Network provider (PCP or Specialist)	PCP or Specialist cost share based on provider
Preventive and Well Care Services*	
Well Baby and Child Care including immunizations	Covered in full
Annual Adult Exam (One exam per plan year regardless if 365 days have passed)	Covered in full
Mammography	Covered in full
Annual Pap Test and Ob/Gyn Exam	Covered in full
Prostate Cancer Screening	Covered in full
Bone Density Tests	Covered in full
*Cost sharing may apply to diagnostic care	
Hospital Services	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Deductible then 20% Coinsurance
Outpatient Surgery Facility	Deductible then 20% Coinsurance
Maternity Services*	
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Maternity - Inpatient Hospital Services	20% Coinsurance
Newborn Nursery	Covered in full
*(Non-routine services may result in an additional cost share)	
Emergency Care	
Worldwide Emergency Room Care (waived if admitted inpatient)	Deductible then 20% Coinsurance
Ambulance	Deductible then 20% Coinsurance
Urgent Care	
When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used.	\$40 Copayment
Diagnostic Testing*	
Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory.	\$50 Copayment
Outpatient Hospital or Office Based Radiology and Imaging Services (X-ray, Ultrasound): * Copayment waived if provider is a preferred center.	\$50 Copayment
Outpatient Hospital or Office Based Advanced Imaging Services (MRI, CT Scan, PET Scan):	\$150 Copayment
Behavioral Health Services	
Mental Health/Substance Use Inpatient Services	Deductible then 20% Coinsurance
Mental Health/Substance Use Office-Based Services (Including Telemedicine Providers (Valera, aptihealth))	Covered in full
*(Up to 20 visits per plan year may be used for substance use family counseling.)	
Outpatient Rehabilitation Services	
Physical Therapy	\$50 Copayment (30 visits per benefit period)

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Speech Therapy	\$50 Copayment (20 visits per benefit period)
Occupational Therapy	\$50 Copayment (30 visits per benefit period)
Condition Support Services	
Home Health Care	Covered in full
Skilled Nursing Facility	Deductible then 20% Coinsurance (45 days per plan year)
Chemotherapy/Radiation Therapy visit	\$30 Copayment
Prosthetic Devices and Durable Medical Equipment	50% Coinsurance
Diabetic Services	
Insulin	Covered in full
Oral Medications	\$30 Copayment
Needles and Syringes	\$30 Copayment
Diabetic DME (Insulin Pumps/Omni Pods, Glucose Monitors)	\$30 Copayment
Vision Services	
Laser Eye Surgery	Up to a maximum of \$750 reimbursement for eligible eye surgeries and consultations per lifetime
Wellness Care	
Weight Management	Up to a \$100 reimbursement available for participation in a weight loss program
Fitness Reimbursement	Subscribers can be reimbursed up to \$400 per plan year for qualified fitness activities. Of the \$400, up to \$200 can be applied for reimbursement of wearable fitness devices. Covered dependents can be reimbursed up to a combined \$200 for qualified fitness activities and youth sports fees for members under age 18. Of the \$200, up to \$100 can be applied for reimbursement of wearable fitness devices.
Child Birthing Classes	Up to \$75 reimbursement available for completion of child birthing class
Doula Reimbursement (A doula is a trained companion who supports another person through pregnancy and childbirth)	\$1,500
Life Points Rewards	Participating (Up to \$180 Life Points per contract per calendar year)
Acupuncture (10 visit limit per plan year for acupuncture services)	\$50 Copayment
Nutritional Counseling	\$50 Copayment
Chiropractic Benefits	\$50 Copayment

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This Summary of Benefits is intended to provide a general outline of coverage. In the event of any conflict between this document and the member's Certificate and any applicable Rider(s) issued by CDPHP, the Certificate and Rider(s) will be the controlling documents.

CDPHP gives you access to more than 12,000 participating practitioners and providers, including most of the local hospitals, and a variety of value-added services to help you and your family stay healthy. If you have a question or wish to receive additional information, please contact the CDPHP marketing department at (518) 641-5000 or 1-800-993-7299 or visit our Web site at www.cdphp.com.

All in-network Preauthorization requests are the responsibility of Your Participating Provider. You will not be penalized for a Participating Provider's failure to obtain a required Preauthorization. However, if services are not Covered under the Certificate, You will be responsible for the full cost of the services.

Some plans may have reduced cost-share for office-based mental health and substance use disorder services to ensure the plan meets federal behavioral health parity regulations. Please refer to the Mental Health/Substance Use Office-Based Services section of the summary and your member materials for correct cost-share information.

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Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as a CDPHP Member.

Domestic Partnership	
Rider Name	ELG12
Description	Provides coverage for an eligible same or opposite sex domestic partner and his or her eligible dependent children.
Pharmacy Coverage	
Rider Name	HMRXL37A25
Description	Preferred Retail Prescription Drugs (30 Day Supply)
	Tier 1 Drugs* \$10
	Tier 2 Drugs \$50
	Tier 3 Drugs \$80
	Non-Preferred Retail Pharmacy (30 Day Supply)
	Tier 1 Drugs 50%
	Tier 2 Drugs 50%
	Tier 3 Drugs 50%
	Specialty Drugs \$80
	*Copay/Coinsurance waived for members under age 19 Mail order, 2.0 Preferred Tier Copayments for a 90-day supply. Prescription drugs are not subject to the plan deductible. Preventive prescription drugs are not subject to the plan deductible. Prescriptions must be written by a duly licensed health care provider and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP. Specialty drugs are not eligible for the mail order program.

Dependable Rx coverage

Prescription medications can have a big impact on your health and your wallet. That's why it's important to know how your prescription drug coverage works. CDPHP takes an innovative approach to pharmacy coverage, helping you find the lowest cost medication at the location offering the best price.

Log in to member.cdphp.com to view all pharmacy benefit coverage details.



Search for Medication Savings

Download the **CDPHP ConnectRx, On the Go** app to view your medications, search for cost saving alternatives, change your pharmacy, and more. Text RX to **237471**, or scan the QR code to get started today.



Preferred Pharmacy Network

Preferred Pharmacy Network Members have access to the CDPHP Preferred Rx Network, which allows you to fill prescriptions for a lower cost at many chain store pharmacies and independents. Learn more at cdphp.com/PreferredRx.



Prescription Discount Program*

With **Rx for Less**, get many generic drugs for as little as a dollar a fill at preferred pharmacies. Visit cdphp.com/less for the list of pharmacies and drugs that are part of the program.



Prescription Mail Order**

Get medications you take on a regular basis delivered to your home at no extra cost from Optum Home Delivery.

Check your member ID card to find out which formulary (list of covered drugs) is available with your plan. The tier assigned to a drug determines how much you'll pay for it. Excluded drugs are covered only by medical exception, which your doctor can apply for.

For more information, visit cdphp.com/RxCorner.

* Rx for Less does not apply to mail order service.
** Specialty pharmacy agents, including injectables and certain drugs used to treat hepatitis C, HIV, multiple sclerosis, and other serious conditions, are not eligible for this program. Get more information about specialty drugs at <https://www.cdphp.com/members/rx-corner/specialty-drugs>. Some of the pharmacy benefits listed may not apply for members who do not have Rx coverage. Check your member contract for details.



The CDPHP® Preferred Rx Network

Members have access to our CDPHP Preferred Rx Network* where you can choose from thousands of preferred network pharmacy locations. These pharmacies have teamed up with CDPHP to keep prescription drug costs affordable.

Drugs dispensed at pharmacies that have chosen not to join the CDPHP Preferred Rx Network will take a 50 percent coinsurance.** While those pharmacies remain in our network, they have not yet agreed to participate in the CDPHP Preferred Rx Network.

CDPHP Preferred Rx Network pharmacies include but are not limited to:

- ▶ ConnectRx
- ▶ Market 32/Price Chopper
- ▶ Walmart
- ▶ Hannaford
- ▶ ShopRite
- ▶ Walgreens
- ▶ Kinney Drugs
- ▶ RiteAid
- ▶ Stop & Shop
- ▶ Giant Foods
- ▶ Food Lion
- ▶ Multiple independent pharmacies

Currently, all CDPHP Preferred Rx Network locations participate in the Rx for Less program (which offers dozens of medications for as low as a penny a pill), further staving off skyrocketing health care costs.

To switch your pharmacy

Simply call the pharmacy you would like to switch to and let them know you are transferring your prescription there.

Or feel free to bring your prescription bottle to your preferred pharmacy and ask for the prescription to be transferred.

You can check individual pharmacy pricing in real time with the **CDPHP ConnectRx, On the Go app**. Simply download on the App Store or Google Play to view your medication history, compare pricing, locate preferred pharmacies, and more.



* Members in high deductible health plans (HDHP) are required to meet their deductible in full before any cost sharing benefits would apply. If/when the deductible is met, HDHP members will experience a difference in cost share based on preferred/non-preferred Rx network status. Drugs on the CDPHP Preventive Drug List bypass the deductible.

** The non-preferred pharmacy coinsurance does not apply to NYSOH standard plans, Healthy NY, Child Health Plus, Essential Plan, Group Medicare, NYSHIP, FEHB plans, some self-funded groups, or groups that have a medical plan with Rx covered in full.



A Pharmacy Experience Designed Around You

ConnectRx offers free home delivery and cost-saving drug programs, along with dedicated support from expert pharmacists. We're here for you throughout the Capital Region.

ConnectRx Hometown

601 19th Street
Watervliet, NY 12189
(518) 273-1402

ConnectRx Latham

6 Wellness Way
Suite 104
Latham, NY 12110
(518) 313-1016

Visit [PharmacyConnectRx.com](https://www.PharmacyConnectRx.com) to learn more. ConnectRx locations accept most major insurance plans.

Call today to quickly and easily transfer your prescriptions!



MANAGE YOUR PRESCRIPTIONS ON THE GO!

CDPHP® members: Scan the QR code with your smartphone camera to download the **CDPHP ConnectRx, On the Go** app to view your prescriptions, compare drug costs, and much more!



Finding Care

When You Have a CDPHP® HMO Plan

CDPHP HMO plans provide access to network providers in the counties below. When you're out of the area, you can get care 24/7 from your smartphone or tablet through live video doctor visits with Doctor On Demand. Members on CDPHP HMO plans are covered worldwide for emergencies.

Find CDPHP HMO network providers by visiting findadoc.cdphp.com.





Out-of-Area Coverage

Wherever you may travel, as a CDPHP member, you're covered for urgent and emergency care – worldwide!

Live Video Doctor Visits through Doctor On Demand®

Connect with a board-certified physician 365 days a year, 24 hours a day – all from your smartphone, computer, or tablet. As a convenient alternative to urgent care, you can receive treatment for mental health and medical services, including lab tests and prescriptions, no matter where you are.

A Doctor On Demand visit is now \$0* (unlike urgent care which has a charge).

Download the Doctor On Demand app or visit doctorondemand.com/cdphp/join to learn more.



Emergency health situation?

Dial **911** or go to the nearest hospital emergency room.



Urgent, but not an emergency? *Example: Sore throat, sprain, or infection*

Contact CDPHP at **1-800-274-2332** – day or night – **before** seeking care.



Out of country with an emergency?

Seek care immediately and pay for it yourself. Ask for an itemized bill, then submit the bill to CDPHP when you're back in the U.S.



Routine care?

Stick with receiving care from your primary care physician (PCP). Standard visits are generally not covered when you're traveling out of the area.

* Subject to deductible on high deductible plans. Cost may vary by plan type.

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc., CDPHP Universal Benefits, Inc., and Capital District Physicians' Healthcare Network, Inc. (collectively referred to as CDPHP®) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services


ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。

Where to go for care

NEED AN APPOINTMENT?

In a non-emergency situation, it's important to start with your primary care doctor. Your physician knows your health status best and can treat many health issues.

When choosing a new primary care doctor, consider one who participates in the CDPHP Enhanced Primary Care program. These doctors are known for providing better, more cost-effective care. Look for the Enhanced Primary Care icon when searching on Find-A-Doc. 

YOUR DOCTOR ISN'T AVAILABLE?

You have access to live video doctor visits 24/7 through your mobile device or computer. Learn more about virtual options for physical health at cdphp.com/doctorondemand and view your virtual options for mental health and substance use at cdphp.com/mentalhealth.

MORE URGENT NEED?

If your doctor isn't available, visit an urgent care location before going to the ER. Urgent care has short wait times and is more economical. In fact, **visits to the ER are generally not covered for non-emergency services.**

Many specialists also offer walk-in and urgent care services that would save you time and money compared to a visit to the ER.

Confused by health care terminology? **Check out our glossary!**
cdphp.com/understanding-health-insurance



Ongoing support

Member Services

Do you have a question about your benefits and coverage? We're here to help. Call us at the number on the front of your ID card.

CDPHP Care Team

Have a health concern? To talk one-on-one with a member of the CDPHP Care Team, including nurses, dietitians, and care coordinators, call [1-888-94-CDPHP \(23747\)](tel:1-888-94-CDPHP).

Mental Health and Substance Use

For 24/7 support or help finding a provider that meets your needs, call [1-888-320-9584](tel:1-888-320-9584). Learn more at cdphp.com/mentalhealth.

CDPHP Customer ConnectSM

Meet face to face with a CDPHP representative about claims, benefit questions, enrollment, and more. For hours and more, visit cdphp.com/customerconnect.

Family Health

Resources to support you and your family at every stage of life. Learn more at cdphp.com/familyhealth.

Tools to Quit Smoking

Quit smoking or vaping with digital, phone-based, group, or one-on-one programs. Visit cdphp.com/quitsmoking for details.

CDPHP is here for
you and your family.





Let us bring your medications to you

With Optum® Home Delivery, you can get a 3-month supply of your long-term medications. Plus, we mail them to you with free standard shipping.

Want more reasons?



Skip the trips

We deliver your medication to your door. You don't even have to leave home or wait in the pharmacy line.



Save money

You may pay less than what you do at in-store pharmacies. And, standard shipping is free.



Stay on track

With a 3-month supply, you may be less likely to miss a dose. You can even sign up for automatic refills.

Flexible payment options

Make one payment upfront. Or split it up into 3 equal monthly payments.

We're here when you need us

Go to pharmacy.optum.com any time to track orders, request refills, price medications and more. Pharmacists and customer support team are available 24/7.

Ready for home delivery?
Sign up today.

Get started with Optum Home Delivery by calling the prescription number on your member ID card.

Frequently Asked Questions

Is the Optum Home Delivery pharmacy in my plan's network?

Yes, it's part of your plan's pharmacy network.

Once I've enrolled in home delivery, how long will it take to get my medication(s)?

Medications should arrive within 5 business days after we receive the complete order.

What is a long-term medication?

Long-term medications are those you take on a regular basis. These may be taken for high blood pressure, cholesterol, and depression, just to name a few.

Can I use home delivery for any medication?

Use home delivery for your regular medications. See which of your prescriptions can be filled through home delivery by going online.

Can I set up medication reminders?

Yes. Go online to check your profile and turn on email and phone notifications and reminders.

How does the automatic refill program work?

Go online to see and enroll all eligible medications. Then, we'll send your refills when it's time. We notify you before we ship and we'll use your approved payment method on file. It's that easy.



Manage your home delivery medications online

Visit pharmacy.optum.com and go to the Optum Home Delivery Pharmacy section to create an account and log in.



Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

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CDPHP[®] Health Resources



Helping Members Get and Stay Healthy

The CDPHP Health Hub

Explore customized well-being resources and nutritional guidance to help you make healthy choices each day. Earn CDPHP Life Points[®] Rewards that can be redeemed for gift cards.* Sign up by downloading the Virgin Pulse app or visiting join.virginpulse.com.



The CDPHP Care Team

Talk one-on-one with a nurse, registered dietitian, or pharmacist to get more information on a variety of health issues, ask questions about medications, receive help monitoring your health, and more. Call [1-888-942-3747](tel:1-888-942-3747) to chat with the team between 9 a.m. and 5 p.m. Monday through Friday.

Doctor On Demand[®]

Live video doctor visits 24/7 for physical and mental health from your smartphone, tablet, or computer. Visit doctorondemand.com/cdphp/join to register for your free account.



Mental Health Support

Receive personal assistance for mental health concerns by calling [1-888-320-9584](tel:1-888-320-9584) between 8 a.m. and 6 p.m. Monday through Friday. For urgent help after hours, call the crisis hotline at [1-855-293-0785](tel:1-855-293-0785). Visit cdphp.com/help for more information.



Kick The Smoking Habit

Quit smoking or vaping with digital, phone-based, group, or one-on-one programs. Visit cdphp.com/quitsmoking for details.



Reproductive, Family Support, and Women's Health

From cycle tracking and trying to conceive, to pregnancy and parenthood, Ovia Health[™] has multiple programs to fit your family planning needs. Plus, get education, support, and guidance to better understand and effectively manage menopause with confidence. Visit cdphp.com/familyhealth for more details.



Prevent Diabetes

Lose weight and prevent diabetes with VP Transform for Prediabetes. This leading CDC-recognized diabetes prevention program combines live health coaching with a smartphone app, so staying on track with your health is easy. See if you qualify for the program by visiting join.virginpulse.com.



For more health resources, visit cdphp.com/wellness

* Life Points Rewards are available on most employer group plans.

Helping Members Save Money

Fitness Reimbursement

Eligible members can be reimbursed up to \$600 per plan year (\$400 for subscriber, \$200 combined for covered dependents) for going to the gym, youth sports fees, parent and baby classes, fitness classes, digital fitness classes, and wearables fitness devices. Please note there is a cap on how much of your reimbursement amount can be used for qualified devices. Subscribers can be reimbursed up to \$200 for qualified devices (out of the \$400 maximum) and covered dependents can be reimbursed up to a combined \$100 for qualified devices (out of the \$200 maximum). For details, visit cdphp.com/FitnessReimbursement.



Weight Management Reimbursement

Eligible members can be reimbursed up to \$100 for participating in a qualifying weight management program. To learn more, visit cdphp.com/weight-management.



MyFitRx™ Reimbursement

Eligible members can be reimbursed up to \$50 per benefit year for completing MyFitRx (for ages 16+) at CDPHP Fitness Connect at the Ciccotti Center. Visit cdphp.com/fitness.



Parenting Preparation Reimbursement

Eligible members can be reimbursed up to \$75 for in-person or digital parenting preparation education classes such as childbirth, newborn care, or child and baby CPR. To learn more, visit cdphp.com/pregnancy.



Doula Reimbursement

Eligible members can be reimbursed up to \$1,500 for in-person or digital services provided by a certified and/or trained doula. To learn more, visit cdphp.com/pregnancy.



In Your Community

Free CDPHP Wellness Classes

Access to community wellness programs and online classes you can take from home. To learn more, go to cdphp.com/classes.



CDPHP Customer ConnectSM

Ask questions about your claims and benefits, request ID cards, enroll in a health plan, and more. Visit cdphp.com/CustomerConnect for locations and more.



Please check your policy for specific wellness benefit eligibility information.

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Small steps lead to big changes.

Get started on your path to better health by visiting the CDPHP® Health Hub.

We'll help you make small, everyday changes focused on the areas you want to improve the most. With daily engagement, you'll build healthy habits and experience the lifelong rewards of better health.

The CDPHP Health Hub can be accessed from your smartphone or computer, giving you 24/7 access to powerful wellness resources right at your fingertips.

The CDPHP Health Hub can help you:

- ▶ Learn how to eat for energy, move more, sleep better, manage stress, and more
- ▶ Motivate others and be motivated to build new healthy habits
- ▶ Reach your health goals

Reap the rewards of better health

As you complete health-related activities, you'll move through levels and earn points. When you reach milestone levels, you unlock CDPHP Life Points® Rewards. Redeem the rewards for gift cards and merchandise.



Health Hub

All adults age 18 and older in select plans are eligible. CDPHP Life Points Rewards accumulate per calendar year, per contract. Rewards must be redeemed by December 31 each year or prior to contract termination. Please check your member contract or call the number on your ID card to see if you're eligible.

Get started

Follow these easy steps for mobile or desktop:

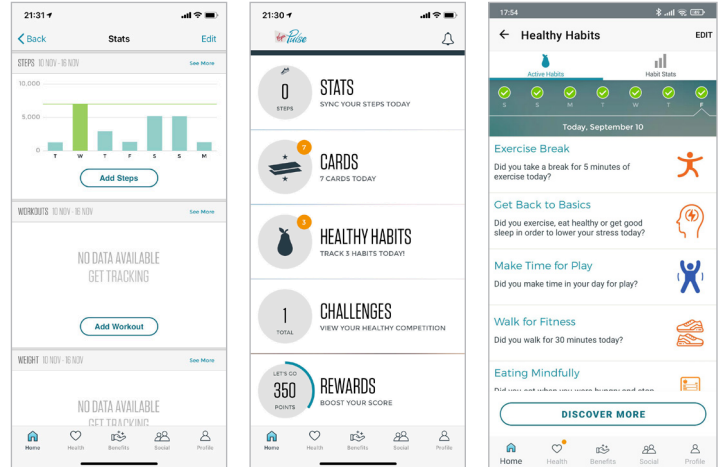
STEP 1 Search for the **Virgin Pulse app** in either the App Store or Google Play and add it to your device or visit join.virginpulse.com.

STEP 2 Enter CDPHP Fully Insured as your sponsor.

STEP 3 Enter your full name as it appears on your CDPHP ID card, date of birth, and member ID. Your member ID is located on your ID card. Your member ID is nine characters, plus the two-digit number in front of your name.

STEP 4 Create your username and password.

STEP 5 Set your interests to get personalized daily tips to help you eat healthy, get active, reduce stress, sleep well, and more!



TIP!

Turn on your mobile alerts so you don't miss out on fun opportunities. Go to your phone's Settings and find Virgin Pulse in your installed apps. Go to Notifications > Allow/Show Notifications.



Health Hub

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc., CDPHP Universal Benefits, Inc., and Capital District Physicians' Healthcare Network, Inc. (collectively referred to as CDPHP®) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。



Money back for working out

It pays to exercise with the CDPHP® fitness reimbursement

- ▶ Subscribers can be reimbursed up to \$400 per plan year and their dependents can be reimbursed up to a combined \$200 – a total of up to \$600 per contract.*
- ▶ Gyms, specialty fitness studios, and paid digital fitness classes qualify for reimbursement.**
- ▶ Parent and baby classes such as parent and baby yoga, swim lessons, etc. also qualify.
- ▶ Youth sports fees for members under age 18 can be reimbursed under the dependent portion.
- ▶ A portion of the reimbursement can be used for wearable fitness devices.***

Learn more by visiting cdphp.com/fitnessreimbursement.



** This benefit does not apply to all plans. Login at member.cdphp.com to check your plan contract or call member services at the number on your ID card to confirm eligibility.*

*** Fitness equipment does not qualify for reimbursement.*

**** Subscribers can be reimbursed up to \$200 for qualified devices (out of the \$400 maximum) and covered dependents can be reimbursed up to a combined \$100 for qualified devices (out of the \$200 maximum).*

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Capital District Physicians' Health Plan, Inc. | CDPHP Universal Benefits,® Inc. | Capital District Physicians' Healthcare Network, Inc. 24-27995



Mental Health and Substance Use

Here for you, when you need us most.

It can be tough to ask for help, and you may not know where to turn. If you're ready to take the first step, CDPHP® is here for you and your family. Our Behavioral Health Access Center is made up of a team of mental health care experts who understand what you're going through and can point you in the right direction.

Give us a call at **1-888-320-9584** between 8 a.m. and 6 p.m., Monday through Friday. If you need help afterhours, or if this is an emergency, press "1" to be connected with our crisis line.

LOCAL, IN-PERSON CARE

CDPHP partners with the area's best psychologists, psychiatrists, social workers, therapists, clinics, and facilities for all of your mental health and substance use disorder needs. If you're ready to meet with a local professional, visit **findadoc.cdphp.com** to locate a provider near you. If you need help selecting a provider that's right for you, just give us a call at **1-888-320-9584**.

VIRTUAL MENTAL HEALTH CARE

Technology makes it easier than ever to receive mental health services from the comfort of your home. CDPHP partners with some of the nation's best virtual mental health care providers, who offer counseling and medications (if needed).

	aptihealth aptihealth.com/CDPHP	Doctor On Demand® cdphp.com/doctorondemand	Valera cdphp.com/valera
Age Treated and Location	Adults, adolescents, and children 5+ years of age who live in New York state	Adults, adolescents, and children of all ages who live in the United States	Adults, adolescents, and children 12+ years of age who live in New York and other participating states
Specialty	Mild symptoms to severe, perinatal and postpartum depression, persistent mental illness	Mild symptoms to severe, perinatal and postpartum depression, relationships, trauma, and loss	Mild symptoms to severe, perinatal and postpartum depression, culturally-competent care, including LGBTQ services
Care within	Five days to three weeks of clinical consultation	48 hours	Seven days to three weeks of initial consultation
Language	Translation services available	Translation services available	12+ languages, American Sign Language (ASL)

24/7 CRISIS HOTLINE: If you have an emergency, please contact **1-888-320-9584**. For help afterhours, press "1" to be connected with our crisis hotline. Or, text **988** to reach the NYS Crisis Lifeline.

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc., CDPHP Universal Benefits, Inc., and Capital District Physicians' Healthcare Network, Inc. (collectively referred to as CDPHP®) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. CDPHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services

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注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。



Logging into Your Account

By setting up a member account, you can easily access health resources from the comfort of your home computer, laptop, or mobile device.

Not registered yet? It's easy. Navigate to member.cdphp.com and click the **Register** link to create an account. You will need your member ID number (from your ID card) and a few other pieces of identifying information.

Here is an overview of resources available to you once you've logged in:

Self-Serve Options	Name or change your PCP (for applicable plans), complete the Release of Information (ROI) form, and submit reimbursement for medical claims paid out of pocket.
CDPHP® Price Check™	Get an estimated cost on a range of health care services before you choose a provider. This tool gives you more control of your health care dollars by allowing you to compare prices and plan for expenses in advance.
Benefits Information	A breakdown of your medical, prescription, and dental plans, as well as your funding account details (if any).
Claims Center	Use this tool to check the status of medical, dental, and prescription claims for you and your dependents under the age of 18.
Deductible Accumulator and Limit Information	Know how much of your deductible has been satisfied and the benefit limits for various services.
Dental Benefits	View your dental benefits and claims activity, find a dentist, and more.
Drug Coverage and Pricing	View your prescription drug plan and benefits, find in-network pharmacies, and more.
Healthy Activities and Challenges	Earn CDPHP Life Points® Rewards by taking steps to better your health.*
Funding Accounts (if applicable)	Access your HRA, FSA, and/or HSA account details, including your contributions and balance. You can also track spending, view and submit claims, and substantiate debit card transactions.
Contact Us	This tool comes in handy when you need to communicate securely via email with CDPHP regarding a benefit or claims inquiry.
Member ID Cards	Misplaced your ID card? No problem! Click this option to view and print your ID card and order a new one for yourself and your covered family members. You can also download the My CDPHP app on your smartphone to have your ID card handy at all times.
My Account	This page lists the personal information CDPHP has on file for you, including your name, address, date of birth, phone number, and more. Use the Edit function to make updates.
Helpful Videos	View tutorials on staying healthy, finding care, and understanding health insurance, and more by logging into your member account, clicking the Health & Wellness tab, and selecting Helpful Videos .

Need help getting started? Call a CDPHP member services representative at the number on your ID card.

* Life Points Rewards available on most group plans.



Flexible Spending Account: Flex

- FSA is a stand alone product meaning you do not need to be enrolled in a medical plan at CEO to enroll.
- A funding arrangement through Flex, where you can put aside pre-tax dollars from your paycheck to help fund any copays, deductibles, or coinsurance.
- In addition to medical expenses, you can use your FSA for any section 213(d) qualified expense, which includes dental and vision expenses. FSA can be used to help fund dependent care for children under 12.
- Elections will be calculated on the number of pay periods from your effective date to 12/31/2025.
- \$660 rollover feature– this allows to rollover a portion of your unused funds to the next plan year. Funds are 'released' after the claims run out, typically end of March.

Why should I consider enrolling in the FSA? If this past year you:

- Felt like you paid a lot of healthcare expenses out of pocket
- If you have high cost medications
- Planned medical or dental procedures
- Satisfied your deductible in 2024
- How much should I consider electing for my FSA?

Healthcare services incurred throughout the year can not always be expected. The best suggestion to decide how much to put in your FSA is based on last year's medical history. Keep in mind if you see a specialist regularly, if you take medications every month, if you have a planned inpatient hospitalization (ie. birth of a child), if you plan to get new glasses, if you wear contacts, if you need dental work.

	Health FSA	Dependent Care FSA
Minimum Election	\$500	\$500
Maximum Election	\$3,300	\$5,000
Allocation Available	Day 1	As money is accrued

myflexaccount.com For Participants



Manage Your Benefits Online

The myflexaccount.com participant web site offers you a helping hand with your FSA, HRA, HSA, or Commuter Plan before and after logging in.

Resources Available *Before* You Log in

Get general account questions answered with these useful resources:

- ✓ Educational videos
- ✓ Eligible expense lists
- ✓ Plan calculators
- ✓ FAQs and more

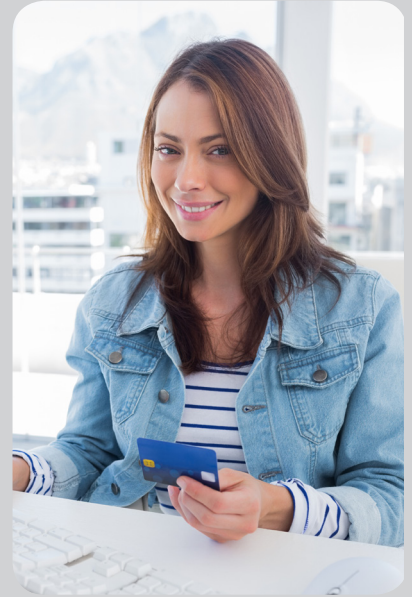


Resources Available *After You Log in*

Get the details for yourself and any dependents:

- ✓ View your benefit information, including account balance, transaction history and claim status
- ✓ Submit new claims online and add receipts to pending claims
- ✓ Edit personal demographic information
- ✓ Update reimbursement method
- ✓ Track medical, dental, vision and prescription expenses
- ✓ Get important announcements from your employer
- ✓ Set communication preferences
- ✓ Register your mobile phone for SMS text alerts
- ✓ Enroll online (if applicable)
- ✓ Manage your Flex Card (if applicable)

Pay Providers or Pay Yourself



Pay your provider directly or reimburse yourself for services you've paid for out-of-pocket from myflexaccount.com.

Get started on your way to *Save & Spend Healthy*

Visit myflexaccount.com today



Common FSA Eligible Expenses

FSA's can save you up to 30% on everyday expenses

Health Care FSA

Health Plan Related Expenses

- ✓ Prescription Drugs
- ✓ Co-payments
- ✓ Doctor Visits
- ✓ Hospital Charges

Dental Care

- ✓ Dental Exams and Cleanings
- ✓ Fillings, Root Canals and Crowns
- ✓ Dentures and Bridges
- ✓ Orthodontia

Vision Care

- ✓ Eyeglasses
- ✓ Contact Lenses
- ✓ Contact Lens Solution
- ✓ Laser Vision Correction

Medical Supplies

- ✓ Bandages
- ✓ Digital Thermometers
- ✓ First Aid Kits
- ✓ Over-the-Counter Medications



Save and Spend Healthy!



Limited Purpose FSA

Dental Care

- ✓ Dental Exams and Cleanings
- ✓ Fillings, Root Canals and Crowns
- ✓ Dentures and Bridges
- ✓ Orthodontia

Vision Care

- ✓ Eyeglasses
- ✓ Contact Lenses
- ✓ Contact Lens Solution
- ✓ Laser Vision Correction

Dependent Care FSA

- ✓ Day Care Centers
- ✓ Preschool Charges
- ✓ Before- and After-School Care
- ✓ Summer Day Camp
- ✓ In- and Out-of-Home Care for Children or the Elderly



Save on daycare costs!

Ready to Save?

Enroll in the FSA and start saving on these expenses and more.



Dependent Care FSA

Do you want to save 30% on daycare or caregiving expenses? Enrolling in a dependent care flexible spending account (FSA) can save you up to \$1,500 a year.

What is a dependent care FSA?

A dependent care FSA is an account that lets you set aside money before taxes to pay care providers who watch your children and eligible dependents while you're at work.

What can it be used for?

Eligible expenses include before- or after-school care for children 12 or younger, custodial care for dependent adults, licensed daycare centers, a nanny or au pair, preschools, and day camps.

How does it work?

1. During open enrollment, sign up for a dependent care FSA.
2. Choose how much money you'd like to set aside for daycare or caregiving expenses.
3. The amount of money you've chosen will be divided equally and deducted from your paycheck over the course of the year.

When can I use it?

Reimbursement won't be processed until you have enough funds in your account.

Helpful Tips

Plan ahead to maximize your dependent care FSA and use all your funds each year.

- Calculate how much you would normally spend on your dependents' care for 12 months.
- Note that there is an annual contribution limit.
- Set up direct deposit to receive reimbursements faster.
- Download the app to check your account balance and send your claim by uploading a photo of your detailed receipt.

Did You Know?

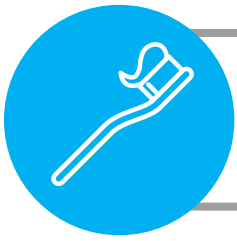
- You can also use funds for a licensed after-school program or summer camp if your child is age 12 or younger or is disabled.
- If you experience a qualifying event, like having a baby or assuming care for an elderly person, you can sign up outside of the annual enrollment period.
- If your care provider changes rates or fees, you may also adjust the amount you set aside.

Sign up for a dependent care FSA and start saving today!

www.myflexaccount.com

8770 W Bryn Mawr Ave #1290W
Chicago IL 60631
888-345-7990





Dental Insurance

Participating Dentist vs. Non-Participating Dentist

Under this plan you have the freedom to see any provider you chose. However, if your dentist is participating, it will reduce or eliminate out of pocket expenses. When seeing an out of network provider, they may balance bill you, which increases your out of pocket expense.

Guardian Network

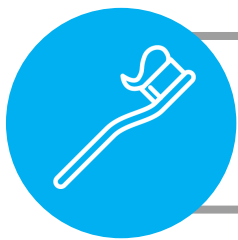
To take advantage of in network (participating) dentists, you want to make sure they participate with the Guardian DentalGuard Preferred Network.

Pre-Determination or Pre-Treatment Plan

When you are going for dental services other than a routine cleaning or exam, you should have your dental office submit a pre-determination or pre-treatment plan on your behalf. The dental office submits a form to the insurance carrier outlining all of the anticipated services and Guardian in turn tells the dental office at what percentage the services are covered, how much of the annual maximum has been used, and most importantly what your expected out of pocket cost is.

Please note the Guardian ID Cards are generic and are available on the Guardian website:

www.guardiananytime.com we also attached a PDF copy of the generic card on HR connection.



Dental Insurance: Guardian

The Guardian Dental Plans		
Benefit	In Network	Out of Network
Annual Deductible <i>Amount you must pay before the plan begins to pay</i>	\$50; max 3 per (waived for Diagnostic & Preventive services)	
Annual Benefit Maximum <i>Maximum amount the plan will pay per person enrolled, in a year. Once this money is exhausted you are responsible for your dental expenses in full.</i>	\$2,000	
Preventive & Diagnostic Services <i>(eligible once per 6 months) Oral exams, cleanings, sealants</i>	90%	90%
Basic Services <i>X-rays, fillings, Root canals, periodontal services, simple extractions</i>	80%	80%
Major Services <i>Bridges, dentures, crowns, inlays, onlays</i>	50%	50%
Orthodontia	\$1,250 Lifetime maximum	
Roll Over	Yes	

Limitations or exclusions may apply.

**** Keep in mind that if you exhaust your annual maximum, you are responsible for the full cost of the dental service, regardless of the percentage that is listed above. **Note:** This includes routine cleanings.**

Dependent age limits: 19 unless proof of full time student status, then to age 23

Dental Maximum Rollover[®]

Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$2000	\$800	\$400	\$600	\$1500
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed \$3,500 in total

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

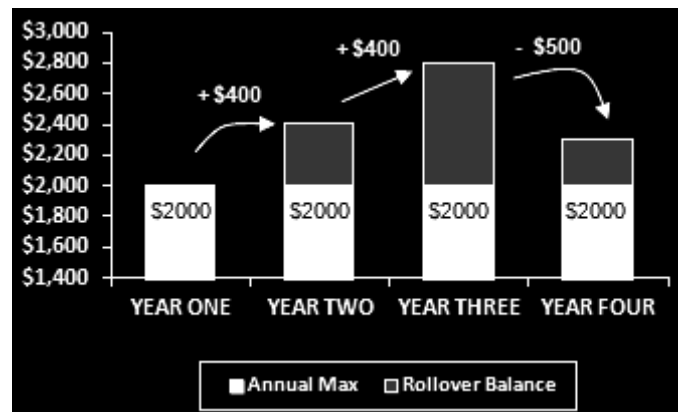
Here's how the benefits work:

YEAR ONE: Jane starts with a \$2000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$800 Threshold, she receives a \$400 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of \$2,400. This year, she submits \$50 in claims and receives an additional \$400 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of \$2,800. This year, she submits \$2,500 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

YEAR FOUR: Jane's Plan Annual Maximum is \$2,300 (\$2,000 Plan Annual Maximum + \$300 remaining in her Maximum Rollover Account).



For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

NOTES:

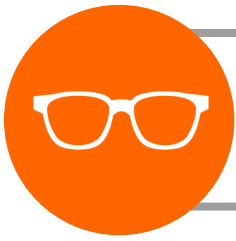
You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Policy Form #GP-1-DG2000, et al.



Guardian Vision

Your vision coverage provides a full range of vision care services provided through Guardian. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a manual claim for reimbursement.

Guardian Network

To take advantage of in network (participating) vision providers, you want to make sure they participate with the Davis Network.

Please note the Guardian ID Cards are generic and are available on the Guardian website:

www.guardiananytime.com we also attached a PDF copy of the generic card on HR connection.

Davis Full Feature		
Benefits	In Network	Out of Network
Vision Exam <i>Once every 12 months</i>	\$10	\$46 Allowance
Eyeglass Frames <i>Once every 24 months</i>	\$135 Allowance + 20% off remaining balance	\$47 Allowance
Eyeglass Lenses Once every 12 months		
Single	\$10	\$47 Allowance
Bifocal	\$10	\$66 Allowance
Trifocal	\$10	\$85 Allowance
Lenticular	\$10	\$125 Allowance
<i>*Lens upgrades apply additional copays</i>		
Contact Lenses <i>Once every 12 months</i>		
Medically Necessary	Covered in full	\$210 Allowance
Elective	\$135 Allowance +15% off	\$105 Allowance

* Additional discounts may not be available at Sam's Club or Walmart Dependent age limits: 19 unless proof of full time student status, then to age 23

Board-certified providers ready to care for you.



Primary Care

Ongoing care to address a range of primary care needs to help you get well and stay well.

- Wellness visits
- **Routine Screenings for Hypertension, Diabetes, & more**
- Age-appropriate screenings, e.g. mammograms, colonoscopies, and more
- **Labs** for cholesterol, blood sugar, & more
- Smoking cessation
- Chronic disease management

Urgent & Emergency Care

A convenient, cost-effective alternative to going to urgent care or to the emergency room. Get treated within minutes, not hours.

UCM does not turn any patients away. We are proud to treat a wide range of complex conditions and injuries, including, but not limited to:

- Upper respiratory infection
- Urinary tract infection
- Cough, sore throat, or flu
- Abdominal pain
- Rashes or Pink eye
- Nausea, vomiting, or diarrhea
- Headaches
- COVID-19
- Ear problems

Mental Health Care

Unlimited, confidential consults with Masters and Ph.D. level trained counselors.

- Anxiety and Depression
- Alcohol or drug abuse
- Child or family issues
- Caring for the Caregiver
- Marital or relationship issues
- Parenting
- Grief
- Sexual, physical, or mental abuse

Our Benefits

- Easy to access via phone, mobile app, or online.
- Cost-effective and convenient.
- Concierge service from a care coordinator to handle follow-ups like prescriptions, labs, and referrals when needed. We even follow up with each patient after a consult to see how they are doing!
- Access to "Up to Date", evidence-based clinical information to learn more about health topics directly on the app.

www.sambyucm.com
1-844-4-VIP-DOC



Download the
"Sam by UCM"
Mobile App



Thank you for trusting us with your health!



MAKE UCM DIGITAL HEALTH YOUR FIRST STOP FOR ALL OF YOUR HEALTHCARE NEEDS.

PRIMARY CARE

- Wellness visits
- Routine preventive screenings
- Labs and imaging
- Smoking cessation
- Weight management
- Nutrition counseling
- Chronic disease management

AND MORE!

- Emergencies, injuries, and illnesses*
- Urinary tract infections
- COVID-19, the flu, and upper respiratory infections
- Dermatology
- School or work notes
- Prescription refills and referrals

**Treatment provided for any emergencies deemed as non-life threatening.*

We hope that you continue to see us for your ongoing primary care needs, and more!

Benefits of virtual primary care with UCM Digital Health:

- **Fast:** Appointments available within days, not weeks
- **High quality:** Dedicated time with a board-certified provider
- **Saves time:** Connect with a provider within minutes from the comfort of your home
- **Saves money:** Lower cost than an in-person office visit
- **Simplifies follow-up:** Care coordinators handle follow-ups for you, including referrals and more

DOWNLOAD THE "SAM BY UCM" MOBILE APP!

1-844-4-VIP-DOC
WWW.GOSEESAM.COM



TELEHEALTH FOR YOU.

Physical and mental health go hand in hand. Sam is here to help.

Access to mental health counseling is in the palm of your hand with Sam, the telehealth app from UCM Digital Health.

You now have access to confidential mental health counseling and care coordination through UCM's telehealth service.

This service is to help you manage your overall well-being and is available to you and your immediate family members for help with:

- Alcohol and drug abuse
- Anxiety and depression
- Child and family issues
- Dealing with change
- Parenting and elder care
- Healthy living practices
- PTSD
- And more.



Available 24/7 via phone, mobile app or website



Confidential, treated by mental health clinicians



Paid for by employer, no co-pay or out-of-pocket cost.*



Ongoing care, direct referrals for further levels of care



Convenient access on mobile device via mobile app

Remember, mental health is part of overall well-being. Download the Sam app today, and have access to mental health counseling in the palm of your hand, anytime you need it.

A

SAM BY UCM MOBILE APP



B

VISIT WWW.GOSEESAM.COM



C

CALL US BY PHONE

844-4-VIP-DOC
(844-484-7362)

* HDHP/HSA qualified plans have a \$10 consult fee



Life Insurance: Guardian

Group Life Insurance

Life Insurance helps protect your family from financial risk and sudden loss of income in the event of your death.

Guarantee Issue means that the insurance company will insure you regardless of your health, provided you apply during your initial eligibility period or open enrollment. This program provides a maximum of \$50,000 of Guarantee Issue and if your spouse will be guaranteed a maximum of \$20,000 of group term life insurance.

\$250,000 is the maximum amount of insurance available to an employee through this program (in \$10,000 increments). Amounts in excess of \$50,000 require Evidence of Insurability.

Your child(ren) may be insured for either \$2,500, \$5,000 or \$10,000. The monthly cost for this amount of insurance is \$.50 for \$2,500, \$1.00 for \$5,000, or \$10,000 for \$2.00 per family.

Basic Group Life Insurance	
Employee Benefit <i>Guarantee Issue</i>	\$50,000
Maximum Life Benefit Amount	\$250,000 with approved Evidence of Insurability
Benefit Reduction	Yes: Age 65 = Reduction 65% Age 70 = Reduction 40%
Portable	Yes
Evidence of Insurability <i>Medical Underwriting</i>	Yes, if you elect over \$50k



Your life coverage

VOLUNTARY TERM LIFE

Employee Benefit	\$10,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
Spouse/Domestic Partner Benefit	\$5,000 increments to a maximum of \$100,000. See Cost Illustration page for details.‡
Child Benefit	Your dependent children age 14 days to 26 years. \$2,500 increments to a maximum of \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	We Guarantee Issue coverage up to: Employee Less than age 65 \$50,000, \$0, 70+ \$10,000. Spouse Less than age 65 \$20,000, 65-69 \$10,000, \$0. Dependent children \$10,000.
Premiums	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes



Your life coverage

VOLUNTARY TERM LIFE

<p>Waiver of Premiums: Premium will not need to be paid if you are totally disabled.</p>	<p>For employees disabled prior to age 60, with premiums waived until age 65, if conditions met</p>
<p>Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.</p>	<p>35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80</p>

Subject to coverage limits

‡ **Spouse/DP coverage terminates at age 70.**

Annual Election Option allows employees to increase the amount of their life coverage without a medical exam when they re-enroll in their company's Voluntary Life plan. This option allows employees to step up to an amount of up to \$50,000, up to the Guarantee Issue amount.

Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style.

Policy Election Amount	Monthly premiums displayed.								
	Policy Election Cost Per Age Bracket								
Employee	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$10,000	\$.70	\$.90	\$ 1.20	\$ 1.90	\$ 3.20	\$ 5.40	\$ 8.50	\$ 13.10	\$ 23.60
\$20,000	\$ 1.40	\$ 1.80	\$ 2.40	\$ 3.80	\$ 6.40	\$ 10.80	\$ 17.00	\$ 26.20	\$ 47.20
\$30,000	\$ 2.10	\$ 2.70	\$ 3.60	\$ 5.70	\$ 9.60	\$ 16.20	\$ 25.50	\$ 39.30	\$ 70.80
\$40,000	\$ 2.80	\$ 3.60	\$ 4.80	\$ 7.60	\$ 12.80	\$ 21.60	\$ 34.00	\$ 52.40	\$ 94.40
\$50,000	\$ 3.50	\$ 4.50	\$ 6.00	\$ 9.50	\$ 16.00	\$ 27.00	\$ 42.50	\$ 65.50	\$ 118.00
\$60,000	\$ 4.20	\$ 5.40	\$ 7.20	\$ 11.40	\$ 19.20	\$ 32.40	\$ 51.00	\$ 78.60	\$ 141.60
\$70,000	\$ 4.90	\$ 6.30	\$ 8.40	\$ 13.30	\$ 22.40	\$ 37.80	\$ 59.50	\$ 91.70	\$ 165.20
\$80,000	\$ 5.60	\$ 7.20	\$ 9.60	\$ 15.20	\$ 25.60	\$ 43.20	\$ 68.00	\$ 104.80	\$ 188.80
\$90,000	\$ 6.30	\$ 8.10	\$ 10.80	\$ 17.10	\$ 28.80	\$ 48.60	\$ 76.50	\$ 117.90	\$ 212.40
\$100,000	\$ 7.00	\$ 9.00	\$ 12.00	\$ 19.00	\$ 32.00	\$ 54.00	\$ 85.00	\$ 131.00	\$ 236.00
\$110,000	\$ 7.70	\$ 9.90	\$ 13.20	\$ 20.90	\$ 35.20	\$ 59.40	\$ 93.50	\$ 144.10	\$ 259.60
\$120,000	\$ 8.40	\$ 10.80	\$ 14.40	\$ 22.80	\$ 38.40	\$ 64.80	\$ 102.00	\$ 157.20	\$ 283.20
\$130,000	\$ 9.10	\$ 11.70	\$ 15.60	\$ 24.70	\$ 41.60	\$ 70.20	\$ 110.50	\$ 170.30	\$ 306.80
\$140,000	\$ 9.80	\$ 12.60	\$ 16.80	\$ 26.60	\$ 44.80	\$ 75.60	\$ 119.00	\$ 183.40	\$ 330.40
\$150,000	\$ 10.50	\$ 13.50	\$ 18.00	\$ 28.50	\$ 48.00	\$ 81.00	\$ 127.50	\$ 196.50	\$ 354.00
\$160,000	\$ 11.20	\$ 14.40	\$ 19.20	\$ 30.40	\$ 51.20	\$ 86.40	\$ 136.00	\$ 209.60	\$ 377.60
\$170,000	\$ 11.90	\$ 15.30	\$ 20.40	\$ 32.30	\$ 54.40	\$ 91.80	\$ 144.50	\$ 222.70	\$ 401.20
\$180,000	\$ 12.60	\$ 16.20	\$ 21.60	\$ 34.20	\$ 57.60	\$ 97.20	\$ 153.00	\$ 235.80	\$ 424.80
\$190,000	\$ 13.30	\$ 17.10	\$ 22.80	\$ 36.10	\$ 60.80	\$ 102.60	\$ 161.50	\$ 248.90	\$ 448.40
\$200,000	\$ 14.00	\$ 18.00	\$ 24.00	\$ 38.00	\$ 64.00	\$ 108.00	\$ 170.00	\$ 262.00	\$ 472.00
\$210,000	\$ 14.70	\$ 18.90	\$ 25.20	\$ 39.90	\$ 67.20	\$ 113.40	\$ 178.50	\$ 275.10	\$ 495.60
\$220,000	\$ 15.40	\$ 19.80	\$ 26.40	\$ 41.80	\$ 70.40	\$ 118.80	\$ 187.00	\$ 288.20	\$ 519.20
\$230,000	\$ 16.10	\$ 20.70	\$ 27.60	\$ 43.70	\$ 73.60	\$ 124.20	\$ 195.50	\$ 301.30	\$ 542.80
\$240,000	\$ 16.80	\$ 21.60	\$ 28.80	\$ 45.60	\$ 76.80	\$ 129.60	\$ 204.00	\$ 314.40	\$ 566.40
\$250,000	\$ 17.50	\$ 22.50	\$ 30.00	\$ 47.50	\$ 80.00	\$ 135.00	\$ 212.50	\$ 327.50	\$ 590.00
Policy Election Amount									
Spouse/DP									
\$5,000	\$.35	\$.45	\$.60	\$.95	\$ 1.60	\$ 2.70	\$ 4.25	\$ 6.55	\$ 11.80
\$10,000	\$.70	\$.90	\$ 1.20	\$ 1.90	\$ 3.20	\$ 5.40	\$ 8.50	\$ 13.10	\$ 23.60

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

COMMISSION ON ECONOMIC OPPORTUNITY FOR THE GREATER CAPITAL REGION INC

ALL OTHER ELIGIBLE EMPLOYEES

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$15,000	\$1.05	\$1.35	\$1.80	\$2.85	\$4.80	\$8.10	\$12.75	\$19.65	\$35.40
\$20,000	\$1.40	\$1.80	\$2.40	\$3.80	\$6.40	\$10.80	\$17.00	\$26.20	\$47.20
\$25,000	\$1.75	\$2.25	\$3.00	\$4.75	\$8.00	\$13.50	\$21.25	\$32.75	\$59.00
\$30,000	\$2.10	\$2.70	\$3.60	\$5.70	\$9.60	\$16.20	\$25.50	\$39.30	\$70.80
\$35,000	\$2.45	\$3.15	\$4.20	\$6.65	\$11.20	\$18.90	\$29.75	\$45.85	\$82.60
\$40,000	\$2.80	\$3.60	\$4.80	\$7.60	\$12.80	\$21.60	\$34.00	\$52.40	\$94.40
\$45,000	\$3.15	\$4.05	\$5.40	\$8.55	\$14.40	\$24.30	\$38.25	\$58.95	\$106.20
\$50,000	\$3.50	\$4.50	\$6.00	\$9.50	\$16.00	\$27.00	\$42.50	\$65.50	\$118.00
\$55,000	\$3.85	\$4.95	\$6.60	\$10.45	\$17.60	\$29.70	\$46.75	\$72.05	\$129.80
\$60,000	\$4.20	\$5.40	\$7.20	\$11.40	\$19.20	\$32.40	\$51.00	\$78.60	\$141.60
\$65,000	\$4.55	\$5.85	\$7.80	\$12.35	\$20.80	\$35.10	\$55.25	\$85.15	\$153.40
\$70,000	\$4.90	\$6.30	\$8.40	\$13.30	\$22.40	\$37.80	\$59.50	\$91.70	\$165.20
\$75,000	\$5.25	\$6.75	\$9.00	\$14.25	\$24.00	\$40.50	\$63.75	\$98.25	\$177.00
\$80,000	\$5.60	\$7.20	\$9.60	\$15.20	\$25.60	\$43.20	\$68.00	\$104.80	\$188.80
\$85,000	\$5.95	\$7.65	\$10.20	\$16.15	\$27.20	\$45.90	\$72.25	\$111.35	\$200.60
\$90,000	\$6.30	\$8.10	\$10.80	\$17.10	\$28.80	\$48.60	\$76.50	\$117.90	\$212.40
\$95,000	\$6.65	\$8.55	\$11.40	\$18.05	\$30.40	\$51.30	\$80.75	\$124.45	\$224.20
\$100,000	\$7.00	\$9.00	\$12.00	\$19.00	\$32.00	\$54.00	\$85.00	\$131.00	\$236.00
Policy Election Amount									
Child(ren)									
\$2,500	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50
\$5,000	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00
\$7,500	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50
\$10,000	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Spouse/DP coverage premium is based on Employee age.

†Benefit reductions apply.



All Employees are eligible for the Guardian EAP program even if you do not enroll in a Guardian product

Employee Assistance Program Overview

Our comprehensive WorkLifeMatters Employee Assistance Program¹, available through Integrated Behavioral Health, provides you and your family members with confidential, personal and web-based support on a wide variety of important and relevant topics — such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

Employee assistance program (EAP) consultative services

- **Telephonic Counseling** — Unlimited, 24/7 consultations with master's and doctoral-level counselors
- **Face-to-face Counseling** — Up to 3 visits per employee/household member per year
- **Bereavement** — Support available through telephonic or face-to-face sessions; online resources available on EAP website
- **Tobacco Cessation Coaching** — Unlimited telephonic support and resources to assist with tobacco cessation; refers members directly to the American Lung Association's Quit program
- **EAP Website Resources** — Comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP Consultant or email an EAP Counselor through the website
- **College Planning Resources** — Expert assistance in finding the right college that fits your child academically, socially and financially, provided by College Planning USA

Work/life assistance & resources

- **WorkLife Services** — Unlimited 24/7 access to WorkLife Specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, and balancing work/life responsibilities
- **Child and Elder Care Referral** — Unlimited telephonic consultation with a WorkLife Specialist (part of WorkLife Services)
- **Employee Discounts** — Access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more
- **Webinars, Podcasts, Articles and FAQs** — Various topics available on the EAP website

Legal/financial assistance & resources

- **Legal Consultation** — Unlimited telephonic support and free initial 30 minute face-to-face consultation with an attorney, includes a 25% discount on attorney services thereafter; online legal forms; extensive online law library
- **Financial Consultation** — Unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators
- **ID Theft** — Free consultation with a trained Fraud Resolution Specialist that will assist with ID theft resolution and education; ID theft educational materials available online
- **Will Prep** — Online self-service documents available on EAP website; 30 minute consultation (part of Legal Consultation offering) can be used for estate planning/will preparation
- **Legal Document Preparation** — Online self-service documents available on the EAP website
- **Tax Consultation** — Tax questions only can be answered as part of the Financial Consultation offering
- **Online Self-Service Documents** — Examples include, but are not limited to: Living Trust, Will, Power of Attorney, Deeds

lbhworklife.com

User Name: Matters

Password: wlm70101

Phone: 1 800 386 7055

Available 24 hours a day, 7 days a week²

The Guardian Life Insurance
Company of America

guardiananytime.com

New York, NY

2018-58488 (04-20)

¹ WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

² Office hours: Monday-Friday 6 a.m.–5 p.m. PST.

NYS Health Insurance for Children

Child Health Plus (CHIP) or Children’s Medicaid

To be eligible, the child must be under the age of 19 and a resident of New York State

- Eligibility depends on gross family income
- There are dozens of insurance providers across New York State that accept these coverages
- Your monthly premium is based on your monthly income and family size
- Under Child Health Plus, there are no copay for services
- To learn more about these programs:

Call: 1-800-698-4543 (1-800-698-4KIDS)

Visit: https://www.health.ny.gov/health_care/child_health_plus/

Email: chplus@health.ny.gov

2024 Child Health Plus (CHIP) – 2025 Anticipated Release in Q1

Family Contributions	Monthly Income by Family Size* (Effective for applications received on or after 2/18/2024)								Each Additional Person, Add:
	1	2	3	4	5	6	7	8	
Free Insurance	\$2,787	\$3,782	\$4,777	\$5,772	\$6,768	\$7,763	\$8,758	\$9,754	\$996
\$15 PCPM (Max of \$45 per family)	\$3,138	\$4,259	\$5,380	\$6,500	\$7,621	\$8,742	\$9,863	\$10,984	\$1,121
\$30 PCPM (Max of \$90 per family)	\$3,765	\$5,110	\$6,455	\$7,800	\$9,145	\$10,490	\$11,835	\$13,180	\$1,345
\$45 PCPM (Max of \$135 per family)	\$4,393	\$5,962	\$7,531	\$9,100	\$10,670	\$12,239	\$13,808	\$15,377	\$1,570
\$60 PCPM (Max of \$180 per family)	\$5,020	\$6,814	\$8,607	\$10,400	\$12,194	\$13,987	\$15,780	\$17,574	\$1,794
Full Premium See Insurance Carrier	Over \$5,020	Over \$6,814	Over \$8,607	Over \$10,400	Over \$12,194	Over \$13,987	Over \$15,780	Over \$17,574	Over \$1,794

2024 Children’s Medicaid – 2025 Anticipated Release in Q1

Family Contributions	Monthly Income by Family Size*								Each Additional Person, Add:
	1	2	3	4	5	6	7	8	
Children Under 1*	\$2,799	\$3,799	\$4,799	\$5,798	\$6,798	\$7,798	\$8,798	\$9,798	\$1,000
Children 1 to 18 Years Old	\$1,933	\$2,624	\$3,314	\$4,004	\$4,695	\$5,385	\$6,076	\$6,766	\$691

*Pregnant Women: Household size calculation includes all expected children.

AFLAC CHOICE

FIXED INDEMNITY HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

Policy NYB40100; Riders NYB40050 and NYRB40051



Life is full of tough choices, but this isn't one of them.

Aflac Choice makes selecting the right coverage easier and less stressful. With your trusted Aflac agent you can tailor Aflac Choice to meet your specific needs and enhance your existing coverage. Choose the options you want and ignore the rest.

Here's how we can help

Aflac Choice offers our best selection of hospital-related benefits to help with the expenses not covered by major medical, which can help prevent high deductibles and out-of-pocket expenses from derailing your life plans.

If choosing the right coverage has given you one giant headache in the past, don't worry. We're here to help.

Why Aflac Choice may be the right policy for you

- It's customizable. You choose the plan that's right for you based on your specific needs. It also works well with our other products.
- Guaranteed-issue options available—that means there is no medical questionnaire required.*
- We pay cash directly to you (unless otherwise assigned)—not the doctor or hospital.



*Payment of claims is subject to all policy limitations and exclusions and pre-existing condition limitations.

Aflac herein means American Family Life Assurance Company of New York.


Understand the difference Aflac makes in your financial security.


Aflac pays cash benefits directly to you, unless otherwise assigned, for covered hospital expenses. We provide you with financial resources to help you overcome some of the unexpected expenses associated with a visit to the hospital, giving you less to worry about so you can focus your energy on getting better.

How it works

AFLAC CHOICE FIXED INDEMNITY HOSPITAL CONFINEMENT INDEMNITY INSURANCE - OPTION 1

POLICYHOLDER FEELS A SHARP PAIN IN HIS RIGHT SIDE AND DECIDES TO VISIT HIS URGENT CARE CLINIC FOR CARE.

 DOCTOR DIAGNOSES APPENDICITIS, SENDS PATIENT TO HOSPITAL BY AMBULANCE.

 PATIENT HAS LAB TEST AND DIAGNOSTIC EXAM IN HOSPITAL ER. UNDERGOES SURGERY AND RELEASED AFTER 3 DAYS.

Choice 1	Choice 2	Choice 3	Choice 4
\$1,750	\$2,250	\$2,160	\$2,660
Aflac Choice Policy	Policy + Hospital Stay and Surgical Care Rider	Policy + Extended Benefits Rider	Policy + Both Riders

The above example is based on four scenarios. **Choice 1 Scenario:** Policyholder has the Aflac Choice policy only; includes a Hospital Emergency Room Benefit of \$150 (1 day), a Daily Hospital Confinement Benefit of \$100 (2 days), and an Annual Hospital Admission Benefit of \$1,500. **Choice 2 Scenario:** Policyholder has the Aflac Choice policy plus the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Surgery Benefit (appendectomy) of \$200 and a Daily Hospital Confinement Benefit of \$300 (hospitalized for 3 days). **Choice 3 Scenario:** Policyholder has the Aflac Choice policy plus the Extended Benefits Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of \$25, a Laboratory Test and X-Ray Benefit of \$35, a Medical Diagnostic and Imaging Exams Benefit of \$150, and an Ambulance Benefit of \$200 (ground). **Choice 4 Scenario:** Policyholder has the Aflac Choice policy plus both the Extended Benefits Rider and the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of \$25, a Laboratory Test and X-Ray Benefit of \$35, a Medical Diagnostic and Imaging Exams Benefit of \$150, an Ambulance Benefit of \$200 (ground), a Surgery Benefit (appendectomy) of \$200, and a Daily Hospital Confinement Benefit of \$300 (hospitalized for 3 days).

Benefits and/or premiums may vary based on state and benefit option selected. The policy has limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. Riders are available for an additional cost. The policy may contain a waiting period. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations and exclusions.

For more information, ask your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

Benefits overview Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:		
DAILY HOSPITAL CONFINEMENT	Pays \$50 per day, per covered person, for up to 365 days.		
ANNUAL HOSPITAL ADMISSION	Pays \$500; \$1,000; \$1,500; or \$2,000. You choose the benefit amount at the time of application. Payable once per period of hospital confinement, per calendar year, per covered person.		
REHABILITATION FACILITY	Pays \$100 per day; limited to 15 days per confinement. Limited to 30 days per calendar year, per covered person.		
HOSPITAL EMERGENCY ROOM	Pays \$150 per day for treatment in a hospital emergency room. Limited to 2 payments per calendar year, per covered person.		
HOSPITAL SHORT-STAY	Pays \$100 for hospital stays of less than 23 hours. Limited to 2 payments per calendar year, per policy.		
WAIVER OF PREMIUM	Yes		
CONTINUATION OF COVERAGE	Yes		
OPTIONAL RIDERS:	DESCRIPTION:		
EXTENDED BENEFITS RIDER	Physician Visit Benefit: Pays \$25 per day for visits to a physician, psychologist or urgent care center.		
	<table border="1"> <tr> <td>Individual Coverage: Limited to 3 visits per calendar year, per policy.</td> <td>Insured/Spouse & Family Coverage: Limited to 6 visits per calendar year, per policy.</td> </tr> </table>	Individual Coverage: Limited to 3 visits per calendar year, per policy.	Insured/Spouse & Family Coverage: Limited to 6 visits per calendar year, per policy.
	Individual Coverage: Limited to 3 visits per calendar year, per policy.	Insured/Spouse & Family Coverage: Limited to 6 visits per calendar year, per policy.	
<p>Laboratory Test and X-Ray Benefit: Pays \$35 per day; limited to 2 payments per covered person, per calendar year.</p> <p>Medical Diagnostic and Imaging Exams Benefit: Pays \$150 per day for a covered exam, limited to 2 exams per covered person, per calendar year. Benefits payable for a variety of medical diagnostic and imaging exams, including sleep studies.</p> <p>Ambulance Benefit: Pays \$200 per day (ground) or \$2,000 per day (air) for transportation to or from a hospital. The benefit is limited to two trips, per calendar year, per covered person.</p>			
HOSPITAL STAY AND SURGICAL CARE RIDER	<p>Surgery Benefit: Pays \$50-\$1,000 for a covered surgery. Limited to one payment per 24-hour period, per covered person.</p> <p>Invasive Diagnostic Exams Benefit: Pays \$100 per day for one covered exam, per covered person, per 24-hour period.</p> <p>Hospital Intensive Care Unit Confinement Benefit: Pays \$500 per confinement, per covered person.</p> <p>Daily Hospital Confinement Benefit: Pays \$100 per day, per covered person, for up to 365 days.</p> <p>Second Surgical Opinion Benefit: Pays \$50 once per covered person, per calendar year.</p>		

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits for covered accidental injuries directly to you, unless assigned. Your own peace of mind and the assurance that your family will have help financially are powerful reasons to consider Aflac.

The financial impact of an accident is often surprising. Most people have expenses after an accident they never thought of before. From out-of-pocket medical costs to a temporary loss of income, your finances may be strained. If you or a family member suffered an accidental injury, can your finances handle it?

What does the Aflac Accident Advantage policy include?

- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, and surgical procedures.
- Benefits payable for initial treatment, X-rays, major diagnostic exams, and follow-up treatments.
- Benefits payable for physical, speech, and occupational therapy.
- Daily hospitalization benefits payable for hospital stays, and additional daily benefits paid for stays in a hospital intensive care unit.

Why Aflac Accident Advantage may be the right choice for you:

- No underwriting questions to answer¹
- No coordination of benefits—we pay regardless of any other insurance you may have
- No network restrictions—you choose your own health care provider
- Portable—take the plan with you if you change jobs or retire
- 24-hour accident insurance

How it works



The above example is based on a scenario for the Aflac Accident Advantage – Option 3 that includes the following benefit conditions: Ambulance Benefit of \$200 (ground ambulance transportation); Accident Treatment Benefit of \$220 (hospital emergency room treatment with X-rays); Accident Specific-Sum Injuries Benefit of \$1,750 (fractured leg (femur)—open reduction under anesthesia); Initial Accident Hospitalization Benefit of \$1,000; Accident Hospital Confinement Benefit of \$165 (hospitalized for 1 day); Major Diagnostic and Imaging Exams Benefit of \$200 (CT scan); Appliances Benefit of \$300 (wheelchair); Therapy Benefit of \$450 (9 physical therapy treatments); Accident Follow-Up Treatment Benefit of \$300 (6 follow-up treatments); and Family Lodging Benefit of \$125 (hospital and motel/hotel more than 50 miles from residence).

Benefits and/or premium may vary based on state and benefit option selected. The policy has limitations and exclusions that may affect benefits payable. Riders are available for an additional cost. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the disclosure statement and policy for complete benefit details, definitions, limitations and exclusions.

¹Association and associate-only accounts have one underwriting question. Payment of claims is subject to all policy limitations and exclusions and pre-existing condition limitations.

AFLAC ACCIDENT ADVANTAGE – OPTION 3 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$1,000 when admitted for a hospital confinement of at least 18 hours or \$2,000 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	\$165 per day, up to 365 days per covered accident, per covered person
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	\$640 per day for up to 15 days, per covered accident, per covered person
ACCIDENT TREATMENT BENEFIT	Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: \$220 Hospital emergency room without X-ray: \$170 Office or facility (other than a hospital emergency room) with X-ray: \$170 Office or facility (other than a hospital emergency room) without X-ray: \$120
AMBULANCE BENEFIT	\$200 ground ambulance transportation or \$1,500 air ambulance transportation
BLOOD/PLASMA/PLATELETS BENEFIT	\$250 once per covered accident, per covered person
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$200 per calendar year, per covered person
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$50 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person
THERAPY BENEFIT	\$50 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person
APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below: Back brace: \$300 Wheelchair: \$300 Walker: \$100 Body jacket: \$300 Leg brace: \$125 Walking boot: \$100 Knee scooter: \$300 Crutches: \$100 Cane: \$25 Payable once per covered accident, per covered person
PROSTHESIS BENEFIT	\$800 once per covered accident, per covered person
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$800 once per covered person, per lifetime
REHABILITATION FACILITY BENEFIT	\$150 per day
HOME MODIFICATION BENEFIT	\$3,000 once per covered accident, per covered person
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	Pays benefits for the treatments listed below: DISLOCATIONS\$100–\$3,750 BURNS\$125–\$12,500 SKIN GRAFTS 50% of the burns benefitamount paid for the burn involved EYE INJURIES Surgical repair\$300 Removal of foreign body by a physician\$65 LACERATIONS Not requiring sutures.....\$35 Less than 5 centimeters.....\$65 At least 5 cm but not more than 15 cm\$250 Over 15 centimeters.....\$500 FRACTURES\$125–\$3,500 CONCUSSION (BRAIN)\$150 EMERGENCY DENTAL WORK Broken tooth repaired with crown.....\$400 Broken tooth resulting in extraction.....\$130 PARALYSIS Quadriplegia\$12,500 Paraplegia\$6,250 Hemiplegia\$4,750 SURGICAL PROCEDURES\$200–\$1,250 MISCELLANEOUS SURGICAL PROCEDURES\$120–\$300 PAIN MANAGEMENT (NON-SURGICAL) Epidural.....\$100
ACCIDENTAL-DEATH BENEFIT	Common-Carrier Accident Other Accident
	INSURED \$150,000 \$40,000
	SPOUSE \$150,000 \$40,000
	CHILD \$25,000 \$10,000
ACCIDENTAL-DISEMBLEMENT BENEFIT	\$300–\$40,000
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met
WAIVER OF PREMIUM BENEFIT	Yes
TRANSPORTATION BENEFIT	\$600 per round trip, up to 3 round trips per calendar year, per covered person
FAMILY LODGING BENEFIT	\$125 per night, up to 30 days per covered accident

REFER TO THE DISCLOSURE STATEMENT AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

AFLAC CANCER CARE

SPECIFIED-DISEASE INSURANCE

Policy NY78300

CC

CLASSIC

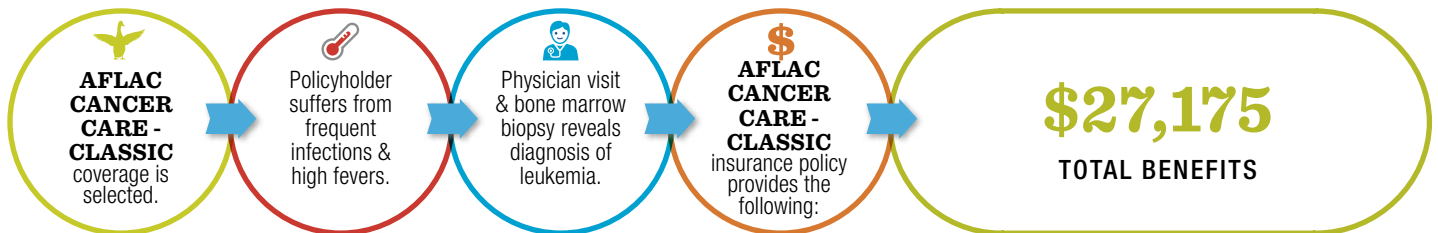
Added Protection for You and Your Family

Chances are you know someone who's been affected, directly or indirectly, by cancer. You also know the toll it's taken on them—physically, emotionally, and financially. That's why we've developed the Aflac Cancer Care insurance policy. The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills—the choice is yours.

And while you can't always predict the future, here at Aflac we believe it's good to be prepared. The Aflac Cancer Care plan is here to help you and your family better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs. That way you can worry less about what may be ahead.



HOW IT WORKS



The above example is based on a scenario for Aflac Cancer Care – Classic that includes the following benefit conditions: Physician visit (Cancer Wellness Benefit) of \$75, bone marrow biopsy (Surgical/Anesthesia Benefit) of \$125, National Cancer Institute Evaluation/Consultation Benefit of \$500, Initial Diagnosis Benefit of \$4,000, venous port (Surgical/Anesthesia Benefit) of \$125, Injected Chemotherapy Benefit (10 weeks) of \$6,000, Immunotherapy Benefit (3 months) of \$1,050, Antinausea Benefit (3 months) of \$300, Hospital Confinement Benefit (10-week hospitalization) of \$14,000, Blood/Plasma Benefit (10 transfusions) of \$1,000.

THE FACTS SAY YOU NEED THE PROTECTION OF AFLAC'S CANCER CARE PLAN:

FACT NO. 01

IN THE UNITED STATES, MEN HAVE SLIGHTLY LESS THAN A

1-in-2

LIFETIME RISK OF DEVELOPING CANCER.¹

FACT NO. 02

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

1-in-3

LIFETIME RISK OF DEVELOPING CANCER.¹

¹Cancer Facts & Figures 2012, American Cancer Society.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Aflac herein means American Family Life Assurance Company of New York.

Classic Cancer Care Benefit Overview

BENEFIT NAME

BENEFIT AMOUNT

Cancer Wellness Benefit	\$75 per year, per Covered Person
-------------------------	-----------------------------------

Cancer Diagnosis Benefits:

Initial Diagnosis Benefit	Insured/Spouse: \$4,000; Dependent Child: \$8,000; payable once per Covered Person
Medical Imaging With Diagnosis Benefit	\$135; two payments per year, per Covered Person; no lifetime max
NCI Evaluation/Consultation Benefit	\$500 payable only once per Covered Person

Cancer Treatment Benefits:

Injected Chemotherapy Benefit	\$600 per day; limited to one payment per week; no lifetime max
Oral Chemotherapy Benefit	\$250 per day up to \$750 max per month for Oral/Topical Benefit ²
Topical Chemotherapy Benefit	\$150 per prescription, per month up to \$750 max per month for Oral/Topical Benefit ²
Radiation Therapy Benefit	\$350 per day; limited to one payment per week; no lifetime max
Experimental Treatment Benefit	\$350 per week outside of a clinical trial; \$100 per week as part of a clinical trial; no lifetime max
Immunotherapy Benefit	\$350 once per month; \$1,750 lifetime max per Covered Person
Antinausea Benefit	\$100 per month; no lifetime max
Stem Cell Transplantation Benefit	\$7,000; lifetime max \$7,000 per Covered Person
Bone Marrow Transplantation Benefit	\$7,000; \$7,000 lifetime max per Covered Person; \$750 to donor
Blood and Plasma Benefit	Inpatient: \$100 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$175 per day; no lifetime max
Surgical/Anesthesia Benefit	\$100–\$3,400 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$4,250; no lifetime max on number of operations
Skin Cancer Surgery Benefit	\$35–\$400; no lifetime max on number of operations
Additional Surgical Opinion Benefit	\$200 per day; no lifetime max

Hospitalization Benefits:

Hospital Confinement Benefit	\$200 per day; no lifetime max
Outpatient Hospital Surgical Room Benefit	\$200 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations

Continuing Care Benefits:

Extended-Care Facility Benefit	\$100 a day, limited to 30 days per year, per Covered Person
Home Health Care Benefit	\$50 per day; lifetime max of 100 days per Covered Person
Hospice Care Benefit	\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person
Nursing Services Benefit	\$100 per day; no lifetime max
Surgical Prosthesis Benefit	\$2,000; lifetime max \$4,000 per Covered Person
Nonsurgical Prosthesis Benefit	\$175 per occurrence; lifetime max \$350 per Covered Person
Reconstructive Surgery Benefit	\$220–\$2,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations
Egg Harvesting and Storage (Cryopreservation) Benefit	\$1,000 to have oocytes extracted; \$350 for storage; \$1,350 lifetime max per Covered Person

Ambulance, Transportation, Lodging, and Other Benefits:

Ambulance Benefit	\$250 ground or \$2,000 air; no lifetime max
Transportation Benefit	\$.40 per mile; max \$1,200 per round trip; no lifetime max
Lodging Benefit	\$65 per day; limited to 90 days per year
Bone Marrow Donor Screening Benefit	\$40; limited to one benefit per Covered Person, per lifetime

²Up to three different oral/topical chemotherapy medicines per calendar month.

AFLAC SHORT-TERM DISABILITY INCOME INSURANCE

Policy NY57600; Riders NY57650 and NY57651

SD

Helping Pay Your Bills, While You Pay Attention to You

What if one day, not very far in the future, you become disabled and you can't go to work. How would you pay for the expenses of daily life such as monthly mortgage or rent, groceries and your utilities? The bills keep on coming even if you're unable to work. That's where Aflac's short-term disability insurance policy can help make the difference. It's a source of monthly income you may need to help take care of your bills while you take care of yourself.

Why Aflac Short-Term Disability may be the best choice for you:

- It's sold on an individual basis. You choose the plan that's right for you based on your financial needs and income.
- We offer the option of guaranteed-issue,¹ short-term disability coverage. That means no medical questionnaire is required.
- We pay you a cash benefit for each day you are disabled.²



Here's how we can help

When disabled, you may not only lose the ability to earn a living, but you may also lose savings or retirement funds. The financial obligations can be overwhelming. Disability insurance plays an integral and important role in your financial planning.

Aflac provides benefits for both total and partial disability. Even if you're able to work, partial disability benefits may be available to help compensate for lost income.

Aflac does not coordinate benefits. Regardless of any other disability insurance you may have, including Social Security, we will pay you directly.

The facts say you need the protection of the Aflac Short-Term Disability plan:

FACT NO. 1

BEFORE THEY RETIRE,

1-in-4

AMERICANS ENTERING THE WORKFORCE WILL
BECOME DISABLED.³

FACT NO. 2

NEARLY

90%

OF DISABILITIES ARE NOT WORK RELATED.³

¹Subject to certain conditions.

²Subject to your benefit period and elimination period.

³2015 Disability Insurance Awareness Month, Facts from LIMRA.

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless you choose otherwise. This means that you will have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

Coverage Options

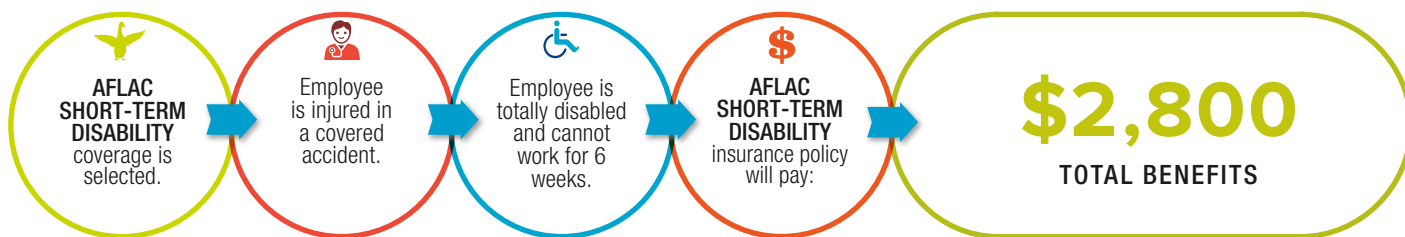
Choose the Policy You Need

BENEFIT	DESCRIPTION
MONTHLY BENEFIT PAYMENT	\$400 to \$6,000 (subject to income requirements)
TOTAL DISABILITY BENEFIT PERIODS	3, 6, 12, 18 or 24 months
PARTIAL DISABILITY BENEFIT PERIOD	3 months
ELIMINATION PERIODS (INJURY/SICKNESS)	0/7, 0/14, 7/7, 7/14, 14/14, 0/30, 30/30, 60/60, 90/90, 180/180
WAIVER OF PREMIUM	Premium waived, month to month, for policy and any applicable rider(s) for as long as you remain disabled, up to the applicable benefit period shown in the Policy Schedule. Not available with a 3-month total disability benefit period.
OPTIONAL RIDERS	
DISABILITY BENEFIT FOR ON-THE-JOB INJURY RIDER	Provides benefits if a disability is caused by a covered on-the-job injury while coverage is in force. Available even with Workers' Compensation.* Benefits payable up to the total disability benefit period selected. Benefit subject to elimination period shown in the Policy Schedule and income requirements.
ADDITIONAL UNITS OF DISABILITY BENEFIT RIDER	Allows you to purchase additional units of disability coverage to add to your existing short-term disability policy. Subject to income requirements.

All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations and other policy terms.

*Subject to certain conditions/maximum.

How it works



The above example is based on a scenario for Aflac Short-Term Disability that includes the following benefit conditions: ages 18–49, employed full-time at the time disability began, \$2,000** monthly disability benefit amount, \$40,000 annual salary, not covered by a state disability plan, elimination period 0/7 days, 3 month benefit period, benefits based on policy premiums being paid with after-tax dollars.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the disclosure statement and policy for complete benefit details, definitions, limitations, and exclusions.

**The monthly disability benefit may be limited if covered by a state disability plan.

Medicare Consultation & Enrollment



DID YOU KNOW?

If you are age 65 and still working or planning to retire soon, we now have a **free** resource for you to get answers to questions, like:

- What action must I take to avoid penalties?
- What is Medicare Part A, B, C, D and Supplement Insurance?
- When and how do I enroll in Medicare?
- What Medicare plans are available to

me?



Stephen Porto
Area Vice President - Gallagher
Stephen_Porto@AJG.com
518-365-6311

Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services." Neither Arthur J. Gallagher & Co., nor its affiliates provide accounting, legal or tax advice.



Insurance | Risk Management | Consulting

Ask Your Advocate Team

Maximize your healthcare benefits with a team of licensed healthcare advocates.

Gallagher is ready to help you get the most from your benefits program by providing support from an advocate at no cost to you. Get assistance with:

1 Insurance cards
Are you missing your insurance cards, need replacement cards or need to get in touch with an insurance carrier?

2 Benefits questions
Do you need help with specific benefits questions relating to how plans work, coverage questions or in-network benefits?

3 Eligibility rules
Who can be covered under the plan and when?

4 Provider search
Do you need help finding an in-network or specialty provider?

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

6 Claim/complex issues
Are you unsure if your insurance will pay for a certain procedure? Do you have a complex situation and need assistance with an appeal, billing coding issue, or out-of-network claim?

7 Nurse advocacy
Do you need assistance with a medical diagnosis, treatment options, pre-authorization issue, specific benefits or drug denial?

Hours of Operation

Monday – Friday
5 a.m.–6 p.m. PT

Connect With Us

Commission On Economic Opportunity

(888) 819-3011
bac.ceo@ajg.com

AJG.com The Gallagher Way. Since 1927.

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Legal Notices

Patient Protections Disclosure

The CEO Health Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, CDPHP designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the CDPHP at 800-777-2273 or www.cdphp.com.

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

You do not need prior authorization from CDPHP or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the CDPHP at 800-777-2273 or www.cdphp.com.

Women's Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

HMO: (Individual: 20% coinsurance and \$3,000 deductible; Family: 20% coinsurance and \$7,500 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 518-272-6012 or agarner@ceoempowers.org.

Newborns' and Mothers' Health Protection Act

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



Legal Notices

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

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

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

<p style="text-align: center;">ALABAMA - Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p style="text-align: center;">ALASKA - Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx</p>
<p style="text-align: center;">ARKANSAS - Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p style="text-align: center;">CALIFORNIA - Medicaid</p> <p>Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov</p>
<p style="text-align: center;">COLORADO - Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p style="text-align: center;">FLORIDA - Medicaid</p> <p>Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>



Legal Notices

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178



Legal Notices

<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">OREGON – Medicaid and CHIP</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
<p align="center">PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p align="center">WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>



Legal Notices

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

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

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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)



Legal Notices

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

CEO is committed to the privacy of your health information. The administrators of the CEO Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Alyssa Garner - HR assistant at 518-272-6012 or agarner@ceoempowers.org.

HIPAA Special Enrollment Rights

CEO Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the CEO Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within **30 days** after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Alyssa Garner - HR assistant at 518-272-6012 or agarner@ceoempowers.org.



Legal Notices

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.



Legal Notices

Notice of Creditable Coverage

Important Notice from CEO About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CEO 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. CEO has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to 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 CEO coverage will not be affected. You can keep the coverage if you elect Medicare Part D and this plan will coordinate with Medicare Part D coverage. Your CEO coverage will be primary and your Medicare plan, secondary. If you do decide to join a Medicare drug plan and drop your current CEO coverage, be aware that you and your dependents will be able to get this coverage back, you may enroll during CEO's annual open enrollment period or due to a major life event (birth, death, marriage, divorce). If you enroll in a Medicare plan you will not be able to re-enroll.

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 CEO 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.



Legal Notices

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

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

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

Date:	January 01, 2025
Name of Entity/Sender:	CEO
Contact—Position/Office:	Alyssa Garner - HR assistant
Office Address:	2331 5th Ave Troy, New York 12180-2221 United States
Phone Number:	518-272-6012

All employees should be utilizing the Benefit Advocacy Center (BAC) for all ID requests, claims issues, help finding a provider, and benefit questions. If there is a time sensitive or escalated issue please reach out to your dedicated Account Manager for additional assistance.

Benefit Advocacy Center (BAC)
Phone: (888) 819-3011
Email: bac.ceo@ajg.com

Lindsay Hill
Phone: (518) 556-3105
Email: lindsay_hill@ajg.com

Benefit Questions?

Call **Arthur J. Gallagher**

784 Troy Schenectady Road

Latham, NY 12110

Fax: 518-556-3169

This benefit summary prepared by



Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.