

2026

Employee Benefit Guide

Commission On
Economic
Opportunity



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, 2026 – December 31, 2026

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 2026

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	Ally Health	1/1	Employer / Employee Funded
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 offering 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 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



2026 Open Enrollment - What do I need to know?

- **CDPHP medical**

- Renewing as is with the Hybrid 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.
- 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** rate is increasing slightly this year, no changes to benefits.
- **Guardian vision** no change to rates or benefits.
- **Guardian EAP** (Employee Assistance Program) is FREE to everyone!
- **Flexible Spending Account (FSA)** health FSA maximum increased to \$3,400
- **Ally Health**, virtual ER is changing to Employer / Employee paid split.
 - 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	\$10,150/ \$20,300
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

*Waives copay (FREE) at CDPHP Preferred Sites

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.



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](tel: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 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 Wegmans Mail Order.

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.



CDPHP Pharmacy Services

Enhancing the pharmacy experience for CDPHP members and beyond

CDPHP® recognizes the critical role prescription drugs play in the health and safety of our members, which is why we have a comprehensive pharmacy program that provides more options, better service, greater transparency, and increased savings. We strategically collaborate with external partners to help manage our pharmacy services, but our program always starts and ends with the CDPHP team.

QUALITY PHARMACY MANAGEMENT FROM AN EXPERIENCED TEAM

CDPHP pharmacists consistently deliver superior service without sacrificing value. Our pharmacy team includes in-house pharmacists, certified pharmacy technicians, and pharmacy technical specialists who:

- ▶ Work closely with local, practicing doctors to develop CDPHP formularies based on clinical effectiveness and cost efficiency
- ▶ Engage with provider offices directly
- ▶ Provide timely medical exception request decisions for our providers and members
- ▶ Work closely with CDPHP medical and behavioral health care managers
- ▶ Perform medication reconciliation
- ▶ Analyze social determinants of health (SDOH) that impact medication access or adherence



COMBINING FORCES TO REDUCE COSTS, IMPROVE TRANSPARENCY

We proudly work with Capital Rx as our pharmacy benefit manager (PBM). By teaming up with Capital Rx, CDPHP aims to stem the tide of rising drug prices through greater transparency, as well as a new pricing model that more accurately and fairly sets the cost of drugs.



CONNECTRX, A CAPITAL REGION PHARMACY POWERED BY CDPHP

Discover a pharmacy experience designed around CDPHP members, like you! Knowledgeable, local pharmacists, FREE home delivery, mail order benefit pricing, in-store vaccines and medication reviews, all with the same customer service that you've come to know and love with CDPHP.



MORE ACCESS. MORE SAVINGS.

Helping members take control of prescription costs with CDPHP Connect Rx, On the Go

No more surprises at the pharmacy counter. With the CDPHP ConnectRx, On the Go app, members can see their current medication list, review drug prices based on their individual CDPHP health plan, and more, all in the palm of their hand. This app is powered by local health technology company, Levrx.



Save money on generic medications

With Rx for Less, CDPHP members have access to dozens of generic prescription drugs for as little as a dollar a fill. Discount medications are available at retail and independent pharmacies in the CDPHP Preferred Rx Network.



Skip the trip to the pharmacy with prescription delivery service

CDPHP members can have prescriptions mailed right to their door from Wegman's Mail Order pharmacy – all at no extra cost. This service is perfect for members who take medications to treat chronic conditions.



EXTRA SUPPORT FOR SPECIALTY CONDITIONS

CVS Specialty is our speciality-medication provider. Whether the member needs to refill their prescription online or wants one-on-one guidance, CVS Specialty helps make living with a chronic condition a little easier.



Learn more about CDPHP pharmacy benefits by visiting www.cdphp.com/RxCorner



Rx for Less

Medications for as Low as a Dollar a Fill

With the Rx for Less discount program, CDPHP® members can save big on generic prescriptions!

- ✓ Get the **lowest prices** on more than 50 commonly used, generic medications—**up to 90 percent off**
- ✓ **Better prices** than other drug discount programs such as GoodRx
- ✓ **NO membership fees**
- ✓ **NO hidden costs**
- ✓ **NO need to sign up** – just show your CDPHP ID card at the pharmacy

These discounted medications are available at participating pharmacies to treat asthma, mental health, high blood pressure, high cholesterol, diabetes, and more.

Participating Pharmacies

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

To view what medications are part of the program and real-time drug prices, download the **ConnectRx, On the Go** app by scanning the QR code or texting RX to 237471.



SCAN ME

Rx for Less pricing is not applicable to mail-order drugs. Please note that pharmacies, drugs, and prices are subject to change at any time.



Mail Order Pharmacy

Skip the trip to the pharmacy and get medications delivered directly to your mailbox from Wegmans Mail Order!

WITH WEGMANS, CDPHP MEMBERS WILL GET:

- ✓ Convenient, reliable, and **FREE** standard delivery of medications you take for long-term conditions, such as heart disease, high blood pressure, and asthma
- ✓ Award-winning customer support from the Wegmans Pharmacy Team
- ✓ Service from a trusted New York State-based pharmacy
- ✓ White glove service to make sure you always have the medication you need: When you're on your last fill, Wegmans will request a new prescription from your doctor so you never run out of refills!
- ✓ Easy account management through the online portal
- ✓ Helpful text alerts to keep you in the know and give you more control over your prescriptions

For Medicare members, Wegmans also accepts EPIC!

Call Wegmans at 1-844-328-2550 to get started or have your provider e-prescribe to Wegmans Mail Order #199. You can also visit www.cdphp.com/mailorder to learn more.

When calling Wegmans please be ready with your insurance card, a list of all prescriptions (or your prescription bottles), and your credit card.

WEGMANS MAIL ORDER PHARMACY

1-844-328-2550

Monday through Friday 8:30 a.m. – 9 p.m.

Saturday 8:30 a.m. – 6 p.m.

Sunday 8:30 a.m. – 5 p.m.



Scan the code with your phone for a video message from Wegmans

CDPHP® is an HMO and a PPO with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal. ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call 1-888-248-6522 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-248-6522 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-248-6522（TTY：711）

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 Personify Health app or visiting join.personifyhealth.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 Transform 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.personifyhealth.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.

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).

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CDPHP® Family Health Resources

Whether you're just starting your family, expanding your family, or have active kids at home, CDPHP has resources to support you at every stage of life. Learn more and get started with these services by visiting www.cdphp.com/FamilyHealth.



Reproductive, Pregnancy, and Parenting Support with Ovia Health

From menstrual health and trying to conceive, to pregnancy, parenthood and menopause support, Ovia Health™ is here for your family. Download the app that best aligns with your current family health goals: Ovia® or Ovia™ Parenting.



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.



Breastfeeding Support

Breastmilk is the perfect food for your baby and contains just the right amount of nutrients. CDPHP is here to help with breast pumps, classes, and getting the assistance you need. Learn more at cdphp.com/pregnancy.



Extra Support from The CDPHP Care Team

We know that sometimes it isn't easy to navigate your family's health needs on your own. The CDPHP Care Team is there to help you and your family, and if you're experiencing a high-risk pregnancy. To talk one-on-one with a member of the CDPHP Care Team, call **1-888-942-3747**.



Mental Health

Your mental health is just as important as your physical health. Receive 24/7 support with postpartum depression, anxiety, general depression, and/or drug and alcohol use by calling **1-888-320-9584**.



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, or the purchase of a qualified wearable device. To learn more visit cdphp.com/FitnessReimbursement.



Kids on the Move

Help your kids get fit and become active with this 8-week individualized medical fitness program available at CDPHP Fitness Connect at the Ciccotti Center. Reimbursements are available for completing the program, which is for kids ages 7 to 15.

For more information, please check your policy for specific wellness benefit eligibility information.

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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.

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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 earn points and move through levels. 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:

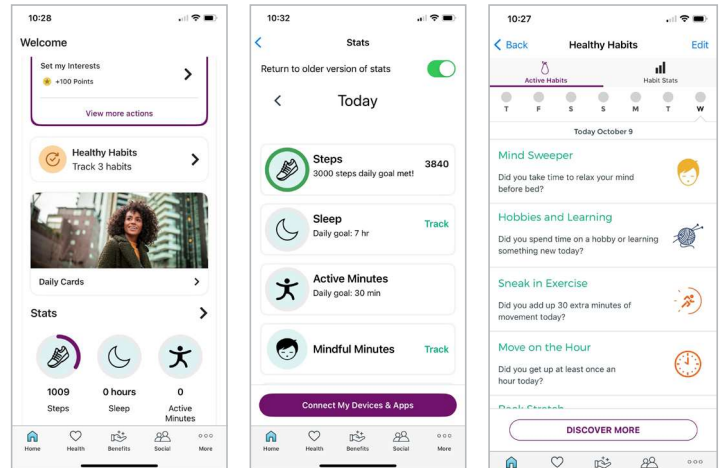
STEP 1 Search for the **Personify Health** app in either the App Store or Google Play and add it to your device or visit join.personifyhealth.com.

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 Personify Health in your installed apps. Go to Notifications > Allow/Show Notifications.



Health Hub

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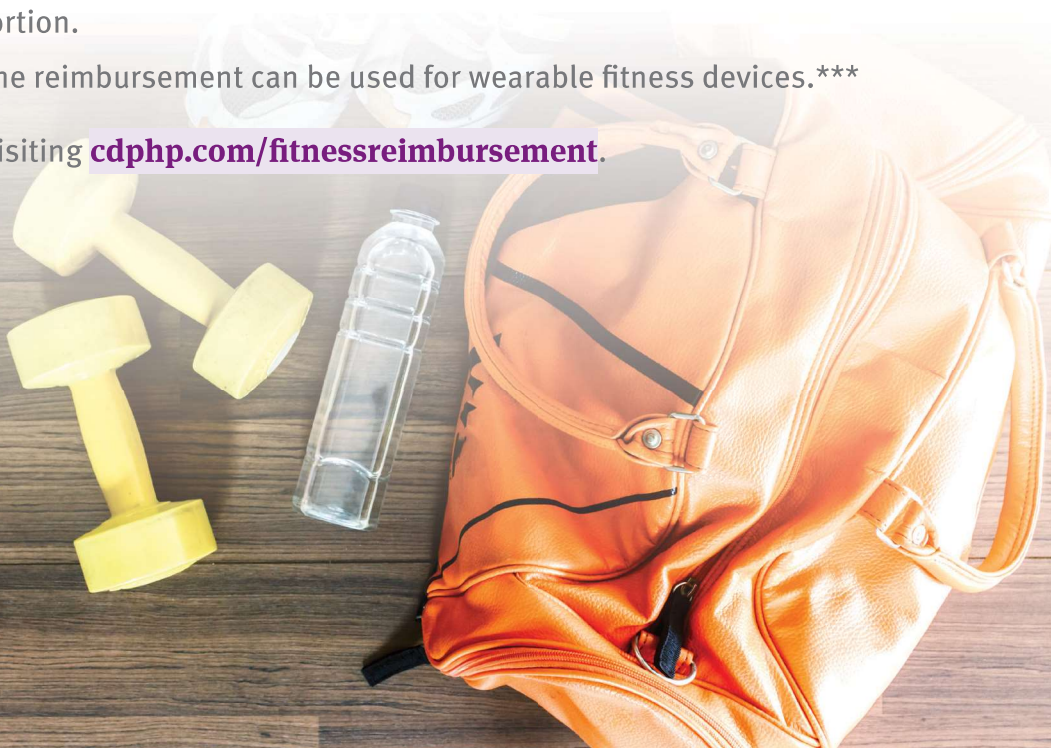


Money back for working out

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

Security of a plan you can trust

You select your doctor. We do the rest.

Our HMO plan is designed to offer you comprehensive coverage with care delivered by your choice of physicians from our extensive network. All for just a fixed copayment per visit.

The primary care physician (PCP) you select will handle most of your health care needs and refer you within the Capital District Physicians' Health Plan, Inc. (CDPHP) network for specialty care when necessary. Women may choose both a primary care physician and an OB/GYN to visit without a referral. For complete information on the CDPHP network, refer to the Directory of Participating Practitioners and Providers, or go to findadoc.cdphp.com.

With our HMO plan:

- ▶ No charge for certain preventive care visits, including well-baby care, immunizations, mammograms, routine annual physicals, Pap smears, prostate cancer screenings, and well-woman care.
- ▶ Predictable copayment per visit.
- ▶ Routine preventive care and medical treatments provided and coordinated by a PCP.
- ▶ No special referral paperwork required.
- ▶ Single-source referral phone line to direct you to the health or wellness program that best fits your needs.

You can take it with you.

Your coverage, that is. Travel out of the service area for work or pleasure, and CDPHP covers you worldwide for emergency care.

We're here if you need us.

If you have questions about your benefits, simply call one of our knowledgeable member representatives, any weekday between 8 a.m. and 8 p.m.

You also have access to your benefit information online, any time, by logging into www.cdphp.com.

HMO Tip Sheet



MEMBER BENEFIT QUESTIONS: 1-800-777-2273

PRIOR AUTHORIZATION REQUESTS: 1-800-274-2332

- ▶ As a member of the HMO, you must have a CDPHP-participating primary care physician (PCP). Female members may also select a network OB/GYN.
- ▶ To view your choice of physicians, please visit findadoc.cdphp.com. To select or change a PCP or OB/GYN, simply contact the member services department as listed above. You may also change your PCP online.
- ▶ When changing your PCP, you must contact member services within five days of visiting your new physician, so you do not get charged for the visit. Also, if your previous doctor has written prescriptions or given you an ongoing referral to a specialist, please consult with your new practitioner to coordinate your care.
- ▶ Out-of-network care is covered only in an emergency or if pre-approved by CDPHP.
- ▶ Please refer to your ID card or the benefit materials provided to you upon enrollment for details on your copayment and coinsurance levels. These vary according to the plan purchased by your employer group.

At the Time of Your Visit

Please remember to present your member ID card and copayment at the time of service.

Referrals

- ▶ To request a referral, please consult with your PCP.
- ▶ Your PCP should direct you to in-network specialists as needed.
- ▶ You do not need a referral number or any special paperwork. Just tell the specialist's office the name of the PCP who referred you.

Emergency Care

- ▶ Emergency services are covered for a condition that is of sufficient severity that the average person would believe that serious bodily harm, loss of function, or disfigurement could result unless care is received right away.
- ▶ If you require emergency medical care as described above, go to the nearest hospital emergency room or call 911 or your local emergency response number.

This tip sheet provides an overview of your coverage but does not detail all of the benefits, limitations, or exclusions. It is not a contract and is subject to change. For more detailed information, please refer to your membership certificate.

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable federal civil rights laws and does 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）。

Capital District Physicians' Health Plan, Inc.

18-8988



AllyHealth

Virtual Urgent Care

Doctors can be hard to reach, illness can occur in the middle of the night, and sometimes you just have a question. In all of those circumstances – and many more – AllyHealth is a convenient and affordable solution.

HOW IT WORKS

Log into your account or call AllyHealth anytime, 24/7/365, to connect directly with a licensed physician by phone or video call within minutes at no cost to you and your family.

FEATURES INCLUDE

- ✓ No copays, deductibles, or per-call charges
- ✓ Prescriptions called into your local pharmacy
- ✓ Plan covers the entire family
- ✓ Fast and easy access, 24/7/365
- ✓ Avoid germ-filled waiting rooms
- ✓ Flexible and easy to use (available via web, mobile app, or simply by phone)

COMMON CONDITIONS WE TREAT

- Sore Throat
- Sinus Infection
- Cough
- Allergies
- Urinary Tract Infections
- Skin Rash/ Infections
- Fever/Headache
- Covid-19/Flu
- Rx Refill
- Pink Eye
- Constipation/ Diarrhea
- Stomach Pain
- Stress and Anxiety
- Ear Pain
- And More

WHEN TO USE ALLYHEALTH

- ✓ Instead of going to the ER or urgent care center for a non-emergency medical issue
- ✓ During or after normal business hours, nights, weekends, and even holidays
- ✓ If your primary care doctor or pediatrician is not available
- ✓ To request prescriptions or refills (when appropriate)
- ✓ If traveling and in need of medical care

*Average provider to patient call return time is under 17 minutes nationwide

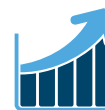
The Future of Employee Wellness & Support

This practical daily support and short term counseling program is a workplace benefit that provides you and your family with exclusive access to mental health and wellbeing support services, helping you to overcome personal and workplace challenges.



No-cost counseling for you, on your schedule

Combining the power of our lifestyle, coaching, and clinical services, our benefit offers an all-in-one solution that promotes confidence and mental health.



Support your mental health

THE ALLYHEALTH DIFFERENCE

Prioritizing your mental health doesn't have to be complicated. With our unique suite of services and support through our benefit, you can feel supported with both short-term, in-the-moment assistance, and long-term, ongoing support.

What AllyHealth Includes

- ☒ **Work-Life / Personal Concierge services**, including
 - Child & Elder care research & recommendations
 - Daily living resources
 - Legal assistance, advice, and resources
 - Financial assistance, advice, and resources
- ☒ **Coverage for your entire family**
- ☒ **FREE**, with no deductibles or co-pays
- ☒ **Unlimited access to Connect-To-Counselor**

- ☒ **Life & Career Coaching**
- ☒ **Multiple ways to support your mental health**
 - **24/7/365 access to live mental health specialists** for in-the-moment support, with referral to free scheduled counseling sessions*
 - **Mindfulness coaching program**
 - **Text-based therapy**
 - **Online computerized cognitive behavioral therapy**
- ☒ **And more...**

SCAN ME

Download the AllyHealth App!



**ACCESS
YOUR
BENEFITS**

1 Visit 1 of 2 ways
Download our App!
Online: activate.allyhealth.net

2 **Verify your eligibility** by confirming your personal information.

3 **Create your username and password** and start using service when needed



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 12/31/2026.
- \$680 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 2025
- 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	\$3,400	\$7,500
Allocation Available	Day 1	As money is accrued



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

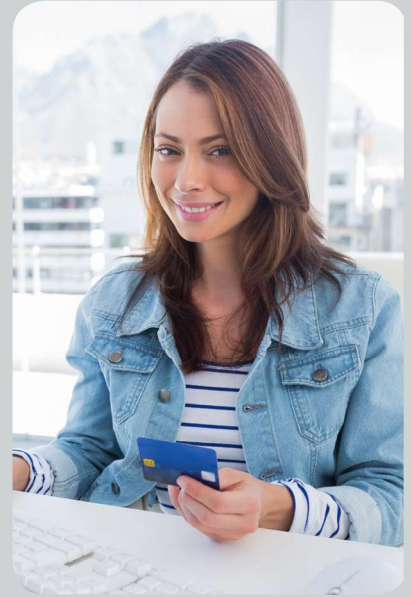


Resources Available *After You Log in*

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



FSAs can save you up to 30% on everyday expenses

Health Care FSA

Health Plan Related Expenses

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

Medical Supplies

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

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



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?

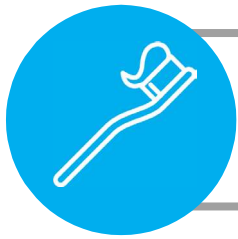
- You can also use funds for a licensed after-school program or summer camp if your child is age 12 or younger or is disabled.
- If you experience a qualifying event, like having a baby or assuming care for an elderly person, you can sign up outside of the annual enrollment period.
- If your care provider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

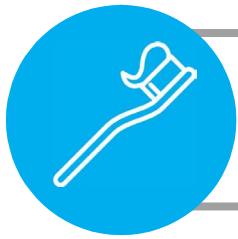
Guardian Network

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.

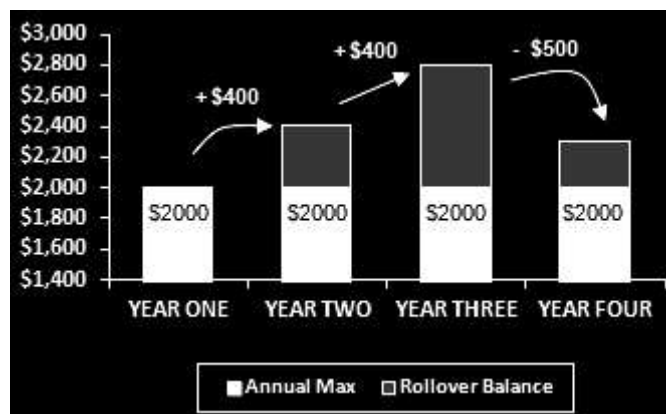
Here's how the benefits work:

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.

Note this program has been discontinued. Anyone who has accrued funds, will keep what has been earned but you will not receive additional rewards. here are no longer new participants available for this program.

College Tuition Benefit Self Registration

Welcome to the College Tuition Benefit Rewards program! You can now create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at SAGE Scholars Consortium colleges.

How does it work?

You can use your College Tuition Benefits Rewards at over 340+ private colleges and universities across the nation. 80% of SAGE colleges have received an "America's Best" ranking by US News & World Reports. This benefit is being provided to you by your employer and Guardian at no addition cost to you.



- ⌚ Each Tuition Rewards point equals a \$1 guaranteed minimum reduction off of published full price tuition, spread evenly over four years of⁴ undergraduate education, starting with freshman year.
- ⌚ You will receive rewards each year you have Guardian Dental Plan benefits.
- ⌚ Tuition Rewards can be given to your relatives including children, nephews, nieces, and grandchildren. Don't forget to enroll them!
- ⌚ See how quickly your account can grow!

Policy Year	Subscriber Reward*	Subscriber's Reward Balance (balance does not accrue interest)
Initial Registration Subscriber & Student Rewards		2,500 (2,000 + 500)
2	2,000	4,500
3	2,000	6,500
4	4,500 (Bonus Year)	11,000
5	2,000	13,000
6	2,000	15,000
7	2,000	17,000

*After initial registration, future points created 30 days after plan anniversary.


To learn more about the program and how to get started, go to:

<http://www.Guardian.CollegeTuitionBenefit.com> to set up your account. If you have any questions, please feel free to visit the website or contact College Tuition Benefit directly 215-839-0119.

Guardian's Group Dental Insurance is underwritten by The Guardian Life Insurance Company of America (Guardian) or its subsidiaries. The Tuition Rewards program is provided by College Tuition Benefit. Guardian does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian. #2014-15077 Exp. 12/16

Register Today!

(Print and cut out ID Card)

College Tuition Benefits Rewards – ID Card	f o l d	<div style="text-align: center;">  </div> <div style="text-align: center; margin-top: 20px;"> The College Tuition Benefit 150 E. Swedesford Road, Suite 100 Wayne, PA 19087 Phone: (215) 839-0119 Fax: (215) 392-3255 </div>
<div style="text-align: center; margin-bottom: 10px;"> Register @ http://www.Guardian.CollegeTuitionBenefit.com </div> <div> User ID: 443854 Password: Guardian </div>		



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% o remaining balance	\$47 Allowance
Eyeglass Lenses <i>Once every 12 months</i>		
Single	\$10	\$47 Allowance
Bifocal	\$10	\$66 Allowance
Trifocal	\$10	\$85 Allowance
Lenticular	\$10	\$125 Allowance
*Lens upgrades apply additional copays		
Contact Lenses <i>Once every 12 months</i>		
Medically Necessary	Covered in full	\$210 Allowance
Elective	\$135 Allowance +15% o	\$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



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

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.

		Monthly premiums displayed.								
	Policy Election Amount				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
Spouse/DP		Policy Election Amount								
	\$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

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.

CHILD HEALTH PLUS

2025 Income Guidelines for Child Health Plus

The New York State Department of Health has updated the income eligibility thresholds for Child Health Plus. Key highlights include:

No monthly premium for families whose income is less than 2.2 times the poverty level. That's about \$1,232 a week for a three-person family or about \$1,487 a week for a family of four.

Affordable premiums ranging from \$15 to \$60 per child per month, depending on a family's income and size. For larger families, the monthly fee is capped at three children. If the family's income is more than four times the poverty level, they pay the full monthly premium.

Children under 19 who are New York State residents may be eligible if they are not eligible for Medicaid, are not enrolled in other health insurance coverage, and are not enrolled or have access to the New York State Health Insurance Program (NYSHIP).

Child Health Plus 2025 Federal Poverty Levels									
Family Contributions	MONTHLY INCOME FOR FAMILY SIZE*								Each Additional Person, Add:
	1	2	3	4	5	6	7	8	
Free Insurance	\$2,896	\$3,913	\$4,931	\$5,948	\$6,966	\$7,983	\$9,001	\$10,018	\$1,018
\$15 Per Child Per Month (Max of \$45 per family)	\$3,261	\$4,407	\$5,553	\$6,698	\$7,844	\$8,990	\$10,136	\$11,282	\$1,146
\$30 Per Child Per Month (Max of \$90 per family)	\$3,913	\$5,288	\$6,663	\$8,038	\$9,413	\$10,788	\$12,163	\$13,538	\$1,375
\$45 Per Child Per Month (Max of \$135 per family)	\$4,565	\$6,169	\$7,773	\$9,378	\$10,982	\$12,586	\$14,190	\$15,794	\$1,605
\$60 Per Child Per Month (Max of \$180 per family)	\$5,217	\$7,050	\$8,884	\$10,717	\$12,550	\$14,384	\$16,217	\$18,050	\$1,834
Full Premium Per Child Per Month	Over \$5,217	Over \$7,050	Over \$8,884	Over \$10,717	Over \$12,550	Over \$14,384	Over \$16,217	Over \$18,050	Over \$1,834

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

Children's Medicaid 2025 Federal Poverty Levels									
Age Categories for Children	Monthly Income for Family Size								Each Additional Person, Add:
	1	2	3	4	5	6	7	8	
Children under 1 Year; Pregnant Woman*	\$2,909	\$3,931	\$4,953	\$5,975	\$6,997	\$8,019	\$9,041	\$10,063	\$1,023
Children 1 - 18 Years	\$2,009	\$2,715	\$3,421	\$4,126	\$4,832	\$5,538	\$6,244	\$6,950	\$706

* 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.

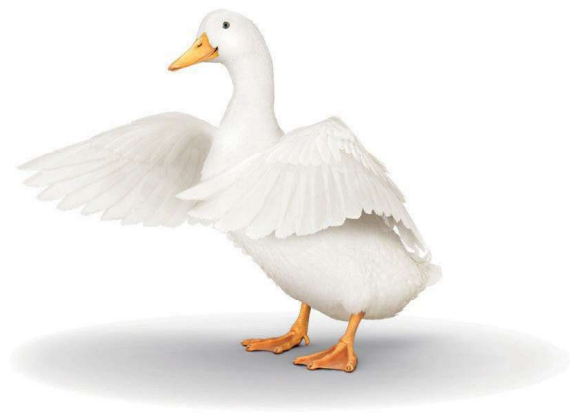
Here's how we can help

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.



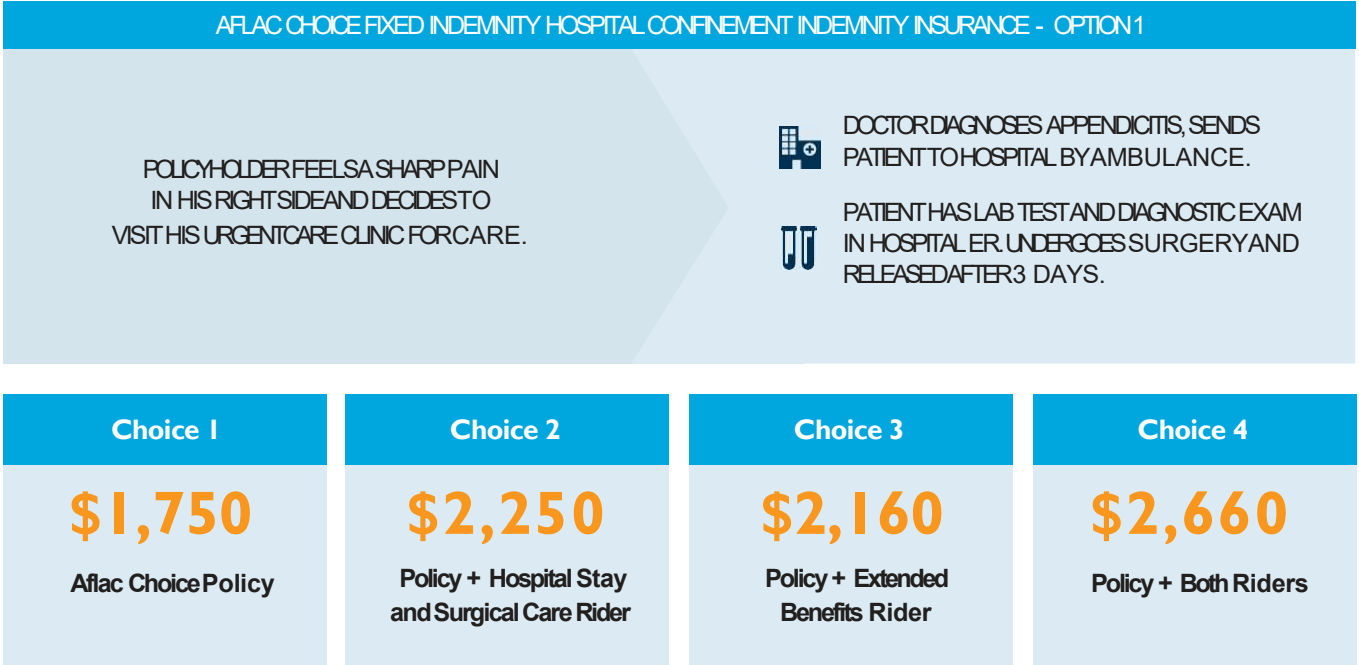
*Payment of claims is subject to all policy limitations and exclusions and pre-existing condition limitations.

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



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.	
	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>	

Refer to the disclosure statement and policy for complete benefit details, definitions, limitations and exclusions.

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?

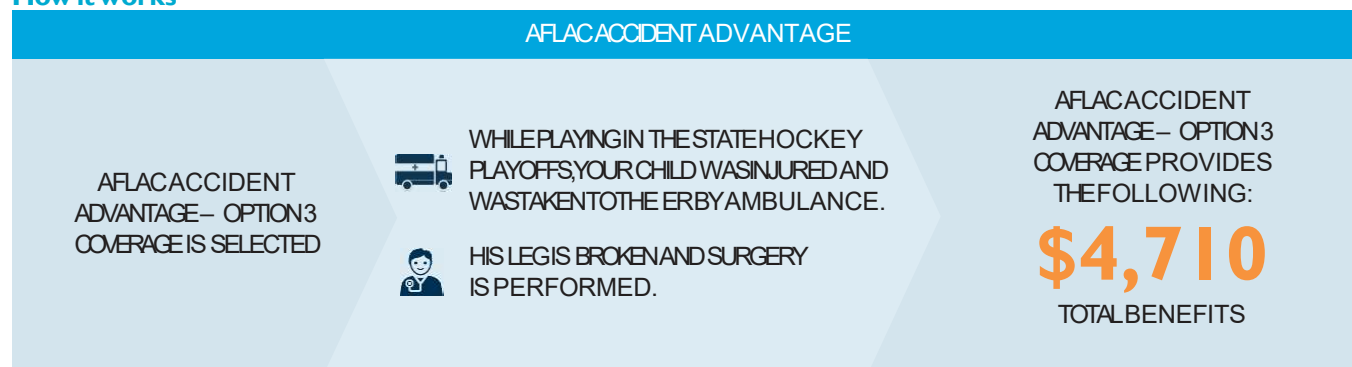
What does the Aflac Accident Advantage policy include?

- 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 Payable once per 24-hour period and only once per covered accident, per covered person	
ACCIDENT TREATMENT BENEFIT		Hospital emergency room with Xray: \$220 Hospital emergency room without Xray: \$170 Office or facility (other than a hospital emergency room) with Xray: \$170 Office or facility (other than a hospital emergency room) without Xray: \$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: <div>Back brace: \$300 Wheelchair: \$300 Walker: \$100 Body jacket: \$300 Leg brace: \$125 Walking boot: \$100 Kneescoter: \$300 Crutches: \$100 Cane: \$25</div> 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		<div>Pays benefits for the treatments listed below:</div> <div><div><div>DISLOCATIONS.....\$100–\$3,750</div><div>BURNS \$125–\$12,500</div><div>SKIN GRAFTS..... 50% of the burns benefitamount paid for the burn involved</div><div>EYE INJURIES</div><div>Surgical repair \$300</div><div>Removal of foreign body by a physician.....\$65</div><div>LACERATIONS</div><div>Not requiring sutures.....\$35</div><div>Less than 5 centimeters..... \$65</div><div>At least 5 cm but not more than 15 cm\$250</div><div>Over 15 centimeters.....\$500</div><div>FRACTURES\$125–\$3,500</div><div>CONCUSSION (BRAIN) \$150</div></div><div><div>EMERGENCY DENTAL WORK</div><div>Broken tooth repaired with crown.....\$400</div><div>Broken tooth resulting in extraction..... \$130</div><div>PARALYSIS</div><div>Quadriplegia \$12,500</div><div>Paraplegia \$6,250</div><div>Hemiplegia \$4,750</div><div>SURGICAL PROCEDURES.....\$200–\$1,250</div><div>MISCELLANEOUS SURGICAL PROCEDURES\$120–\$300</div><div>PAIN MANAGEMENT (NON-SURGICAL)</div><div>Epidural..... \$100</div></div></div>	
ACCIDENTAL-DEATH BENEFIT		<div>Common-Carrier Accident</div> <div>Other Accident</div>	
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.

AFIAC CANCER CARE

SPECIFIED-DISEASE Insurance

Policy NY78300



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.

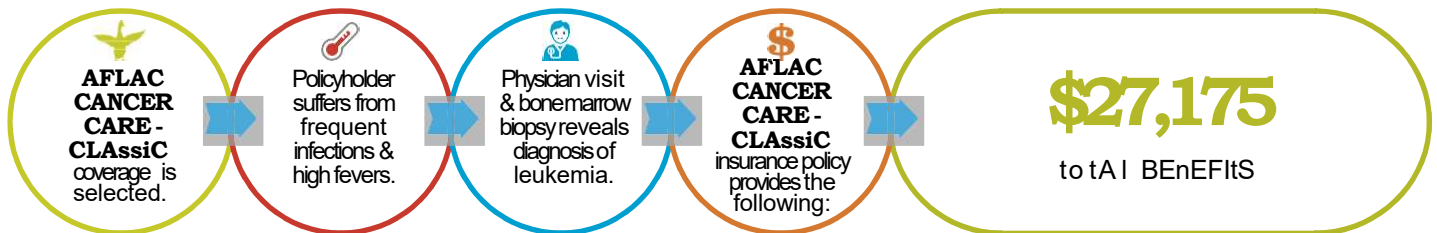
The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills—the choice is yours.

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, Anti-nausea 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 AFIAC'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 Benefit²

Topical Chemotherapy Benefit

\$150 per prescription, per month up to \$750 max per month for Oral/Topical Benefit²

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

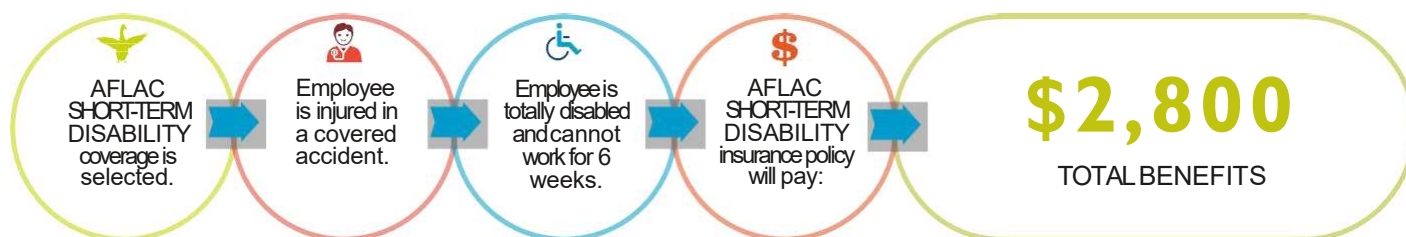
Choose the Policy You Need

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, Preexisting 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.



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.

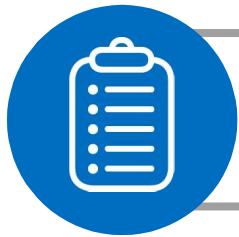
If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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 –

ALABAMA - Medicaid	ALASKA - Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS - Medicaid	CALIFORNIA - Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	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
COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA - Medicaid
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	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268



Legal Notices

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



Legal Notices

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	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
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
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)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	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/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	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
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	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)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269



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 Tia Martin - HR at 518-272-6012 or tnunziato@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, 2026
Name of Entity/Sender:	CEO
Contact—Position/Office:	Tia Martin
Office Address:	2331 5th Ave Troy, New York 12180-2221 United States
Phone Number:	518-272-6012



Notes



Notes

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



Gallagher

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.