

2025

BENEFITS GUIDE



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SELECT PLAN

Benefit Description	Capital Inner Circle (You Pay)	Aetna In-Network (You Pay)
Annual Deductible Individual / Family	None / None	\$1,000 / \$2,000
Annual Out-of-Pocket Maximum Individual / Family	\$4,250 / \$8,500	\$4,250 / \$8,500
Benefits Lifetime Limit	Unlimited	
Primary Care Physician's Services		
Office Visit	\$20 copay	\$35 copay
Preventive Care	Covered 100%	Covered 100%
Diagnostic X-ray and Lab	10% (in office)	20% after deductible
Specialist Services (including OB/GYN)		
Office Visit	\$30 copay	\$45 copay
Preventive Care	Covered 100%	Covered 100%
Diagnostic X-ray and Lab	10% (in office)	20% after deductible
Maternity Care		
Routine Prenatal Care	Covered 100%	Covered 100%
Delivery/Postnatal Care	10%	20% after deductible
Hospital Services		
Inpatient	Covered 100%	20% after deductible
Outpatient	Covered 100%	20% after deductible
Diagnostic X-ray and Lab	Covered 100%	20% after deductible
Physician	10%	20% after deductible
Emergency Room (copay waived if admitted)	\$100 copay	\$100 copay
Mental Health Services		
Inpatient Hospital	Covered 100%	20% after deductible
Outpatient Hospital	Covered 100%	20% after deductible
Office Visits	\$30 copay	\$45 copay
Vision Care		
Eye Exam (once every 12 months)	\$30 copay	\$45 copay

This chart summarizes the benefits administered by Aetna under the Select Plan option. It is not a complete listing of the services covered under this plan. **This plan does not offer out-of-network coverage.** For a detailed description, please refer to your Summary Plan Description (SPD), or Summary of Benefits Coverage (SBC) on CapitalLink.

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WELCOME TO YOUR BENEFITS GUIDE

This 2025 Benefits Guide describes the comprehensive benefits program offered to all eligible Capital Health employees.

The Guide outlines the important benefits that are provided to new hires enrolling for the first time or for elections made during the annual open enrollment period in the fall. We encourage you to carefully review the Guide and learn about your benefit options. This will help you to ensure you choose the appropriate levels of coverage that are best for you and your family.

Please be sure to take the time to examine all the benefits that Capital Health has to offer. The benefits outlined in this guide are effective from January 1, 2025 through December 31, 2025.

If you have questions regarding your benefits, please contact the:

Benefit Advocate Center (BAC)

844.932.0158

Bac.capitalhealth@ajg.com

OR

HR Service Center

609.394.4193

hrrservicecenter@capitalhealth.org

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ELIGIBILITY AND ENROLLMENT

BENEFITS ELIGIBILITY

All active, part-time and full-time employees regularly scheduled to work at least 20 hours each week in a budgeted position are eligible to participate in Capital Health's benefit programs. Your benefits become effective on the first of the month following 30 days of employment. Long-term disability benefits become effective after 90 days of employment.

If you are a temporary, contract or per diem employee*, you are not eligible to enroll in the health and welfare benefit plans.

*Unless you have met the ACA eligibility rules of completing 1,560 hours

ELIGIBILITY PERIODS

- Eligible to enroll during new hire designated enrollment window
- Annual Open Enrollment (once a year)
- Qualified life events (31-day eligibility period from date of life event)

COVERING FAMILY MEMBERS

As an eligible employee you also may insure eligible dependents including your:

- Legal/civil union spouse
- Legal dependent children to age 26 for medical, dental and vision coverage, as well as Aetna Voluntary coverages. Dependent child includes legally adopted; stepchild; foster child; any child whom you are legal guardian
- Legal dependent children of any age who live with you and are physically or mentally disabled and unable to support themselves

Note: If you and your spouse are both Capital Health employees, only one of you can cover your dependent children. All dependent children covered under the Capital Health plans must be legal dependents of you or your spouse.

SUBMIT YOUR FAMILY DOCUMENTATION

Only eligible dependents as defined by the Plan may be enrolled in coverage. Proof of dependency is required for any dependents you are enrolling for the first time. Please use Open Enrollment each year as your opportunity to remove any ineligible dependents. If it's determined that you are covering an ineligible person, you'll be subject to disciplinary action, such as repayment of the cost of health care coverage for the ineligible dependent(s) and termination of employment.

If you don't submit the required documentation by the documentation deadline, your dependents will not be enrolled in coverage for 2025, and you'll be required to wait until next year's open enrollment period to add them to the plan - provided they remain eligible, and you provide documentation verifying their dependent status at that time.

MAKING BENEFIT CHANGES DURING THE PLAN YEAR

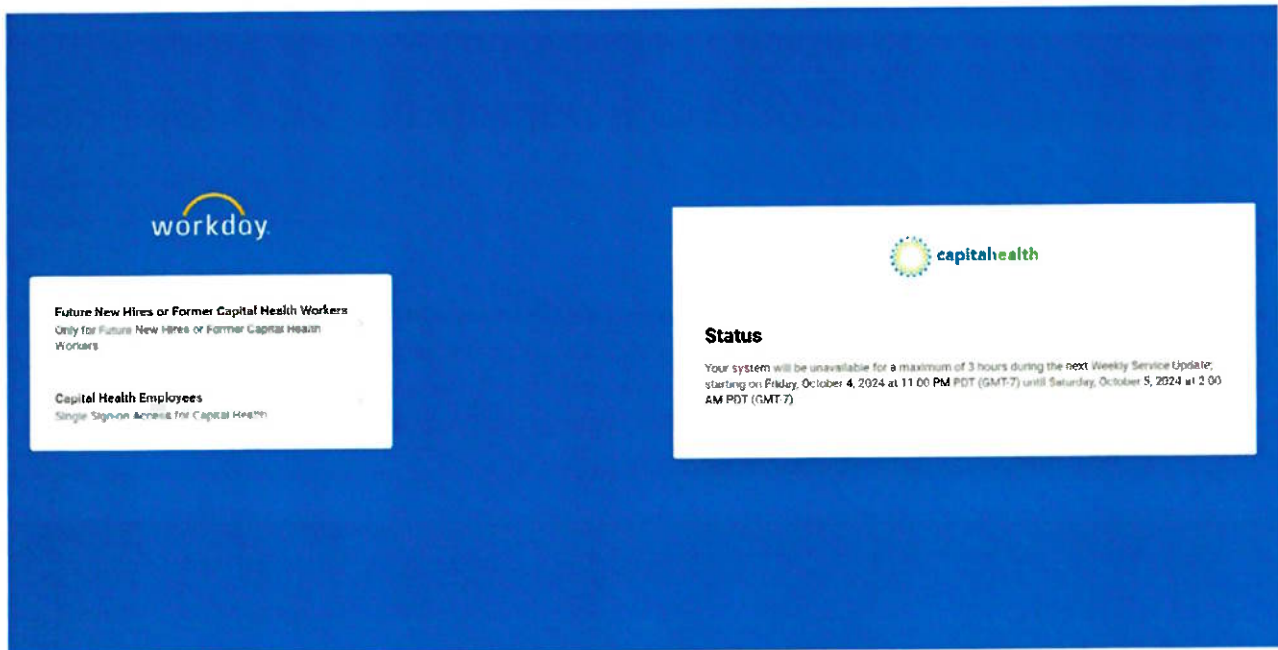
The IRS only allows you to make changes to your benefit elections once a year, during the annual Open Enrollment period each fall, unless you experience a Qualified Life Event (QLE), such as:

- Marriage
- Divorce or legal separation
- Birth and adoption
- Foster care or legal guardianship placement
- Loss of dependent status
- Death of a spouse or dependent child
- Change in coverage through a spouse's plan
- Gain or loss of eligibility for Medicare, Medicaid or the Children's Health Insurance Program (CHIP) eligibility

IMPORTANT: You have 31 calendar days from the QLE date to process any eligible benefit changes and submit verification documents for approval. Be sure to add your dependent(s)' social security number when you enroll them for any coverages.

ENROLLMENT INSTRUCTIONS

Access your enrollment profile by visiting myworkday.com/capitalhealth/d/home.html and logging in with your username and password. Once you have successfully logged in, you will be brought to your Employee Homepage.



1. Login to Workday with your username and password to access your employee homepage.
2. Add, delete or confirm family dependents information. If you need to add a dependent(s), you will add their information during your enrollment process.
3. Make an election for each benefit plan whether you are enrolling in or waiving coverage.
4. Select "Manage" for each benefit option, then indicate who you want to cover. Once selected, the benefit option will update accordingly.
5. For life insurance coverage, be sure to complete your beneficiary designation(s).
6. Once you walk through all your benefit options, click "Review & Submit" to review and confirm all of your selections. You can click "Return to Enrollment" to make any changes. Click "Review & Sign" at the bottom of the page.
7. Click the check box next to "I Accept", then click "Submit" to save and process your benefits enrollment.
8. Print a copy of your benefit statement.

MEDICAL BENEFITS

Coverage, choice, cost, and convenience are factors each of us considers important when selecting a medical plan.

Capital Health is committed to providing high quality and competitive health care benefits for employees and their families. We recognize our diverse employee population and their families require access to more than one medical option.

While both options cover the same types of medical services, each provides coverage at different levels and requires you to contribute a different amount per pay period. You may choose from the following two medical plan options for yourself and your eligible dependents.

- **Choice Plan**
- **Select Plan**

Both options through Aetna are designed to provide you and your family with access to quality, affordable health care by covering a broad range of health care services. The options differ in cost sharing and how they provide access to care. Each medical option is summarized below. Review the charts on pages 5-6 for an overview, or refer to the plan's Summary Plan Description or Summary of Benefit Coverage (SBC) for a detailed description.

CHOICE PLAN

The Choice Plan provides you with the choice to receive your care from Capital Health Providers, the Aetna Network, or from Out-of-Network providers. This option may be well suited for individuals with medical needs beyond physician check-ups and for those with families because of its lower limits on out-of-pocket costs.

However, this option comes with a higher payroll contribution.

SELECT PLAN

The Select Plan allows you to maximize the value of using Capital Health Providers and Aetna Network providers. This option offers savings on your bi-weekly contribution costs. Even more savings can be realized when seeking care from Capital Health Providers. *There is no out-of-network coverage with this plan.*

This option is a good fit for individuals who don't anticipate seeking care outside of In-Network providers and are looking for lower payroll costs.

CHOICE PLAN

Benefit Description	Capital Inner Circle (You Pay)	Aetna In-Network (You Pay)	Out-of-Network (You Pay)
Annual Deductible Individual / Family	None / None	\$500 / \$1,000	\$2,500 / \$5,000
Annual Out-of-Pocket Maximum Individual / Family	\$4,250 / \$8,500	\$4,250 / \$8,500	\$8,500 / \$17,000
Benefits Lifetime Limit	Unlimited		
Primary Care Physician's Services			
Office Visit	\$25 copay	\$30 copay	30% after deductible
Preventive Care	Covered 100%	Covered 100%	30% after deductible
Diagnostic X-ray and Lab	10% (in office)	20% after deductible	30% after deductible
Specialist Services (including OB/GYN)			
Office Visit	\$35 copay	\$40 copay	30% after deductible
Preventive Care	Covered 100%	Covered 100%	30% after deductible
Diagnostic X-ray and Lab	10% (in office)	20% after deductible	30% after deductible
Maternity Care			
Routine Prenatal Care	Covered 100%	Covered 100%	30% after deductible
Delivery/Postnatal Care	10%	20% after deductible	30% after deductible
Hospital Services			
Inpatient	Covered 100%	\$500 copay	30% after deductible
Outpatient	Covered 100%	20% after deductible	30% after deductible
Diagnostic X-ray and Lab	Covered 100%	20% after deductible	30% after deductible
Physician	10%	20% after deductible	30% after deductible
Emergency Room (copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay
Mental Health Services			
Inpatient Hospital	Covered 100%	\$500 copay	30% after deductible
Outpatient Hospital	Covered 100%	20% after deductible	30% after deductible
Office Visits	\$35 copay	\$40 copay	30% after deductible
Vision Care			
Eye Exam (once every 12 months)	\$35 copay	\$40 copay	30% after deductible

*ABA, Comprehensive infertility and ART are not available under Capital Inner Circle

SELECT PLAN

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MEDICAL PLAN CERTIFICATIONS ARE REQUIRED

The Capital Health medical plan options include certain surcharges that may or may not apply to you and may affect the amount you pay for your medical coverage. Be sure to avoid unnecessary surcharges by re-certifying your status each plan year.

TOBACCO USE SURCHARGE

You must be a non-tobacco user to avoid the tobacco surcharge. If you or your spouse are tobacco users, a \$35 per person surcharge will be assessed each pay period.

We understand that quitting tobacco use can be a daunting task. That's why we offer a free smoking cessation program through the American Lung Association's Freedom From Smoking, to help you on your way to a tobacco-free lifestyle.

Each year you are required to re-certify your tobacco use in order to avoid a **\$35 per pay period surcharge**. This applies to both you and your eligible spouse, if they are enrolled on your medical plan. You must be either a non-tobacco user, or, complete one of the smoking cessation programs to avoid the surcharge.

Choose from two flexible options:

- **Traditional coaching by phone**
- **Online program**

Both require completion within 8 weeks of registration in order to avoid the surcharge.

New hires in 2025 will have an opportunity to participate in our program for the 2025 plan year.

SPOUSAL COVERAGE SURCHARGE

If your spouse is employed and has an available offer of health coverage through their own employer, an Alternative Coverage Surcharge of \$75 per pay period will be applied if you choose to enroll your spouse on your medical plan. The surcharge does not apply to spousal retiree or Medicare coverage. A spouse who does not have coverage available through active employment will not be subject to the Alternative Coverage Surcharge.

READY TO GET STARTED?

Once you have completed your benefits enrollment, print out the CapitalLink enrollment form and fax it back to the American Lung Association. Once the registration form is received, an American Lung Association counselor will contact you to begin the program.

The form can be found on CapitalLink, at HR > Benefits > Wellness > American Lung Association > ALA Enrollment Form.

FINDING NETWORK PROVIDERS

Search Instructions


If you have not already done so, you must create your account by following the steps below.

*Tip: Do not use the "Continue as Guest" option as you will not see Capital Health's Inner Circle custom network.

To view Inner Circle providers, enter the zip-code for Hopewell (08534) or RMC (08638). When reviewing the results, you will see "Maximum Savings" for Capital Health providers.

When viewing the results, if you see "Standard Savings," these are Aetna in-network providers but not part of the Inner Circle network.

Sample



Wallace, Africa Funmi, MD
Surgery, Thoracic Cardiovascular (2 more specialties)
☆ (No reviews yet)


📍 2 Capital Way, Suite 356 Pennington, NJ 08534
13.86 miles from you

[View Details](#)

Maximum Savings

In Network

Offers Opioid Alternative



Maquilan, Jose M., MD
Surgery, Thoracic Cardiovascular (2 more specialties)
☆ (No reviews yet)

📍 501 Bath Road, Bristol, PA 19007
1.68 miles from you

[View Details](#)

Standard Savings

In Network

Aexcel®

Wheelchair Accessible

1. If you have an account, log into www.aetna.com

If you do not have an account, click [Register Now](#)

- Complete registration (personal info, validate identity, create account, terms and conditions)

2. Find care and pricing
3. Find a provider. Select the type of practice to begin search, enter home location (it is recommended to search by zip code for simplicity)
4. To view Inner Circle providers, enter the zip code for Hopewell (08534) or RMC (08638)

When viewing the results, you can identify the Capital Health Inner Circle providers by the "Maximum Savings" tag (shown at left)

CAPITAL HEALTH VIRTUAL PRIMARY CARE

Now more than ever, it is important to address health issues as they arise.

To conveniently provide you with comprehensive, high quality medical care, Capital Health – Virtual Primary Care offers individuals (ages 16 and older) support in managing health issues, from their home or on the go.

From 8 a.m. to 10 p.m. seven days per week, our virtual primary care practice offers video visits with local doctors, nurse practitioners, physician assistants or other qualified health care providers from Capital Health Medical Group. Our team can address a wide range of health conditions, including but not limited to:

- Symptoms of COVID
- Urinary tract infection
- Sinus problems
- Upper respiratory infection
- Sore throat and cough
- Common cold and flu
- Rash eye infection

All Capital Health Medical Group practices use a shared electronic records system, so if you are already a Capital Health Medical Group patient, your medical history and vital information will be accessible during your video visit. If needed, patients can easily schedule an in-person follow-up visit with the team member they see on their screen, or one of our other clinicians, at one of Capital Health's primary care offices, located across the greater Mercer, Bucks and Burlington county regions.

REQUESTING A VIDEO VISIT IS AS EASY AS....

- 1. Visit capitalvirtualcare.org, login, and complete our request form. You must be a current patient to register on-line.**
- 2. Receive a text from our practice when we're ready to see you.**
- 3. Click on the link in our text to begin your visit on your mobile device.**

If you have any questions or need more information, please email virtualcare@capitalhealth.org or visit capitalvirtualcare.org.



PRESCRIPTION DRUG BENEFITS

When you enroll in either medical plan option, you will automatically receive prescription drug coverage through Express Scripts®.

The prescription benefits available to you are built around different pricing structures, or “tiers”, that enable you to control your cost based on the types of medications you and your physician select. The copay amounts that you will be responsible for paying are indicated in the tables on the next page. After you have reached the prescription out-of-pocket limits, (\$3,900 individual coverage / \$7,800 family coverage) you will not incur any additional out-of-pocket expenses for covered prescriptions during the remainder of the plan year.

To avoid paying full price, look to the preferred alternatives / generics, ask your doctor, or ask the Capital Health Community Pharmacist for more options.

MAINTENANCE MEDICATIONS

All maintenance medications are limited to a two time pick-up at a retail pharmacy. All subsequent refills must be obtained through either the Capital Health Pharmacy or the Express Scripts Mail Order Program. To get started, contact the Capital Health Pharmacy at **609-815-7597**, or visit express-scripts.com.

DRUG MANAGEMENT PROGRAM

To effectively manage drug expenses, Express Scripts uses prior authorization, step-therapy and drug quantity limits for certain medications.

Additionally, most compound drugs are excluded from plan coverage. Please contact Express Scripts if you are unsure if any medications you take are affected.

ONSITE COMMUNITY PHARMACY

The Capital Health Pharmacy offers you the lowest copayments for your prescription needs. Both retail and mail order medications can be filled through the on-site Pharmacy. The Pharmacy staff will assist you in transferring your open refills. Please contact the Pharmacy at **609-815-7597**.

OPT FOR GENERICS

If you choose a brand name medication over its generic equivalent, you will pay the difference in cost between the two medications and the applicable brand name copay (i.e. preferred or non-preferred).

PRESCRIPTION DRUG BENEFITS continued

SEE THE POTENTIAL SAVINGS

Retail Medication (Up to a 34 day supply)	Capital Health Pharmacy	Retail Pharmacy
Generic	\$5 copay	\$15 copay
Preferred Brand	\$25 copay	\$40 copay
Non-Preferred Brand	\$40 copay	\$55 copay
Specialty Medication	15% of cost up to a maximum copay of \$200	15% of cost up to a maximum copay of \$300

Mail Order Medication (Up to a 90 day supply)	Capital Health Pharmacy	Mail Order Pharmacy
Generic	\$10 copay	\$30 copay
Preferred Brand	\$50 copay	\$80 copay
Non-Preferred Brand	\$80 copay	\$110 copay

WEIGHT LOSS MEDICATIONS

Weight loss specific drugs are treated separately from the tiered chart above. Rather than paying a copayment, a co-insurance percentage will apply to your prescription. Common weight loss drugs, referred to as "GLP-1" drugs, include Wegovy, Saxenda, and Zepbound. The employee's Rx expense for these medications is a co-insurance equal to 50% of the cost of the drug.

Please Note:

- Weight loss drugs prescribed for a clinical diagnosis, like diabetes, are NOT subject to the 50% co-insurance, but rather, the applicable copay in the above chart will apply to similar medications for diabetes.
- Discount coupons are available for weight loss medications through drug manufactures to help reduce cost.

WELLBEING REWARDS

If you are a medical plan member and you completed your 2024 Wellbeing Rewards Program activities through Aetna, you will earn a discount off of your 2025 medical plan contributions. Once you complete 2 eligible activities to earn at least 2 points, you will see your earned credit of **\$25 per pay period** applied towards your medical plan cost. You have until **November 15, 2024** to complete eligible wellbeing activities and earn points.

One of the ways Capital Health's Wellbeing Rewards Program works is through an annual Health Assessment (HA). This assessment provides you with a snapshot of your overall health using key health indicators that identify potential risk factors. By identifying these risk factors early on, you can change your lifestyle to avoid serious complications down the road. By completing the annual Health Assessment, you will earn 1 point toward receiving your discount.

SEARCH FOR SAVINGS

Use these value added tips to get the most bang for your buck!

- Use generic and preferred drugs
- Use Inner Circle providers
- Enroll in a tax-advantaged healthcare or dependent care flexible spending account for eligible out-of-pocket expenses
- Choose to cover only those dependents who do not have available coverage elsewhere
- Earn incentive credits each year by participating in Capital Health's Wellbeing Rewards Program
- Take advantage of annual Wellness exams and dental cleanings

What are the eligible 2 activities I can choose from?

- ☐ Self-attest to completing a well adult visit (1 point)
- ☐ Self-attest to completing a well woman visit (1 point)
- ☐ Self-attest to completing one of the following preventive screenings:
 - Colon cancer, cervical cancer, breast cancer, prostate cancer (1 point)
- ☐ Complete 5,000 steps, or 30 minutes of physical activity, per day for any 50 Days between May 1 and November 1 (1 point)
- ☐ Complete a quest biometric screening (1 point)
- ☐ Complete a health assessment (1 point)
- ☐ Complete one digital coaching program (earn 3,000 hears = 1 point)
- ☐ Complete three condition management calls (3 calls = 1 point)

Didn't participate or complete the wellness requirements this year? You'll have another opportunity to earn a wellbeing credit when next year's incentives are announced, early in the new year.

MEDICAL EMPLOYEE CONTRIBUTIONS

Your 2025 medical contributions per pay are shown below.

SELECT PLAN

Contributions Per Pay Period	30-40 Hours Per Week	20-29 Hours Per Week
Employee Only	\$ 74.60	\$117.60
Employee + Spouse	\$142.37	\$225.96
Employee + Child(ren)	\$128.42	\$203.67
Family	\$199.32	\$317.07

CHOICE PLAN

Contributions Per Pay Period	30-40 Hours Per Week	20-29 Hours Per Week
Employee Only	\$107.53	\$169.66
Employee + Spouse	\$208.83	\$331.78
Employee + Child(ren)	\$185.45	\$294.48
Family	\$292.60	\$465.79

WELLBEING INCENTIVE CREDIT

If you completed the wellbeing requirements for 2024, you will see an automatic medical premium credit of \$25 per pay from the rates shown above when you log on to enroll in your benefits. If you earn your credit after the rate system setup, your credit will appear in your first 2025 paycheck. The credit will only show if the credit file is uploaded to Workday.

DENTAL BENEFITS

Preventive dental care, such as regular checkups and cleanings, play an important part in your overall health.

Capital Health provides you with the choice between two affordable dental options through Delta Dental of New Jersey:

- Delta Dental PPO
- Delta Dental Premier

Both plans offer sizable networks of providers from which to choose as well as generous benefits. Enrolling in the Delta Dental PPO plan means lower payroll contributions, a lower annual deductible, and lower out-of-pocket expenses at participating providers.

Benefit Description	Delta Dental PPO	Delta Dental Premier
Annual Deductible	\$25 per individual / \$75 per family	\$50 per individual / \$150 per family
Preventive & Diagnostic Services: Routine exams, cleanings, etc.	100%	100%
X-rays: Full mouth ¹ , panoramic ¹ / routine bitewing ²	100%	100%
Basic Services: Fillings, periodontics, etc.	80%	80%
Major Services: Prosthodontics, crowns, etc.	50%	50%
Orthodontic Services	50%	50%
Annual Maximum	\$1,500*	\$2,000*
Lifetime Orthodontic Maximum	\$1,250*	\$1,250*

¹Covered once in a 60 month period, or every 5 years.

²Covered once per benefit period for those age 19 and over, twice per benefit period for those age 18 and under.

*Per person.

DENTAL BENEFITS continued

DECIDING ON THE BEST OPTION

Maximum plan benefits under either plan option can only be achieved when using a participating provider. Before choosing a dental plan, you should review the provider network by logging on to Delta's website at deltadentalnj.com or call your provider to find out which Delta option(s) they participate in to help you decide which option is best for you.

SEE THE SAVINGS

Did you know that getting care from a Delta Dental PPO provider helps your benefits dollars stretch further? See the example below that compares what you would pay out-of-pocket to receive major services dental care in each network.

Example	Delta Dental PPO	Delta Dental Premier
Procedure Cost	\$1,000	\$1,000
Delta Dental Payment Allowance	\$640	\$800
Coinsurance	50%	50%
Delta Dental Payment	\$320	\$400
Patient Payment	$\$640 - \$320 = \$320$	$\$800 - \$400 = \$400$

Eligible dependents are covered by Capital Health dental plans until age 26.

DELTA DENTAL PLAN OPTIONS

Contributions Per Pay Period

	30-40 Hours Per Week		20-29 Hours Per Week	
	Delta PPO	Delta Premier	Delta PPO	Delta Premier
Employee Only	\$ 4.50	\$11.51	\$ 9.00	\$19.56
Employee + Spouse	\$ 8.33	\$21.45	\$16.66	\$36.47
Employee + Child(ren)	\$ 7.85	\$20.43	\$15.69	\$34.73
Family	\$13.09	\$33.86	\$26.17	\$57.55

VISION BENEFITS

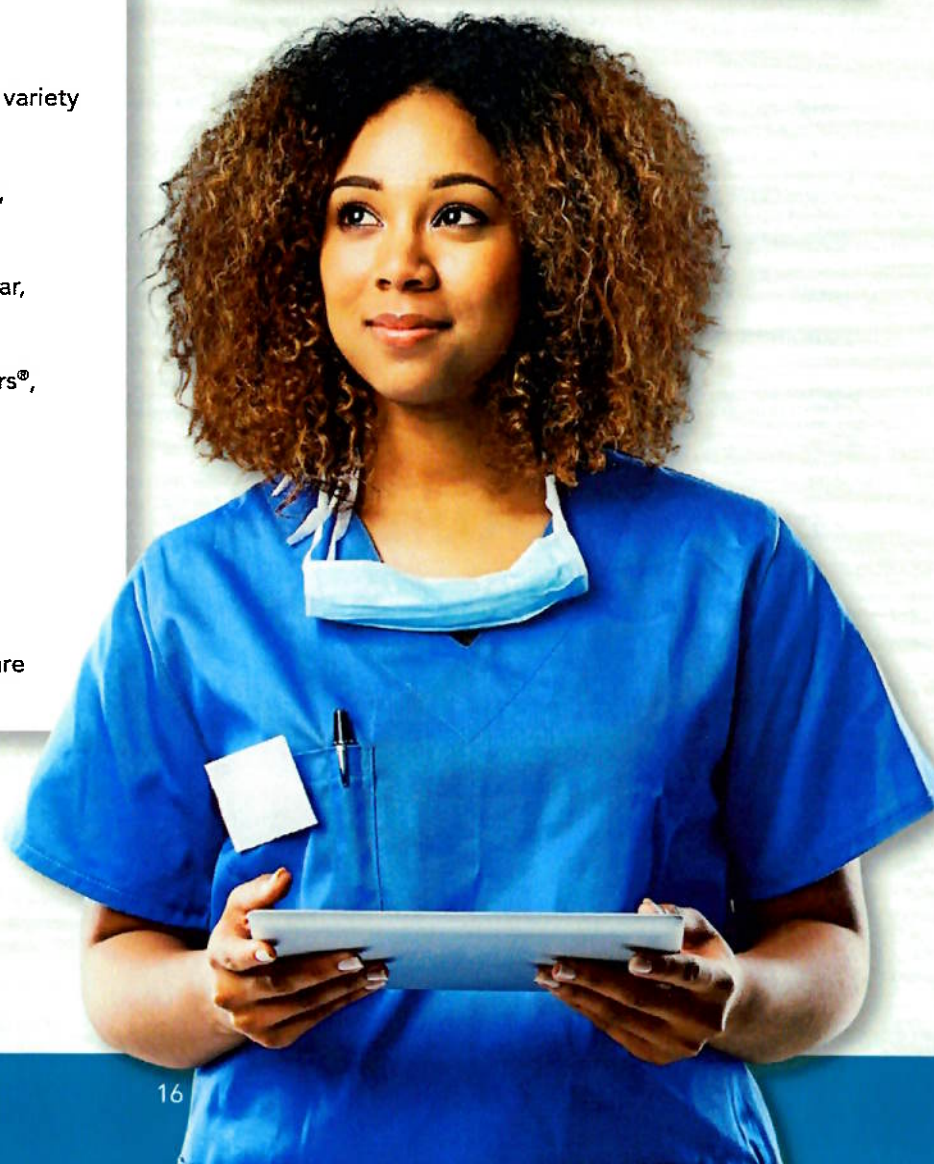
Vision Benefits provided by EyeMed are available for you and your eligible family members.

Here's what you can look forward to:

- Coverage for eye exams, glasses and contact lenses
- Ability to use the frame and contact lens allowances in the same benefit year- worth up to \$210 each
- Separate contact lens fit & follow-up coverage, leaving the entire allowance for materials
- Vast network of eye doctors offering a variety of hours to fit any schedule
- Popular brand names: Oakley, Versace, Ray-Ban®, Coach, Armani and more
- Members-only special offers on eyewear, sunglasses and supplies
- Online shopping options at LensCrafters®, Target Optical®, Glasses.com®, ContactsDirect, and Ray-Ban®
- Secure member website and a collection of helpful tools
- Award-winning customer call center
- No claims paperwork for in-network care

EYEMED VISION PLAN

Contributions Per Pay Period	30-40 Hours Per Week	20-29 Hours Per Week
Employee Only	\$2.85	\$2.85
Employee + Spouse	\$5.70	\$5.70
Employee + Child(ren)	\$6.28	\$6.28
Family	\$9.70	\$9.70



VISION BENEFITS continued

VISION PLAN HIGHLIGHTS

This chart summarizes the benefits provided under the vision plan. The plan covers eye examinations, lenses or contact lenses, and frames once every 12 months for in-network coverage only. The frames maximum benefit and contacts benefit have a separate maximum benefit of \$210. See your plan document and summaries for more plan details.

Benefit Description	In-Network (You pay)	Out-of-Network Reimbursement*
Annual Vision Exam (with dilation as necessary)	\$10 copay	Up to \$30
Standard Contact Lens Fit and Follow Up	Up to \$40	N/A
Premium Contact Lens Fit and Follow Up	\$0 off retail price	N/A
Retinal Imaging	Up to \$39	N/A
Frames	\$0 copay; 20% off balance over \$210 allowance	Up to \$106
Standard Plastic Lens single / bifocal / trifocal / lenticular	\$25 copay	\$25 / \$40 / \$55 / \$55
Standard Progressive Lens	\$80 copay	Up to \$40
Contact Lenses		
Conventional	\$0 copay; 15% off balance over \$210 allowance	Up to \$168
Disposable	\$0 copay; 15% off balance over \$210 allowance	Up to \$168
Medically Necessary	\$0 copay; paid in full	Up to \$210

ADDITIONAL SAVINGS FOR MEMBERS

In-network only

Receive 40% off additional pairs of glasses and a 15% discount on conventional lenses, once funded benefit is used- an industry exclusive

Receive 20% off any item not covered by the plan, including non-prescription sunglasses

Receive 15% off Lasik or PRK from US Laser Network retail price, or 5% off promotional price

- Receive up to 64% off hearing aids, an extended warranty, and free batteries through Amplifon Hearing Health Care Network

FLEXIBLE SPENDING ACCOUNTS (FSAs)

FSAs offered through Inspira Financial are special tax-free accounts you put money into to pay for certain out-of-pocket expenses.

The amount you elect to contribute to your FSA is taken from your paycheck before taxes. This means that the funds you set aside to pay for your health care or dependent care expenses are tax free, saving you money!

HEALTHCARE FSA

Set aside up to \$3,300* in pre-tax dollars for any IRS-allowed medical, dental, vision and prescription drug expense not covered by insurance. With a Healthcare FSA, you can be reimbursed any amount up to the total annual contribution you have elected regardless of your account balance. If you over-estimate your annual spending, you can roll over up to \$660* of unused funds into the following year.

*These are IRS projected limits for 2025. Should the IRS not issue a revenue procedure on these limits, you will be contacted if you exceed the limit.

DEPENDENT CARE FSA

Set aside \$5,000 in pre-tax dollars for qualified day care expenses for your child, disabled parent or spouse that enable you and your spouse (if applicable) to work full-time and/or attend school full-time. With a Dependent Care FSA, you can only be reimbursed for services you have incurred up to your total account balance. If you submit a claim for an amount that exceeds your account balance, your claim will pend until you have sufficient funds in your account to reimburse the total amount of the claim.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

continued

CARRY OVER UNUSED HEALTHCARE FSA FUNDS

You may carry over up to \$660* in unused 2024 Healthcare FSA funds into the next plan year. Any unused 2024 amount up to \$660* that is carried over into 2025 will be exhausted first before your 2025 FSA contributions are used. The \$660* carry over applies to Healthcare FSA only. Any unused money in your account will be forfeited.

ENROLLMENT IS BINDING

Once you enroll, you cannot make any changes during the plan year unless you experience a qualifying life event (see page 2). Be sure to take this into account when determining how much money to contribute to your FSA.

USING YOUR FSA DEBIT CARD

The easiest and fastest way to access your Healthcare FSA funds is to use the Inspira Financial Card at a provider or merchant for eligible medical expenses. The card can be used for eligible medical, dental, prescription, hearing and vision expenses wherever MasterCard is accepted. **FSA debit cards are issued every three years.**

CAN I GET MORE THAN ONE CARD?

If you need another card for someone else on your plan simply contact Inspira Financial online or by phone at **800-678-8242** to request additional cards. If your debit card is lost or stolen, report it to Inspira.

WHERE CAN I USE MY CARD?

You can use your card at a variety of places. For Healthcare FSAs, you may use your card at your providers' office including primary care physicians, specialists, chiropractors, dentists, optometrists, hospitals, pharmacies, and urgent care locations. Other places where you can spend your FSA funds include most merchants that sell FSA-eligible products such as discount and grocery stores.

When checking out at your providers' office or an eligible merchant, simply swipe your card to pay using your FSA funds. **Be sure to save your receipts or statement in case you are required by Inspira Financial to verify your expense at a later date.**

To review a list of eligible healthcare expenses, visit irs.gov/forms-pubs/about-publication-502.

COMMUTER BENEFITS

This benefit offering through Inspira Financial allows employees to pay for all or part of their work-related transportation expenses using pre-tax dollars on a monthly basis. Up to \$325* per month in mass transit and parking expenses can be paid on a pre-tax basis when enrolled in Commuter Benefits. You may only be reimbursed up to your current account balance at any given time.

*These are IRS projected limits for 2025. Should the IRS not issue a revenue procedure on these limits, you will be contacted if you exceed the limit.

LIFE INSURANCE BENEFITS

Financial Support for the Unexpected

BASIC LIFE / ACCIDENTAL DEATH & DISMEMBERMENT

Capital Health offers a number of benefits that can provide a financial safety net in case the unexpected happens. You receive Basic Life Insurance coverage at no cost to you that is based on your pay, budgeted hours and length of service.

30-40 Hours Per Week

- Employees with less than 10 years of service receive employer-paid coverage equal to one times your base annual earnings to a maximum of \$2,000,000.
- Employees with more than 10 years of service receive employer-paid coverage equal to two times base annual earnings to a maximum of \$2,000,000.

20-29 Hours Per Week

- Employees with less than 10 years of service receive employer-paid coverage equal to \$5,000.
- Employees with more than 10 years of service receive employer-paid coverage equal to \$10,000.

LIFE INSURANCE RATES

Employee and Spouse Supplemental Life Insurance
Payments Per Pay Period

Age	Rate Per \$1,000
Under 24	\$0.063
25-29	\$0.075
30-34	\$0.099
35-39	\$0.112
40-44	\$0.123
45-49	\$0.186
50-54	\$0.286
55-59	\$0.535
60-64	\$0.819
65-69	\$1.57
70+	\$2.56

SUPPLEMENTAL LIFE INSURANCE FOR YOUR FAMILY

If you have people who depend on you for financial support, this additional coverage will help protect them in the event something should happen to you. You have the opportunity to purchase voluntary life insurance coverage through Reliance Standard Life Insurance Company for yourself, your spouse, and/or your dependent child(ren). If you choose to purchase Supplemental Term Life Insurance, you will be responsible for paying 100% of the premium. All newly elected amounts of Supplemental Term Life Insurance are not subject to Proof of Good Health until the amount elected exceeds the plan Guarantee Issue Limits.

Employee Life: You may purchase Supplemental Term Life Insurance coverage to a maximum benefit of up to 4 times your base annual earnings, up to a \$1,000,000 maximum. Benefits are subject to a reduction schedule for employees ages 70 and over. The Guarantee Issue Limit is the lesser of three times your annual earnings or \$300,000.

Spouse Life: Provided you have purchased supplemental coverage on yourself, Supplemental Term Life Insurance coverage for your spouse may be purchased in increments of \$10,000, \$15,000, \$25,000 or \$50,000, not to exceed 50% of the employee's Supplemental Life Insurance. Coverage is not available for spouses age 70 and above.

Child Life: You may purchase Supplemental Term Life Insurance coverage in the amount of \$5,000 for your unmarried dependent child(ren), age 6 months to age 26. For eligible children age birth to 6 months, \$100 coverage will be provided.

DEPENDENT LIFE INSURANCE RATES

Dependent Child(ren) Supplemental Life Insurance¹
Payments Per Pay Period

Dependent Child(ren)	\$0.06
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¹One rate covers all eligible children up to age 26 for \$5,000 in coverage. Newborns up to 6 months are provided \$100 of coverage.

DISABILITY BENEFITS

Financial Support for When You're Sick or Disabled

SHORT TERM DISABILITY

All Full-Time employees have access to NJID benefits, which is administered by the state of NJ. The plan provides a benefit amount of 85% of base salary, up to a maximum of \$1,250/week and elimination period is 7 days. If you work in Pennsylvania, this same benefit level is administered by Reliance Standard.

LONG TERM DISABILITY

Full time non-union employees are eligible for Long Term Disability (LTD) coverage. The LTD plan offered by Reliance Standard provides income during an extended period of disability, if you are disabled and unable to return to work after 180 consecutive days. The plan pays a percentage of your average monthly pre-disability earnings. This coverage is employer paid unless you are eligible for the buy-up option. You may receive monthly LTD benefits as long as you are deemed totally disabled by our insurance provider. Benefits may continue until you reach the normal social security retirement age, if permanently disabled.

LONG-TERM DISABILITY BENEFITS

Classification Description	Management Employees	Physicians	All Other Employees
Elimination Period	180 days	180 days	180 days
Core Monthly Benefit	60%	50%	50%
Buy-Up Option	N/A	N/A	10% buy-up
Monthly Benefit Maximum	\$25,000	\$10,000	\$5,000
Monthly Benefit Maximum with Buy-Up	N/A	N/A	\$5,833

BUY-UP LTD PLAN RATE

Buy-up Long-term Disability Insurance
Payments Per Pay Period

	Rate Per \$1,000
Employee Only	\$0.29

EMPLOYEE ASSISTANCE PROGRAM

(EAP)

Everyday Support and Guidance for You and Your Family

From listening to your child talk about being bullied to witnessing a traumatic event, secondhand stress can affect you, too.

If you're finding it hard to stay positive when tough things happen to yourself or others, your Carebridge EAP and Worklife Specialists offer confidential support for managing:

- Anxiety and depression
- Parenting and family issues
- Relationship problems
- Living with chronic conditions
- Substance use
- Child and eldercare support
- Grief and loss
- Stress management
- Work-life balance

Through this program, you have access to mental health assistance, referral, counseling and educational services for help from a number of professionals. You have 24-hour access to helpful resources by phone, and the EAP benefits include six face-to-face visits per issue with a licensed professional.

All services provided are confidential and will not be shared with Capital Health. Access additional information by contacting 800-437-0911 or www.myliferesource.com use access code TW585.



INDIVIDUAL VOLUNTARY BENEFITS

Extra Protection and a Little Extra Help

Capital Health provides you with the opportunity to purchase voluntary benefits to complement your existing group benefit coverages.

With your Voluntary Benefits, you can tailor your complete benefits package to fit you and your family's needs throughout the plan year. Individual coverages include Accident, Critical Illness, Hospital Indemnity, Pet Insurance, Identity Theft and Legal Services.

LEGAL SERVICES

Legal Support When You Need It

You can cover the costs on a wide range of common legal issues when you enroll in the Legal Services Plan. You have access to experienced attorneys to help with estate planning, home sales, tax audits and more. Refer to the plan summary on the next page.

The Legal Services Plan offers low-cost access to attorneys for a variety of personal legal services.

Payments are made conveniently through payroll deductions. It's like having your own attorney on retainer. The MetLife Legal Plan helps you deal with a variety of situations, including:

- Adoption, guardianship and affidavits
- Real estate matters
- Estate planning documents, wills and trusts
- Financial matters including debt collection defense and negotiations with creditors
- Civil lawsuits such as civil litigation and pet liabilities
- Elder care issues such as power of attorney, deeds, wills, leases

ONCE YOU'VE ENROLLED

The MetLife Legal Plan will provide both you and your eligible dependents access to experienced legal professionals who can assist with most personal legal matters. Coverage is extended to your eligible dependents. Your eligible dependents include your legal / civil union spouse and your dependent child(ren) up to age 26.

There are no limits on plan usage. This means you can use the plan as often as you like, for as long as you like regardless of time, topic, or complexity. Your MetLife Legal coverage is also portable so you can take your coverage with you upon separation of service.

This plan does not provide coverage for legal matters against Capital Health.

Contact MetLife at 216-241-0022 with your questions.

HELPING YOU NAVIGATE LIFE'S PLANNED AND UNPLANNED EVENTS

Our high-low plan enables you to choose the right plan to suit your needs and your budget.

For \$6.83 per pay period for the high plan, or \$5.45 per pay period for the low plan, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms, when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, this benefit, available through the high plan only, provides four hours of network attorney time and services per year.

METLIFE LEGAL PLAN OPTIONS

	High Plan	Low Plan
Money Matters	<ul style="list-style-type: none"> • Debt & Tax Collection and Identity Theft Defense • LifeStages Identity Restoration Services • Negotiations with Creditors • Promissory Notes & Personal Bankruptcy • LifeStages Premium Identity • Protection & Restoration • Tax Audit Representation 	<ul style="list-style-type: none"> • Debt & Tax Collection and Identity Theft Defense • LifeStages Identity Restoration Services • Negotiations with Creditors • Promissory Notes & Personal Bankruptcy
Home & Real Estate	<ul style="list-style-type: none"> • Deeds, Foreclosure & Mortgages • Eviction Defense • Refinancing & Home Equity Loan • Sale or Purchase of Home • Tenant Negotiations • Boundary & Title Disputes • Property Tax Assessments • Security Deposit Assistance • Zoning Applications 	<ul style="list-style-type: none"> • Deeds, Foreclosure & Mortgages • Eviction Defense • Refinancing & Home Equity Loan • Sale or Purchase of Home • Tenant Negotiations
Estate Planning	<ul style="list-style-type: none"> • Codicils, Simple, Complex & Living Wills • Healthcare Proxies • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) • Revocable & Irrevocable Trusts 	<ul style="list-style-type: none"> • Codicils, Simple, Complex & Living Wills • Healthcare Proxies • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) • Revocable & Irrevocable Trusts
Family & Personal	<ul style="list-style-type: none"> • Adoption, Guardianship, Conservatorship • Affidavits, Name Change, Demand Letters • Garnishment Defense & Prenup Agreement • Personal Property Protection & Divorce • Review of ANY Personal Legal Document • School Hearings & Immigration Assistance • Juvenile Court Defense (Including Criminal Matters) • Parental Responsibility Matters • Protection from Domestic Violence 	<ul style="list-style-type: none"> • Adoption, Guardianship, Conservatorship • Affidavits & Name Change • Garnishment Defense • Personal Property Protection • School Hearings • Review of ANY Personal Legal Document

INDIVIDUAL VOLUNTARY BENEFITS

continued

Aetna Voluntary Benefit Plans

AETNA ACCIDENT PLAN

Accidents happen when you least expect them. But an Aetna® Accident Plan can help you be more financially prepared when they do. The plan pays you cash benefits when you or a covered family member are faced with a covered accidental injury that happens off the job.

Unlike regular medical insurance, which pays your provider, an Aetna Accident Plan pays you cash directly for things like medical treatment, deductibles... even rent or mortgage! The money is yours to spend however you need it most.

AETNA CRITICAL ILLNESS PLAN

Nobody is ready to receive a diagnosis of a serious illness. But an Aetna Critical Illness Plan pays benefits when you are diagnosed with a covered illness or condition, after your coverage effective date. This can help you feel a little more financially prepared to focus on the road to recovery.

The plan pays for diagnosis such as cancer, stroke, major organ failure, and more. Check out the benefit plan summary for a full list of covered diagnoses and complete plan details.

AETNA HOSPITAL INDEMNITY PLAN

Whether you're planning a hospital stay, or one comes up unexpectedly, the costs can really add up fast. The Aetna Hospital Indemnity Plan pays cash benefits when you have a hospitalization due to an illness, injury, surgery, or even delivering a baby.

The plan pays benefits for an inpatient hospital admission, plus extra for each day you're in the hospital.



CONTACT INFORMATION

Aetna

1-844-362-0930

www.aetna.com

AETNA VOLUNTARY BENEFITS RATE SHEET

Rates shown are based on per pay period deductions. Your payroll deductions will be taken after taxes are taken.

ACCIDENT PLAN

Payments Per Pay Period – 26 Pay Periods Total

Yourself	\$ 4.52
Yourself & Spouse	\$ 7.79
Yourself Plus Child(ren)	\$ 8.51
Yourself & Family	\$11.65

HOSPITAL INDEMNITY PLAN

Yourself	\$ 4.50
Yourself & Spouse	\$10.01
Yourself Plus Child(ren)	\$ 7.20
Yourself & Family	\$12.08

CRITICAL ILLNESS PLAN* (You may enroll in one option only)

Payments Per Pay Period – 26 Pay Periods Total

EMPLOYEE FACE AMOUNT: \$15,000

Age Band	Yourself Only	Yourself & Spouse	Yourself Plus Child(ren)	Yourself & Family
16-19	\$ 1.68	\$ 2.68	\$ 1.68	\$ 2.68
20-24	\$ 1.92	\$ 3.02	\$ 1.92	\$ 3.02
25-29	\$ 2.22	\$ 3.48	\$ 2.22	\$ 3.48
30-34	\$ 2.64	\$ 4.10	\$ 2.64	\$ 4.10
35-39	\$ 3.28	\$ 5.08	\$ 3.28	\$ 5.08
40-44	\$ 4.44	\$ 6.84	\$ 4.44	\$ 6.84
45-49	\$ 6.38	\$ 9.72	\$ 6.38	\$ 9.72
50-54	\$ 9.58	\$14.52	\$ 9.58	\$14.52
55-59	\$14.18	\$ 21.42	\$14.18	\$ 21.42
60-64	\$20.12	\$30.34	\$20.12	\$30.34
65-69	\$28.74	\$43.26	\$28.74	\$43.26
70+	\$37.10	\$55.80	\$37.10	\$55.80

EMPLOYEE FACE AMOUNT: \$30,000

Age Band	Yourself Only	Yourself & Spouse	Yourself Plus Child(ren)	Yourself & Family
16-19	\$ 2.50	\$ 4.02	\$ 2.50	\$ 4.02
20-24	\$ 2.96	\$ 4.72	\$ 2.96	\$ 4.72
25-29	\$ 3.56	\$ 5.64	\$ 3.56	\$ 5.64
30-34	\$ 4.40	\$ 6.88	\$ 4.40	\$ 6.88
35-39	\$ 5.70	\$ 8.84	\$ 5.70	\$ 8.84
40-44	\$ 8.02	\$12.32	\$ 8.02	\$12.32
45-49	\$11.88	\$18.10	\$11.88	\$18.10
50-54	\$18.28	\$27.72	\$18.28	\$27.72
55-59	\$27.48	\$41.50	\$27.48	\$41.50
60-64	\$39.38	\$59.36	\$39.38	\$59.36
65-69	\$56.62	\$85.22	\$56.62	\$85.22
70+	\$73.32	\$110.26	\$73.32	\$110.26

*Rates are based on your (the subscribers) current age but will increase as you move into a higher age band.

These plans do not count as minimum essential coverage under the Affordable Care Act. These are a Supplement to health insurance and not a substitute for major medical coverage.

INDIVIDUAL VOLUNTARY BENEFITS

continued

Identity Theft Protection

Protect What Matters Most | ID WATCHDOG®

Identity theft can affect anyone — from infants to seniors. Each generation has habits that savvy criminals know how to exploit — resulting in over \$50 billion lost in the US to identity fraud. Take action and select your identity theft protection.

GREATER PEACE OF MIND

With ID Watchdog® as an employee benefit, you have a more convenient and affordable way to help better protect and monitor your identity with two plans to choose from. You'll be alerted to potentially suspicious activity and enjoy greater peace of mind knowing you don't have to face identity theft alone.

The ID Watchdog customer care team is here for you 24/7/365 at 866.513.1518.

Learn more about this valuable benefit at idwatchdog.com/myplan/CapitalHealthSystems.

WHY CHOOSE ID WATCHDOG?

Advanced Identity Theft Detection

ID Watchdog scours billions of data points — public records, transaction records, social media and more — to search for signs of potential identity theft.

Greater Protection & Control

ID Watchdog has you covered with lock features for added control over your credit report(s) to help keep identity thieves from opening new accounts in your name.

Fully Managed Identity Restoration

If you become a victim, you don't have to face it alone. A certified resolution specialists will fully manage the case for you until your identity is restored.

Extensive Family Coverage

Our family plan helps you better protect your loved ones with personalized accounts for adult family members, family alert sharing, and exclusive features for children.

BI-WEEKLY PAY CONTRIBUTIONS

Employee

Essentials	\$2.26
Platinum Plus	\$3.18

Employee + Family

Essentials	\$4.11
Platinum Plus	\$5.72

For additional details, please review the ID Watchdog Benefit Summary on the benefits portal.

Plan Highlights

Credit Report Monitoring

Credit Report & Vantagescore Credit

Credit Report Lock

Identity Theft Insurance

Essentials

1 Credit Bureau

1 Bureau Monthly

1 Credit Bureau

Up To \$1 Million

Platinum

3 Credit Bureau

1 Bureau Daily and 3 Bureau Annually

Multi-Bureau

Up To \$2 Million

INDIVIDUAL VOLUNTARY BENEFITS

continued

Pet Insurance

Protect Your Pets

My Pet Protection® from Nationwide® helps you provide your pets with the best care possible by reimbursing you for vet bills. You can get cash back for eligible accidents, illnesses, hereditary conditions, and more!

You work hard to provide your family with everything they need. So whether your family includes kids with two feet or kids with four paws, you know what responsibility looks like.

- Custom made plans for employees only
- Visit any vet, anywhere
- Choose from 70% and 50% reimbursement of vet's invoice
- Low \$250 annual deductible
- Pet Rx Express for prescription medications
- Easy online claim submission
- 24/7 Vet Helpline access for policyholders

To enroll you must visit **PetsNationwide.com** (not bswift) or call **877-738-7874** for a fast, no obligation quote and to enroll.



BENEFIT RESOURCES

Benefit programs are complex and can be difficult to understand. That's why we've engaged experts who can get your questions answered and problems resolved.

Hopefully, this benefits guide has provided you with the information you need to make the best benefit elections for you and your family. There are additional benefit resources available to you for additional assistance including:

- Benefit Advocate Center (BAC)
- HR Service Center
- Benefits Contact List

Benefit Advocate Center (BAC)

The Gallagher experts, our benefits consultants, specialize in understanding the technical nature of your benefits and how to work with our benefit vendor partners so you don't have to. These are the types of questions the BAC can help you with:

Explanation of Benefits

Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?

Prescription / Pharmacy Troubles

Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting an authorization on a medication?

Benefits Questions

Are you unsure if your insurance will pay for a certain procedure? Having claim issues? Did you receive a bill from a doctor but don't know why?

Difficult Situations

Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal that decision?

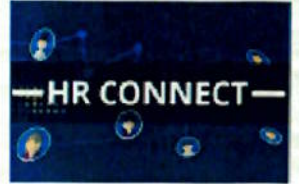
Insurance Carrier Contact Information

Have you not received your insurance cards, need replacement cards or need to get in touch with an insurance carrier?

Contact the BAC by phone or by e-mail:

844-932-0158 | Bac.capitalhealth@ajg.com

BENEFIT RESOURCES continued

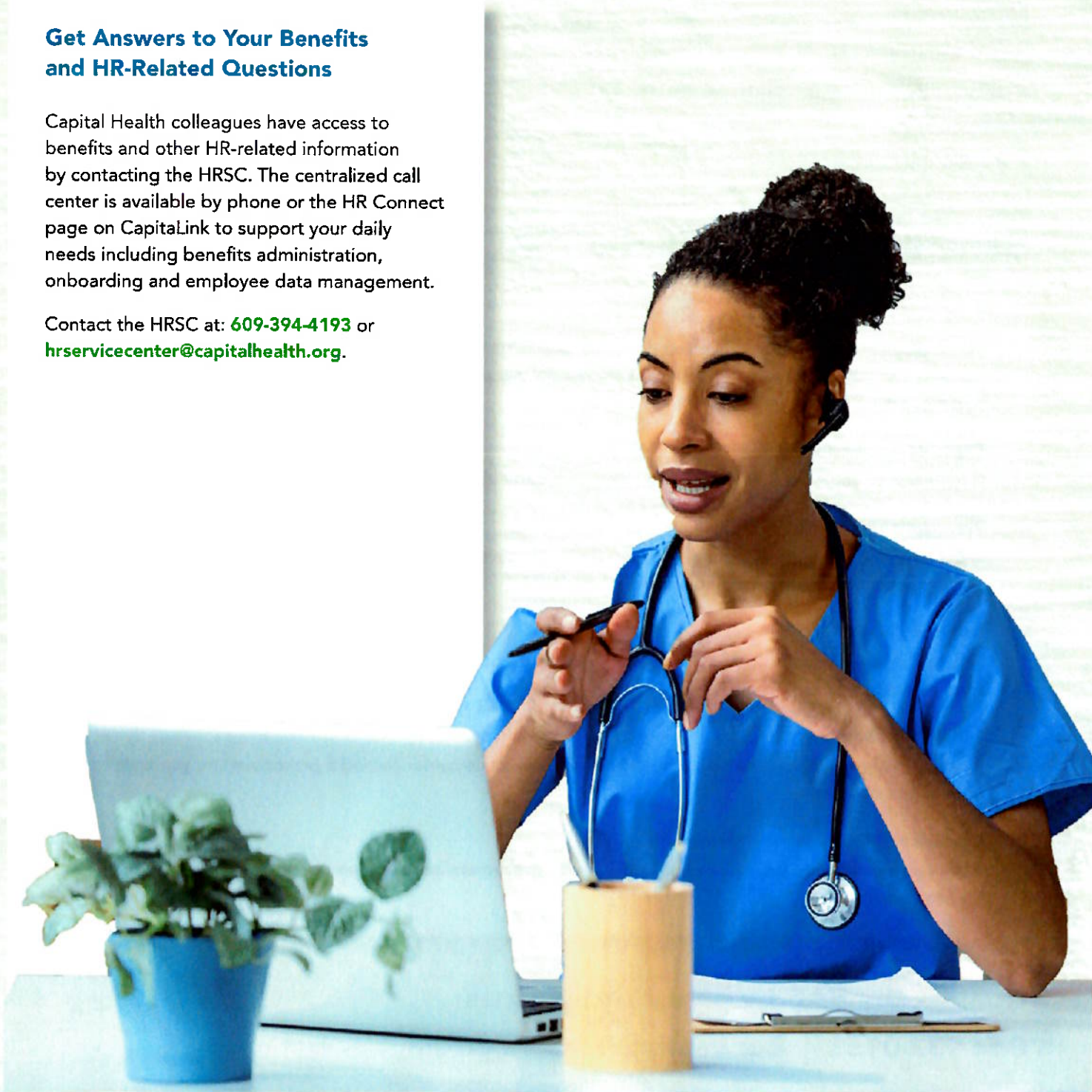


Capital Health HR Service Center (HRSC)

Get Answers to Your Benefits and HR-Related Questions

Capital Health colleagues have access to benefits and other HR-related information by contacting the HRSC. The centralized call center is available by phone or the HR Connect page on CapitalLink to support your daily needs including benefits administration, onboarding and employee data management.

Contact the HRSC at: **609-394-4193** or **hrrservicecenter@capitalhealth.org**.



BENEFIT RESOURCES continued

Contact Information

For Questions Regarding:

Benefit	Carrier	Group / Policy #	Contact Info
Eligibility, Enrollment, Plan Options, Contributions, Qualifying Life Events, General Benefits Information, etc.	Benefit Advocate Center (BAC)	–	844-932-0158 bac.capitalhealth@ajg.com
	HR Service Center	–	609-394-4193 hrrservicecenter@capitalhealth.org
Medical	Aetna	Policy #884001	844-362-0930 www.aetna.com
Prescription	Express Scripts	Policy# NXS000018020968	800-285-3486 www.express-scripts.com
Pharmacy	Capital Health Community Pharmacy	–	609-537-7497
Vision	EyeMed	VC-146	866-800-5457 www.eyemed.com
Dental	Delta Dental	Policy #3121	Within New Jersey: 800-452-9310 Outside New Jersey: 800-346-5377 www.deltadentalnj.com
Flexible Spending Accounts (FSA)	Inspira Financial	884004	800-678-8242 www.inspirafinancial.com
Short Term Disability	Reliance – PA Workers Only	G100 003	800-351-7500 www.reliancestandard.com
Long Term Disability	Reliance	126685	800-351-7500 www.reliancestandard.com
Basic Life / AD&D, Supplemental Life Insurance	Reliance	Life and AD&D: 100 004 Supplemental Life: GL 166279	609-394-4193
Work / Life Employee Assistance Program (EAP)	Carebridge	–	800-437-0911 www.myliferesource.com Access Code: TW585

BENEFIT RESOURCES continued

Contact Information

For Questions Regarding:

Benefit	Carrier	Group / Policy #	Contact Info
Voluntary Accident Insurance, Critical Illness Insurance, Hospital Indemnity	Aetna	802886	844-362-0930 www.aetna.com
Voluntary Legal Coverage	MetLife Legal	9901799 (Low Plan) 9906382 (High Plan)	216-241-0022 www.legalplans.com
Voluntary ID Theft	ID Watchdog	4336	866-513-1518 www.idwatchdog.com/myplan/capitalhealthsystems
Voluntary Pet Insurance	Nationwide	SA 4014	877-738-7874 petsnationwide.com
Employee Discounts	Plum Benefits	—	Airfare Reservations: 866-719-5243 All Other Inquiries: 877-868-7758 Local / International: 212-660-1888
Credit Union	Healthcare Employees Federal Credit Union	—	800-624-3312 Access Code: ac0925559 www.hefcu.com
Retirement Savings Plan	Empower	~	866-467-7756

LEGAL NOTICES

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM

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+)**

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.mychibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorizationact-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Medicaid Phone: 1-800-338-8366
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp> (iowa.gov)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website:
<https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website:
www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

<p>MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programsservices/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext.15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>OREGON – Medicaid and CHIP</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>

<p>PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.pa.gov/en/services/dhs/apply-formedicaid-health-insurance-premium-payment-programhipp.html Phone: 1-800-692-7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>SOUTH DAKOTA – Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p>TEXAS – Medicaid</p> <p>Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493</p>	<p>UTAH – Medicaid and CHIP</p> <p>Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/</p>
<p>VERMONT– Medicaid</p> <p>Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427</p>	<p>VIRGINIA – Medicaid and CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p>WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywwhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-andeligibility/>
Phone: 1-800-251-1269

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

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 6156

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)

HIPAA PRIVACY NOTICE REMINDER

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Capital Health group health plans to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice contact HR – Benefits at **609-394-4524**. You may also view the Privacy Notice online on CapitaLink under Legal Notices.

You may also contact the Plan's Privacy Official at **609-394-6783** or **lmcguire@capitalhealth.org** for more information on the Plan's privacy policies or your rights under HIPAA.

NOTICE REGARDING WELLNESS PROGRAM

Capital Health offers a voluntary wellness program available to benefit eligible employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be required to choose from a variety of wellness activities in order to earn the wellness credit. One of the activities may include a biometric screening, which will include a finger stick blood test for Cholesterol, HDL, LDL and Triglycerides. As part of this screening your height, weight and body mass index (BMI) will also be recorded. You are not required to complete a screening in order to earn credit towards completing the wellness requirement.

Employees who choose to participate in the wellness program will receive a discount off of their medical plan contributions, currently at \$25 per pay period. Although you are not required to participate only employees who do so will receive the discount off of their medical plan contributions.

Capital Health is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means.

The results from your biometric screening and health risk assessment will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Capital Health may use aggregate information it collects to design a program based on identified health risks in the workplace, we will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive.

Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Human Resources Department.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Federal law requires our medical plan, which currently covers mastectomies, to also provide coverage for any necessary surgery, reconstruction of both breasts in order to produce a symmetrical appearance, prostheses and physical complications during all stages of mastectomy, including lymphedemas. In addition, the plan may not interfere with a woman's rights under the plan to avoid these requirements, or offer inducements to the health provider or assess penalties against the health provider, in an attempt to interfere with the requirements of the law. However, the plan may apply deductibles and copays consistent with other coverage provided by the plan. If you have any questions regarding this law or about our coverage for mastectomies and reconstructive surgery, please contact the customer service number on your medical ID card or the Benefits Department.

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in 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). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the Human Resources Department.

SECTION 1557: NONDISCRIMINATION IN HEALTH PROGRAMS AND ACTIVITIES

Capital Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN:

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **609.394.4524**.

UWAGA:

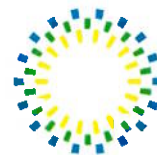
Jezeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **609.394.4524**.

NEWBORN'S AND MOTHERS' DISCLOSURE NOTICE MATERNITY BENEFITS

Under Federal and state law you have certain rights and protections regarding your Maternity benefits under the Plan. Under federal law known as the "Newborns' and Mothers' Health Protection Act of 1996" (Newborns' Act) group health plans and health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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.

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capitalhealth

Capital Health Medical Center - Hopewell
One Capital Way
Pennington, NJ 08534
1-800-637-2374