

Your **2022** Benefits Guide

Benefits Plan Year: January 1 – December 31, 2022



CHE BEHAVIORAL
HEALTH SERVICES

Your 2022 Benefit Choices



Welcome to your 2022 benefits with CHE Behavioral Health Services!

This guide provides you with important information on CHE's comprehensive employee benefits package. You will learn details about your benefit choices for 2022, how to enroll in coverage, benefits that are provided to you free of charge, and how to access more information and support resources.

CHE offers medical coverage through the **Health Savings Medical Plan**. The Health Savings Medical Plan works together with a Health Savings Account (HSA) to provide you with a great way to save for current and future health expenses and reduce your taxable income. Review the medical pages of this guide to learn more.

CHE also offers dental, vision, life insurance, and other supplemental benefits to support you and your family. MetLife will be the new carrier for these plans in 2022.

Before you enroll, take time to review your benefit options and choose the coverage that is the best fit for you.

For more details on each plan, refer to the insurance company materials and plan documents located in ADP. Important contact information for each benefit can be found on page 15 of this guide.

Did you know that your benefit materials and insurance company plan documents are available at any time in ADP Workforce Now? Log in using the instructions on the following page.

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Enrollment and Eligibility

Who can enroll in benefits?

You may enroll in benefits if you meet the eligibility criteria below and have completed your eligibility waiting period. Benefit eligibility begins the first of the month following 30 days of continuous employment.

Full-time or part-time status is based on your regularly scheduled hours worked or RVUs billed per week, depending on your job classification:

Psychology

- Part-time:** 24-29 RVUs per week
- Full-time:** 30 or more RVUs per week

Psychiatry

- Part-time:** 45-55 RVUs per week
- Full-time:** 56 or more RVUs per week

Administrative/All Others

- Part-time:** 24-29 hours per week
- Full-time:** 30 or more hours per week

Dependent eligibility

Your eligible dependents may also participate in the benefits. Eligible dependents include:

- Your legal spouse (proof may be required).
- Your registered domestic partner (to cover your domestic partner, you must submit the Affidavit to Register Domestic Partnership).
- Child(ren) up to age 26, even if they are married.
- Disabled children age 26 or older who meet the following requirements:
 - (a) is currently disabled;
 - (b) was disabled prior to his or her 26th birthday;
 - (c) lives either with you or your spouse, or in a licensed institution; and
 - (d) remains financially dependent on you.
- Children who have met all the eligibility requirements listed above for whom you are directed to cover under the terms of a Qualified Medical Child Support Order.

When can you enroll?

Generally there are two times a year you can enroll or change your benefits.

- As a new hire. You must enroll by the first of the month following 30 days of your date of hire for your benefits.
- During the annual Open Enrollment, typically held in the Fall.

After you enroll, your benefits will be in effect through the plan year (January 1 – December 31).

Your premium contribution rates

Log in to the ADP Workforce Now enrollment portal to review premium costs for the 2022 plan year.

How to enroll in benefits

Enrollment is easy with ADP Workforce Now!
Follow these steps to enroll online:

- If you have never logged in, go to the ADP Workforce Now portal at <https://workforcenow.adp.com/workforcenow/login.html> to create a username and passcode to set up your account. You must enter the following registration code, exactly as written including the dash: **CHE-3512**
- If you have already set up an account with ADP Workforce Now, follow these steps:
 - Click on the “User Login” tab and log in with your existing username and passcode.
 - Once you are logged in, select the “Myself” tab, navigate to “Benefits” and select “Enrollments”.
 - Read the enrollment instructions and select the “Start” button near the bottom of the page.
 - Choose your benefits, and be sure to finalize your enrollment before logging out.

Important reminder

Tax savings are automatic under your employer’s health benefit plan. If you enroll in health benefits, your premiums will be taken from your paycheck before federal income and Social Security taxes are calculated, which can save you a lot of money.

Because of the pre-tax nature of our plans, the Internal Revenue Service has rules we must follow. Once you enroll in benefits, your benefits will be effective for the full plan year (January 1 through December 31). You may not cancel or change your health benefits during the plan year, unless you have a “Qualified Life Event”.

Some examples of Qualified Life Events include:

- Marriage, divorce, or legal separation.
- Birth, adoption, or death of a dependent.
- Loss of eligibility of a dependent (for example, if your child turns age 26).
- Changes to your or your spouse’s/domestic partner’s employment that affect benefits eligibility (for example, a switch from part-time to full-time work status).
- The employer of your spouse/domestic partner offers benefits with a different Open Enrollment period.

If you experience a Qualified Life Event, you must notify Human Resources and request your benefit changes within 30 days of the event.

Medical Benefits

CHE offers you and your family medical benefits through HealthNow Administrative Services (HNAS).

Our **Health Savings Medical Plan** combines the flexibility of a traditional PPO with the unique advantages of an HSA-compatible medical plan.

When you enroll in the Health Savings Medical Plan, you can contribute pretax dollars to a Health Savings Account (HSA) and use the money to pay for eligible medical, dental and vision costs. Or, you can choose to save your HSA money for the future and pay out of your own pocket today.

Either way, you get comprehensive medical coverage and a way to save for current and future health care expenses.

Choose in-network providers for the greatest value

You have the freedom to choose any licensed provider without a referral. However, you will receive the greatest benefit and pay discounted rates when you choose doctors, hospitals, and other providers within the plan network.



How the Health Savings Medical Plan works



The Health Savings Medical Plan covers preventive care services at 100% in-network. You will not have to pay anything for services like your annual preventive check-up, flu shots and immunizations, preventive cancer screenings, or preventive drugs.



You pay the full cost for other, non-preventive services until you reach your deductible. You can pay these costs out-of-pocket or you can use your HSA funds. Amounts you pay for medical care and prescriptions are counted to meet your deductible.

When one family member meets their individual deductible, the plan will begin to pay toward their costs. (The other family members would continue to pay the full cost for their own care until the family deductible is met.)



After you meet your deductible, you and the plan will share costs until you reach your out-of-pocket maximum. When you choose in-network providers, you pay 20% of the cost (for most services) and the plan pays the remaining 80%.



Once you reach your out-of-pocket maximum, the plan pays 100% of the cost for the rest of the year.

If you receive care out-of-network, be aware that additional coverage restrictions may apply and that in-network and out-of-network deductibles and out-of-pocket maximums accumulate separately.

Your Health Savings Account (HSA)



A Health Savings Account is like a 401(k) for health care expenses. It offers **triple tax savings** — tax deductions when you contribute to your account, tax-free earnings through the investments you choose, and tax-free withdrawals to pay for qualified health care expenses.

You choose how much to contribute to your HSA each paycheck, up to the limits set each year by the IRS. **Your HSA is yours to keep**, and the money in your HSA rolls over year after year **without expiring**.

When you enroll in the Health Savings Medical Plan, CHE will automatically open an HSA for you through UMB Bank.

You must activate your account before you can contribute to your HSA. UMB Bank will send activation instructions to you after you enroll in the medical plan. Be sure to complete this step before the plan year begins!

If you were enrolled in the Health Savings Medical Plan (previously called the Base HDHP plan) for 2021 and have an active HSA with UMB Bank, you do not need to activate your account again.

PLEASE NOTE: The tax advantages for HSAs apply to federal income tax only. Some states (including Alabama, California, New Jersey, and Wisconsin) tax HSA contributions and/or earnings. Consult with your tax advisor for details. If you use your HSA to pay for non-eligible expenses, you will be subject to ordinary income tax plus a 20% penalty.

Health Savings Account (HSA)

5 HSA Advantages

- 1 HSA money doesn't expire.** Your unused HSA funds roll over from year to year, so you can build savings to pay for future expenses — now or in retirement.
- 2 It's flexible.** You can use your HSA balance to pay for eligible health, dental and vision care expenses now, or save it and let it grow.
- 3 It's not set in stone.** You can change your upcoming HSA payroll deductions, or deposit additional post-tax money to your HSA, at any time during the year — as long as you remain under the IRS limit.
- 4 It's your account.** Your HSA money is yours to keep. You own your account, so if you leave employment with CHE, you take your HSA with you.
- 5 It can be invested.** You can choose to invest your HSA balance once it reaches a certain amount.

How much can I contribute to my HSA?

You may contribute as much as you would like to your HSA, up to the limit set each year by the Internal Revenue Service (IRS).

The 2022 maximum contribution limits, based on your medical plan enrollment and age, are as follows:

- **\$3,650** for individual coverage
- **\$7,300** if you cover dependent(s) on your plan
- **Add \$1,000 to the limits above** if you are age 55 or older

How can I spend my HSA balance?

You can use the money in your HSA to pay for qualified health care expenses incurred by you, your spouse, and your dependent children — even if they are not covered under your medical plan.

Qualified expenses include most medical, dental, and vision expenses, such as doctor visits, prescription drugs, hospital stays, glasses, and much more.

It's easy to pay for eligible expenses with UMB Bank's convenient HSA debit card. You can also use online bill pay, or pay out-of-pocket and request reimbursement online.

» **Learn what qualifies as an eligible expense: visit hsa.umb.com/individuals/use-your-hsa**

Important eligibility information

You may only contribute to an HSA if you are enrolled in a qualified high-deductible medical plan, like the Health Savings Medical Plan.

The IRS does not allow you to contribute to an HSA if:

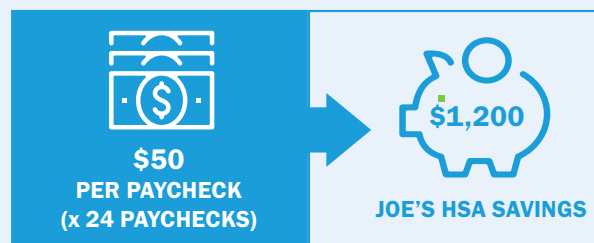
- You are enrolled in other non-qualified medical coverage, such as coverage through your spouse
- You or your spouse are participating in a regular Health Care Flexible Spending Account (FSA)
- You are enrolled in Medicare Part A, B or D
- You are enrolled in TRICARE
- You are claimed as a dependent on someone else's tax return

For further information on IRS regulations, visit www.irs.gov/publications/p969.

HSA Savings Scenarios

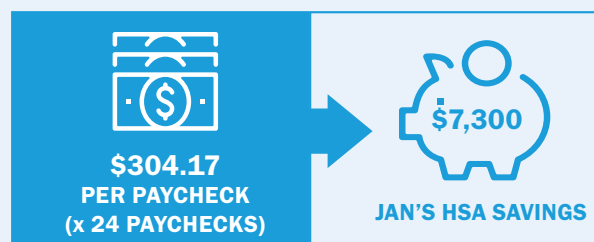
JOE'S HSA SAVINGS: Joe is enrolled in **individual coverage** and is generally healthy. He wants to stash money in his HSA to pay for unexpected out-of-pocket medical costs down the road.

Joe decides to put **\$50 each paycheck** into his HSA, which adds up to **\$1,200** at the end of the year. If he wants to maximize his HSA savings, he could contribute **up to \$3,650** in 2022 (\$152 per paycheck).



JAN'S HSA SAVINGS: Jan is enrolled in **family coverage** and expects her family will need a moderate amount of medical care during the year. Jan decides to put as much as possible into her HSA for 2022 — **about \$304.17 each paycheck** — to take advantage of the tax savings and flexibility.

This adds up to **\$7,300** at the end of the year. If Jan's family uses a lot of health care this year, she's prepared — and if not, the money stays in her HSA to pay for future expenses.



Medical Benefits

The Health Savings medical plan uses the **Anthem Prudent Buyer PPO** network of providers within California. If you live outside California, you have access to the **Anthem National/BlueCard PPO** network.

The table below shows what you would pay for services and prescription drugs on the medical plan. Key plan features are highlighted on the previous page. For full benefit details, refer to your plan summary located in ADP.

» Find an in-network doctor online at www.anthem.com/ca/find-care

Choose “Search as Guest”, follow the prompts and select the appropriate network for your state.

Medical Plan:	Health Savings Plan	
	In-Network	Out-of-Network ¹
Calendar Year Deductible (what you must pay before the plan will pay):		
Individual	\$4,000	\$8,000
Family ²	\$10,000	\$16,000
Outpatient Care:		
Primary Care Office Visit	20% after deductible	50% after deductible
Specialist Office Visit	20% after deductible	50% after deductible
Urgent Care	20% after deductible	50% after deductible
Diagnostic Lab & X-Ray ³	20% after deductible	50% after deductible
Complex Imaging ³	20% after deductible	50% after deductible
LiveHealth Online Visit (telehealth)	20% after deductible	Not covered
Preventive Care	No charge (deductible waived)	50% after deductible
Hospital & Surgery:		
Inpatient Stay	20% after deductible	50% after deductible
Outpatient Hospital Services ³	20% after deductible	50% after deductible
Ambulatory Surgical Center ³	20% after deductible	50% after deductible
Annual Out-of-Pocket Maximum (the most you would pay for covered services during the year):		
Individual	\$6,000	\$9,000
Family ²	\$12,000	\$18,000
Emergency Care:		
Emergency Room	20% after deductible	
Ambulance	20% after deductible	
Other:		
Chiropractic Care Office Visit	20% after deductible	50% after deductible
Maximum Visits (Per Member)	24 visits per calendar year	
Durable Medical Equipment	20% after deductible	50% after deductible
Prescription Drug Coverage (through RxBenefits/CVS Caremark participating pharmacies) ⁴		
Retail Pharmacy (up to 30-day supply):	<i>In-network pharmacies:</i>	
Tier 1 (formulary generic)	\$10 copay after deductible	
Tier 2 (formulary brand name)	\$40 copay after deductible	
Tier 3 (non-formulary)	\$60 copay after deductible	
Tier 4 (specialty drug)	35% up to \$500 copay after deductible	
Mail Order (up to 90-day supply):	\$20 / \$80 / \$120 after deductible	
Tiers 1, 2 & 3		

1. Additional restrictions may apply to out-of-network benefits. If an out-of-network provider charges more than the plan allows, you would be responsible for the difference in cost. 2. Deductible and out-of-pocket maximum are “embedded”: each family member must meet their own individual deductible and out-of-pocket maximum, until the full family deductible and out-of-pocket maximum are met. 3. When performed in a non-hospital setting. 4. Prescription drugs are covered according to a formulary (list of preferred drugs). See your plan summary for details.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to pay for certain health or dependent care expenses with pre-tax money.

When you participate in an FSA, the money you elect is taken from your paycheck in equal installments throughout the year and set aside in your FSA. Because this money is taken out of your paycheck before taxes are applied, you don't pay taxes on this amount and can enjoy substantial savings.

Note that what you elect and contribute through payroll deductions cannot change throughout the year.

You have three types of FSAs available to you. You may participate in one or more FSA, but the money that you deduct for each must be kept separate.

Health Care FSA (not compatible with an HSA)

You may contribute up to the IRS limit* to pay for eligible health care expenses for you and your family, including:

- Deductibles, copays, and coinsurance
- Over-the-counter medications with a prescription
- Vision care, dental care (non-cosmetic) and orthodontia
- Chiropractic care and acupuncture
- Counseling and therapy

The Health Care FSA is “pre-loaded”, meaning that your annual contribution amount is available to you at the beginning of the plan year — regardless of the amount you have actually accumulated in your account to date.

* The IRS limit for 2021 was \$2,750 and typically increases each year. As of the date these materials were prepared, the IRS limit for 2022 has not been released.

If you or your spouse are contributing to a Health Savings Account, you may ONLY choose to participate in a Limited Purpose FSA (see below).

Limited Purpose FSA (compatible with an HSA)

If you are contributing to an HSA, you may instead elect a “Limited Purpose FSA” that you can use primarily for dental and vision expenses. You may only be reimbursed for medical expenses after you have paid the annual deductible under your medical plan.

Dependent Care FSA

You can contribute up to a maximum of \$5,000 a year (\$2,500 if married and filing separately) to pay for the care of:

- Dependent children under age 13
- A person of any age you claim as a dependent on your Federal Income Tax return, who is mentally or physically incapable of self-care, and who lives with you at least eight hours per day

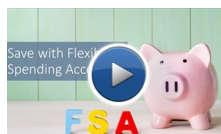
Unlike the Health Care and Limited Purpose FSAs, the Dependent Care FSA will only reimburse you up to the amount that has accumulated in your account to date.

Important FSA Reminders

- **You must re-enroll each year to participate.** The prior year's elections do not “roll over” to the next year.
- **“Use it or lose it!”** The IRS does not allow the CHE to return unused funds to you, so you lose any money remaining in your account at the end of the plan year.
- **Rollover exception.** Our Health Care and Limited Purpose FSAs include a provision that allows you to rollover up to \$550 of unused funds into the following plan year. (There is no rollover for the Dependent Care FSA.)
- **No mid-year changes. Unlike an HSA,** you may not change your elections during the year, unless you have a “Qualified Life Event” (see page 3). Be sure to estimate your expected costs carefully!
- **Unlike an HSA,** should you leave employment with CHE, you would forfeit any money remaining in your account.

Using Your FSA

- **Igoe Administrative Services,** our FSA administrator, makes using your FSA funds easy. Visit www.goigoe.com for lists of eligible expenses, an FSA worksheet, and reimbursement forms.
- **Use your FSA debit card to pay for services.** Be sure to keep all your receipts for documentation.



Watch the video to see how you can win with an FSA: www.brainshark.com/TRGIS/FSA1

Eligible dependent care expenses include fees for:

- Child care center and day camps
- Home care specialists for elderly, sick, or disabled dependents

Expenses that are not covered by the Dependent Care FSA include:

- Overnight camps
- Care provided by a dependent, your spouse or your child under age 19
- Care provided while you're not at work

LiveHealth Online – 24/7 Access to Care

LiveHealth Online

Available 24 hours a day, 7 days a week

» Phone: 888.548.3432

» Online: www.livehealthonline.com

Get the mobile app for access on-the-go.

Download it from the App Store or get it on Google Play.



Talk with a LiveHealth Online doctor at any time of day or night

When you enroll in CHE's medical plan, you have access to virtual doctor visits through LiveHealth Online – available 24 hours a day, 7 days a week.

With LiveHealth Online, you can speak with a licensed physician through your computer, smartphone, or mobile device. Whether you're on vacation, your child becomes ill in the middle of the night, or you simply don't want to sit in a waiting room, care is available when you need it.

Use LiveHealth Online for non-emergency conditions, such as:

- Flu
- Sinus infection
- Sore throat
- Pinkeye
- UTI
- Ear infection
- Headache
- And more

Behavioral health visits

When you need behavioral and mental health care, LiveHealth Online makes it easy to speak with a licensed professional from the comfort of home.

Appointments with a licensed therapist, psychologist, or psychiatrist can be scheduled online or over the phone from 7 a.m. to 7 p.m., seven days a week.

- 888.548.3432
- www.livehealthonline.com/psychology

Set up your account today

Before you use LiveHealth Online, you need to complete your medical history. This helps LiveHealth Online doctors to make an accurate diagnosis when you call. By setting up your account now, you'll have easy access to care when you need it.

» Get started at www.livehealthonline.com



HSA TIP: The money in your HSA can be used to pay for telehealth visits.

Dental Benefits

New Dental Plans for 2022: All employees have a choice of two dental PPO plans offered through MetLife. MetLife's **PDP Plus** network provides access to thousands of general dentists and specialists nationwide.

How it works: You pay an annual deductible and a percentage of the cost (the "coinsurance") for services. Preventive cleanings are covered twice a year at no cost when you visit an in-network dentist. Both plans allow you to visit any dentist without a referral, but you receive the greatest benefits and savings when you choose providers within the **MetLife PDP Plus** network.

Your share of the costs is outlined below. For full benefit details, refer to your plan summary.

Dental Plan Options:	MetLife Low DPPO Plan		MetLife High DPPO Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ²
Benefits:				
Annual Benefit Maximum (the most the plan will pay for basic & major services per individual)				
Per calendar year	\$1,000	\$750	\$1,500	
Annual Deductible (what you pay before the plan begins to pay)				
Per calendar year	\$50/individual, up to \$150/family ³	\$75/individual, up to \$225/family ³	\$50/individual, up to \$150/family ³	\$50/individual, up to \$150/family ³
Preventive Services				
Ex: Exams, cleanings (covered twice a year), preventive care x-rays	0% (deductible waived)	50% (deductible waived)	0% (deductible waived)	0% (deductible waived)
Basic Services				
Ex: Restorative, periodontics, endodontics, oral surgery	20% after deductible	60% after deductible	20% after deductible	20% after deductible
Major Services				
Ex: Crowns, dentures, bridges, inlays/onlays	50% after deductible	75% after deductible	50% after deductible	50% after deductible
Orthodontics				
Lifetime benefit maximum, per individual	\$500		\$1,500	
Child (up to age 26)	50%		50%	
Adult	50%		50%	

¹ If an out-of-network provider charges more than the Low DPPO plan's **in-network negotiated rates** for services, you would be responsible for the difference in cost.

² If an out-of-network provider charges more than the High DPPO plan's **allowed reimbursement amount** (90th percentile of the "Usual, Customary & Reasonable" rate), you would be responsible for the difference in cost.

^{1,2} Out-of-network services may have additional restrictions and coverage limitations.

³ Deductibles are "embedded": each person must meet their own individual deductible, until the full family deductible is met.

» Find an in-network dentist online at www.metlife.com

- Select "Find a Dentist" next to "How can we help you?"
- Select "PDP/PDP Plus" next to "Choose your network."
- Enter your Zip, City or State and select the "Find a Dentist" button.

Vision Benefits

You have the option to purchase vision benefits through **MetLife Superior Vision** to help you pay for vision exams, glasses and contacts. For the greatest benefit and convenience, be sure to visit a provider in the plan's network. You can choose from a large network of ophthalmologists, optometrists and opticians that includes private practices and retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

If you visit an out-of-network doctor, you will have to pay in full at the time of service and submit a claim to Superior Vision for reimbursement (up to the reimbursement allowance limit). For full benefit details, refer to the plan summary in ADP Workforce Now.

Vision Plan Option:	MetLife Superior Vision PPO Plan	
Choice of providers:	In-Network	Out-of-Network
Exam (covered every 12 months)	You pay \$10 copay Retinal imaging: You pay up to \$39 copay	Up to \$45 allowance
Choose eyeglasses (frames & lenses) OR contacts		
Lenses (standard) (covered every 12 months)	You pay \$20 copay	Single vision: Up to \$30 allowance Bifocals: Up to \$50 allowance Trifocals: Up to \$65 allowance
Frames (covered every 24 months)	\$130 retail allowance, then 20% discount off remaining balance	Up to \$70 allowance
Contact Lenses (covered every 12 months instead of frames & lenses)	Elective: Up to \$130 allowance Medically necessary: Covered in full	Elective: Up to \$105 allowance Medically necessary: Up to \$210 allowance
Additional pairs of prescription glasses and nonprescription sunglasses	20% discount	N/A
Laser vision correction	Discounts available	N/A

» Find an in-network vision provider at www.superiorvision.com

- Select "Find an eye care professional."
- Enter your location and search radius.
- Under "Coverage Info," select the "Insurance through your employer" option and the "**Superior National**" network.
- Click Search to find a provider near you.



Supplemental Life/AD&D and Disability Benefits

Basic Life and AD&D Insurance (MetLife)

This benefit is provided by CHE at no cost to you!

As a benefits-eligible employee you are covered by our life and accidental death and dismemberment (AD&D) policy through MetLife.

- Basic life benefit: \$25,000
- AD&D benefit: \$25,000
- Benefit reduces by 35% at age 65, and to 50% of the original amount at age 70

See your plan summary for benefit details and exclusions.

Be sure to choose your life insurance beneficiary or beneficiaries in ADP Workforce Now. It is important to keep your beneficiary information up-to-date. You may update your beneficiary information at any time throughout the year.

Supplemental Life and AD&D Insurance (MetLife)

You may apply to purchase additional life and AD&D insurance for yourself, your spouse and your dependent children at competitive group rates through MetLife. You must purchase coverage for yourself in order to cover your spouse or children.

Guarantee Issue Opportunity: When you enroll during your initial eligibility period (either as a new-hire or when this benefit is first offered), you may purchase up to the “guarantee issue” amounts, without having to provide proof of good health.

If you enroll after your initial eligibility period, proof of good health is required and you may be declined coverage.

Purchase Life Insurance coverage for...	
Yourself	Up to 5 times your salary (not to exceed \$500,000), in \$10,000 increments <i>Guarantee issue amount: \$100,000</i>
Your spouse	Up to 100% of the amount you choose for yourself (not to exceed \$250,000), in \$5,000 increments <i>Guarantee issue amount: \$25,000</i>
Your dependent child(ren)	Choose flat amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000 <i>Guarantee issue amount: \$10,000</i>



Supplemental Short-Term Disability Insurance (MetLife)

Benefits-eligible employees may apply to purchase supplemental short-term disability (STD) coverage through MetLife.

Disability coverage replaces a portion of your lost income should you become ill or injured and are unable to work. For benefit details and exclusions, including pre-existing condition exclusions, see your plan summary.

Short-Term Disability Coverage	
Benefit amount	California residents:¹ 20% of your base salary, up to a maximum of \$1,000 per week All other states:² 50% of your base salary, up to a maximum of \$1,000 per week
Benefit begins	Following 7 days of disability due to accident or illness (this policy covers birth of a child as a disability)
Maximum duration	12 weeks

¹ **If you work in California:** You may be eligible for partial wage replacement benefits through CA State Disability. The state benefit provides between 60-70% of your weekly pay, up to the state mandated maximum of \$1,539 per week.

² **If you work outside California:** Benefit may be reduced if state disability benefits apply in your state.

If enrolling after your initial eligibility period: Evidence of Insurability (proof of good health) is required and you may be declined coverage.

Employee Assistance Program & Travel Assistance

Employee Assistance Program (EAP)

You and your household members have access to free, confidential EAP services if you are covered under the employer-paid Basic Life and AD&D plan.

The LifeWorks EAP through MetLife can help you find solutions to everyday life challenges, as well as more serious issues involving emotional and physical well-being.

The EAP offers up to five (5) free counseling sessions per issue, per person, per year for you and your family members to help you manage short-term life issues.

Counseling sessions are available face-to-face, by phone, and by video chat. Talk to a LifeWorks counselor about many life, work, and relationship situations and concerns, including:

- Family and relationships
- Stress management
- Coping with anxiety or depression
- Elder care and child care referrals to local resources
- Financial and legal services — help with debt management, budgeting, or personal legal matters
- Bereavement or grief counseling
- Identity theft recovery assistance
- Online educational tools and resources

Help is easy to access at any time:

Phone: 888.319.7819 (available 24/7/365)

Online: metliffeap.lifeworks.com

User name: metliffeap

Password: eap

Mobile app: Search for “LifeWorks” on the iTunes App Store or Google Play.

User name: metliffeap

Password: eap



Travel Assistance

You have access to Travel Assistance services as a supplement to your employer-paid Basic Life and AD&D coverage with MetLife.

When you travel over 100 miles from home, you and your covered family members can contact AXA representatives to administer emergency medical, travel and personal assistance services on your behalf, worldwide.

See your MetLife Travel Assistance plan summary for additional details.

**Contact AXA Travel Assistance
from anywhere in the world.**

Call within the U.S.: 800.454.3679

Call outside the U.S.: 312.935.3783 (collect)

Online: www.metlife.com/travelassist

Auto/Home & Pet Insurance

Auto & Home Insurance (and more)

You have access to special savings on auto and homeowners insurance from Farmers GroupSelect.

This program provides you with discounts, outstanding customer service and a full suite of products to meet your diverse insurance needs. Farmers GroupSelect offers a wide variety of policies including:

- Auto
- Homeowners
- Condo/Renters
- Personal excess liability
- Boat
- Motorcycle
- RV
- Personal property

To learn more and apply, contact Farmers GroupSelect after January 1, 2022.

Pet Insurance

Take the worry out of covering the cost of unexpected pet care with preferred group pricing on pet insurance from MetLife.

Pet insurance is coverage for dogs and cats that can help you be prepared for routine wellness visits and unexpected vet costs. MetLife's plans allow you to visit any licensed vet or emergency clinic in the U.S. and submit your eligible claim for reimbursement.

MetLife offers flexible, customizable coverage so that you can choose the plan that works for you. Options include:

- Levels of coverage from **\$1,000–Unlimited**
- **\$0–\$2,500** deductible options
- Reimbursement percentages from **65%–100%**

Each pet's premium will be unique based on the age, breed, location and gender, as well as the coverage amount you select. Note that pre-existing conditions are not covered.

To get a quote or enroll any time after January 1, 2022:

Call **800.GET.MET8 (438.6388)** or visit

www.metlife.com/getpetquote.

You may apply for Auto/Home and Pet Insurance at any time during the year beginning January 1, 2022. More information on how to enroll will be provided before January 1.

The cost for these benefits is 100% your responsibility. If you purchase coverage, the insurance company will bill you directly on a post-tax basis (these plans are not paid through payroll deduction).



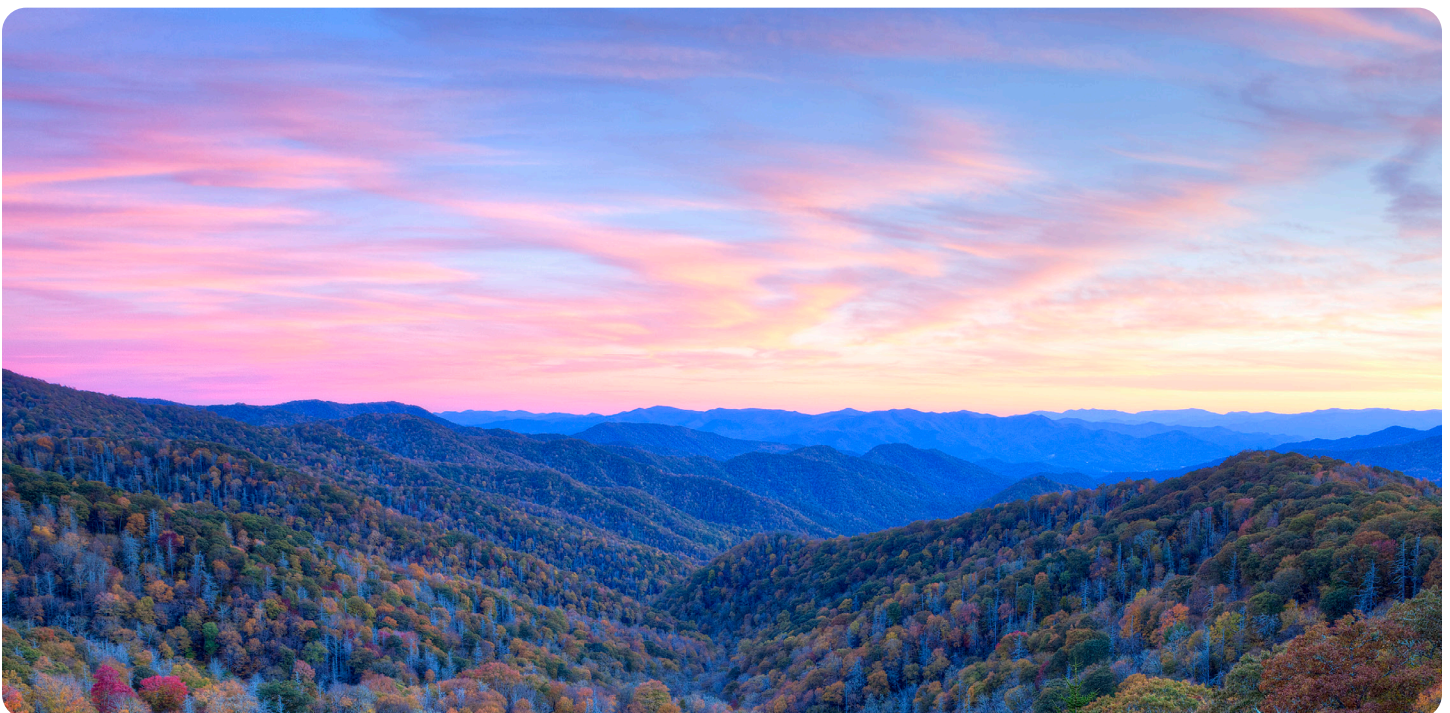
Important Legal Notices

Each year, CHE is required to provide several notices regarding your benefits in accordance with federal law. Not all of these notices may be relevant to you at this time, but you should review them to understand your rights and responsibilities.

You may find the following notices on our ADP Workforce Now benefits enrollment site (see page 3 for login instructions). Contact HR if you would like a printed copy of these notices.

Legal Notices Available to You:

- **NEW—Your Rights And Protections Against Surprise Medical Bills**
Be sure to review this new legal notice outlining your rights as provided through the No Surprises Act of 2021
- **Important Notice About Your Employer Prescription Drug Coverage and Medicare Part D**
- **The Health Insurance Marketplace Coverage Options and Your Employer Health Coverage**
- **ERISA Rights Statement**
- **Your Rights Under The Uniformed Services Employment And Reemployment Rights Act (USERRA)**
- **Employee Rights And Responsibilities Under The Family And Medical Leave Act (FMLA)**
- **Notice Of Special Enrollment Rights**
- **Notice of Privacy Practices**
- **Genetic Information Nondiscrimination Act (GINA)**
- **The Mental Health Parity & Addiction Equity Act 2008**
- **Health Insurance Premium Assistance to Children and Families — Under Medicaid and Children’s Health Insurance Program (CHIP)**
- **Your Choice of Medical Providers (For HMO Plans)**
- **Women’s Health And Cancer Rights Act Of 1998**
- **Newborns’ And Mothers’ Health Protection Act**
- **Notice Regarding Continuation Coverage Rights Under COBRA**



Important Benefits Contacts & Resources

» Need help with your medical benefits? Start here!

■ HealthNow Administrative Services (Medical Benefits)

Your primary contact for your CHE medical plan.

HealthNow Administrative Services (HNAS) manages your plan and can help you with claims, finding a provider, checking your eligibility status, and understanding your medical benefits.

Phone: [833.806.1003](tel:833.806.1003) » Live assistance Mon.-Fri., 8 a.m.–7 p.m.

Online: www.myhnas.com

■ Health Advocate (Medical Benefits)

Your advocate and support resource when you need to use your medical benefits or figure out complex coverage issues. CHE provides this service so you can get personalized help through the healthcare maze.

See page 16 for more information about Health Advocate's many support services.

Phone: [866.695.8622](tel:866.695.8622)

Email: answers@healthadvocate.com

Online: members.healthadvocate.com

» Choose "CHE Behavioral Health Services" from the drop-down menu



For questions about:	Contact:	Website:	Group ID
Dental Benefits	MetLife 800.438.6388	www.metlife.com/mybenefits	5392421
Vision Benefits	MetLife Superior Vision 833.393.5433	www.metlife.com/vision	5392421
Basic and Supplemental Life/AD&D and Supplemental Short-Term Disability	MetLife 800.438.6388	www.metlife.com/mybenefits	5392421
Health Savings Account (HSA)	UMB Bank 866.520.4472	hsa.umb.com	
Flexible Spending Accounts (FSAs)	IGOE 800.633.8818 (Opt. 1)	www.goigoe.com	
Employee Assistance Program (EAP)	LifeWorks 888.319.7819 (call 24/7/365)	metlifeeap.lifeworks.com User name: metlifeeap Password: eap	
Travel Assistance	AXA/MetLife Travel Assist Within the U.S.: Outside the U.S.:	www.metlife.com/travelassist 800.454.3679 312.935.3783 (collect)	
Auto/Home Insurance <i>Available after January 1, 2022</i>	Farmers GroupSelect	<i>Contact information available after January 1, 2022</i>	
Pet Insurance <i>Available after January 1, 2022</i>	MetLife 800.438.6388	www.metlife.com/getpetquote	
HR and general benefit questions	Human Resources 215.344.8187 ext. 643	HR@cheservices.com	

Get Help Through the Healthcare Maze with Health Advocate

There’s no need to take on the healthcare system by yourself. Health Advocate is here to help you with the logistics of handling your health care. A personal health advocate can assist you with a variety of issues and will stay with your case until it’s resolved.

Health Advocate can help you:

- Understand how your medical benefits work
- Coordinate care between you, your physicians, medical institutions and insurers
- Locate doctors, dentists, hospitals, and wellness services
- Arrange expert second opinions and transfer medical records
- Coordinate services related to all aspects of your care
- Obtain approvals from insurance companies for needed services
- Negotiate billing and payment arrangements

Call 866.695.8622 or log on to the member website at www.healthadvocate.com/members

Health Advocate is not an insurance company, and is not affiliated with any insurance company or third party provider.

Notes

Benefits Terminology

Coinsurance: Once you have met your deductible, you may be required to pay a percentage of your covered health care expenses. This percentage of the covered claims amount that is payable by the member is referred to as “coinsurance”.

Copayment (or “copay”): A fixed amount that must be paid up-front in order to obtain certain services under your insurance plan.

Deductible: The portion of the covered claims amount that the member (you) must pay in full before benefits are payable under the plan.

Explanation of Benefits (EOB): The statement sent to a participant in a health plan that lists the services provided, amounts paid by the plan, and total amount billed to the patient.

Maximum Benefit Amount: The maximum allowable benefit the insurance company will pay during that given period.

Out-of-Pocket Expenses/Costs: The share of health expenses paid by the member.

Out-of-Pocket Maximum: The maximum amount you are responsible for during the calendar year; once you have met your out-of-pocket maximum, the plan will pay 100% of your covered expenses up to the plan’s benefit maximum. The out-of-pocket limits your liability with respect to the amount of coinsurance you pay in the calendar year.

Plan Year (for CHE Behavioral Health Services): January 1 through December 31.

Prescription Drug Formulary: A listing of commonly prescribed drugs covered by an insurance plan or used within a hospital, including the level at which each drug is covered under the plan.

Disclaimer: The information in this enrollment guide is for illustrative purposes and is intended to acquaint you with your benefit offerings. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. If the information in this document conflicts with the actual plan documents provided by the insurance company, the insurance company’s documents will prevail. If you have any questions, contact Human Resources. This guide was prepared by EPIC Insurance Brokers & Consultants.

