



# TIME TO REVIEW YOUR BENEFITS

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Your Inframark benefits play a major role in the health and well-being of you and your family. Explore this easy-to-read booklet filled with important announcements and step-by-step instructions for enrolling in your Inframark employee benefits.

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## 2023 Open Enrollment





*Benefits Service Center  
1200 Abington Executive Park  
Clarks Summit, PA 18411  
[myinframarkbenefits.com](http://myinframarkbenefits.com)*

*For technical assistance, call 800.307.0230.*

*Para obtener asistencia en español, comuníquese con la línea de idiomas del Centro de Beneficios para Empleados al 800.307.0230.*

About This Benefits Summary: This Benefits Summary describes the highlights of our benefits in non-technical language and is not designed to address every possible coverage scenario, benefit payment or out-of-pocket charge that you may incur. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this Benefits Summary. If there is any discrepancy between the description of the programs as contained in this Benefits Summary and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Any of these benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Inframark.

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To enroll and learn more about your benefit options, go to [myinframarkbenefits.com](https://myinframarkbenefits.com).



For technical assistance enrolling in your Inframark benefits, contact the Benefits Service Center at **800-307-0230**.



Discover your optimal medical insurance option (and more) with ALEX at [myinframarkbenefits.com](https://myinframarkbenefits.com).



Contact Health Advocate for any benefit questions at **855-424-6400**.



To sign up for employee benefits messages, text **INFRAMARK** to **877-799-4635**.

# WHAT'S NEW



## ANNOUNCEMENTS



Let's walk through the changes to your benefits. Below is a quick summary of what you can expect for benefits year 2023. You can use the rest of this booklet to review the main features of your employee benefit plans and to examine expected changes in detail.

### **Action Required!**

***You Must Enroll To Have Coverage in 2023***

Open Enrollment is: October 31 - November 18

#### IMPORTANT NOTE FOR EMPLOYEES FROM BLTI, EDP AND MR SYSTEMS:

The "What's New" or "What's Changing" verbiage throughout this booklet may not apply to you, since some or all of the Inframark plans are new to you. Be sure to review this booklet carefully before making your benefit decisions.

Welcome to Inframark's 2023 benefits!

## MEDICAL PLAN CHANGES

We're excited to announce that we've made some enhancements to our health plans for 2023. These changes are highlighted below:

### Generic Drugs

The generic prescription retail and mail order copays are being lowered to \$5 and \$10 respectively for all our medical plans except HDHP where it only applies to preventative medications.

### Basic PPO Plan

– The copays for in-network and out-of-network office visits for both PCPs and specialists will be lower in 2023.

### Enhanced PPO Plan

- Deductibles and out-of-pocket maximums will be substantially lower at both in-network and out-of-network levels.
- The member responsibility of coinsurance in-network has been reduced from 30% to 20% - meaning your share for out-of-pocket costs will be less in 2023.
- PCP and Specialist copays have also been reduced, so you'll pay less when you see the doctor.
- The Health Reimbursement Account (HRA) is being eliminated, since these new plan enhancements offer better savings on out-of-pocket medical costs. **If you currently have an HRA, any remaining funds must be used prior to 12/31/22 or they will be forfeited.**

## HEALTH PLAN CONTRIBUTIONS

For 2023, medical plan contributions will have minimal increases. However, for those of you that choose the Memorial Hermann network you will see a decrease in your contributions. Additionally, our COVID-19 surcharge is being removed. Refer to page 15 for additional information. We are pleased to announce that there are no changes to dental and vision plan contributions for 2023.

## VACATION SELL PROGRAM ENHANCEMENT

Employees who will be with the company two years or more at the end of 2022 will now be eligible to participate in the vacation sell program. Plus, the sell feature is being improved from 50% to 100% of your salary for a maximum of three days.

## LONG TERM DISABILITY (LTD)

To support our employees, Inframark will be increasing the long term disability benefit to a 60% benefit level for all employees. This benefit is paid 100% by Inframark. If you are currently enrolled in the Supplemental LTD Plan, you will now receive the same coverage for free under the Inframark-paid LTD benefit. The Supplemental LTD Plan will be discontinued for 2023.

## HEALTH SAVINGS ACCOUNT (HSA) ANNUAL LIMITS INCREASE

The annual HSA contribution limits are increasing to \$3,850 for single and \$7,750 for family coverage.



# ELIGIBILITY AND ENROLLMENT

*This year's Open Enrollment period is October 31 - November 18, 2022. The benefit elections you make during Open Enrollment will be effective January 1, 2023, and are binding through December 31, 2023, unless you experience a qualifying life event.*



## BENEFITS ELIGIBILITY

All full-time employees scheduled to work at least 30 hours per week are eligible to enroll in employee benefits.

## COVERING YOUR FAMILY MEMBERS (ELIGIBLE DEPENDENTS)

For you to include new eligible dependents on your benefit plans in 2023, you must submit verification documents (including social security numbers) before December 19, 2022. The social security number requirement applies to any dependent that is currently enrolled or that you are newly enrolling in benefits.

### Who Are Your Eligible Dependents?

- Your legal spouse
- Your domestic partner
- Your children\* up to age 26
- Your unmarried children of any age, if mentally or physically incapable of self- support



\*Your "children" include your natural children, stepchildren who live with you, or other children of whom you have legal guardianship.

## CHANGING YOUR ELECTIONS

You need to think carefully about the benefits you choose during the open enrollment period because you cannot change your elections during the year unless you have a qualifying life event. **Examples of Qualifying Life Events Include:**


- Your marriage or divorce
- Birth or adoption of your child
- Your child reaches the benefit age limit
- Gain or loss of other coverage due to a change in your or your spouse's employment or employment status
- Death of your spouse or child

## IF YOU HAVE A QUALIFYING LIFE EVENT

You must report and provide documented proof of any qualifying life event within 31 days of the event's effective date. Please visit [myinframarkbenefits.com](https://myinframarkbenefits.com) for more detailed information regarding qualifying life events.

# HOW TO ENROLL IN BENEFITS

- 1 Access the Benefits Service Center.**  
Go to [myinframarkbenefits.com](http://myinframarkbenefits.com) > Enroll.
- 2 Enter Your Login ID:** L00000000
- 3 Enter your temporary password.**  
First Initial + First 3 Letters of Last Name + Last 4 Digits of SSN  
(For example, the temporary password for Mary Jones would be *mjon3344*). Please enter your password using lowercase letters.
- 4 Accept the terms of use and change your password.** You'll be required to enter your new password the next time you log in.
- 5 Update your dependent information.**  
You'll be prompted to enter your dependent information. It's important for this to be accurate and up-to-date.
- 6 Choose your benefits.**  
Click "proceed" to review your options. After selecting each plan, you'll have the opportunity to choose which dependents you'd like to cover.
- 7 Review and confirm your choices.**  
Take a moment to look over your choices at the Review and Confirm Your Benefits screen.
- 8 Complete enrollment.**  
Click on "Submit These Elections." **Your enrollment will NOT be complete if you skip this step!**  
  
Print a copy of your confirmation for your records.

 If you require technical assistance during the enrollment process, you may contact the Benefits Service Center at 800-307-0230 or use the "Chat Now!" feature on the enrollment site.

**Jane, Your Login ID is:**

LOGIN ID

PASSWORD





*What to Expect in 2023: The Enhanced PPO plan's in-network deductible, out-of-pocket maximum and coinsurance amounts are decreasing. Medical contributions are increasing slightly in 2023. However, for those of you that choose the Memorial Hermann network you will see a decrease in your contributions.*

### WHAT YOU HAVE NOW



### YOUR MEDICAL OPTIONS

Inframark provides you with access to 4 medical plan options:

- 1 Enhanced PPO Plan
- 2 Basic PPO Plan
- 3 Value Care PPO Plan
- 4 HDHP w/HSA

All of our plans utilize the Aetna Premier Care Network.

### SOMETHING TO THINK ABOUT

#### You have your choice of networks:

Employees in the greater Houston Area have the opportunity to choose Aetna's broad network or can select the Memorial Hermann network to obtain greater savings on their medical premiums.

If you choose the Memorial Hermann network, your in-network care must be obtained exclusively within the Memorial Hermann Health System. More information about the Memorial Hermann network can be found on pages 10 and 11.

### DID YOU KNOW

- 75% of members on the Inframark health plans spend less than \$833 per year out-of-pocket.
- Only 7% of plan members meet their individual deductible.
- Only 4% of plan members meet their individual out-of-pocket maximum.

\*Rates include wellness discount if applicable.



Thinking about making a change and want to know the cost? For a full set of medical rates, see page 15.





This high level overview of your 2023 medical plan options is designed to assist you in selecting the plan that might best meet your needs. Full plan details are available on pages 8 and 9.

	Enhanced PPO Plan	Basic PPO Plan	Value Care PPO Plan	HDHP w/HSA
What Comes Out Of Your Paycheck	High	Medium	Low	Low
What You Might Spend If You Use Healthcare	Low	Low	Medium	High
Eligible Spending Account Type	Health Care FSA	Health Care FSA	Health Care FSA	HSA
Inframark Account Contribution	N/A	N/A	N/A	\$500 single / \$1,000 family
You Might Want To Consider This Plan If...	...You have lots of medical expenses and you want to limit what you might have to pay for care out of your own pocket.	...You prefer a more traditional insurance plan with copays that help you understand what you'll be paying for routine care and medications.	... You don't generally use a lot of healthcare, but appreciate having access to affordable first-line basic and primary care services.	... You have low healthcare needs, don't mind shopping to find the best prices for care and find the long-term tax advantages of the HSA to be a valuable financial tool.
But, You Should Understand That...	...This is an expensive plan, and you might not really need this level of coverage if you're not a frequent user of healthcare.	... If you usually only see the doctor for wellness appointments or preventive care, a higher deductible plan could be cheaper for you.	...Specialist and emergency care are not covered at the same rate as basic care. If you need more complex care, you'll have to pay more out of your own pocket.	... In exchange for very low premiums, you pay a larger share of the costs of health care services until your deductible is met.

**1**
**2**


Benefit Descriptions	Enhanced PPO Plan		Basic PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b> Individual Family	\$1,500 \$4,500	\$4,500 \$13,500	\$3,500 \$10,500	\$10,500 \$31,500
<b>Out-of-Pocket Max.</b> Individual Family	\$4,500 \$9,000	\$9,000 \$27,000	\$8,150 \$16,300	\$16,300 \$48,900
<b>Coinsurance</b>	20%	50%	30%	50%
<b>Office Visits</b> Primary Care Specialist	\$25 \$50	ded./coins. ded./coins.	\$25 \$50	ded./coins. ded./coins.
<b>Emergency Care</b> Urgent Care Facility Emergency Room	\$100 \$350	\$100 \$350	\$100 \$350	\$100 \$350
<b>Retail Rx</b> <i>(30-day supply)</i>	\$5 copay for generic drugs; \$40 copay for formulary (preferred) brand name drugs; \$100 copay for non-formulary (non-preferred) brand name drugs; \$250 for specialty drugs			
<b>Mail Order Rx</b> <i>(90-day supply)</i>	90-day mail order supply of maintenance drugs available for 2x the retail copay			

3

4

Value Care PPO Plan		HDHP w/HSA*		Benefit Descriptions
In-Network	Out-of-Network	In-Network	Out-of-Network	
\$5,000 \$12,500	\$12,500 \$31,250	\$4,000 \$8,000	\$8,000 \$16,000	<b>Annual Deductible</b> Individual Family
\$8,150 \$16,300	\$16,300 \$48,900	\$6,900 \$13,800	\$13,800 \$27,600	<b>Out-of-Pocket Max.</b> Individual Family
30%	50%	30%	50%	<b>Coinsurance</b>
\$20 ded./coins.	ded./coins. ded./coins.	ded./coins. ded./coins.		<b>Office Visits</b> Primary Care Specialist
\$75 ded./coins.	ded./coins. ded./coins.	ded./coins. ded./coins.		<b>Emergency Care</b> Urgent Care Facility Emergency Room
\$5 copay for generic drugs; \$40 copay for formulary (preferred) brand name drugs; \$100 copay for non-formulary (non-preferred) brand name drugs; \$250 for specialty drug		\$5 copay for preventive medications**; deductible & coinsurance for all others		<b>Retail Rx</b> <i>(30-day supply)</i>
90-day mail order supply of maintenance drugs available for 2x the retail copay		\$24 copay for preventive medications**; deductible & coinsurance for all others		<b>Mail Order Rx</b> <i>(90-day supply)</i>

**Medical Plan Notes**

All in-network preventive care (e.g., routine physicals, well-child care, mammograms, colonoscopies) is covered at 100% by the plans.

\*HDHP w/HSA Plan enrollees receive a company contribution of \$500 (single) or \$1,000 (family) into their HSA.

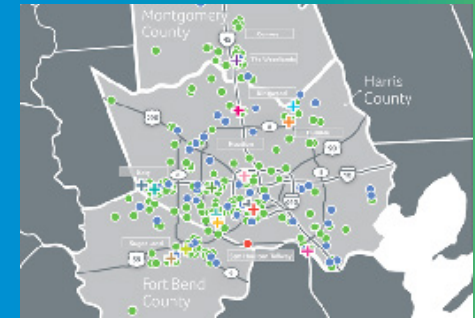
\*\*See list of medications designated as “preventive” under the HDHP at [myinframarkbenefits.com/Healthcare & Well-Being/Medical/High Deductible Plan](http://myinframarkbenefits.com/Healthcare%20&%20Well-Being/Medical/High%20Deductible%20Plan).



## Want lower medical contributions? Consider choosing the Memorial Hermann Plan Network

Employees in the greater Houston area have an opportunity to enroll in a plan through the preferred Memorial Hermann network. These plans offer quality care along with great value to you and your family. Below are a few coverage highlights.

- The Memorial Hermann options mirror our Enhanced PPO Plan, Basic PPO Plan, Value Care PPO Plan and HDHP w/HSA with one major difference: your "in-network" care is contained exclusively within the Memorial Hermann Health System.
- Using Memorial Hermann doctors and facilities is designed to improve the quality of your care and provide a better experience, all while saving you money.
- The Memorial Hermann Plans are offered at a lower cost per pay when compared to their traditional counterpart.
- Learn more about the system at [www.memorialhermann.org](http://www.memorialhermann.org).



**This is the Memorial Hermann Coverage Area.**

**You have the option of enrolling in medical plans which fall into 2 categories:**

Traditional Aetna Medical Plans and Memorial Hermann/Aetna Medical Plans.

### Traditional Aetna Medical Plans

Provide medical coverage in and out of Aetna's broad network at a higher cost per pay.

- 1 Enhanced PPO Plan
- 2 Basic PPO Plan
- 3 Value Care PPO Plan
- 4 HDHP w/HSA

### Memorial Hermann/Aetna Medical Plans

Provide preferred coverage within the Memorial Hermann Network, and are offered at a lower cost per pay.

- 1 MH Enhanced PPO Plan
- 2 MH Basic PPO Plan
- 3 MH Value Care PPO Plan
- 4 MH HDHP w/HSA



The Memorial Hermann plans mirror our traditional plan offerings, with one major difference: For coverage to be considered "in-network", you must obtain care from MH doctors and facilities. When you go out-of-network, you have two options: 1) you can use any other participating Aetna provider, or 2) you can use any provider. These differences are noted in the example at right.

The payroll contributions for the Memorial Hermann options are also lower than the other plans. See the difference on Page 15.

**Memorial Hermann is healthcare focused on you!**

Imagine your doctors all working together, all on the same page. Not having to repeat a test you took last week. Or how about a nurse calling to check on your health when you're not even sick?

**With The Memorial Hermann plans, you're at the center.** You get a special network of doctors, specialists and nurses - putting their heads together to work for you. So your care makes sense to you.

Memorial Hermann (MH) Network Example			
Benefit Descriptions	MH Basic PPO Plan		
	In-Network (Memorial Hermann System Only)	Any Aetna Participating Provider	Out-of-Network
<b>Annual Deductible</b> Individual / Family	\$3,500 / \$10,500	\$10,500 / \$31,500	
<b>Out-of-Pocket Max.</b> Individual / Family	\$8,150 / \$16,300	\$16,300 / \$48,900	
<b>Coinsurance</b>	30%	50%	

Above is an example of how in-network and out-of-network benefits work with the Memorial Hermann option. (Remember, the underlying plan benefits are all the same as the grids on pages 8 and 9.)

- In-network benefits provide the highest level of coverage. All in-network benefits must be obtained within the MH network.
- By utilizing the broader Aetna network, you can still receive discounts on allowable charges, but will be covered at the out-of-network benefit levels.
- Out-of-network coverage allows you to visit any provider, but at reduced benefit levels. You may also be subject to balance-billing.
- Emergency care can be received anywhere and is considered in-network.



**Your primary doctor leads the team**

Your primary doctor can:

- Make sense of various visits and test.
- Help you find programs tailored to you.
- Guide you on important health decisions
- See you for yearly exams and screenings, not just when you are sick.



**You get an entire healthcare team**

Your team can:

- Keep tabs on your prescription and lab results.
- Spot issues, even before you make an appointment.
- Build care plans personalized for you.
- Help you cut down on unnecessary care and costs.

**Here's how it works:**



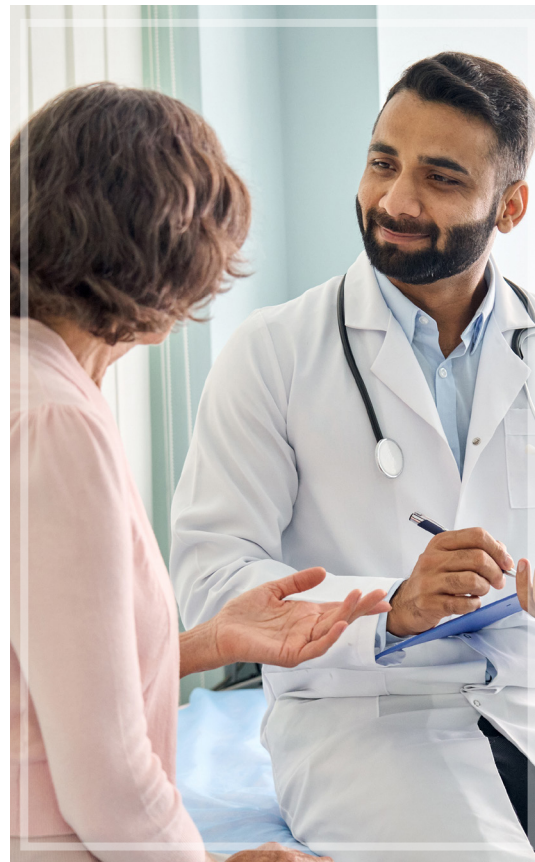
*What to Expect in 2023: The generic retail and mail order co-pays will be reduced in 2023.*

### WHAT YOU HAVE NOW

-  Prescription Plan
-  Who's Covered

### SOMETHING TO THINK ABOUT

- You are automatically provided with prescription benefits through Express Scripts when you enroll in an Inframark medical benefits plan.
- Different pricing structures or “tiers” enable you to control costs based on the types of medications you select. Be sure to request generic options from your doctor when possible. If you must take a brand name drug, see whether one in the Brand Formulary tier is an option. For assistance, contact Health Advocate at 855-424-6400.
- If you use insulin, you may be eligible for a program that caps your copay at \$25 for a 30-day supply.



Rx Type	HDHP Only	All Other Plans
Generic	Deductible/ Coinsurance	\$5 copay
Brand Formulary	Deductible/ Coinsurance	\$40 copay
Brand Non-Formulary	Deductible/ Coinsurance	\$100 copay
Specialty	Deductible/ Coinsurance	\$250 copay
Mail Order (90-Day Supply)	Deductible/ Coinsurance	2X the above Retail Copays

Go to [www.express-scripts.com/inframark](http://www.express-scripts.com/inframark) to price a medication, locate a pharmacy, or see a prescription benefits overview.

# DENTAL BENEFITS

*What to Expect in 2023: There are no changes to the Dental plan for 2023.*

Benefit Descriptions	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible - Individual/Family	\$50/\$150		\$50/\$150	\$100/\$300
Annual Maximum	\$2,000		\$1,500	
Diagnostic & Preventive Services	100%		100%	80%
Basic Services	80%		80%	60%
Major Services	50%		50%	30%
Orthodontia Coverage	Yes (including adult)		No	
Orthodontic Services	50%		N/A	
Orthodontic Lifetime Maximum	\$2,000		N/A	

### WHAT YOU HAVE NOW

### SOMETHING TO THINK ABOUT

- The Smile for Health program can provide you with enhanced benefits for exams and procedures to treat gum disease if you are pregnant or have certain medical conditions like diabetes, rheumatoid arthritis, and heart disease. Learn more on page 17.



Thinking about making a change and want to know the cost? For a full set of dental rates, check out page 15.

### SAGE COLLEGE TUITION PROGRAM

United Concordia plan participants can register in the College Tuition Benefit Program and earn 2,000 tuition reward points each year they are covered by United Concordia Dental insurance. One tuition reward point equals \$1.00 so you can earn up to \$2,000 per year! To enroll in this valuable program, visit <https://www.unitedconcordia.com/benefits/get-started>.



*What to Expect in 2023: There are no changes to the Vision plans or contributions for 2023.*

### WHAT YOU HAVE NOW



### SOMETHING TO THINK ABOUT

Both plans provide similar vision coverage, however, the Easy Option features a more frequent frames allowance and Each family member can choose one of the following upgrades at the time of service:

- \$250 Frame Allowance
- \$250 Contact Allowance
- Covered-in-full photochromic, anti-reflective or progressive lenses

Benefit Descriptions	Base Plan	Easy Option Plan
Eye Exams	Covered 100%	Covered 100%
Eyeglasses/Contacts	\$15 copay	\$15 copay
Lenses	Covered 100%	Covered 100%
Progressive Lenses	Not Covered	Easy Option
Frames Allowance	Up to \$150	Easy Option (Up to \$250)
Contacts Allowance	Up to \$150	Easy Option (Up to \$250)
Frequency - Lenses/Frames	12/24 (months)	12/12 (months)

\*Out-of-network coverage is available at reduced benefit levels.



Thinking about making a change and want to know the cost? For a full set of vision rates, see page 15.



# PLAN CONTRIBUTIONS



**What to Expect in 2023:** There are no changes to the dental and vision contributions for 2023. However, there will be minimal changes to medical plan contributions.

Medical Benefits*										
Plan Options:	Employee Only		Employee + Spouse			Employee + Children		Family		
	Without Wellness Discount	With Wellness Discount	Without Wellness Discount	With 1 Wellness Discount	With 2 Wellness Discounts	Without Wellness Discount	With Wellness Discount	Without Wellness Discount	With 1 Wellness Discount	With 2 Wellness Discounts
Enhanced PPO	\$103.87	\$86.56	\$243.56	\$226.25	\$208.94	\$209.69	\$192.38	\$385.70	\$368.39	\$351.08
Basic PPO Plan	\$65.18	\$47.88	\$164.53	\$147.22	\$129.91	\$135.16	\$117.85	\$250.84	\$233.53	\$216.22
Value Care PPO Plan	\$51.12	\$33.81	\$133.66	\$116.35	\$99.04	\$108.99	\$91.68	\$188.83	\$171.52	\$154.21
HDHP w/HSA	\$48.46	\$31.15	\$119.52	\$102.21	\$84.90	\$102.29	\$84.99	\$178.99	\$161.68	\$144.38
Memorial Hermann Plans										
MH Enhanced PPO	\$83.09	\$65.78	\$194.85	\$177.54	\$160.23	\$167.75	\$150.44	\$308.56	\$291.25	\$273.94
MH Basic PPO Plan	\$52.14	\$34.84	\$131.62	\$114.31	\$97.01	\$108.12	\$90.82	\$200.67	\$183.36	\$166.06
MH Value Care PPO Plan	\$40.89	\$23.58	\$106.92	\$89.62	\$72.31	\$87.19	\$69.89	\$151.06	\$133.75	\$116.45
MH HDHP w/HSA	\$38.77	\$21.46	\$95.62	\$78.31	\$61.00	\$81.84	\$64.53	\$143.19	\$125.88	\$108.58

\*If you completed the 2022 wellness program , you can earn discounts on your contributions, and pay less out of each paycheck in 2023. If you previously claimed your 2022 wellness reward in cash/gift cards, then you will pay the non-discounted rate in 2023.

\*1 Discount = Employee OR Spouse completes wellness activities. 2 Discounts = Employee AND Spouse complete wellness activities.

Dental Benefits				
Plan Options:	Employee Only	Employee + Spouse	Employee + Children	Family
High Dental Plan	\$7.82	\$15.01	\$15.76	\$25.80
Low Dental Plan	\$5.82	\$11.36	\$11.93	\$19.20

Vision Benefits				
Plan Options:	Employee Only	Employee + Spouse	Employee + Children	Family
Base Plan	\$1.91	\$3.20	\$3.36	\$4.72
Easy Option Plan	\$5.44	\$9.14	\$9.59	\$13.45

• If your spouse has access to group medical insurance through their employer and you choose to cover them under the Inframark plan, you will pay a Spousal Surcharge of \$69.23 per pay.

• If you or a covered spouse/domestic partner use tobacco regularly, you will pay an additional \$57.69 per pay for Inframark medical coverage. You can have this surcharge waived by participating in the Health Advocate Tobacco Cessation Program. If it is unreasonably difficult or medically inadvisable for you to attempt to achieve these standards because of a health condition, contact Health Advocate at 855-424-6400. These surcharges are subject to change throughout the year based on any tobacco usage or spousal coverage changes you report.

• If you cover a domestic partner and their child(ren), Inframark is required to calculate the imputed income (also called fair market value) of their health benefits. This means that the imputed income will be added to your W2 and subject to income tax withholding and employment taxes.

# MANAGING YOUR HEALTH

*What to Expect in 2023: We continue to offer a wide array of tools and resources to help you manage your health. Teladoc, Livongo and Hinge Health programs are available to employees who are enrolled in an Inframark Aetna medical plan.*

## TELADOC

### Convenient and Affordable Health Care by Phone or Video

Our Teladoc benefit gives you access to board-certified physicians to get fast treatment (including prescriptions) for common ailments such as the flu, allergies, ear infections, and more. If you are enrolled in any of the PPO medical options, you will pay nothing for virtual visits. HDHP enrollees will be charged \$49 for virtual visits, which is still considerably less than an emergency room or urgent care visit.

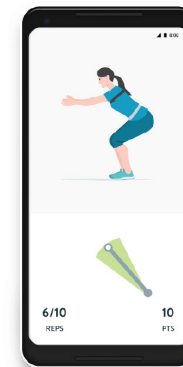
Teladoc also offers mental health services. You can speak with a licensed counselor, therapist, psychologist, or psychiatrist by phone, web, or mobile app. Teladoc services are available seven days a week from 7 a.m. to 9 p.m. local time. To learn more and get started, call 855-Teladoc (835-2362) or go to [www.teladoc.com/aetna](http://www.teladoc.com/aetna).



## LIVONGO - 100% COMPANY PAID

### Diabetes and Hypertension Management

Livongo is a health management program that provides you with a free cellular-enabled glucose meter and **free unlimited testing supplies or a free blood pressure monitor**, digital access to track and share your health progress, and immediate telephonic support from certified coaches to keep your blood sugar and blood pressure in healthy ranges throughout your day. To learn more and get started, go to [healthy.livongo.com/inframark](http://healthy.livongo.com/inframark).



## HINGE HEALTH - 100% COMPANY PAID

### Remote Back and Joint Care

Inframark medical plan participants and their covered dependents 18 years old or older, have access to Hinge Health for help with remote back and joint care. Treatment can be done anywhere and can be customized by your physical therapist. The Hinge Health app can help with:

- Conquering pain or limited movement
- Recovering from an injury
- Staying healthy and pain free

To learn more call (855) 902-2777, or apply at: [hingehealth.com](http://hingehealth.com).



### AETNA MEDICAL APP



The Aetna® Mobile app provides instant access to your family’s critical health information. You can find a physician or facility near you, check the status of a claim, use the Cost Estimator, and track spending and progress toward deductibles. You can download your FREE Aetna Mobile app by texting Aetna to 90156, or you can learn more by visiting [aetna.com/mobile](http://aetna.com/mobile).

### EXPRESS SCRIPTS PRESCRIPTION APP



The Express Scripts® Pharmacy app lets you instantly access your plan’s benefits and coverage information through My Rx Choices. You can look up potential lower-cost prescription options, view your ID card, set important reminders to take or refill the prescriptions in your medicine cabinet, and more. Check your smartphone’s app store to download.

### HEALTH ADVOCATE LIFELINE® APP



Get 24/7 access to your Health Advocate benefits as well as a one-touch connection to a live Personal Health Advocate who can help you find the right doctor, untangle insurance claims, secure second opinions, schedule appointments, clarify complex conditions, and estimate health care costs. Check your smartphone’s app store to download.

### UNITED CONCORDIA DENTAL APP



The United Concordia® Dental app allows you to find a dentist near you, access your benefits information, get a virtual ID card, manage your account, and learn about oral health and wellness. To learn more and get started, go to [unitedconcordia.com](http://unitedconcordia.com).

### VSP VISION APP



The VSP app provides easy access to locate VSP participating providers near you, your member ID card, summary of your vision benefits, glasses and contacts, and more. VSP providers meet the highest quality standards for credentialing and for providing both comprehensive eye care and full-service vision hardware services.



### ATTAIN BY AETNA PROGRAM AND APP

Attain is more than another fitness app, it empowers and rewards you for getting healthier in ways that work for you as an individual! Aetna combines activity from your Apple Watch and health history to provide personalized program experiences. Through Attain you can get reminders to get a flu shot and schedule your annual physical, tips for healthier snacking and better sleep and inspiration for increasing activity levels. You can also earn points towards a new Apple Watch, or gift cards. To participate in this program, you must have an Apple Watch and an iPhone. To learn more about this program, visit [AttainByAetna.com](http://AttainByAetna.com).

*What to Expect in 2023: There are no changes to your Health Advocate EmpoweredHealth benefit for 2023.*

## ABOUT YOUR BENEFIT

Health Advocate EmpoweredHealth is a fully-integrated program that provides you with a personal health advocate who can help you navigate the complex world of health care. This benefit is 100% company-paid.

Your personal health advocate can help you with things like:

- Finding a physician
- Coordinating your care among many health care providers
- Processing insurance claims and paperwork
- Negotiating fees for health care services
- Arranging for second opinions
- Weight management
- Nutrition
- Stress management
- Chronic health conditions (such as diabetes, asthma, or depression)
- and more!

You'll also have access to interactive online coaching programs, unlimited telephonic support from health professionals, and a 24-hour Nurse Line.

Call the Health Advocate Employee Assistance Program (EAP) for 24/7 access to confidential counseling and referral services to help you and your eligible dependents manage life's problems. Some issues the EAP can help with include:

- Daycare
- Eldercare
- Family/relationships
- Financial stress
- Legal concerns
- Occupational performance
- Self-esteem
- Smoking cessation
- Substance abuse

## Get Started Today!

855-424-6400

Email: [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)

Web: [HealthAdvocate.com/inframark](http://HealthAdvocate.com/inframark)



# VACATION BUY & SELL

**What to Expect in 2023:** Eligible employees have opportunity to purchase vacation days or sell some back. For both options, you must make elections in advance of 2023, and your elections cannot be changed once the new year begins. At this time, this program only applies to Inframark, EDP and Meritus employees.

## BUYING VACATION TIME

If you are a regular, full-time employee with at least one (1) year of service as of January 1st after open enrollment, you can purchase up to an additional 5 days (40 hours) of vacation and have the cost come out of each pay on a pro-rated pre-tax basis throughout the year. The cost is based on your usual rate of regular pay and the number of hours you buy. Purchased days must be used after your normal vacation accrual and cannot carry over into the following year.

Any unused purchased vacation time will be cashed out on the last payroll of the calendar year. If you leave the company during the year, any purchased but unused vacation hours will be cashed out with your final check.

## SELLING VACATION TIME

If you are a regular, full-time employee with at least two (2) years of service as of January 1st after open enrollment, you may sell back accrued and unused vacation. You may elect to sell back 3 days (24 hours) of your unused vacation time that you accrue between January to March following open enrollment, at 100% of your base pay rate. Purchased days will be cashed out after March 31st and your accrual balance will be adjusted at that time.

### Reminder

As year end approaches and many of us start planning time off, please note:

- 2022 floating holidays must be used by 12/31/2022.
- 2022 vacation must be used by 12/31/2022. Any unused time in excess of 40 hours will be forfeited.

## How it works



Plan your vacation(s)



Purchase any extra days you need



Request your time off from work



Sell back excess unused time



# HEALTH SAVINGS ACCOUNT



TAX-ADVANTAGED BENEFITS

*What to Expect in 2023: Health Savings Account (HSA) contribution limits are increasing in 2023. See maximum contributions below.*

## WHAT YOU HAVE NOW



**HSA Plan**  
Not Enrolled



**Contributions**  
*Contributions Per Pay*  
\$0.00



*Annual Contributions*  
\$0.00



*Employer Contributions*  
\$0.00



**Maximum Contributions  
for 2023**  
\$0.00

## ABOUT YOUR ACCOUNT

If you enroll in the High Deductible Health Plan, you also have the opportunity to establish a Health Savings Account (HSA). An HSA is an account that can be used to build long-term tax-preferred savings to pay for qualified health care expenses. Account management is available through [www.empower-retirement.com](http://www.empower-retirement.com)

## SOMETHING TO THINK ABOUT

- With an HSA, your money rolls over from year to year and builds up over time. Also, this account always belongs to you, even if you leave the company.
- Consider adding a Limited Purpose Flexible Spending Account in addition to your HSA to cover dental and vision expenses, and preserve your long-term health savings.

Jane,  
Because you are not enrolled in the HDHP w/HSA medical option, you are not eligible to enroll in the HSA. However, you may consider some other spending account types that can be paired with your current medical selection. See page 7 for details.





*What to Expect in 2023: There are no changes to the Health Care FSA for 2023.*

### WHAT YOU HAVE NOW



**Health Care FSA**  
Not Enrolled



**Contributions**  
*Contributions Per Pay*  
\$0.00



*Annual Contributions*  
\$0.00



**Maximum Contributions  
for 2023**  
\$3,050.00

### ABOUT YOUR ACCOUNT

The health care flexible spending account (FSA) allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars. It is a “use-it-or-lose-it” account. You must actively elect your annual Health Care FSA contribution each year during annual enrollment. Account management is available through [myflexdollars.com](https://myflexdollars.com).

### SOMETHING TO THINK ABOUT

- By contributing roughly \$19 per pay to a health care FSA, you can save \$125 in taxes and have \$500 to put toward your health care expenses! (Assumes 25% tax bracket.)
- Although the health care FSA is a use-it-or-lose-it account, you can roll over up to \$570 of unused funds to use in the next year.
- If you are enrolled in the HDHP w/HSA, you can preserve your HSA balance by funding a Limited Purpose FSA for dental and vision expenses.



# DEPENDENT CARE FSA



TAX-ADVANTAGED BENEFITS

*What to Expect in 2023: There are no changes to the Dependent Care FSA for 2023.*

## WHAT YOU HAVE NOW



### Dependent Care FSA

Not Enrolled



### Contributions

*Contributions Per Pay*

\$0.00



*Annual Contributions*

\$0.00



### Maximum Contributions

**for 2023**

\$5,000; \$2,500 if married and filing jointly

## ABOUT YOUR ACCOUNT

The Dependent Care Flexible Spending Account (FSA) helps you pay for eligible child care and adult care expenses with pre-tax dollars. You may participate in the dependent care FSA if you:

- care for your child(ren) under 13 years old
- care for your spouse or relative who is physically and mentally incapable of self-care and lives in your home

Only services that allow you and your spouse (if married) to work full-time, attend school on a full-time basis or seek full-time employment are eligible for reimbursement.

Account management is available through [myflexdollars.com](https://myflexdollars.com).



## SOMETHING TO THINK ABOUT

- Dependent care FSA elections cannot be carried over from year to year. You must make new elections during the open enrollment period.
- The dependent care FSA is a use-it-or-lose-it account.





*What to Expect in 2023: There are no changes to Basic Life and AD&D insurance benefits for 2023.*

### WHAT YOU HAVE NOW



### ABOUT YOUR ACCOUNT

Inframark provides eligible employees with Basic Life and AD&D insurance benefits that equal one times your base annual salary up to a maximum of \$200,000. This coverage is 100% company-paid.

### SOMETHING TO THINK ABOUT

- You get Basic Life and AD&D Insurance automatically as part of your employee benefits.
- If you'd like to buy additional life insurance coverage for yourself, your spouse, or your children, see page 25.
- IRS regulations require taxation of company-paid life insurance that exceeds \$50,000.



### REMEMBER TO UPDATE/DESIGNATE YOUR BENEFICIARIES

A beneficiary is the person(s) who will receive your Life/AD&D benefits should the unfortunate happen. It is important to keep your beneficiary designation as up-to-date as possible. Should something happen to you, your benefits will be paid to the most recent beneficiary(ies) on file (or to your estate if no beneficiary is on file).

# DISABILITY INSURANCE



**What to Expect in 2023:** Long-term disability benefits are increasing to 60% of your monthly maximum benefit in 2023 and will be entirely be paid for by the company. The Supplemental LTD plan will be discontinued for 2023.

### WHAT YOU HAVE NOW

### ABOUT YOUR BENEFIT

Short-Term and Long-Term Disability Insurance can help if you become disabled and are unable to work due to a covered injury or sickness.

### Short-Term Disability

Short-Term Disability benefits begin on the 15th day of your absence, after the 14-day elimination period is complete. Inframark automatically provides you with basic coverage of 65% or 80% (if you have five or more years of service) of your salary. This benefit can be supplemented with accrued sick, vacation, and floating holiday time.

### Long-Term Disability

Long-Term Disability benefits begin after you have been disabled for a total of 90 calendar days. Inframark automatically provides you with basic coverage of 60% of your monthly salary to a maximum of \$10,000/month.

### SOMETHING TO THINK ABOUT

- You should review and understand the important tax implications of Long-Term Disability Insurance. By default, unless you opt out, we will apply taxes to the value of your company-paid LTD benefits ("Tax Me Now"), which ensures you a tax-free benefit if you become disabled.

[See the example at right.](#)



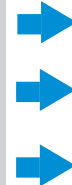
#### Example: \$40,000 Salary

#### TAX ME LATER

60% of your monthly income = \$2,000

Assuming 25% tax rate, LTD benefit = \$1,500

LTD benefit is subject to tax; net benefit is closer to 45% of regular earnings



#### Estimated Tax: \$1.25 per pay \$32.50 per year

#### TAX ME NOW

60% of your monthly income = \$2,000

Benefit is NOT taxed, LTD benefit = \$2,000

LTD benefit when not taxed is really 60% of regular earnings

**\$500 more per month;  
\$120,000 over 20 years**



*What to Expect in 2023: There are no changes to Supplemental Life Insurance benefits for 2023.*

## WHAT YOU HAVE NOW



Dependent Life Insurance Monthly Rates

Dependent Child(ren) Coverage Amount	Your Monthly Cost (For all dependent children)
\$2,500	\$0.50
\$5,000	\$1.00
\$10,000	\$1.91

## ABOUT YOUR BENEFITS

You may purchase Supplemental Term Life Insurance for yourself, your spouse, and your children. If you elect this coverage, you are responsible for paying 100% of the benefit cost.

Employee Supplemental Life Insurance lets you purchase coverage of 1 to 5 times your salary, up to a maximum of \$500,000. Evidence of insurability is required for amounts over \$250,000.

Spouse Supplemental Life Insurance lets you purchase coverage for \$10,000, \$20,000, \$30,000, \$40,000, or a maximum of \$50,000. Evidence of insurability is required for amounts over \$20,000.

Child Supplemental Life Insurance lets you purchase coverage for \$2,500, \$5,000, or \$10,000. Your unmarried dependent children may be covered up to age 26.

Guaranteed Issue at Open Enrollment: Employees who already have some coverage in place may acquire additional coverage equivalent to 1x your salary at open enrollment this year, without providing Evidence of insurability (EOI). If spouse coverage is \$10,000, an additional \$10,000 can be elected without EOI. Those that have been previously denied by Lincoln are not eligible for the one-level benefit increase.

Supplemental Employee/Spouse Life Insurance Monthly Rates

Insured Age	Monthly Cost per \$1,000 of Coverage	Insured Age	Monthly Cost per \$1,000 of Coverage
Under 25	\$0.058	50-54	\$0.305
25-29	\$0.070	55-59	\$0.562
30-34	\$0.094	60-64	\$0.949
35-39	\$0.106	65-69	\$1.488
40-44	\$0.118	70 or above	\$2.507
45-49	\$0.176		

To determine your cost for coverage, use the following formulas:

Coverage Amount ÷ 1000 x rate x 12 ÷ 52 = weekly cost

Coverage Amount ÷ 1000 x rate x 12 ÷ 26 = bi-weekly cost

Coverage Amount ÷ 1000 x rate x 12 ÷ 24 = semi-monthly cost

*What to Expect in 2023: There are no changes to Critical Illness and Accident Insurance benefits or rates for 2023.*

## WHAT YOU HAVE NOW



**Critical Illness  
Coverage Level**  
Not Enrolled



**Accident Insurance  
Coverage Level**  
Not Enrolled



**Contributions**  
*Critical Illness*  
*Contributions Per Pay*  
\$0.00



*Accident Insurance*  
*Contributions Per Pay*  
\$0.00

## ABOUT YOUR BENEFITS

You may choose to enroll in either or both of these voluntary plans offered through MetLife:

### Critical Illness Insurance

Critical Illness Insurance provides a lump-sum payment in the event of an unexpected serious illness such as a heart attack, stroke or cancer. The payment you receive is yours to spend as you see fit and in addition to any other insurance you may have.

To claim your \$50/\$100 health screening benefit, call **1-800-GET-MET8** 8am-8pm EST. Provide a few details including the health care providers information, screening/test and date of completion. You will then be issued your check within a few business days after your claim has been processed. You can submit multiple claims for your spouse and/or dependent children, all on one call, if you have them on your critical illness coverage.

### Accident Insurance

Accident Insurance provides a payment to use as you see fit if you experience a covered event. There are no waiting periods for coverage to begin and payment will be in addition to any other insurance you may have.



Critical Illness and Accident Insurance costs are based on your coverage selection and other variables.

Coverage levels and costs may be reviewed in the enrollment system or are available at the website listed below.

## SOMETHING TO THINK ABOUT

- The Critical Illness policy also includes a cash benefit of \$50 (low plan) or \$100 (high plan) for receiving health screenings.

# IDENTITY THEFT & ONLINE PRIVACY PROTECTION



 VOLUNTARY BENEFITS

*What to Expect in 2023: There are no changes to NortonLifelock benefits for 2023.*

### WHAT YOU HAVE NOW




### ABOUT YOUR BENEFITS

NortonLifeLock helps provide you peace of mind with comprehensive protection for your identity, connected devices, and online privacy with SafeCam. Choose between two levels of protection:

#### NortonLifeLock - Benefit Essential

Includes identity monitoring, One Bureau Credit Application Alerts, data breach notifications, and online monitoring.

#### NortonLifeLock - Benefit Premier

The most complete identity and online protection. You'll get everything Benefit Essential has to offer as well as credit score report and 50 GB cloud backup.



Plan Level	Your Contribution Each Pay Period	
	Benefit Essential	Benefit Premier
Employee	\$3.92	\$6.92
Family	\$7.85	\$13.84

### SOMETHING TO THINK ABOUT

- Consider how this benefit can provide peace of mind to you and your family members under the circumstances of an event such as a data breach.
- With the upgraded benefit plans, you will have access to the Norton device security features such as online threat protection, password manager, parental control, smart firewall, cloud backup, and safecam.

*What to Expect in 2023: There are no changes to the Metlaw Legal Plan or rates for 2023.*

## WHAT YOU HAVE NOW



**Coverage**  
NOT ENROLLED



**Contributions**  
\$0.00

## ABOUT YOUR BENEFITS

The MetLaw Legal Plan provides access to high-quality attorneys and legal services. You can receive legal advice and fully covered legal services for a wide range of personal legal matters such as:

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

If this coverage is elected, you pay 100% of the benefit cost.

## SOMETHING TO THINK ABOUT

- Whether it's a planned event like buying a home or preparing a will, or an unexpected problem like a speeding ticket, most of us need legal counsel at some point—in fact, 70% of us have at least one ongoing legal issue annually.
- Because the cost of MetLaw coverage for the whole year is less than the average lawyer's hourly fee, enrolling in this coverage could save you a considerable amount of money.



Other important information - Summary Plan Descriptions (SPDs), Summary of Benefits and Coverage (SBCs) and other plan documentation can be found by logging on to [myinframarkbenefits.com](http://myinframarkbenefits.com) and selecting Enroll, or by calling 866-545-3756.

Summary of Benefits Coverage (SBC)	Summary Plan Description (SPD)
SBCs provide information about your plans' copayments, deductibles, coinsurance, and contacts.	SPDs provide information about your plans' eligibility requirements, covered services, and processes for claims and appeals.

### Annual Notice of Women's Health Rights

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact Human Resources for more information.

### Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to 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).

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.

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage. If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

### Mental Health Parity Act

The Mental Health Parity Act of 1996 provided that a health care plan or policy may not provide separate lower annual or lifetime dollar maximums (considered financial maximums) on mental health benefits as compared to medical benefits.

With the passage of the Emergency Economic Stabilization Act and its inclusion of the Mental Health Parity and Addiction Equity Act of 2008

(Mental Health Parity Act or MHPA), the original act was extended to include the same provisions for substance use disorders, not just mental health disorders. Further the MHPA also disallows more restrictive treatment limitations (number of covered office visits, inpatient days of coverage, etc.) for both disorders.

### Notice of Privacy Practices

Our group health plan(s) may need to use and disclose your protected health information to facilitate medical treatment you may receive, for payment of such medical treatment and also for other purposes. Because the privacy of your medical information is important to us, we have procedures in place to ensure its protection. As part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), our group health plan(s) have a Privacy Notice describing how medical information about you may be used and disclosed and also how you can access this information. To obtain a copy of the Privacy Notice, please contact Human Resources.

### Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health. Employees must be actively employed at the time scheduled contributions are made to be eligible to receive the wellness reward. 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. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

**Medicare Part D Coverage Disclosure Notice for 2023**

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Inframark has determined that the prescription drug coverage in the Basic PPO, Enhanced PPO, and Value Care PPO is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Inframark has determined that the prescription drug coverage offered in the HDHP w/HSA is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your HDHP coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from Inframark's HDHP w/HSA plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

For more information about Medicare prescription drug coverage:

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

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

**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 Inframark 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, 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.

The only individual(s) who will receive your personally identifiable health information is (are) Jane Sudano and Desiree Montano-Rosario, in order to provide you with services under the wellness program. 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 Human Resources.



**Medicaid/CHIP**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but, you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://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 877-KIDS NOW or [www.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call 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 August 10, 2022. Contact your state for more information on eligibility –

**To see if any more states have added a premium assistance program since August 10, 2022 or for more information on special enrollment rights, you can contact either:**

**U.S. Department of Labor**

U.S. Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa) | 866-444-EBSA (3272)

**U.S. Department of Health and Human Services**

Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov) | 877-267-2323, Menu Option 4, Ext. 61565

<b>Alabama — Medicaid</b>	Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>   Phone: 855-692-5447
<b>Colorado — Medicaid</b>	Medicaid Website: <a href="http://www.colorado.gov/hcpf/Child-Health-Plan-Plus">http://www.colorado.gov/hcpf/Child-Health-Plan-Plus</a> Medicaid Customer Contact Center: 800-359-1991
<b>Florida — Medicaid</b>	Website: <a href="http://flmedicaidprecovery.com/">http://flmedicaidprecovery.com/</a>   Phone: 877-357-3268
<b>Georgia — Medicaid</b>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP)   Phone: 404-656-4507
<b>Indiana — Medicaid</b>	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip">http://www.in.gov/fssa/hip</a>   Phone: 877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone: 800-403-0864
<b>Louisiana — Medicaid</b>	Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 888-695-2447
<b>New Jersey — Medicaid and CHIP</b>	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>   Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 800-701-0710
<b>Missouri — Medicaid</b>	Website: <a href="http://www.dss.mo.gov/mhd.participants/pages/hipp.htm">http://www.dss.mo.gov/mhd.participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>Nebraska — Medicaid</b>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>   Phone: 855-632-7633
<b>New York — Medicaid</b>	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 800-541-2831
<b>North Carolina — Medicaid</b>	Website: <a href="https://dma.ncdhhs.gov">https://dma.ncdhhs.gov</a>   Phone: 919-855-4100
<b>Oklahoma — Medicaid and CHIP</b>	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>   Phone: 888-365-3742
<b>Pennsylvania — Medicaid</b>	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 800-692-7462
<b>South Dakota — Medicaid</b>	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>   Phone: 888-828-0059
<b>Texas — Medicaid</b>	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>   Phone: 800-440-0493
<b>Virginia — Medicaid and CHIP</b>	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 855-242-8282
<b>Wyoming — Medicaid</b>	Website: <a href="https://wyequalitycare.acs-inc.com">https://wyequalitycare.acs-inc.com</a>   Phone: 307-77-7531

**Marketplace Options**

In 2014, a new insurance market – the Health Insurance Marketplace – came into existence. Individuals can use this Marketplace to obtain health coverage when no or limited other coverage options exist. As an Inframark employee, it is important for you to understand how any option you have to enroll in our coverage impacts your Marketplace options. All employees can purchase coverage through the Marketplace. However, not everyone can receive help paying for their coverage. Your eligibility for coverage through Inframark impacts whether or not you can receive a premium tax credit through the Marketplace. This is especially true if you are eligible to enroll in health coverage through Inframark. Being eligible for Inframark’s health coverage makes you ineligible to receive the premium tax credit (also known as a subsidy) that many use to help pay for Marketplace coverage.

If you are a benefits-eligible employee (working 30 or more hours per week), you will NOT be able to receive a premium tax credit. This is because Inframark health plans meet all requirements for comprehensive and affordable coverage as set forth by the law. Therefore, you may want to consider the health plan options offered by Inframark. The Open Enrollment period for Inframark benefits is November 1 - November 19, 2022.

If you drop your Inframark coverage to purchase coverage from the Marketplace, please note that you will not be able to re-enroll until a future Open Enrollment, unless you experience a qualifying life event. If you are NOT eligible for coverage through Inframark, you should consider shopping for your insurance through the Marketplace. Your household income will determine whether or not you can receive a premium tax credit. For assistance, contact Health Advocate at 855-424-6400.

<h2 style="color: #0070C0;">Employee Working Fewer than 30 Hours/Week</h2>		<h2 style="color: #002060;">Employee Working More than 30 Hours/Week</h2>	
<p>Can receive coverage through</p>		<p>Can receive coverage through</p>	
<p><b>The Marketplace</b></p>		<p><b>The Marketplace</b></p>	<p><b>Inframark</b></p>
			
<p>Help paying for coverage</p>		<p>Help paying for coverage</p>	
<p><b>No, if household income is greater than 400% of the FPL*</b></p>	<p><b>Yes, if household income is between 100% and 400% of the FPL*</b></p>	<p><b>No. You will not receive any employer contributions or</b></p>	<p><b>premium tax credits. Yes. Inframark will help pay for your coverage.</b></p>
			 <p>Employer Contribution</p>
<p>What you pay for coverage</p>		<p>What you pay for coverage</p>	
<p><b>100% of the monthly premium (after tax)</b></p>	<p><b>100% of the monthly premium (after tax) minus the premium tax credit</b></p>	<p><b>100% of the monthly premium (after tax)</b></p>	<p><b>Approximately 24% of the monthly premium (pre tax)</b></p>

\*Example: The Federal Poverty Level (FPL) for a family of 4 in 2022 = \$27,750 (in Alaska: \$34,690; in Hawaii: \$31,920)