



Total Rewards 2026

MAKING THE MOST OF YOUR BENEFITS PACKAGE



Welcome to your benefits enrollment

You work hard to protect others. That's why we work hard to offer a benefit plan that protects you and your family.

This packet includes tools that will guide you through your 2026 benefits enrollment. You'll find information on all benefit options available to you, such as medical, dental, vision, and more.

We want to make this process as simple as possible, and we understand you may have questions. Contact the Benefits Team at benefits@bethany.org. We're here to help.

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You belong

ENROLLING

The benefits you elect now will be effective until December 31, 2026. You will complete your enrollment in UKG under Myself> Benefits> Manage My Benefits

YOU'RE NEW

- You have 30 days after your hire date to enroll
- If you take no action, you will automatically be waived from all eligible coverages
- Benefits start the first of the month following hire date

MAKING CHANGES

You may make changes to the benefits you elect only if you have a Qualified Life Event.

Changes must be made within 30 days of the Qualified Life Event.

QUALIFIED LIFE EVENTS* INCLUDE:

- Marriage
- Divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of spouse, child or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Commencement or termination of adoption proceedings
- Change in spouse's benefits or employment status
- Increase/decrease in scheduled hours

*Contact the Benefits team at benefits@bethany.org for specific IRS regulations regarding allowed Qualified Life Event changes.

YOUR DEPENDENTS

You may include as many dependents on your plan as you wish if they meet the following requirements:

- Your legal spouse
 - Additional rules apply when covering a spouse on a Bethany medical plan. If your spouse is offered medical coverage through his/her employer, he/she is not eligible to be covered on a Bethany medical plan
- Your children by birth, adoption, placement for adoption, stepchildren, and children for whom you have legal guardianship or a court-ordered support obligation, up to the end of the year they turn 26, except in the case of permanent disability

AFFORDABLE CARE ACT (ACA) REQUIREMENTS

Effective January 1, 2019 the Tax Cuts and Jobs Act (TJCA) updated the individual mandate to maintain health insurance or be responsible for a "shared responsibility payment." We plan to keep offering these benefits as a valuable part of your total compensation in the future. Because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the "marketplace").

Total Rewards

ELIGIBILITY SUMMARY

	Part time 0-29 hours weekly	Full time 30-40 hours weekly
Medical/Prescription Insurance		X
Dental & Vision Insurance		X
Health Savings (HSA), Flexible Spending (FSA) & Dependent Care Accounts		X
Group Term Life Insurance & AD&D*		X
Long Term Disability* (after 1 year of service)		X
Supplemental Life Insurance		X
Accident, Critical Illness & Hospital Indemnity Insurance		X
Legal Plan & Identity Theft Plan		X
Pet Insurance		X
Employee Assistance Program (EAP) & PerkSpot Discount Program	X	X
403b Retirement Plan	X	X
Bethany Balance Wellness Program	X	X
Sick Time	X	X
Bereavement Pay	X	X
Vacation Time		X
Paid Absence for approved Medical Leaves		X
Paid Parental Leave		X

*Bethany pays for this employee benefit

Benefits are a big deal

Meet Upwise, a digital engagement platform that helps you choose your benefits by offering a personalized and comprehensive recommendation.

1 Take the interactive survey

In 10 minutes or less at the start of enrollment Upwise explores your health, wellness, finances, and future plans.

2 Get your recommendation

Upwise provides a tailored recommendation including all the benefits your employer provides, not just major medical.*

3 Enroll with confidence

Choose the benefits that best fit your and your family's unique needs and preferences.

Learn more at Upwise.com



*Upwise makes recommendations to employees on benefits such as Medical, Dental, Vision, Supplemental Term Life, STD, LTD, Accident, CI (including Cancer plans), HI, and HSA Contributions, Healthcare FSA, Pet, Legal, and Fraud Protection. Employees should refer to their employer's benefit website for which benefits their employer has chosen to have Upwise consider in making its recommendations. Employees may have additional benefits available to them that are not considered by Upwise.

Upwise is offered by MetLife companies (Metropolitan Life Insurance Company, Metropolitan Tower Life Insurance Company, Metropolitan General Life Insurance Company, MetLife Legal Plans, Inc., MetLife Pet Insurance Solutions LLC, and/or MetLife Consumer Services, Inc.) for educational purposes. Upwise uses decision support and benefits engagement software developed by Nayya Health, Inc., including an AI machine learning model that develops recommendations for major medical insurance plans. Your use of Upwise is subject to Nayya's Terms of Service. Recommendations are made by Nayya Health Insurance Center, LLC, a licensed insurance producer, based on information shared or authorized by users and their employers. No representations or warranties are made regarding the recommendations. Users are responsible for making their own decisions about benefits and recommendations should not be relied upon as legal, tax, investment or financial advice. All information will be maintained in accordance with Nayya's Privacy Policy.

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Your health—medical

Traditional and high deductible plans are administered by Blue Cross Blue Shield of Michigan (BCBSM). Both plans provide you with great medical coverage, but function differently. Consider your individual needs to determine the right plan for you.

Download the BCBSM app for easy access to all your ID cards electronically.

HIGH DEDUCTIBLE PLAN

The High Deductible Plan has a lower premium cost than the Traditional Plan, but has a higher deductible before your insurance starts to pay. If you enroll in the High Deductible Plan, you will also be eligible to save pretax monies with a health savings account (HSA). This money can be used to pay your deductible and other out-of-pocket costs. For more information about how this plan functions, please see pages 6-7.

TRADITIONAL PLAN

The Traditional Plan, also known as a PPO plan, has a higher premium cost than the High Deductible Plan but a lower deductible. Under the Traditional Plan, you will pay a copay for most medical services at the time you visit the doctor. In some cases (such as an ER visit), you will pay a deductible and coinsurance. For more information about the how this plan functions, please see pages 6-7.

SPOUSE ELIGIBILITY FOR MEDICAL PLAN: Your spouse may be added as a dependent on your medical plan if they meet one of the following items:

- Your spouse is unemployed
- Your spouse is employed but is not offered or eligible for medical coverage

ONLINE VISITS: Virtual care that is always there with convenient and affordable medical and behavioral health care you can trust. Taking care of yourself and your family's health can be as easy as using your smartphone, tablet or computer for a virtual visit with a U.S. board-certified doctor, nurse practitioner or licensed therapist. See page 8-10 for more information on virtual care services.

FOR BOTH PLANS: Employees enrolled in the Bethany Medical plan, your auto insurance carrier is always primary, whether your automobile coverage is coordinated or uncoordinated. The Bethany Medical plan is secondary to the members' auto insurance. It is your responsibility to ensure you have proper auto insurance coverage.

Your health—medical continued

Choosing between the High Deductible Plan and Traditional Plan

Plan Features	High Deductible Plan		Traditional Plan	
Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible per calendar Year	\$1,700 single \$3,400 family	\$3,400 single \$6,800 family	\$1,000 single \$2,000 family	\$2,000 single \$4,000 family
Coinsurance	80/20%	60/40%	80/20%	60/40%
Annual coinsurance maximum	Same as Out-of-Pocket Maximum	Same as Out-of-Pocket Maximum	\$3,000 single \$6,000 family	\$6,000 single \$12,000 family
Annual Out-of-Pocket Maximum	\$3,500 single \$7,000 family	\$7,000 single \$14,000 family	\$5,500 single \$11,000 family	\$11,000 single \$22,000 family
Preventive Care	Covered in Full	Not Covered	Covered in Full	40% after deductible
Primary Care Visit	20% after deductible	40% after deductible	\$40 copay	40% after deductible
Virtual Medical Visit with Teladoc	Covered in Full		Covered in Full	
Virtual Mental Health Visit with Teladoc	Costs vary		Covered in Full	
Specialist Visit	20% after deductible	40% after deductible	\$60 copay	40% after deductible
Chiropractic Spinal & Osteopathic Manipulation	20% after deductible 18 combined visits per calendar year	40% after deductible	\$40 copay 18 combined visits per calendar year	40% after deductible
Urgent Care Visit	20% after deductible	40% after deductible	\$60 copay	
Emergency Room Visit	20% after deductible		\$250 copay	
Outpatient Mental Health & Substance Abuse Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible (20% after deductible in participating facilities only)
Outpatient Physical/Occupational/Speech Therapy Visits	20% after deductible 30 combined visits per calendar year	40% after deductible	20% after deductible 60 combined visits per calendar year	40% after deductible
Prescription Drugs (Retail 30-day supply)	Generic: \$10 after deductible Preferred Brand: \$40 after deductible Non-Preferred Brand: \$80 after deductible Preferred Specialty: 20% up to \$100 after deductible Non-Preferred Specialty: 20% up to \$150 after deductible		Generic: \$15 copay Preferred Brand: \$50 copay Non-Preferred Brand: \$100 copay Preferred Specialty: 20% up to \$200 copay Non-Preferred Specialty: 20% up to \$300 copay	

Your health—medical continued

Choosing between the High Deductible Plan and Traditional Plan

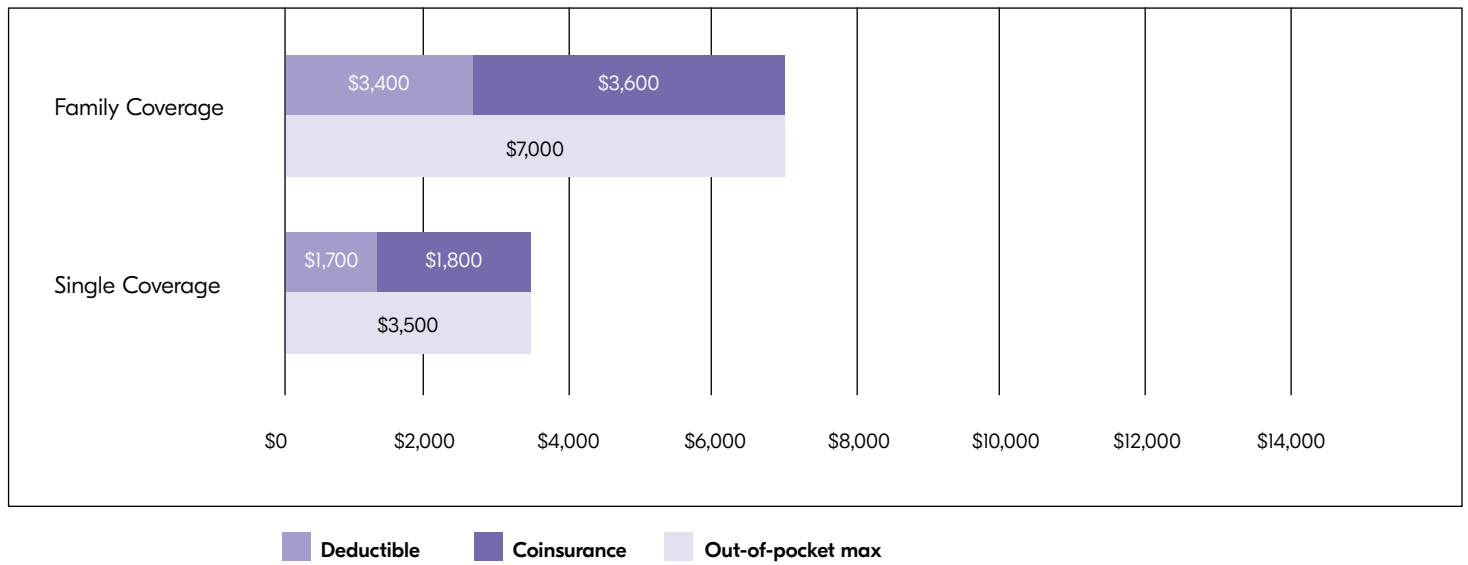
DEDUCTIBLE: Amount you pay for a medical service before your health insurance kicks in. You pay 100% of bill for all activities such as doctor's visits, prescription fills, ER visits, etc.

COINSURANCE: Your share of the costs of your covered health care service, calculated as a percentage.

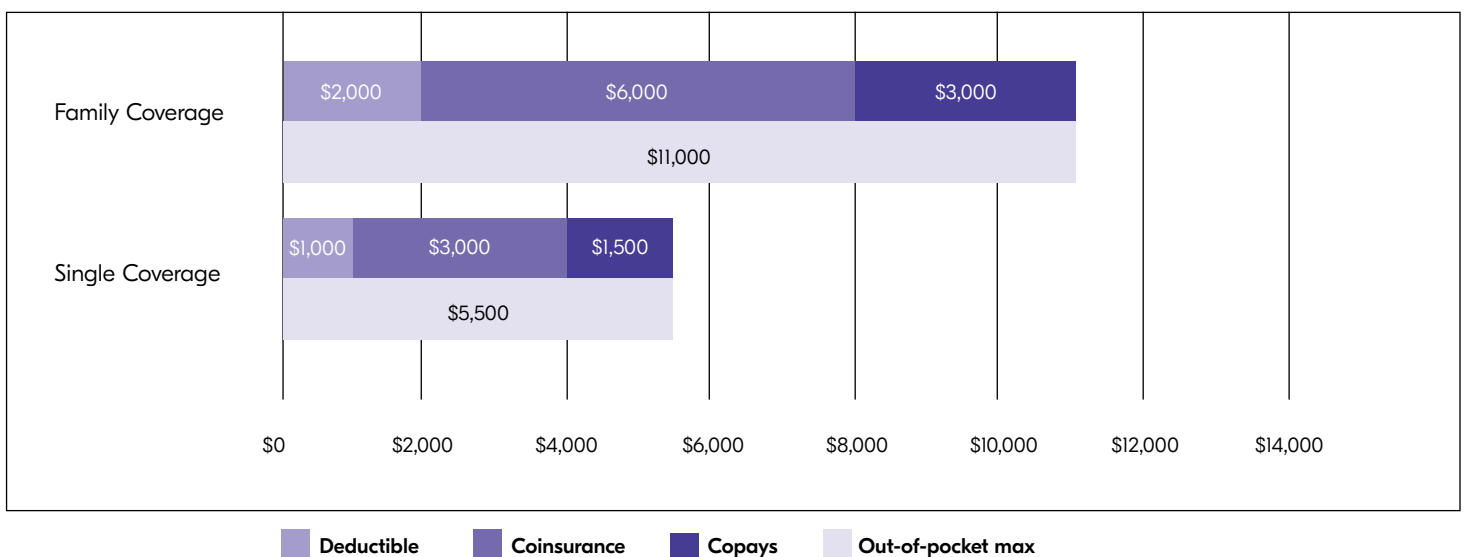
COPAYS: Fixed amounts you pay for doctor's visits, Urgent Care, ER visits, and prescription fills, etc. on the Traditional Plan.

OUT-OF-POCKET MAX: The most you pay before your health insurance pays 100%.

HIGH DEDUCTIBLE PLAN



TRADITIONAL PLAN



For even more information, check out the [HR SharePoint page](#).

Your health continued

Blue Cross Blue Shield VIRTUAL CARE

Previously Blue Cross online visits

GET CARE WHEN YOU NEED IT, WHEREVER YOU ARE.

With Virtual Care by Teladoc Health®, you and everyone on your health plan can get virtual medical and mental health care from a smartphone, tablet or computer.

Virtual Care is included with your Blue Cross Blue Shield of Michigan and Blue Care Network health care plan.

THE BASICS:

24/7 CARE

Have a virtual visit with a U.S. board-certified doctor for minor illnesses such as colds, sore throats, urinary tract infections and pink eye. Visits are available for adults and children.

Medical visits are available 24/7, anywhere in the U.S., when your primary care provider isn't available.

You don't need an appointment and the average wait time is 10 minutes. Prescriptions, if needed, can be sent to your preferred pharmacy.

MENTAL HEALTH

Through the Mental Health option, you can connect with a licensed therapist or U.S. board-certified psychiatrist when you're dealing with stressful situations or issues such as grief, anxiety and depression.

Mental health visits require an appointment, but many therapists and psychiatrists have evening and weekend availability.

Family members ages 18 and older will need to create their own Virtual Care accounts. When updating or creating an account, choose your plan name and enter your member ID so your coverage is applied correctly.

Call 1-800-835-2362 with any questions about your account or to arrange a telephone visit.

All Virtual Care services from Teladoc Health are separate from virtual care other providers may offer. Remember to follow up with your primary care provider. Your plan may have copayments, deductibles and out-of-pocket costs.

Teladoc Health® is an independent company that provides Virtual Care Solutions for Blue Cross Blue Shield of Michigan and Blue Care Network.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.



SIGN UP TODAY

Visit bcbsm.com/virtualcare for a link to download the Teladoc Health app.

You can also access Virtual Care directly through your Blue Cross online member account.

Simply log in to start using your health plan's Virtual Care benefits.

Your health—medical continued

Your Medical plan solutions



MAVEN MATERNITY – A digital program that provides personalized care navigation, clinical support and education.

A personal care advocate	Personalized resources	24/7 video appointments
<p>A care advocate is matched to each user, based on personal preferences, who can:</p> <ul style="list-style-type: none"> • Answer questions • Recommend coaches • Find providers 	<p>Users have access to a library of content personalized to their specific journey:</p> <ul style="list-style-type: none"> • Content includes prenatal health, postpartum depression, and more • Clinically approved articles • Community forums • Classes led by providers 	<p>Users can schedule video appointments with coaches:</p> <ul style="list-style-type: none"> • Speak with coaches from more than 30 clinical specialties • Coaches are available to speak within more than 35 languages • A chat option is also available
<p>Visit bcbsm.com/mavenfamily to get started at no cost.</p>		



MAVEN MENOPAUSE – A digital program that provides holistic, specialized menopause support.

<p>This no-cost program provides instant access to expert advice and resources to anyone on the medical plan who is experiencing physical and mental symptoms related to menopause.</p>
<p>SUPPORT INCLUDES:</p>
<ul style="list-style-type: none"> • Early identification of menopausal symptoms and treatment guidance • 24/7 virtual access to a coaching care team specializing in perimenopause, menopause and postmenopause • Guided education and in-app communities to connect with others • 1:1 mental health support throughout the menopausal journey
<p>Visit bcbsm.com/mavenmenopause to get started at no cost.</p>

Your health—medical continued

Your Medical plan solutions



TELADOC HEALTH – Virtual healthcare programs to help you live well.

DIABETES MANAGEMENT Personalized Diabetes management	HYPERTENSION MANAGEMENT Make managing your blood pressure easier	DIABETES PREVENTION Reduce your risk of type 2 diabetes	WEIGHT MANAGEMENT Improve nutrition, exercise, and weight loss
<ul style="list-style-type: none"> • Receive a connected blood glucose meter • Unlimited strips and lancets • Tips, action plans, and one-on-one coaching • Real-time support for out-of-range readings 	<ul style="list-style-type: none"> • Receive a connected blood pressure monitor • One-on-one support from expert coaches • Personalized tips on nutrition and activity 	<ul style="list-style-type: none"> • Team of expert coaches to support you • Receive a smart scale that syncs to the app • All-in-one weight, activity, and food tracking program 	<ul style="list-style-type: none"> • Receive an advanced smart scale • Personalized action plan • Ongoing expert coaching • Full nutrition, exercise, and weight-loss support

Visit TeladocHealth.com/Smile/BCBSM or call (800) 835-2362 and use registration code: BCBSM



2ND MD – Connect with specialists for a 2nd opinion from the comfort of your home.

GET EXPERT ADVICE WHEN YOU OR AN ELIGIBLE FAMILY MEMBER HAS QUESTIONS ABOUT:

- A new or existing diagnosis
- Treatment plan
- Possible surgery
- Your medications
- A chronic condition

Visit www.2nd.md/Bethany, call (866) 887-0719, or download the 2nd.MD app



HINGE HEALTH – A digital therapy program that provides personalized care to assist with muscle and joint pain.

This no-cost program provides comprehensive digital therapy with instant access to assessments, resources, education, and customized care to assist with muscle and joint pain.

SUPPORT INCLUDES:

- 1:1 clinical expertise from physical therapists, orthopedic surgeons and health coaches
- Care for injury prevention, chronic pain, pelvic health, and pre/post-surgery rehab
- Guided assessments, exercises and education for musculoskeletal conditions
- Non-addictive pain relief device and surgery decision support
- Third party validation to ensure highest quality of care and best financial outcomes

Visit [Hinge Health](https://HingeHealth.com) and enter “Bethany Christian Services” under the employer to get started at no cost

Your health—wellness continued

Recommended preventive care covered by BCBSM

	AGE	GUIDELINES
BIRTH TO 24 MONTHS		
Well-child exam	0-24 months	11 visits
Autism screening	18-24 months	Once
Lead screening	12-18 months	Once
Newborn hearing	Birth	Once
AGES 2 TO 21		
Well-child exam	2-21 years	Yearly
Cholesterol screening	10-12 years & 13-21 years	
HIV screening	15 and older	At least once in lifetime
Vision screening	2 to 6 years 7 to 12 13-21	Before starting school Every 2 years Every 3 years
ADULTS		
Annual physical	21-49 years 50+	Every 1 to 5 years Every year
Blood pressure screening	18+	Every year
Breast cancer screening	18+	Discuss with your doctor
Depression screening	Everyone 18-49	Discuss with your doctor
Diabetes (blood sugar)	40+	If overweight
HIV screening	18+	If at risk, annually
Pap smear (cervical cancer)	Women, 21+	Every 3 years
Sexually transmitted infections	18+	Discuss with your doctor
Blood pressure check	50+	Every year
Colorectal cancer screening	45-75, CHOOSE ONE: Blood in stool test Stool DNA mail-in kit Sigmoidoscopy Colon CT scan Colonoscopy	Every year Every 3 years Every 5 years Every 5 years Every 10 years
Hepatitis C screening	18+	Once, if at risk at doctor
Mammogram	Women, 50-74	Every two years
Osteoporosis screening	Women 50+	Discuss with your doctor
Prostate cancer	Men, based on risk	Discuss with your doctor

Your health savings

HEALTH SAVINGS ACCOUNT (HSA)

*Only available if enrolled in High Deductible Medical Plan

Your HSA is administered by HealthEquity. Tax-free contributions to your HSA are made through payroll deductions.

The money can be used for medical expenses such as the cost of your doctor's visits, eye glasses, fillings, and contacts to name just a few. Your HSA is controlled and owned by you. The money in your HSA is your money; it rolls over from year to year and you take the money with you if you leave or retire. You are responsible for reporting your HSA contributions and distributions to the IRS on your tax return. HSAs provide triple tax benefits:

- Tax-free contributions
- Interest accumulates tax-free
- Distributions for qualified medical expenses are tax-free

IRS 2026 MAXIMUM CONTRIBUTIONS

SINGLE	FAMILY
\$4,400*	\$8,750*

* You may contribute an additional \$1,000 if you are 55 years old or older. Bethany contributions are counted towards IRS maximum contribution amounts.

MEDICARE AND YOUR HSA

Your HSA can be a crucial part of your retirement strategy

Medicare eligibility: Once you turn 65 and meet the requirements to qualify for Medicare Part A, you become Medicare-eligible. If you do not enroll in Medicare, you can still contribute to your HSA.

Once you are enrolled in Medicare, you can no longer contribute to your HSA bank account. At age 65, you can take penalty-free distributions from the HSA for any reason. Withdrawals made for purposes other than qualified health expenses will be subject to ordinary income taxes.

[Learn more about Medicare and your HSA here.](#)

BETHANY HSA CONTRIBUTIONS

Bethany will contribute up to \$1,040 to your HSA in 2026. This will be distributed over 26 payrolls.

Employees enrolled in the High Deductible Health Plan (HDHP) with single coverage will receive up to \$520 per year. Employees that cover one or more dependent on the HDHP will receive up to \$1,040 per year. You will see this as earnings and then as a deduction, with a net of \$0 to your paycheck. You must be an active employee on the last day of the pay period to be eligible for the employer HSA contribution.

For more information on Health Equity benefits: <https://www.healthequity.com/learn>

Your flexible spending accounts

FLEXIBLE SPENDING ACCOUNTS (FSA)

Your FSA is administered by HealthEquity. The account offers you a tremendous opportunity to save money by allowing you to pay for out-of-pocket health care and dependent care expenses with tax-free dollars.

YOU CAN:

Save up to \$3,400 for medical expenses with a Health Care FSA*

Save up to \$7,500 to pay for eligible child care costs with a Dependent Care Reimbursement Account (DCRA)*

If you don't use the money in your accounts by the end of the year, you will forfeit any unused monies. You must re-enroll each year during open enrollment to continue participation. Per IRS regulations, you may not contribute to an HSA and Health Care FSA at the same time.

*Minimum annual contribution of \$240.

FLEXIBLE SAVINGS ACCOUNT (FSA)

You can use the monies in your Health Care FSA for a wide range of medical, dental, and vision expenses. These expenses can be for you or anyone who is considered your dependent – even those not enrolled in your health insurance plan.

Expenses must be incurred during your period of coverage under the plan. Expenses are considered incurred when the health care services are provided, not necessarily when you are billed or pay for the services. You cannot be reimbursed for expenses incurred before the plan effective date, before your enrollment date, after you terminate from the plan, or for expenses incurred after the close of the plan year.

DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA)

The Dependent Care Reimbursement Account allows you to pay for out-of-pocket work-related dependent/child care costs on a pre-tax basis. You may participate in this plan regardless of your marital status; however, keep in mind that the plan is in place to allow you to pay for your dependent/child care expenses if you are gainfully employed.

For more information on Health Equity benefits: <https://www.healthequity.com/learn>

Your health—dental

Blue Dental members have unmatched access to PPO (in-network) dentists through the Blue Dental PPO network, which offers more than 535,000 locations nationwide.

Enrolling in dental insurance is optional.

With Blue Dental PPO, members can choose any licensed dentist anywhere. However, you will save the most money when you choose a dentist who is a member of the Blue Dental PPO network. To find a PPO dentist near you, please call (888) 826-8152 or visit mibluedentist.com.

Dental plan highlights

- No deductible for any covered services
- Annual maximum benefit of \$1,500 for Class I (preventative), Class II (basic), and Class III (major) services.
- Lifetime maximum benefit of \$1,750 for Class IV (orthodontia) services.

Download the BCBSM app for easy access to all your ID cards electronically.

BLUE CROSS VIRTUAL DENTAL CARE

Blue Cross Virtual Dental Care provides you with more options for urgent dental care and support until you can see your regular dentist. Virtual Dental Care is included with your Blue Dental plan and is available for you to use any time, 24/7, with your computer or mobile device.

Virtual Dental Care can help with:

1. Emergency dental situations when you need immediate dental clinical expertise
2. Accessing a dentist after hours or when your current dentist isn't available
3. Consulting a dentist without leaving home or while traveling

How to access Virtual Dental Care:

1. Through your Blue Cross member account or mibluedentist.com. Virtual Dental Care will appear below the search menu and in your search results.
2. Directly at teledentistry.com/blue-cross-blue-shield-michigan-virtual-dental-services or by calling (866) 788-9997.

Your benefits will be verified before your visit and you'll be responsible for any coinsurance.

Coverage type	Covered services	Coverage
Class I services	Exam, x-rays, cleaning, sealants, fluoride treatments	100%
Class II services	Filings, oral surgery, bite guard	75%
Class III services	Crowns, dentures, bridges	50%
Class IV services	Orthodontics	50%

Your health—vision

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation.

Enrolling in vision insurance is optional.

Remember to take your BCBSM vision card with you when you go to the eye doctor! Providers will need your Enrollee ID to find your coverage information. Download the BCBSM app for easy access to all your ID cards electronically. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call (800) 877-7195 or log on to the VSP website at vsp.com.

Member's responsibility (copays)		
Benefits	VSP network doctor	Non-VSP provider
Eye exam	\$10 copay	\$10 copay applies to charge
Prescription glasses (lenses and/or frames)	Combined \$25 copay	Member responsible for difference between approved amount and provider's charge, after \$25 copay
Medically necessary contact lenses Contact lens suitability examination (fitting and evaluation) Note: No copay is required for prescribed contact lenses that are not medically necessary.	\$25 copay Up to \$40 copay	Member responsible for difference between approved amount and provider's charge, after \$25 copay

Eye exam		
Benefits	VSP network doctor	Non-VSP provider
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	\$10 copay	Reimbursement up to \$50 less \$10 copay (member responsible for any difference)

Lenses and frames		
Benefits	VSP network doctor	Non-VSP provider
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary. • Photochromic lenses - Covered when rendered by a VSP network doctor. One pair of lenses, with or without frames, in any period of 12 consecutive months	\$25 copay (one copay applies to both lenses and frames)	Reimbursement up to approved amount based on lens type less \$25 copay (member responsible for any difference)
Standard frames Note: All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance. One frame in any period of 12 consecutive months	\$200 allowance that is applied toward frames (member responsible for any cost exceeding the allowance) less \$25 copay (one copay applies to both frames and lenses)	Reimbursement up to \$70 less \$25 copay (member responsible for any difference)

Contact Lenses		
Benefits	VSP network doctor	Non-VSP provider
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary) Contact lenses up to the allowance in any period of 12 consecutive months	\$25 copay	Reimbursement up to \$210 less \$25 copay (member responsible for any difference)
Contact lens suitability examination (fitting and evaluation) Elective contact lenses that improve vision (prescribed, but do not meet criteria of medically necessary) Contact lenses up to the allowance in any period of 12 consecutive months	Up to \$40 copay \$200 allowance that is applied toward contact lenses (member responsible for any cost exceeding the allowance)	\$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)

Taking care of you

Bethany Christian Services pays for Group Term Life Insurance, Accidental Death & Dismemberment Insurance, and Long Term Disability Insurance for you.

These insurances are to help you take care of you and your family in the event of an unexpected catastrophic event.

MetLife administers all three of the following

GROUP TERM LIFE INSURANCE

The amount your beneficiary will receive depends on your length of service.

- 0-4 years of service* = 1 times your salary, up to \$150,000
- 5-9 years of service* = 2 times your salary, up to \$150,000
- 10 or more years of service* = 3 times your salary, up to \$150,000

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

The amount your beneficiary will receive depends on your length of service. The dismemberment insurance pays a lump sum amount in the case you lose a limb, your hearing, your sight, or your life due to an accident.

- 0-4 years of service* = 1 times your salary, up to \$150,000
- 5-9 years of service* = 2 times your salary, up to \$150,000
- 10 or more years of service* = 3 times your salary, up to \$150,000
- Limb payout varies based on schedule

*Years of service must be consecutive years of full time status.

LONG TERM DISABILITY INSURANCE **(Eligible after one year of consecutive full time employment)**

If you have a serious illness or injury and are no longer able to work, Long Term Disability Insurance will pay you 60% of your monthly earnings up to a monthly maximum of \$9,000 for the remainder of your illness or inability to work or once you turn Social Security Normal Retirement age. You may apply for Long Term Disability after 90 days of illness or injury.

**REMEMBER
TO ADD AT LEAST
ONE BENEFICIARY
TO YOUR RECORD.**

Taking care of you continued

SupportLinc

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Curalinc is Bethany's EAP that helps you deal with life's challenges and the demands that come with balancing home and work.

This FREE valuable resource is offered to you and your immediate family members for assistance with a wide array of personal and work-related concerns.

THE BASICS:

Short-term counseling: Up to eight (8) in-person, teleconference or video counseling sessions with a licensed clinician to address issues such as depression, stress, relationship problems, grief, substance abuse, anxiety or other emotional health concerns for you and your benefit-eligible dependents.

- Free legal and financial consultation
- Dependent care referrals to child and elder care resources
- Interactive web-based engagement portal
- Provides support and resources for Teen Mental Health

(888) 881-LINC (5462)

24 Hours a Day, 365 Days a Year

www.supportlinc.com

Username: Bethany

PerkSpot

EMPLOYEE DISCOUNT PROGRAM

PerkSpot is a free, one-stop-shop for exclusive discounts at many national and local merchants. There are hundreds of deals available through this benefit including discounts on electronics, health & wellness, entertainment, travel and more.

To start saving, create your account at

<https://bethanycs.perkspot.com>.

Your choices

MetLife

SUPPLEMENTAL LIFE INSURANCE

You may purchase Supplemental Term Life Insurance for yourself, your spouse, and your eligible dependents. You pay the full premium for the coverage. You are eligible to enroll in coverage up to \$200,000 for yourself and \$25,000 for your spouse without providing proof of good health (Evidence of Insurability) when you are hired or become newly eligible.

To purchase Spouse or Child coverage, you must first purchase coverage for yourself.

THE BASICS:

Employee—increments of \$10,000 up to 5 times your salary, max \$500,000

Spouse—increments of \$5,000, up to 100% of what you elect for yourself

Children—increments of \$2,000, up to \$10,000

Your choices continued

MetLife

IDENTITY & FRAUD PROTECTION

MetLife and Aura Identity & Fraud Protection helps safeguard the things that matter to you most: your identity, money and assets, family, reputation, and privacy.

SERVICES AND SUPPORT

- \$5M Insurance Policy per Enrolled Adult
- Lost Wallet Protection with \$500 Emergency Cash
- 24/7/365 100% US-based Customer Care
- White Glove Fraud Resolution Services
- Restoration Services for Pre-Existing Fraud Events
- Mobile App (iOS & Android)
- Online Resolution Tracker

- Account owners can add up to 10 adults to their plan. There are no restrictions on adult family members —no matter where they live, their age, relationship, or whether they are financially dependent on the employee. Each adult member gets their own private, full-feature Aura account.
- Account owners may also add unlimited minors (under 18) to their plan if they have parental guardianship rights over the minor. The minor's alerts will be available for only the account owner to review.

Enrollment is available year-round

THE BASICS:

FINANCIAL FRAUD PROTECTION

- Credit Monitoring & Alerts (3 bureau)
- Annual Credit Report (3 bureau)
- Monthly Credit Score Tracker
- In-Platform Credit Dispute
- Credit, Bank & Utility Account Freeze Assistance
- Home & Vehicle Title Monitoring
- Financial Accounts and Transactions Monitoring
- Investment & Loan Account Monitoring
- High-Risk Transaction Alerts
- Payday/Specialty Loans Block

IDENTITY THEFT PROTECTION

- Privacy Assistant & Spam Reduction
- Dark Web Monitoring
- Digital Vault
- SSN & Identity Authentication Alerts
- Criminal, Court & Public Records Monitoring
- USPS Address Monitoring
- Social Media Account Monitoring and Takeover Alerts
- Gamertag Monitoring
- Social Media Privacy Checkup

PRIVACY & DEVICE PROTECTION

- Password Manager
- Email Alias
- Safe Web Browsing
- IP Address Monitoring
- Wi-Fi Security/VPN2 Antivirus2

FAMILY SAFETY INCLUDED

(with family coverage only)

- Parental Controls
- Child Cyberbullying Protection
- 3-Bureau Child Credit Freeze Wizard
- Child SSN Monitoring & Alerts
- Sex Offender Geo Alerts
- Family Sharing
- Child Safety Checklist

Your choices continued

MetLife

LEGAL PLAN WITH IDENTITY THEFT COVERAGE

The legal benefit includes the Identity & Fraud Protection listed on page 18.

The Legal Services is administered by MetLife Legal. This plan gives you access to the expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft, or caring for aging parents. You will also be provided comprehensive identity monitoring and protection services.

Enrollment available year-round

THE BASICS:

MONEY MATTERS	
<ul style="list-style-type: none"> • Debt Collection Defense • Identity Management Services • Identity Theft Defense • Negotiations with Creditors • Personal Bankruptcy 	<ul style="list-style-type: none"> • Promissory Notes • Tax Audit Representation • Tax Collection Defense • Triple Bureau Credit Monitoring
HOME & REAL ESTATE	
<ul style="list-style-type: none"> • Boundary or Title Disputes • Deeds • Eviction Defense • Foreclosure • Home Equity Loans • Mortgages 	<ul style="list-style-type: none"> • Property Tax Assessments • Refinancing of Home • Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applicants
FAMILY & PERSONAL	
<ul style="list-style-type: none"> • Adoption • Affidavits • Conservatorship • Personal Property Protection • Prenuptial Agreement • Immigration Assistance • Review of ANY personal legal document • Protection from Domestic Violence 	<ul style="list-style-type: none"> • Name Change • Parental Responsibility Matters • Demand Letters • Garnishment Defense • Guardianship • Juvenile Court Defense
ESTATE PLANNING	
<ul style="list-style-type: none"> • Codicils • Complex Wills • Healthcare Proxies • Living Wills 	<ul style="list-style-type: none"> • Powers of Attorney • Revocable & Irrevocable Trusts • Simple Wills
CIVIL LAWSUITS	
<ul style="list-style-type: none"> • Administrative Hearings • Civil Litigation Defense • Small Claims Assistance • Disputes over Consumer Goods & Services 	<ul style="list-style-type: none"> • Incompetency Defense • Pet Liabilities
ELDER-CARE LAWSUITS	
<ul style="list-style-type: none"> • Medicaid/ Medicare • Deeds • Leases • Consultation & Document Review for your Parents 	<ul style="list-style-type: none"> • Nursing Home Agreements • Prescription Plans • Wills
VEHICLE & DRIVING	
<ul style="list-style-type: none"> • Defense of Traffic Tickets • Driving Privileges Restoration 	<ul style="list-style-type: none"> • License Suspension Due to DUI • Repossession

Other services include credit report & monitoring, credit score summary, cyber monitoring, and \$1 million identity theft expense reimbursement.

Your choices continued

MetLife

ACCIDENT INSURANCE

Accident Insurance works to supplement your medical coverage by helping to offset costs (deductibles, copays, out-of-pocket expenses, and bills) from sudden accidental events that may or may not be covered under your medical plan. Accident Insurance provides a lump-sum payment to cover for medical services and treatments related to these unexpected events. It pays for more than 150 covered services and treatments such as broken limbs, surgeries, and ambulance rides.

THE BASICS:

Coverage for you and your eligible family members

Benefits are paid directly to you

Portable plan that continues even if you leave Bethany

Annual Health Screening Benefit of \$75

SUBMITTING A CLAIM

Submitting an accident, hospital indemnity, or critical illness claim doesn't have to be challenging. Below you'll find the information and tools you need to make the process as smooth as possible.

How to submit an accident, hospital indemnity, or critical illness insurance claim online

Submitting a claim is simple as 1, 2, 3:



1 Visit MyBenefits.MetLife.com or download the MetLife app to view your certificate of insurance and to initiate your claim* or call (866) 626-3705 to obtain a claim form.*



2 Answer some questions about your claim and upload your medical documentation to support your claim. The whole process takes just minutes!



3 Visit MyBenefits or MetLife Mobile app frequently to check claim status, letters, and benefit payments.

* For critical illness claims, a physician statement, which is available on MyBenefits, needs to be completed by your physician.

Your choices continued

MetLife

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance is coverage that helps ensure you and your family have the financial support to cover expenses of a serious illness that may or may not be covered by your medical plan. If you or a covered family member are diagnosed with a medical condition, this coverage provides you with a lump-sum payment to help you out.

Eligible Individual	Benefit Amount	Requirements
Coverage Options		
Employee	\$10,000 or \$20,000 or \$30,000	Coverage is guaranteed provided you are actively at work
Spouse	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and in the Certificate
Dependent Child(ren)	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate

As long as you or your loved one meets the policy and certificate requirements, the following medical conditions are covered:

- Cancer
- Heart Attack
- Stroke
- Coma
- Severe Burn
- Major Organ Transplant
- Coronary Artery Bypass Graft
- Kidney Failure
- Benign Brain Tumor
- Loss of: Ability to Speak; Hearing; or Sight
- Paralysis
- Sudden Cardiac Arrest
- 7 Childhood Diseases
- 10 Infectious Diseases
- 6 Progressive Diseases

THE BASICS:

No medical exams required for coverage

Benefits are paid directly to you

Portability allows you to continue coverage if your employment status changes

Benefits do not reduce as you get older

Recurrence Benefit included if medical condition reoccurs

Your choices continued

MetLife

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity Insurance is coverage to help offset hospitalization expenses that may or may not be covered under your medical plan. It will pay a flat amount upon your hospital admission and a daily amount paid from each day of your stay (confined to the hospital). It also provides payment for any stay in the Intensive Care Unit (ICU) or inpatient rehab for accidents, as well as payments for receiving other services too.

Hospital Benefits				
Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low plan	High plan
Admission Benefit	1 time(s) per calendar year	Admission	\$500	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$500	\$1,000
Confinement Benefit	15 days per calendar year (ICU Supplemental Confinement will pay an additional benefit for 15 of those days)	Confinement	\$100	\$100
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100	\$200
Newborn Confinement Benefit	2 day(s) per confinement	Newborn Confinement	\$25	\$50
Other Benefits				
Health Screening Benefit	1 time per calendar year per covered person	Health Screening	\$50	\$50

THE BASICS:

- No medical exams required for coverage
- No waiting periods – coverage begins right away
- Benefits are paid directly to you
- Portability allows you to continue coverage if your employment status changes
- Annual Health Screening Benefit of \$50

Your choices continued

Nationwide PET INSURANCE

Pet Insurance is administered by Nationwide. Bethany offers My Pet Protection at a discounted rate. Pet insurance helps you cover veterinary expenses so you can provide your pet(s) with the best care possible—without worrying about the cost. You can enroll more than one pet under your plan.

***Enrollment available year-round**

THE BASICS:

My Pet Protection allows you to use any vet, anywhere! It is available in two reimbursement options (50% and 70%) with an optional \$500 wellness benefit so you can find coverage that fits your budget. Base plans have a \$250 annual deductible and \$7,500 annual benefit. The plan covers dogs, cats, birds, rabbits, reptiles, and many others.

COVERAGE MAY INCLUDE:

- Accidents
- Illnesses
- Hereditary and congenial conditions
- Cancer
- Behavioral treatments
- Rx therapeutic diets and supplements
- Wellness and more
- 24/7 access to veterinary experts via phone, chat and email
- Lost pet advertising and reward expense*
- Emergency boarding*
- Loss due to theft*
- Mortality benefit*

*These additional benefits are available for cats and dogs.

Your choices continued

MetLife

SAVI STUDENT LOAN ASSISTANCE PROGRAM

MetLife and Savi's digital student loan assistance platform checks for savings and automates enrollment in state and federal student loan forgiveness benefits and programs. Borrowers save time, money and headache!

THE BASICS:

TIER 1 – DIY

- Personalized repayment calculator
- Forgiveness eligibility detection
- Basic federal enrollment guide
- Student loan dashboard
- Live educational workshops

TIER 2 – ESSENTIAL

*\$70 annually. All DIY features, plus

- Digital application with Savi e-file enrollment
- Maximize forgiveness credits
- Personalized support from Savi student loan experts
- Ongoing plan monitoring and management
- Annual enrollment reminders and policy update

TIER 3 - PRO

*\$180 annually. All Essential features, plus

- Personalized onboarding session
- Dedicated Savi phone support
- Comprehensive student loan review

Visit <https://bethany.bysavi.com/metlife> to get started

Your share

Bethany Christian Services is committed to offering you affordable benefits. Here's what you'll pay from each paycheck.

MEDICAL (including medical & prescription drug coverage)

High Deductible Plan	EMPLOYEE COST	EMPLOYER COST
Employee	\$24.90	\$329.10
Employee + Child(ren)	\$49.85	\$657.69
Employee + Spouse	\$61.85	\$822.46
Family	\$72.00	\$954.00

Traditional Plan	EMPLOYEE COST	EMPLOYER COST
Employee	\$102.00	\$305.54
Employee + Child(ren)	\$204.00	\$610.62
Employee + Spouse	\$254.75	\$763.40
Family	\$295.40	\$885.68

VISION

Employee	\$4.40
Two-Person	\$8.75
Family	\$14.40

DENTAL ONLY

	EMPLOYEE COST	EMPLOYER COST
Employee	\$7.60	\$7.63
Two-Person	\$15.20	\$15.26
Family	\$26.55	\$26.52

HOSPITAL INDEMNITY INSURANCE

Coverage options	Low Plan	High Plan
Employee	\$6.15	\$11.26
Employee & Child(ren)	\$9.51	\$16.67
Employee & Spouse	\$10.03	\$18.17
Employee & Family	\$13.03	\$23.58

ACCIDENT INSURANCE

Employee	\$4.87
Employee & Child(ren)	\$10.14
Employee & Spouse	\$9.93
Employee & Family	\$12.68

LEGAL PLAN WITH IDENTITY THEFT COVERAGE

Employee or Family	\$8.66
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IDENTITY THEFT COVERAGE

Employee	\$3.78
Family	\$6.21

Supplemental Life Insurance (self, spouse, child)

Share varies based on your age and coverage level

Critical Illness Insurance

Share varies based on your age and coverage level

Pet Insurance

Share varies based on reimbursement amount, type of insured pet(s) and zip code

Your future

BETHANY CHRISTIAN SERVICES 403(B) RETIREMENT PLAN:

Bethany Christian Services is passionate about your financial wellness and helping you save for your financial future!

The retirement plan has a very generous matching contribution with access to personalized financial advice to help you achieve your financial goals.

ENROLLMENT IN THE RETIREMENT PLAN

New employees are automatically enrolled at a 2% contribution rate, which is increased each year by 1% on March 1st until an 8% employee contribution is reached. You can make changes to your contribution rate at anytime. If you make a change the automatic increases will stop unless you indicate otherwise.

EMPLOYER MATCH

Bethany provides a 100% match of your contributions based on your years of service.

4% MATCH AFTER 2 YEARS	6% MATCH AFTER 5 YEARS	8% MATCH AFTER 10 YEARS
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ROTH CONTRIBUTIONS

You have the ability to make after-tax ROTH contributions to the retirement plan.

ACCESS YOUR ACCOUNT

www.empowermyretirement.com

Be sure to go online to add a beneficiary to your account!

Online access is the easiest way to see if you are saving enough for retirement, change your contribution rates, or update your investment strategy.

First time users must register account for access.

FINANCIAL ADVICE

As part of your benefits at Bethany Christian Services, you have access to meet with a financial advisor one-on-one at no cost. These sessions can be held in person, over the phone, or virtually.

To schedule a meeting email blueway@Raymondjames.com or call (844) 542-1831.

WANT MORE INFORMATION?

Visit the website specifically designed for the Bethany Christian Services retirement savings plan. Go to **www.bluewayfinancial.com/bethany**

Your wellness

Bethany Balance

SUPPORT FOR YOUR WELLNESS JOURNEY

Driven by Bethany's core values, the Bethany Balance program provides tools and resources to help employees in their wellness journey. We're dedicated to fostering a culture of health in the workplace, and we believe Bethany Balance will help YOU flourish.

The program is based on five pillars that, when balanced together, can lead you toward a greater sense of health, well-being, and wholeness.

SPIRIT

We are motivated by our faith.

Keeping Christ at the center of our work.

VOCATIONAL

We pursue excellence.

Gaining personal satisfaction and enrichment from work.



BODY/MIND

We support one another.

Taking care of ourselves physically and mentally.

FINANCES

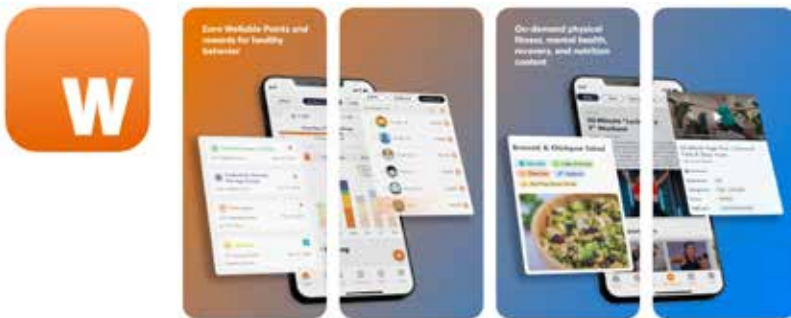
We are in it for the long haul.

We steward our human and financial resources.

RELATIONSHIPS

We champion justice.

Growing personal and professional relationships through Christ.



WELLNESS WITH WELLABLE

Bethany Balance leverages the Wellable digital platform to make wellness accessible. Wellable provides live interactive educational events, activities, on-demand exercise classes, and webinars to support your wellbeing goals. Employees can participate in quarterly company-wide wellness challenges centered around the Bethany Balance pillars to engage in friendly competition and win exciting prizes.

Visit the [Wellness SharePoint site](#) to keep up to date on all wellness challenges, initiatives and learning opportunities

Your paid time off

We want you to have time to take care of you!

Bethany Christian Services provides you with paid time off. We have three available time off plans for eligible employees: PTO Your Way, Sick Time, and Paid Absence. Please refer to the Employee Handbook for more information on available paid time off plans.

PTO YOUR WAY

We believe our mission to protect, empower, and strengthen others extends to our staff. That's why we offer the freedom of PTO Your Way. Instead of a traditional vacation policy that establishes a set number of paid days off, employees can request time off to rest and recover from work as needed without worrying about an accrual balance. This benefit is for planned time off only and available to use when you need it, provided your supervisor approves and coverage is available to prevent disruption in business. Employees working 30 or more hours per week are eligible for this benefit. Temporary employees are not eligible for this benefit.

SICK TIME (ST)

Sick Time (ST) hours will accrue .03846 hours for each hour paid up to the maximum of 80 hours annually. The accrual will carry over each year and is accrued on all paid hours except overtime to a cap of 80 hours. All employees, including temporary employees, are eligible for this benefit.

PAID ABSENCE TIME (PA)

Paid Absence (PA) time is available for employees while on an approved medical leave of absence. This time accrues on all paid hours up to a maximum of 160 hours annually. The accrual will carry over each year and is accrued on all paid hours except overtime to a cap of 536 hours. Employees working 30 or more hours per week are eligible for this benefit. Temporary employees are not eligible for this benefit.

PARENTAL LEAVE

To assist and support new parents balancing work and family matters, Bethany provides eligible employees with up to eight weeks of paid time when absent due to activities related to the care and well-being of their newborn or adopted child. Employees working 30 or more hours per week are eligible for this benefit. Temporary employees are not eligible for this benefit.

For more information, check out the [Employee Handbook](#).

Your paid time off continued

PAID HOLIDAYS

Eligible Bethany employees will be paid for up to 11 holidays per year.

Standard employees:

Holiday pay is based on your scheduled weekly hours as follows:

- 40 hours: 8 holiday hours
- 35-39 hours: 7.5 holiday hours
- 30-34 hours: 6.5 holiday hours
- 25-29 hours: 5.5 holiday hours
- 20-29 hours: 4.5 holiday hours

Residential Services employees:

Holiday pay is based on your scheduled weekly hours as follows:

- 40 hours: 8 holiday hours
- 20-39 hours: compensated at double time for hours worked on the holidays for Residential Services employees. No holiday pay is provided if the holiday is not worked.

2026 HOLIDAY SCHEDULE		
Holiday	Bethany "Standard"	Residential Services Employees
New Year's Day	January 1	January 1
Martin Luther King Day	January 19	January 19
Good Friday	April 3	April 3
Easter Sunday	X	April 5
Memorial Day	May 25	May 25
Juneteenth	June 19	June 19
Independence Day	July 3	July 4
Labor Day	September 7	September 7
Thanksgiving Day	November 26	November 26
Day after Thanksgiving	November 27	X
Christmas Eve Day	December 24	December 24
Christmas Day	December 25	December 25

X - Not an Eligible Holiday

Your questions

PLAN	COMPANY	PHONE NUMBER / WEBSITE
General Information	Bethany Human Resources Team	benefits@bethany.org
Medical/Pharmacy	Blue Cross Blue Shield of Michigan	(877) 671.2583 www.bcbsm.com
Dental	Blue Cross Blue Shield of Michigan	(888) 826-8152 www.bcbsm.com
Vision	VSP through Blue Cross Blue Shield of Michigan	(800) 877-7195 www.vsp.com
Life AD&D and Supplemental Life	MetLife	(800) 275.4638 www.metlife.com/mybenefits
Long Term Disability	MetLife	(800) 275-4638 www.metlife.com/mybenefits
Accident, Critical Illness, and Hospital Indemnity	MetLife	(800) 438-6388 www.metlife.com/mybenefits
Legal Plan	MetLife	(800) 821-6400 www.legalplans.com
Identity Theft Plan	MetLife	(844) 931-2872
Health Savings Account (HSA)	HealthEquity	(866) 346-5800 www.bcbsm.com or www.healthequity.com
Flexible Spending Accounts (FSA & DCRA)	HealthEquity	(866) 346-5800 www.healthequity.com
Retirement—403b Account	Empower	(866) 467-7756 www.empowermyretirement.com
Retirement—Financial Advisor	Blueway Financial Partners Group of Raymond James	(844) 542-1831 blueway@raymondjames.com
Personal Insurance Agency (option for home & auto insurance)	Buiten & Associates, LLC	(800) 530-9221 www.buiteninsurance.com
Pet Insurance	Nationwide	(877) 738-7874 www.petbenefitsportal.com
Employee Assistance Program	SupportLinc	(888) 881-5462 www.supportlinc.com Username: Bethany
Employee Discount Program	PerkSpot	bethanycs.perkspot.com
Employee Wellness Program	Wellable	support@wellable.co

Important notices

Important Notice from Bethany Christian Services About Your Prescription Drug Coverage and Medicare, Creditable Coverage, Blue Cross Blue Shield of Michigan Plans

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

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

2) Bethany Christian Services has determined that the prescription drug coverage offered by the Blue Cross Blue Shield of Michigan High Deductible Plan and Traditional Plan are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current coverage will not be affected. You can keep this coverage if you elect part D, and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back at the next annual enrollment opportunity or qualified life event.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with this plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Or contact the person listed below.

NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Bethany Christian Services changes. You also may request a copy of this notice at any time.

Effective Date: 01/1/2026

Employer Name: Bethany Christian Services

Contact Name: Stacey Maurer
Title: Benefits Manager

Address: 901 Eastern Avenue NE
Grand Rapids, MI 49503

Phone: (616) 224-7453

Email: smaurer@bethany.org

Important notices

NOTICE OF SPECIAL ENROLLMENT RIGHTS

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

LOSS OF OTHER COVERAGE

If you are declining coverage 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).

MARRIAGE, BIRTH OR ADOPTION

If you have a new dependent as a result of a 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, or placement for adoption.

MEDICAID OR CHIP

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

To request special enrollment or obtain more information, please contact the plan administrator (see cover page for contact information).

NEWBORNS AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the

mother of her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member, or an embryo lawfully held by a member receiving assistive reproductive services.

MENTAL HEALTH PARITY & ADDICTION ACT

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (see cover page for contact information).

Important notices continued

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those established for other benefits under the plan. If you would like more information on WHCRA benefits, contact your plan administrator (see cover page for contact information).

MICHELLE'S LAW

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, contact your plan administrator (see cover page for contact information).

UNIFORMED SERVICES EMPLOYMENT AND RE-EMPLOYMENT RIGHTS ACT OF 1994 (USERRA)

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long-Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site:

<https://www.dol.gov/agencies/vets/programs/userra>

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site: <http://www.dol.gov/vets>

An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>



NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

FORM APPROVED OMB NO. 1210-0149

PART A:

GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace (“Marketplace”). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options in your geographic area.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn’t meet certain minimum value standards (discussed below). The savings that you’re eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee’s cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee’s household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

WHEN CAN I ENROLL IN HEALTH INSURANCE COVERAGE THROUGH THE MARKETPLACE?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you’ve had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. **The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

WHAT ABOUT ALTERNATIVES TO MARKETPLACE HEALTH INSURANCE COVERAGE?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Stacey Maurer at 616-224-7453 or smaurer@bethany.org.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area

PART B:

INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Bethany Christian Services		4. Employer Identification Number (EIN) 38-1405282	
5. Employer address 901 Eastern Avenue NE		6. Employer phone number (616) 224-7453	
7. City Grand Rapids	8. State MI	9. Zip Code 49503	
10. Who can we contact about health coverage at this job? Stacey Maurer			
11. Phone number (if different from above)		12. Email address smaurer@bethany.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are:
 - Some employees. Eligible employees are full-time, working 30 hours/week or more (60 hours bi-weekly)
- With respect to dependents:
 - We do offer coverage. Eligible dependents are: your legal spouse, and your natural, step or adopted children until the end of the year in which they reach age 26
 - We do not offer coverage.
 - If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends this coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

EFFECTIVE DATE: 1/1/2026

Privacy Officer: Stacey Maurer
Title: Benefits Manager
Email: smaurer@bethany.org
Phone: (616) 224-7453

YOUR RIGHTS

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases we never share your information unless you give us written permission:
- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- *Example: We use health information about you to develop better services for you.*

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
- *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*
- How else can we use or share your health information?

- We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/ind ex.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noti cepp.html.

Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: <http://myalhipp.com>
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid
Website: <http://myarhipp.com>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322 Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website:
www.healthfirstcolorado.com
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program:
(HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

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

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

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

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: <https://hhs.iowa.gov/medicaid>
Medicaid Phone: 1-800-338-8366
Hawki Website:
<https://hhs.iowa.gov/medicaid/plans-programs/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website:
<https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program>
HIPP Phone: 1-888-346-9562

KANSAS – MedicaidWebsite: www.kancare.ks.gov

Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.govKCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>**LOUISIANA** – MedicaidWebsite: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline)

or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website:

<https://www.mymaineconnection.gov/benefits/>

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage:

www.maine.gov/dhhs/ofi/applications-forms

Phone: 1-800-977-6740

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website:

<https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840 TTY: 711

Email: masspremassistance@accenture.com**MINNESOTA** – MedicaidWebsite: <https://mn.gov/dhs/health-care-coverage/>

Phone: 1-800-657-3672

MISSOURI – MedicaidWebsite: www.dss.mo.gov/mhd/participants/pages/hipp.htm

Phone: 573-751-2005

MONTANA – MedicaidWebsite: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPPProgram@mt.gov**NEBRASKA** – MedicaidWebsite: www.ACCESSNebraska.ne.gov

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – MedicaidMedicaid Website: <http://dhcnp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – MedicaidWebsite: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program:

1-800-852-3345, ext 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov**NEW JERSEY** – Medicaid and CHIPMedicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid/

Phone: 1-800-356-1561

CHIP Premium Assistance Phone: 609-631-2392

CHIP Website: www.njfamilycare.org/index.html

CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – MedicaidWebsite: www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – MedicaidWebsite: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – MedicaidWebsite: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIPWebsite: www.insureoklahoma.org

Phone: 1-888-365-3742

OREGON – MedicaidWebsite: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

PENNSYLVANIA – MedicaidWebsite: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>

Phone: 1-800-692-7462

CHIP Website: Children's Health Insurance Program (CHIP)(pa.gov) CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIPWebsite: www.eohhs.ri.gov/

Phone: 1-855-697-4347, or

401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – MedicaidWebsite: www.scdhhs.gov

Phone: 1-888-549-0820

SOUTH DAKOTA - MedicaidWebsite: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
 Phone: 1-800-440-0493

UTAH – Utah’s Premium Partnership for Health Insurance (Upp)

Website: <https://medicaid.utah.gov/upp/>
 Email: upp@utah.gov Phone: 1-888-222-2542
 Adult Expansion Website:
<https://medicaid.utah.gov/expansion/>
 Utah Medicaid Buyout Program: <https://medicaid.utah.gov/buyout-program/> CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
 Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
 Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: www.hca.wa.gov/
 Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhr.wv.gov/bms/> <http://mywvhipp.com/>
 Medicaid Phone: 304-558-1700
 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

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

WYOMING – Medicaid

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

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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