



NEW HIRE BENEFITS ENROLLMENT GUIDE



2023

New Hire Benefits Enrollment

Now is the time to focus on you.

Your physical, emotional, and financial health are important, especially during challenging times. That's why ChenMed offers a comprehensive benefits package in a vast array of plans that contribute to the present and future well-being of our employees and their families. To help promote "healthy choices," ChenMed offers premium discounts for the Medical/Rx plan for eligible employees and their eligible dependents who complete various wellness activities.

We understand how important it is to have resources to help make the best decisions for you and your family. Review your options presented in this benefits guide, compare plans, and choose what works best for you. Being an informed consumer regarding your employee benefits is important now more than ever.

Benefits become effective on your 31st day of employment, and you must enroll within 30 days following your date of hire.

Need Help Choosing a Plan?

Spend a few minutes with ALEX, your online support tool, for recommendations on the benefits that are right for you and your family.

Visit www.myalex.com/chenmed/2023.



Take Action!

All new hires must complete the enrollment process to elect or waive benefits for the 2023 plan year. You must actively enroll within 30 days of your date of hire or you WILL NOT have ChenMed benefits in 2023. You can complete your enrollment with the help of a Benefits Counselor or online.

Table of Contents

Benefits Overview	3
Eligibility	3
Enrollment	3
Medical and Prescription Plans	4-6
Wellness Credit	5
MotivateME Wellness Rewards	7
Critical Illness Insurance	8
Accident Insurance	9
Hospital Indemnity	10
Health Savings Account	11
Dental	12
Vision	13
Flexible Spending Accounts	14
Life and AD&D	15
Supplemental Life and AD&D	15
Short-Term Disability	16
Long-Term Disability	17
ChenMed 401(k) Plan	18
ChenMed Perks at Work	19
Legal Assistance	20
Back Up Child Care	21
Additional Benefits	22
Contributions	23



Benefits Overview

ChenMed offers a full range of coverage that protects you financially and helps you build a secure future.

HEALTH & WELL-BEING

- Medical and Prescription Plans
- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Health Savings Account
- Dental Insurance
- Vision Insurance
- Flexible Spending Accounts
- Wellness Program

INCOME SECURITY

- Basic Life and AD&D Insurance
- Optional Life and AD&D
- Short-Term Disability
- Long-Term Disability

RETIREMENT & LIFESTYLE

- 401(k) Retirement Savings Plan
- Legal Assistance
- Back-up Child Care
- Employee Assistance Program
- Perks at Work

Eligibility

Employees:

Regular full-time employees working at least thirty (30) hours per week are eligible.

Dependents:

- Your legal spouse who is not eligible for medical insurance outside of ChenMed. **If your spouse is eligible to participate in an employer-sponsored medical plan through their employer, they are ineligible to participate in the ChenMed Medical Insurance Plan.**
- Your children under the age of 26, regardless of student status for medical, dental and vision coverage, including married dependents, but not their spouse and/or children.
- Your unmarried, dependent children who become mentally or physically incapable of earning a living, before age 26 (medical certification required) for medical, dental and vision coverage.

Proof of Eligibility:

If you are enrolling an eligible spouse during enrollment, proof such as, but not limited to, a certificate of marriage is required.

If you are enrolling an eligible dependent child during enrollment, proof is required. Examples of proof of dependency include but are not limited to: birth certificate, adoption, foster or legal medical support order indicating the participating employee as the parent. To submit proof of dependency in Workday go to Personal Information > View > Worker Documents.

Enrollment

We offer two different ways to enroll to give you the level of support that is best for you. In addition to online enrollment in Workday, you have access to certified Benefits Counselors who can help you navigate the enrollment system, answer your questions, and help with your benefit selections. You will be able to schedule an appointment to meet with a counselor virtually. For detailed enrollment instructions, review the enclosed How to Enroll insert.

Visit www.benefitsgo.com/chenmed or scan here for additional benefit information, including plan documents. Get support from ALEX at www.myalex.com/chenmed/2023.



Medical Insurance

Health care needs are different for everyone. ChenMed provides multiple options so you can choose the coverage level best-suited to your needs and budget.

We offer three medical plans through Cigna that provide comprehensive health care benefits.

HSA CHOICE PLAN HSA PREMIUM PLAN TRADITIONAL PLAN

All three plans are administered by Cigna and give you access to the same network of high quality medical providers. The difference is that each plan carries different premium and out-of-pocket costs. With the HSA Choice and HSA Premium plans, you are eligible to open a Health Savings Account.



Did You Know?

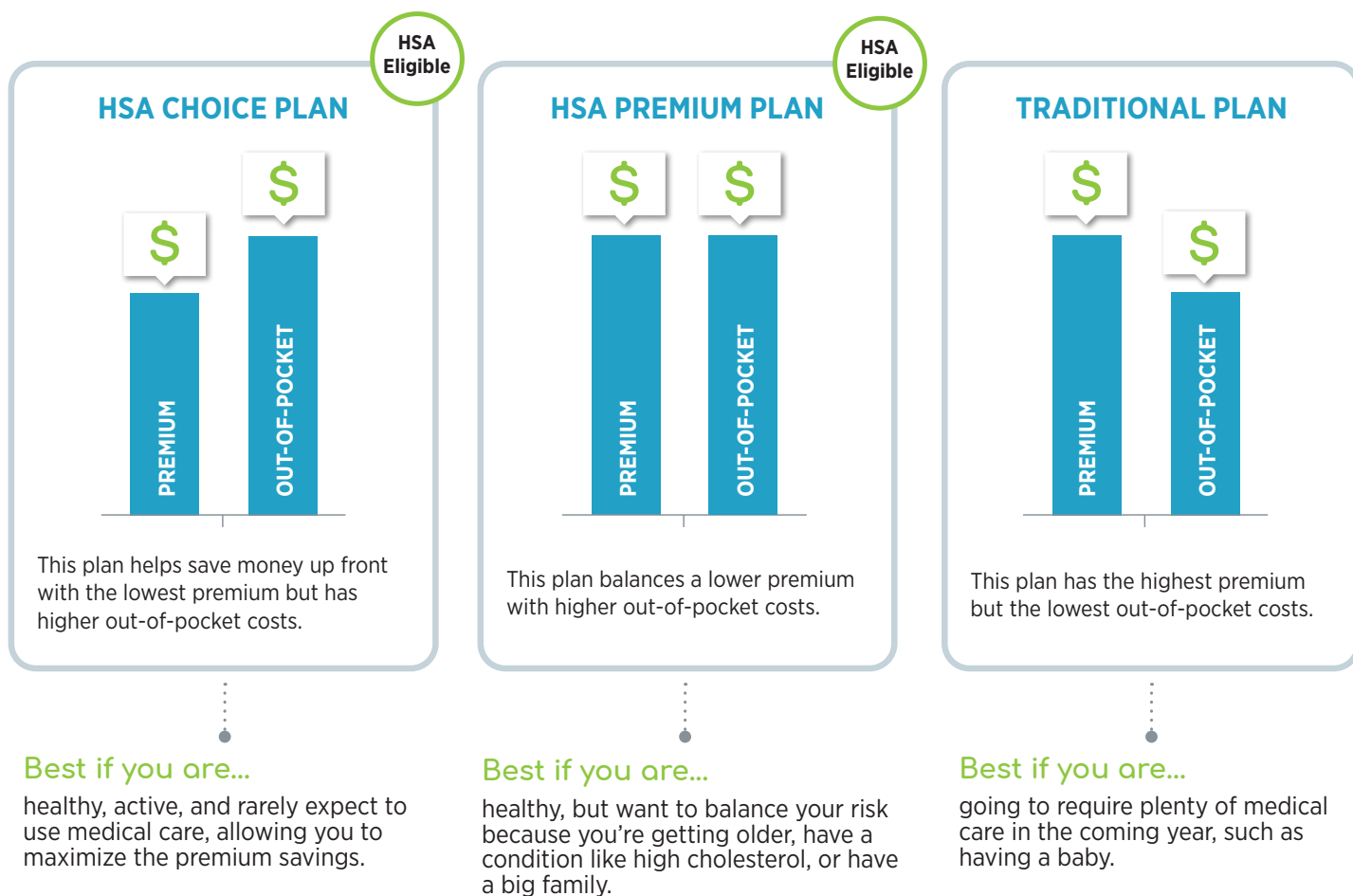
Medical debt currently affects **1 in 4** individuals.

Make sure you choose the correct health plan.

National Patient Advocate Foundation 2021

What's the Right Plan for You?

Balance your premium cost with what you expect to spend for medical services. If you're healthy and don't expect to have many doctor visits, you can greatly reduce your upfront cost by choosing a lower premium plan. If you require a lot of care and need to limit out-of-pocket expenses, the higher premium plan might make sense.



Ask Alex

For additional support selecting the plan that is right for you and your family, visit www.myalex.com/chenmed/2023 and give the ALEX tool a try.

What's Your Best Fit?

Here's a look at how one family found the plan that is the best fit for them.



SUTTON FAMILY

Typical family with some risk



Ages: Cyrus, 48; Emily, 44; Devin, 6; and Bettina, 12

Lifestyle: Devin and Bettina both play soccer; Bettina is an avid skateboarder

Medical Status: Cyrus has high blood pressure and high cholesterol; Emily is a breast cancer survivor

Financial Risk Factors: Heart and cardiovascular disease; injury risk from sport activities (skateboarding is a very high risk activity)

BEST FIT*: A plan with lower out-of-pocket costs makes sense because of Cyrus's risk factors and the chances of injury for the kids. Cyrus can also reduce the financial risk with Critical Illness and Accident Coverage.

**This is an example only. Your experience may differ based on your/your family's personal situation.*

Wellness Credit

Employees enrolled in one of the ChenMed medical plans must complete both activities below in order to receive the wellness credit towards the cost of their medical coverage. Your spouse does not need to complete the HRA or the Attestation to receive the credit. There is no cost to participate, and your personal health information is completely confidential.

- **Cigna Health Risk Assessment (HRA)**

After your enrollment is processed by Cigna you can access the HRA online via the Cigna website, mycigna.com. The HRA is a compilation of questions regarding medical history and lifestyle habits, such as food choices, activity, tobacco use and readiness to change. It provides members with a comprehensive report on how their health compares to national standards and suggested areas where change would be beneficial.

- **ChenMed Wellness Attestation**

Employees and their enrolled spouses who apply for the wellness credit must not use tobacco and comply with the safety items stated in the Wellness Attestation. The attestation can be completed in Workday.

The wellness credit will automatically be applied for the first month your coverage is effective. You must complete both items by the last Tuesday of the month in which you become effective in order for the credit to remain in place. For example, your coverage effective date is January 1. If you do not complete both items by January 31, your credit will be ended and will not be reinstated retroactively once both items are confirmed complete. Once you complete both items, a payroll credit of \$58.00 for you and \$58.00 for your eligible spouse (if enrolled) will be applied to your premium payments.

REMINDER: If your spouse is eligible to participate in an employer sponsored health plan through their employer, then they are not eligible to participate in the ChenMed health plan.

2023 Medical Plan Summary

	HSA CHOICE PLAN		HSA PREMIUM PLAN		TRADITIONAL PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$2,800/\$5,600	N/A	\$2,200/\$4,400	\$3,250/\$6,500	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Pocket Maximum (Individual/Family)	\$6,500/\$13,000	N/A	\$5,000/\$10,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance	75%/25%	N/A	90%/10%	60%/40%	90%/10%	60%/40%
Company HSA Contribution	\$500		\$500		N/A	
Preventive Care	Covered at 100%					
Primary Care Physician	Deductible + 25%	N/A	Deductible + 10%	Deductible + 40%	\$25 copay	Deductible + 40%
Specialist	Deductible + 25%	N/A	Deductible + 10%	Deductible + 40%	\$50 copay	Deductible + 40%
Diagnostic Test (X-ray, CAT Scan, MRI, etc.)	Deductible + 25%	N/A	Deductible + 10%	Deductible + 40%	Deductible + 10%	Deductible + 40%
Inpatient/Outpatient Hospital	Deductible + 25%	N/A	Deductible + 10%	Deductible + 40%	Deductible + 10%	Deductible + 40%
Outpatient Surgery	Deductible + 25%	N/A	Deductible + 10%	Deductible + 40%	Deductible + 10%	Deductible + 40%
Urgent Care	Deductible + 25%	N/A	Deductible + 10%	Deductible + 40%	\$50 copay	Deductible + 40%
Emergency Services	Deductible + 25%	N/A	Deductible + 10%	Deductible + 40%	Deductible + 10%	Deductible + 40%

Please note, under the No Surprises Act, in-network cost sharing applies for a limited set of out-of-network services, such as emergency services and out-of-network providers in in-network facilities. Cigna, whose contact information is at the end of this Enrollment Guide, can provide further information on No Surprises Act protections.

PRESCRIPTION DRUG BENEFITS

Retail (30-day supply)	Deductible + 25%	N/A	Deductible + 10%	Deductible + 40%	Generic: \$10 copay Name Brand: \$30 copay Non-Formulary: \$50 copay	Deductible + 40%
Mail Order (90-day supply)	Deductible + 25%	N/A	Deductible + 10%	Deductible + 40%	2x copay	Deductible + 40%

Remember: Getting care from an in-network medical provider always saves you money.

How Your Medical Plan Works



MotivateME Wellness Rewards

Earn up to \$500 during the calendar year for completing Wellness Activities. ChenMed provides multiple options to choose from.

Note: Members who have earned points but become ineligible for the program due to no longer meeting required activities will not be able to earn additional points. Only points earned up to the time of disqualification will be eligible for reward. Participation in the ChenMed myWell-Being Program is voluntary.

ACTIVITY	MAXIMUM REWARD	EARNING FREQUENCY
Achieve a healthy Body Mass Index of less than 30 or improve weight by 5%	\$150	1 per program year
Achieve a healthy blood pressure of 139/89 or less, or improve to a healthy level	\$100	1 per program year
Achieve a healthy cholesterol ratio of < = 4.4 (women), < = 5 (men)	\$100	1 per program year
Achieve a Fasting Blood Sugar level less than 100 mg/dl OR Non-Fasting Blood Sugar level less 140 mg/dl	\$100	1 per program year
Work Towards a Healthier Weight	\$50	1 per program year
Quit Tobacco – One Month Program	\$50	1 per program year
Quit Tobacco – Three Month Program	\$100	1 per program year
Complete annual Physical	\$150	1 per program year
Flu Shot	\$50	1 per program year
Preventive Care Screening Eligible Screenings: Colorectal Cancer Screening Prostate Cancer Screening Mammogram Cervical Cancer Screening Annual OB/GYN Exam	\$150	1 each per program year
Maternity Support: Speak with a maternity nurse starting in your first trimester and after your baby is born Speak with a maternity nurse starting in your second trimester and after your baby is born	\$300 \$100	1 per program year

Voluntary Benefits

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Voluntary benefits can help cover this out-of-pocket financial exposure for a reasonable cost.

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance. ChenMed offers Critical Illness Insurance, Accident Insurance, and Hospital Indemnity Insurance.*



Did You Know?

Americans spend an average of **\$5,000** a year on out-of-pocket health care costs.

Bureau of Labor Statistics Consumer Expenditures Survey 2020

Critical Illness Insurance

You can protect yourself from the unexpected costs of a serious illness.

Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

Covered Illnesses include:

- Heart Attack
- Stroke
- Cancer
- Major Organ Transplant
- End Stage Renal (Kidney) Failure
- Coronary Artery Bypass Surgery**

Plan Features



Employee-Paid Coverage Options: You may choose a benefit amount of \$5,000, \$10,000, \$15,000, \$20,000, \$25,000, or \$30,000. Spouse and children will be offered 50% of the employee's issued benefit amount.



Guaranteed Acceptance: There are no health questions or physical exams required.



Portable Coverage: You can take your policy with you if you change jobs or retire.



Wellness Benefit

The plan provides a \$75 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, or receive an FDA-approved COVID-19 immunization.

How Critical Illness Insurance Works

When Marco had a heart attack, he was grateful his doctors were able to stabilize his condition. He learned there was some permanent damage to his heart. He began to see his costs adding up quickly. The good news is Marco received a lump sum payment of \$10,000 to help cover these expenses from the Critical Illness coverage he elected during Benefits Annual Open Enrollment.

* The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits.

**The coverage pays 25% of the face amount of the policy once per lifetime for coronary bypass surgery.

Accident Insurance

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

Accident Insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation

Plan Features

- ✓ **Guaranteed Acceptance:** There are no health questions or physical exams required.
- 👨👩👧 **Family Coverage:** You can elect to cover your spouse and children.
- 🕒 **24/7 Coverage:** Benefits are paid for accidents that happen on and off the job.
- ➔ **Portable Coverage:** You can take your policy with you if you change jobs or retire.



Health Screening Benefit

The plan provides a \$75 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, or receive an FDA-approved COVID-19 immunization.



How Accident Insurance Works

Sam trips playing basketball. He breaks his arm and chips a tooth which require a trip to the emergency room, physician follow-up visits, and physical therapy.

Fortunately, Sam has Accident Insurance which helps cover his out-of-pocket medical costs, including his deductible and coinsurance.

How Sam's Accident Benefit Was Calculated:

Medical Service	Sample Benefit
Emergency Room	\$ 300
Fracture Benefit	\$ 500
Broken Tooth Benefit	\$ 400
Physician Follow-Up Visits (2)	\$ 200 (\$100 per visit)
Physical Therapy Visits (6)	\$ 540 (\$90 per visit)
TOTAL SAMPLE BENEFIT	\$1,940

This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic for the purposes of this example to show how the benefit total of an Accident Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.




Hospital Indemnity Insurance

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital Indemnity Insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or Inpatient Rehabilitation.

Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse and children.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.

Benefits Available

Hospital Admission: \$1,000 per day, limited to one day

Hospital Stay: \$200, up to 30 days per confinement, once per 90 days

Initial Confinement: Additional payment of 5x the daily benefit amount after confinement in a hospital, critical care unit, and/or rehabilitation facility. This benefit is limited to a maximum of four Initial Confinement Benefits per calendar year for all covered persons, but no more than one for each covered person.

ICU Confinement: \$400 per day, up to 30 days per confinement, once per 90 days



Health Screening Benefit

The plan provides a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, or receive an FDA-approved COVID-19 immunization.

How Hospital Indemnity Insurance Works



Carl is injured in a car accident and is in the hospital for four days. He is then moved to a rehabilitation unit for three additional days. Carl has Hospital Indemnity Insurance. He receives a benefit for being admitted into the hospital and a benefit for each day of his in-patient and rehab stays.



How Carl's Hospital Indemnity Benefit Was Calculated:

Medical Service	Sample Benefit	Total
Hospital Admission	\$1,000 per admission	\$1,000
Hospital Confinement	\$200 per day (4 days)	\$800
Inpatient Rehabilitation Unit	\$200 per day (3 days)	\$600
TOTAL SAMPLE BENEFIT		\$2,400

This scenario does not reflect the benefits of a specific Hospital Indemnity Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of a Hospital Indemnity plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

Health Savings Account (HSA)

Save for future medical costs and reduce your tax bill with this special savings account available to HSA Choice and HSA Premium plan participants.

An HSA is a special tax deferred savings account in which both the employer and employee can deposit money, up to annual IRS limits. You can use your HSA funds to pay for qualified healthcare related expenses on a tax-free basis.

Here's How it Works

- When you enroll in the HSA Choice or HSA Premium medical plan, you are eligible to open an HSA with BMO Harris.
- Choose the amount to contribute on a tax deferred bi-weekly basis, not to exceed the annual maximum. You are encouraged to elect a minimum annual contribution of at least \$26 to be eligible to receive the ChenMed HSA contribution.
- ChenMed HSA Contribution: ChenMed will deposit \$500 into your account for the plan year. Payments will be divided into 26 pay periods for the 2023 plan year.
- The deposited money is available to you and your dependents to help pay for qualified healthcare expenses, such as medical plan deductibles or coinsurance, prescription costs, dental bills, or other eligible out-of-pocket medical costs.
- If the money is not used by the end of the year, it will roll over and can be used at any time.

Keys to Growing Your HSA:

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone so that they can grow for when you need them in the future.
- Consider electing supplemental medical benefits to cover big ticket expenses from unexpected serious illnesses or injuries and ensure they don't wipe away the money in your HSA.
- Monitor your fund's growth. Like a 401(k), your HSA funds earn interest through investments. Make sure your money is growing at an acceptable and safe pace.

HOW MUCH CAN YOU CONTRIBUTE?

	Annual IRS Contribution Limit	ANNUAL CHENMED Contribution	Your Maximum Contribution Amount
Individual Coverage	\$3,850*	\$500	\$3,350
Family Coverage	\$7,750*	\$500	\$7,250

**Total IRS contribution limits for 2023 are cumulative of ChenMed funding. Individuals age 55 or older can make an additional \$1,000 in "catch up" contributions.*



HSA's Deliver Triple Tax Savings

1. You don't pay federal income tax on the money you contribute.
2. You don't pay taxes on the interest you earn in your account.
3. You don't pay taxes when you use the money to pay for qualified medical services.



Dental Plan

Your dental health is an important part of your overall wellness. You may choose from three dental insurance plans through MetLife.

	CHOICE PLAN		PREMIUM PLAN		TRADITIONAL PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Maximum Per Person	\$1,250	\$1,250	\$1,750	\$1,250	\$2,250	\$2,250
Annual Deductible* (Individual/Family)	\$50/\$150	\$100/\$300	\$50/\$150	\$100/\$300	\$50/\$150	\$50/\$150
Preventive Services Exams, Cleanings, X-rays	100%	90%	100%	100%	100%	100%
Basic Services Fillings, Extractions, Repairs	80%	70%	90%	80%	100%	80%
Major Services Crowns, Bridgework, Dentures	50%	40%	60%	50%	60%	50%
Orthodontia for Employee and Spouse	Not covered		0%	0%	50%	50%
Orthodontia for Dependent Child(ren)	Not covered		50%	50%	50%	50%
			Dependent children under age 19		Dependent children under age 26	
Orthodontia Lifetime Maximum Per Person	Not covered		\$1,000	\$1,000	\$2,000	\$2,000

*Applies only to Basic and Major Services

What Does Preventive Dental Care Typically Cover?

Preventive care can save you money later on procedures that are more urgent, complex, and costly.



Routine dental checkups and cleanings should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.



Professional fluoride treatments can be a key defense against cavities. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste and take only minutes to apply.



Dental sealants go a step beyond fluoride by providing a thin coating to the surface of your teeth. Most dental plans cover sealants as preventive care for children under 18 on their first and second molars.



X-ray images of your mouth may be taken to better evaluate your oral health. These images provide a more detailed look inside your teeth and gums.

Vision Plan

ChenMed offers vision coverage through Superior Vision by MetLife. Benefits include eye exams and affordable options for prescription glasses or contacts. Plan highlights are outlined below.

SUPERIOR VISION BY METLIFE BENEFITS

	In-Network	Out-of-Network
Eye Examination Copay (once every Calendar Year)	\$10 copay	<p>You pay for services and then submit a claim for reimbursement. The same benefit frequencies for in-network benefits apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefit information.</p>
Contact Lens Fitting (once every Calendar Year)	\$25 copay	
Lenses (once every Calendar Year)		
Single Vision	\$25 copay	
Bifocal	\$25 copay	
Trifocal	\$25 copay	
Lenticular	\$25 copay	
Lens Tinting Option	Covered in full (Solid Tints, Plastic Gradient Dye, and Transition Tints)	
Frames (once every Calendar Year)	\$225 retail allowance* or \$200 retail allowance	
Contact Lenses (once every Calendar Year)		
Elective	Plan pays up to \$150	
Medically Necessary	Covered in full	

*Available on all frames received through Eyecare Professionals that participate in Superior Vision's Eyewear Dispensing Program. Visit metlife.com/mybenefits to find participating providers (look for the star icon).



5 Tips for a Lifetime of Healthy Vision

- 1. Schedule yearly eye exams.** Visiting your eye doctor regularly helps you see your best, protect your sight, and even detect serious health conditions such as diabetes.
- 2. Protect your eyes against UV rays.** No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.
- 3. Give your eyes a break from digital devices.** Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.
- 4. Quit smoking.** Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.
- 5. Practice safe wear and care of contact lenses.** Keep them clean and follow the recommendations for use and wear.

Flexible Spending Accounts (FSAs)

Reduce your income taxes while putting aside money for health and dependent care needs.

Flexible Spending Accounts allow you to put aside money for important expenses and help you reduce your income taxes at the same time. ChenMed offers three types of accounts – a Health Care FSA, a Limited Purpose FSA, and a Dependent Care FSA.

 <p>HEALTH CARE FSA</p> <p>Deductibles, copays, prescription drugs, medical equipment, etc.*</p>	 <p>LIMITED PURPOSE FSA</p> <p>Works with HSA eligible medical plans to cover dental and vision expenses.</p>	 <p>DEPENDENT CARE FSA</p> <p>Babysitters, daycare, day camp, home nursing care, etc.</p>
--	---	---

How Flexible Spending Accounts Work

1. During your New Hire Enrollment, you decide how much to set aside for FSA expenses. You can update your amount once a year during Benefits Annual Open Enrollment for the following plan year. Your full contribution amount will be available for use on your benefit effective date.
2. Your contributions are then deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year for use on qualified expenses.
3. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement.



Items You Might Not Realize are Health Care FSA Eligible:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts
- Travel pillows
- Motion sickness bands



Scan here for a list of covered expenses.

Use It or Lose It!

Be sure to calculate your FSA contributions carefully. The funds won't roll over from year-to-year, and you will have to actively re-enroll on a yearly basis. You are not automatically re-enrolled.

ANNUAL MAXIMUM CONTRIBUTION

Health Care or Limited Purpose Flexible Spending Accounts	Current limit: \$3,050
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)

Please note that these accounts are separate. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

*If you are enrolled in a medical plan that offers an HSA, you are not eligible for the Health Care FSA.

Life and Accidental Death & Dismemberment Insurance

Always be there financially for your loved ones.

ChenMed provides Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance and offers additional coverage options to protect team members and their families from unexpected life events.

Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance

ChenMed provides Basic Term Life and AD&D coverage at no cost to you and enrollment is automatic.

BASIC TERM LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT	All Other Team Members, including Center Directors, Senior Managers, Analysts, and Care Promoters: 1x salary, up to \$1,000,000 Directors and Above Includes PCPs, Nurse Practitioners, Market / COE / Corporate Directors and Above: 3x salary, up to \$1,000,000
AGE REDUCTION	On January 1 coinciding with or next following the team member's attained age 67% at age 65; 45% at age 70; 30% at age 75; 20% at age 80; 15% at age 85; 10% at age 90

Supplemental Life and AD&D Insurance

You may also choose to purchase Supplemental Life and AD&D Insurance for yourself, spouse, and child(ren) in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions. The cost of coverage depends on your age and the amount of coverage elected. Age reductions also apply to these coverages.

TEAM MEMBER	Amounts in \$10,000 benefit increments, up to the lesser of 8x Annual Salary or \$1,000,000 Guaranteed Issue Amount - \$500,000
SPOUSE	Amounts in \$10,000 benefit increments, up to 100% of the team member's coverage or \$500,000 Guaranteed Issue Amount - \$30,000
CHILD(REN)	Amounts in \$2,000 benefit increments, not to exceed \$10,000
COVERAGE HIGHLIGHTS	<ul style="list-style-type: none"> Accelerated Benefit - 50% of your Life Insurance amount, up to \$250,000. Any payout would reduce the death benefit. AD&D Coverage amount does not have to match Supplemental Life amount. You do not have to complete Evidence of Insurability (EOI) for AD&D Insurance.

Guaranteed Issue at New Hire Benefits Enrollment

If you are newly eligible to participate in Supplemental Life and AD&D Insurance and are enrolling in this benefit, Evidence of Insurability (EOI) is required for any amount over the Guaranteed Issue Amount.

EOI must be completed within 31 days from enrollment. If you and your dependents are enrolled and want to increase your coverage, EOI is not required for amounts up to Guaranteed Issue Amounts.

Note: Dual coverage for married couples is not allowed. If you and your spouse both work for ChenMed, you cannot cover your spouse under the spouse life and AD&D insurance. In addition, you both cannot cover any dependent children under child life and AD&D insurance.

You're covered for a specific period of time, or "term." If you pass away during the term, the beneficiary you designate will receive a payment. Provide protection to those who matter most. Be sure to select or update your beneficiary designations.

Short-Term Disability (STD) Benefits

Your ability to bring home a paycheck is your most valuable asset. We help you protect it.

If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability Insurance provides income protection, paying a portion of your salary that you can use to offset out-of-pocket expenses and make up for lost wages.

A disability occurs if you are unable to perform the material duties of your regular job and you are unable to earn 80% or more of your covered earnings from working in your regular job.

Short-Term Disability Insurance

Short-Term Disability Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time.

BASE STD PLAN

Cost	ChenMed pays 100%
Benefit Amount	50% of your weekly eligible Earnings to a maximum of \$1,000 per week
Benefit Begin	8th day after injury or sickness
Benefit Duration	13 weeks



Did You Know?

It's estimated that **1 in 4** 20-year-olds will experience a disability for 90 days or more before they reach age 67.

Social Security Administration, Disability Insurance, Facts 2021

Voluntary Short-Term Disability Insurance

Depending on your household budget, you may need additional disability coverage. To help you increase your disability protection, ChenMed offers a Buy-Up STD Plan.

BUY-UP STD PLAN

Cost	100% employee paid; rates based on age and annual salary
Benefit Amount	Up to 60% of your weekly eligible Earnings to a maximum of \$2,500 combined eligible Earnings per week
Benefit Begin	8th day after injury or sickness
Benefit Duration	13 weeks

Definition of Earnings: Team member's annual base wage or salary, excluding bonuses, commissions, overtime pay, and extra compensation.

Note: If you are currently enrolled in any benefits through ChenMed, while you are on a leave of absence, you will remain responsible for paying the cost of your benefits.

Long-Term Disability (LTD) Benefits

Long-Term Disability Insurance helps protect your finances when your disability continues beyond the period covered by the Short-Term Disability plan.

Voluntary Long-Term Disability Insurance

Full-Time Team Members can now enroll in a Voluntary Long-Term Disability Plan. This plan is paid through employee payroll deductions.

VOLUNTARY LTD PLAN

Cost	100% employee paid
Benefit Waiting Period	90 days
Benefit Amount	60% to \$15,000, 24 months own occupation Minimum benefit: greater of \$100 or 10% benefit
Benefit Duration	To age 65 then a reduced benefit duration applies. See plan summary for details.

Employer Paid Long-Term Disability Insurance

ChenMed provides a LTD benefit for Full-Time Owners, Execs, Physicians, PA, Officers, MDs, NPs and Non-Managing Members.

EMPLOYER PAID LTD PLAN

Cost	ChenMed pays 100%
Benefit Waiting Period	90 days
Benefit Amount	60% to \$20,000, own occupation to age 65 Minimum benefit: greater of \$100 or 10% benefit
Benefit Duration	To age 65 then a reduced benefit duration applies. See plan summary for details.

Definition of Earnings: Team member's annual base wage or salary, excluding bonuses, commissions, overtime pay, and extra compensation.



ChenMed 401(k) Plan

Building a healthy financial future is just as important as taking care of your health needs today. Putting money aside for your future is easy with the ChenMed 401(k) plan through Principal Financial Group. And with contributions deducted before federal taxes are calculated, there is less of an impact to your take home pay than you might think.

You decide how much to contribute to the Plan through convenient payroll deductions, and ChenMed will match a portion of what you save.

Eligibility

You are eligible to participate in the plan if you:

- Are at least age 18
- Have completed 60 days of service with the company

Plan Features

- **Start Contributing.** You enter the Plan on the first day of the month on or after you meet the eligibility requirements. You begin making contributions as soon as administratively feasible.
- **Automatic Enrollment.** If you are a new participant, you will be automatically enrolled in the retirement plan at 6% pre-tax rate. You may elect to waive automatic enrollment or defer to another percentage.
- **Salary Deferral Contributions.** Federal law limits the amount of pre-tax contributions and/or after-tax Roth 401(k) contributions you may make to the Plan each year. For 2023, you may defer up to \$22,500 annually, and when over the age of 50 an additional \$7,500. The annual limit may be adjusted by the IRS in future years. This Plan allows you to defer 92% of your eligible pay.
- **Safe Harbor Matching Contributions.** If you are a new hire and you make salary deferrals to the plan, you will be eligible to receive a matching contribution equal to 100% of the salary deferral contributions up to 4% of pay, plus 50% of salary deferral contributions (in excess of 4%) up to 6% of pay for the plan year. Your pay may be restricted to the annual compensation limit announced by the IRS.
- **Hourly Employee Contributions.** If you are an **hourly team member**, ChenMed will contribute 3% of your earnings to your 401(k) account after the end of each year, even if you don't contribute your own deferral. The contribution will be subject to a 3-year cliff vesting.
- **Vesting.** You are always 100% vested in contributions you make to your account. You may be 100% vested in the account from the Employer QACA Match Safe Harbor after two years of service.

Important 401(k) Elections

It's important that ChenMed has the most up-to-date information on file for your 401(k) investment elections, as well as your beneficiary designations. If you enroll in the plan or are already a plan participant, we encourage you to do the following:

- Log onto the Principal website at www.principal.com,
- Add your contact information, and
- Make your investment and beneficiary designations.

Please note, the beneficiary designations you make online through the Principal website will be effective for 401(k) plan purposes, even if you have designated a beneficiary for other benefit plans.

ChenMed Perks at Work

ChenMed has partnered with Perks at Work to give you access to team member discounts, so **you don't have to pay full price on the things you buy.**

From 30% off movie tickets to hundreds of dollars off a new personal laptop or hotel stay, start your shopping at Perks at Work to take advantage of private, best-in-market pricing.

Perks at Work Features

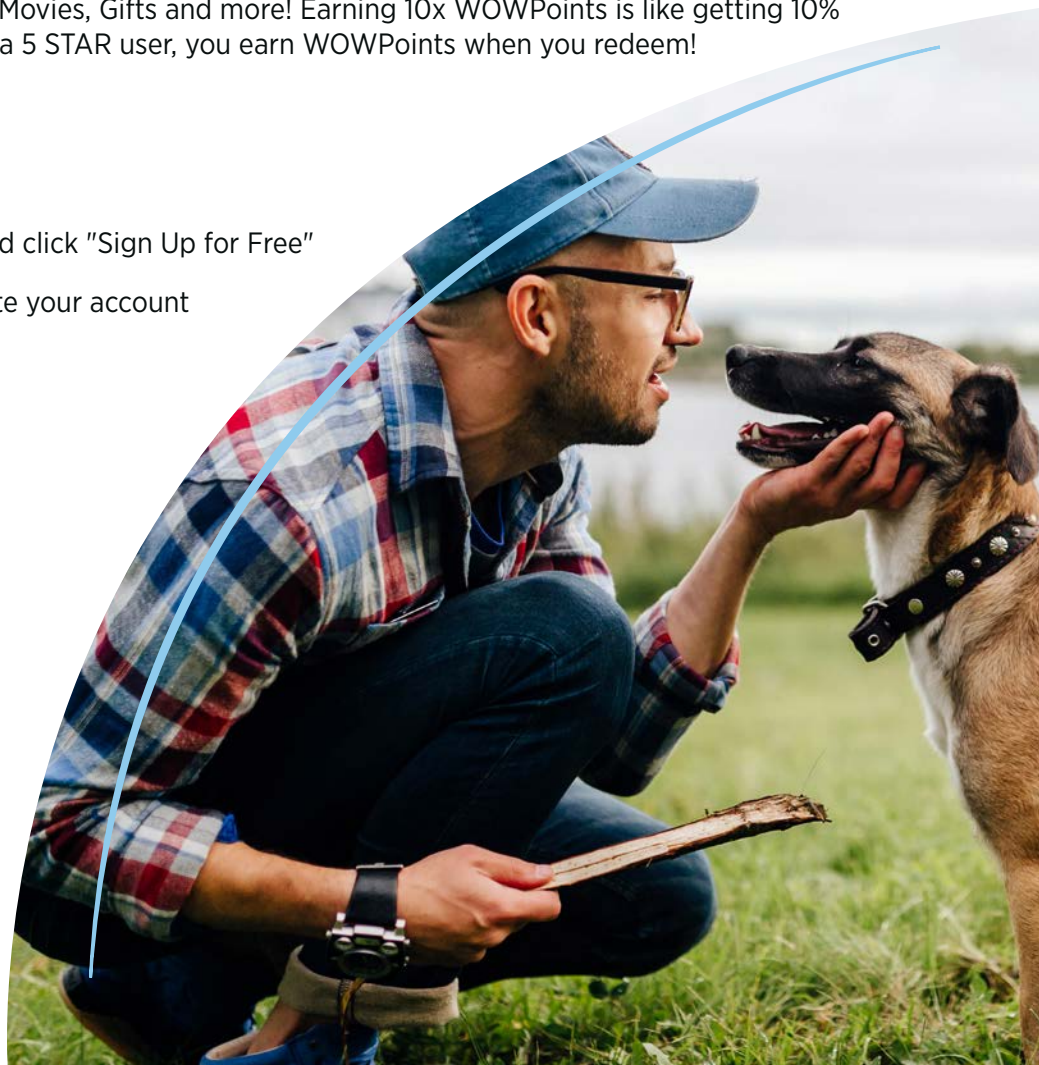
- Attend free live or on-demand virtual classes for both adults and kids in wellness and self-development.
- Support what matters to you, and browse collections of local, sustainable, and minority-owned small businesses. Refer a favorite business or entrepreneur you know. Over 2,000 new brands join the program each year.
- Earn cash-back rewards that can be redeemed on thousands of brands, and never expire.
- Invite family members and friends to enjoy your perks, too.

What are WOWPoints?

WOWPoints are loyalty points you can earn and redeem when you shop through ChenMed Perks at Work. Redeem the WOWPoints you earn from shopping at a wide variety of shops on the platform for whatever it is you love: Travel, Electronics, Apparel, Movies, Gifts and more! Earning 10x WOWPoints is like getting 10% back on your purchase. Plus, if you're a 5 STAR user, you earn WOWPoints when you redeem!

To Sign Up:

1. Go to www.perksatwork.com and click "Sign Up for Free"
2. Follow the instructions to activate your account



Legal Assistance

Legal Assistance provides access to a network of participating attorneys for help with a range of legal matters.

\$14/month!

(Includes dependents as defined in the description)

Free and Discounted Legal Advice:

Free Legal Services: Examples of services available at no charge from your plan attorney:

- Initial consultation for each new legal matter
- Simple Will for you and your family with annual updates
- State specific, web based, Living Will form (can be notarized by a Notary Public)
- Phone calls and letters written on your behalf (one each per legal matter) when considered appropriate by plan attorney;

Discounted Legal Services: Examples of discounted services for which attorneys will charge a one-time, deeply discounted fee:

- Traffic Ticket Defense \$89
- Simple Will \$250
- Simple Divorce \$275
- Personal Real Estate Closing \$250
- Reduced Hourly Rate Plan attorneys have contracted to charge 40% off their normal hourly rate, with a minimum of \$125 per hour, for legal care beyond the free and discounted services. Retainers In certain situations, attorney liability may require plan attorneys.

Free Tax Preparation and Advice:

Members and their families receive free tax preparation and unlimited advice on federal taxation, IRS notice and audit assistance, tax planning services, and small business tax support from tax attorneys, CPAs, financial analysts, and/or Enrolled Agents certified by the IRS.

Identity Theft Solutions:

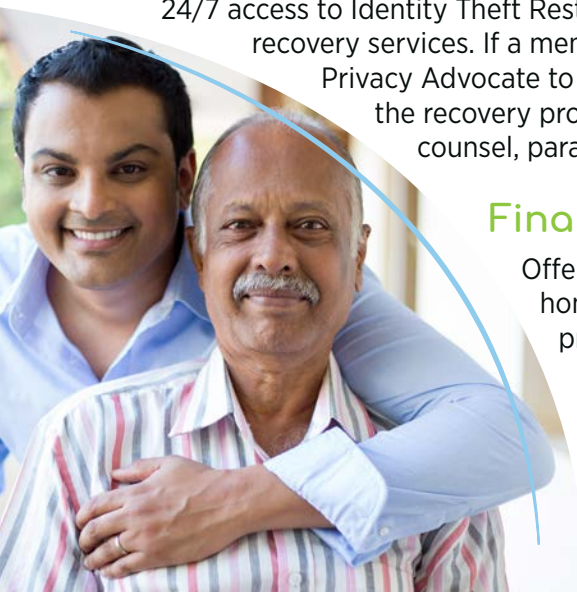
Identity theft is the fastest growing financial crime in America, striking thousands of victims each year. In a matter of seconds, personal information such as a social security number, a credit card number or an address can be stolen and used to obtain a new mortgage, line of credit or additional credit cards. Members will have 24/7 access to Identity Theft Restoration paralegals who will provide them with comprehensive, personalized recovery services. If a member becomes a victim of identity theft, the plan administrator assigns a Privacy Advocate to manage the case. The Advocate mobilizes a Recovery Team to assist with the recovery process from beginning to end. The team includes fraud investigators, legal counsel, paralegals and other identity theft experts.

Financial Education and Credit Counseling:

Offering free consultations, financial assessments, assistance with first-time home ownership, credit and debt analysis, and pre-bankruptcy counseling.

Eligibility:

Membership includes the member's spouse, dependent children and any dependent individuals living in the plan member's home such as a parent or grandparent.





Back-Up Child Care

Back-Up Child, Adult, and Elder Care: Don't stress about school breaks, bad weather, or caregiver cancellations. Reserve high-quality child care in a center, or in-home care for your child, adult, or elder relatives.

Access up to 10 annual days of back-up care for children and adults when your regular care arrangements are unavailable. Center-based care is \$15 per child/day or \$25 per family/day (two or more children). In-home care for children and adults is \$6 per hour (4-hour minimum required; for up to 3 dependents). There is no cost to register.

Care for the Whole Family: Easily find sitters, elder care, and pet care (your membership fee to the database is waived!); jump ahead on the waitlist or enjoy discounts at participating child care centers.

Step 1: Register

- Visit <https://backup.brighthouse.com>
- Click "Not signed up yet? Register Now," then enter your employer username and password.
 - UN:** ChenMed
 - PW:** Benefits4You
- You can also download the mobile app (search "back-up care" in the App Store or Google Play).

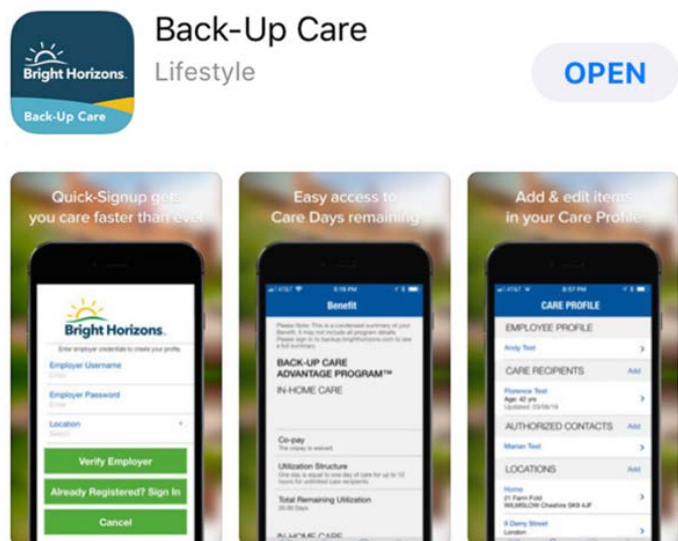
Step 2: Complete Your Care Profile

Provide contact information, care recipients, authorized contacts, and care locations.

Step 3: Reserve Back-Up Care

Reserve care online, by phone, or via mobile app

Questions? Call 877-BHCares (877-242-2737)





Additional Benefits

Financial Wellness Program

SmartDollar is a FREE employee financial wellness program that can help you relieve that money stress! Following the program, you'll learn:

- How to budget
- How to get out of debt
- How to save for the future

Plus, you can access it anytime, anywhere, and from any device.

SmartDollar has the tools to help you win with money! Track your progress and get personalized content with the free Baby Steps app. Stay on track with a detailed budget when you sync your bank account to the free and secure budgeting app, EveryDollar.

You have the chance to take control of your money and change your family tree with SmartDollar. Sign up today by visiting smardollar.com/enroll/chenmed or text chenmed to 33789.

Cigna Employee Assistance Program (EAP)

The Cigna Employee Assistance Program (EAP) provides support for everyday issues and life challenges. Take advantage of a wide range of services available to you and your household family members, at no cost!

- Contact Cigna EAP any day, anytime – **877-622-4327** or log into myCigna.com (Employer ID for initial registration: chenmed)
- Get up to five face-to-face counseling sessions per issue, per year, with a counselor in your area, as well as video-based sessions
- Referrals for child care, senior care, and pet care
- Financial, identity theft, and legal consultations

TravelConnect®

ChenMed team members enrolled in life and/or AD&D insurance have access to travel assistance if you face an emergency when you're 100 or more miles from home. TravelConnect helps with:

- Emergency medical transportation for you, managing travel for a companion and/or your dependent children, planning and paying for a safe evacuation due to a natural disaster, and more
- Service is available 24 hours a day, 7 days a week

Visit mysearchlightportal.com and enter Group ID #: LFGTravel123 for access to plan documents, international calling instructions and destination information.

TeamCare

Become a TeamCare patient today! When you choose TeamCare, you get:

- A dedicated PCP and care team
- VIP virtual care
- The patient app, for anytime, anywhere care
- Access to the TeamCare center

Help us shape our future while you become your best you! Employees residing in Florida and their adult dependents on a ChenMed Cigna medical plan are eligible. Sign up today! Visit

<https://home.chenmed.com/team-care/>.

Contributions

Medical Plans - Bi-Weekly Deductions

	HSA CHOICE PLAN			HSA PREMIUM PLAN			TRADITIONAL PLAN		
	Standard Deduction	Wellness Credit	myWell-Being Deduction	Standard Deduction	Wellness Credit	myWell-Being Deduction	Standard Deduction	Wellness Credit	myWell-Being Deduction
Employee Only	\$58.00	\$58.00	\$0.00	\$78.00	\$58.00	\$20.00	\$123.00	\$58.00	\$65.00
Employee + Child(ren)	\$100.00	\$58.00	\$42.00	\$168.00	\$58.00	\$110.00	\$248.00	\$58.00	\$190.00
Employee + Spouse	\$265.00	\$116.00	\$149.00	\$318.00	\$116.00	\$202.00	\$396.00	\$116.00	\$280.00
Family	\$337.00	\$116.00	\$221.00	\$418.00	\$116.00	\$302.00	\$556.00	\$116.00	\$440.00

Dental Plans - Per Paycheck Deductions

	HSA CHOICE PLAN	HSA PREMIUM PLAN	TRADITIONAL PLAN
Employee Only	\$9.92	\$12.84	\$14.94
Employee + Child(ren)	\$26.06	\$35.27	\$43.08
Employee + Spouse	\$21.62	\$27.36	\$31.85
Family	\$37.75	\$49.79	\$59.99

Vision Plan - Per Paycheck Deductions

	SUPERIOR VISION BY METLIFE
Employee Only	\$2.99
Employee + Child(ren)	\$5.13
Employee + Spouse	\$5.04
Family	\$8.13

Critical Illness, Optional Life/AD&D, Buy-Up Short-Term Disability, Voluntary Long-Term Disability

RATES

Rates are calculated based on your age, amount of coverage elected, and other such factors, and will be provided at the time of enrollment.

Accident Insurance - Bi-Weekly Deductions

Employee Only	\$9.22
Employee + Child(ren)	\$16.48
Employee + Spouse	\$18.49
Family	\$25.57

Hospital Indemnity Insurance - Bi-Weekly Deductions

Employee Only	\$9.35
Employee + Child(ren)	\$17.53
Employee + Spouse	\$22.52
Family	\$28.60

IMPORTANT NOTICES

ABOUT THIS GUIDE

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan descriptions (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. ChenMed reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

REMINDER OF AVAILABILITY OF PRIVACY NOTICE

This is to remind plan participants and beneficiaries of the ChenMed Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the ChenMed Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

ChenMed, Human Resources
1505 NW 167th Street
Miami Gardens, FL 33169

If you have any questions, please contact the ChenMed Human Resources Office at 833-692-7547.

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). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: HSA Choice: Ded \$2,800/\$5,200, Coins 25%; HSA Premium: \$2,200/\$4,400 Coins 10%; Traditional: \$1,500/\$3,000 Coins 10%. If you would like information on WHCRA benefits, call your plan administrator at 833-692-7547.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted and you will continue to pay the same amount as if you were not absent. If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact ChenMed HR for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service connected illnesses or injuries, as applicable.

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Your Options

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with ChenMed 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. ChenMed has determined that the prescription drug coverage offered by the ChenMed Medical Plan through Express Scripts is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current ChenMed coverage will be affected. If you or a covered dependent decide to enroll in a Medicare drug plan, Medicare will be the secondary payer for prescription drug costs. In other words, eligible prescription claims will be paid by the ChenMed plan first. If there are prescription drug claims that are not covered or partially covered by the ChenMed plan, Medicare may pay for eligible expenses that are not paid by the ChenMed plan.

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 ChenMed 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 19 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:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through ChenMed changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare 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 for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.

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: 1-800-772-1213 (TTY: 1-800-325-0778)

Date: 9/29/2022

Name of Entity/Sender: ChenMed

Contact: ChenMed HR

ChenMed

Address: 1505 NW 167th Street,

Miami Gardens, FL 33169

Phone Number: 833-692-7547

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).

YOUR ERISA RIGHTS

As a participant in the ChenMed benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated summary plan description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description governing the plan on the rules governing your COBRA continuation coverage rights.
- Reduce or eliminate exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have credible coverage from another plan. You should be provided a certificate of credible coverage, free of charge, from your group health plan or health insurance issuer when:
 - You lose coverage under the plan;
 - You become entitled to elect COBRA continuation coverage;
 - You request it up to 24 months after losing coverage.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules. Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest

annual report from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;

- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court.
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees. This should occur if the court finds your claim frivolous.

Assistance with Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website:

<https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>

Or you may write to the:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee and Employer Hotline of the Employee Benefits Security Administration at: 1-866-444-3272. You may also visit the EBSA's web site on the Internet at: <https://www.dol.gov/agencies/ebsa>.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage.

It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the

Health Insurance Marketplace (www.healthcare.gov). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan

Administrator within 60 days after the qualifying event occurs. You must provide this notice to: ChenMed Human Resources or COBRA Administrator.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. Any qualified beneficiary who does not elect COBRA within the 60-day election period specified in the election notice will lose his or her right to elect COBRA.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The

disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of the date of the Social Security Administration's disability determination; the date of the covered employee's termination of employment or reduction in hours; and the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction in hours. You must also provide this notice within 18 months after the covered employee's termination or reduction in hours in order to be entitled to this extension. You must provide the notice by contacting WEX and completing the extension request.
Email: cobraforms@wexhealth.com
Mail: WEX, PO Box 869, Fargo, ND 58107-0869.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Other Coverage Options

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment

period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at <https://www.dol.gov/agencies/ebsa>. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

For further information regarding the plan and COBRA continuation, please contact:

ChenMed Benefits Supervisor
1505 NW 167th Street
Miami Gardens, FL 33169
833-692-7547

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 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

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: <https://www.healthfirstcolorado.com/>
 Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
 CHP+: <https://www.colorado.gov/pacific/hcpcf/child-healthplan-plus>
 CHP+ Customer Service: 1-800-359-1991/ State Relay 711
 Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpcf/healthinsurance-buy-program>
 HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

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

GEORGIA – Medicaid

A HIPP Website: <https://medicaid.georgia.gov/health-insurance-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

Healthy Indiana Plan for low-income adults 19-64
 Website: <http://www.in.gov/fssa/hip/>
 Phone: 1-877-438-4479
 All other Medicaid
 Website: <https://www.in.gov/medicaid/>
 Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
 Medicaid Phone: 1-800-338-8366
 Hawki Website: <http://dhs.iowa.gov/Hawki>
 Hawki Phone: 1-800-257-8563
 HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
 HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

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

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: KIHIPP.PROGRAM@ky.gov
 KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
 Phone: 1-877-524-4718
 Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

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

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
 Phone: 1-800-442-6003 TTY: Maine relay 711
 Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
 Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
 Phone: 1-800-862-4840
 TTY: (617) 886-8102

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
 Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
 Phone: 573-751-2005

MONTANA – Medicaid

Website: <https://www.dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
 Phone: 1-800-694-3084
 Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
 Phone: 1-855-632-7633
 Lincoln: 402-473-7000
 Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://www.dhcfp.nv.gov>
 Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
 Phone: 603-271-5218
 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <https://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
 Medicaid Phone: 609-631-2392
 CHIP Website: <http://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
 Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
 Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalsev/medicaid/>
 Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
 Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://www.healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
 Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx
 Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <https://www.eohhs.ri.gov/>
 Phone: 1-855-697-4347, or 401-462-0311 (Direct RItte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
 Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
 Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
 Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
 CHIP Website: <http://health.utah.gov/chip>
 Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>
 Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
 Medicaid Phone: 1-800-432-5924
 CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

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

WEST VIRGINIA Medicaid and CHIP

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

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
 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, 2022, 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

Contact Information

PLAN	CARRIER	GROUP NUMBER	PHONE NUMBER	WEBSITE
Medical Insurance Informed Health Line Maternity Program	Cigna	3343074	800-244-6224 Pre-Enrollment: 888-806-5042	www.mycigna.com
Health Savings Account (HSA)	TakeCharge HSA Wealthcare Saver	Individual Identifier	800-244-6224	www.mycigna.com
Prescription	Express Scripts		866-544-1783	www.Express-Scripts.com/ChenMed
Dependent Care/ Healthcare Limited purpose/ Flexible Spending Accounts (FSA)	WEX	23006	877-221-4541	https://www.wexinc.com/products/benefits/
Dental Insurance	MetLife	0238038	800-438-6388	https://www.metlife.com/mybenefits
Vision Insurance	MetLife/Superior Vision	0236101	833-393-5433	https://www.metlife.com/mybenefits
Basic & Optional AD&D Basic & Optional Life Base	Lincoln Financial	09-LF0903	888-787-2129	www.MyLincolnPortal.com
FMLA Short-Term Disability Insurance Long-Term Disability Insurance			855-745-8604	
Conversion & Portability for Terminated Employees			877-321-1015	
Critical Illness Plan, Hospital Indemnity Accident Plan	Cigna	CI0961503, HC0960830, AI0961582	800-997-1654	http://www.cigna.com/ or my.cignasupplementalhealth.com/chen-medical-associates
Legal Protection Plan	Legal Club	N/A	800-305-6816	http://www.legalclub.com/
Employee Assistance Plan (EAP)	Cigna		877-622-4327	myCigna.com (Employer ID for registration: chenmed)
TravelConnect (Emergency Travel Assistance)	Lincoln Financial Group	LFGTravel123	U.S. or Canada: 866-525-1955 Call collect from anywhere: +1-603-328-1955	mysearchlightportal.com (enter Group ID: LFGTravel123) Email: mail@oncallinternational.com
401(k) Retirement Plan	Principal Financial Group	714734	800-547-7754	www.principal.com
Compliance, Assistance & Reporting Line (CARL)	ChenMed	N/A	855-252-7606	CARL@chenmed.com
AskHR Portal	ChenMed	N/A	833-MyAskHR or 833-692-7547	https://chenmed.service-now.com/hrsp
Back-up Child Care	Bright Horizons	N/A	877-242-2737	www.backup.brighthorizons.com



NOTE: This guide is not intended to be a complete description of ChenMed's benefits. For complete details, refer to the Summary Plan Descriptions ("SPD") and the plan documents. If there is any conflict between the information presented here and the official plan documents, the plan documents will govern. ChenMed reserves the right to modify or terminate any of the benefits described in this guide at any time.