

2021 2022

EMPLOYEE BENEFITS GUIDE

Allies offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



This guide includes only highlights of the benefit plans. While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. If you would like a copy of the official plan documents, please contact Human Resources.

The benefits outlined in this guide will be effective until October 31, 2022.

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QUESTIONS?

If you have questions about your benefits, please contact Member Advocacy at **800.563.9929**, Monday through Friday 8:30 am to 5:00 pm. They can also be reached at cssteam@connerstrong.com or www.connerstrong.com/memberadvocacy.

Eligibility & Making Benefit Changes

It is important that you choose your benefits carefully. The IRS only allows eligible employees to make changes to their benefit elections once a year, during the open enrollment period, unless you experience a Qualifying Life Event, as outlined below.

Qualifying Life Events

The following circumstances are some of reasons you may change your benefits during the plan year:

- Marriage
- Birth & Adoption
- Divorce or Legal Separation
- Death of spouse or dependent
- Change in coverage through a spouse's plan
- Loss of dependent status
- Gain/loss of eligibility for Medicare or Medicaid
- Gain/loss of eligibility for a Children's Health Insurance Program (CHIP)
- Receiving a Qualified Medical Child Support Order (QMCSO)

These special circumstances, often referred to as Qualifying Life Events or life event changes, will allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform Human Resources, within 31 calendar days of the event to avoid a lapse in coverage. A special 60-day notification period applies to changes related to Medicaid or CHIP eligibility. Changes requested due to a "change of mind" cannot be allowed until the next annual open enrollment period.

Who is Eligible to Elect Benefits?

If you are an Allies employee (working at least 60 hours a pay period) you are eligible to enroll in the benefits described in this guide. You may enroll your eligible spouse and dependent child to age 26 for benefits coverage.

Employees must be employed with Allies for 60 days to be eligible for benefits (benefits become effective the first of the month following 60 days).

Dependent Coverage

In addition to electing coverage for yourself, you may elect to cover your legal spouse or domestic partner and your child(ren).



Medical Plan Highlights

HOMESTEAD PLAN

Finding Homestead Providers

You can continue to see your current provider, but if you need a new one please visit www.homesteadproviders.com or www.multiplan.com.

On the MultiPlan site, look for providers who participate in the PHCS Practitioner Only Network. Homestead also has an agreement with Penn Medicine, the region's top ranked healthcare system!

To find a Penn Medicine provider or facility, including their multispecialty outpatient medical facility in Yardley, PA, call **215.316.5150** or visit www.homesteadproviders.com.

Facilities or Hospitals*

With the Homestead Plan, you have the ability to visit any facility or hospital without needing a referral and without out-of-network penalties. Some services may require pre-authorization which your physician can obtain by contacting Healthcare Strategies (HCS) at **800.764.3433**.

* Please note that St. Mary Medical Center (SMMC) and St. Luke's are currently not accepting our Homestead plan and we are working to resolve this matter. We strongly encourage you to utilize the numerous high quality providers and hospitals in the plan, including Jefferson and Penn. Of course, you should use the nearest hospital for emergencies, including SMMC and St. Luke's.

Homestead Customer Service

Not able to find a specific provider? Concerned about an upcoming appointment or how to explain your benefits coverage? Homestead is here and ready to help. We are with you every step of the way — just call us at **855.897.4816**.

To speak to a Registered Nurse available 24 hours a day, simply reach out to the Help Line at **800.764.3433** and receive confidential health care advice and information.



Medical Plan Highlights

HOMESTEAD PLAN

Homestead Online Health Portal

Homestead has an online health portal which allows plan members to do the following:

- Access your eligibility & benefits
- Review claim status
- Manage your account
- Print a paper ID card or request a new one
- Securely send us messages and attachments, including any balance bills. If you need to submit a claim, simply click on *SEND US YOUR DOCUMENTS* from the home page.

To access the portal on your laptop/PC, please go to secure.healthx.com/indecs.member.

Registration

- Click on the button that reads: *CREATE ACCOUNT*.
- You'll then be asked to read and acknowledge the Legal Disclaimer. Please read, and if you accept it, click on the square indicating your agreement, and then choose *NEXT* to continue.
- You'll then see the registration screen. Enter your ID card number or Social Security Number, your first name, your last name and your date of birth.

You've now successfully registered for the portal and can feel free to access all the features mentioned above!



Mobile App

You can also download the portal app to your iPhone or Android. Simply visit the App Store or Google Play Store on your mobile device and search for INDECS.

Apple:

www.apple.com/us/search/INDECS?src=globalnav

Android/Google Play:

play.google.com/store/apps/details?id=com.healthx.indecs



Medical Benefits

HOMESTEAD SMART HEALTH PLANS

Below is a summary of the medical plans available through Homestead. Please see the Homestead Health Plan Program Overview for more information.

Homestead Medical Plans

COVERAGES	HOMESTEAD 250/500	HOMESTEAD 1000/2000
Wellness Exams: Includes Physical Exams, Well Child Care, Mammogram, Pap Smears, Colorectal Cancer Screenings	100%	100%
Deductible Individual/Family	\$250/\$500	\$1,000/\$2,000
Out-of-Pocket Maximum (incl. deductible) Individual/Family	\$5,000/\$10,000	\$5,000/\$10,000
Plan Pays (Coinsurance)	100% after deductible	100% after deductible
Inpatient Hospital	\$200 copay	\$200 copay
Outpatient Surgery	100% after deductible	100% after deductible
Emergency Room	\$100 copay, deductible waived	\$100 copay, deductible waived
Primary Care Physician Office Visit	\$30 copay, deductible waived	\$30 copay, deductible waived
Specialist Office Visit	\$50 copay, deductible waived	\$50 copay, deductible waived
Urgent Care	\$50 copay, deductible waived	\$50 copay, deductible waived

Per Pay Medical/Prescription Contributions

TIER	HOMESTEAD 250/500	HOMESTEAD 1000/2000
Employee Only	\$60.45	\$55.85
Employee + Spouse	\$310.29	\$286.71
Employee + Children	\$260.93	\$241.10
Family	\$423.12	\$390.96



Prescription Benefits

AMERIHEALTH ADMINISTRATORS/FUTURE SCRIPTS

Below are the pharmacy benefits for the 2021-22 plan year. If you elect to participate in one of the medical plans, you are automatically enrolled in the prescription drug plan.

Prescription Drug Plan

RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)

Tier 1	\$15 copay
Tier 2	\$35 copay
Tier 3	\$60 copay

MAIL ORDER PHARMACY (UP TO A 90-DAY SUPPLY)

Tier 1	\$30 copay
Tier 2	\$70 copay
Tier 3	\$120 copay

Why Should I Use Mail Order?

Using the Mail Order program for your maintenance medications will save you money! You will receive a 90-day (3-month) supply for the equivalent of two (2) retail copays. In addition to the savings, your prescriptions will be delivered right to your home.

To begin using Mail Order, simply complete the mail order form and send along with your prescription(s) written for a 90-day supply of medications. Forms can be obtained at www.futurescripts.com.

How much can you save when you use Mail Order? **Compare for yourself...**

RETAIL PHARMACY	MAIL ORDER	ANNUAL SAVINGS
Tier 2 \$35 copay	Tier 2 \$70 copay	\$140
Annual cost (\$35 per month x 12 fills) \$420	Annual cost (\$70 per order x 4 fills per year) \$280	

GoodRx

GoodRx allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications.

Use Good Rx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Find out how GoodRx can save on your prescription drugs by visiting goodrx.com.



Retail Clinics & Urgent Care Centers

Walk-In Retail Clinics

Retail clinics are health care facilities located in high-traffic retail outlets such as pharmacies, grocery stores and big box retailers like Target and Walmart. Retail clinics have flexible hours of operation, with most of them open 7 days a week—up to 12 hours a day during the work week and up to 8 hours on Saturday and Sunday, including most holidays. Services are provided by licensed, highly-educated physician assistants or nurse practitioners, who are qualified to diagnose, treat and prescribe.

Most visits take approximately 15-25 minutes and many of the clinics see patients from ages 18 months through 65+ years old. The services offered in retail clinics include basic primary care, wellness and preventive services and chronic disease care. Retail clinics are a great source of accessible, affordable, high-quality health care.

- In the Homestead plan, there is no network and you are able to choose any retail clinic.

Walk-in Clinics Provide or Treat:

- | | |
|----------------------|-----------------------------|
| • Routine allergies | • Sprains |
| • Ear infections | • Diabetes screening |
| • Strep throat | • Heart screenings |
| • Colds & flu | • School physicals |
| • Vaccinations | • Well-baby exams, and more |
| • Minor insect bites | |
| • Poison ivy | |

Seven Great Reasons to Go Retail

- **You're covered.** All you need is your member ID card.
- **No appointments needed.** The name says it all — just walk right in.
- **Convenient hours.** Some clinics are open 7 days a weeks, with extended evening and weekend hours.
- **Quicker care.** The average ER visit tops 4 hours, while clinic visits are generally an hour or less.
- **Many locations.** With freestanding and retail-based clinics nationwide, you can find a spot close to your home or job; including inside your neighborhood Rite Aid®, CVS/pharmacy® or Walgreens®.
- **Skilled staff.** Clinics are overseen by a doctor, with nurse practitioners or physician assistants onsite.
- **Recommendations.** If you ever need more extensive care, clinics can refer you to a local doctor, emergency room or urgent care center.

Have an Urgent Medical Need? Try an Urgent Care Center

If your care need is more than minor, Urgent Care centers give you an affordable alternative to the ER (**copays are half the cost of an Emergency Room or less**). The sites are staffed with doctors to handle urgent medical matters. **Wait times are usually much shorter than in an emergency room.** And just like retail clinics, evening and weekend hours are available, with no appointments needed.

If your medical need is more than urgent — for example, characterized by chest pain, trouble breathing, bad bleeding or other symptoms that are serious or put your life at risk — you should go straight to your local ER.

Additional Resources

SURGICAL BENEFIT & MEMBER ADVOCACY

Goldfinch Health Surgical Benefit

A Better Approach to Surgery and Recovery. Allies' partnership with Goldfinch health can protect you and your family from the pitfalls of surgery. Today, surgery doesn't need to be so invasive to your body, budget and life.

When you're considering surgery, Goldfinch Health's team of surgery experts – **at NO COST to you** – can help you and your family make the best decisions when it comes to surgery and the recovery that follows.

Your personal Goldfinch Nurse Navigator can help you:

- Find a great surgeon
- Get your questions answered every step of the way
- Shorten your recovery time after surgery by 2x or more
- Have a surgery experience that minimizes opioid painkiller use
- Reduce pain and complications
- Enjoy a better surgery and recovery

Did you know?

- >90% of surgeries are more invasive than necessary.
- Invasive surgery extends pain, recovery time and return to normal life by weeks to months.
- Invasive surgery is the #1 gateway to opioid addiction.

Connect with your Goldfinch Nurse Navigator today!

Email Hello@GoldfinchHealth.com or call **833.453.3624** to get started.

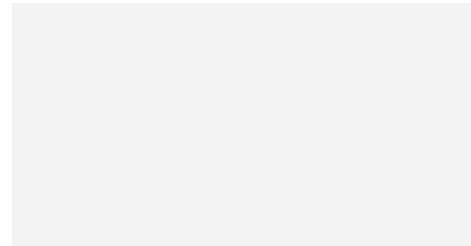
Conner Strong & Buckelew Member Advocacy Team

Allies is proud to offer its employees a comprehensive suite of affordable benefits.

Through our relationship with Conner Strong & Buckelew, we are providing you and your family access to Member Advocacy. This is a team of experienced benefit professionals that you and your family can reach out to with any questions related to your benefits.

You can contact Member Advocacy in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm ET
- Via the web: www.connerstrong.com/memberadvocacy
- Via e-mail: cssteam@connerstrong.com



Dental Benefits

DELTA DENTAL

For the 2021-22 plan year, Allies is offering two dental plan options through Delta Dental.



Delta PPO

DeltaCare DHMO

	PPO/PREMIER NETWORK	DELTACARE USA NETWORK
Annual Deductible (Individual/Family)	\$50/\$150	None
Annual Benefit Maximum*	\$1,200	None
Benefit Basis	Delta Dental's prevailing fee**	N/A
Lifetime Ortho Maximum	\$1,000	None
Preventive & Diagnostic Services Exams, Cleanings, Bitewing X-rays (each twice in a contract year)	100% no deductible	\$0 – \$50
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants, Posterior Composites, TMJ/Mouth Guards	80%	\$0 – \$365
Major Services Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	50%	\$10 – \$365
Orthodontia Benefits (children age 19 and below for PPO, Adult Ortho on DHMO)	50%	\$1,150 – \$2,100

* Does not apply to Preventive & Diagnostic Services

** Benefit basis used as reimbursement for out-of-network services (premier network level).

Delta PPO Plan

You have the flexibility to receive treatment from any dentist you choose, either in or out-of-network. Please note out-of-network providers will be paid at the Delta Dental usual & customary allowance. You will be responsible for paying the difference between the out-of-network dentists actual charge and the plan allowance, which may result in higher out-of-pocket costs. To find an in-network dentist, log onto deltadentalins.com and select DeltaCare USA (DHMO) or PPO Network (PPO).

DeltaCare DHMO Plan

You and each of your covered dependents are required to choose a participating Primary Care Dentist (PCD) to coordinate your care. If you require specialty care, your PCD can refer you to a network specialist for covered services, however, you may visit a participating orthodontist without a referral.

Per Pay Dental Contributions

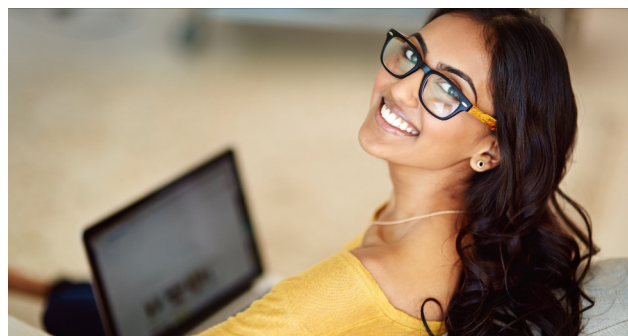
TIER	DPPO	DHMO
Employee Only	\$7.14	\$1.92
Employee + Spouse	\$16.71	\$8.39
Employee + Children	\$20.73	\$10.18
Family	\$37.38	\$18.58

NOTE: New enrollees will not receive a printed ID card. To view/download/print an ID card, please go to www.deltadentalins.com.

Voluntary Vision Plan

EYEMED

Eligible employees and their eligible family members may enroll in the EyeMed Vision plan. With EyeMed, you will get quality care that focuses on your eyes and overall wellness. Vision coverage is fully employee paid.



EyeMed Vision Plan

	IN-NETWORK	OUT-OF-NETWORK
Exam	\$10 copay	Up to \$40 reimbursement
Retinal Screening	Up to \$39 copay	N/A
Frames	\$150 allowance; 20% discount on amount over allowance	Up to \$105 reimbursement
Lenses		
Standard Lenses – Single Vision	\$20 copay	Up to \$30 reimbursement
Lined Bifocal Lenses	\$20 copay	Up to \$50 reimbursement
Lined Trifocal or Lenticular Lenses	\$20 copay	Up to \$70 reimbursement
Lens Enhancements		
Standard Progressives	\$75 copay	Up to \$50 reimbursement
Premium Progressives	\$105 – \$195 copay	Up to \$50 reimbursement
UV Treatment/Tint/Scratch Resistant Coating	\$15 copay each	N/A
Standard Polycarbonate	\$40 copay	N/A
Contact Lenses		
In Lieu of Eyeglasses	\$150 allowance; 15% discount on amount over allowance	Up to \$105 reimbursement
Contact Lens Exam (fitting and evaluation)	\$40 copay	N/A
Frequency		
Vision Exam	12 months	12 months
Lenses	12 months	12 months
Frames	12 months	12 months

To get the most out of your benefits and to reduce your out-of-pocket costs, make sure you visit an in-network provider or retailer. For a complete list of in-network providers near you, go to eyemed.com or call **866.804.0982**.

You will also receive a Welcome Packet from EyeMed which will contain two ID cards and a listing of vision providers near your home zip code.

Per Pay Vision Contributions

Employee Only	\$2.79
Employee + Spouse	\$5.30
Employee + Children	\$5.58
Family	\$8.20

Life and AD&D Benefits

SUNLIFE

Basic Group Life & AD&D Insurance

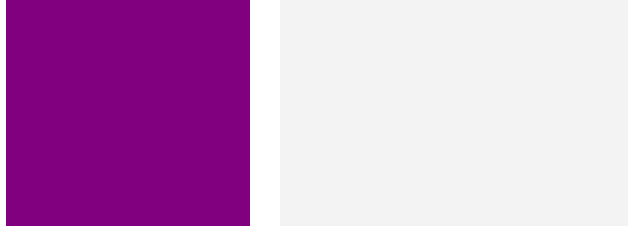
Basic Life and AD&D Insurance is **100% paid** by Allies. **Life Insurance** benefits are paid to a beneficiary(ies) you designate in the event of your death. **AD&D benefits** are paid to your beneficiary(ies) upon your accidental death or to you for a covered loss (such as the loss of a limb, eyesight or hearing).

BASIC GROUP LIFE AND AD&D	
Eligible Employees	Employees working or scheduled to work at least 30 hours per week upon the date of your insurance eligibility
Benefit Amount Life Insurance AD&D	2x Annual Base Salary up to \$650,000 2x Annual Base Salary up to \$650,000
Age Reduction Rules	Benefit reduces to 35% at age 65; 50% at age 70
Taxation of Benefits	None

Voluntary Life and AD&D Insurance

Voluntary Life and AD&D is **100% employee paid**. **Supplemental Life Insurance** benefits that are paid to a designated beneficiary(ies) you designate in the event of death. Individual Term Life and AD&D is a sensible and affordable way to provide your family and loved ones with the money they may need in the event of an untimely death or accident.

VOLUNTARY LIFE AND AD&D	
Employee Coverage	The lesser of 5x Annual Salary or \$500,000 in increments of \$5,000. Guaranteed issue amount is \$150,000
Spouse Coverage	If the employee elects coverage, amounts from \$5,000 to \$250,000 in increments of \$5,000. Guaranteed issue amount is \$50,000. Not to exceed 100% of employee amount.
Child(ren) Coverage	Flat amount of \$10,000
Guaranteed Issue	Applies to any employees who enroll within 31 days of becoming eligible
Age Reductions Employee Spouse Child(ren)	Benefit reduces to 35% at age 70; 50% at age 75; Spouse life will reduce by the same percentage and at the same time EEs like insurance reduces Coverage terminates at age 26



Voluntary Benefits

SUNLIFE

Accident Insurance

Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly. For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have and you can spend it any way you choose. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more. Also, if you or a covered dependent should die as a result of an accidental injury within 365 days while the coverage remains in force, a death benefit is payable.

Key Advantages of this Plan

- This plan pays a \$50 wellness screening benefit each year once you provide proof of an eligible health screening. We'll pay for a dependent screening too. The application is easy to fill out and includes common screenings, such as:
 - Certain blood tests
 - Pap smear
 - Skin cancer screening
 - Lipid panels
 - Cardiac exercise stress test
 - Electrocardiogram (ECG)
 - Immunizations and interscholastic sports physical exam. (Availability of benefit and covered tests may vary by state.)
- Provides coverage for on- and off-the-job accidents
- Benefits are payable directly to you, the employee
- This plan pays benefits in addition to any other coverage you may have
- There are no health questions or pre-existing conditions limitations

Critical Illness Insurance

Critical Illness insurance pays a fixed benefit if you are diagnosed after your coverage effective date. Covered illnesses include but are not limited to cancer, heart attack, stroke, and paralysis. This insurance can help cover out-of-pocket medical and non-medical expenses. It does not have to be used to pay for treatment.

Key Advantages of this Plan

- Benefits are payable directly to you to be spent any way you choose. You can elect the following amounts for you and your dependents
 - **Employee:** \$5,000 to \$30,000 in \$5,000 increments
 - **Spouse:** \$2,500 to \$15,000 in \$2,500 increments (not to exceed 50% of employee coverage)
 - **Child(ren):** \$2,500 or \$5,000 (not to exceed 50% of employee coverage)
- Pays in addition to any other coverage you may have
- Flexible coverage options to meet your individual needs
- Fast and accurate claims service
- Coverage is fully portable — if you change jobs you can take your coverage with you

Prepaid Legal and Identity Theft

COUNTRYWIDE PRE-PAID LEGAL SERVICES, INC.

Prepaid Legal Services

Allies is pleased to offer our employees a group legal services plan through Countrywide. This voluntary benefit is offered to full and part-time eligible employees, and is designed to provide specific legal services when the need arises, on an affordable basis. **Since this plan is optional, the employee is responsible for 100% of the premium.** The cost of coverage is \$6.36 per pay period.

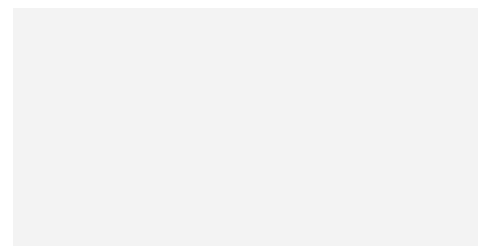
Countrywide's plan, known as "Personal Legal Protector", provides an array of valuable legal services including:

- Identity Theft Assistance
- Unlimited Telephone Consultations and Advice
- Preparation of Simple Wills
- Advice on Small Court Claims
- Review of Contracts and Documents
- Living Will and Medical Powers of Attorney
- Legal Letters and Phone Calls
- Discounted Rates

Identity Theft Protection

Allies also offers Identity Theft Insurance through Countrywide and the cost is \$5.06 per pay period. Designed to be both affordable and beneficial, this plan offers a variety of features that help you stay on top of your credit history to prevent identity theft. This plan can also help you reconstruct your credit in the event that you do fall victim to an identity crime.

For additional information on both of these plans, see the Countrywide flyers.



Employee Assistance Program (EAP)

COMPSYCH

Allies offers all eligible employees an Employee Assistance Program (EAP) administered through ComPsych called GuidanceResources®.

The EAP provides resources to assist with difficulties with relationships and coping with difficult life circumstances, managing grief and loss, communicating and dealing more effectively with stress.

Help when you need it

Your ComPsych GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant, who will answer your questions and, if needed, refer you to a counselor or other resources.

- Call: **800.460.4374**
- TDD: **800.697.0353**

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

- Online: **guidanceresources.com**
- App: **GuidanceResources® Now**
- Web ID: **EAPessential**



Services Included for employees and household family members:

EAP

Three confidential telephonic counseling sessions per issue with experienced clinicians available 24/7

Legal Resources

Unlimited phone access to ComPsych legal professionals and an initial consultation has no charge with a local attorney. Additional discounts and services are also available

Financial Resources

Unlimited phone access to financial professionals for information regarding personal finance and related issues

Work / Life Resources

Information and referrals on child care, elder care, adoption, relocation and other personal convenience matters

GuidanceResources® Online

Access to extensive content to help with personal or family concerns, and access to helpful planning tools, discount programs and more

Health Risk Assessments

Online access to a health risk assessment survey and a variety of health management tools and information

Benefit Resources

ALLIES



Carrier Contacts

PLAN	CONTACT	WEBSITE/EMAIL	CLAIMS ADDRESS
Homestead Medical	Member Services: 855-897-4816 Find A Provider: 855-897-4816 Nurse Line: 800-764-3433 Claim Watcher: 844-307-6755 Pre-Authorization: 800-764-3433	www.indecscorp.com	Homestead P.O. Box 668 Lyndhurst, NJ 07071
Prescription FutureScripts	888-678-7013	www.futurescripts.com	N/A
Surgical Benefit Goldfinch	833-453-3624	Hello@GoldfinchHealth.com	N/A
Dental Delta Dental	PPO Plan: 800-932-0783 DeltaCare Plan: 800-422-4234	www.deltadentalins.com	Delta Dental of PA P.O. Box 2105, Mechanicsburg, PA 17055
Vision EyeMed	866-804-0982	www.eyemed.com	First American Administrators Attn: Out-of-Network Claims P.O. Box 8504, Mason, OH 45040
Group Life Sun Life	800-247-6875	www.sunlife.com	Sun Life Financial – Group Life Claims One SunLife Executive Park PO Box 81365, Wellesley Hills, MA 02481
Accident/Critical Illness Sun Life	877-820-5306	www.sunlife.com	Sun Life Financial 300 Southborough Dr, STE 200, South Portland, ME 04106
EAP ComPsych	800-460-4374	www.guidanceresources.com Web ID: EAPEssential	N/A
Member Advocacy Conner Strong & Buckelew	800-563-9929	cssteam@connerstrong.com	www.connerstrong.com/memberadvocacy

Questions & Answers

What forms need to be completed if enrolling?

The Benefits Enrollment/Change Form will need to be completed in order enroll in the medical, dental, or vision plans.

Where do I find these forms?

Contact Human Resources for all forms.

When are the forms due and where do I return them?

All forms must be returned to Jeanette Fraulo, the HR Department Manager

Who do I contact with questions?

Contact Jeanette Fraulo at **609.689.0136 ext. 1965** or the Member Advocacy Team at **800.563.9929** with any questions you may have.

Legal Notices

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Allies offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

Notice Regarding Special Enrollment

Loss of other coverage (excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, 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 Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage.

Loss of eligibility for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or CHIP. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including

your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

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

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 benefits. If you have any questions, please speak with Human Resources.

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 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).

Michelle's Law

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued if written certification from a treating physician is received until:

1. One year from the start of the medically necessary leave of absence, or
2. The date on which the coverage would otherwise

terminate under the terms of the health plan; whichever is earlier.

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, 2021. 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/mc/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
Email: hipp@dhcs.ca.gov

Legal Notices

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child 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/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-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
Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162 ext 2131

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>

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: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718

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

MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>
Phone: 1-800-862-4840

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: 1-573-751-2005

MONTANA – Medicaid
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: <http://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid
Medicaid Website: <http://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: <http://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://dma.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

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

PENNSYLVANIA – Medicaid
Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP
Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite 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/hipp/>
<https://www.coverva.org/en/famis-select>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-855-242-8282

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

WEST VIRGINIA – Medicaid
Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

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

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

To see if any other states have added a premium assistance program since July 31, 2021, 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

Insurance Marketplace Notice

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets our needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

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 meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of

your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier's customer service number located on your ID card. 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. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to <https://www.healthcare.gov/marketplace/individual/>.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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 Allies, Inc.	4. Employer Identification Number 23-1322002	
5. Employer Address 1262 Whitehorse-Hamilton Square Road Building A, Suite 101	6. Employer phone number (215)-750-4000	
7. City Hamilton	8. State New Jersey	9. Zip Code 08690
10. Who can we contact about employee health coverage at this job? Jeanette Fraulo	11. Phone number 609-689-0136	12. Email Address JFraulo@alliesnj.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:

- If you are an active employee who is directly employed and compensated for services by Allies and you regularly work 60 or more hours per pay period, you can enroll in benefits. Employees must be employed with Allies for 60 days to be eligible for benefits (benefits become effective the first of the month following 60 days).

With respect to dependents, we do offer coverage. Eligible dependents are:

- Legal spouse or domestic partner
- Dependent children up to age 26

Note: 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 your 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.



Allies reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact the Benefits Office.