LIBERTY HEALTH

2024-2025

Benefits Guide

For Long Term Care and Assisted Living

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Eligibility

If you are authorized to work at least 30 hours per week, you are eligible for all of the benefit plans offered. You may also choose to enroll your eligible dependents in many of our benefits. Your eligible dependents include your legal spouse, children, students, and disabled children. Please review information regarding your dependent eligibility.

Please note: dependent spouses who have access to health insurance through their own employment, but who choose to decline that coverage and be covered under Liberty group health plan, will be subject to a bi-weekly premium surcharge of $200. This will be deducted from the employee's paycheck on a pre-tax basis.

Dependents

Dependents are eligible for Medical, Dental, Vision and Life coverage. The Medical, Dental, and Vision coverage ends at the end of the month in which they turn 26. The Life coverage ends on their 26th birthday.

Making Informed Decisions About Your Healthcare

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. As a Liberty employee, you are offered a series of health coverage options. Choosing a health option is an important decision. Please use this summary guide to help you make an informed decision about your benefits. If you have questions, please call your office/facility's designated corporate HR representative or send your inquiry to the below HR mailbox:

Benefits Department

Benefits@Libertyhcare.com

Enroll Online

You can access the online enrollment system two ways:

1. Login to the Employee Self Service Portal from any Liberty Health computer through the home page. Click on Bookmarks, Employee Self-Service, Benefits, and then New Hire Enrollment.
2. Login from home by going to **www.liberty-healthcare.com**
   Click on Liberty Portal and then New Hire Enrollment.
   (Not accessible through mobile devices.)

Visit the website any time 24 hours a day to make your elections.

All employees have access to the Employee Self-Service Portal. Please log in to the portal prior to open enrollment to make sure you are able to access the correct bookmarks. If you are unable to log in, please open a Help Desk ticket with the IS department or call 1.866.999.5447.

Employee Wellness Program

Well at Work

Your health and wellbeing is very important to Liberty. We believe strongly in creating an environment in which we can support our employees in improving their health and maintaining a healthy lifestyle. Therefore, we have created a program to help our employees get more involved in assessing their health status, to work toward making improvement, and earn incentives for participation.

Liberty designed the Well at Work Program to promote actions that help you manage and improve your health. We provide rewards to employees and covered spouses for successful completion of specific health related activities, which we communicate annually for you to have the opportunity to participate.

Mission Statement

Well at Work creates and maintains a culture of health by encouraging employees and their families to lead healthier lifestyles, which fosters a more engaged, productive, and committed workforce, and ultimately a more positive work environment.

Employees are Responsible for Checking Their Compliance

There are two ways to check your compliance:

1. From Lawson - Go to Bookmarks then Self Service under Benefits / Current Benefits. Once the screen opens, you will need to change the effective date to 4/1/2024 and hit continue to check your status for the 2024/2025 plan year. Make sure to use the bar on the right to scroll down to see the Wellness Incentive.
2. From Home – Go to www.liberty-healthcare.com. Select 'Liberty Portal' and under Benefits select Current Benefits. Once the screen opens, you will need to change the effective date to 4/1/2024 and hit continue to check your status for the 2024/2025 plan year. Make sure to use the bar on the right to scroll down to see the Wellness Incentive.

Wellness Premium Discount Program

Earning the Premium Discount

To qualify for the premium discount, the below program requirements must be met. If you did not meet the requirements for 4/1 or were hired after 4/1, there will be multiple opportunities to earn the premium discount throughout this plan year - 7/1, 10/1, and 1/1/25. See the chart below for the timelines to earn the premium discount.

Premium Discount Start	Qualifying Deadline
7/1/2024	6/15/2024
10/1/2024	9/15/2024
1/1/2025	12/15/2024
4/1/2025	3/15/2025

If you meet all the requirements by the above dates, you will earn the premium discount from that point forward. The fastest way to ensure compliance is to complete the wellness survey.

Requirements

- Annual Physical* - **REQUIRED**
- Plus 3 of the following Preventive Exams:
  - Mammogram (women ages 40 to 69): Every 12-24 months
  - Cervical Cancer Screening (women ages 21 to 64): Every 36 months
  - Colorectal Cancer Screening (adults ages 50 to 75): Fecal Occult Blood test every year, Cologuard test every 3 years, Sigmoidoscopy every 5 years or Colonoscopy every 10 years
  - Prostate exam
  - Routine vision exam
  - Preventive dental exam
  - Skin Cancer Screening
  - Vaccinations – Flu, COVID, Pneumonia
  - Nutritional Visits
  - Diabetes Screening
  - Cholesterol Screening
  - HPV Testing

*Your Medical Insurance covers one annual physical per plan year (NOT calendar year) at 100% (4/1-3/31). Therefore, BCBSNC does not require you to have 365 days between visits.

Premium Discount

- Employee or Spouse Only: $35/pay period ($910 annually)
- Employee + Spouse: $70/pay period ($1,820 annually)

Questions?

Please contact your Benefits Administrator at 1.910.332.1922 with any questions. If calling after hours, please leave a message. We will respond to your voicemail on the next business day.

Medical

Liberty Health offers employees a choice of four (4) medical plans through Blue Cross Blue Shield of North Carolina. You are eligible to enroll in the medical plan after the first of the month following 30 days of full-time employment. You must complete your enrollment in the plan within 30 days of your hire date or full-time effective date. Eligible dependents include your spouse and your dependent children through the end of the month in which they turn 26. The following chart is a high-level overview of coverage. Please refer to actual plan documents or contact BCBS of NC customer service at 1.800.517.8072 for benefit verification.

Medical Comparison

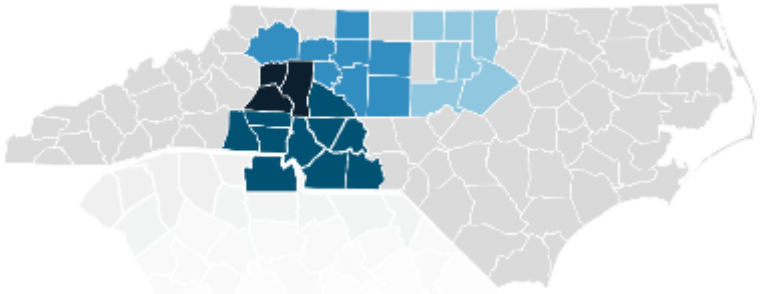
	BASIC	STANDARD	PREMIUM	HPN
Services	**In-Network**	**In-Network**	**In-Network**	**In-Network Only**
Annual Deductible	$3,000 Individual $6,000 Family	$1,000 Individual $2,000 Family	$500 Individual $1,000 Family	$3,000 Individual $6,000 Family
Out-of-Pocket Maximum (Includes deductible and all copays)	$7,150 Individual $14,300 Family	$6,750 Individual $13,500 Family	$6,350 Individual $12,700 Family	$7,150 Individual $14,300 Family
Coinsurance (Amount after deductible)	30%	20%	20%	30%
Hospital	Deductible + 30%	Deductible + 20%	Deductible + 20%	Deductible + 30%
Outpatient	Deductible + 30%	Deductible + 20%	Deductible + 20%	Deductible + 30%
Lab In Physician Office Freestanding Lab MRI, CT Scans, PET Scan	 Office Copay 100% Covered Deductible + 30%	 Office Copay 100% Covered Deductible + 20%	 Office Copay 100% Covered Deductible + 20%	 Office Copay 100% Covered Deductible + 30%
Office Visits PCP Specialist Preventive Care Chiropractic Care Routine Vision Exam	 $30 Copay $60 Copay 100% Covered Deductible + 30% (30 visit limit) 100% Covered	 $25 Copay $50 Copay 100% Covered Deductible + 20% (30 visit limit) 100% Covered	 $15 Copay $40 Copay 100% Covered Deductible + 20% (30 visit limit) 100% Covered	 $30 Copay $60 Copay 100% Covered Deductible + 30% (30 visit limit) 100% Covered
Emergency Room ER Copay Urgent Care	 $500 $50	 $350 $40	 $250 $30	 $500 $50
TELADOC	$0 Copay	$0 Copay	$0 Copay	$0 Copay

Bi-Weekly Medical Rates	BASIC	STANDARD	PREMIUM	HPN
Employee Only	$66.51	$107.26	$153.36	$55.38
Employee + Spouse	$262.30	$337.84	$450.03	$218.31
Employee + Child(ren)	$171.58	$232.36	$319.44	$143.08
Employee + Family	$355.85	$457.03	$607.66	$296.31

Medical

Introducing the High Performance Network (HPN) medical plan. This unique plan offers in-network coverage only through a carefully selected network of doctors and hospitals that provide great care at lower costs. This network is the Blue High Performance Network or BlueHPN. Only emergencies are covered out-of-network.

You are eligible to enroll in the HPN plan only if you live in a county within the BlueHPN service area. Below is a map of the health systems that are part of BlueHPN in North Carolina. You must live in one of the below counties to enroll in this plan.



DukeHealth

Raleigh, Durham, Chapel Hill
- Caswell
- Chatham
- Durham
- Granville
- Orange
- Person
- Wake

Atrium Health Wake Forest Baptist

Winston Salem, Greensboro, High Point
- Davidson
- Davie
- Forsyth
- Guilford
- Randolph
- Stokes
- Wilkes
- Yadkin

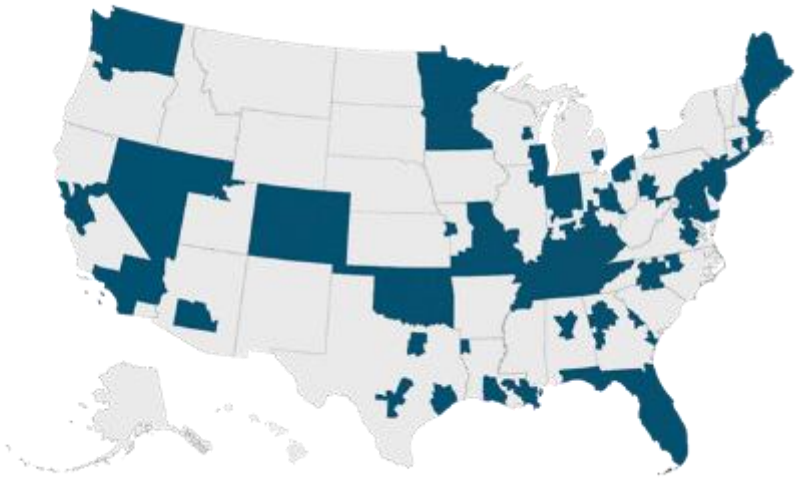
Atrium Health Wake Forest Baptist

Charlotte, Concord, Gastonia, York SC
- Anson
- Cabarrus
- Cleveland
- Gaston
- Lincoln
- Mecklenburg
- Rowan
- Stanly
- Union

Iredell Health System | Frye Regional Medical Center, A Duke LifePoint Hospital

Hickory Statesville
- Alexander
- Catawba
- Iredell

There are also 65+ BlueHPN markets across the country as indicated by the shading on the below map. You can look up in-network providers across the country at BlueCrossNC.com/HPNdoctors.



Pharmacy

Your pharmacy benefit services are provided by BCBS of NC. You will receive one ID card for both medial and pharmacy. Call BCBS of NC Member Services at 1.800.517.8072 for any pharmacy questions.

Pharmacy Comparison

	BASIC	STANDARD	PREMIUM	HPN
Services	**In-Network**	**In-Network**	**In-Network**	**In-Network Only**
Prescription Drug Retail (30-day supply)	Tier 1: $10 Tier 2: $10 Tiers 3-5: 100% to $125	Tier 1: $10 Tier 2: $10 Tiers 3-5: 50% to $100	Tier 1: $10 Tier 2: $10 Tier 3: $30 Tiers 4 & 5: 25% to $100	Tier 1: $10 Tier 2: $10 Tiers 3-5: 100% to $125
Mail Order (90 Day Supply)	**In-Network**	**In-Network**	**In-Network**	**In-Network Only**
MUST use McNeill's Pharmacy for Mail Order	Tier 1: $0 Tier 2: $0 Tiers 3-5: 100% to $125	Tier 1: $0 Tier 2: $0 Tiers 3-5: 50% to $100	Tier 1: $0 Tier 2: $0 Tier 3: $30 Tiers 4 & 5: 25% to $100	Tier 1: $0 Tier 2: $0 Tiers 3-5: 100% to $125

You may request a copy of the most current Preferred Drug List and Formulary Exclusions List by contacting the BCBS of NC Customer Service Department at 1.800.517.8072. Please review the preferred drug list, as it may provide lower cost alternatives for your medications. If you find that your medication is excluded from the formulary, you should speak with your physician to discuss other covered alternatives.

Specialty Medications

The specialty drug program from BCBS of NC is designed to aggressively manage specialty drugs, ensuring that employees and their family members get the most cost-effective medicines and the best health outcomes. BCBS of NC has teamed up with Accredo, a leading specialty pharmacy, to meet the needs of members who depend on specialty drugs. Accredo is a full-service specialty pharmacy that provides personalized care to individuals with chronic, serious health conditions. For a complete list of conditions or for more information, please visit **www.accredo.com** or contact a patient care advocate at 1.833.599.0513.

Questions?

BCBS of NC can assist you with every aspect of your pharmacy benefit plan from answering coverage questions and ordering ID cards to resolving complex issues.

Contact BCBS of NC at 1.800.517.8072 8:00 am to 6:00 pm ET, Monday-Friday.

McNeill's Pharmacy

As an employee of Liberty Health enrolled in the company insurance policy, you are qualified to receive your prescriptions from McNeill's Pharmacy using our mail order program. We would love the opportunity to care for your pharmaceutical needs!

For generic maintenance medications with prescriptions written for a 90-day supply, your copay is $0.00! The price range for brand name medications begins at $30.00. For prescriptions not written for a 90-day supply, the price will vary. However, as a courtesy for using McNeill's Pharmacy, our staff will work with your provider in an effort to decrease or eliminate your copay.

If you are interested in enrolling and allowing McNeill's Pharmacy to care for you, simply go to **https://www.mcneillspharmacy.com/liberty-healthcare-employees** to download the patient enrollment packets. Please complete these packets and fax them to McNeill's Pharmacy at 910-642-3765.

Our qualified, friendly staff work hard every day to fill, verify, package and mail prescriptions. The process is simple and easy to use. We encourage you to enroll today!

If you have any questions, please reach out to the pharmacy staff at 910-642-3065. We look forward to serving you!

Now it's even easier to refill with our FREE app

Refill 24/7, set reminders, save on medications and access your account from the new McNeill's Pharmacy mobile app

Telemedicine

Teladoc is an innovative service available to any employee who is enrolled in Liberty Health's medical plan, and their covered dependents. Teladoc provides 24/7 access to qualified doctors and pediatricians through the convenience of phone or video consult at no cost to you!

Teladoc is not intended to replace your primary care physician but is a convenient option for quality non-emergency care. The Teladoc doctors can treat many conditions, including:

- Cold & Flu symptoms
- Bronchitis
- Respiratory Infection
- Poison Ivy
- Ear Infection
- Allergies
- Urinary Tract Infection
- Sinus Problems
- Pink Eye
- And More!

After you 'visit' with Teladoc, they will be happy to provide information about your consult to your primary care physician, if you consent.

Behavioral Health and Dermatology consultations are also available via Teladoc.

General medical and Behavioral Health consultations are covered at $0. Dermatology consultations are covered at the specialist copay.

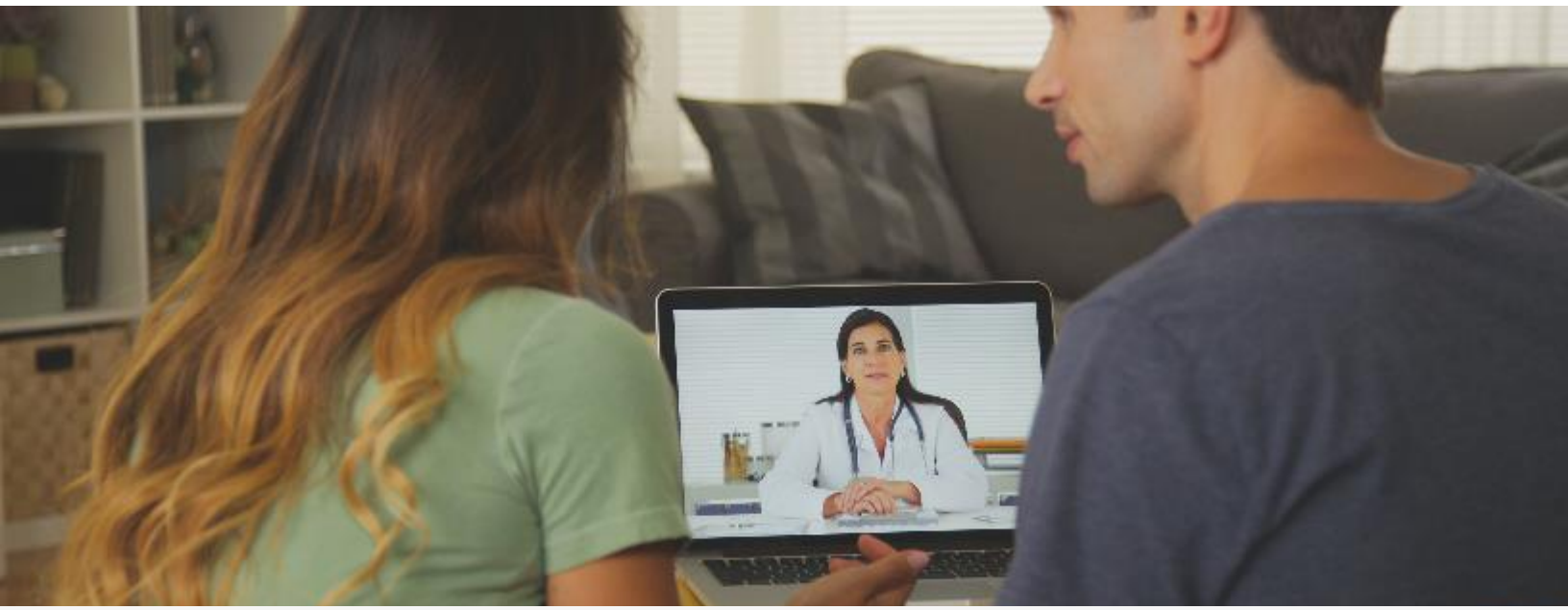
You can also add a loved one you're caring for to your Teladoc account and have two- or three-way visits with a doctor. You will be responsible for the total cost of the caregiver visit, which is typically $47 or less per visit.

Talk to a Doctor Anytime/Anywhere for FREE

Visit **Teladoc.com** or call 1.855.Teladoc (835.2362)

You can also download Teladoc's mobile app: **Teladoc.com/mobile**

The average call-back time from a Teladoc physician is 8 minutes.



Dental

Liberty Health offers two dental plans through Delta Dental. The chart below is a brief outline of the plans. Please refer to the summary plan descriptions for complete plan details.

Dental benefits run from April 1 to March 31 each year. You are likely to save more money by visiting a dentist who is in the Delta Dental network for Liberty Health. You can search for network dentists by visiting Delta Dental's website at www.deltadentalnc.com or by calling Delta Dental's Customer Service Center at 1.800.662.8856. Customer Service is available Monday-Friday from 8:30 AM until 8:00 PM EST to help you.

	Core	Buy-Up
Deductible	$50 Individual $150 Family	$50 Individual $150 Family
Diagnostic & Preventive Care (Does not count toward Annual Max)	100% Deductible Waived	100% Deductible Waived
Basic Care	80% After Deductible	80% After Deductible
Major Care	Not Covered	50% After Deductible*
Orthodontic Care (Child Only)	Not Covered	50% After Deductible
Individual Annual Maximum	$1,000	$2,000
Orthodontic Maximum	N/A	$2,000

*Implants are covered under major care.

Bi-Weekly Rates	Core	Buy-Up
Employee Only	$13.76	$18.46
Employee / Family	$27.64	$40.15

Vision

Liberty Health is proud to offer vision coverage to you and your eligible dependents. Benefits are provided through Superior Vision Care which is a part of MetLife.

In order to maximize your benefits, you will need to use a doctor that is in the Superior Vision network. However, you may use a doctor that is not in the network but expect to pay more for non-discounted services. To locate a participating network provider, visit www.superiorvision.com or call 1-800-507-3800.

Vision Benefit	Member Cost	Out-of-Network Reimbursements
Comprehensive Exam	$10 Copay	Ophthalmologist - Up to $44 Optometrist - Up to $39
Materials	$10 Copay	Included in Allowance
Fitting Exam Fee	$10 copay (Standard fit) $50 Allowance (Specialty fit)	Not Covered
Exam Options Comprehensive Exam Ophthalmologist Comprehensive Exam Optometrist	Covered in Full	 Up to $44 Up to $39
Frames Any allowable frame at provider location	$175 Allowance	Up to $70
Standard Plastic Lenses Single Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses	Covered in Full (for most standard lenses)	 Up to $26 Up to $34 Up to $50 Up to $76
Contact Lenses (Contact lens allowance includes materials only) Conventional Disposable Medically Necessary	 $175 Allowance $175 Allowance Covered in Full	 Up to $100 Up to $100 Up to $210
Frequency Examination Lenses or Contact Lenses Frame		 1 per Plan Year 1 per Plan Year 1 per Plan Year

Upon enrollment in the vision plan, Superior Vision will send you an ID card. Please present this ID card to your provider. You will continue to use this ID card for the entire period you are covered under this plan. You can print an ID card from the secure member website www.superiorvision.com. The vision plan year runs April 1 through March 31.

Coverage	Bi-Weekly Rates
Employee Only	$3.72
Employee + 1	$7.14
Employee + Family	$10.50

Flexible Spending Accounts

Liberty Health offers Flexible Spending Accounts that are “savings accounts” that allow you to set aside pre-tax dollars to pay for your medical and/or child care expenses. The maximum contribution to the Medical Spending Account is $3,200 annually with a minimum of $520. The maximum contribution for the Child Care Spending Account is $5,000 annually with a minimum of $520.

REMINDER: You are only eligible to enroll into the Flexible Spending Accounts during the annual enrollment period and you must re-enroll every year during the annual enrollment period in order to participate in the Flexible Spending Accounts!

Flexible Spending Accounts help you save money by providing a way to pay for certain types of health care and dependent care on a pre-tax basis. There are two types of Flexible Spending Accounts:

Health Care Flexible Spending Accounts (FSA)

Allow employees to set aside pre-tax dollars taken through a payroll deduction to pay for expenses not covered by any insurance plan in which you may be enrolled. These pre-tax dollars are set aside in a personal flexible spending account until needed. You may contribute up to $3,200 during the benefit plan year – April 1 through March 31.

Dependent Care Flexible Spending Accounts (DCFSA)

Allow employees to set aside pre-tax dollars taken through a payroll deduction to pay for work-related child care expenses or adult dependent care. DCFSAs may be used to pay for the care of dependent children under age 13 or any disabled dependent who lives with you and who you claim on your taxes. Your total savings will depend upon your family income, tax status, and total expenses. If you have Dependent Care expenses, you may choose to claim a tax credit when you file your Federal taxes rather than contribute to a Dependent Care FSA. The annual maximum amount you may contribute is $5,000 (or $2,500 if married and filing separately) per calendar year. All DC participants are required to complete IRS form 2441 when preparing their tax returns.

If you are currently enrolled in the Health Care or Dependent Care Flexible Spending Account, your election will not carry over to the next plan year. If you wish to keep your FSA plan, you must enroll for the new plan year during the annual Open Enrollment period. If you have an FSA debit card, do not throw it away. You will use the same debit card each year. Charges will apply if ordering a new debit card. Debit cards are issued by Flores & Associates.

Unused health FSA balances of up to $640 will automatically be carried over at end of the benefit plan year to the new plan year if you remain actively employed. You do not have to re-enroll for the new plan year to receive the rollover. Please note the rollover does not apply to the Dependent Care FSA.

Flexible Spending Accounts

How an FSA or DCFSA Works

During Open Enrollment, you decide how much money to contribute to the FSA and/or DCFSA for the next plan year. This amount will be deducted in equal increments from your paycheck pre-tax.

Expenses must be incurred during the plan year (April 1 – March 31) and must not be eligible for reimbursement from insurance policies or any other source.

You will have 90 days after the end of the plan year to submit claims for reimbursement.

To find the appropriate forms such as the No-Wait Dependent Care, FSA Medical Reimbursement, or Direct Deposit, visit **www.flores247.com**.

Eligible and Ineligible Expenses

For a complete listing of eligible and ineligible expenses, visit **www.irs.gov** and refer to Publication 502.

Basic Life, AD&D and Optional Life

Liberty Health provides full-time employees a FREE term life insurance and accidental death & dismemberment policy through Lincoln Financial, formerly Liberty Mutual. The amount of coverage is 1 times your annual salary to a maximum of $50,000. If death is the result of an accident, your beneficiary will receive an additional amount equal to your basic life insurance coverage. If you are dismembered (such as loss of sight in an eye, loss of hand, foot, limb, hearing, speech, etc.), benefits will be paid to you as a percentage of the basic life amount.

Designating a Beneficiary

You should access the Employee Self-Service Portal to complete or update your beneficiary information. If you do not designate a beneficiary in the system, your beneficiary designation will default to your estate. It is suggested that you review your beneficiary information during Annual Open Enrollment and ensure it is correct.

Optional Life Insurance

To supplement your basic term life insurance benefits, you may purchase additional term life insurance coverage for yourself as well as your eligible dependents. You pay the premiums for voluntary life insurance with after-tax dollars.

Upon leaving Liberty Health, you have the option to either convert or port your basic life and/or optional life insurance to an individual policy. Contact HR for details.

Calculation Example Based on Employee Age 42		Calculation
Employee Age	42	
Life Amount elected	$100,000	
Monthly Life Rate per $1,000	$0.12	
Monthly Premium	$12.00	($100,000/$1,000) x $.12
Payroll Premium	$5.54	($12.00 x 12 months) / 26 pay periods

Please note: as a new hire, you are allowed to elect optional employee life insurance up to the non-medical maximum of $300,000 without answering medical questions. During open enrollment every year, you will only be allowed to increase your optional life coverage by $20,000 without supplying evidence of insurability, up to the non-medical maximum.

Basic Life, AD&D and Optional Life

Coverage Option	Benefit	Evidence of Insurability Requirements (EOI)
Basic Life and AD&D (Liberty Health provides this benefit at no cost to you)	Coverage is 1 times your Annual Salary to a Maximum of $50,000	None
Employee Optional Life	Coverage is available in $20,000 increments, not to exceed the lesser of 5 times your annual earnings or $500,000	Non-Medical Maximum $300,000
Spouse Optional Life	Coverage is available for your Spouse in increments of $10,000 up to a maximum of $60,000, not to exceed 50% of Employee Life election	Non-Medical Maximum $60,000
Child Optional Life	Coverage is available for your child at $10,000	Non-Medical Maximum $10,000

Age as of 4/1	Bi-weekly Rate per $1,000	$20,000	$40,000	$60,000	$80,000	$100,000	$120,000	$140,000	$160,000	$180,000	$200,000	$220,000	$240,000	$260,000	$280,000	$300,000
<25	$0.023	$0.46	$0.92	$1.38	$1.85	$2.31	$2.77	$3.23	$3.69	$4.15	$4.62	$5.08	$5.54	$6.00	$6.46	$6.92
25-29	$0.028	$0.55	$1.11	$1.66	$2.22	$2.77	$3.32	$3.88	$4.43	$4.98	$5.54	$6.09	$6.65	$7.20	$7.75	$8.31
30-34	$0.037	$0.74	$1.48	$2.22	$2.95	$3.69	$4.43	$5.17	$5.91	$6.65	$7.38	$8.12	$8.86	$9.60	$10.34	$11.08
35-39	$0.042	$0.83	$1.66	$2.49	$3.32	$4.15	$4.98	$5.82	$6.65	$7.48	$8.31	$9.14	$9.97	$10.80	$11.63	$12.46
40-44	$0.055	$1.11	$2.22	$3.32	$4.43	$5.54	$6.65	$7.75	$8.86	$9.97	$11.08	$12.18	$13.29	$14.40	$15.51	$16.62
45-49	$0.092	$1.85	$3.69	$5.54	$7.38	$9.23	$11.08	$12.92	$14.77	$16.62	$18.46	$20.31	$22.15	$24.00	$25.85	$27.69
50-54	$0.138	$2.77	$5.54	$8.31	$11.08	$13.85	$16.62	$19.38	$22.15	$24.92	$27.69	$30.46	$33.23	$36.00	$38.77	$41.54
55-59	$0.217	$4.34	$8.68	$13.02	$17.35	$21.69	$26.03	$30.37	$34.71	$39.05	$43.38	$47.72	$52.06	$56.40	$60.74	$65.08
60-64	$0.365	$7.29	$14.58	$21.88	$29.17	$36.46	$43.75	$51.05	$58.34	$65.63	$72.92	$80.22	$87.51	$94.80	$102.09	$109.38
65-69	$0.660	$13.20	$26.40	$39.60	$52.80	$66.00	$79.20	$92.40	$105.60	$118.80	$132.00	$145.20	$158.40	$171.60	$184.80	$198.00
70-74	$0.951	$19.02	$38.03	$57.05	$76.06	$95.08	$114.09	$133.11	$152.12	$171.14	$190.15	$209.17	$228.18	$247.20	$266.22	$285.23
75+	$2.008	$40.15	$80.31	$120.46	$160.62	$200.77	$240.92	$281.08	$321.23	$361.38	$401.54	$441.69	$481.85	$522.00	$562.15	$602.31

Please see HR for the bi-weekly rates for amounts above $300,000. For employees, the amount of Basic and Optional Life and Accidental Death and Dismemberment Insurance will reduce at age 65 or older as follows:

Ages 65 - 69: to 65% | **Ages 70 & up: to 50%**

Reductions will occur on the April 1st following the date the Covered Person attains the applicable age. The reduction formula is applicable to Covered Dependent spouses and is based on the Dependent spouse's age.

Dependent Spouse Life Insurance coverage terminates at age 70.

Disability

Disability coverage is an important employee benefit that provides income replacement for an employee in the event he/she becomes disabled and cannot work due to a non-occupational injury or illness.

Liberty Health offers the opportunity to enroll in short term and long term disability.

Premium rates for these benefits are based on age and amount of benefit. Please see the on-line enrollment system for the biweekly premiums. You can elect STD and/or LTD without supplying Evidence of Insurability (EOI).

A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, or prescribed drugs or medicines or followed treatment recommendations prior to the coverage effective date. If you have received treatment 3 months prior to the coverage effective date for a pre-existing condition, no STD or LTD benefits are provided for that condition during the first 12 months of the contract. This provision also applies if you did not consult a physician when an ordinarily prudent person would have.

Disability

Short-Term Disability

Liberty Health offers voluntary short term disability through Lincoln Financial. If you become totally or partially disabled due to sickness, accidental bodily injury, or pregnancy, short term disability payments will begin on the day after you have satisfied the elimination of 7 days of continuous disability. Your weekly benefit is calculated as 60% of your base weekly salary to a maximum of $1,000. Once approved, benefit payments will continue for up to 26 weeks of continuous disability.

Short Term Disability	
Monthly Rates per $10 Coverage	
Age	**Monthly Rate**
< 40	$0.853
40 - 49	$0.879
50 +	$1.166

Short Term Disability: Calculations

Let's assume an annual base salary of $20,000 for a 29 year old employee

1. $20,000 x 60% of income = $12,000
2. $12,000 / 52 weeks = $230.76
3. $230.76 / 10 (rate calculated based on $10 of coverage) = $23.08
4. $23.08 x $0.853 (age 29 rate of $0.853 per rate chart) = $19.69 monthly
5. $19.69 x 12 (months) / 26 (pay periods) = $9.09 deduction per paycheck (26 payroll deductions)

Long Term Disability

Long-term disability is a benefit that provides partial income protection if a serious illness or injury causes you to be on medical leave of absence from work for more than 6 months. During this time, you will receive 40% of your monthly income up to $10,000. This benefit is offered through Lincoln Financial.

Long Term Disability	
Monthly Rates per $100 Covered Benefit	
Age	**Monthly Rate**
< 40	$0.63
40 - 49	$1.623
50 +	$3.762

Lincoln Voluntary Benefits

Liberty is pleased to offer employees the opportunity to purchase accident and critical illness insurance through Lincoln Financial. Both these benefits will pay cash payments for covered accidents or illnesses directly to the covered member. Coverage is available for employees and their eligible dependents.

Critical Illness	• Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event • Choose from $10,000, $20,000, or $30,000 benefit amounts • Coverage is available for you, your spouse and/or children • $50 wellness screening benefit. You receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening or immunization.
Accident Insurance	• Provides cash benefits if you or a covered family member is accidentally injured while off the job • Coverage is available for you, your spouse and/or children • Policy is fully portable if you leave or retire • $50 wellness screening benefit. You receive a cash benefit every year you and any of your covered family members complete a single covered assessment test.

LegalShield Pre-Paid Legal with ID Theft

Personal Legal Plan

Covers member, spouse, significant other, and dependents up to the age of 26.

- Standard Will preparation, Living Will and Medical Health
- Power of Attorney
- Unlimited Legal Advice/Consultation Letters/Phone Calls
- Legal Document Review
- Routine Traffic Tickets
- Uncontested Separation, Divorce and Adoption Representation
- Uncontested Name Change
- Trial Defense
- IRS Audits
- 24/7 Emergency Assistance

Identity Theft Plan

Covers member, spouse, significant other, and dependents up to the age of 26.

- Credit Report
- Continuous Monitoring
- Personal Credit Score
- Identity Consultation
- SafeGuard for Minors
- Identity Restoration

Pre-Paid Legal Bi-Weekly Rates	
LegalShield	$7.35
Identity Theft	$6.90
BOTH; LegalShield & Identity Theft	$11.95

If interested in enrolling in the personal legal plan or the identity theft plan, please contact LegalShield at 1.800.654.7757.

Allstate Identity Protection

Identity theft can happen to anyone. That's why Liberty has added Allstate Identity Protection as a new benefit for 2022. Get comprehensive identity monitoring and fraud resolution, plus mobile cybersecurity to help you protect yourself and your family against today's digital threats.

With Allstate Identity Protection Pro+ Cyber, you get features designed to help you defend yourself from today's risks. Coverage includes the most comprehensive identity protection features in the market, plus browse confidently with powerful cybersecurity features powered by Lookout mobile app.

You can also get coverage for your whole household, plus senior family coverage for your parents, in-laws, and grandparents age 65+, family mobile device protection for up to 10 devices, and up to $2 million in expanded identity theft, cyber and ransomware expense reimbursement.

Allstate ID Protection Pro+ Cyber Bi-weekly Rates	
Employee Only	$5.05
Employee + Family	$8.75

Pet Insurance

My Pet Protection pet insurance from Nationwide has options to meet every budget and offers more choices and more flexibility to insure your beloved pets. Coverage is also available for exotic pets.

- Get cash back on eligible vet bills – choose your reimbursement level of 50% or 70%
- Available exclusively for employees of Liberty Health
- Use any vet, anywhere – no network, no pre-approvals
- All plans have a $250 annual deductible and $7,500 maximum annual benefit
- Multiple pet discounts

How to use your pet insurance plan:

1. Visit any vet, anywhere.
2. Submit claim.
3. Get reimbursed for eligible expenses.

Enrollment in pet insurance can occur at any time throughout the year without a qualifying event. Policies renew 12 months after initial effective date. Payment for this benefit is handled via payroll deduction.

Get a fast, no-obligation quote at benefits.petinsurance.com/libertyhcare. To enroll your bird, rabbit, reptile, or other exotic pet, call 877-738-7874.

Paid Time Off

Full-time employees accrue PTO hours that may be used for Vacation, Sick, Holiday, Bereavement, and other personal needs.

An employee's accrual rate of PTO depends on his/her position, responsibility, and time with the company. Please refer to your employee handbook or speak with your supervisor for specific accrual information.

Tax-Deferred 401(k) Retirement Plans

Liberty offers a 401(k) plan managed by Fidelity Investments. An employee is eligible to participate in the Company 401(k) Plan immediately upon hire if they are at least 20 years old. Eligible employees will be automatically enrolled at a 2% salary deferral unless they contact Fidelity Investments to change or stop the deferral. Employees will have 30 days to opt out or change this deferral amount before it becomes effective.

The current employer match is 35% on the first 4.0% of salary deferred. Employees must work for any Liberty entity for at least one year to begin earning the company match. Employees who are hired through acquisition will retain their original date of hire with the acquired location to determine company match eligibility and for vesting purposes.

Call the Benefit Resource Center ("BRC"), We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about clam appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services

Benefit Resource Center
BRCSouth@usi.com | Toll Free: 855-874-0835
Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time

Contacts

For assistance with benefit questions, claims issues, eligibility, or life event questions:

Liberty Health Benefit Resource Center

Hours of Operation: 8:00 a.m. - 5:00 p.m. EST

855-874-0835 BRCSouth@usi.com

Benefit	Carrier	Phone	Website
Medical/Rx	BCBS NC	800-517-8072	blueconnectnc.com
Telemedicine	Teladoc HEALTH	855-835-2362	teladoc.com
Mail Order Prescriptions	McNeill's Pharmacy	910-642-3065	mcneillspharmacy.com /liberty-healthcare-employees
Dental	DELTA DENTAL	800-662-8856	deltadentalnc.com
Vision	SuperiorVision	800-507-3800	superiorvision.com
Life/AD&D Short/Long Term Disability	Lincoln Financial Group	888-787-2129 800-713-7384	mylincolnportal.com company code: LibertyHC
FSA	Flores	800-532-3327	flores247.com
Employee Assistance (EAP)	Lincoln Financial Group	888-628-4824	guidanceresources.com u: LFGsupport p: LFGsupport1
Accident/Critical Illness	Lincoln Financial Group	800-713-7384	mylincolnportal.com company code: LibertyHC
401K	Fidelity	800-835-5097	401k.com
Pre-Paid Legal Plan with ID Theft	LegalShield IDShield	800-654-7757	legalshield.com idshield.com
Identity Protection	Allstate Identity Protection	800-789-2720	app.allstateidentityprotection.com
Pet Insurance	Nationwide	877-738-7874	benefits.petinsurance.com /libertyhcare

Important Notices

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the plan descriptions.

NEWBORNS ACT DISCLOSURE - FEDERAL

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance. To request special enrollment or obtain more information, contact person listed at the end of this summary.

PATIENT PROTECTION MODEL DISCLOSURE

APPLICABLE NON-GRANDFATHERED PLANS

BCBSNC generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact BCBSNC at www.blueconnectnc.com. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from BCBSNC or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact BCBSNC at www.blueconnectnc.com.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Important Notices

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue 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 and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.
No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.
Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $152 per day (up to a $1,527 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. 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 (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Kim McNeill
2334 S. 41st Street
Wilmington, North Carolina United States 28403
910-332-1792
kmcneill@libertyhcare.com

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

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

Your Choices

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

- Answer coverage questions from your family and friends
- Provide disaster relief

Important Notices

- Market our services and sell your information

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

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

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

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

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

Ask us to limit what we use or share
- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

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

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

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

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

Your Choices
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:
- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases we never share your information unless you give us written permission:

Marketing purposes
Sale of your information

Our Uses and Disclosures
How do we typically use or share your health information?
We typically use or share your health information in the following ways.

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

Important Notices

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

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization
- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

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

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

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

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

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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

Other Instructions for Notice
- April 1, 2024
- Kim McNeill, Director of HR
- 910.332.1792
- kmcneill@libertyhcare.com

Important Notice from Liberty Healthcare Management, Inc. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Liberty Healthcare Management, Inc. 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

Important Notices

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: 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. Liberty has determined that the prescription drug coverage offered by our health plan is, on average for all participants, expected to pay out as much as standard Medicare prescription drug coverage and is therefore considered Creditable Coverage.

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 to 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 Liberty Healthcare Management, Inc. medical plan coverage will be affected. If you do decide to join a Medicare drug plan and drop your current Liberty Healthcare Management, Inc. medical coverage, be aware that you and your dependents will not be able to get this coverage back unless you experience a qualifying event or at next year's open enrollment.

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 Liberty Healthcare Management Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage…
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 Liberty Healthcare Management Inc. 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 (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date:	April 1, 2024
Name of Entity/Sender:	Liberty Healthcare Management, Inc.
Contact--Position/Office:	Kim McNeill, Director of HR
Address:	2334 S. 41st Street Wilmington, NC 28403
Phone Number:	910.332.1792

Important Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555
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/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
FLORIDA – Medicaid
Website: http://flmedicaidtplrecovery.com/hipp/ 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: http://www.indianamedicaid.com Phone 1-800-403-0864
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
KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm 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
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840

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MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see "what if I have other health insurance?"] 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: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
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://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://medicaid.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/ 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/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44

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U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137

NOTICE REGARDING WELLNESS PROGRAMS

THE NOTICE ISSUED BY THE EEOC IS BELOW , HIGHLIGHTED TO IDENTIFY AREAS FOR EMPLOYERS TO COMPLETE.)

Well at Work Liberty Cares is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary annual physical and age/gender specific preventive screenings. You are not required to complete the voluntary annual physical and age/gender specific preventive screenings.
However, employees and spouses who choose to participate in the wellness program will receive an incentive of $35 reduction in premiums per pay period. Although you are not required to complete the voluntary annual physical and age/gender specific preventive screenings, only employees and spouses who do so will receive a $35 reduction in premiums per pay period.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Liberty Health may use aggregate information it collects to design a program based on identified health risks in the workplace, Well at Work Liberty Cares will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Kim McNeill at kmcneill@libertyhcare.com.

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at Kim McNeill at kmcneill@libertyhcare.com, and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Kim McNeill
2334 S. 41st Street
Wilmington, North Carolina United States 28403
910-332-1792
kmcneill@libertyhcare.com

Notes

2334 S. 41st Street
Wilmington, NC 28403