



2023-24

EMPLOYEE
BENEFITS
GUIDE



WELCOME TO CARON!

Benefits are an important part of total compensation at Caron, so please take time to review and understand the plan options available.



Your needs, and those of your family, are unique to you. That's why Caron Treatment Centers ("Caron") provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important health care coverage and other plans that provide financial security for you and your family. You can take advantage of life insurance, disability coverage, savings plans and a range of voluntary benefits for extra financial protection and peace of mind.

Some of your benefits are paid in full by the Company, and some costs are shared between you and the Company. Other benefits are made available to you at reasonable group rates.

This guide provides you with basic information about your Caron benefit options effective July 1, 2023 through June 30, 2024. More detailed information is available in the Summary of Benefits and Coverage (SBC) and certificates, available in your New Hire packet and on Caron's BenePortal website.

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ELIGIBILITY INFORMATION



Who is Eligible?

- Full-time employees hired to work a minimum of 30 hours per week
- Part-time or Fee-for-Service employees that work an average of 30 hours per week are eligible for medical benefits only

YOUR DEPENDENTS ARE ELIGIBLE IF THEY ARE:

- Your legal spouse, as defined by federal law.
- Your and/or your legal spouse's child(ren)* up to age 26 (19, or 25 if full-time student, for life insurance)
- Your disabled children up to any age (if disabled prior to age 19)

* Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship.

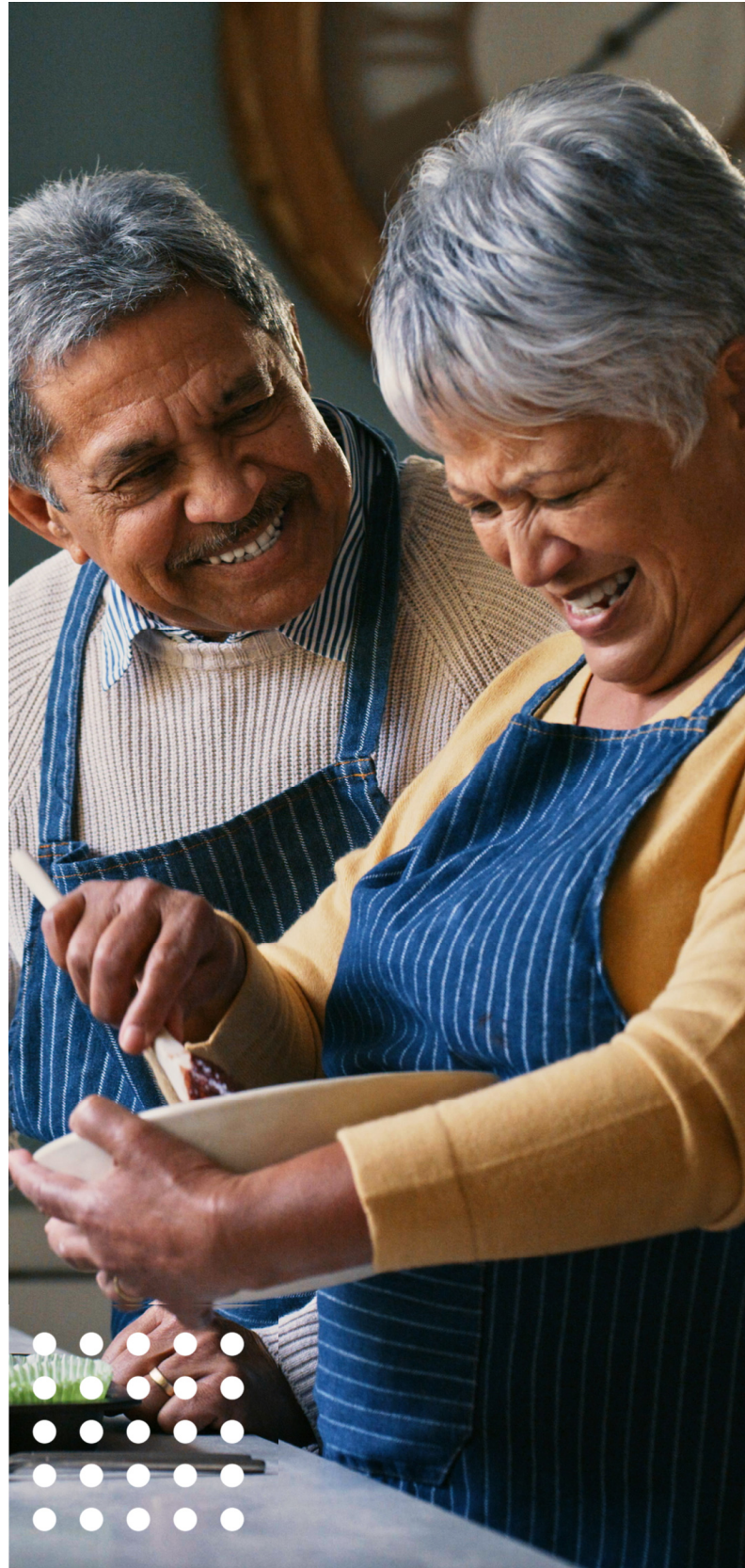
Working Legal Spouse Provision

As defined by federal law.

If your working spouse is eligible for a group medical plan sponsored by his or her employer, he/she is not eligible for coverage under the Caron plans. This provision does not apply if you and your spouse are both employed by Caron, your spouse is not working or his/her employer does not offer coverage.

Dependent children will be eligible to enroll in either the Caron medical plan(s) or in your working spouse's plan(s).

If you are enrolling your spouse in medical benefits, you will be required to complete and return a **Spousal Coverage Affidavit form**.



COVERAGE DETAILS & HOW TO ENROLL

When Coverage Begins

As a new hire, Medical, Dental, Vision and Flexible Spending Account (FSA) elections are effective on the first of the month following your date of hire through June 30, 2024. You must elect benefits within 31 days after your hire date. If you do not enroll within 31 days, you will not be eligible for benefits until the next annual Open Enrollment period, unless you have a qualifying life event (see *Making Benefits Changes During the Year* below).

New hires who are at least 18 years old are eligible to participate in the 401(k) on the first of the month following three (3) months of employment.

The Life Insurance (Company paid and optional) and Disability Insurance begin on the first of the month following six months of employment. The Employee Assistance Program (EAP) is available on your date of hire. You will be automatically enrolled in these benefits.

How to Enroll

Contact Human Resources at
humanresources@caron.org.

NOTE: Some benefit elections may require the completion and return of additional forms to Human Resources.

Making Plan Changes During the Year

Unless you have a qualified life event, you cannot make changes to the benefits you elect until the next Open Enrollment period.

Qualifying life events include: marriage, divorce, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or change in spouse's/domestic partner's benefits or employment status.

All change requests must be received by Human Resources within 31 days of experiencing a qualifying life event or the change may not be made until the next Open Enrollment period.



MEDICAL PLAN OVERVIEW

AETNA

Medical Plan Options

Caron offers two medical plan options through **Aetna**, the **High Deductible Health Plan (HDHP)** and **Point of Service (POS)**. Both plans allow you to choose between in-network and out-of-network care, with higher benefits paid for in-network care. Prescription drug benefits are included with each plan and are administered by **Express Scripts**. Employees share in the cost of medical benefits. See page 15 for the 2023-2024 Bi-Weekly Employee Contributions.

If you enroll in the **HDHP** medical plan, and meet certain criteria determined by the IRS, you are allowed to contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs. For more information on the HDHP and HSAs, please see page 7.

Marketplace Coverage

You have the option to purchase individual medical coverage directly through the Marketplace, however, you should be aware that Caron cannot contribute towards your premium if you choose to buy insurance through the Marketplace instead of enrolling in our medical plan. You should also know that because Caron's medical insurance meets specific Affordable Care Act (ACA) requirements, you may not be eligible to receive a federal subsidy through the Marketplace.

New Employees Currently Receiving a Federal Subsidy

If you or your dependents are currently enrolled in a plan through the Marketplace and receiving a federal subsidy, you will lose the right to that subsidy on the date you become eligible for Caron's medical plans, even if you choose not to enroll in a Caron medical plan.

You are responsible for notifying your Health Insurance Marketplace that you are no longer eligible for the subsidy. To do this, you must log into your Marketplace account or call **800-318-2596**. Additional information is available at www.healthcare.gov.

Access to Your Healthcare Online

Once enrolled in the Aetna medical plan, the Aetna Health app and Aetna member website provide you with personalized tools to make your plan easier to use.

Connect to care

Find in-network providers, facilities and procedures near you. And you'll get personalized search results based on your health benefits and insurance plan. You can even get cost estimates for visits and procedures before you go.

Manage claims

You can pay claims and view up to two years of claims details for your whole family. Filter by member, provider, facility, service or date.

Get proactive with your health

You'll get simple, personalized health actions recommended to you, based on your unique profile. This could include a reminder to get a flu shot or a reminder that a preventive doctor's visit can help you stay on top of your health and well-being.

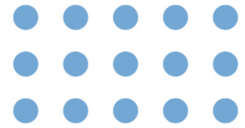
With the Aetna Health app and the Aetna member website, you can:

- View your health plan summary and get detailed information about what's covered
- View claim details and pay claims for your whole family
- Search for providers, procedures and medications
- Get cost estimates before you get care
- Track spending and progress toward meeting the deductibles for you and your family
- Access your ID card whenever you need it
- Get recommended health actions based on your profile

Visit www.aetna.com to access the Aetna member website or download the app from the Apple App

MEDICAL PLAN COMPARISON

AETNA



HDHP OPTION

POS OPTION

IN-NETWORK BENEFITS		
	YOUR RESPONSIBILITY	YOUR RESPONSIBILITY
Deductible Individual/Family	\$1,500/\$3,000	\$500/\$1,000
Coinsurance	0%	0%
Out-of-Pocket Maximum Individual/Family	\$4,000/\$8,000 \$4,000 Individual Embedded Out-of-Pocket	\$4,500/\$9,000
HSA Contribution Individual/Family	\$500/\$1,000	N/A
Preventive Care Services	Covered 100%	Covered 100%
PCP Office Visit	\$0 after deductible is met	\$30 copay
Specialist Office Visit	\$0 after deductible is met	\$30 copay
Urgent Care Visit	\$0 after deductible is met	\$75 copay
Telemedicine	\$0 after deductible is met	\$30 copay
Physical/Occupational Therapy	\$0 after deductible is met	\$30 copay
Chiropractic Care	\$0 after deductible is met	\$30 copay
Inpatient Hospital/Professional Services	\$0 after deductible is met	\$500 per day (Max 5 per admission)
Outpatient Surgery	\$0 after deductible is met	\$500 copay
Emergency Room (Waived if Admitted)	\$0 after deductible is met	\$250 copay
Outpatient Lab/Pathology	\$0 after deductible is met	\$0 after deductible is met
Routine Radiology/Diagnostic	\$0 after deductible is met	\$0 after deductible is met
Advanced Imaging (MRI/MRA, CT/CTA/PET Scans)	\$0 after deductible is met	\$200 copay
Home Health Care	\$0 after deductible is met	\$50 copay
OUT-OF-NETWORK BENEFITS (SUBJECT TO BALANCE BILLING)		
Deductible Individual/Family	\$3,000/\$6,000	\$3,000/\$6,000
Out-of-Pocket Maximum Individual/Family	\$9,000/\$18,000	\$9,000/\$18,000
Coinsurance	30% after deductible	30% after deductible

PLEASE NOTE: The plan deductible is based on a contract year (July 1st – June 30th).

To find a participating provider please register online at www.aetna.com.

HDHP & HEALTH SAVINGS ACCOUNT (HSA)

ADMINISTERED BY PAYFLEX

If you participate in the HDHP medical plan option, you may be eligible to participate in a Health Savings Account (HSA). An HSA is a tax-exempt savings account that can be used for eligible health care expenses.

High Deductible Health Plan (HDHP)

HDHPs — also called “consumer-driven” health plans — are designed to lower health care costs by encouraging members to pay closer attention to their health care decisions, while making insurance premiums more affordable.

HDHPs are typically paired with HSAs, which provide a tax- advantaged way to set money aside for deductibles and other out-of-pocket health care expenses.

How HSAs Work

(For those enrolled in the HDHP medical plan only)

HSAs are accounts you can use to set aside pre-tax money for qualified medical, dental and vision expenses. Money in your HSA belongs to you, and it goes with you even if you change employment or retire — in fact, the HSA is a good way to plan ahead for medical expenses in retirement. Unused money in the account rolls over from year to year — there is no “use it or lose it” restriction, as there is with a Flexible Spending Account.

You may contribute to an HSA if you:

- Are covered under an HSA Qualified HDHP
- Do not have disqualifying coverage such as other “first dollar” medical coverage etc.
- Are not enrolled in Medicare*
- Cannot be claimed as a dependent on someone else's tax return

* If you decide to delay enrolling in Medicare, make sure to stop contributing to your HSA at least six months before you do plan to enroll in Medicare. This is because when you enroll in Medicare Part A, you receive up to six months of retroactive coverage, not going back farther than your initial month of eligibility. If you do not stop HSA contributions at least six months before Medicare enrollment, you may incur a tax penalty.

HSA Eligible Expenses Include:

- Medical and prescription drug deductibles, and copays
- Orthodontia or other dental care
- Eye exams, contact lenses and glasses

HSA Contributions

Per the IRS, the 2023 calendar year limits are:

- **\$3,850** for individual coverage
- **\$7,750** for family coverage
- **\$1,000** catch-up contribution (for age 55 and older)

This annual maximum includes funds contributed by the Company as well as funds contributed by the employee.

Special Incentive for 2023-24 Plan Year

If you enroll in the HDHP medical plan, and you contribute a minimum of **\$10 per pay** into your Payflex HSA, Caron will contribute the following amounts to your HSA, based on your coverage tier:

- **\$19.23 per pay (up to \$500 per year max)** for Employee Only coverage
- **\$38.46 per pay (up to \$1,000 per year max)** for all other coverage tiers.



PRESCRIPTION DRUG BENEFITS

EXPRESS SCRIPTS



When you enroll in a Caron medical plan, you will receive comprehensive prescription drug coverage through Express Scripts.

Both medical plans include a 3-tier drug plan. The amount you pay out-of-pocket (your copay) varies, depending on the category.

- **Tier 1 covers Generic** drugs on the Express Scripts formulary— an extensive list of approved drugs by Express Scripts
- **Tier 2 covers Preferred Brand** drugs (included on the Express Scripts formulary list)
- **Tier 3 covers Non-Preferred Brand** drugs (not on the Express Scripts formulary list)

Prescription drugs can be purchased at a **Retail Pharmacy** (up to a 31-day supply) or through the **Express Scripts Mail Order Program** (up to 90-day supply).

Mail Order Program

If you or someone in your family takes prescription drugs on a regular basis, these costs can be high. A prescription mail order program can help you reduce these expenses for maintenance medications used to treat things such as high blood pressure, arthritis or diabetes.

With the Express Scripts Mail Order Program, you can receive up to a 90-day supply of medication at a lower cost than when filling your prescriptions at a retail pharmacy.



	HDHP	POS
RETAIL PHARMACY (UP TO A 31-DAY SUPPLY)		
TIER 1: Generic	\$8 copay*	\$20 copay
TIER 2: Preferred Brand	\$35 copay*	\$75 copay
TIER 3: Non-Preferred Brand	\$50 copay*	\$100 copay
MAIL ORDER PHARMACY (UP TO A 90-DAY SUPPLY)		
TIER 1: Generic	\$0 copay*	\$40 copay
TIER 2: Preferred Brand	\$0 copay*	\$150 copay
TIER 3: Non-Preferred Brand	\$0 copay*	\$200 copay

* If you are enrolled in the HDHP, you must satisfy your medical deductible before the retail/mail order prescription copays apply. The Medical deductible is on a contract year (July 1st–June 30th).

How To Contact Express Scripts Online

Express Scripts members who are already registered on the Express Scripts website or mobile app can follow these steps:

- Log in at Express-Scripts.com
- Click "Contact Us" from the main menu
- If none of the options presented quickly resolve your issue, click "Continue"
- Click "Contact a Member Services Representative"
- You can send us a secure online message and we will respond to you within 72 hours



TELADOC & WELLNESS PROGRAM



Teladoc

All employees and dependents enrolled in a Caron medical plan will have 24/7 access to board-certified physicians via phone or video through Teladoc. Teladoc offers a convenient, cost-effective alternative to hospital emergency rooms and urgent care clinics.

Teladoc is not intended to replace your doctor, but provides access to health care when reaching the doctor is difficult. Teladoc doctors can diagnose, recommend treatment and write short-term prescriptions for many routine medical conditions. The cost of a consultation varies depending on the medical plan in which you are enrolled and the type of services being provided, as outlined below.

To arrange a consultation, call **855-TELADOC** (855-835-2362), or visit Teladoc at www.teladoc.com.

TELEDOC COST BY PLAN

	HDHP	POS
General Medicine Consult	\$49 before deductible 10% after deductible	\$30 copay
Dermatology Consult	\$75 before deductible 10% after deductible	\$30 copay
Behavioral Medicine Consult		
Physiatrist (MD) - Initial Consult	\$190 before deductible	\$30 copay
Subsequent Visits	\$95 before deductible	
Therapy/all other (non-MD)	\$85 before deductible then, 10% after deductible	

Wellness Program

Our company's strength and success depends on you, so your health is important to us. The everyday choices we make can help us live healthier, happier and more fulfilling lives — both at work and at home. That's why we offer you the opportunity to participate in the Caron **Wellness Program**.

Available to all employees enrolled in Caron's medical insurance, the Wellness Program focuses on health and well-being. Participation is voluntary and includes completion of biometric screening and health assessment through Aetna. In order to earn a health plan premium discount for the 2023-24 plan year the biometric screening and health risk assessment must be completed by April 30, 2023.

For the 2023-24 Plan Year, the same requirements will apply, you will need to complete a Health Risk Assessment and a Biometric Screening. You will learn more about these requirements after July 1, 2023.

We hope you will join us in building a culture of well-being.

HOSPITAL INDEMNITY

AETNA

An unexpected hospital stay can lead to unexpected costs. The Hospital Indemnity Plan can be used to supplement your benefits and protect your family's future. All eligible employees have the option to purchase Hospital Indemnity coverage.

Hospital Indemnity Plan

Hospital Indemnity Insurance pays members cash directly when they have a covered inpatient hospital stay.

With hospital indemnity insurance, a benefit is paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness.

COVERED BENEFIT EXAMPLE 3 DAY HOSPITAL STAY

	PER DAY BENEFIT	ELIGIBLE DAYS	BENEFIT AMOUNT
First Day Confinement	\$1,000	Day 1	\$1,000
Hospital Confinement	\$100	Days 2 - 3	\$200
TOTAL BENEFITS PAID			\$1,200

* Hospital Admission benefit available to be paid once per plan year per member for initial day inpatient. Daily Stays start of the second day after an admission. Maximum of 30 days combined for all daily benefits

Please note: The example above is for illustrative purposes only and actual benefit may vary based on the terms of the policy and the specific circumstances.

HOSPITAL INDEMNITY RATES

	BI-WEEKLY
Employee Only	\$5.16
Employee + Spouse	\$11.48
Employee + Child(ren)	\$8.82
Family	\$14.60



This plan can help ease some of your financial worries so that you can stay focused on your health. You can use the benefit however you see fit. It can be used to pay for out of pocket medical costs, such as deductibles and coinsurance, or for everyday expenses.

DENTAL BENEFITS

DELTA DENTAL



The Delta Dental plans offered by Caron make it easy to care of your smile and your health, with 100% coverage for preventive services such as routine dental exams, cleaning and X-rays.

BASIC OPTION

BUY-UP OPTION

YOUR RESPONSIBILITY				YOUR RESPONSIBILITY		
Calendar Year Deductible Individual/Family	\$50 / \$150			\$50 / \$150		
Calendar Year Maximum (per covered member)	\$1,500			\$2,000		
Preventive & Diagnostic Services	Covered 100%			Covered 100%		
BENEFIT / DENTIST TYPE	DELTA DENTAL PPO	DELTA DENTAL PREMIER	OUT-OF-NETWORK	DELTA DENTAL PPO	DELTA DENTAL PREMIER	OUT-OF-NETWORK
Basic Restorative Services	100% covered	20% after deductible	20% after deductible	100% covered after deductible	20% after deductible	20% after deductible
Major Restorative Services	Not Covered			40% after deductible	50% after deductible	50% after deductible
Orthodontia Benefits (children age 19 and below)	Not Covered			50% - no deductible		
Orthodontia Lifetime Maximum (per patient)	N/A			\$2,000 per child		



VISION BENEFITS

VBA



Routine eye exams are important for maintaining good vision, and can also provide early warning of other health conditions.



The vision plan, administered by Vision Benefits of America (VBA), provides coverage for exams, glasses and contact lenses, as shown below.

VBA VISION PLAN	VBA PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDER REIMBURSEMENT
Exam (once every 12 months)	Covered 100%	Up to \$40
Frames (once every 24 months)	Covered 100% (up to \$55 wholesale allowance; approximately \$137–\$165 retail)	Up to \$50
Lenses (once every 12 months) Single Vision, Bifocal, Trifocal, Lenticular Progressive*	Covered 100% \$45–\$175 Copay (VBA's Controlled Cost)	Up to \$40–\$80 Up to \$80
Contact Lenses (In lieu of eyeglasses; once every 12 months) Elective Medically Necessary	Up to \$150 Allowance 100% Covered	Up to \$150 Up to \$300

* Participation may vary by location. Check with your Provider for details.

HEALTH CARE FLEXIBLE SPENDING ACCOUNTS (HCFSA)

ADMINISTERED BY PAYFLEX

Available only to employees not enrolled in the medical HDHP

A Health Care Flexible Spending Account (HCFSA) allows you to set money aside for certain eligible expenses and draw from it throughout the year to pay for those expenses. The money is set aside pre-tax and reduces your taxable income.

Per IRS regulations, if you enroll in the Caron HDHP medical plan and choose to contribute toward an HSA, you are not eligible to participate in the HCFSA.

The HCFSA allows you to submit eligible medical, dental and vision expenses for reimbursement. **You can contribute up to \$3,050** for the 2023-24 plan year.

How the FSA Works

During Open Enrollment, or as a new hire, you elect the amount of money you wish to deposit into your HCFSA for the entire plan year. The HCFSA plan year runs from July 1 to June 30.

The total amount is then equally divided by 26, or the number of pay periods remaining in the plan year. That amount is deducted from each paycheck and set aside in your HCFSA account.

As you incur eligible expenses, you can use your Health Care FSA debit card to pay for eligible health care expenses without submitting any paper claim forms. You can also pay for eligible health care expenses with a personal credit card or check and submit an online claim to receive reimbursement directly to your bank account.

Rollover Provision

Caron's Health Care FSA includes a **\$610 Rollover Provision** which allows participants to rollover up to \$610 of unused Health Care FSA balances into the following year.

It's important to note that the \$610 carryover allowance will still allow you to contribute up to \$3,050 for the next plan year.

IMPORTANT! If you are electing to open a Health Savings Account (HSA) for the first time in 2023, you **MUST** have a \$0 balance in your HCFSA as of July 1, 2023 to be eligible to open and contribute to an HSA.



DEPENDENT CARE FSA (DCFSA)

ADMINISTERED BY PAYFLEX

Caron limits enrollment in this plan to employees that earn less than \$125,000 annually

If you pay for dependent care that allows you to work, the DCFSA allows you to set aside money from your paycheck on a pre-tax basis. The account can be used for eligible dependent care expenses for your children under age 13 and for older dependents, including children, spouses and parents, who are unable to physically or mentally care for themselves and who live with you for more than half the year. Many dependent care expenses are eligible for reimbursement, including day care, before- and after-school care, preschool/nursery school, extended day programs, babysitters and nannies, and elder day care.

Under IRS limits, for 2023 you can contribute up to **\$5,000** to your DCFSA if you are married and filing a joint tax return. If you are married and filing separate tax returns, your limit is **\$2,500**.

Caron pays you **\$10 per pay** if you elect to participate in this plan.

Keep in mind, IRS rules require that any money left in your account after your eligible expenses for the year have been paid out cannot be rolled over to the next year.

This “use it or lose it” rule makes it very important that you carefully estimate your expenses for the year and only contribute to your DCFSA what you are confident you will use.

FSA Grace Period

Caron's DCFSA includes a **2-1/2 month grace period** (until September 15, 2024). The FSA Grace Period is an extended period of coverage at the end of every plan year that allows you extra time to incur expenses to use your remaining Flexible Spending Account balance after the close of the plan year (June 30, 2024).



BI-WEEKLY EMPLOYEE CONTRIBUTIONS

EFFECTIVE JULY 1, 2023 – JUNE 30, 2024



The Company and employees share in the cost of medical, dental and vision benefits. Contributions made from each paycheck toward your medical, dental and vision benefit elections, as well as contributions to Flexible Spending Accounts and Health Savings Accounts, will automatically be deducted from your gross pay before Federal Income taxes and Social Security taxes are calculated. Since these contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay and you will end up paying lower taxes on the same salary. Contributions are made on a bi-weekly basis (26 pays per year).

The Aetna Hospital Indemnity, Unum Optional Life Insurance and Aflac Optional Protection Benefit costs are taken from your paycheck after taxes, and the benefits paid are not taxable. Costs for Optional Life benefits can be found in your Unum Financial Life Insurance enrollment packet. Costs for the Aflac plans are available by contacting Aflac at the number as noted in the Benefit Directory on page 23.

MEDICAL & PRESCRIPTION DRUG CONTRIBUTIONS

WELLNESS PROGRAM	HDHP		POS	
	PARTICIPATING	NOT PARTICIPATING	PARTICIPATING	NOT PARTICIPATING
Employee Only	\$41.50	\$71.50	\$83.00	\$113.00
Employee + Spouse	\$129.50	\$184.50	\$208.00	\$263.00
Employee + Child	\$88.00	\$128.00	\$156.00	\$196.00
Employee + Children	\$135.00	\$200.00	\$249.00	\$304.00
Employee + Family	\$197.00	\$262.00	\$301.00	\$371.00

DENTAL CONTRIBUTIONS

	BASIC	BUY-UP
Employee Only	\$6.00	\$11.00
Employee + Spouse	\$13.50	\$23.50
Employee + Child	\$12.50	\$23.50
Employee + Children	\$21.50	\$41.00
Employee + Family	\$27.50	\$48.50

VISION CONTRIBUTIONS

	VBA VISION
Employee Only	\$2.85
Employee + Spouse	\$5.09
Employee + Child	\$5.09
Employee + Children	\$6.96
Employee + Family	\$6.96

BASIC LIFE INSURANCE

ADMINISTERED BY UNUM

Life Insurance

Life insurance provides important protection for you, your family and the things that are important to you. Caron provides Basic Life Insurance coverage of **2 times your annual earnings to a maximum benefit of \$250,000.** Employees that are hired to work 30 hours or more are eligible for Basic Life Insurance the first of the month following 6 months of employment.

Basic Life is administered by Unum and is paid for by Caron.

NOTE: According to federal law, only the first \$50,000 of employer-paid life insurance is not taxable. Premium paid by Caron for coverage levels over \$50,000 will be taxable to you and will be included on your year-end W-2 statement.

Naming Your Life Insurance Beneficiary(ies)

The proceeds from a life insurance policy are distributed upon your death to your chosen beneficiary(ies). A life insurance beneficiary can be an individual, your estate or an organization.

It is strongly recommended that you designate your beneficiary(ies) to be sure the appropriate individual(s) receive the proceeds from your Life Insurance benefit.

In addition, it is important to remember to review and update your Life Insurance beneficiary information with every qualifying life event such as marriage, divorce, birth of a child, or death of a beneficiary.

To name or update your Life Insurance beneficiary information, please contact Human Resources.



OPTIONAL LIFE INSURANCE

ADMINISTERED BY UNUM



Having appropriate life insurance coverage is a critical part of planning for your family's current and future financial needs. Proceeds from life insurance can help with salary replacement, mortgage protection, cost of childcare, debt repayment and children's education expenses.

As a new hire, you have the opportunity to purchase Optional Life insurance for you, your spouse and dependent children without providing medical information up to certain guaranteed amounts (as noted in the chart below). If you leave the Company, this coverage can be taken with you.

Employee and spouse amounts applied for over the Guarantee Issue as a new hire will require you to provide proof of good health by completing an **Evidence of Insurability (EOI) form** for review and approval by Unum. This form can be completed either online or on paper. To complete this form online, go to www.unum.com.

If you elect not to enroll within 30 days of your date of eligibility, you will still be able to purchase coverage in the future, however all amounts elected will be subject to the EOI requirements provision. At that time, if your EOI is not satisfactory to Unum, you will not have Optional Life coverage.

OPTIONAL LIFE AVAILABLE COVERAGE

Employee	Lesser of 5 times your base annual earnings or \$500,000 (increments of \$10,000) Guarantee Issue: \$200,000 *
Spouse / Domestic Partner ¹	\$5,000 to \$500,000 (increments of \$5,000); not to exceed 100% of Employee Life amount elected Guarantee Issue: \$25,000 *
Child ¹ (to age 19 or 25 if a full-time student)	\$1,000 to \$10,000 (increments of \$1,000); not to exceed 100% of Employee Life amount elected Guarantee Issue: \$10,000 *

* Guarantee issue is the amount of coverage you or your dependents can elect up to without medical questions. Guarantee issue is only available to newly benefit eligible employees.

¹ To enroll in Optional Spouse Life and / or Optional Child Life, you must be enrolled in Optional Employee Life.

DISABILITY INSURANCE

ADMINISTERED BY UNUM



A disabling injury can change someone's life. Accidents are not the only cause of a disability. Back pain, heart disease and other illnesses are some reasons for long-term absences, and can happen to anyone. Whatever the cause, a disability can mean months out of work without a paycheck.

Disability insurance can help protect your income and continue to provide for you and your loved ones. Even if you can't work, you still need to pay the bills like rent, mortgage, a car payment and tuition.

Because we want to protect our employees and their families, the Company pays the full cost of Disability Income benefits. Employees that are hired to work 30 hours or more are eligible for Short Term and Long Term Disability benefits the first of the month following 6 months of employment. Upon eligibility, new hires will be automatically enrolled in Short Term and Long Term Disability benefits, administered by Unum.

Short Term Disability

Short Term Disability (STD) benefits become payable when you are unable to work due to an injury or illness unrelated to work. As long as you remain disabled and meet the plan's disability requirements, you will continue to receive a percentage of your earnings until the benefit duration has ended.

Benefit Amount: 60% of salary to a maximum of \$1,750 per week (salaried employee) or \$750 per week (hourly employee)*

Benefit Begins: 8th day of illness or accident

Benefit Duration: Up to 12 weeks (salaried employee) or 26 weeks (hourly employee) as long as you are continuously disabled

* STD benefits integrate with state mandated disability plans, including NY DBL.

Long Term Disability

Long Term Disability (LTD) benefits are provided to **exempt employees only** as income protection in the event they become disabled for an extended period of time. Proof of disability is required.

Benefit Amount: 60% of salary to a maximum of \$12,500 per month

Benefit Begins: 91st day of disability

Benefit Duration: Up to 5 years

Eligibility: Employees that are hired to work 30 hours or more are eligible for these benefits the first of the month following 6 months of employment.



OPTIONAL PROTECTION BENEFITS

ADMINISTERED BY AFLAC



Because life and disability insurance benefits provide important financial protection for you and your family, **Caron offers additional optional protection benefit plans through Aflac.** These plans are not medical insurance and do not replace your medical coverage, but rather pay cash directly to you in addition to any benefits you receive from your health plan.

Aflac policies available for purchase include Disability Insurance, Accident Insurance and Critical Illness Insurance. Accident and Critical Illness benefits may help fill the gap until you meet your medical plan deductible. All Aflac benefit plans are portable, which means you can take these benefits with you with no increase in cost. If you are interested in learning more about these benefits and costs and / or wish to purchase any Aflac plan options, please contact the appropriate person shown in the benefit directory on page 23.



401(K) PLAN

ADMINISTERED BY MUTUAL OF AMERICA



The Caron 401(k) Plan, administered by Mutual of America, makes saving a little money from each paycheck easy and convenient through payroll deductions. Employees who are at least 18 years of age and have completed 3 months of service are eligible to contribute to the 401(k) Plan.

Contribution Limits

For the 2023 calendar year, you may contribute any amount up to the IRS limit of **\$22,500**. If you are age 50 or over, you can contribute an additional “catch up” amount of **\$7,500** in 2023.

Automatic Enrollment

As a new hire, if you make no election to participate in the plan, Caron will automatically begin to take salary reduction contributions out of your paycheck at a rate of 1%, increasing 1% every year to a maximum of 6%. You have an option to opt out or change this election.

After completing 12 months and 1,000 hours of service, you are eligible to receive an added benefit of company matching contributions. Details of these matching contributions can be found in your 401(k) plan documents.

You Choose When to Pay Taxes

Making contributions to the 401(k) plan offers tax benefits. The type of contributions you make— pre-tax, Roth 401(k), or a combination of the two—will determine when you pay taxes on your contributions. You can:

Pay taxes later. If you make pre-tax contributions to the 401(k) Plan, you will lower your taxes today. The money you contribute and any earnings will not be subject to income taxes until you withdraw it, likely in retirement.

Pay taxes now. If you make Roth contributions to the 401(k) Plan, you will pay income taxes on the contributions today. But you can withdraw your contributions and any earnings tax-free once you have had the account for at least five years and have reached age 59½.

BENEPORTAL

ONLINE BENEFITS RESOURCE

At Caron, you have access to a full-range of valuable employee benefit programs. With BenePortal, you and your family members are able to review your benefit plan options online, 24 hours a day, 7 days a week!

By using BenePortal, our online tool that houses our benefit program information, you can:

- Review your benefit plan options
- Explore additional voluntary employee benefit programs available to you
- Find links to insurance carriers' websites
- Download plan descriptions, forms, affidavits, etc.

BenePortal is mobile-optimized, making it easy to view your benefits on-the-go. Simply bookmark the site in your phone's browser or save it to your home screen for quick access.

You and your family can access BenePortal anytime at www.caronbenefits.com.



SUPPORT SERVICES



Caron employees have access, at no additional cost, to the following confidential resources.

Nurse LineSM

Available to members enrolled in the Caron medical plan

When you have questions about a medical issue, you want answers fast — even if it's not an emergency. A call to Aetna's Nurse Line service will connect you to a team of registered nurses who can answer your questions and provide advice. Nurses are available by phone or through online chat any time of day, seven days a week.

Benefits Member Advocacy Center

Do you need help resolving a benefit issue? The Benefits Member Advocacy Center (Benefits MAC), provided by Conner Strong & Buckelew, allows you to speak to a specially trained Member Advocate who can help you get the most out of your benefits.

You can contact the Benefits MAC for assistance if you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your benefits work
- Need information about adding or deleting a dependent
- Need help resolving a benefits problem you've been working on

Contact Member Advocacy

- **Via phone:** [800-563-9929](tel:800-563-9929), Monday through Friday, 8:30 am to 5:00 pm
- **Via the web:** www.connerstrong.com/memberadvocacy
- **Via e-mail:** cssteam@connerstrong.com
- **Via fax:** [856.685.2253](tel:856.685.2253)

Employee Assistance Program

Available to all employees, Carebridge, our Employee Assistance Program (EAP), provides confidential support, resources, and information to help you and your dependents navigate personal and work/life challenges.

Trained licensed professionals and master's level clinicians are available in-person, by phone, email, and chat to provide short-term counseling and referral support for concerns such as depression, anxiety, stress, substance abuse, grief, and other difficulties. You can access your benefits through the Carebridge EAP app as well as through their website.



Download the Carebridge app by scanning the QR Code. When prompted for the company access code, enter XKJ6P to access your benefits.

Brightline

Expanding upon Aetna's Medical and Behavioral health network, Caron Treatment Centers has partnered with Brightline. Brightline is a comprehensive behavioral health solution build for families, children, and teenagers ages 1.5 up to 18 years old. Members will have access to video sessions with behavioral health coaches, personalized care plans, 1:1 video visits with therapists, speech therapists, psychiatric nurse practitioners and much more all from the comfort of your own home. Brightline covers a broad spectrum of families' needs through one of their three programs: Connect+, Coaching, and Care.

Visit www.hellobrightline.com/benefits to get started. Next, click "Get Started" or "Sign Up".

BENEFIT DIRECTORY

BENEFIT/RESOURCE	CONTACT	PHONE NUMBER	WEBSITE/EMAIL
Caron Treatment Centers	Human Resources	800-678-2332	humanresources@caron.org
Medical	Aetna	833-414-2329	www.aetna.com
Prescription	Express Scripts	877-779-2860	www.express-scripts.com
Health Savings Account (HSA)	Payflex	888-678-8242	www.payflex.com
Dental	Delta Dental Networks: PPO or Premier PPO	800-932-0783	www.deltadentalins.com
Vision	Vision Benefits of America Network: VBA	800-432-4966	www.vbaplans.com
Hospital Indemnity	Aetna	800-607-3366	www.aetna.com
Flexible Spending Accounts (HCFSA & DCFSA)	Payflex	888-678-8242	www.payflex.com
Basic & Optional Life Insurance	Unum	800-858-6843	www.unum.com
STD & LTD	Unum	800-858-6843	www.unum.com
Optional Protection Benefits	Aflac Richard J. Caron Employees: Beth Rider Caron Renaissance Employees: Chris Hayward	717-368-4879 561-337-5033	beth_rider@us.aflac.com Chrishayward2016@gmail.com
NurseLine	Aetna	800-556-1555	www.aetna.com
Pediatric Behavioral Health	Brightline	Call: 888-224-7332 Text: 741741 to reach the Crisis Hotline	www.hellobrightline.com
Employee Assistance Program	Carebridge	800-437-0911	www.myliferesource.com Access Code: XKJ6P
Benefits Member Advocacy Center	Conner Strong & Buckelew	800-563-9929	www.connerstrong.com/memberadvocacy



LEGAL NOTICES

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 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 after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of coverage 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 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 a state children's health insurance program (CHIP).

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 due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

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).

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.

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, 2023. 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)

LEGAL NOTICES

CALIFORNIA – MEDICAID

Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/ State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/ State Relay 711

Health Insurance Buy-In Program (HIBI): www.mycohibi.com

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

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162 Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: 678-561-1162 Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

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

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: www.mymaineconnection.gob/benefits/s/?language=en_US

Phone: 1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: -800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

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

Phone: 1-800-862-4840

TTY: 617-886-8102

MINNESOTA – Medicaid

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

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPProgram@mt.gov

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/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 5218

LEGAL NOTICES

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 and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte 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: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/hipp/>

<https://www.coverva.org/en/famis-select>

Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywvhipp.com/>

<https://dhr.wv.gov/bms/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/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 January 31, 2023, 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

Notice Regarding Wellness Program

The Healthy Connection Wellness program through Caron Treatment Centers offers all employees enrolled in health insurance coverage the opportunity to earn a reduction in their insurance contribution amount. If you think you might be unable to meet a standard for a reward under this wellness program, you may be entitled to a reasonable alternative standard. For more information about the wellness program or to request a reasonable alternative standard, contact Human Resources.

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/>.

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 Caron Treatment Centers	4. Employer Identification Number 23-6050680	
5. Employer Address 243 N. Galen Hall Road	6. Employer phone number 800-678-2332	
7. City Wernersville	8. State Pennsylvania	9. Zip Code 19565
10. Who can we contact about employee health coverage at this job? Human Resources		
11. Phone number (if different from above) 800-678-2332	12. Email address humanresources@caron.org	

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.



This benefit summary provides selected highlights of the employee benefits program at Caron Treatment Centers. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at Caron Treatment Centers. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Caron Treatment Centers reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.