INSERTS EAST

2024

EMPLOYEE BENEFITS GUIDE

For the coverage period ending on February 28, 2025

Welcome!

Inside This Guide

Inserts East takes pride in providing a comprehensive employee benefits program that continues to meet our employees' evolving needs and ensuring a level of security and protection. We also recognize the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry.

Don't Forget!

Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualified change in status (see page 3 for details).

Benefit Questions?

The Benefits Member Advocacy Team (MAC), provided by our benefits consultant Conner Strong & Buckelew, allows you to speak to a specially trained and experienced Member Advocate who can assist with benefit claims issues, coverage questions and enrollment inquiries.

Contact the Benefits MAC at 800.563.9929 (Monday through Friday, 8:30 am to 5:00 pm ET) or go to www.connerstrong.com/memberadvocacy and complete the fields.

Eligibility & Qualified Changes in Status

Who is Eligible?

- Active employees scheduled to work 30 or more hours per week.
- The following benefits are available to you the first of the month following 60 days from your date of hire:
    - Medical/Prescription
    - Dental
    - Vision
    - Basic Life/AD&D
    - Additional Life/AD&D
    - 401(k)

You can cover eligible dependents under the group benefit plans. Your eligible dependents include:

- Your legal spouse or civil union partner; and
- Your child(ren), which includes your natural born child(ren), adopted child(ren), step-child(ren), child(ren) of a civil union partner and any other child you support.

The maximum age limit for the:

- Health Benefit/Prescription Drug, Dental and Vision Plans is up to age 26 regardless of student status, marital status, financial dependence or residence.
- Additional Life and AD&D Insurance is up to 21 years of age for your unmarried children, or up to age 26 for your unmarried children who are full-time students at accredited institutions of higher learning, who depend on you for support and maintenance.

Only the dependents identified within this section are eligible for coverage under the group benefit plans.

Qualified Life Event

IRS Section 125 prohibits you from changing your enrollment during the plan year unless you experience a qualifying life event, such as: marriage, divorce, death of a spouse, civil union partner or a dependent, birth or adoption of a child, termination or commencement of employment for your spouse/civil union partner, a change in employment status (full-time to part-time or part-time to full-time) for you or your spouse/civil union partner that affects benefits eligibility, or taking an unpaid, medical leave of absence by either you or your spouse/civil union partner.

What to do if you experience a qualified change in status:

- Appropriate documentation must be provided to Human Resources within 30 days. Any missing information will delay coverage.
- If either enrollment and/or proof of coverage if completed on or after the 31st day, it will not be accepted. Therefore, you would need to wait until the next annual enrollment period to make changes.

Enrollment Timeline

You can enroll in benefits within 30 days of your eligibility date, if you are a New Hire (or transfer into a benefits-eligible position) or each year during the annual Open Enrollment period.

If you do not enroll during the enrollment deadline, you will have to wait until the next Open Enrollment to make your benefit elections, unless you experience a Qualified Life Event.

Medical & Prescription Drug Benefits:
Horizon Blue Cross Blue Shield

Inserts East offers eligible employees the choice of three medical plans through Horizon Blue Cross Blue Shield. All three medical plans include prescription drug benefits. ***To find a provider, visit www.horizonblue.com and click on "Find a Doctor." If you have questions, call 1-800-355-BLUE (2583).***

Don't Forget! *Preventive care services are covered 100% in-network, with no copay, deductible or coinsurance – no matter which plan you choose!*

	HSA Plan	EPO Plan	Direct Access Plan
IN-NETWORK BENEFITS			
Referrals Required?	No	No	No
Annual Deductible	$2,500 individual $5,000 family	$1,500 individual $3,000 family	$0 individual $0 family
Coinsurance	Plan pays 50%	Plan pays 70%	Plan pays 100%
Out-of-Pocket Maximum	$5,000 individual $10,000 family	$4,000 individual $8,000 family	$3,000 individual $6,000 family
Preventive/Wellness Services	Plan pays 100%	Plan pays 100%	Plan pays 100%
Office Visits			
Primary Care Physician (PCP) Visit	$30 copay after deductible, then plan pays 100%	$20 copay	$15 copay
Specialist Visit	$50 copay after deductible, then plan pays 100%	$40 copay	$30 copay
Diagnostic Lab, X-Ray & Imaging			
Freestanding Facility	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100%
Hospital Setting	Plan pays 50% after deductible	Plan pays 70% after deductible	Plan pays 100%
Inpatient Hospital	Plan pays 50% after deductible	Plan pays 70% after deductible	Plan pays 100% after $200 copay
Outpatient Surgery			
Freestanding Facility	Plan pays 50% after deductible	Plan pays 70% after deductible	Plan pays 100% after $100 copay
Hospital Setting		Plan pays 70% after deductible	Plan pays 100% after $200 copay
Emergency Room	$100 copay after deductible, then plan pays 50%	Plan pays 70% after $100 copay	Plan pays 100% after $100 copay
Urgent Care	Plan pays 50% after deductible	$40 copay	$30 copay
OUT-OF-NETWORK BENEFITS			
Annual Deductible	Not Covered	Not Covered	$1,000 individual/$2,000 family
Coinsurance	Not Covered	Not Covered	Plan pays 70% after deductible
Out-of-Pocket Maximum	Not Covered	Not Covered	$5,000 individual/$10,000 family
PRESCRIPTION BENEFITS			
RETAIL PHARMACY			
Generic Formulary	Plan pays 50% after deductible	$15 copay	$7 copay
Brand Formulary		$35 copay	$25 copay
Non-Formulary Brand		$70 copay	$50 copay
MAIL ORDER			
Generic Formulary	Plan pays 50% after deductible	$30 copay	$15 copay
Brand Formulary		$70 copay	$65 copay
Non-Formulary Brand		$140 copay	$125 copay

Please note: The in-network out-of-pocket maximum includes deductible, copays and coinsurance.

Health Savings Account: *Further*

Employees who elect the HSA plan can contribute funds to a Health Savings Account administered by Further.

An HSA is an employee owned, tax-exempt savings account designed to pay for qualified health care expenses, such as medical and prescription costs that are subject to the plans upfront deductible. Your HSA money remains tax free even when it is withdrawn to pay for eligible expenses.

How much can I contribute?

The 2024 HSA contribution maximums are $4,150 for employee-only coverage and $8,300 for all other coverage levels. If you are age 55 or older, you may contribute an additional $1,000 (regardless of your medical plan coverage level).

HSA Advantages

- You own the account (you keep the account should you change plans, retire or leave Inserts East)
- Unused balances in your HSA roll over into next year (no use-it-or-lose-it provisions like an FSA)
- Funds can be used to pay for qualified healthcare costs such as: deductibles, copays, coinsurance, dental care, vision, Lasik surgery, prescriptions, physician office visits including mental health professionals and chiropractors and more!

Investment Options

Once you reach a balance of $1,000 in your HSA, you can choose from the account's options for investing your balance. Interest and investment earnings are also tax-free.

HSA Debit Card

When you enroll in the HSA, you will automatically be provided a debit card that can be used to pay for any eligible expenses. When using your debit card, there is no need to pay cash and then wait for reimbursement. Each time you swipe your card, the amount of the expenses is deducted from your HSA account. IRS guidelines require you to keep receipts for any expenses for which you receive reimbursement.

Further Mobile App

With the Horizon Blue Mobile App you can manage your account and view alerts, snap photos of your receipts to submit claims, view common eligible expenses and much more! Download the free Horizon Blue app bytexting "GetApp" to **422-272** or visit the Apple App Store or Google Play.

Questions?

Visit **www.horizonblue.com/myway** or contact Further:

- Email **CustomerSolutions@HelloFurther.com**
- Call **800-859-2144**, Monday-Friday 8 a.m. to 9 p.m.

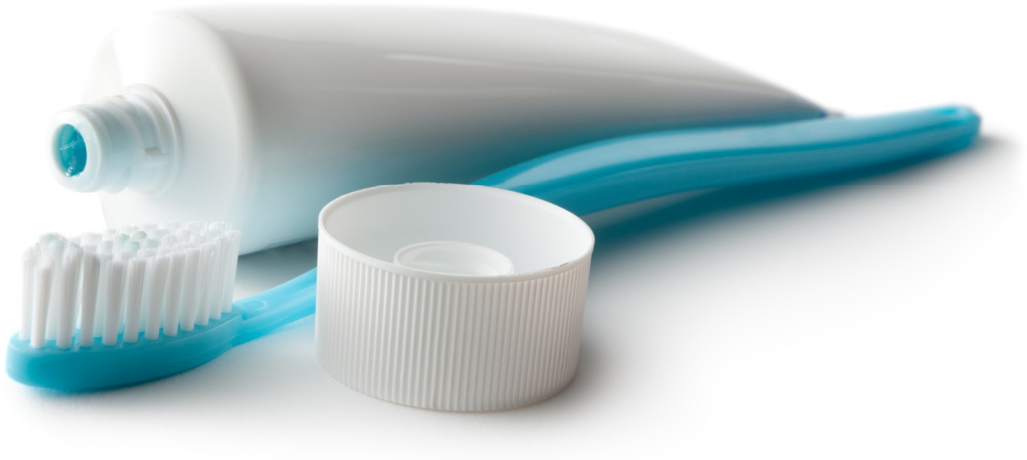
Dental Benefits:
Aetna

Eligible employees can take good card of their smile with the Aetna Dental PPO plan which features 100% coverage for preventive care services and does not require you to elect a primary care dentist. This plan offers coverage both in and out-of-network. Please note that you are subject to higher out-of-pocket costs if you decide to use out-of-network dental providers. To find a participating provider visit ***www.aetna.com****.*

Dental PPO Plan

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible (Does not apply to preventive care)	$50 individual/$150 family	$50 individual/$150 family
Annual Maximum	$1,000	$1,000
Preventive & Diagnostic Exams, Cleanings, Bitewing X-rays, Fluoride Treatment	Plan pays 100%	Plan pays 100%
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants, Denture Repair	Plan pays 80% after deductible	Plan pays 80% after deductible
Major Services Crowns, Restorations, Bridgework, Full & Partial Dentures	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia (Children up to age 19)	Plan pays 50%	Plan pays 50%
Orthodontia Lifetime Maximum	$1,000	$1,000

Frequency and/or age limitations may apply to some services. These limits are described in the plan's summary booklet/certificate. Services for plastic, reconstructive, or cosmetic surgery, or other dental services or supplies which are primarily intended to improve, alter, or enhance appearance are considered cosmetic and are not covered under the plans.



Vision Benefits:
NVA

Inserts East offers vision through NVA. The vision plan includes discounts on eye exams (including contact lens exam) and the purchase of eyeglasses, sunglasses and other prescription eyewear. To find a participating provider visit ***www.e-nva.com****.*

Vision Plan

	IN-NETWORK	OUT-OF-NETWORK
Exam	$10 copay	Up to $35 reimbursement
Frames	Up to $120 allowance 20% discount off balance	Up to $40 reimbursement
Lenses Single Vision Bifocal Trifocal Lenticular Polycarbonate (under age 19)	Standard Glass or Plastic covered 100% after $25 copay	 Up to $45 reimbursement Up to $55 reimbursement Up to $75 reimbursement Up to $85 reimbursement N/A
Contact Lenses	Up to $120 allowance and 15% discount off balance for conventional lenses or 10% off balance for disposable lenses	Up to $105 reimbursement
Frequency Exam Frames Lenses/Contact Lenses	 Every 12 months Every 24 months Every 12 months	 Every 12 months Every 24 months Every 12 months

Did You Know...

Regular eye exams can help detect health conditions such as diabetes, high blood pressure and high cholesterol.

Employee Contributions

Per-Pay (Bi-Weekly)

The per pay (bi-weekly) employee contributions for the medical, dental and vision plans are listed below.

Medical & Prescription Drug

	HSA PLAN	EPO PLAN	DIRECT ACCESS PLAN
Employee Only	$108.00	$305.00	$365.00
Employee + Spouse	$360.00	$495.00	$610.00
Employee + Child(ren)	$330.00	$450.00	$550.00
Employee + Family	$410.00	$645.00	$800.00
Civil Union Partner	$360.00	$495.00	$610.00

Dental

	AETNA DENTAL PPO PLAN
Employee Only	$12.12
Employee + Spouse	$23.99
Employee + Child(ren)	$30.22
Employee + Family	$42.09
Civil Union Partner	$23.99

Vision

	NVA VISION PLAN
Employee Only	$2.72
Employee + Spouse	$4.90
Employee + Child(ren)	$4.36
Employee + Family	$7.08
Civil Union Partner	$4.90

Life Insurance
Humana

Inserts East provides the following life benefits, provided by Humana, to employees. Life products give employees an easy way to safeguard their family's future. Employee should evaluate their finances occasionally to make sure their policy is keeping up with life changes. An individual may need to adjust coverage if he or she experiences a major change such as: marriage, purchasing a home, birth of a child or divorce.

Basic Employee Life and AD&D

BASIC EMPLOYEE LIFE AND AD&D INSURANCE	
Life Benefit Amount	$10,000
AD&D Benefit Amount	$10,000
Guarantee Issue	$10,000

Supplemental Spouse Life and AD&D

SUPPLEMENTAL SPOUSE LIFE AND AD&D INSURANCE	
Life Benefit Amount	$10,000
AD&D Benefit Amount	$10,000
Guarantee Issue	$10,000

Supplemental Employee Life and AD&D

SUPPLEMENTAL EMPLOYEE LIFE AND AD&D INSURANCE	
Life Benefit Amount	Up to $300,000
AD&D Benefit Amount	Up to $300,000
Guarantee Issue	$100,000

Supplemental Dependent Life

SUPPLEMENTAL DEPENDENT LIFE INSURANCE	
Infant (15 days - 6 months)	$1,000
Child	$5,000
Student	$5,000

Voluntary Benefits:
Aflac

The Aflac voluntary benefits are 100% employee paid. All of the plans outlined below are portable, meaning if you leave employment or retire you can take the policy with you and continue your coverage. If at any time you wish to cancel coverage through Aflac, you must complete the Voluntary Benefit Cancellation Form.

Personal Accident Insurance Plan

When a covered accident happens in your family, the Aflac accident insurance policy pays you cash benefits for the unexpected medical and everyday expenses that begin to add up almost immediately.

Plan Benefits include:

Emergency treatment, follow-up treatment, on-the-job and off-the-job accidents, initial hospitalization, hospital confinement, physical therapy, accidental death and wellness benefits

Personal Cancer Indemnity Plan

Aflac's Personal Cancer Indemnity Plan pays cash benefits directly to you. You use the cash however you decide.

Plan Benefits include:

First occurrence, hospital confinement, medical imaging, radiation and chemotherapy, immunotherapy and cancer screening wellness benefit

Hospital Indemnity Plan

The Aflac Hospital Advantage is designed to help with the out-of-pocket expenses not covered by your medical plan.

Plan Benefits include:

Transportation and ambulance costs, emergency room visits, medical diagnostics and imaging and rehabilitation facilities.

Term Life Insurance

Life insurance helps take care of your loved one's immediate and future financial needs following your death. Immediate needs can include burial/funeral expenses, uninsured medical costs and current bills and debts. Future needs could include income replacement, education plans, ongoing family obligations, emergency funds and retirement expenses.

Plan Benefits include:

10-year, 20-year, 30-year policies available, up to $250,000 of coverage available, up to $100,000 coverage available for applicants ages 51-68

Whole Life Insurance

Is your family protected if something unexpected happens to you? If something happens to you, will your family have the funds to pay the bills without your income? If you are age 50 or under, you may apply for up to $250,000 in coverage. If you are between the ages of 51 and 70, you may be eligible for up to $100,000 in life insurance protection. Aflac policy premiums can be deducted from your paycheck.

Plan Benefits include:

Portable coverage, easy to understand policies with two types of coverage: whole and term life, guaranteed premiums so you know how much your coverage will cost from month to month and year to year.

Legal Notices

Availability of Summary Health Information

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

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

Patient Protection and Affordable Care Act

Please note: the Inserts East medical plans are considered compliant with the Patient Protection and Affordable Care Act.

Inserts East reserves the right to modify, amend, suspend, or terminate any plan, at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this guide as accurate as possible. However, should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern.

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.

Eligibility for Medicaid or a State Children's Health Insurance Program.

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

To request special enrollment or obtain more information, contact Human Resources at 856-663-8181.

HIPAA General Notice of Preexisting Condition Exclusion

This plan imposes a preexisting condition exclusion for individuals over age 19. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a six-month period. Generally, this six-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the six-month period ends on the day before the waiting period begins. The preexisting condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption. Effective January 1, 2011, the preexisting condition exclusion does not apply to an individual who is under age 19, regardless of whether the individual is an employee or a dependent.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage. All questions about the preexisting condition exclusion and creditable coverage should be directed to Horizon.

Each HIPAA Certificate (or other evidence of creditable coverage) will be reviewed by the Plan Administrator to (with the assistance of the prior plan administrator or insurer) determine its authenticity. Submission of a fraudulent HIPAA Certificate would be considered a federal health care crime under HIPAA and may be punishable by fine and/or imprisonment.

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.

Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)

Legal Notices

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

If you leave your job to perform military service, you have the right to elect to continue your existing employer -based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at http://www.dol.gov/vets.

Important Notice from Inserts East 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 the Inserts East Health Benefit Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this Notice.

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

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

2. Inserts East has determined that the prescription drug coverage offered by the Inserts East Health Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th 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 Inserts East coverage will not be affected. If you elect Medicare Part D coverage, the Inserts East coverage will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Inserts East coverage, be aware that you and your dependents will not be able to get this coverage back without a qualifying event.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Inserts East 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 Human Resources at 856-663-8181.

Please note that you will 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 Inserts East changes. You also may request a copy of this notice at any time.

More Information About Your Options Under Medicare the 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 users should call 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:	March 2024
Sender:	Inserts East
Contact:	Human Resources
Department	
Address:	7045 Central Highway, Pennsauken, NJ 08109
Phone Number:	856-663-8181

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.

Legal Notices

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, 2024. 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: https://health.alaska.gov/dpa/Pages/default.aspx

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

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://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.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: 678-564-1162, Press 2

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

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
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: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

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: 711
Email: masspremassistance@accenture.com

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: HHSHIPPProgram@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

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: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

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

Legal Notices

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
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 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: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
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://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
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/ and https://dhhr.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, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

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

Insurance Marketplace Notice

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

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

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

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

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier's customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to https://www.healthcare.gov/marketplace/individual/.

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.

[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.*

3. Employer Name Inserts East		4. Employer Identification Number (EIN) 22-2978093
5. Employer Address 7045 Central Highway		6. Employer phone number 856-6638181
7. City Pennsauken	8. State NJ	9. Zip Code 08109
10. Who can we contact about employee health coverage this job? Carla Bogart		
11. Phone number (if different from above) 856-663-8181	12. Email address carlab@insertseast.com	

This guide provides a brief summary of the benefits available for the 2023 plan year. The company reserves the right to modify, amend, suspend, or terminate any plan, at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this guide as accurate as possible. However, should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern.