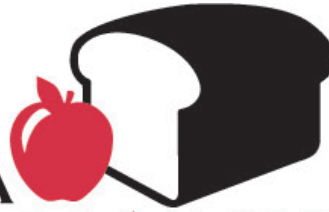


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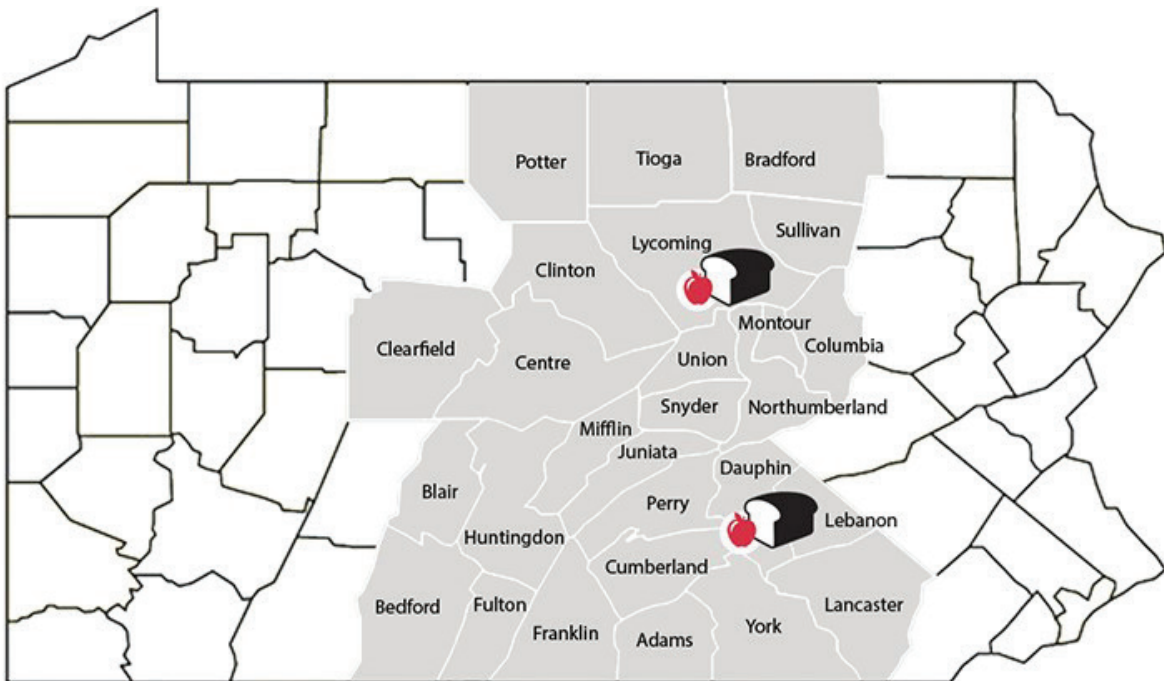
**CENTRAL
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FOOD BANK

No One Should Be Hungry

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2023-2024 EMPLOYEE BENEFITS GUIDE

Employee Benefits Overview 2023/2024

This booklet contains an overview of the valuable benefits package available to you at Central Pennsylvania Food Bank effective December 1, 2023 through November 30, 2024. While every effort has been made to ensure that this booklet accurately reflects the provisions of the plans, the official plan documents govern the operation of the plans and payment of benefits. Nothing contained in the benefit plans identified below and described herein shall be held or construed to create a promise of future benefits. Central Pennsylvania Food Bank may amend, modify or terminate, in whole or in part, any or all of the provisions of the benefit plans. If you have questions, please contact Christina Shaw at 717-547-6260.

2023/2024 BENEFITS OVERVIEW

Central Pennsylvania Food Bank strives to offer benefit options to provide for the well-being of you and your family. Our employees are our greatest resource, and we take pride in being able to offer comprehensive and affordable benefits for all of our employees and their family including:

- PPO Medical Plan with HRA provided by Capital Blue Cross
- QHDHP PPO with HSA provided by Capital Blue Cross
- Dental plan provided by Delta Dental
- Vision Plan provided by Capital Blue Cross
- Life and AD&D Insurance provided by Mutual of Omaha
- Voluntary Life and AD&D Insurance provided by Mutual of Omaha
- Short Term Disability provided by Mutual of Omaha
- Long Term Disability provided by Mutual of Omaha
- HSA administered by Benecon
- 401(k) Plan administered by Fulton Financial Advisors
- Employee Assistance Program (EAP) provided by ENI and CBC M&S EAP
- Flexible Spending Account (FSA) administered by Benecon
- Voluntary Accident, Hospital Confinement Indemnity, Critical Illness, Voluntary STD, Whole Life, and Term Life Coverages provided by Colonial Life
- Pet Insurance provided by Nationwide

QUALIFIED LIFE EVENTS

Open Enrollment occurs once each year. You may change your benefit elections during the open enrollment period. Once you have made your selection, you may not change benefit elections until the next open enrollment unless you have a qualifying change in employment or family status. Qualifying Events include:

- Change in legal marital status
- Change in number of dependents
- Change or loss of eligibility for other group coverage (HIPAA special enrollment)
- Change in employment status of employee or spouse
- Change of place of residence (resulting in a gain or loss of eligibility)
- Entitlement to Medicare or Medicaid
- Changes in coverage
- Change of custody, judgment, court order, or decree requiring health coverage
- COBRA qualifying event
- FMLA leave
- Eligibility for premium assistance subsidy through a Medicaid plan or CHIP
- Exchange enrollment
- Reduction in hours of service to less than 30 hours without loss of eligibility

You may make a new election within 30 or 60 days of the occurrence of an event described in this section, as applicable (election changes or events associated with Medicaid for SCHIP (State Children's Health Insurance Program) must be requested within 60 days and all others 30 days), but only if the election is made on account of and is consistent with the event and if the election is made within the specified time period.

SPECIAL ENROLLMENT RIGHTS NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your coverage ends. In addition, if you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SPOUSAL EXCLUSION

Central Pennsylvania Food Bank offers medical insurance coverage for a spouse who is unemployed or a spouse who is employed but has no medical insurance available through the spouse's employer. However, Central Pennsylvania Food Bank does not offer medical insurance for a spouse who is employed if that spouse also is eligible for medical coverage through the spouse's own employer. Central Pennsylvania Food Bank does offer dental and vision coverage to all spouses regardless of access or eligibility for other insurance.

Medical Benefits

Central Pennsylvania Food Bank offers two medical plan options through **Capital Blue Cross**. The plans utilize the BlueCross/Blue Shield BlueCard PPO Network.

BENEFIT	Capital Blue Cross PPO HRA 2000		Capital Blue Cross PPO HSA 2000	
	IN-NETWORK	OUT-OF-NETWORK ¹	IN-NETWORK	OUT-OF-NETWORK ¹
Deductible (Per Benefit Period)				
Individual	\$2,000	\$5,000	\$2,000	\$5,000
Family (Aggregate)	\$4,000	\$10,000	\$4,000	\$10,000
Maximum Lifetime Benefit	Unlimited		Unlimited	
Total Maximum Out of Pocket				
Individual	\$8,550	\$10,000	\$6,900	\$10,000
Family (Aggregate)	\$17,100	\$20,000	\$13,800	\$20,000
Coinsurance	100% after ded	50% after ded	100% after ded	50% after ded
Physician Visit & Telehealth	\$30 copay	50% after ded	100% after ded	50% after ded
Specialist Visit & Telehealth	\$50 copay	50% after ded	100% after ded	50% after ded
Emergency Room	100% after \$200 copay, waived if admitted		\$250 copay after ded, waived if admitted	
Urgent Care	\$75 copay	\$75 copay	100% after ded	100% after ded
Preventative Care Services	Covered 100%	50% after ded	Covered 100%	50% after ded
Hospitalization (Inpatient)	100% after ded	50% after ded	100% after ded	50% after ded
Diagnostic Services	100% after ded	50% after ded	100% after ded	50% after ded
Independent Lab	\$30 copay	50% after ded	100% after ded	50% after ded
Facility-owned Lab	\$50 copay after ded	50% after ded	100% after ded	50% after ded
Prescription Deductible - Covered Only at Participating Pharmacies (refer to website to locate)				
Retail Pharmacy (31/60/90-day supply)	\$4 Generic Preferred \$15 Generic Non-preferred \$45 Brand Preferred \$70 Brand Non-preferred		After Deductible: \$7 Generic Preferred \$25 Generic Non-preferred \$55 Brand Preferred \$80 Brand Non-preferred	
Mail-Order (90-day supply)	\$8 Generic Preferred \$30 Generic Non-preferred \$90 Brand Preferred \$140 Brand Non-preferred		After Deductible: \$14 Generic Preferred \$50 Generic Non-preferred \$110 Brand Preferred \$160 Brand Non-preferred	
Specialty Pharmacy	\$95 Generic Preferred 20% up to \$350/refill Generic Non-preferred \$95 Brand Preferred 20% up to \$350/refill Brand Non-preferred		After Deductible: \$95 Generic Preferred 20% up to \$350/refill Generic Non-preferred \$95 Brand Preferred 20% up to \$350/refill Brand Non-preferred	



This Employee Benefits Guide is intended only to highlight your Benefits and should not be relied on to fully determine your coverage. If this summary conflicts in any way with the Certificate of Coverage (COC), the COC shall prevail.

Dental

Central Pennsylvania Food Bank is pleased to offer you a comprehensive dental plan through **Delta Dental**. If you see a Delta Dental Premier Dentist, they will not balance bill above Delta Dental's approved amount, so your out-of-pocket costs may be lower than non-participating dentist's charges. If you see a non-participating dentist, you are responsible for paying the difference between the Delta Dental payment and the amount billed by the dentist, plus any applicable copayments.

BENEFIT	Delta Dental PPO3	
	IN-NETWORK	NON-NETWORK
Annual Maximum Per Person	\$1,500	
Annual Deductible (Calendar Year)	\$50 Individual \$150 Family	
Preventive Services	100%	
Diagnostic Services	100%	
Restorative Services	80%	
Major Services	50%	
Orthodontia Services	Not Covered	

Vision

Central Pennsylvania Food Bank is pleased to offer a vision plan through **Capital Blue Cross**. The plan provides in-network and out-of-network benefits. Members have access to any vision provider but benefit financially by using Capital Blue Cross participating providers.

BENEFIT	Capital Blue Cross	
	IN-NETWORK	OUT-OF-NETWORK
Well Vision Exam (every 12 months)	\$10 copay	Reimbursed up to \$32
Lenses - standard glass or plastic (every 12 months) Single Vision Lined Bifocal Lined Trifocal	Covered in full	Reimbursed up to \$24 Reimbursed up to \$36 Reimbursed up to \$46
Frames (every 12 months)	Covered in full up to \$120, Plus 30% off retail balance	Reimbursed up to \$60
Contact Lenses (every 12 months, in lieu of glasses)	Covered in full up to \$115, Plus 25% off retail balance	Reimbursed up to \$75
Contact Lens Fitting & Follow-up (every 12 months) Daily Wear Extended Wear	100% 100%	Reimbursed up to \$20 Reimbursed up to \$30

Health Savings Account (HSA)

A Health Savings Account (HSA) is an account that accumulates funds to cover your health expenses. It comes with a Qualified High Deductible Health Plan (QHDHP) that protects you from large health care expenses. The HSA is interest bearing and the unused funds rollover from year to year with no “use it or lose it” rule.

Employees enrolling in the QHDHP HSA will receive a company contribution from Central Pennsylvania Food Bank of \$1,000 for an Individual or \$2,000 for an Individual plus one or more dependents into their HSA for the 2023 plan year. The HSA contribution limits for 2024 are \$4,150 for individual coverage and \$8,300 for all other coverage levels. There is also an additional catch-up contribution limit of \$1,000 for Individuals age 55+. The above limits include both employer and employee contributions.

TO BE HSA-ELIGIBLE, AN INDIVIDUAL MUST:

- Be covered by a Qualified High Deductible Plan on the first day of the month
- Not be covered by other Health coverage that is not a QHDHP
- Not be enrolled in Medicare
- Not be eligible to be claimed as a dependent on another person’s tax return

IF YOU ENROLL IN THE QHDHP HSA FOR THE FIRST TIME:

- Benecon will setup the HSA account for you through PCN Bank.
- A welcome kit will be mailed to your home with your HSA debit card.

AN HSA OFFERS YOU THE FOLLOWING ADVANTAGES:

- Tax Savings. You contribute pre-tax dollars to the HSA. Interest accumulates tax-free and funds are tax-free to withdraw for eligible medical expenses
- Reduce your out-of-pocket costs. You can use the money in your HSA to pay for eligible medical expenses. The HSA funds you use can help you satisfy your plan’s annual deductible
- Invest the funds and take them with you. Unused account dollars are yours to keep even if you retire, leave the company or switch medical plans. Additionally, you can invest your HSA funds, so your available health care dollars can grow over time. See your HSA plan document for investing provisions and options
- The benefits of preventive care, without the cost. Receive 100 percent coverage for preventive care, with no deduction from your HSA or out-of-pocket costs for you when you see an in-network provider. Please see your 2024 Preventive Schedule
- The opportunity for long-term savings. Save unused HSA funds from year to year - money you can use to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire



Employee Bi-Weekly Contributions

The contribution amount is determined by the level of coverage the employee has selected. Below is an outline of the bi-weekly employee contribution. A Premium Only Plan (Section 125) allows employees to pay their portion of the premiums with pre-tax dollars.

BI-WEEKLY MEDICAL PLAN COST	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
PPO HRA 2000	\$0	\$239.33	\$263.26	\$415.99
PPO HSA 2000	\$0	\$236.22	\$259.85	\$410.59

BI-WEEKLY DENTAL PLAN COST	EMPLOYEE ONLY	EMPLOYEE + CHILD	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
Dental	\$0	\$5.70	\$10.19	\$5.70	\$10.19

BI-WEEKLY VISION PLAN COST	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
Vision	\$0	\$2.35	\$2.35	\$2.35

Health Reimbursement Arrangement

A Health Reimbursement Arrangement (HRA) is used in conjunction with a High Deductible Health Plan (PPO HRA 2000). You will be responsible for the **first \$250 of the Individual In-Network Deductible and the first \$500 (\$250 per member) of all other coverage levels**. Central Pennsylvania Food Bank will reimburse the remaining \$1,750 of the Individual In-Network Deductible and \$3,500 of the In-Network Deductible for all other coverage levels.

COORDINATION OF BENEFITS

Coordination of Benefits applies if you or your covered dependents are insured under more than one health insurance plan. The plans coordinate with each other on payments so that there are not duplicate payments for the same medical service.

The order in which payments are made is determined as follows:

- The plan that covers the patient as an employee (non-dependent) is considered the primary plan, initially responsible for payment
- The plan that covers the patient as a dependent is the secondary plan
- When a dependent child is covered by the plan of more than one parent, (unless court ordered) generally the plan of the parent whose birthday falls earlier in the year is considered the primary plan

NOTE: When an individual is covered by more than one plan, the combined payment of both plans generally will not exceed 100% of the total balance due; and often the secondary plan actually has no remaining payment obligation beyond the primary plan's payment. Plan participants will want to take Coordination of Benefits processes into consideration when deciding whether to enroll in the same type of plan sponsored by more than one employer.

Flexible Spending Accounts (FSAs)

A Flexible Spending Account, also known as an FSA, offers you a convenient way to manage everyday expenses and save tax dollars. An FSA enables you to set aside a predetermined dollar amount in an account to cover eligible out-of-pocket health care or dependent care expenses through the year. Benecon administers Central Pennsylvania Food Bank's FSA's. IRS rules allow you to contribute to the account through payroll deductions on a pre-tax basis, thus reducing your taxable income. You will have a debit card loaded with your election on January 1, 2024 to use for eligible expenses. You may also submit a claim form for reimbursement from the account for eligible expenses.

Central Pennsylvania Food Bank offers two types of FSAs:

General Purpose FSA

The account allows an employee to contribute up to \$3,050 pre-tax per year on a bi-weekly payroll basis to an account to use for qualified medical expenses. Please be conservative in your projections for medical expenses. You will have 90 days past your end date of December 31, 2024 to submit claims for charges incurred between January 1, 2024 and December 31, 2024. The following are examples of the types of expenses that may be reimbursed from a Health Care FSA:

- Medical plan deductible and coinsurance
- Copayments
- Vision care, including the cost of eyeglasses and contact lenses
- Hearing care, including the cost of hearing aids
- Orthodontic care
- Lasik eye surgery
- Dental plan out of pocket expenses

Limited Purpose FSA

This type of FSA is for those employees enrolled in the QHDHP PPO plan. The account allows an employee to contribute up to \$3,050 pre-tax, per year, on a bi-weekly payroll basis to an account to use for qualified dental and vision expenses. **You may not use this FSA account for medical expenses when enrolled in the QHDHP HSA plan.** You will have 90 days past your end date of December 31, 2024 to submit claims for charges incurred between January 1, 2024 and December 31, 2024.

Dependent Care FSA

You can contribute up to \$5,000 pre-tax per year to cover day care expenses for children age 12 and under or disabled dependents of any age. Dependent care expenses are reimbursable as long as the provider is not the employee's spouse, another dependent, or their child age 19 or younger. Elder care for parents is also an eligible expense. You must provide the tax ID number or social security number of your day care provider. Day camps during the summer are an eligible expense. Overnight camps are not eligible.

Please note: For additional out-of-pocket medical expenses allowed for reimbursement, please go to www.irs.gov and search for publication 502.

LIFE AND AD&D INSURANCE

Central Pennsylvania Food Bank provides Life Insurance with Mutual of Omaha in the amount of 2 times annual earnings up to \$200,000 at no cost to all full-time employees. Employees are eligible the first of the month following 60 days of full-time employment. Accidental Death and Dismemberment is covered at the same amount. All coverage is guaranteed issue.

VOLUNTARY TERM LIFE INSURANCE

Central Pennsylvania Food Bank provides employees the opportunity to purchase Voluntary Life Insurance with Mutual of Omaha through payroll deduction. This benefit is available to employees, spouses and dependents. The cost is paid 100% by the employee. Employees are eligible the first of the month following 60 days of full-time employment.

Employee Voluntary Life Insurance can be purchased in \$10,000 increments up to 5 times annual salary with a Guaranteed Issue Amount up to \$150,000 and a maximum benefit up to \$500,000 with proof of insurability.

Spouse Voluntary Life Insurance can be purchased in \$5,000 increments up to 100% of the employee's benefit with a Guaranteed Issue Amount up to \$30,000 and a maximum benefit of \$250,000 with proof of insurability.

You may purchase \$10,000 of Dependent Child Life Insurance with a Guaranteed Issue Amount of \$10,000.

SHORT TERM DISABILITY

Central Pennsylvania Food Bank provides a Short Term Disability plan with Mutual of Omaha at no cost to full-time employees. Employees are eligible the first of the month following 60 days of full-time employment. Benefits will be available during the period of disability that precludes the employee from performing their normal occupational duties. The plan allows for benefits to begin on the 15th day of your disability and pays 70% of your annual earnings to a maximum of \$1,500 per week for up to 24 weeks for an eligible disability.

LONG TERM DISABILITY

Central Pennsylvania Food Bank provides a Long Term Disability plan with Mutual of Omaha at no cost to all full-time employees. Employees are eligible the first of the month following 60 days of full-time employment. The plan allows for benefits to begin after 180 days of your disability and pays 60% of your annual earnings to a maximum of \$6,000 per month.

401(K)

Central Pennsylvania Food Bank provides a 401(k) to all employees, which is administered through Fulton Financial Advisors. You may contribute up to the annual IRS limit. Salary deferrals can begin at any time, and deferral changes can be made at any time. Employees are 100% vested after 3 years. The Central Pennsylvania Food Bank will match 50% of the first 5% an employee contributes (maximum 2.5% of pay). Employees are eligible for employer match after 12 months of employment plus 1,000 hours.

EMPLOYEE ASSISTANCE PROGRAM

Central Pennsylvania Food Bank provides an Employee Assistance Program (EAP) to all employees at no cost. We realize there are times when everyone can use help coping with personal and job-related issues. For these reasons, the EAP is available to all Central Pennsylvania Food Bank full-time employees and their immediate family members through ENI. The EAP operates 24 hours a day, 7 days a week. The service provides 3 face-to-face sessions per issue at no cost. It is totally confidential. Information is not released to family, friends or employers without your consent. Should you need a longer period of time, ENI will assist you in coordinating with your health plan benefits.

Additional EAP services are available to enrolled employees through Capital Blue Cross with M&S EAP. You can speak with a live person 24/7/365. They offer 4 confidential sessions either Virtual, Face to Face or Telephonic at no cost to you.

VOLUNTARY BENEFITS

Central Pennsylvania Food Bank offers Voluntary Benefits through Colonial Life. The programs are 100% employee-paid. Premiums are payroll deducted for your convenience.

Provides:

- Accident
- Hospital Confinement Indemnity
- Critical Illness
- Voluntary STD
- Whole Life
- Term Life

Notices and Disclosures

NOTICE REGARDING WELLNESS PROGRAM

Healthy Blue Rewards is a voluntary wellness program available to all employees enrolled in the Employer sponsored health plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be able to choose from 7 activities to earn up to \$100 in Gift Certificates. These activities include Health Assessment, Preventive Care Visit, Vaccines, Personal Challenges, Digital Coaching Programs, Diabetes Prevention and Management.

You are not required to participate in any of the above activities. However, employees who choose to participate in the wellness program will receive an incentive up to \$100. Each activity has a dollar allotment assigned: Health assessment (maximum reward: \$25): Take a few minutes to complete this interactive health assessment and get a personal wellness report, recommendations, and resources to help address risk factors. Digital self-guided program (maximum reward: \$50; \$25 per self-guided program completed): Work toward meeting your specific goals with digital coaching programs. Complete as many as you would like, but only two completed programs are eligible for the financial incentive. Personal challenges (maximum reward: \$25): Personal challenges include topics such as nutrition, physical activity, weight management, and social connections. Complete as many challenges as you want, but only one completed program is eligible for the financial incentive. AlwaysOn App (maximum reward: \$25): You can access all the tools and resources anytime to help you stay motivated and connected to your program. Registering on the AlwaysOn app earns the incentive. Vaccines (maximum reward: \$50; \$25 for flu and \$25 for COVID-19/booster): Protect yourself and your loved ones by getting an annual flu vaccine (\$25) and/or a COVID-19 vaccine/booster (\$25). Complete both to earn the maximum reward of \$50 or just one for \$25. You must self-attest within your Healthy Blue Rewards portal to earn an incentive for each activity. Diabetes prevention, management, and reversal programs (maximum reward: \$50): • Prevention: It's not too late to stop diabetes before it starts. Lose weight and reduce your risk of developing type 2 diabetes. • Management: If you have type 1 or type 2 diabetes, this program can help you stay healthy with personalized support. • Reversal: Available to those with type 2 diabetes, this program provides medical supervision and one-on-one coaching. Participate in one of these three programs to earn the maximum reward. Family Health and Maternity tools (maximum reward: \$25): Easy-to-use apps on a tablet or smartphone guide and support you, providing comprehensive maternity and family health tools. Enrollment in any of the three apps earns the incentive. Kidney Care Program (maximum reward: \$50): This program aids with coordinating your care for certain conditions, including end-stage renal disease. Enrollment in this program earns the incentive. Preventive care visit (maximum reward: \$25): Preventive care visits help keep you healthy and detect issues early. These visits include an annual physical, gynecological exam, mammogram, Pap smear, colorectal cancer screening, and prostate cancer screening. Complete one of these visits to earn a maximum of \$25. You earn a reward for any one of these preventive care services by self-attesting within your Healthy Blue Rewards portal for a maximum of \$25.

The results from your selected activities will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) [indicate who will receive information such as "a registered nurse," "a doctor," or "a health coach"] in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained by an independent party, not shared with your Employer. Information stored electronically will be encrypted, and no information you provide as part of the wellness program has the ability to be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, you will be notified immediately.

You may not be discriminated against in employment because of your participation in the Healthy Blue Rewards program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact our office.

Notices and Disclosures

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mother's or newborn's length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for cesarean delivery.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protection to patients who choose to have breast reconstruction in connection with a mastectomy. This law applies both to persons covered under group health plans and to persons with individual health insurance coverage. However, WHCRA does NOT require health plans or issuers to pay for mastectomies. If WHCRA applies to you and if you are receiving benefits in connection with a mastectomy and you elect breast reconstruction, coverage must be provided for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction on the other breast to produce a symmetrical appearance;
- Prostheses (e.g. breast implant); and
- Treatment for physical complications of the mastectomy, including lymph edema.

PREMIUM ASSISTANCE UNDER MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM

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).

PENNSYLVANIA - Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPPProgram.aspx>

Phone: 1-800-692-7462

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

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

To see if any other states have added a premium assistance program since July 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 OF AVAILABILITY OF NOTICE OF PRIVACY PRACTICES

The Central Pennsylvania Food Bank Employee Group Health Plan (the "Plan") provides health benefits to eligible employees and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about Plan participants in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a notice of privacy practices, which describes the ways that the Plan uses and discloses PHI. To receive a copy of the Plan's notice of privacy practices you should contact your employer's Privacy Official, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights.

Notices and Disclosures

COBRA

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours to work. Certain qualifying events, or a second qualifying event during the initial period of coverage may permit a beneficiary to receive a maximum of 36 months of coverage.

COBRA coverage is not extended for those terminated for gross misconduct. Upon termination, or other COBRA qualifying event, the former employee and any other QBs will receive COBRA enrollment information.

Qualifying events for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of employment. Qualifying events for spouses or dependent children include those events above, plus, the covered employee's becoming entitled to Medicare; divorce or legal separation of the covered employee; death of the covered employee; and the loss of dependent status under the plan rules.

If a QB chooses to continue group benefits under COBRA, they must complete an enrollment form and return it with the appropriate premium to Benecon. Upon receipt of premium payment and enrollment form, the coverage will be reinstated. Thereafter, premiums are due on the 1st of the month. If premium payments are not received in a timely manner, federal law stipulates that your coverage will be cancelled after a 30-day grace period.

If you have any questions about COBRA or the Plan, please contact Human Resources. Please note, if the terms of the Plan and any response you receive from the Human Resources Representative conflict, the Plan document will control.

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services. If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center. When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These

providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network. Contact the Pennsylvania Insurance Department at www.insurance.pa.gov/nosurprises or by phone at 1-877-881-6388 or TTY/TDD: 717-783-3898 if you have difficulty finding a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the Pennsylvania Insurance Department at www.insurance.pa.gov/nosurprises or by phone at 1-877-881-6388 or TTY/TDD: 717-783-3898.

Visit www.insurance.pa.gov/nosurprises for more information about your rights under federal and state law. You may also visit <https://www.cms.gov/nosurprises> for information from the federal government.

Benefits Contacts

BENEFIT	CARRIER/COMPANY	CONTACT INFORMATION
Medical Plan	Capital Blue Cross	Group Number: 00526509 Customer Service: 1-866-962-2242 Website: www.capbluecross.com
Prescription Drug Plan	Capital Blue Cross	Group Number: 00526509 Customer Service: 1-800-585-5794 Website: www.capbluecross.com
Health Savings Account (HSA)	Benecon	Customer Service: 1-833-738-6729 Email: CDHServices@benecon.com
Flexible Spending Account (FSA)	Benecon	Customer Service: 1-833-738-6729 Email: CDHServices@benecon.com
Dental Plan	Delta Dental	Group Number: 16623-01111 Customer Service: 1-800-932-0783 Website: www.deltadentalins.com
Vision Plan	Capital Blue Cross	Group Number: 00526509 Customer Service: 1-800-905-4102 Website: www.capbluecross.com
Life, AD&D, Voluntary Term Life, Short and Long Term Disability	Mutual of Omaha	Group Number: G000C7P6 STD & LTD Customer Service: 1-800-877-5176 Life AD&D Customer Service: 1-800-775-8805 Website: www.mutualofomaha.com
Voluntary Benefits	Colonial Life	Group Number: E4178729 Customer Service: 1-800-325-4368 Customer Service (Local): 717-490-6313 Website: www.coloniallife.com E-mail (Local): support@benechoice.com
Employee Assistance Program (EAP)	ENI	Group Number: 9977 Customer Service: 1-800-960-5371 Website: www.eniweb.com
Employee Assistance Program (EAP)	Capital Blue Cross Members M&S EAP	Group Number: 00526509 Customer Service: 1-800-543-5080 Website: info@mseap.com
401 (k)	Fulton Financial Advisors	Group Number: 75-F001-01-2 Customer Service: 1-800-452-4190 Website: www.ffa401k.com
Pet Insurance	Nationwide	Customer Service: 1-877-738-7874 Website: www.petinsurance.com



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This booklet is intended as a brief summary of your benefits. Benefits are subject to the contractual terms, limitations and exclusions as set forth in the master contracts. This booklet also serves as a Summary of Material Modifications ("SMM") and includes updates that affect Central Pennsylvania Food Bank's summary plan descriptions. This SMM is effective the first of the plan year and describes the changes to Central Pennsylvania Food Bank's plan in very general terms.