



Guadalupe Centers

2023-24 BENEFITS PLAN OVERVIEW
Plan Year September 1, 2023 thru August 31, 2024



Employee Benefits Summary

We recognize that our employees are our most valuable resource and therefore, your benefits program is extremely important to Guadalupe Centers. It is our pleasure to offer our benefits-eligible employees a variety of solutions to help address your benefit needs, as well as the needs of your families.

Our employees continue to be the driving force behind our past success and position us well for the future. Thank you for your ongoing commitment as we strive to be the best employer in our industry. We are proud to include all of you as part of the Guadalupe family.

This summary of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This plan may not cover all your health care expenses. Please refer to the Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage.

Bukaty Companies Service Team



Scott Hefner
EVP/Principal
shefner@bukaty.com
913-396-0860

Scott oversees all aspects of your employee benefits program.

Kendra Cusick
Account Manager
kcusick@bukaty.com
913-396-0876

Rachel Browning
Account Coordinator
rbrowning@bukaty.com
913-258-2243

Beth Jimmerson
Service Specialist
bjimmerson@bukaty.com
913-258-2073



Kharlysa Armstrong
Dedicated Account Coordinator
karmstrong@bukaty.com
913-647-3976

Kharlysa's key objective is to provide a smooth experience for clients establishing group benefits for the first time, renewing current plans or changing carriers and benefits. She helps coordinate all the moving pieces needed for a successful underwriting and implementation process. She also provides ongoing support to clients and their employees for questions regarding ID cards, claims, billing, enrollments, changes, terminations, or other customer service needs.

Contact Information

Human Resources Guadalupe Centers, Inc.

Name: Natalie Brady - Director of Human Resources
Name: Hugo Medrano - Human Resources Coordinator
Phone: 816-421-1015
Email: nbrady@guadalupecenters.org
Email: hmedrano@guadalupecenters.org

Medical: Aetna

Group#: 176373
Customer Service: 800.238.6716
Address: 9401 Indian Creek Pkwy, Suite 1300 Overland
Park, KS 66210
Website: www.aetna.com

Dental: Aetna

Customer Service: 800.872.3862
Website: www.aetna.com

Vision: Aetna

Customer Service: 800.872.3862 Website:
www.aetna.com

FSA: NueSynergy

Customer Service: 913.653.8381
Website: www.nuesynergy.com

403b: American Funds

Customer Service: 877-833-9322
To enroll or make changes to your elections, please see
Natalie Brady
nbrady@guadalupecenters.org
Phone: 816-702-7263

Life/AD&D: Principal

Basic Life Group #: 1081016
STD Group #: 1081016
LTD Group #: 1081016
Voluntary Life Group#: 1081016
Customer Service: 800.877.7195
Website: www.principal.com

Accident: SunLife

Group #: 954910
Customer Service: 800.247.6875
Website: www.sunlife.com/us

Critical Illness / Cancer: SunLife

Group #: 954910
Customer Service: 800.247.6875
Web: www.sunlife.com

Hospital Indemnity: SunLife

Group #: 954910
Customer Service: 800.247.6875
Website: www.sunlife.com

Employee Navigator

Matt Miller: mmiller@bukaty.com
Website: www.bukaty.com/online-enrollment
Email: enrollmentsupport@bukaty.com

PPO



Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage please contact Aetna 800.238.6716 or visit www.aetna.com **Open Choice Network**

| \$1,000 PPO | Network | Non-Network |
|---|--|--|
| Deductible Individual/family (per calendar yr.) | \$1,000 / \$2,000 | \$2,000 / \$4,000 |
| Out-of-pocket max. individual/family (includes deductible.) | \$3,000/ \$6,000 | \$9,000 / \$18,000 |
| Coinsurance | 50% | 50% |
| Office visit/specialist | \$25 / \$40 Copay | Deductible & Coinsurance |
| Preventive Care Services | 100% | Deductible & Coinsurance |
| Pharmacy prescription drug coverage: Level 1/ Level 2/ Level 3/ Level 4 /Specialty drugs | \$3/\$10/\$45/\$70/20% max \$250 | Copay then 20% Coinsurance |
| Mail order prescription drug coverage: Level 1/ Level 2/ Level 3/ Level 4 | \$7.50/\$25/\$112.50/\$175 | Copay then 20% Coinsurance |
| Urgent care facility | \$30 Copay/Visit | Deductible & Coinsurance |
| Inpatient hospital care | Deductible & Coinsurance | Deductible & Coinsurance |
| Outpatient hospital care | Deductible & Coinsurance | Deductible & Coinsurance |
| Emergency services | \$350 Copay after Deductible & Coinsurance | \$350 Copay after Deductible & Coinsurance |

Please note that your deductible runs on a calendar year basis

| \$1,000 PPO | Employee Only | Employee/Spouse | Employee/Child(ren) | Family |
|-----------------------------|---------------|-----------------|---------------------|------------|
| Monthly Premium | \$457.91 | \$1,153.95 | \$883.78 | \$1,309.64 |
| GCI: Per Pay Period - 26 | \$46.15 | \$367.40 | \$242.71 | \$439.26 |

PPO



Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage please contact Aetna 800.238.6716 or visit www.aetna.com. **Open Choice Network**

| \$2,000 PPO | Network | Non-Network |
|---|--|--|
| Deductible Individual/family (per calendar yr.) | \$2,000 / \$4,000 | \$4,000 / \$8,000 |
| Out-of-pocket max. individual/family (includes deductible.) | \$4,000/ \$8,000 | \$12,000 / \$24,000 |
| Coinsurance | 50% | 50% |
| Office visit/specialist | \$25 / \$40 Copay | Deductible & Coinsurance |
| Preventive Care Services | 100% | Deductible & Coinsurance |
| Pharmacy prescription drug coverage: Level 1/ Level 2/ Level 3/ Level 4 /Specialty drugs | \$3/\$10/\$45/\$70/20% max \$250 | Copay then 20% Coinsurance |
| Mail order prescription drug coverage: Level 1/ Level 2/ Level 3/ Level 4 | \$7.50/\$25/\$112.50/\$175 | Copay then 20% Coinsurance |
| Urgent care facility | \$30 Copay/Visit | Deductible & Coinsurance |
| Inpatient hospital care | Deductible & Coinsurance | Deductible & Coinsurance |
| Outpatient hospital care | Deductible & Coinsurance | Deductible & Coinsurance |
| Emergency services | \$350 Copay after Deductible & Coinsurance | \$350 Copay after Deductible & Coinsurance |

Please note that your deductible runs on a calendar year basis

| \$2,000 PPO | Employee Only | Employee/Spouse | Employee/Child(ren) | Family |
|-----------------------------|---------------|-----------------|---------------------|------------|
| Monthly Premium | \$433.53 | \$1,092.51 | \$836.72 | \$1,239.91 |
| GCI: Per Pay Period - 26 | \$32.31 | \$336.45 | \$218.40 | \$404.48 |

PPO H.S.A



Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage please contact Aetna 800.238.6716 or visit www.aetna.com. **Open Choice Network**

| PPO H.S.A \$3,000 | Network | Non-Network |
|---|---------------------------------|--------------------------|
| Deductible Individual/family (per calendar yr.) | \$3,000 / \$6,000 | \$6,000 / \$12,000 |
| Out-of-pocket max. individual/family (includes deductible.) | \$3,500 / \$7,000 | \$11,500 / \$23,000 |
| Coinsurance | 100% | 70% |
| Office visit/specialist | Deductible | Deductible & Coinsurance |
| Preventive Care Services | 100% | Deductible & Coinsurance |
| Pharmacy prescription drug coverage: Level 1 / Level 2 / Level 3 / Specialty drugs | \$10/\$45/\$70/20% max \$250 AD | Deductible & Coinsurance |
| Mail order prescription drug coverage: Level 1 / Level 2 / Level 3 | \$25/\$112.50/\$175 AD | Deductible & Coinsurance |
| Urgent care facility | Deductible | Deductible & Coinsurance |
| Inpatient hospital care | Deductible | Deductible & Coinsurance |
| Outpatient hospital care | Deductible | Deductible & Coinsurance |
| Emergency services | Deductible | In Network Deductible |

Please note that your deductible runs on a calendar year basis

| PPO H.S.A \$3,000 | Employee Only | Employee/Spouse | Employee/Child(ren) | Family |
|-----------------------------|---------------|-----------------|---------------------|------------|
| Monthly Premium | \$431.40 | \$1,087.14 | \$832.16 | \$1,233.81 |
| GCI: Per Pay Period - 26 | \$32.31 | \$334.96 | \$217.27 | \$402.65 |

EPO PPO I-35



Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage please contact Aetna 800.238.6716 or visit www.aetna.com. **I-35 Preferred - Elect Choice OA Network**

| EPO PPO I-35 \$1,000 | Network |
|---|--|
| Deductible Individual/family (per calendar yr.) | \$1,000 / \$2,000 |
| Out-of-pocket max. individual/family (includes deductible.) | \$3,000/ \$6,000 |
| Coinsurance | 50% |
| Office visit/specialist | \$25 / \$40 Copay |
| Preventive Care Services | 100% |
| Pharmacy prescription drug coverage: Level 1/ Level 2/ Level 3/ Level 4/ Specialty drugs | \$3/\$10/\$45/\$70/20% max \$250 |
| Mail order prescription drug coverage: Level 1/ Level 2/ Level 3/ Level 4 | \$9/\$25/\$112.50/\$175 |
| Urgent care facility | \$30 Copay/Visit |
| Inpatient hospital care | Deductible & Coinsurance |
| Outpatient hospital care | Deductible & Coinsurance |
| Emergency services | \$350 Copay after Deductible & Coinsurance |

Please note that your deductible runs on a calendar year basis

| EPO PPO I-35 \$1,000 | Employee Only | Employee/Spouse | Employee/Child(ren) | Family |
|-----------------------------|---------------|-----------------|---------------------|------------|
| Monthly Premium | \$366.81 | \$924.36 | \$707.94 | \$1,049.07 |
| GCI: Per Pay Period - 26 | \$23.08 | \$280.41 | \$180.52 | \$337.97 |

Walgreens Pharmacy is out of Network

To be eligible I-35 Preferred - Elect Choice OA Network **only** if you reside within the following counties:

Clay, Jackson, Platte, and recently added Clinton, Dekalb, Caldwell, Ray, Lafayette, Johnson and Cass Counties in Missouri; Johnson, Wyandotte and Douglas Counties in Kansas.

EPO PPO I-35



Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage please contact Aetna 800.238.6716 or visit www.aetna.com. **I-35 Preferred Elect Choice OA Network**

EDUCATOR EMPLOYMENT AGREEMENT WITH THE GUADALUPE EDUCATIONAL SYSTEMS, INC. Employee benefits run concurrent with the educator employment agreement that is from July 1 through June 30th of each year.

| EPO PPO I-35 \$2,000 | Network |
|---|--|
| Deductible Individual/family (per calendar yr.) | \$2,000 / \$4,000 |
| Out-of-pocket max. individual/family (includes deductible.) | \$4,000/ \$8,000 |
| Coinsurance | 50% |
| Office visit/specialist | \$25 / \$40 Copay |
| Preventive Care Services | 100% |
| Pharmacy prescription drug coverage: Level 1/ Level 2/ Level 3/ Level 4/ Specialty drugs | \$3/\$10/\$45/\$70/20% max \$250 |
| Mail order prescription drug coverage: Level 1/ Level 2/ Level 3/ Level 4 | \$9/\$25/\$112.50/\$175 |
| Urgent care facility | \$30 Copay |
| Inpatient hospital care | Deductible & Coinsurance |
| Outpatient hospital care | Deductible & Coinsurance |
| Emergency services | \$350 Copay after Deductible & Coinsurance |

Please note that your deductible runs on a calendar year basis

| EPO PPO I-35 \$2,000 | Employee Only | Employee/Spouse | Employee/Child(ren) | Family |
|-----------------------------|---------------|-----------------|---------------------|----------|
| Monthly Premium | \$347.84 | \$876.56 | \$671.33 | \$994.82 |
| GCI: Per Pay Period - 26 | \$9.23 | \$253.26 | \$158.53 | \$307.84 |

Walgreens Pharmacy is out of Network

To be eligible I-35 Preferred - Elect Choice OA Network only if you reside within the following counties:

Clay, Jackson, Platte, and recently added Clinton, Dekalb, Caldwell, Ray, Lafayette, Johnson and Cass Counties in Missouri; Johnson, Wyandotte and Douglas Counties in Kansas.

EPO H.S.A PPO I-35



Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under. For questions concerning your medical benefits, a claim, to identify a network provider, or if you have questions concerning your prescription drug coverage please contact Aetna 800.238.6716 or visit www.aetna.com. **I-35 Preferred Elect Choice OA Network**

| EPO H.S.A PPO I-35 \$3,000 | Network |
|--|--|
| Deductible Individual/family (per calendar yr.) | \$3,000 / \$6,000 |
| Out-of-pocket max. individual/family (includes deductible.) | \$3,500/ \$7,000 |
| Coinsurance | 100% |
| Office visit/specialist | Deductible |
| Preventive Care Services | 100% |
| Pharmacy prescription drug coverage: Level 1/ Level 2/ Level 3/ Specialty drugs | \$10/\$50/\$90/20% max - \$250 After Deductible is met |
| Mail order prescription drug coverage: Level 1/ Level 2/ Level 3 | \$25/\$125/\$225 AD |
| Urgent care facility | Deductible |
| Inpatient hospital care | Deductible |
| Outpatient hospital care | Deductible |
| Emergency services | Deductible |

Please note that your deductible runs on a calendar year basis

| EPO H.S.A PPO I-35 \$3,000 | Employee Only | Employee/Spouse | Employee/Child(ren) | Family |
|-----------------------------|---------------|-----------------|---------------------|----------|
| Monthly Premium | \$340.47 | \$858.00 | \$657.12 | \$973.76 |
| GES: Per Pay Period - 24 | \$10.00 | \$268.77 | \$168.33 | \$326.65 |
| GCI: Per Pay Period - 26 | \$9.23 | \$248.09 | \$155.38 | \$301.52 |

Walgreens Pharmacy is out of Network

To be eligible I-35 Preferred - Elect Choice OA Network only if you reside within the following counties:

Clay, Jackson, Platte, and recently added Clinton, Dekalb, Caldwell, Ray, Lafayette, Johnson and Cass Counties in Missouri; Johnson, Wyandotte and Douglas Counties in Kansas.

Care, right down the road

Aetna® Connected Plan with CVS Health™ I-35 Preferred Network in Kansas City

Aetna® has expanded its reach with the I-35 Preferred Network to include CVS® HealthHUB™ and MinuteClinic® locations for easier access to coordinated care.

We're meeting members where they are with primary care, specialists, hospitals, walk-in clinics and urgent care centers.

Our network includes:



23
Hospitals



26
CVS HealthHUB
locations



Visit [Aetna.com](https://www.aetna.com) and use the provider search for the most up-to-date information on doctors and facilities.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).



Aetna® Connected Plan with CVS Health™

I-35 Preferred Network in Kansas City

Hospitals

H **AdventHealth Shawnee Mission**
9100 West 74th St.
Shawnee Mission, KS 66204

H **AdventHealth South Overland Park, Inc.**
7820 West 165th St.
Overland Park, KS 66223

H **Belton Regional Medical Center - HCA Midwest Health**
17065 South Hwy. 71
Belton, MO 64012

H **Cameron Regional Medical Center**
1600 East Evergreen St.
Cameron, MO 64429

H **Cass Regional Medical Center - Managed by HCA Midwest Health**
2800 East Rock Haven Road
Harrisonville, MO 64701

H **Centerpoint Medical Center - HCA Midwest Health**
19600 East 39th St.
Independence, MO 64057

H **Children's Mercy Hospital** 2401
Gillham Road
Kansas City, MO 64108

H **Children's Mercy Hospital Kansas**
5808 West 110th St.
Overland Park, KS 66211

H **Kansas City Orthopaedic Institute**
3651 College Blvd.
Leawood, KS 66211

H **Lafayette Regional Health Center - HCA Midwest Health**
1500 State St.
Lexington, MO 64067

H **Lawrence Memorial Hospital**
325 Maine St.
Lawrence, KS 66044

H **Lee's Summit Medical Center - HCA Midwest Health** 2100
Southeast Blue Pkwy. Lee's
Summit, MO 64063

H **Liberty Hospital**
2525 Glenn Hendren Drive
Liberty, MO 64068

H **Menorah Medical Center - HCA Midwest Health** 5721
West 119th St. Overland Park,
KS 66209

H **North Kansas City Hospital**
2800 Clay Edwards Drive
North Kansas City, MO 64116

H **Olathe Medical Center**
20333 West 151st St.
Olathe, KS 66061

H **Overland Park Regional Medical Center - HCA Midwest Health** 10500
Quivira Road Overland Park,
KS 66215

H **Research Medical Center - HCA Midwest Health** 2316
East Meyer Blvd. Kansas City,
MO 64132

H **The Bariatric Center of Kansas City, LLC**
23401 Prairie Star Pkwy., #350
Lenexa, KS 66227

H **University Health Lakewood Medical Center**
7900 Lees Summit Road
Kansas City, MO 64139

H **University Health Truman Medical Center**
2301 Holmes St.
Kansas City, MO 64108

H **University of Kansas Hospital Authority**
10710 Nall Ave.
Overland Park, KS 66211

H **University of Kansas Hospital Authority**
4000 Cambridge St.
Kansas City, KS 66160

CVS® HealthHUB™* locations

OPEN 3201 South 7 Hwy.
Blue Springs, MO

OPEN 1616 NW Hwy. 7
Blue Springs, MO

OPEN 17301 U.S. Rt. 24
Independence, MO

OPEN 3825 South Noland Road
Independence, MO

OPEN 4990 Northeast Vivion Road
Kansas City, MO

OPEN 1914 Swift St.
North Kansas City, MO

OPEN 5440 Northwest 64th St.
Kansas City, MO

OPEN 13101 State Line Road
Kansas City, MO

OPEN 315 West 75th St.
Kansas City, MO

OPEN 330 Northeast Barry Road
Kansas City, MO

OPEN 601 South Jefferson St.
Kearney, MO

OPEN 2300 Iowa St.
Lawrence, KS

OPEN 390 Limit St.
Leavenworth, KS

OPEN 11729 Roe Ave.
Leawood, KS

OPEN 3351 Southwest 3rd St.
Lee's Summit, MO

OPEN 1900 East Langsford Road
Lee's Summit, MO

OPEN 13502 West 87th Street Parkway
Lenexa, KS

OPEN 1901 West Kansas St.
Liberty, MO

OPEN 18351 West 119th St.
Olathe, KS

OPEN 11900 West 135th St.
Overland Park, KS

OPEN 7501 Metcalf Ave.
Overland Park, KS

OPEN 7100 West 151st St.
Overland Park, KS

OPEN 12290 West College Blvd.
Overland Park, KS

OPEN 1215 West Foxwood Drive
Raymore, MO

OPEN 1301 Platte Falls Road
Platte City, MO

OPEN 22700 West 55th Terrace
Shawnee, KS

*All CVS HealthHUB locations listed also serve as MinuteClinic® locations.

Aetna®, CVS Pharmacy® and MinuteClinic®, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies.

Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna® plans, refer to **Aetna.com**.

Aetna.com

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1094100-02-01 (8/22)



Find a doctor in the I-35 Performance Network



Follow these steps to find a doctor in the I-35 Performance Network:

1. Go to [Aetna.com](https://www.aetna.com)
2. Choose "Find a Doctor", then choose "Plan from an Employer"
3. Under "Continue as guest", type in:
 1. Zip code, city, state or county
 2. Select how many miles for the search
 3. Click on "Search"
4. In the Select a Plan window, type **I-35 Preferred**, then click your plan name button below
5. Click on "Continue"
6. In the new window, you can type exactly what you are searching for. For example, you can search for a doctor by name or for a type of specialist. You can also search by clicking on any of the categories in the boxes below the search field

Awards & accolades

North Kansas City Hospital – Certified Pulmonary Rehab Program, 2017

The only hospital in the Northland to receive this certification from the American Association of Cardiovascular and Pulmonary Rehabilitation¹

AdventHealth Shawnee Mission – Five-Star Quality Rating, 2016

The only hospital in the Kansas City metropolitan area to be awarded five-stars by The Centers for Medicare & Medicaid Services²

University of Kansas Cancer Center

The only National Cancer Institute-designated cancer center in the Kansas City metro, region, and state of Kansas, 2012 designation³ & 2017 renewal⁴

Children's Mercy Kansas City – One of the best children's hospitals in America, 2017-2018 Ranking in all 10 pediatric specialties by *U.S. News and World Report*⁵

¹November 14, 2017 - <http://www.nkch.org/about/news/search-results/northlanders-can-breathe-easier-with-access-to-a-certified-pulmo/>

²October 21, 2016 - <https://www.shawneemission.org/whats-happening/2016/10/21/shawnee-mission-medical-center-earns-second-consecutive-five-star-quality-rating-from-cmss-hospital-compare>

³July 12, 2012 - <http://www.kumc.edu/news-listing-page/news-archive/ku-cancer-center-earns-nci-designation.html>

⁴August 3, 2017 - <http://www.kucancercenter.org/about-us/news/NCI-Renewal-2017>

⁵August 8, 2017 - <https://health.usnews.com/best-hospitals/area/mo/childrens-mercy-hospitals-and-clinics-6630340#hospital-performance>

Making healthy simpler. Visit your new member website at **aetna.com**.



In Idaho, health benefits and health insurance plans are offered and/or underwritten by Aetna Health of Utah Inc. and Aetna Life Insurance Company. For all other states, health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). In Florida by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

This material is for information only. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations. Estimated costs not available in all markets. The tool provides an estimate of what would be owed for a particular service based on the plan at that very point in time. Actual costs may differ from an estimate if, for example, claims for other services are processed after the estimate is provided but before the claim for this service is submitted. Or if the doctor or facility performs a different service at the time of the visit. Health maintenance organization (HMO) members can only look up estimated costs for doctor and outpatient facility services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **aetna.com**.

aetna®



You've got **Teladoc Health**



Access to quality care at your fingertips

General Medical

\$56 or less/visit

Talk to a licensed doctor for non-emergency conditions 24/7
Flu • Sinus infections • Sore throats • And more

Mental Health

\$90 or less/ therapist visit

\$215 or less/ psychiatrist first visit

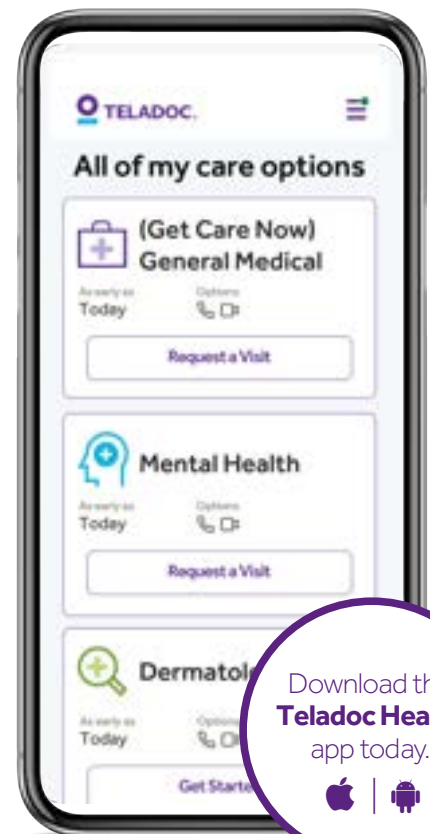
\$100 or less/ psychiatrist ongoing visit

Talk to a therapist 7 days a week (7 a.m. to 9 p.m. local time)

Dermatology



\$85 or less / consult

Upload images of a skin issue online and get a custom treatment plan within two days
Eczema • Acne • Rashes • And more



Set up your account or log in today

Visit Teladoc.com/Aetna

Call 1-855-TELADOC (835-2362) | Download the app  

Less than an urgent care/ER visit, your cost is never more than a doctor visit!



Affordable and convenient

As an Aetna member, you can access all covered MinuteClinic® services at little or no cost to you*



Care when you need it, at a price you can afford

Sometimes things just happen. Your kid develops flu symptoms after your primary care office has closed for the day. You step on a tack over the weekend. We get it, things happen, and when they do, you want to be able to access care at a price you can afford. That's why we're offering a new perk to eligible Aetna members: access to all covered MinuteClinic services at no cost to you, or low cost to you, based on your plan design.*



MinuteClinic is a walk-in clinic inside select CVS Pharmacy® and Target stores and is the largest provider of retail health care in the United States, making it easy to access care in your neighborhood.



MinuteClinic offers a broad range of services to keep you and your family healthy. MinuteClinic health care providers treat and diagnose a variety of illnesses, injuries and conditions. They can also write prescriptions, when medically appropriate.



Open 7 days a week, including evenings and weekends. You can walk in or schedule appointments online beforehand. And for even more convenience, you can pick up your prescription on-site.



It's as simple as going to your local MinuteClinic and receiving care. Your covered family members can take advantage of this benefit, too.

Once you're an Aetna member, you can learn more about this benefit that's designed to help you get the care you need, when you need it — at no or low cost to you.*

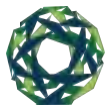
For your best health, we encourage you to have a relationship with a primary care physician or other doctor. Tell them about your visit to MinuteClinic, or MinuteClinic can send a summary of your visit directly to them.

Please note: Eligible Aetna members who enroll in qualified high-deductible health plans will receive lower-cost care for covered minor illness and injury services provided at MinuteClinic and can receive preventive services at no cost share. However, in order to receive no-cost care on all covered services, they will need to first meet their deductible. Once the deductible has been met, those members will be able to access covered MinuteClinic services at no cost share.



*Applies only to covered services at MinuteClinic. Video Visits are not a covered service under this Benefit. Members in HMO and indemnity plans are not eligible for this benefit. Such members should refer to their benefit plan documents in order to determine coverage and applicable cost share for walk-in clinic benefits and services, as applicable. Visit [minuteclinic.com](https://www.minuteclinic.com) for age and service restrictions.

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are both within the CVS Health family. This is not available for fully insured groups in AL, AK, AR, CA, CO, DE, GA, HI, IA, ID, MA, ME, MS, MT, ND, NM, NY, OR, SD, UT, VT, WA, WV and WY. Aetna is not responsible for services received at MinuteClinic locations. Aetna is the brand name for products and services provided by Aetna Life Insurance Company and its affiliates.



NueSynergy

CUSTOMER FOCUSED • TECHNOLOGY DRIVEN

Your Health Savings Account (HSA)

Individual HSA Contribution Limit
\$3,850 (2023)

Family HSA Contribution Limit
\$7,750 (2023) \$8,300 (2024)

What is an HSA?

An individually owned, tax-favored account that allows you to pay for qualified health care expenses.

HSA & QHDHP

An HSA must be coupled with a Qualified High-Deductible Health Plan (QHDHP) to receive the tax advantages allowed by the IRS. Premiums associated with a QHDHP should be lower than a traditional plan, allowing you to capture the savings to fund an HSA. Similar to a 401(k) savings plan, you can make tax-deductible contributions into an HSA and earn interest tax free. HSA funds can then be used to pay for any qualified, out-of-pocket medical, dental or vision expense.

Why an HSA?

HSAs provide several tax and cost-savings benefits.

- By combining an HSA with a QHDHP, you can reduce your insurance premiums.
- Known as a triple-tax savings account, contributions are made tax free, grow tax free and can be withdrawn tax free to pay for a variety of qualified medical expenses such as:
 - Doctor visits
 - Prescription drugs
 - Eyeglasses or contact lenses
- Unlike other benefit accounts, unused funds are rolled over annually enabling them to be used for future expenses.

Who is eligible to enroll in an HSA?

In general, to be eligible for an HSA, you must meet the following criteria:

- You must be covered under a QHDHP and cannot have other health care coverage.
- You cannot be enrolled in Medicare.
- You cannot be claimed as a dependent on someone else's tax return.

How much can I contribute?

The U.S. Treasury Department establishes annual contribution limits and minimum deductible amounts for HSAs and HSA-qualified health plans, which are adjusted each year for inflation. 2023 limits:

- Maximum HSA contribution: \$3,850 for individuals with single coverage, \$7,750 for individuals with family coverage.
- Minimum deductible for HSA-qualified health plan: \$1,500 for individuals with single coverage, \$3,000 for individuals with family coverage.
- Maximum out-of-pocket expense (including deductibles): \$7,500 for individuals with single coverage, \$15,000 for individuals with family coverage.

Eligible HSA Expenses

Below is a partial list of IRS eligible expenses that can be reimbursed through an HSA. This list is subject to change and without notice due to new legislation. A list of these expenses is available on the IRS Web site, www.irs.gov in IRS Publication 502, "Medical and Dental Expenses."

| Eligible Medical Expenses | |
|---|---|
| Acupuncture | Therapy, physical or speech |
| Alcoholism treatment | Eyeglasses, prescription (includes prescription sunglasses and over-the-counter reading glasses) |
| Ambulance service | Fertility treatment (ovulation predictor kits and pregnancy tests, in vitro fertilization, surgery or operations to reverse a prior surgery that prevents you from having children) |
| Artificial limb/teeth | Guide dog or other animal used to assist persons with physical disabilities |
| Bandages, Band-Aids, wraps, and splints | Health institute |
| Breast-reconstructive surgery following a mastectomy | Hearing aids and batteries |
| Birth control pills (Norplant, ovulation kits) | Hospital services |
| Braille books and magazines | Insulin, syringes |
| Chiropractor professional fees | Laboratory fees |
| Christian Science Practitioner fees | Lead-based paint removal |
| Contact Lenses/solution | Legal fees (fees you pay that are necessary to authorize treatment for mental illness) |
| Contraceptives | Meals (only as part of inpatient hospital care) |
| Crutches/braces & supports | Nursing home (if necessary for medical care and only the portion for medical services) |
| Dental treatment | Nursing services |
| Diagnostic services and tests | Operations (legal operations that are not cosmetic in nature) |
| Drug dependency treatments | Orthodontia |
| Drugs (prescriptions) | Orthopedic devices |
| Eye Surgery (includes cataract, LASIK, etc.) | Osteopath fees |
| Physical therapy | Oxygen equipment |
| Pregnancy test kits | Transplants (donor expenses, if you pay those expenses) |
| Psychologist fees | Transportation and related travel expenses for person seeking treatment |
| Schools and education (for mentally impaired or physically disabled person – see IRS publication 502) | Treatment for learning disability caused by mental or physical impairment or nervous system disorders |
| Special home for person adjusting from life in mental institution to community living | Vaccinations |
| Speech Therapy | Weight-loss program (only if medically necessary to treat existing disease such as heart disease and undertaken under physician's direction) |
| Sterilization procedures (vasectomy or tubal ligation) | Wheelchair |
| Stop-smoking program | Wigs (upon advise of physician for mental health of patient) |
| Surgical fees (for legal operations not cosmetic in nature) | X-ray fees |

Your Flexible Spending Account

What is a FSA?

Your Employer provides you with the opportunity to enroll in a Flexible Spending Arrangement or FSA. The FSA allows you to set aside money on a pre-tax basis to pay for eligible medical, dental, and vision expenses. The amount you choose to contribute is taken out of your paycheck in equal amounts each pay period. There are two types of FSAs available to help you save – a healthcare FSA and a dependent care FSA.

Why Enroll?

If you could save 25% or more on your medical, dental, vision, and dependent care expenses, would you? The FSA can help you do just that.

Savings Can Add Up

An employee earns \$32,000 annually, which is \$1,333.33 per bi-monthly payroll. This employee elects \$250 per pay period (pre-tax) to cover the cost of insurance, health and daycare expenses.

| | Without FSA | With FSA |
|-----------------------|-------------|-------------|
| Gross Earnings | \$1,333.333 | \$1,333.333 |
| FICA, Fed/State Taxes | \$275.48 | \$203.24 |
| Insurance Premiums | \$50.00 | \$50.00 |
| Health & Daycare Exp. | \$200.00 | \$200.00 |
| NET EARNINGS | \$807.85 | \$880.09 |
| Savings Per Paycheck | | \$72.24 |
| Savings Per Month | | \$144.48 |
| Savings Per Year | | \$1,733.76 |

Dependent Care FSA

If you have dependent care costs for a child under the age of 13 OR a spouse or dependent, who is unable to care for themselves, you should consider the dependent care FSA.

As long as both spouses or custodial parents are employed, you can contribute up to \$5,000 pre-tax per calendar year to pay for expenses such as:

- Day care (child & adult)
- Summer day camp
- Nursery school & preschool
- Before and after school programs

Healthcare FSA

With this account you are able contribute up to \$3,050 to pay for eligible medical, dental, prescription, vision not covered by insurance. Eligible expenses include but are not limited to:

Copays, coinsurance & deductibles | Prescriptions Dental (excludes cosmetic) | Orthodontics
Over-the-counter (OTC) items* | Vision Items

*Most OTC items require a prescription. Below are OTC items that do not require prescription:

Contact lens supplies | Braces & Supports
Band-aids, elastic bandages | Denture adhesive
Insulin & diabetic supplies | Reading glasses
Ostomy products First aid supplies

Tools and Resources

NueSynergy Mobile

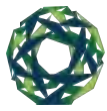
A free mobile app that provides access to your benefit account anywhere at any time.

- File a claim and submit documentation
- Check balances and transaction history
- View plan communications

NueSynergy Benefits Debit Card

Provides participants a convenient way to pay for eligible expenses directly from their designated benefit account, rather than paying out-of-pocket and waiting for reimbursement.

- Online and mobile account access to conveniently manage transactions
- Able to access all benefit accounts with one card
- FSA Rollover Amount \$570



Eligible FSA Expenses

| HEALTH CARE EXPENSES | DEPENDENT CARE FSA EXPENSES |
|---|---|
| Acupuncture | After school program |
| Ambulance service | Au Pair |
| Artificial limb/teeth | Babysitting (work-related, in your home or someone else's home) |
| Bandages, Band-Aids, wraps, and splints | Babysitting by your relative who is not a tax dependent (work-related) |
| Birth control pills (Norplant, ovulation kits) | Before or after school programs |
| Chiropractor professional fees | Child care |
| Contact Lenses/solution | Dependent care (while you work, to enable you to work or look for work) |
| Contraceptives | Extended care (supervised program before or after regular school hours) |
| Crutches/braces & supports | Housekeeper who cares for child (only portion of payment attributable to work-related child care) |
| Dental treatment | Nanny |
| Diagnostic services and tests | Nursery school |
| Drugs (prescriptions) | Payroll taxes related to eligible care |
| Eye Surgery (includes cataract, LASIK, etc.) | Preschool |
| Physical therapy | Registration fees (required for eligible care, after actual services are received) |
| Pregnancy test kits | Sick child care |
| Psychologist fees | Summer day camp |
| Schools and education (for mentally impaired or physically disabled person – see IRS publication 502) | Transportation to and from eligible care (provided by your care provider) |
| Speech Therapy | Tutoring |
| Stop-smoking program | Adult day care center |
| Therapy, physical or speech | Elder care (while you work, to enable you to work or look for work) |
| Eyeglasses, prescription (includes prescription sunglasses and over-the-counter reading glasses) | Elder care (in your home or someone else's) |
| Hearing aids and batteries | Senior day care |
| Hospital services | |
| Insulin, syringes | |
| Laboratory fees | |
| Orthodontia | |
| X-ray fees | |

Web & Mobile Tools

Maximize your benefits

These tools can lower the barriers between you and your health care and give you more control when seeking care or treatments.

PROVIDER TOOLS

Healthgrades

www.healthgrades.com

Find a doctor or hospital by:

- Condition
- Specialty
- Procedure
- Location



Rate MDs

www.rateMDs.com

There's a right way to find the right doctor.

- Search over 2 million doctor ratings and reviews
- Find top doctors, hospitals and urgent care centers in your town



PRESCRIPTION TOOLS

GoodRx

www.goodrx.com

Services available by:

- Compare prices of all FDA-approved drugs
- Find coupons and manufacturers' discounts
- Save up to 80% at local pharmacies
- Help with cost of drugs not covered by your insurance



Amazon Pharmacy

<https://pharmacy.amazon.com>

Explore transparent prescription pricing



Cost Plus Drug Co

<https://www.markcubancostplusdrugcompany.com/>

Prescriptions priced at cost + a 15% margin

COST COMPARISON TOOLS

Under the Transparency in Coverage final rule, health insurers and health plans must provide a self-service, cost-comparison tool that gives participants personalized out-of-pocket cost information on 500 specific medical services.

Dental



The dental plan covers routine checkups – and just about any other type of dental work you might need. Eligible dependents may also participate. Eligible dependents include your legal spouse who does not have coverage available through their employer and/or dependent child(ren) under the age of 26 not eligible as a subscriber under another dental plan. To identify participating dentists, please contact Aetna 800.872.3862 or visit www.aetna.com.

| Dental PPO | Network | Out of Network 90th Percentile |
|---|--------------|-----------------------------------|
| Annual maximum benefit | \$2,000 | \$2,000 |
| Deductible: Individual / Family | \$50 / \$150 | \$50 / \$150 |
| Dependent age limit | 26 | 26 |
| Preventive dental services <ul style="list-style-type: none"> Routine Oral examinations, 2 per calendar year Teeth cleaning – 2 per calendar year Bitewing X-rays – (1 set per year) Sealants (1 treatment per tooth every 3 years on permanent molars only, to age 16) Fluoride treatment – (1 application per year to age 16) Space maintainers - primary teeth, through age 15 Oral Cancer Screening - 2 per year, ages 40 and older | 100% | 100% |
| Basic dental services (Deductible Applies) <ul style="list-style-type: none"> Fillings – composite fillings 1 per tooth every 2 years, molar teeth; amalgam fillings 1 per tooth every 2 years Endodontics – root canals 1 per tooth per lifetime and 1 re-treatment Periodontal – scaling/root planing (4 separate quadrants years) Osseous surgery (1 per quadrant every 3 years) Emergency treatment – temporary pain relief | 80% | 50% |
| Major dental services (Deductible Applies) <ul style="list-style-type: none"> Single crowns, inlays, onlays, bridges and dentures; 1 per tooth every 5 years Dentures- 1 per tooth every 5 year Implants | 50% | 50% |

| Dental Rates <i>(with Implants)</i> | Employee Only | Employee + 1 | Family |
|-------------------------------------|---------------|--------------|---------|
| Monthly Premium | \$28.57 | \$55.19 | \$90.70 |
| GCI: Per Pay Period - 26 | \$3.96 | \$16.24 | \$32.63 |

Vision



Annual eye exams are important to your overall health. Eligible dependents may also participate. Eligible dependents include your legal spouse who does not have coverage available through their employer and/or dependent child(ren) under the age of 26 not eligible as a subscriber under another vision plan. To identify participating doctors, you may call Aetna 800.872.3862 or visit www.aetna.com.

| Aetna Vision | In Network | Out-of-Network |
|---|--|--|
| Routine Exams (every 12 months) <ul style="list-style-type: none"> Comprehensive Eye Exam Contact Lens Fit & Follow Up | \$10 Copay <ul style="list-style-type: none"> Standard member pays discounted fee of \$40 Premium member pays 90% of retail | \$30 Reimbursement |
| Standard Plastic Lenses (every 12 months) <ul style="list-style-type: none"> Single Bi-focal Tri-focal Lenticular | \$25 Copay | <ul style="list-style-type: none"> \$25 Reimbursement \$40 Reimbursement \$55 Reimbursement \$55 Reimbursement |
| Standard Frames (every 12 months) | \$150 allowance; 20% off balance over allowance | \$75 Reimbursement |
| Contact Lenses (every calendar year) <ul style="list-style-type: none"> Conventional & Disposable Medically Necessary | <ul style="list-style-type: none"> \$150 allowance; 15% off balance over allowance Covered in Full | <ul style="list-style-type: none"> \$120 Reimbursement \$200 Reimbursement |
| Lens Upgrades <ul style="list-style-type: none"> Polycarbonate Standard Plastic Scratch Photochromic/Transitions Plastic (Adult) | <ul style="list-style-type: none"> Member pays discounted fee of \$40 (Adults) \$0 Copay (Coating) Member pays discounted fee of \$75 | <ul style="list-style-type: none"> Not covered Not covered Not covered |

| Vision Rates | Employee Only | Employee/Spouse | Employee/Child(ren) | Family |
|-----------------------------|---------------|-----------------|---------------------|---------|
| Monthly Premium | \$5.79 | \$10.99 | \$11.57 | \$17.01 |
| GCI: Per Pay Period - 26 | \$1.75 | \$4.15 | \$4.42 | \$6.93 |

Life and AD&D



Employer Paid Basic Life/AD&D

Now is a good time to update beneficiary information, if necessary.

| Benefit | |
|--------------------|--|
| Benefit amount | \$50,000 |
| Reduction schedule | At age 65, benefit reduces by 35%; and at age 70, benefit reduces by an additional 15% |

Voluntary Life/AD&D

You also have the option of purchasing additional life insurance for yourself and your spouse.

| Insurance Schedules | Increments | Min/Max Amount | Guaranteed Issue* | Benefit reduction/termination |
|---------------------|------------|---|--|--|
| Employee | \$10,000 | \$10,000 increments up to \$500,000 max \$20,000 minimum | Under age 70: \$100,000 Age 70+: Lesser of \$10,000 | 35% reduction at age 70; an additional 20% at age 75 |
| Spouse | \$5,000 | \$5,000 increments up to \$200,000 | Under age 70: \$30,000 Age 70+: Lesser of \$10,000 | Coverage terminates at age 70 |
| Child(ren) | \$1,000 | Under 14: \$1,000 14 days or older: \$2k, \$5k or 10K | Based on Enrollment | Coverage terminates at 19 years old or 26 if a full-time student |

*Guaranteed Issue only applies to New Hires

Disability



Employer Paid Short-Term Disability

Guadalupe Centers will pay [100%] of the cost for you to have short-term disability coverage. This important benefit provides financial security in the event of a short-term illness or accident that doesn't allow you to work.

| Short-Term Disability | |
|--------------------------|---------------------------------------|
| Weekly benefit | 60% of salary up to \$1,500 |
| Elimination period | 15 days — due to Accident or Sickness |
| Maximum benefit duration | 11 weeks |

Employer Paid Long-Term Disability

Guadalupe Centers will pay [100%] of the cost for you to have long-term disability coverage. In the event of an extended illness or disabling accident, this coverage provides a steady stream of income to cover essential expenses.

| Long-Term Disability | |
|--------------------------|-----------------------------|
| Monthly benefit | 60% of salary up to \$7,000 |
| Elimination period | 90 days |
| Maximum benefit duration | To age 65 |

Help handling life's ups and downs

Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the employee assistance program (EAP), provided by Magellan Healthcare, is all about.

With an EAP, you and your family have access to **free, confidential** resources to help handle life's everyday—and not so everyday—challenges.

You might use your EAP to help: manage stress, handle relationship issues, balance work and life, work through grief, cope with anxiety, and more. Plus, your EAP gives you access to discounts on major brands and everyday needs.

Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things.

In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. You and your family can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions. Three counseling sessions per year are included.

Legal, financial, and identity theft services

You and your family have access to these services:

- **Legal services.** Receive a free 60-minute consultation to help deal with issues such as car accidents or family law.

- **Financial wellness.** Receive three free 30-minute consultations. This may include help with budget planning, debt consolidation, or retirement planning.
- **Identity theft resources.** Receive a free 60-minute consultation to help restore your identity if stolen.

Work-life web services

You and your family can access webinars, live talks, and articles on topics such as child and elder care, education, parenting, and more.

Help when and where you need it—day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.



800-450-1327

International: 800-662-4504

TTY: 711



Member.MagellanHealthcare.com

When you create an account, enter **Principal Core** as the program name.

Accident Insurance



You can purchase this coverage for you and your family. Child coverage is available to age 26.

▶ HELPS YOUR FINANCES AFTER A MISHAP.

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

ACCIDENT FAST FACTS

Falls

are the leading cause of injuries treated in emergency rooms every year, for people of all ages.¹

This coverage pays benefits whether your covered accident happens at work, at home, or away (also known as 24-hour coverage).

What's covered

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan's effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is listed here. Choose the plan that best meets your needs and your budget.

| DISLOCATIONS | LOW PLAN | | HIGH PLAN | |
|--|------------------------------------|------------------------|------------------------------------|------------------------|
| | OPEN (SURGERY) | CLOSED (NO SURGERY) | OPEN (SURGERY) | CLOSED (NO SURGERY) |
| Hip | \$4,000 | \$2,000 | \$8,000 | \$4,000 |
| Knee, ankle, or bones of the foot | \$2,000 | \$1,000 | \$4,000 | \$1,000 |
| Elbow, wrist or Lower jaw | \$800 | \$400 | \$2,000 | \$1,000 |
| Shoulder | \$1,000 | \$500 | \$2,000 | \$1,000 |
| Collarbone or bones of the hand | \$1,600 | \$800 | \$2,000 | \$1,000 |
| Finger(s) or toe(s) | \$200 | \$100 | \$400 | \$200 |
| FRACTURES | OPEN (SURGERY) | CLOSED (NO SURGERY) | OPEN (SURGERY) | CLOSED (NO SURGERY) |
| Hip or thigh | \$4,000 | \$2,000 | \$6,000 | \$3,000 |
| Skull-depressed | \$6,000 | \$3,000 | \$10,000 | \$5,000 |
| Skull-simple | \$3,000 | \$1,500 | \$5,000 | \$2,500 |
| Vertebral processes, Bones of the face, Nose, Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel | \$700 | \$350 | \$1,500 | \$750 |
| Leg | \$2,000 | \$1,000 | \$3,000 | \$1,500 |
| Vertebrae, Sternum | \$1,600 | \$800 | \$3,000 | \$1,500 |
| Pelvis | \$1,600 | \$800 | \$3,200 | \$1,600 |
| Upper jaw or upper arm | \$800 | \$400 | \$1,500 | \$750 |
| Rib, Finger, Toe or Coccyx | \$400 | \$200 | \$600 | \$300 |
| Multiple ribs | \$1,000 | \$500 | \$2,000 | \$1,000 |
| ADDITIONAL INJURIES | | | | |
| Eye Injury - surgical repair | \$200 | | \$400 | |
| Eye Injury - object remove | \$200 | | \$400 | |
| Gunshot wound | \$250 | | \$500 | |
| Paralysis—paraplegia | \$12,500 | | \$25,000 | |
| Paralysis—quadriplegia | \$25,000 | | \$50,000 | |
| Coma | \$5,000 | | \$10,000 | |
| Concussion | \$150 | | \$300 | |
| BURNS | 2ND DEGREE | 3RD DEGREE | 2ND DEGREE | 3RD DEGREE |
| 20-40 square centimeters | \$200 | \$500 | \$400 | \$1,000 |
| 41-65 square centimeters | \$400 | \$1,000 | \$800 | \$2,000 |
| 66-160 square centimeters | \$600 | \$3,000 | \$1,200 | \$6,000 |
| 161-225 square centimeters | \$800 | \$7,000 | \$1,600 | \$14,000 |
| More than 225 square centimeters | \$1,000 | \$10,000 | \$2,000 | \$20,000 |
| Skin graft | 50% of the applicable Burn Benefit | | 50% of the applicable Burn Benefit | |
| LACERATIONS | | | | |
| No sutures and treated by doctor | \$20 | | \$35 | |
| Single laceration under 5 cm with sutures | \$35 | | \$65 | |
| 5-15 cm with sutures (total of all lacerations) | \$125 | | \$250 | |
| Greater than 15 cm with sutures (total of all lacerations) | \$250 | | \$500 | |

| MEDICAL SERVICES | | |
|---|---------|---------|
| Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year) | \$200 | \$300 |
| Diagnostic Exam - X-ray (1 time per covered accident) | \$100 | \$200 |
| Accident Emergency Treatment, non-emergency room (once per covered accident) | \$100 | \$200 |
| Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident) | \$50 | \$50 |
| Physical Therapy (per visit up to 10 visits per covered accident) | \$50 | \$50 |
| Medical Devices | \$300 | \$400 |
| Epidural Pain Management (up to 2 times per covered accident) | \$100 | \$150 |
| Prescription drug | \$35 | \$50 |
| Prosthesis (one) | \$250 | \$500 |
| Prosthesis (two) | \$500 | \$1,000 |
| Blood, Plasma, or Platelet Transfusion | \$100 | \$200 |
| HOSPITAL | | |
| Hospital Admission (once per benefit year) | \$1,000 | \$2,000 |
| Hospital Confinement (per day up to 365 days per covered accident) | \$250 | \$400 |
| Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU) | \$2,000 | \$3,500 |
| Intensive Care Unit Confinement (per day up to 14 days, payable in addition to any Hospital Confinement benefit) | \$500 | \$1,000 |
| Ambulance (Ground) | \$100 | \$200 |
| Ambulance (Air) | \$500 | \$750 |
| Emergency Room Admission | \$100 | \$200 |
| Family Lodging (per day up to 30 days per benefit year) | \$50 | \$100 |
| Transportation (100 or more miles up to 3 times per covered accident) | \$250 | \$500 |
| Rehabilitation Unit (per day up to 30 days per covered accident) | \$50 | \$100 |
| SURGERY | | |
| Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit) | \$300 | \$750 |
| Open Surgery | \$1,000 | \$1,250 |
| Exploratory Surgery or Debridement | \$150 | \$250 |
| Tendon/Ligament/Rotator Cuff Tear | \$500 | \$1,000 |
| Torn Knee Cartilage | \$500 | \$500 |
| Ruptured/Herniated Disc | \$500 | \$500 |
| EMERGENCY DENTAL | | |
| Emergency Dental extraction | \$30 | \$65 |
| Emergency Dental crown | \$100 | \$200 |
| WELLNESS | | |
| Wellness Screening Benefit (once per benefit year) | \$50 | \$50 |

Rates

Coverage and **bi-weekly** cost for Accident.

Rates are effective as of March 1, 2022.

Accident coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Low plan:

| Coverage | Cost per pay period* |
|-----------------------|----------------------|
| Employee | \$5.02 |
| Employee + Spouse | \$8.44 |
| Employee + Child(ren) | \$8.77 |
| Employee + Family | \$12.19 |

High plan:

| Coverage | Cost per pay period* |
|-----------------------|----------------------|
| Employee | \$8.34 |
| Employee + Spouse | \$13.86 |
| Employee + Child(ren) | \$14.75 |
| Employee + Family | \$20.28 |

Critical Illness Insurance



➤ HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.

When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

➤ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with a critical illness, you can use your benefit to help with related expenses like lost income, child care, travel to and from treatment, deductibles and co-pays.

➤ PAYS A CASH BENEFIT DIRECTLY TO YOU.

Critical Illness insurance can be used however you want, and it pays in addition to any other coverage you may already have.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

With Critical Illness Insurance, you also get access to health care support services. You can talk with medical and claims experts about your medical coverage, benefits, diagnosis and treatment options.

BENEFITS *(You can purchase this coverage at a group rate.)*

| | |
|---------------------|--|
| For you | You can choose between \$5,000 and \$20,000 of coverage, in increments of \$5,000. No medical questions asked. |
| For your spouse | If you elect coverage for yourself, you can choose between \$5,000 and \$20,000 of coverage, in increments of \$5,000. No medical questions asked. Not to exceed 100% of your coverage amount. |
| For your child(ren) | If you elect coverage for yourself, you can choose between \$2,500 and \$10,000 of coverage, in increments of \$2,500. No medical questions asked. Not to exceed 50% of your coverage amount. An eligible child is defined as your child from birth to age 26. |

What's covered

Once your coverage goes into effect, you can file a claim for covered conditions diagnosed after your insurance plan's effective date. Below is the full list of conditions.

COVERED CONDITIONS – The plan pays 100% of the benefit amount unless stated otherwise.

| | | |
|--|---|--|
| Core Conditions | Heart Attack ^R End-Stage Kidney Disease ^R Occupational HIV/Hepatitis B, C, or D Major Organ Failure ^R | Stroke ^R Coronary Artery Bypass Graft ^R (Pays 25%) Angioplasty ^R (Pays 5%) |
| Cancer Conditions | Invasive Cancer ^R Noninvasive Cancer ^R (Pays 25%) Skin Cancer ^R (Pays 5%) | |
| Other Conditions | Complete Blindness Complete Loss of Hearing Loss of Speech Benign Brain Tumor Coma | Severe Burns Advanced ALS/Lou Gehrig's Disease Advanced Parkinson's Disease (Pays 25%) Advanced Alzheimer's Disease (Pays 25%) Paralysis |
| Childhood Conditions <i>Applies to dependent children only</i> | Down Syndrome Cystic Fibrosis Type 1 Diabetes Mellitus Complex Congenital Heart Disease | Cerebral Palsy Cleft Lip/Palate Muscular Dystrophy Spina Bifida |
| Wellness Screening Benefit | Payable to any covered person on your plan one time each year, once you provide proof of an eligible health screening. | Employee \$50 Spouse \$50 Child \$50 |

^R = Recurrence Benefit available

When would I need the Recurrence Benefit?

Sometimes people are diagnosed with the same condition twice. If this happens to you, and 12 consecutive months have passed between the first and second diagnoses, we'll pay you an additional benefit (the amount of which is noted in your Certificate). Only the conditions marked (R) in the table above are eligible for the Recurrence Benefit. Once a Recurrence Benefit has been paid, no additional benefit will be paid for that critical illness.

Rates

Rates are effective as of March 1, 2022.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Employee Critical Illness – Uni-Tobacco rates | Age and cost – pay period (bi-weekly) premium

| Coverage amounts | <30 | 30-39 | 40-49 | 50-59 | 60-69 | 70+ |
|------------------|------|-------|-------|-------|-------|-------|
| \$5,000 | 1.55 | 2.22 | 4.15 | 7.92 | 11.54 | 20.47 |
| \$10,000 | 3.09 | 4.43 | 8.31 | 15.83 | 23.08 | 40.94 |
| \$15,000 | 4.64 | 6.65 | 12.46 | 23.75 | 34.62 | 61.41 |
| \$20,000 | 6.18 | 8.86 | 16.62 | 31.66 | 46.15 | 81.88 |

Rates

Rates are effective as of March 1, 2022.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

Spouse rates are based on the employee's age.

Spouse Critical Illness – Uni-Tobacco rates | Age and cost – pay period (bi-weekly) premium

| Coverage amounts | <30 | 30-39 | 40-49 | 50-59 | 60-69 | 70+ |
|------------------|------|-------|-------|-------|-------|-------|
| \$5,000 | 1.55 | 2.22 | 4.15 | 7.92 | 11.54 | 20.47 |
| \$10,000 | 3.09 | 4.43 | 8.31 | 15.83 | 23.08 | 40.94 |
| \$15,000 | 4.64 | 6.65 | 12.46 | 23.75 | 34.62 | 61.41 |
| \$20,000 | 6.18 | 8.86 | 16.62 | 31.66 | 46.15 | 81.88 |

Rates are effective as of March 1, 2022.

The chart below shows possible coverage amounts and their **bi-weekly** costs.

Child(ren) Critical Illness

| Coverage amounts | Cost – pay period (bi-weekly) premium |
|------------------|---------------------------------------|
| \$2,500 | 0.14 |
| \$5,000 | 0.28 |
| \$7,500 | 0.42 |
| \$10,000 | 0.55 |

Hospital Indemnity Insurance



▶ HELPS PROTECT YOUR FINANCES.

When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your plan.

▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.

▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you.

You can purchase this coverage for you and your family. Child coverage is available to age 26.

BENEFITS

Benefits are payable for hospital stays due to:

- Sickness
- Accidents*
- Routine pregnancy
- Complications of pregnancy
- Newborn complications
- Mental and nervous disorders
- Substance abuse

Additional reasons to sign up:

- No medical questions to answer - guaranteed issue coverage
- Benefits add up - many of your benefits can all be payable on the same day

Your employer is offering you a choice of two plans. Please review the information for both plans. Then, choose the one plan that best fits your needs.

*Confinements due to an accident must be within 365 days of the accident.

What's covered - LOW

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

BENEFIT SCHEDULE - LOW

| FIRST DAY BENEFITS Payable per benefit year | LOW |
|---|--------------------------------|
| First day hospital confinement – This benefit pays the first day you stay in a regular hospital bed. | \$500 per day 1 day |
| CONFINEMENT BENEFITS Payable per benefit year | LOW |
| Hospital confinement – This benefit pays for a hospital stay in a standard room. Payable with: <ul style="list-style-type: none">• <i>First day hospital confinement benefit</i> | \$100 per day Up to 15 days |
| Intensive Care Unit (ICU) confinement – This benefit pays for a hospital ICU stay. Payable with: <ul style="list-style-type: none">• <i>First day hospital confinement benefit</i>• <i>Hospital confinement benefit</i> | \$100 per day Up to 15 days |

What's covered - HIGH

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

BENEFIT SCHEDULE - HIGH

| FIRST DAY BENEFITS Payable per benefit year | HIGH |
|---|--------------------------------|
| First day hospital confinement – This benefit pays the first day you stay in a regular hospital bed. | \$1,000 per day 1 day |
| CONFINEMENT BENEFITS Payable per benefit year | HIGH |
| Hospital confinement – This benefit pays for a hospital stay in a standard room. Payable with: <ul style="list-style-type: none">• <i>First day hospital confinement benefit</i> | \$200 per day Up to 15 days |
| Intensive Care Unit (ICU) confinement – This benefit pays for a hospital ICU stay. Payable with: <ul style="list-style-type: none">• <i>First day hospital confinement benefit</i>• <i>Hospital confinement benefit</i> | \$200 per day Up to 15 days |

Rates

Coverage and **bi-weekly** cost for Hospital Indemnity.

Rates are effective as of March 1, 2022.

Hospital Indemnity coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Low plan

| Coverage | Cost per pay period* |
|-----------------------|----------------------|
| Employee | \$7.24 |
| Employee + Spouse | \$13.49 |
| Employee + Child(ren) | \$11.21 |
| Employee + Family | \$17.46 |

High plan

| Coverage | Cost per pay period* |
|-----------------------|----------------------|
| Employee | \$12.16 |
| Employee + Spouse | \$23.95 |
| Employee + Child(ren) | \$19.38 |
| Employee + Family | \$31.17 |

*Contact your employer to confirm your part of the cost.

Guadalupe Centers, Inc.

Plan Highlights

403(b) Retirement Plan

Eligibility [effective July 1, 2022]

Employees will enter the plan on the first day of employment.

Entry Date

You are eligible to contribute to the plan immediately.

Contributions

You may defer annually up to \$22,500 in 2023 (plus catch-up contributions of \$7,500 if you will be age 50 or over by 12-31-2023) You may choose between pre-tax [traditional 403(b)], and after-tax [Roth] deferrals, or contribute to both sources through payroll deductions.

Match

Guadalupe Centers will match your contributions as follows:

| <u>If you defer</u> | <u>GCI will contribute....</u> |
|---------------------------|--------------------------------|
| 1% | 1% |
| 2% | 2% |
| 3% | 3% |
| 4% | 4% |
| 5% or more | 5% |

Rollovers

If you have money in a qualified retirement plan of a previous employer, you may rollover the balance into this plan.

Vesting

You are always 100% vested in your own contributions, and the earnings on them. Company **Matching** Contributions made to the plan on your behalf have the following vesting schedule: 0-1 year = 0%, 2 years = 25%, 3 years = 50%, 4 years = 75%, 5 years = 100%.

Loans

In general, loans are available in amounts up to 50% of your vested account balance, to a maximum loan amount of \$50,000. Only 1 loan may be outstanding at a time. Loans are repaid through payroll deduction, and must be repaid within 5 years or less. Loans not repaid are considered taxable distributions by the IRS. Loans include a loan initiation fee of \$135, and a loan maintenance fee of \$12.50 each quarter the loan is in place.

Distributions

You are eligible to receive a distribution from the plan after reaching age 59 1/2, or upon retirement, separation of service, death or disability.

Hardship distributions are available from employee contribution monies.

You must begin taking an annual required minimum distribution after you reach age 72 if you have retired.

How to Obtain information

If you have any questions about the plan, you have several resources:

- GCI Human Resources Department
[enrollment materials available]
- UBS Financial Services Inc. [800-246-2104] or email jbg@ubs.com
- American Funds [877-833-9322] or online: americanfunds.com/retire



Note: This Plan Highlights Summary provides a brief explanation of the provisions in your plan. For a complete description of your plan provisions, please refer to the Plan Document or consult with your employer. Please note that the Plan document is the governing document for your plan, and in the event that there is a discrepancy between the Plan Highlights Summary and the Plan Document, the Plan Document will prevail.

Over 7.9 billion personal records were exposed in the first half of 2019

Allstate Identity Protection helps millions of workers see, manage and protect their personal information online.

Critical corporate security, consistent support

Research shows that 34% of data breaches start internally², so providing comprehensive identity protection is key for safeguarding the security of both a company and its employees. Offering Allstate Identity Protection shows that a company cares about its employees, reputation, and assets.

Employees want it, employers need it

Identity protection was voted the number one voluntary benefit in 2018³ and an estimated 63% of employers will offer it as a benefit by 2021.⁴ People are seeking protection and expertise — and we help employers provide it through employer-paid or voluntary Allstate Identity Protection benefits.

Top protection, continuous innovation

We provide a powerful new approach to online privacy, with unique tools like our Allstate Digital Footprint™ — available with Allstate Identity Protection's Pro Plus plan — and enhanced social media monitoring. Participants can look after their online activity, from financial transactions to what they share on social media, so they can protect the trail of data they leave behind.

Easy implementation, seamless integration

With more than 180 platform integrations and 13 years of refining implementation, we've made onboarding simple for all our new clients. Our 98% implementation satisfaction score proves it. Each new client has a dedicated implementation team who remains with them through the entire process. It's why so many of our clients say we're the easiest benefit provider to work with.



Discover a powerful new approach to online privacy.

Allstate Identity Protection enables participants to:

- 0 See their personal data**
- 0 Manage it with real-time alerts**
- 0 Protect their identity and finances from fraud**



Allstate Identity Protection *Pro Plus* plan provides:

Identity Monitoring

IP address monitoring

Enhanced social media monitoring

Social account takeover

Tax fraud refund advance^t

\$1M 401(k)/HSA reimbursement^t

Credit and debit card monitoring

Bank account transaction monitoring

401(k) and HSA account monitoring

Financial transaction monitoring

Digital exposure reports

Dark web monitoring

Compromised credentials

Data breach notifications

Protection for family (everyone "under roof, under wallet")

Deceased family member coverage

Privacy Management

Allstate Digital Footprint™

Identity health status

Digital Exposure reports

Mobile app with biometric

authentication security

Credit

Tri-bureau credit monitoring

Annual tri-bureau report and score

Credit lock (adults & minors)

Credit freeze assistance

TransUnion credit monitoring

Credit score tracking

Remediation

Full-service, 24/7 remediation support

\$1M insurance policy^t

Stolen funds reimbursement^t

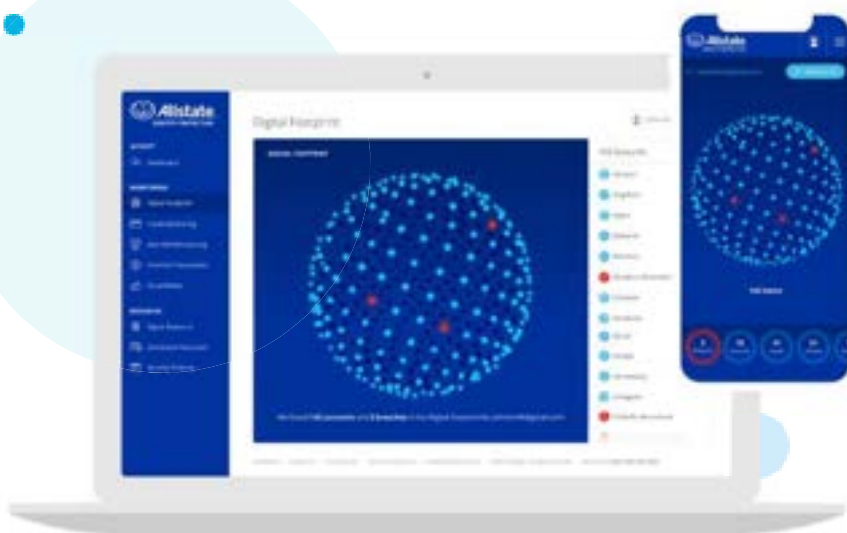
Tap-to-call from mobile app

Employee paid pricing

Allstate Identity Protection **Pro Plus**

\$9.95 per person / month

\$17.95 per family/ month



Sources:

1: CNET, "2019 Data Breach Hall of Shame: These were the biggest data breaches of the year", December 2019

2: Society for Human Resource Management, "Identity Theft at Work: How to Protect Yourself and Employees," 2015

3: BenefitsPro, "On Trend: 9 Top Voluntary Benefits for 2018," 2018

4: The Willis Towers Watson 2018 Emerging Trends: Voluntary Benefits and Services Survey, 2018

Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.



Rights and Disclosures

This information is intended to be shared by employees with their spouse and dependents

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or to obtain more information contact Bukaty Companies at 888.657.0440.

Woman's Health and Cancer Rights Act (WHCRA) Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Bukaty Companies at 888.657.0440 for more information.

COBRA Rights In the Event You Lose Your Health (Medical/Dental/Flex) Coverage

A group health plan is required to offer COBRA continuation coverage to you, your spouse and your dependents enrolled in the Plan when a qualifying event occurs that causes loss of group health coverage. Coverage may be available for 18 months up to a maximum of 36 months, depending upon the qualifying event. The employer is required to notify the Plan if the qualifying event is:

- Termination (for any reason other than gross misconduct) or reduction in hours of employment of the covered employee - eligible for up to 18 months of continuation coverage
- Death of the covered employee - eligible for up to 36 months of continuation coverage
- Covered employee becomes entitled to Medicare - eligible for up to 36 months of continuation coverage depending upon date of Medicare entitlement

The covered employee or one of the qualified beneficiaries is responsible for notifying the Plan Administrator within 60 days of the occurrence if the qualifying event is:

- Divorce or legal separation - eligible for up to 36 months of continuation coverage
- A child's loss of dependent status under the Plan - eligible for up to 36 months of continuation coverage.

Disability Extension

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of coverage for a total of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. To obtain the extended coverage, a copy of the SSA disability determination must be received by the Plan Administrator within 60 days after the determination is issued and within the individual's first 18 months of continuation coverage. If SSA determines later the individual is no longer disabled, that individual must notify the Plan Administrator within 30 days after the date of the second determination.

Second Qualifying Event

If while on 18 months of continuation coverage, family members enrolled in the Plan experience another qualifying event, they may be entitled to an additional 18 months of coverage, for a maximum of 36 months. The extension may be granted if the employee or former employee dies, becomes entitled to Medicare or gets divorced or legally separated, or if the dependent child loses dependent status, but only if the events would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. When responsibility for notification rests with the covered employee or qualified beneficiary, notice of the qualifying event must be made within 60 days of the occurrence to the company's Plan Administrator.

Other Coverage Options Besides COBRA

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period."

Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to company’s Plan Administrator. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Us Informed of Status Changes

It is very important that you keep your Plan Administrator informed of address changes and other personal data changes for you and/or dependents who are or may become qualified beneficiaries on any of the company’s group benefits. Changes should be reported to the Plan Administrator.

Lifetime Limit

The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Bukaty Companies at 888.657.0440.

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. You should contact your State for further information on eligibility.

| Kansas - Medicaid | Missouri - Medicaid |
|--|--|
| kdheks.gov/hcf/ | dss.mo.gov/mhd/participants/pages/hipp.htm |
| 1.800.967.4660 | 573.751.2005 |



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 7-31-2023)

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 your 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 Guadalupe Centers / Hugo Medrano

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.

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

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | | |
|---|----------------|---|--|
| 3. Employer name Guadalupe Centers | | 4. Employer Identification Number (EIN) 44-0610781 | |
| 5. Employer address 1015 Avenida Cesar E. Chavez | | 6. Employer phone number 816-421-1015 | |
| 7. City Kansas City | 8. State MO | 9. ZIP code 64108 | |
| 10. Who can we contact about employee health coverage at this job? Natalie Brady | | | |
| 11. Phone number (if different from above) 816-702-7263 | | 12. Email address nbrady@guadalupecenters.org | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☒ All employees. Eligible employees are:

Full Time Employees working an average of 30 or more hours per week.

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Eligible dependents of full time employees include legal spouse and/ or dependent children age 26 and under.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

ENROLL IN YOUR BENEFITS: ONE STEP AT A TIME

GCI - Enrollment Instructions

STEP 1. LOG IN

Go to <https://www.employeenavigator.com/benefits>

Returning Users: Log in with the username and password you created.

New Users: Click on the Registration Link in the email sent to you from your administrator or Register As New User. Create an account and your own username and password. You will be asked to provide:

- First and last name
- PIN (last four digits of SSN)
- DOB (mm/dd/yyyy)

COMPANY IDENTIFIER: **guad**

STEP 2. BEGIN ENROLLMENT PROCESS

After you login, click **Let's Begin** to complete your required tasks. Once you've completed any assigned onboarding tasks click **Start Enrollment** to begin your enrollment.

STEP 3. UPDATE PERSONAL INFO

After clicking **Start Enrollment**, you'll need to provide some personal and dependent information before moving to your benefit elections. To enroll a dependent in coverage you will need their DOB and SSN.

STEP 4. ELECT YOUR BENEFITS

You can now choose to either select or waive each of your benefits. To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?** You must click **Save & Continue** at the bottom of each screen to save your elections.

STEP 5. ADDITIONAL FORMS

If you have elected benefits that require a beneficiary or primary care physician designation, or completion of an Evidence of Insurability form, you will be prompted to add those details.

STEP 6. REVIEW AND CONFIRM ELECTIONS

Review the summary of your selected benefits. Click **Sign & Agree** if everything

looks correct to complete your enrollment. You may login and view your online summary at any point during the year.



**Scan me for
Employee Navigator
access at your
fingertips!**



For help contact:
enrollmentsupport@bukaty.com
913.345.0440