2024 EMPLOYEE BENEFITS GUIDE

JANUARY 1, 2024– DECEMBER 31, 2024

Welcome Letter from your Chief Executive Officer

Welcome to Central Arkansas Water. I am excited for you to join the CAW family!

Our CAW employees are **h**igh-performing, **i**nnovative, **v**alues-driven, **i**nformed, and **p**assionate. Our culture philosophy defines how we realize our mission and can be easily remembered using the acronym **HIVIP**. We want everyone that interacts with our employees to have a HIVIP experience.

Our mission is to deliver high-quality, affordable, abundant, dependable water services to our customers every day. We do this because of our high-performing, innovative, value-driven, informed and passionate workforce. This is an important job, and the protection of public health by providing outstanding water services is our singular purpose. CAW's unwavering commitment to continually improving and protecting our most valuable resource to ensure the health of generations to come is what our customers expect of us, what our employees expect of CAW, and what we will expect of you.

CAW is committed to building a better future for the utility, our customers, our stakeholders, and our employees. Our commitment to our employees is essential to the success of CAW in realizing our mission. One of our strategic initiatives is to develop, maintain, and recruit a HIVIP, diverse, sustainable, and high-performing workforce. Part of achieving this initiative is to communicate the value of CAW's total benefits package.

This benefits booklet describes each of the benefits CAW makes available to you to promote your health and well-being so you can help us realize our mission. Contact Human Resources for questions regarding benefits to ensure you make the choices that are right for you.

C. Tad Bohannon
Chief Executive Officer
Central Arkansas Water

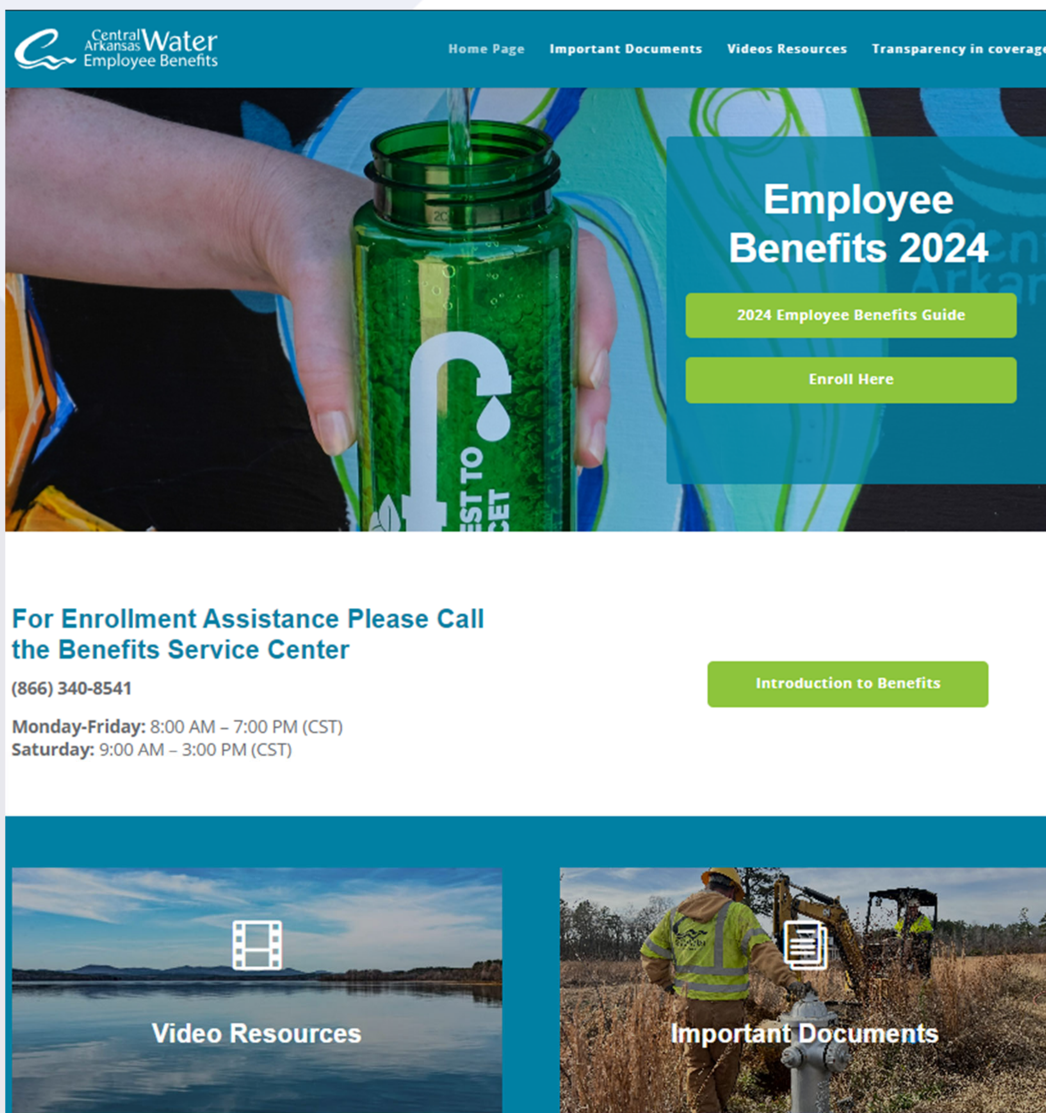
Welcome to Your Benefits

Your health and the health of your family are important to Central Arkansas Water – this is the reason we offer comprehensive healthcare coverage with ancillary benefit options to eligible employees and their families. Central Arkansas Water's benefits package is designed to focus on your total well-being.

Please read through all of your materials carefully. You have many resources available for any questions related to your benefits throughout the year. Take advantage of those resources to be sure you receive the full benefits you need and all that is available to you.

Central Arkansas Water Employee Benefit Website

The required state and federal notices, along with Summary Plan Descriptions (SPD) and Summary of Benefits and Coverage (SBC), can be obtained from your Human Resources department or found online at www.carkwbenefits.com.



The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by Central Arkansas Water. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Guide, contact Human Resources.

Eligibility and Enrollment

Eligibility

All full-time Central Arkansas Water employees working at least 30 hours per week are eligible for benefits. As a new hire, you are eligible for benefits on the first day of the month following 30 days of employment, which is your Benefit Effective Date. Additionally, you may enroll during your annual Open Enrollment period for a January 1st effective date.

CAW offers enrollment through Professional Enrollment Concepts' (PEC) call-in center or online enrollment at **https://trustmark.benselect.com/enroll**, *(works best in Chrome)* for your convenience. Benefit counselors at the Benefits Service Center can provide you with a detailed explanation of your entire benefit program. You may enroll the following eligible dependents in our group benefit plans:

- Your legal spouse
- Your natural, adopted or stepchildren up to age 26
- Unmarried children of any age if disabled and claimed as a dependent on your federal income taxes

Please note that at any time during the plan year, CAW may conduct an audit requesting supporting documentation on all eligible dependents.

Benefits Enrollment

It is important that you make your benefit elections within the timeframe allowed during your New Hire or Open Enrollment period. Benefits must be elected prior to the Benefit Effective Date (see Eligibility above for details). Postponing the confirmation of your elections will result in a delay and/or denial in enrollment processing. Once you confirm your benefit elections, your next opportunity to change or elect benefits will not be until the next Open Enrollment period, unless you experience a Qualifying Life Event.

YOUR BENEFIT RESOURCES

More details about the benefits offered to you can be found by:

- Logging into www.carkwbenefits.com
- Registering on the insurance company websites
- Downloading the insurance company smartphone apps (if available)
- Calling the insurance company directly
- Contacting Human Resources

If you have questions or need assistance enrolling, contact Human Resources or our partners at the Benefits Service Center.

Making Changes to Your Benefits

Changes to your benefits can only be made throughout the year within 30 days of a Qualifying Life Event. Unless one of the events listed below applies, pre-tax benefit elections cannot be changed until the next year's Open Enrollment period.

- A change in the number of dependents (birth, adoption, death, guardianship);
- A change in marital status (marriage, divorce, death, legal separation);
- A dependent's loss of eligibility;
- A loss or gain in like coverage;
- A termination or commencement of employment of employee's spouse or eligible dependent with coverage;
- Other events as the administrator determines to be permitted or any other applicable guidelines issued by the internal revenue service.

If you experience a Qualifying Life Event and wish to make changes to your current elections, you must notify the Human Resources Department in writing within 30 days of the change in status. Documentation must be provided.

Your Responsibility

- Closely review the benefit options and materials provided to you
- Determine which benefits are best for you and your family
- Make your elections during the Open Enrollment or New Hire Enrollment period through the benefits portal or by speaking with the Benefit Service Center

Where to Go

The cost for care and time you wait can vary greatly depending on where you go. Here is a simple guide to choosing the right place to go for healthcare. In addition to clinical settings, you have access to virtual visits as well.

	Conditions Treated*	Your Cost & Time
Emergency Room		
For the immediate treatment of critical injuries or illness. If a situation seems life-threatening, call 911 or go to the nearest emergency room. Open 24/7.	• Sudden numbness, weakness • Uncontrolled bleeding • Seizure or loss of consciousness • Shortness of breath • Chest pain • Head injury/major trauma • Blurry or loss of vision • Severe cuts or burns • Overdose	• Costs are highest • No appointment needed • Wait times may be long, averaging over 4 hours
Urgent Care Center		
For conditions that are not life threatening. Staffed by nurses and doctors and usually have extended hours.	• Minor cuts, sprains, burns, rashes • Fever and flu symptoms • Headaches • Chronic lower back pain • Joint pain • Minor respiratory symptoms • Urinary tract infections	• Costs are lower than an ER visit • No appointment needed • Wait times vary
Doctor's Office		
The best place to receive routine or preventive care, track medications, or get advice from your doctor regarding seeing a specialist.	• General health issues • Preventive services • Routine checkups • Immunizations and screenings	• May include coinsurance and/or deductible • Appointment usually needed • May have little wait time
Convenience Care Clinic		
Staffed by nurse practitioners and physician assistants. Treat minor medical concerns that are not life threatening. Located in retail stores and pharmacies, they're often open nights and weekends.	• Common cold/flu • Rashes or skin conditions • Sore throat, earache, sinus pain • Minor cuts or burns • Pregnancy testing • Vaccinations	• Costs are same or lower than office visit • No appointment needed • Wait times typically 15 minutes or less
Virtual Medicine		
Virtual visits with a doctor anytime 24/7/365 via computer with webcam capability or smartphone mobile app.	• Cold and flu symptoms such as a cough, fever and headaches • Allergies • Sinus infections • Family health questions	• Cost is the same as office visit • No appointment needed • Immediate, private, and secure visits

*List is not all inclusive. To find a specific health care facility or doctor, go to your medical carrier's website or call the number on your ID card. The listing of a health care professional or facility in the online directory does not guarantee that the services rendered by that professional or facility are covered under your specific medical plan. Check your official plan document for information about the services covered under your plan benefits. The information provided here is for informational purposes only. During a medical emergency, you should always visit the nearest hospital or call 911 for assistance.

Medical Benefits

Central Arkansas Water employees have the choice between two medical plans offered through Cigna. With the traditional OAP Plan (Open Access Plan referred to below as PPO), you pay a copay for office visits and other covered services are paid by the plan coinsurance once you reach your deductible. Coinsurance is the percentage an insured must pay towards a claim after the deductible has been satisfied. With a High Deductible Health Plan, once you satisfy your calendar year deductible, the plan pays 100% for in-network office visits and all other covered services.

Each plan offers preventive care at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and out-of-network coverage when needed. Although out-of-network coverage is available, using network providers will save you money.

IMPORTANT NOTICE FOR 2024:
Cigna will not be mailing out member ID cards. CAW employees will need to log in through www.cigna.com and register through myCigna to print ID cards.

IN-NETWORK SERVICES	PPO PLAN	HDHP W/HSA PLAN
Deductible Individual / Family	$1,500 / $3,000	$4,000 / $8,000
Out-of-Pocket Max Individual / Family	$4,500 / $9,000	$4,000 / $8,000
Preventive Care Visit	Plan pays 100%, no deductible	Plan pays 100%, no deductible
Primary Care Visit	$30 copay*	Plan pays 100% after deductible
Telehealth Visit	$30 copay	Plan pays 100% after deductible
Specialist Visit	$30 copay	Plan pays 100% after deductible
Urgent Care	$50 copay	Plan pays 100% after deductible
Emergency Room	Deductible + 20% coinsurance	Plan pays 100% after deductible
Hospital Inpatient/Outpatient	Inpatient - Deductible + 20% coinsurance Outpatient - Deductible + 20% coinsurance	Plan pays 100% after deductible

In-network services only are illustrated. This is meant to be a brief summary only. For full plan details refer to the SPD.

** Includes MDLIVE Virtual Care and Virtual Physicians Services with in-network providers*

Prescription Benefits

When you enroll in one of the medical plans, you are automatically enrolled in prescription drug coverage. Prescription drug coverage is one of the most valuable, but also one of the most expensive, benefits offered.

Always discuss lower cost alternatives with your physician and check the insurance company's website for a complete drug list at www.cigna.com.

To view the drug list, access the Cigna website, click on "Member Guide".

From this point, click on "Prescriptions", then scroll down to "View Drug List" and choose "Drug Lists for Employer Plans". Your prescription drug listing is titled "Cigna Performance Prescription Drug List 4 Tier."

Feel free to contact Cigna directly for assistance with the prescription drug list at 800.997.1654.

SAVINGS ON PRESCRIPTIONS

If you regularly take the same medications, a mail order program may allow you to get a three-month supply for a lower cost, saving you trips to the pharmacy and time waiting in line. In addition, many chain pharmacies offer certain generic medications at deep discounts, and some will dispense certain antibiotics for free. Check with your pharmacy to determine if any special programs are available.

IN-NETWORK BENEFITS	PPO	HDHP
Deductible	$0	Medical deductible
Retail (30 days)		
▸Tier 1 (Generic)	$15 copay	Plan pays 100% after deductible*
▸Tier 2 (Preferred)	$45 copay	
▸Tier 3 (Non-Preferred)	$65 copay	
▸Tier 4 (Specialty)	$130 copay	

In-network services only are illustrated. This is meant to be a brief summary only. For full plan details refer to the SPD located at www.carkwbenefits.com.

**Federally required preventive drugs will not be subject to deductible and will be provided at no charge. In addition, In-Network Generic and Preferred Brand preventive drugs and products included in the Preventive Plus Package will not be subject to deductible.*

CAS
Consolidated Admin Services

Health Savings Account

When you elect to enroll in a High Deductible Health Plan, you are eligible to open a Health Savings Account (HSA) through Consolidated Administrative Services (CAS). HSA funds are pre-taxed dollars you can use to pay for deductible and many other healthcare costs you may incur.

You are the owner of this bank account, and unlike a traditional Flexible Spending Account, your funds can roll over from year-to-year and over time. You have the opportunity to have pre-tax dollars deducted from your paycheck and deposited into this account. In addition, Central Arkansas Water will make the following annual contributions:*

- Employee Only: $1,200.00
- Employee + Spouse: $2,450.00
- Employee + Child(ren): $1,850.00
- Employee + Family: $3,200.00

**Amounts are pro-rated based on number of months enrolled in the HDHP medical plan*

The 2024 IRS annual maximum contribution into your account between you and Central Arkansas Water:

- Single Coverage: $4,150.00
- Family Coverage: $8,300.00

Persons age 55 and above may set aside an additional $1,000 in catch-up contributions each year. Go to www.consolidatedadmin.com for further details on the HSA.

WHAT ARE THE ADVANTAGES OF PARTICIPATING IN AN HSA?

- Pre-tax savings—never pay federal government taxes on your HSA funds as long as you spend the money on eligible IRS 213(d) health care expenses (medical, dental, vision).
  Go to **www.carkwbenefits.com** (Important Documents, FSA/HSA Eligible Expenses) for a full list of eligible expenses.
- Unused funds carry over from year to year and can accumulate over time.
- You have complete control over how and when funds are used.
- Funds remaining in your account after you reach the age of 65 can be used for non-medical expenses subject to regular income tax.
- HSAs are portable; if you leave Central Arkansas Water, you can take the account and all funds in it with you.

CAS
Consolidated Admin Services

Flexible Spending Accounts

With a Flexible Spending Account (FSA), you can set aside pre-tax dollars to pay for out-of-pocket expenses incurred for either healthcare or dependent care expenses. Because the amount you elect is on a pre-tax basis, you have the opportunity to save up to an estimated 25% of your out-of-pocket expenses, due to income tax savings.

2024 Health Care Maximum Contribution: **$3,050**

Based on your estimated amount of medical out-of-pocket expenses, the annual amount you elect is equally deducted from each paycheck throughout the year. Once you have elected your FSA amount, you may not change it without a Qualifying Life Event.

Please be aware that any unused balance will be available for dates of service from 1/1/2024 through 3/15/2025. Receipts must be submitted for reimbursement by 3/30/2025. NOTE: Employees are not able to contribute funds to both HSA and FSA plans at the same time. If an employee elects to enroll in an HSA and has remaining FSA funds available those FSA funds can only be used for eligible dental or vision expenses.

2024 Dependent Care Maximum Contribution: **$5,000**

A Dependent Care FSA is available to employees who have a dependent child or parent for which they pay expenses such as day care, preschool, or after-school care. Funds in the Dependent Care FSA cannot be used for medical care.

FSA REMINDERS

- "Use it or lose it" - unused healthcare amounts incurred after March 15, 2025 or any unused dependent care funds will be forfeited
- You cannot mix funds from one account to another. You may only use Health Care FSA money for healthcare expenses and Dependent Care FSA funds for dependent care expenses
- Save your receipts to validate your reimbursements
- You can incur expenses only during the plan year you are enrolled
- Your entire HealthCare FSA election is available as of January 1st. Dependent Care funds are available as you contribute through payroll deductions
- You must re-enroll each year if you wish to continue funding the account(s)

Dental Benefits

Central Arkansas Water offers dental coverage through Delta Dental. Regular dental cleanings and check-ups are extremely important to your overall health and you are encouraged to take advantage of your preventive dental benefits.

The Delta Dental plan offers a variety of benefits for those enrolled and features the freedom to choose any dentist, however, choosing an in-network provider will lower your out-of-pocket costs. You may find in-network Delta Dental dentists online at www.deltadentalar.com or by calling 800-462-5410.

IN-NETWORK	BENEFITS
Deductible Individual / Family max	\$50 / \$150
Annual Maximum (per covered person)	\$1,000
Preventive Services	Plan pays 100%, no deductible
Basic Services	Plan pays 80% after deductible
Major Services	Plan pays 50% after deductible
Orthodontia Children to age 19 only; \$1,500 lifetime max	Plan pays 50% after deductible

In-network services only are illustrated. This is meant to be a brief summary only. For full plan details refer to the SPD at www.carkwbenefits.com.

CARRYOVER BENEFITS
Member must have one covered preventative dental service during the year.
Paid claims for the benefit year must be less than \$499.
Carry over benefit is \$250 annually up to an accrued maximum of \$1,000.

Vision Benefits

Vision coverage is offered through Delta Vision. Your routine vision exams, eyeglasses or contact lenses are available through EYEMed's national network of vision care providers. In addition to the benefits outlined below, you have access to discounts on lens options and laser vision correction. To find an in-network provider or print a vision ID card, go to https://www.eyemed.com/en-us or call (888)922-4875.

Delta Vision is a smart, affordable way to keep an eye on your vision and on your health.

It is estimated that more than half of all Americans need vision correction. Without corrective eyewear, they cannot see life to the fullest. Your Delta Vision benefits make it easier to afford regular eye exams as well as prescribed vision correction.

Regular eye exams can also help identify early signs of some systemic diseases and health conditions including:

- Diabetes
- Glaucoma
- Hypertension
- Macular Degeneration

It's important to take charge of your health. When you get your eyes checked every year, you are helping your eyes and your whole body – stay well.

IN-NETWORK	BENEFIT	FREQUENCY
Eye Exam	$10 copay	Every 12 months
Frames	$130 allowance after $25 copay	Every 24 months
Standard Lenses*	Covered in full after $25 copay	Every 12 months
Contact Lenses**		
Elective	$130 allowance after $25 copay	Every 12 months
Medically Necessary	Covered in full	

**20% off upgraded lens options*

***In lieu of frames and lenses benefit. In-network services only are illustrated. This is meant to be a brief summary only. For full plan details refer to the SPD*

Life and AD&D

Basic Life and AD&D

Central Arkansas Water provides each employee with Basic Life and AD&D insurance through MetLife, and pays for the full cost of coverage. Employees receive one times your basic annual earnings in coverage, with a minimum of $50,000 and a maximum of $200,000.

Voluntary Life & AD&D

Central Arkansas Water employees have the option to supplement their life insurance by purchasing additional amounts of coverage through MetLife. In addition, life insurance may be purchased to cover a spouse and/or child(ren) after electing employee coverage.

Rates are available at the time of enrollment and are based on age and coverage amount.

YOUR BENEFICIARY

A beneficiary is the person you name to receive the benefit of your life insurance should you pass while covered under this benefit. You will be asked to designate beneficiaries for your company-paid life insurance and for any supplemental life insurance you may elect to enroll in. Any beneficiaries you name are legally binding. However, you may make changes to your beneficiaries at any time throughout the year.

VOLUNTARY LIFE	EMPLOYEE	SPOUSE	CHILD(REN)
Increments	$10,000	$5,000	$5,000
Guaranteed Issue	$150,000	$50,000	$10,000
Maximum Benefit	5x salary to $500,000	50% of employee amount to $100,000	$10,000

**The Guaranteed Issue amount is the highest amount of coverage that you or your dependents may elect without completing an Evidence of Insurability (EOI) form. This form may also be required if you increase your elected amount in the future. If you elect an amount of coverage above the guaranteed issue limit, or elect to increase your benefit amount at a future date, the benefit amount over the Guaranteed Issue level will not go into effect until your EOI has been reviewed and approved and payroll deductions have begun. This is meant to be a brief summary only. For full plan details refer to the SPD.*

Universal Life Insurance

Universal Life

Trustmark's Universal Life Insurance with Long-Term Care (LTC) Benefit offers protection beyond an individual's working years, potentially for a lifetime. Keep your coverage at the same price and benefits if you change jobs or retire.

Long-Term Care (LTC): This benefit never reduces due to age, so the full amount is always available when you most need it.

- You can collect 4% of the face amount of your Universal LifeEvents policy per month for up to 25 months to help pay for long-term care services.
- If you collect a benefit for Long-Term Care, your full death benefit is still available for your beneficiaries, as much as doubling your benefit.
- You can collect your Long-Term Care (LTC) benefit for an extra 25 months, as much as tripling your benefit.

The benefit for long-term care is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. You can potentially collect 4% of your Universal Life benefit per month for up to 25 months to help pay for long-term care services. Your policy will contain complete details.

Personalized rates are available at the time of enrollment. Rates are based on age and coverage amount.

YOUR BENEFICIARY

A beneficiary is the person you name to receive the benefit of your life insurance should you pass while covered under this benefit. You will be asked to designate beneficiaries for your company-paid life insurance and for any supplemental life insurance you may elect to enroll in. Any beneficiaries you name are legally binding. However, you may make changes to your beneficiaries at any time throughout the year.

Disability

Whether you are totally disabled and unable to work due to an accident or illness, Central Arkansas Water provides Long-Term Disability coverage to all full-time employees, as well as the option to purchase Short-Term Disability benefits through MetLife. Disability benefits provide a percentage of your pay once you satisfied the waiting period.

DISABILITY	SHORT-TERM	LONG-TERM
Waiting Period	14 days	180 days
Percentage of Salary Replaced	60% of pre-tax weekly earnings	60% of pre-tax monthly earnings
Maximum Benefit	$1,000/week	$8,000/month
Benefits Payable	Up to 24 weeks	To end of disability or normal Social Security retirement age
Pre-Existing Condition	6 month look back / 12 month exclusion	3 month look back / 12 month exclusion
Who pays the premium?	Employee**	CAW

*****Personalized rates are available at the time of enrollment. Rates are based on age and annual income.***

PROTECTING YOUR PAYCHECK

Typically, people buy insurance to protect their possessions, such as their homes and cars, and life insurance to protect their loved ones in the event of their death but many people don't think about protecting their paycheck. How well could you live if you weren't able to work? Although you may have enough savings to meet your short-term needs, what would happen if you were unable to work for months, or even years? The real value of disability insurance lies in its ability to protect you and your family over the long haul in the event you cannot work due to illness or injury.

*Voluntary Short Term Disability is not subject to EOI during annual enrollment.

Supplemental Benefits

Central Arkansas Water employees have the option to elect supplemental Hospital Indemnity, Critical Illness and Accident insurance through MetLife These policies pay cash benefits directly to you, in the event you or your dependent(s) experience a covered event.

Personalized rates are available at the time of enrollment. Rates are based on age/coverage amount or coverage tier.

CRITICAL ILLNESS	
Benefit Amount	Employee: $10,000-$30,000 Spouse: 50% of Employee's coverage amount Child(ren): 50% of Employee's coverage amount
Major Covered Conditions	Cancer, Heart Attack, Stroke, Kidney Failure See outline of coverage for other covered conditions
Health Screening Benefit*	$50 once per year per covered person
Pre-Existing Condition Limitation	None

ACCIDENT – ON and OFF JOB	
Ambulance/Air Ambulance	$200/$1,000
Initial Physicians' Office/Urgent Care	$100
Accident Follow-Up Visit Doctor	$100
Hospital Admission	$1,500
Health Screening Benefit*	$50 once per year per covered person

HOSPITAL INDEMNITY	
Hospital Admission	$1,000 per admission, max four admission per year per insured
Hospital Confinement	$100 per day, max 15 days per calendar year
Health Screening Benefit*	$50 once per year per covered person
Pre-Existing Condition Limitation	None

** Visit www.carkwbenefits.com/ImportantDocuments for full details and list of eligible screenings. This is meant to be a brief summary only. For full plan details refer to the SPD.*

IDShield Identity Theft Protection Plan

The Best 24/7 Identity Theft Protection: Protect your cybersecurity with identity and credit monitoring and we'll cover up to $1 million in lost expenses and legal fees due to fraud. IDShield not only alerts you about threats, we'll also work for as long as it takes to restore your identity– guaranteed.

IDShield provides coverage for today's identity and privacy protection needs at an affordable rate. The IDShield plan includes:

MONITORED INFORMATION

- Mother's Maiden Name
- Investment Account Numbers
- Social Security Number
- Medical ID Number
- Passport Number
- Driver's License
- Usernames/ Passwords
- National Provider Identifier Number
- Bank Account Numbers
- Credit/Debit/Retail
- Cards
- And More!

MONITORING AND DETECTION

- High Risk Application Monitoring
- Public Record Monitoring
- Sex Offender Monitoring
- Financial Account Monitoring
- Social Media Monitoring
- Court and Criminal Record Monitoring
- 3B Credit Monitoring (TransUnion, Equifax and Experian).
- Telecom Monitoring
- Child Monitoring (Family Plan Only)
- Internet and Dark Web Monitoring
- Payday Loan Monitoring
- Online Chat Rooms and Social Feeds Monitoring
- Local, State and Federal
- Database Monitoring
- Reputation Score
- Reputation Management
- And More!

REAL-TIME ALERTS

- Hard Credit Inquiry Alerts
- Identity Threat Alerts
- Social Media Alerts
- Sex Offender Alerts
- Financial Account Alerts

UNLIMITED CONSULTATION

- Medical Data Reports
- Assistance in Analyzing and Interpreting Credit Reports
- Lost/Stolen Wallet Assistance
- Consultation on Common Trends and Scams
- Identity Theft Consultation
- Online Privacy Management
- Data Breach, Identity Theft and Financial Account Safeguards
- Cyberbullying Protection

COMPREHENSIVE IDENTITY RESTORATION

- Full-Service Restoration by Licensed Private Investigators
- $1 Million Identity Fraud Protection Plan
- 3B Credit Report Pre and Post-Restoration
- Pre-Existing Identity Theft Restoration
- Unlimited Service Guarantee

GENERAL

- 24/7 Emergency Access
- Auto-Monitoring
- Mobile App
- Direct Access to Licensed Private Investigators
- Monthly Credit Score Tracker
- Live Member Support

IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Reimbursement Policy ("Policy") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expense reimbursement and legal costs as a result of a covered identity fraud. The amount of coverage is dependent on the type of identity theft plan. See a Policy for complete terms, coverage, conditions and limitations related to family members who are eligible for coverage under the Policy. See a benefit overview for a summary description of benefits for the Policy coverage.

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Employee Bi-Weekly Contributions

MEDICAL	PPO PLAN	HDHP
Employee Only	$13.98	$0.00
Employee + Child(ren)	$115.30	$91.76
Employee + Spouse	$153.76	$122.37
Family	$200.51	$159.59

DENTAL	DENTAL PLAN
Employee Only	$0.00
Employee + Child(ren)	$19.39
Employee + Spouse	$14.91
Family	$38.66

VISION	VISION PLAN
Employee Only	$3.29
Employee + Child(ren)	$6.41
Employee + Spouse	$5.92
Family	$8.86

IDSHIELD	IDENTITY THEFT
Employee Only	$4.13
Family	$7.82

INSURANCE COMPANY WEBSITES AND APPS

Registering on your insurance company websites and downloading the smart phone apps gives you instant access to valuable resources. In most cases you can access:

- Specific plan details
- ID cards
- In-network provider search
- Your claims history
- Other tools and resources
- See the Contacts page for provider websites

Bi-weekly rates for the following products will be available during your enrollment on the benefits portal or when speaking with a PEC benefit counselor:

- Voluntary Life
- Universal Life
- Short-Term Disability
- Supplemental Benefits

Enrollment Instructions for Benefit Plans

Online: Our benefits portal enables you to make your benefit elections whenever and wherever it is most convenient for you. This site will guide you, step-by-step, through the enrollment process. For each benefit you will be able to review your choices, select your coverage level and include any dependents you want to cover for that benefit.

Follow these steps to log in to the portal to make your benefit elections:

- Website address is: **https://trustmark.benselect.com/enroll**
  (works best in Chrome)
- The site requests your Employee ID or SSN—Your SSN should be entered with no dashes or spaces
- Your PIN is the last four digits of your SSN and the last two numbers of your year of birth—no dashes or spaces should be used (for example if your SSN is 222-33-4444 and your year of birth is 1975, then your PIN would be 444475)

Sign the Benefit Confirmation page at the end of your enrollment process to complete your enrollment.

Call Center: Contact one of the Professional Enrollment Concepts (PEC) benefit counselors at the Benefits Service Center to learn more about your benefits and complete your enrollment process

Benefits Service Center: 866.340.8541
Monday—Friday: 8:00am—7:00pm (CST)
Saturday: 9:00am—3:00pm (CST)

Employee Assistance

We all experience times when we need a little help with life's challenges. Central Arkansas Water understands this and provides a program through LifeWorks that offers support, guidance and resources to help you and your family resolve personal issues.

- The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:
- Family: Going through a divorce, caring for an elderly family member, returning to work after having a baby
- Work: Job relocation, building relationships with co-workers and managers, navigating through reorganization
- Money: Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- Legal Services: Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- Identity Theft Recovery: ID theft prevention tips and help from a financial counselor if you are victimized
- Health: Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- Everyday Life: Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

When you need some support, we're here to help.

Phone
1-888-319-7819

Web
metlifeeap.lifeworks.com
user name: metlifeeap
and password: eap

Mobile App
user name: metlifeeap
and password: eap

TELUS Health One Previously Lifeworks

Leave and Other Benefits

Paid Time Off—available for all Full-Time Employees (FTEs)

Employees Hired Prior to January 1, 2014

Years of Service	Approximate Days Earned Per Calendar Year	Approximate Hours Earned Per Pay Period
0-4 years	22 days	6.77 hours
5-9 years	24 days	7.39 hours
10-14 years	28 days	8.62 hours
15-19 years	30 days	9.24 hours
20+ years	32 days	9.85 hours

Employees Hired After January 1, 2014*

Years of Service	Approximate Days Earned Per Calendar Year	Approximate Hours Earned Per Pay Period
0-2 years	20 days	6.16 hours
3-4 years	22 days	6.77 hours
5-9 years	24 days	7.39 hours
10-14 years	27 days	8.31 hours
15-19 years	29 days	8.93 hours
20+ years	32 days	9.85 hours

*New Employees are subject to a 3-month waiting period before using PTO. PTO accrual begins at date of hire and is credited on the 3-month anniversary. Buy Back is available for excess PTO.

Paid Holidays- available for all Full-Time Employees (FTEs)

New Year's Day	Labor Day
Martin Luther King Day	Veterans Day
Memorial Day	Thanksgiving Day
Juneteenth	Day After Thanksgiving
Independence Day	Christmas Eve
Discretionary Day**	Christmas Day

** Must be used by 12/31. New employees are subject to a 3-month waiting period before using the discretionary day.

Leave and Other Benefits

Other Leave Available

Available Leave	Available To	Funded by	Note
Family Leave/Bereavement	FTE	CAW	Maximum of 40 hours
Funeral Leave for fellow employee, retiree or Commissioner	FTE	CAW	Paid time for funeral*
Emergency Leave	FTE	CAW	Paid-time up to two hours for emergency situations
Jury Duty	FTE	CAW	Paid time for jury duty services
Military Leave (Inactive Duty)	All Employees	CAW	Fifteen working days of paid time off each calendar year. **
Military Leave (Active Duty)	All Employees	CAW	Up to 5 years: pay difference (CAW and military), continuation of benefits, PTO, no noted break in service. **
Family Medical Leave	Employees who meet FMLA eligibility	N/A	Up to 12 weeks of unpaid leave per 12- month period for child rearing, family member medical leave, employee medical leave, and military exigency leave. Up to 26 weeks of unpaid leave per 12-month period for military caregiver leave.
Blood Donation	FTE	CAW	Annual maximum of 2 hours of paid time. **
Professional Development	All Employees	CAW	CAW invests in employees who want to maintain or improve their skills by promoting professional development activities, such as participation in professional organizations, attendance at job-related classes and conferences and the acquisition of certifications and credentials that add value to the job and the workplace.

* Subject to supervisor approval
** Additional parameters apply

Leave and Other Benefits

Other Benefits

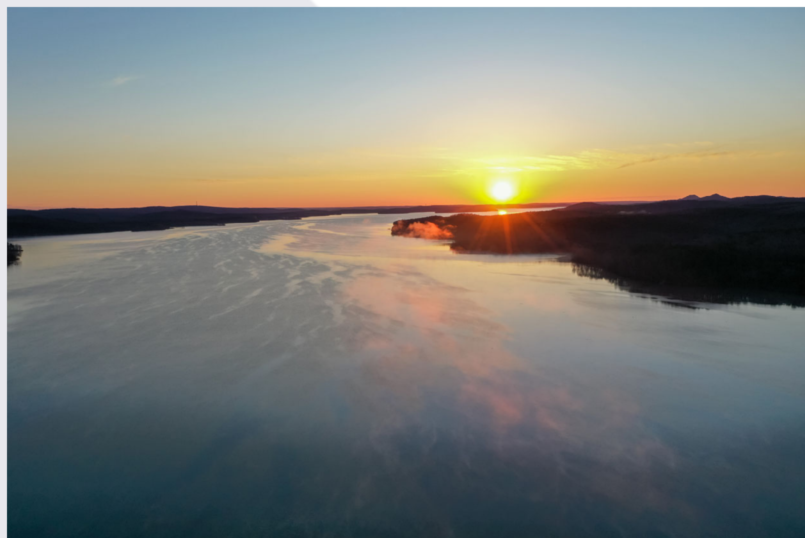
Benefit	Available To	Funded by	Note
Credit Union	All Employees	N/A	Membership available to Arkansas Federal Credit Union
Employee Assistance Program	All Employees and immediate family	CAW	Counseling related to abuse, financial, legal and personal issues.
Rehabilitation	FTE with one year of service	CAW	One-time only basis for professional help with drug or alcohol abuse. *
Tuition Reimbursement	FTE with one year of service	CAW	Reimbursement of tuition costs for approved degree programs. *
Uniforms	Employees required to wear a uniform	CAW	Provision of uniforms.
Worker's Compensation	All Employees	CAW	Workers injured or who become ill as a result of work may be eligible to receive insurance benefits as provided under the State Worker's Compensation Act. *

* Additional parameters apply

Development Opportunities			
CAW U	Employee Survey	Succession Planning	Opportunity for Transfer and Promotion
Professional Development	Merit Adjustment	Regular Performance Evaluation	Community Volunteer Opportunities

Contact Information

CONTACT	PHONE	WEBSITE/EMAIL
Medical – CIGNA	800.997.1654	www.cigna.com
Health Savings Account - CAS	877.941.5956	www.consolidatedadmin.com
Flexible Spending Account - CAS	877.941.5956	www.consolidatedadmin.com
Dental – Delta Dental	800.462.5410	www.deltadentalar.com
Vision – Delta Vision/EyeMed	888.922.4875	https://www.eyemed.com/en-us
Life/AD&D – MetLife	800.638.5433	www.metlife.com
Universal Life – Trustmark	800.918.8877	www.trustmarksolutions.com
Disability – MetLife	800.638.5433	www.metlife.com
Supplemental Benefits - MetLife	800.638.5433	www.metlife.com
Identity Theft – IDShield	888.494.8519	www.idshield.com
Employee Assistance Program – LifeWorks	888.319.7819	metlifeeap.lifeworks.com User Name: metlifeeap Password: eap
Human Resources – Sonia Leszczyna Tamara Gill	 501.377.1251 501.377.1201	 Sonia.Leszczyna@carkw.com Tamara.Gill@carkw.com
Benefits Service Center	866.340.8541	https://trustmark.benselect.com/enroll



Frequently Asked Questions

Question	Answer
When does my health insurance go into effect?	When electing coverage as a new hire your health insurance will go into effect on the first of the month following 30 days from your date of hire. If you enroll during Open Enrollment, benefits will be effective January 1st.
How and when can I add or drop a dependent?	You are allowed to add or drop a dependent each year during CAW's open enrollment period or within 30 days of experiencing a Qualifying Life Event.
How and when do I get my insurance I.D. cards?	Cigna will not be mailing out member ID cards. CAW employees will need to log in through www.cigna.com and register through myCigna to print ID cards.
Can part-time employees carry insurance?	Part-Time employees are not eligible to enroll in the insurance benefits.
Can I carry dependents on voluntary coverages without carrying them on the medical insurance?	Yes.
When does the company's annual enrollment take place?	Annual enrollment for benefits effective 1/1/2024 is scheduled for 10/30/2023 through 11/10/2023.
Do we need referrals to see a specialist under our medical plan?	No.
Can my dependents be denied coverage for pre-existing conditions?	For the Voluntary life benefit if you are electing over the Guarantee Issue amount or are considered a late enrollee your dependents could be denied for pre-existing conditions. However, Medical coverage does not have pre-existing limitations.
What are considered qualifying events (make changes to insurance outside of open enrollment)?	Please refer to page 5 of this benefit guide it lists the more common Qualifying Life Events.
How do I find out if a provider is in-network or a procedure is covered?	You are welcome to contact the insurance carrier directly either by calling them or looking on their website for this information. Carrier contact information is listed on page 24 of this benefit guide.
How does the deductible work on my health plan?	Your deductible is the amount you must pay out of pocket before the insurance carrier will start paying a portion of the incurred claims.
Who should I contact if I have questions about benefits?	PEC or your Human Resource Department are excellent resources if you have questions regarding your benefits.

Retirement Benefits

Plan	Eligibility	Employee Participation	Employer Participation	Rollover Permitted?	When am I eligible for full benefits?
Arkansas Public Employees Retirement System (APERS)	Date of Hire of employees working more than 90 consecutive calendar days and at least 80 hours per month.	Contributory Plan. Employee **MUST** contribute 5.5% of bi-weekly pre-tax earnings (5.75% beginning 7/1/2024).	CAW makes payments on the employee's behalf to APERS at a rate determined by external experts. The rate for 2024 is 15.32%.	N/A	Age 65 with 5 years of service credit with APERS; Any age with 28 actual years of service credited with APERS
Employee Savings Plan - *401(a) Empower Retirement	No age requirement. Eligible after 90 days of employment.	Employee **MUST** contribute 1% of bi-weekly pre-tax earnings. Excess contributions are not allowed and changes cannot be made.	CAW determines the amount of the contribution. The contribution for 2024 is 1% of bi-weekly pre-tax earnings.	Yes	Distributions for termination, disability or death will be made within 60 days. Otherwise, if the vested balance is >$1,000, the employee must start the distribution by April 1 following the calendar year of which the employee attains the age of 72, unless the employee remains employed.
Deferred Compensation Plan - **457 (b) Empower Retirement	No age or service requirement. All employees may enroll upon date of hire.	The employee determines participation and amount of deferral. Employees above the age of 50 may be able to contribute an additional amount per year. Catch-up provisions are available.	N/A	Yes	An employee may maintain an active deferred compensation account after termination from the utility until the employee attains the age of 72 at which time a minimum distribution is required by the IRS. Other types of distribution include: lump sum, subject to current tax withholding, monthly payments over a specified period of time, monthly payments for life through the purchase of an annuity or rollover.
Resource **First Security Bank - Enrich**	All employees may participate upon date of hire	Optional	N/A	N/A	An employee may utilize this resource offered by First Security Bank called Enrich. The financial planning tool offers a customized financial wellness checkup, student loan repayment options analysis tool, calculators and worksheets for budgets, mortgages and more, as well as learning courses to learn the fundamentals of money.

* A 401(a) plan is a retirement savings plan designed to allow employers to supplement their employee's existing retirement and pension benefits by contributing to the plan on the employee's behalf. Contributions and any earnings are tax-deferred until the money is withdrawn.

** A governmental 457(b) deferred compensation plan that allows eligible employees to supplement any existing retirement and pension benefits by saving and investing before-tax and/or after-tax dollars through a voluntary salary contribution.

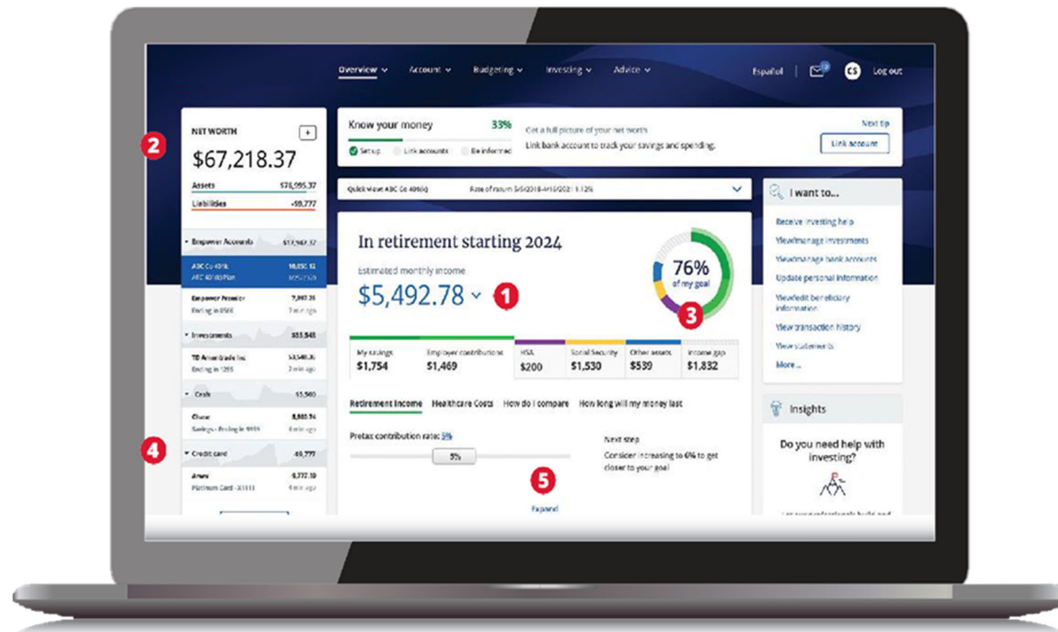
Retirement Benefits

Plan	Required to Retire at Age 65?	Vesting	Additional Service Credit	Retirement Benefit	Other Benefits?	Investment Support?	Contact
Arkansas Public Employees Retirement System (APERS)	No	Those who terminate with the designated number of years of membership set by APERS have vested rights. Those who terminate prior to retirement eligibility will receive retirement payments at the beginning of the member's normal retirement age. The employee is 100% vested in employer contributions after 5 years.	APERS has reciprocal agreements with Arkansas Teachers, Highway, State Police, Judicial and Local Police and Fire Retirement Systems. Contact APERS for additional details.	Contact APERS to schedule an appointment with a counselor.	Disability and death benefits may also be available per APERS guidelines. You may contact APERS or refer to the APERS website for additional information.	Yes	Arkansas Public Employers Retirement System (APERS) (501) 682-7800 Member Handbook: https://apers.org/images/PDFs/Contributory-Handbook.pdf
Employee Savings Plan - 401(a) Empower Retirement	No	The employee is 100% vested in employee contributions. The employer contribution will be 100% vested after the employee has completed 36 months of service.	N/A	Available balance	Disability or death prior to completing 36 months of service will result in the employee becoming 100% vested in the employer contributions.	Yes	Empower Retirement (800) 701-8255 www.empowermyretirement.com See Page 28 https://participant.empower-retirement.com/participant/#/login
Deferred Compensation Plan - 457(b) Empower Retirement	No	N/A	N/A	Available balance	An employee may use 457(b) funds to purchase credit in APERS. Contact APERS for eligibility guidelines.	Yes	Empower Retirement (800) 701-8255 www.empowermyretirement.com See Page 28 https://participant.empower-retirement.com/participant/#/login
Resource **First Security Bank – Enrich Financial Planning**	N/A	N/A	N/A	N/A	N/A	Yes	See Page 30

EMPOWER RETIREMENT

View all your finances in one secure place

Retirement. Credit. Cash. Mortgage.



FOR ILLUSTRATIVE PURPOSES ONLY

As a part of your plan, your account dashboard gives you a real-time view of spending, saving, debt and more so you can track, manage and plan all your financial priorities in one place

1. Know your estimated monthly retirement income

- See what your retirement might look like and what percentage of your goal you're on track to reach.
- Adjust the sliders to see how changes affect your savings in real time.
- Put your savings in context.
- Make changes with just one click.

2. See and understand your net worth

Your net worth is a good measure of where you stand at a point in time. The more accounts you link, the clearer view you'll have of what you own (your assets) and what you owe (your liabilities).

3. Manage progress toward your goals

Your dashboard includes a progress meter and personal-ized next steps to help you reach your individual goals.

4. Easily and securely link other accounts

Advanced security measures are taken to protect your privacy and information and ensure your accounts can't be viewed by your employer or plan administrators.

5.Access an expanded financial toolbox

Designed to help you better plan and manage your finances, it includes a retirement planner, a savings planner, budgeting tools and more.

Empowermyretirement.com

Log in to your account and start linking accounts

Take advantage of all the tools available to you and link outside accounts to enjoy a 360° view of your finances.

It's easy to create your account if you haven't already.

- Log on and select *Register*.
- Choose the *I do not have a PIN* tab.
- Follow the prompts to create your username and password.

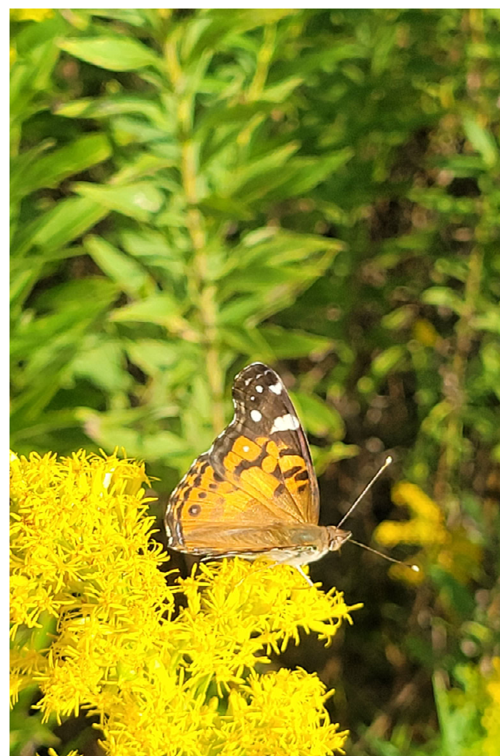
For more help, call **800-338-4015**.

Representatives are available weekdays from 6 a.m. to 8 p.m. Mountain time and Saturdays from 7 a.m. to 3:30 p.m. Mountain time.

Click *Español* to view the website and receive your statements in Spanish.

View tips and best practices to protect yourself

See what you can do to help defend against cybersecurity threats. Visit **empowermyretirement.com** and click on the *Security Tips* link at the bottom of the page.



Get the Empower Retirement mobile app and connect to your plan whenever, wherever

Accessing the site from your smartphone or tablet? Download the Empower Retirement app to view your account and link your financial life.

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FirstSecurity Bank

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Central Arkansas Water
Essential & Exceptional

CONNECT WITH ENRICH TODAY!

Enrich is your one-stop destination for all personal finance questions from budgeting, banking, insurance, investing, debt management, and more!

PERSONALIZED CONTENT

Everyone is different! Answer a few quick questions and build a personalized action plan to enhance your money management, career, and student loan skills.

STUDENT LOAN REPAYMENT

Alleviate your student loan worries by analyzing your repayment options and learning how to create a successful repayment plan that is right for you.

CALCULATORS & WORKSHEETS

The heavy lifting is already done for you! With our calculators and downloadable worksheets to help with your budget, mortgage, and student loans, Enrich works to make understanding where you are, and where you want to be, easy and approachable.

COURSES

Explore Enrich's courses and learn the fundamentals of money management to continue building a strong foundation for your financial future.

HTTPS://FSBANK.ENRICH.ORG/

Annual Notices

WHCRA Enrollment/Annual Notice

Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

All stages of reconstruction of the breast on which the mastectomy was performed;
Surgery and reconstruction of the other breast to produce a symmetrical appearance;
Prostheses; and
Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator as identified at the end of these notices.

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 501-377-1251 for more information.

For purposes of this notice, the plan administrators are:

Sonia Leszczyna and Tamara Gill
501-377-1251 501-377-1201

Newborns' Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

General Notice of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)

****Continuation Coverage Rights Under COBRA****

Introduction:

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30 -day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

Your hours of employment are reduced, or

Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

Your spouse dies;

Your spouse's hours of employment are reduced;

Your spouse's employment ends for any reason other than his or her gross misconduct;

Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or

You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

The parent-employee dies;

The parent-employee's hours of employment are reduced;

The parent-employee's employment ends for any reason other than his or her gross misconduct;

The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);

The parents become divorced or legally separated; or

The child stops being eligible for coverage under the Plan as a "dependent child."

If the Plan provides retiree health coverage, sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in a bankruptcy is filed with respect to Central Arkansas Water and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

The end of employment or reduction of hours of employment;
Death of the employee;
If the Plan provides retiree health coverage, commencement of a proceeding in bankruptcy with respect to the employer; or
The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days. You must provide this notice to Tatiana Herrington.

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of 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.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you timely notify the Plan Administrator **in writing**, you and your covered dependents may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum 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 COBRA continuation coverage.

In order for this disability extension to apply, you must timely notify the Plan Administrator **in writing** of the SSA disability determination before the end of the 18-month period of continuation coverage and within 60 days after the later of (i) the date of the initial qualifying event; (ii) the date on which coverage would be lost because of the initial qualifying event; or (iii) the date of the SSA disability determination. **This notice must be mailed to Tatiana Herrington at 221 East Capitol Avenue, Little Rock AR 72202**. Oral notice, including notice by telephone, is not acceptable. The written notice must include the name and address of the employee covered under the plan; the name of the disabled qualified beneficiary; the date that the qualified beneficiary became disabled; and the date that the SSA made its determination of disability. Your notice must also include a copy of the SSA disability determination. If these procedures are not followed or if written notice is not provided to the Plan Administrator within the required time period, there will be no disability extension of COBRA continuation coverage. You must also notify the Plan Administrator within 30 days of any revocation of Social Security disability benefits.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), 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**.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or

The month after group health plan coverage based on current employment ends.
(see https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods). If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. 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 your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information
Central Arkansas Water
221 East Capitol Avenue, Little Rock AR 72202
501-377-1348

Special Enrollment Notice

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.

Finally, if you or an eligible dependent has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or an eligible dependent become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid or child health insurance program coverage is terminated or the date you or an eligible dependent is determined to be eligible for state premium assistance.

To request special enrollment or obtain more information, contact one of the plan administrators listed below:

Sonia Leszczyna and Tamara Gill
501-377-1251 501-377-1201

******* This Notice should be printed and distributed separately *******

CHIPRA Premium Assistance Notice

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-KIDSNOW**, or **www.insuredkidsnow.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).**

ALABAMA – MEDICAID	**CALIFORNIA – Medicaid**
Website: http://myalhipp.com Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
ALASKA – MEDICAID	**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855-692-6442
ARKANSAS – MEDICAID	**FLORIDA - Medicaid**
Website: http://myarhipp.com/ Phone: 855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 877-357-3268

GEORGIA - Medicaid	**MISSOURI - Medicaid**
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
INDIANA - Medicaid	**MONTANA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 800-457-4584	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 800-694-3084
IOWA – Medicaid and CHIP (Hawki)	**NEBRASKA – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 888-346-9562	Website: http://www.ACCESSNebraska.ne.gov Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	**NEVADA – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 800-792-4884	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 800-992-0900
KENTUCKY – Medicaid	**NEW HAMPSHIRE – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 800-852-3345, ext 5218
LOUISIANA – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 888-342-6207 (Medicaid hotline) or 855-618-5488 (LaHIPP)	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 800-701-0710
MAINE – Medicaid	**NEW YORK – Medicaid**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage https://www.maine.gov/dhhs/ofi/applications-forms Phone: 800-977-6740 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 800-541-2831
MASSACHUSETTS – Medicaid and CHIP	**NORTH CAROLINA – Medicaid**
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 844-854-4825

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 877-543-7669
OREGON – Medicaid	**VERMONT – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical /HIPP-Program.aspx Phone: 800-692-7462	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/hipp Medicaid Phone: 800-432-5924 CHIP Phone: 800-432-5924
RHODE ISLAND – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347 or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 800-562-3022
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.scdhhs.gov Phone: 888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 855-MyWVHIPP (855-699-8447)
SOUTH DAKOTA – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://dss.sd.gov Phone: 888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 800-362-3002
TEXAS – Medicaid	**WYOMING - Medicaid**
Website: http://gethipptexas.com/ Phone: 800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor	U.S. Department of Health and Human Services
Employee Benefits Security Administration	Centers for Medicare & Medicaid Services
www.dol.gov/agencies/ebsa	www.cms.hhs.gov
1-866-444 EBSA (3272)	1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such a collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512

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

OMB Control Number 1210-0137 (expires 1/31/2023)

Medicare Part D Creditable Coverage Notice

Important Notice from Central Arkansas Water.
About your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage offered by the group health plan through Central Arkansas Water and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **Central Arkansas Water has determined that the prescription drug coverage offered by the group health plan through Central Arkansas Water is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage through Central Arkansas Water will not be affected. You can keep this coverage if you elect Part D, and this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. If you decide to join a Medicare drug plan and drop your current group health coverage through Central Arkansas Water, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current group health coverage through Central Arkansas Water and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Central Arkansas Water changes. You may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

For purposes of this notice, the plan administrators are:

Sonia Leszczyna and **Tamara Gill**
501-377-1251 **501-377-1201**

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 9-30-2023)

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 Sonia Leszczyna, HR Administrator at 501-377-1251
.

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		4. Employer Identification Number (EIN)
Central Arkansas Water		71-0854036
5. Employer address		6. Employer phone number
P.O. Box 1789		501-377-1251
7. City	8. State	9. ZIP code
Little Rock	AR	72203
10. Who can we contact about employee health coverage at this job?		
Sonia Leszczyna		
11. Phone number (if different from above)	12. Email address	
	sonia.leszczyna@carkw.com	

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:
  - ☒ Some employees. Eligible employees are:

    Full time employees who have completed 20 days of employment. Coverage is effective the first day of the month following 30 days of employment.

- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    Spouse and Children under the age of 26

  - ☐ 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** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

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, like a copayment, coinsurance, or deductible. You may have additional 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" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays 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 plan's deductible or 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. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're 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 they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). 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 can 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 types of 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 out-of-network care. You can choose a provider or facility in your plan's network.

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

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
  - Cover emergency services without requiring you to get approval for services in advance (also known as "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 in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact the No Surprises Helpdesk, operated by the U.S. Department of Health and Human Services, at 1.800.985.3059.

Visit *www.cms.gov/nosurprises/consumers* for more information about your rights under federal law.

Notes

This guide prepared by:

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