



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 **high-performing, innovative, values-driven, informed, and passionate**. 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.



A handwritten signature in blue ink, which appears to read "C. Tad Bohannon". The signature is fluid and cursive, written over a white background.

C. Tad Bohannon
Chief Executive Officer
Central Arkansas Water

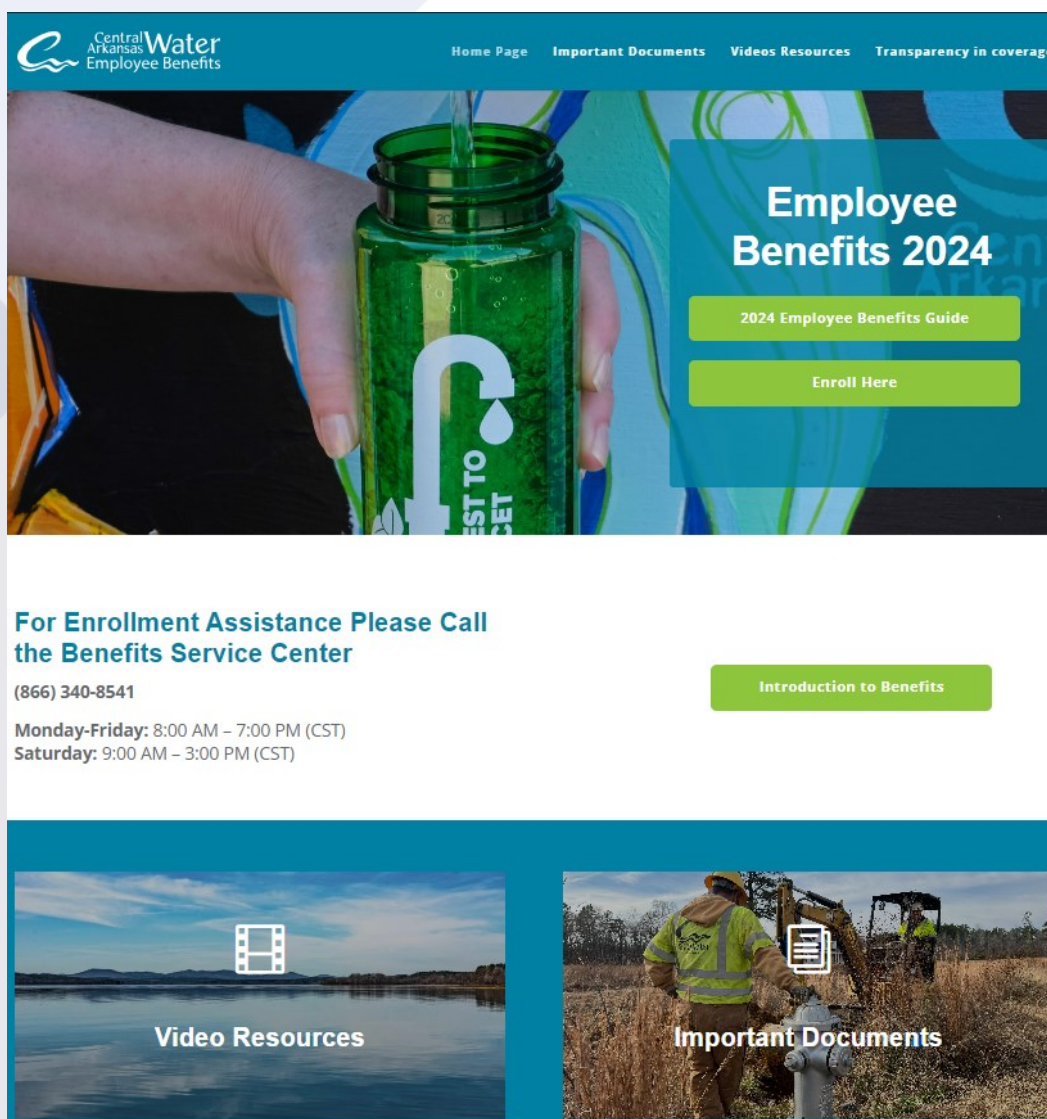
Welcome to Your Benefits

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. | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Minor cuts, sprains, burns, rashes • Fever and flu symptoms • Headaches • Chronic lower back pain • Joint pain • Minor respiratory symptoms • Urinary tract infections | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • General health issues • Preventive services • Routine checkups • Immunizations and screenings | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Common cold/flu • Rashes or skin conditions • Sore throat, earache, sinus pain • Minor cuts or burns • Pregnancy testing • Vaccinations | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Cold and flu symptoms such as a cough, fever and headaches • Allergies • Sinus infections • Family health questions | <ul style="list-style-type: none"> • 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) | | Plan pays 100% after deductible* |
| ▶ Tier 1 (Generic) | \$15 copay | |
| ▶ 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.*

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.

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.

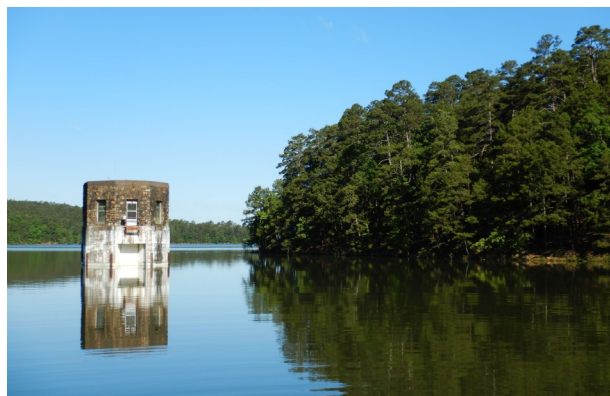
2024 Health Care Maximum Contribution: \$3,050

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.deltadental.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 at www.carkwbenefits.com.

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.**

This is meant to be a brief summary only. For full plan details refer to the SPD.

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 |

| IDSIELD | 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 Program

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

- ▶ The program's experienced counselors provided through TELUS Health — 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

one.telushealth.com

user name: **metlifeap**
and password: **eap**



Mobile App

user name: **metlifeap**
and password: **eap**



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

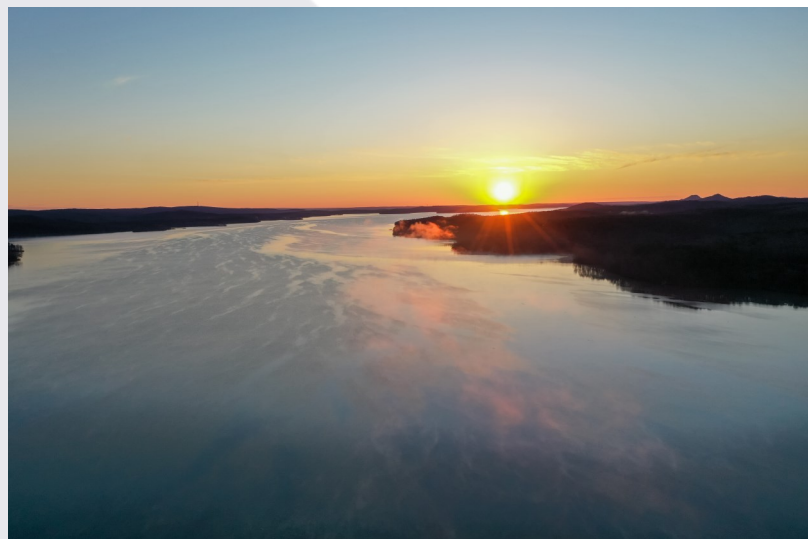
Development Opportunities

| | | | |
|--------------------------|------------------|--------------------------------|--|
| 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 – TELUS Health | 888.319.7819 | one.telushealth.com User Name: metlifeeap Password: eap |
| Human Resources – Tamara Gill | 501.377.1201 | 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. |
| <u>Resource</u> 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.

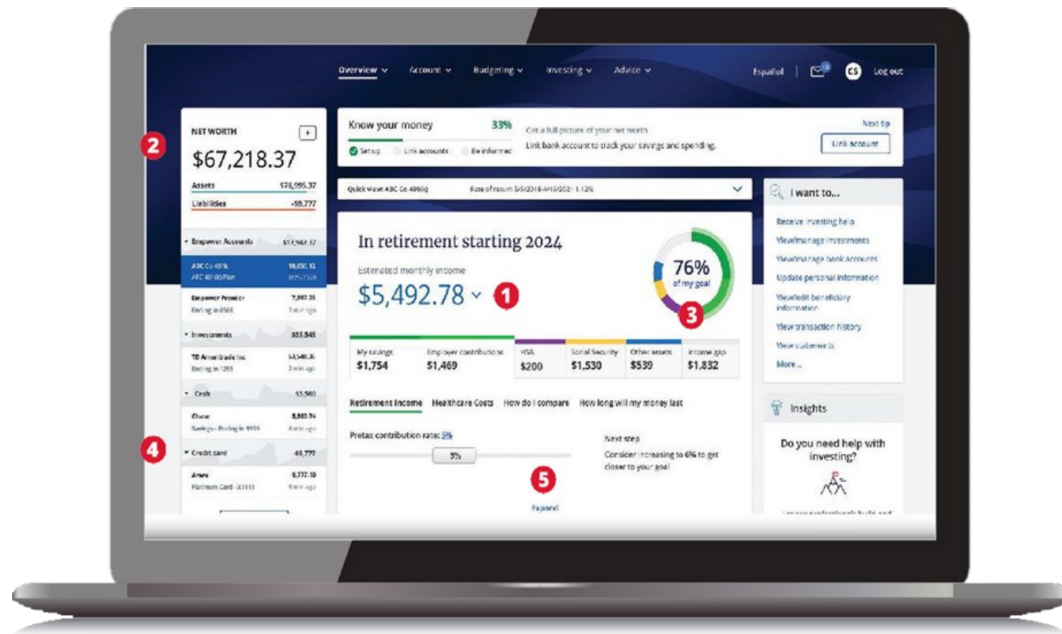
** A governmental 457(b) deferred compensation plan that allows eligible employees to supplement any existing retirement and pension benefits by saving and investing before-tax and/or after-tax dollars through a voluntary salary contribution.

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 |
| <u>Resource</u> | | | | | | | |
| First Security Bank – Enrich Financial Planning | N/A | N/A | N/A | N/A | N/A | Yes | See Page 30 |

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 personalized 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](https://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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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/](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:

Tamara Gill
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).

Annual Notices

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:

Tamara Gill
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.flmedicaidprecovery.com/flmedicaidprecovery.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: KIHIPPPROGRAM@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.medicicaid.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 Rlte 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://gethiptexas.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:

**Tamara Gill
501-377-1201**



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{2,3}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

Tamara Gill tamara.gill@carkw.com 501-377-1201

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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 Central Arkansas Water | | 4. Employer Identification Number (EIN) 71-0854036 | |
| 5. Employer address P.O. Box 1789 | | 6. Employer phone number 501-377-1201 | |
| 7. City Little Rock | 8. State AR | 9. ZIP code 72203 | |
| 10. Who can we contact about employee health coverage at this job? Tamara Gill | | | |
| 11. Phone number (if different from above) | | 12. Email address tamara.gill@carlw.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](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.

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 balance 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.



This guide prepared by:



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