Central Arkansas Water
Essential & Exceptional



2027 EMPLOYEE BENEFITS GUIDE
PART II

JANUARY 1, 2027– DECEMBER 31, 2027

Contact Information



CONTACT	PHONE	WEBSITE/EMAIL
Medical – UMR	800.826.9781	www.umr.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 – One America	800.553.5318	www.oneamerica.com
Universal Life – Trustmark	800.918.8877	www.trustmarksolutions.com
Disability – One America	800.553.5318	www.oneamerica.com
Supplemental Benefits – Symetra	800.497.3699	https://www.symetra.com
Identity Theft – IDShield	888.494.8519	www.idshield.com
Employee Assistance Program - ComPsych	855.365.4754	guidanceresources.com Web ID: ONEAMERICA6
Retirement Plan— Empower	800.701.8255 855.756.4738	https://participant.empower-retirement.com/participant/#/sfd-login
Retirement Plan – APERS	501.682.7800	https://apers.org/
Human Resources	501.377.1251	askHR@carkw.com
Marsh Empower Resource Center	855.206.2926	https://trustmark.benselect.com/enroll

Leave and Other Benefits

Paid Time Off—available for all Full-Time Employees**.

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.

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

Paid Holidays- available for all Full-Time Employees.

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

** Discretionary Day must be used by 12/31 each year. New employees are subject to a 3-month waiting period before using the discretionary day. Full-Time Employees for purposes of paid time off and holidays excludes part-time and temporary employees.

Leave and Other Benefits

Other Leave Available

Available Leave	Available To	Funded by	Note
Funeral/Bereavement Leave	FTE	CAW	Maximum of 40 hours for immediate family member as defined by CAW Policy. Maximum of 24 hours for other family members as defined by CAW Policy.
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 (Active Duty Other)	All Employees	CAW	Up to 15 days (120 hours) of paid time each federal fiscal year. **
Military Leave (Active Duty War/National Defense)	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. **

All Leave is 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	Employees with minimum of one year of service	CAW	One-time only basis for professional help with drug or alcohol abuse. *
Tuition Reimbursement	Employees with minimum of 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 and Supervisor/Manager/Department/Chief Officer approvals required.

Development Opportunities

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



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. Eligible employee **MUST** contribute 6.25% of bi-weekly pre-tax earnings (6.5% beginning 7/1/2027).	CAW makes payments on the employee's behalf to APERS at a rate determined by external experts. The current rate 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.	Eligible 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 current contribution 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.	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 https://apers.org/
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 or (855)756-4738 https://participant.empower-retirement.com/participant/#/sfd-login See Page 8
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 or (855)756-4738 https://participant.empower-retirement.com/participant/#/sfd-login See Page 8
Resource **First Security Bank – Enrich Financial Planning**	N/A	N/A	N/A	N/A	N/A	Yes	See Page 10

How to contact APERS

Business hours are from 8:00 a.m. to 5:00 p.m. Monday - Friday.

Call hours from 8:00 a.m. to 4:30 p.m. Monday - Friday.

Website
www.apers.org

Mailing Address
APERS
124 West Capitol Ave, Suite 400
Little Rock, AR 72201

Telephone
(501) 682-7800
(800) 682-7377

Office Location
124 West Capitol Ave, Suite 400
Little Rock, AR 72201

**When you submit any written correspondence to the system, please include your full name, both printed and signed, your memeber ID number, and your complete mailing address.*

Mission

To deliver secure retirement benefits and exceptional service to our members.

Core Values

- **A** CCOUNTABILITY
- **P** ROFESSIONALISM
- **E** XCELLENCE
- **R** ESPECT
- **S** ERVICE

Social Media

https://www.facebook.com/Arkansas.PERS

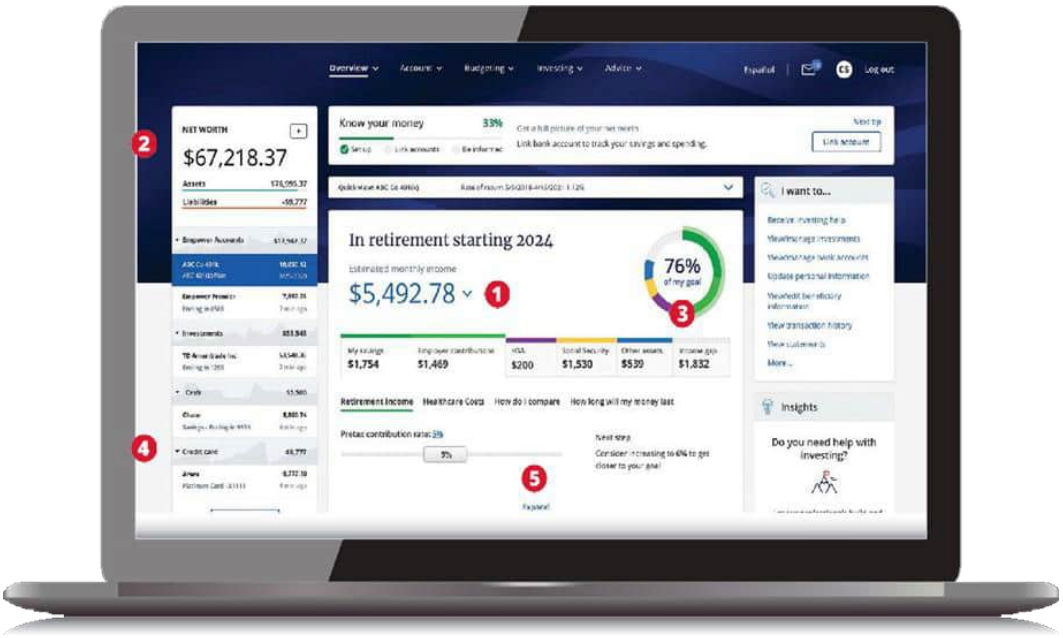
https://www.twitter.com/ArkansasPERS

Mark Ledson, CFP®
Retirement Plan Advisor
mark.ledson@empower.com
Mobile:608-640-8746

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 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.

EMPOWER RETIREMENT

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 **800-701-8255**.

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

HTTPS://FSBANK.ENRICH.ORG/

Central Arkansas Water
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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/

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2027 EMPLOYEE ANNUAL NOTICES

JANUARY 1, 2027– DECEMBER 31, 2027

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: askHR@carkw.com

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).

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 CAW HR at the email address listed below:
askHR@carkw.com

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).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of **July 31, 2026**. Contact your State for more information on eligibility -

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 Pro- gram) & 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 Med- icaid 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, 2026, 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 5/31/2029)

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 CAW HR at the email address listed below for further information. **NOTE:** You'll get this notice each year. 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 pre- mium (a penalty).

For purposes of this notice, CAW HR is the plan administrator and may be reached at the email address below:
askHR@carkw.com

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]

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.

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[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

askHR@carkw.com 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.

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?	
CAW HR	
11. Phone number (if different from above)	**12. Email address**
	askhr@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:

Employees considered to be working on a full-time basis

☐ Some employees. Eligible employees are:

- With respect to dependents:

☑ We do offer coverage. Eligible dependents are:

Spouse and Children

☐ 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.



Presented by:

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The information in this Benefit Guide is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Guide was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the Benefit 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.

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