



TEAM MEMBER BENEFITS ANNUAL OPEN ENROLLMENT GUIDE



2026

Note: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 25 for more information.

Team Member Benefits Annual Open Enrollment Begins **October 20.**

Now is the time to focus on you.

Benefits Annual Open Enrollment is the time to add or change benefits for the 2026 plan year. We understand how important it is to have resources to help make the best decisions for you and your family. Review your options presented in this benefits guide, compare plans and choose what works best for you. Being an informed consumer regarding your benefits is important now more than ever.

Your physical, emotional and financial health are important, especially during challenging times. That's why ChenMed offers a comprehensive benefits package in a vast array of plans that contribute to the present and future well-being of our team members and their families. To help promote "healthy choices," ChenMed offers premium discounts for the Medical/Rx plan for eligible team members and their eligible dependents who complete various wellness activities.

Para obtener una versión en español de esta guía, visite la intranet de ChenMed.

Benefits Annual Enrollment Checklist

- ✓ Review this guide to learn about the benefits available to you.
- ✓ Visit the **Make It Yours** site at **chenmed.makeityoursource.com** to compare carriers and costs.
- ✓ Collect the necessary documents and information for any eligible dependents you want to enroll in coverage.
- ✓ Schedule your video call appointment with a Certified Benefits Counselor who will help you enroll in coverage at **benefitsgo.com/ChenMedWebScheduler** or visit **digital.alight.com/chenmed** to enroll yourself.
- ✓ After you have completed your 2026 enrollment, make sure you update your personal information in Workday to ensure carriers can contact you about your benefits.

Take Action!

All team members **MUST** participate in Benefits Annual Open Enrollment to elect or waive benefits for the 2026 plan year. You must actively enroll or you **WILL NOT** have ChenMed benefits in 2026. This year you can complete your enrollment with the help of a Benefits Counselor or online.

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Benefits Overview

ChenMed offers a full range of coverage that protects you financially and helps you build a secure future.

HEALTH & WELL-BEING

- Medical and Prescription Plans
- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Health Savings Account
- Dental Benefits
- Vision Benefits
- Flexible Spending Accounts

INCOME SECURITY

- Basic Life and AD&D
- Supplemental Life and AD&D
- Short-Term Disability
- Long-Term Disability

RETIREMENT & LIFESTYLE

- 401(k) Retirement Savings Plan
- Legal Assistance
- Back-Up Care
- Employee Assistance Program
- Perks at Work
- TicketsatWork
- ChenMed Cares

Eligibility

Employees:

Regular full-time employees working at least thirty (30) hours per week are eligible. See the Summary Plan Description (SPD) for more details on eligibility and enrollment.

Dependents:

- Your legal spouse.
- Your children under the age of 26, regardless of student status for medical, dental and vision coverage, including married dependents, but not their spouse and/or children.
- Your unmarried, dependent children who become mentally or physically incapable of earning a living, before age 26 (medical certification required) for medical, dental and vision coverage.

Proof of Eligibility:

If you are enrolling an eligible spouse during enrollment, proof such as, but not limited to, a certificate of marriage is required.

If you are enrolling an eligible dependent child during enrollment, proof is required. Examples of proof of dependency include but are not limited to: birth certificate, adoption, foster or legal medical support order indicating the participating employee as the parent. To submit proof of dependency on the **ChenMed Benefits Portal**, go to the **To-Dos** section and select **Verify Your Dependent's Eligibility for Health Benefits**.

Enrollment

Log on to **digital.alight.com/chenmed**, click the button to enroll and follow the prompts. Logging on for the first time? From the **ChenMed Benefits Portal**, register as a new user, follow the prompts to provide the requested information and set up your username and password. If you need help, you can schedule an appointment with a Certified Benefits Counselor who can answer your questions and help you enroll in coverage. To schedule your appointment, visit the **Make It Yours** site at **chenmed.makeityoursource.com** and click on the **Benefits Counselor** tile. Review your enrollment insert for more information.

BenX

BenX creates a dynamic health coverage market for ChenMed team members. BenX offers a menu of standardized plans with multiple insurance carriers that compete at the consumer level. This innovative structure provides team members with a broad choice of health coverage options.

The medical plans on BenX ensure access to the Nation's top providers and are integrated with clinical programs that address acute and chronic needs. Telehealth and independent expert medical opinions deliver convenience and improved care quality.

Decision-support tools are available to help you make confident decisions to protect those you care about the most and allow you to truly personalize your benefit choices.

BenX provides our ChenMed team members with unique advantages, including:

- ✓ **Lots of choices.** You can shop and choose from several coverage levels, a variety of insurance carriers and a range of costs. Options can vary based on where you live.
- ✓ **Competitive pricing.** The insurance carriers are competing for business, so it's in their best interests to offer their best prices. Plus, ChenMed will provide an employer contribution (credit) for you to use toward the cost of coverage.
- ✓ **Helpful resources.** In addition to hosting webinars, there will be great resources to help before, during and after enrollment:

Make It Yours site: The **Make It Yours** site (chenmed.makeityoursource.com) is a year-round resource for information about the available medical options, things to consider before enrolling and practical tips for you to get the most out of your benefits.

Insurance carrier "preview" websites: These sites are available through the **Make It Yours** website so you can get up to speed on each medical carrier's provider networks, prescription drug information and other programs.

Take Action!

Visit **Make it Yours** at chenmed.makeityoursource.com to learn more about your medical (including prescription drug coverage) benefit options.



ChenMed Credit

BenX plans are fully insured. That means the insurance carriers — not ChenMed — are responsible for the cost of claims. We'll show our commitment to help team members pay for health care coverage through a credit. Offering a credit also ensures our benefits remain affordable to you. When you enroll, you'll be able to see the credit amount from ChenMed and your price options on the **ChenMed Benefits Portal** at digital.alight.com/chenmed or the Alight Mobile app. You'll also be able to access tools that give you a personalized suggestion, help compare the details of your options, let you see insurance carrier ratings and more.

Wellness Credit

Team members and their families enrolled in one of the ChenMed medical plans must complete their **ChenMed Wellness Attestation** during your enrollment in order to receive the wellness credit towards the cost of their medical coverage. You do not need to complete the Attestation for your spouse or children to receive the credit. There is no cost to participate, and your personal health information is completely confidential.

Team members, their enrolled spouses and children who apply for the wellness credit must not use tobacco and comply with the safety items stated in the Wellness Attestation. You will complete this step during your enrollment.

The wellness credit will automatically be applied for the first month your coverage is effective to your premium payments. The 2026 credits are:

- **Employee Only:** \$58
- **Employee + Spouse:** \$58
- **Employee + Children:** \$80
- **Family Coverage:** \$116

What's Your Best Fit?



Typical Family with some risk

Medical Status: High blood pressure diagnosis, history of breast cancer, risky sports activities

Financial Risk Factor: Health conditions and risky sports activities could lead to high medical costs



Due to the parents' health conditions and the children's chance of sports-related injuries, this family is looking for a medical plan with lower out-of-pocket costs. They choose family coverage in a **Gold Plan**.



They open a **Health Care Flexible Spending Account**, which helps them put aside money through payroll deductions for deductibles and prescriptions, and lowers their taxable income.



They elect **Accident Insurance** to help offset the cost of potential injuries due to their children's active lifestyle. And they enroll in **Critical Illness Insurance** due to their family history of cardiovascular disease and a previous cancer diagnosis. Both plans offer a health screening benefit for completing covered wellness exams.



Each year during Open Enrollment, they review their **Life Insurance** needs and update their beneficiary information. They also enroll in the **Legal Plan** to receive assistance updating their living will.

Medical Plan Options

You can choose from five medical coverage plan designs — Bronze, Bronze Plus, Silver, Gold or Platinum. The plans are offered by national carriers, such as Aetna, Blue Cross Blue Shield, Cigna and UnitedHealthcare, as well as regional carriers like Health Net, Dean/Prevea360, Kaiser Permanente, UPMC, Medical Mutual and Priority Health. All national carriers have a national network with participating providers throughout the United States.

The carriers available to you are based on the region in which you live, as determined by your ZIP code. Learn about each of the carriers on the **Make It Yours** site. Each plan design features different coverage levels, so you can choose the option that best suits your needs. When you enroll, you'll find plenty of tools and resources to help you select a coverage level.

Do not rely on your provider's office to know if they are in the carriers' network(s).

To see whether your doctor is in-network:

- Access Your Carrier Connection at **chenmed.makeityoursource.com** to browse carriers and obtain contact information.
- When you enroll, check the networks of each insurance carrier you're considering on the **ChenMed Benefits Portal**. For the best results:
 - Search for your provider by name — not medical practice.
 - Check only the office location(s) you are willing to visit.
 - When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network.

Important! If you have any uncertainty (for instance, covering out-of-area dependents) or need the network name, you will need to call the insurance carrier.

The Inside Scoop

You can easily navigate the **Make It Yours** site to get to Your Carrier Connection for plan information or click on *The Inside Scoop*, where you can find articles and videos about many essential health care topics. *The Inside Scoop* has tips on working the health care system, being a savvy shopper and saving money on most health care expenses.

California Residents

Your options may be different, depending on the insurance carrier you choose. Each insurance carrier in California can choose to offer each coverage level either as an option that offers in-network and out-of-network benefits (e.g., a PPO) or as an option that offers in-network benefits only (e.g., an HMO).

California insurance carriers may offer either the standard Gold option or a Gold II option — not both. The Gold II option offers only in-network benefits and has no deductible. Aetna, Blue Cross Blue Shield, Cigna and UnitedHealthcare offer the Gold option. Health Net and Kaiser Permanente offer the Gold II option. The regional carriers available to you depend on your home ZIP code.

Learn more about your California coverage options and insurance carriers on the **Make It Yours** website.



2026 Medical Plan Summary

	BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
Plan Type	High-Deductible Option with HSA	High-Deductible Option with HSA	PPO	PPO	PPO that Offers Limited Benefit for Out-of-Network Care*
Annual Deductible					
In-Network (Individual/Family)	\$3,400 / \$6,800	\$2,500 / \$5,000	\$1,000 / \$2,000	\$800 / \$1,600	\$250 / \$500
Out-of-Network (Individual/Family)	\$3,400 / \$6,800	\$2,500 / \$5,000	\$2,000 / \$4,000	\$1,600 / \$3,200	\$5,000 / \$10,000
Traditional or True Family	Traditional	True Family	Traditional	Traditional	Traditional
Annual Out-of-Pocket Maximum					
In-Network (Individual/Family)	\$6,400 / \$12,800	\$4,500 / \$9,000	\$5,300 / \$10,600	\$3,600 / \$7,200	\$2,300 / \$4,600
Out-of-Network (Individual/Family)	\$12,800 / \$25,600	\$11,500 / \$23,000	\$10,600 / \$21,200	\$7,200 / \$14,400	\$11,500 / \$23,000
Traditional or True Family	Traditional	True Family	Traditional	Traditional	Traditional
In-Network Benefit					
Preventive Care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible
Doctor's Office Visit	You pay 25% after deductible	You pay 25% after deductible	You pay \$30 for PCP visit and \$50 for specialist visit, no deductible	You pay \$25 for PCP visit and \$40 for specialist visit, no deductible	You pay \$25 for PCP visit and \$40 for specialist visit, no deductible
Emergency Room	You pay 25% after deductible	You pay 25% after deductible	\$150 copay, then you pay 30% after deductible	\$150 copay, then you pay 20% after deductible	\$150 copay, then you pay 15% after deductible
Urgent Care	You pay 25% after deductible	You pay 25% after deductible	\$50 copay	\$40 copay	\$25 copay
Inpatient Care	You pay 25% after deductible	You pay 25% after deductible	You pay 30% after deductible	You pay 20% after deductible	You pay 15% after deductible
Outpatient Care	You pay 25% after deductible	You pay 25% after deductible	If not an office visit, you pay 30% after deductible	If not an office visit, you pay 20% after deductible	If not an office visit, you pay 15% after deductible

*For some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA, the Platinum coverage level is an HMO option that covers in-network care only. This chart is a high-level listing of commonly covered benefits across carriers and coverage levels for BenX. For a more detailed look at these and additional coverages, go to the ChenMed Benefits Portal.

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. Review the Summary Plan Description (SPD) for a list of preventive care services.

Remember: Getting care from an in-network medical provider always saves you money.

Prescription Benefits Comparison

When you enroll in medical coverage, you automatically have prescription drug coverage. Your prescription drug coverage depends on your medical coverage level and your medical insurance carrier. Each pharmacy benefits manager has its own rules about how prescription drugs are covered. That's why you should do your homework to find out how your medications will be covered — before choosing a medical plan and insurance carrier. Your pharmacy benefits will be managed by the carrier.

	BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
Preventive Drugs	You Pay \$0**	You Pay \$0**	You Pay \$0**	You Pay \$0**	You Pay \$0**
30-Day Retail Supply					
Tier 1 (Generally Lowest Cost Options)	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$12	You pay \$10	You pay \$8
Tier 2 (Generally Medium Cost Options)	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$50	You pay \$40	You pay \$30
Tier 3 (Generally Highest Cost Options)	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$70	You pay \$60	You pay \$50
90-Day Mail Order Supply					
Tier 1 (Generally Lowest Cost Options)	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$30	You pay \$25	You pay \$20
Tier 2 (Generally Medium Cost Options)	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$125	You pay \$100	You pay \$75
Tier 3 (Generally Highest Cost Options)	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$175	You pay \$150	You pay \$125

****Preventive drugs are determined by the insurance carrier or pharmacy benefit manager. You must have a doctor's prescription for the medication — even for products sold over the counter (OTC) — and you must use an in-network retail pharmacy or mail order service. These charts may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here. In the event that there is a discrepancy between this document and the official plan documents, the official plan documents will control.**

This chart is a high-level listing of commonly covered benefits across carriers and coverage levels for BenX. For a more detailed look at these and additional coverages, go to the ChenMed Benefits Portal.

Telemedicine

When you need medical advice, but don't have the time or want the cost associated with a trip to the doctor's office, consider telemedicine. These can be done in just minutes with no travel time. It's quick, convenient, and can save you money.

Doctors are available to treat many common medical conditions at times that are convenient for you.

Get Care For:

- Cold, flu, and sinus infections
- Nausea and vomiting
- Asthma, allergies, and rashes
- Urinary Tract Infections
- Headaches and migraines
- Stress and anxiety
- Insomnia, depression, and mood swings
- Trauma and grief counseling

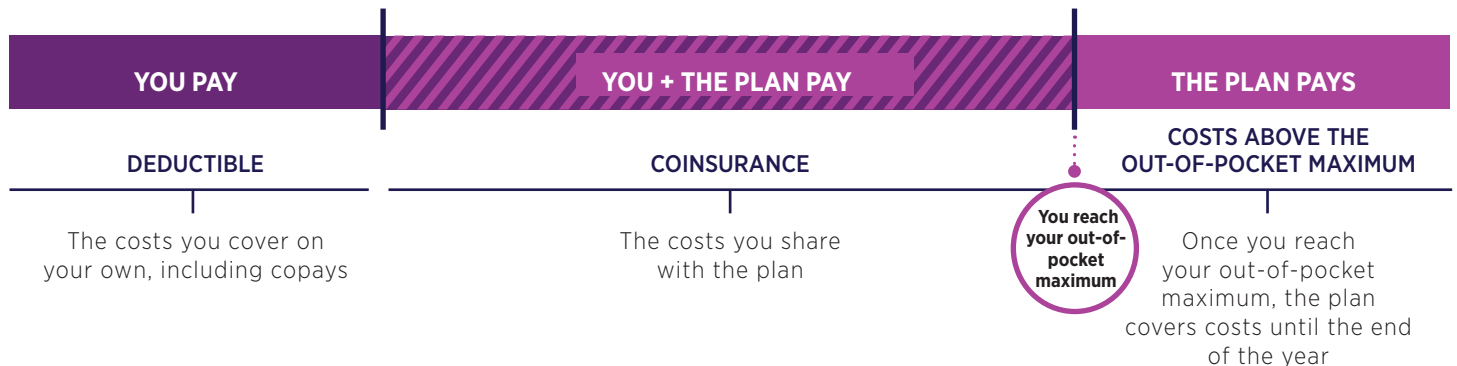


Terms to Know

Scan here for a list of medical terms.



How Your Medical Plan Works



Controlling Health Care Costs

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:



Use network providers.

You will generally receive more favorable coverage if you use providers who participate in the network.



Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.



Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.



Exercise and maintain a proper diet. The healthier you are the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.

If we become more aware consumers, we can each do our part to lower the cost of health care!

Voluntary Benefits

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Voluntary benefits can help cover this out-of-pocket financial exposure for a reasonable cost.

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance. ChenMed offers Critical Illness Insurance, Accident Insurance and Hospital Indemnity Insurance. ***Please note: These plans are not replacements for medical insurance.**



Did You Know?

U.S. health care spending averaged **\$13,493** per person in 2022.

Centers for Medicare & Medicaid Services, National Health Expenditure Fact Sheet, 2023

Critical Illness Insurance

You can protect yourself from the unexpected costs of a serious illness.

Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

Covered Illnesses include:

- Heart Attack
- Stroke
- Cancer
- Major Organ Failure
- End Stage Renal (Kidney) Failure
- Coronary Artery Bypass Surgery**

Plan Features



Employee-Paid Coverage Options: You may choose a benefit amount of \$5,000, \$10,000, \$15,000, \$20,000 or \$30,000. Spouse and children will be offered 100% of the employee's issued benefit amount.†



Guaranteed Acceptance: There are no health questions or physical exams required.



Portable Coverage: You can take your policy with you if you change jobs or retire.



Wellness Benefit

The plan provides a \$75 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test, such as a physical exam, mammogram or pap smear. View the plan documents for a complete list of covered tests.

How Critical Illness Insurance Works

When Marco had a heart attack, he was grateful his doctors were able to stabilize his condition. He learned there was some permanent damage to his heart. He began to see his costs adding up quickly. The good news is Marco received a lump sum payment of \$20,000 to help cover these expenses from the Critical Illness coverage he elected during Benefits Annual Open Enrollment.

**The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits.*

***The coverage pays 50% of the face amount of the policy once per lifetime for coronary artery bypass surgery.*

†If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child.

If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

This plan is not a replacement for medical insurance.

Accident Insurance

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

Accident Insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation

Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse and children.*
-  **24/7 Coverage:** Benefits are paid for accidents that happen on and off the job.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.



Health Screening Benefit

The plan provides a \$75 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test, such as an annual physical, dental preventative exam, eye or hearing exam. View the plan documents for a complete list of covered tests.

How Accident Insurance Works

Sam trips playing basketball and breaks his arm, which required a trip to the emergency room, physician follow-up visits and physical therapy.

Fortunately, Sam has Accident Insurance which helps cover his out-of-pocket medical costs, including his deductible and coinsurance.



How Sam's Accident Benefit Was Calculated:

Medical Service	Sample Benefit
Emergency Room	\$ 375
Arm Fracture Benefit (elbow to wrist)	\$ 2,150
Physician Follow-Up Visits (2)	\$ 280 (\$140 per visit)
Physical Therapy Visits (6)	\$ 540 (\$90 per visit)
TOTAL SAMPLE BENEFIT	\$3,345

This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of an Accident Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

**If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.
This plan is not a replacement for medical insurance.*

Hospital Indemnity Insurance

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital Indemnity Insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or Inpatient Rehabilitation.

Plan Features

- ✓ **Guaranteed Acceptance:** There are no health questions or physical exams required.
- 👤 **Family Coverage:** You can elect to cover your spouse and children.*
- ➔ **Portable Coverage:** You can take your policy with you if you change jobs or retire.

Benefits Available

Hospital Admission: \$1,000 per day for four days per calendar year

Hospital Confinement: \$200 a day for up to 60 days per calendar year, starting on day 2 of confinement

ICU Admission: \$2,000 per day for 1 day per calendar year

ICU Confinement: \$400 per day for up to 60 days per confinement starting on day 2 of confinement

Additional benefits are available, including admission to a rehabilitation facility, NICU admission, newborn care and more. review the plan documents for a complete list of scheduled benefits.



Health Screening Benefit

The plan provides a \$75 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test, such as a physical, blood chemistry profile or dental preventive exam. View the plan documents for a complete list of covered tests.

How Hospital Indemnity Insurance Works

Carl is injured in a car accident and is in the hospital for four days. He is then moved to a rehabilitation unit for three additional days. Carl has Hospital Indemnity Insurance. He receives a benefit for being admitted into the hospital and a benefit for each day of his inpatient and rehab stays.

How Carl's Hospital Indemnity Benefit Was Calculated:

Medical Service	Sample Benefit	Total
Hospital Admission	\$1,000 per admission	\$1,000
Hospital Confinement	\$200 per day (4 days)	\$800
Inpatient Rehabilitation Unit	\$100 per day (3 days)	\$300
TOTAL SAMPLE BENEFIT		\$2,100

This scenario does not reflect the benefits of a specific Hospital Indemnity Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of a Hospital Indemnity plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

**If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*

This plan is not a replacement for medical insurance.

Health Savings Account (HSA)

Save for future medical costs and reduce your federal tax bill with this special savings account available to Bronze or Bronze Plus plan participants.

An HSA is a special tax-deferred savings account in which both the employer and employee can deposit money, up to annual IRS limits. You can use your HSA funds to pay for qualified health care related expenses on a tax-free basis.

Here's How it Works

- When you enroll in the Bronze or Bronze Plus Plan, you are eligible to open an HSA.
- Choose the amount to contribute on a tax-deferred bi-weekly basis, not to exceed the annual maximum.
- The deposited money is available to you and your dependents to help pay for qualified health care expenses, such as medical plan deductibles or coinsurance, prescription costs, dental bills or other eligible out-of-pocket medical costs.
- If the money is not used by the end of the year, it will roll over and can be used at any time.

Keys to Growing Your HSA:

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone because they may grow for when you need them in the future.
- Consider electing supplemental medical benefits to cover big ticket expenses from unexpected serious illnesses or injuries, and ensure they don't wipe away the money in your HSA.
- Monitor your fund's growth. Like a 401(k), your HSA funds may, in some circumstances, be invested. Make sure your money is growing at an acceptable and safe pace.



Federal tax-free contribution from your paycheck [and employer contribution]

YOUR
HSA



Pay for qualified expenses out of your account



What you don't use rolls over each year for future health care expenses

HOW MUCH CAN YOU CONTRIBUTE?

	Annual IRS Contribution Limit
Individual Coverage	\$4,400*
Family Coverage	\$8,750*

**Individuals age 55 or older can make an additional \$1,000 in "catch up" contributions. NOTE: Amounts change yearly per IRS guidelines.*

Visit the **Make It Yours** site to see the HSA User's Guide, which includes details about how to grow your HSA, pay with an HSA, access your funds online and more.

Use your debit card from Alight Smart-Choice Accounts for your HSA or FSA

Alight Smart-Choice Accounts makes it easy to access your HSA or FSA funds with:

- The Alight Smart-Choice Accounts debit card, which can be used to pay for eligible expenses.
- The Alight Smart-Choice Accounts mobile app, which provides a fast and secure way to check your balance and track expenses.

HSAs Deliver Triple Tax Savings

1. You don't pay federal income tax on the money you contribute.
2. You don't pay taxes on the interest you earn in your account.
3. You don't pay taxes when you use the money to pay for qualified medical services.

Flexible Spending Accounts (FSAs)

Reduce your federal tax bill while putting aside money for health and dependent care needs.

Flexible Spending Accounts allow you to put aside money for important expenses and help you reduce your income taxes at the same time. ChenMed offers three types of accounts — a Health Care FSA, a Limited Purpose FSA and a Dependent Care FSA.



HEALTH CARE FSA

Deductibles, copays, prescription drugs, medical equipment, etc.*



LIMITED PURPOSE FSA

Works with HSA-eligible medical plans to cover dental and vision expenses.



DEPENDENT CARE FSA

Babysitters, daycare, day camp, home nursing care, etc.

How Flexible Spending Accounts Work

1. Each year during Benefits Annual Open Enrollment, you decide how much to set aside for FSA expenses. Your full contribution amount will be available for use on your benefit effective date.
2. Your contributions are then deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year for use on qualified expenses.
3. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement.

Use It or Lose It!

Be sure to calculate your FSA contributions carefully. The funds won't roll over from year-to-year, and you will have to actively re-enroll on a yearly basis. You are not automatically re-enrolled.

ANNUAL MAXIMUM CONTRIBUTION

Health Care or Limited Purpose Flexible Spending Accounts	2026 Limit not yet announced Current limit: \$3,300
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)

Please note that these accounts are separate. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

**If you are enrolled in a medical plan that offers an HSA, you are not eligible for the Health Care FSA. NOTE: Limits may vary for highly compensated employees.*



Items You Might Not Realize are Health Care FSA Eligible:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts
- Travel pillows
- Motion sickness bands

To view a list of eligible expenses for the Health Care FSA, log into Alight and select "Reimbursement Accounts" from the top menu. On the "Reimbursement Accounts Overview" page, choose "Eligible Expenses" from the "More Options" drop-down menu.

Dental Benefits

Keep your smile healthy! Like your medical coverage, you get to choose the dental coverage level, cost and insurance carrier that is right for you. You can choose from four options, Bronze, Silver, Gold or Platinum, with different coverage levels. The coverage level determines how much you pay out of your paycheck (premiums) and how much you pay out-of-pocket when you receive care (deductibles, coinsurance, copays, etc.). Be sure to consider all of your associated costs when choosing a coverage level. You can enroll any combination of you, your eligible spouse/domestic partner and your children in the option you choose, even if they are not enrolled in the medical plan. Each dental carrier, Aetna, Cigna, Delta Dental, MetLife and UnitedHealthcare, has its own insurance provider networks that can vary by plan. Learn more about each carrier on the **Make It Yours** site.

	BRONZE	SILVER	GOLD	PLATINUM ¹
Annual Deductible and Plan Limits				
Annual Deductible (Individual/Family)	\$100 / \$300	\$100 / \$300	\$50 / \$150	None
Annual Maximum (Individual/Family)	\$1,000 per person	\$1,500 per person	\$2,500 per person	None
Orthodontia Lifetime Maximum²	Not covered	\$1,500 per child	\$2,000 per person	Varies by insurance carrier
In-Network Benefit				
Preventive Care	100% covered, no deductible	100% covered, no deductible	100% covered, no deductible	Varies by insurance carrier; generally covered 100%
Minor Restorative Care (e.g., root canal treatment, gum disease treatment and oral surgery)	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	Varies by insurance carrier
Major Restorative Care (e.g., implants, dentures)	Not covered	You pay 40% after deductible	You pay 20% after deductible	Varies by insurance carrier
Orthodontia	Not covered	You pay 50%, no deductible; children up to age 19 only	You pay 50%, no deductible; for children and adults	Varies by insurance carrier

¹Not available in some limited areas. Only the coverage levels for which you are eligible will show as options when you enroll.

This chart is a high-level listing of commonly covered benefits across carriers and coverage levels for BenX. For a more detailed look at these and additional coverages, go to the [ChenMed Benefits Portal](#).

²If you switch insurance carriers, any orthodontic expenses you've already incurred under your current carrier will count toward your new carrier's orthodontia lifetime maximum.

Considering the Platinum Plan? Platinum dental benefits may cost less than some other options, but you must designate a primary care dentist who participates in the insurance carrier's Platinum network (where available by carrier) and get care from your primary care dentist. The network could be considerably smaller than in other plans, so be sure to check the availability of providers before you enroll. If you don't designate a primary care dentist when you enroll, one may be assigned to you. To change your primary care dentist, you will need to contact the insurance carrier directly. If you enroll in a Platinum option and don't use a network dentist, you'll pay the full cost of services.

Considering a Delta Dental Plan? There are two Delta Dental networks under their Bronze, Silver or Gold options. You can choose providers from their PPO and Premier networks. Although the benefits are the same for both, you may have to pay more if your dentist is only a part of the Premier network. Delta Dental dentists who participate in both the PPO and Premier networks will cost you less.

If you choose Delta Dental and the Platinum option, the Delta Dental network applicable is called "DeltaCare." Make sure your dentist is in the DeltaCare network — not just the Delta Dental network — in order to maximize your plan benefits.

Vision Benefits

You have several vision plan options that offer a range of coverage — from exams only to coverage for lenses, frames and contacts. You can choose from three coverage levels, Bronze, Silver and Gold, offered by national and regional insurance carriers. The coverage levels are designed to give you choices. It's up to you to pick the one that makes sense based on your family's needs. Each vision insurance carrier, EyeMed, MetLife, UnitedHealthcare and VSP Vision Care, has its own provider network. If you want to keep providers the same, check if your doctor or retail store is in-network before you select a carrier. Visit the **Make It Yours** site to learn more about your options.

	BRONZE	SILVER	GOLD
In-Network Benefits			
Routine Vision Exam (One per Plan Year)	Covered 100%	You pay \$10	Covered 100%
Frames (One per Plan Year)	Discount may apply	\$150 allowance ¹	\$200 allowance ¹
Lenses (Once per Plan Year; Premium Lenses May Cost More)			
Single Vision	Discount may apply	You pay \$20	You pay \$10
Bifocal	Discount may apply	You pay \$20	You pay \$10
Trifocal	Discount may apply	You pay \$20	You pay \$10
Standard Progressive²	Discount may apply	You pay \$20	You pay \$10
Lenticular	Discount may apply	You pay \$20	You pay \$10
Lens Enhancements			
UV Treatment	Discount may apply	You pay \$15	You pay \$15
Tint (Solid and Gradient)	Discount may apply	You pay \$15	You pay \$15
Standard Plastic Scratch-Resistant Coating	Discount may apply	You pay \$15	You pay \$15
Standard Anti-Reflective Coating	Discount may apply	You pay \$45	You pay \$45
Standard Polycarbonate (Adults)	Discount may apply	You pay \$40	You pay \$15
Standard Polycarbonate (Children)	Discount may apply	You pay nothing	You pay nothing
Other Add-Ons	Discount may apply	Discount only	Discount only
Contact Lenses			
Medically Necessary	Not covered	You pay \$20	You pay \$10
Elective	Not covered	\$150 allowance ¹	\$200 allowance ¹
Fit and Evaluation	Discount may apply	You pay \$20	You pay \$10
Laser Surgery			
Elective	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price

¹Allowance can be used for frames or elective contact lenses, but not both.

²Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

This chart is a high-level listing of commonly covered benefits across carriers and coverage levels for BenX. For a more detailed look at these and additional coverages, go to the ChenMed Benefits Portal.

Life and Accidental Death & Dismemberment Insurance

Always be there financially for your loved ones.

ChenMed provides Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance and offers additional coverage options to protect team members and their families from unexpected life events.

Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance*

ChenMed provides Basic Term Life and AD&D coverage at no cost to you and enrollment is automatic.

BASIC TERM LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT	Directors and Above, including PCPs, Nurse Practitioners, Market / COE / Corporate Directors and Above: 3x salary, up to \$1,000,000 All Other Team Members, including Center Directors, Senior Managers, Analysts and Care Promoters: 1x salary, up to \$1,000,000
AGE REDUCTION	On January 1 coinciding with the team member's attained age: 67% at age 65; 45% at age 70; 30% at age 75; 20% at age 80; 15% at age 85; 10% at age 90

Supplemental Life and AD&D Insurance*

You may also choose to purchase Supplemental Life and AD&D Insurance for yourself, spouse and child(ren) in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions. The cost of coverage depends on your age and the amount of coverage elected. Age reductions also apply to these coverages.

TEAM MEMBER	Amounts in \$10,000 benefit increments, up to the lesser of 8x Annual Salary or \$1,000,000 Guaranteed Issue Amount — \$500,000
SPOUSE	Amounts in \$10,000 benefit increments, up to 100% of the team member's coverage or \$500,000 Guaranteed Issue Amount — \$30,000
CHILD(REN)	Amounts in \$2,000 benefit increments, not to exceed \$10,000
COVERAGE HIGHLIGHTS	- Accelerated Benefit — 50% of your Life Insurance amount, up to \$250,000. Any payout would reduce the death benefit. - AD&D Coverage amount does not have to match Supplemental Life amount. You do not have to complete Evidence of Insurability (EOI) for AD&D Insurance.

**You may be required to pay income taxes on the value of Term Life Coverage over \$50,000 and Supplemental Spouse or Child Life Insurance coverage over \$2,000. This amount, called "imputed income," will appear on your paycheck stubs and on the W-2 form you receive at the end of each year. This value is determined based on rates established by the IRS and not the actual insurance premium. Refer to IRS section 79.*

Evidence of Insurability (EOI)

If you were previously eligible to participate in Supplemental Life and AD&D Insurance and are enrolling for the first time, Evidence of Insurability (EOI) is required. If you are currently enrolled in Supplemental Life and AD&D, you may increase your coverage by one \$10,000 increment without providing EOI. All other increases will require EOI.

If you are newly eligible to participate in Supplemental Life and AD&D Insurance and are enrolling in this benefit, EOI is required for any amount over the Employee Guaranteed Issue Amount.

EOI must be completed within 31 days from enrollment. If you and your dependents are enrolled and want to increase your coverage, EOI is not required for amounts up to Guaranteed Issue Amounts.

Note: Dual coverage for married couples is not allowed. If you and your spouse both work for ChenMed, you cannot cover your spouse under the spouse life and AD&D insurance. In addition, you both cannot cover any dependent children under child life and AD&D insurance.

You're covered for a specific period of time, or "term." If you pass away during the term, the beneficiary you designate will receive a payment. Provide protection to those who matter most. Be sure to select or update your beneficiary designations.

Short-Term Disability (STD) Benefits

Your ability to bring home a paycheck is your most valuable asset. We help you protect it.

If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability Insurance provides income protection, paying a portion of your salary that you can use to offset out-of-pocket expenses and make up for lost wages.

A disability occurs if you are unable to perform the material duties of your regular job and you are unable to earn 80% or more of your covered earnings from working in your regular job.

Short-Term Disability Insurance

Short-Term Disability Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time.

BASE STD PLAN

Cost	ChenMed pays 100%
Benefit Amount	50% of your weekly eligible Earnings to a maximum of \$1,000 per week
Benefit Begins	8th day after injury or sickness
Benefit Duration	13 weeks

Voluntary Short-Term Disability Insurance

Depending on your household budget, you may need additional disability coverage. To help you increase your disability protection, ChenMed offers a Buy-Up STD Plan.

BUY-UP STD PLAN

Cost	100% employee paid; rates based on age and Annual Salary
Benefit Amount	Up to 60% of your weekly eligible Earnings to a maximum of \$2,500 combined eligible Earnings per week
Benefit Begins	8th day after injury or sickness
Benefit Duration	13 weeks



Did You Know?

It's estimated that **1 in 4** 20-year-olds will experience a disability for 90 days or more before they reach age 67.

Social Security Administration, Disability Insurance, Facts 2023

Definition of Earnings: Team member's annual base wage or salary, excluding bonuses, commissions, overtime pay and extra compensation.

Note: If you are currently enrolled in any benefits through ChenMed, while you are on a leave of absence, you will remain responsible for paying the cost of your benefits.

Long-Term Disability (LTD) Benefits

Long-Term Disability Insurance helps protect your finances when your disability continues beyond the period covered by the Short-Term Disability plan.

Voluntary Long-Term Disability Insurance

Full-time team members can enroll in a Voluntary Long-Term Disability Plan. This plan is paid through employee payroll deductions.

VOLUNTARY LTD PLAN

Cost	100% employee paid
Benefit Waiting Period	90 days
Benefit Amount	60% to \$15,000, 24 months own occupation Minimum benefit: greater of \$100 or 10% benefit
Benefit Duration	To age 65

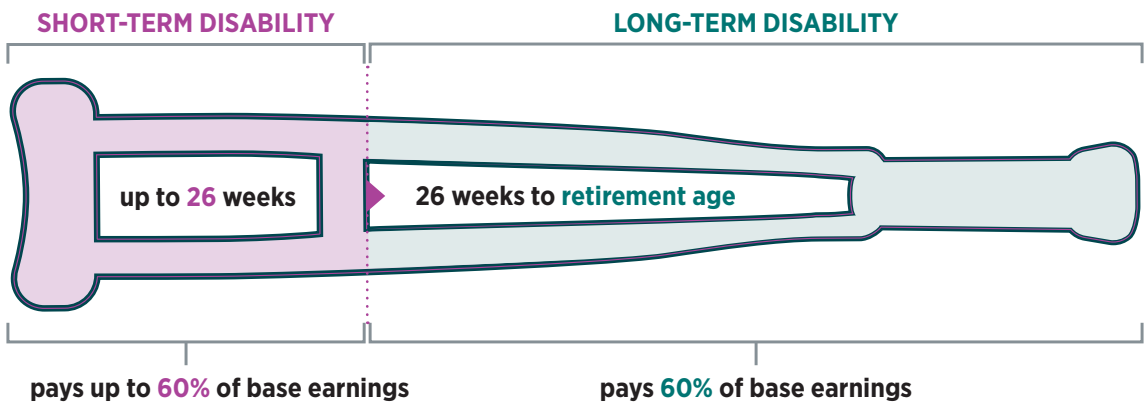
Employer Paid Long-Term Disability Insurance

ChenMed provides a LTD benefit for Full-Time Owners, Execs, Physicians, PAs, Officers, MDs, NPs and Non-Managing Members.

EMPLOYER PAID LTD PLAN

Cost	ChenMed pays 100%
Benefit Waiting Period	90 days
Benefit Amount	60% to \$20,000, own occupation to age 65 Minimum benefit: greater of \$100 or 10% benefit
Benefit Duration	To age 65

Definition of Earnings: Team member’s annual base wage or salary, excluding bonuses, commissions, overtime pay and extra compensation.





ChenMed 401(k) Plan

Building a healthy financial future is just as important as taking care of your health needs today. Putting money aside for your future is easy with the ChenMed 401(k) Plan through Principal Financial Group. And with contributions deducted before federal taxes are calculated, there is less of an impact to your take home pay than you might think.

You decide how much to contribute to the Plan through convenient payroll deductions, and ChenMed will match a portion of what you save.

Eligibility

You are eligible to participate in the plan if you:

- Are at least age 18
- Have completed 60 days of service with the company

Plan Features

- **Start Contributing.** You enter the Plan on the first day of the month on or after you meet the eligibility requirements. You begin making contributions as soon as administratively feasible.
- **Automatic Enrollment.** If you are a new participant, you will be automatically enrolled in the retirement plan at a 6% pre-tax rate. You may elect to waive automatic enrollment or defer to another percentage.
- **Salary Deferral Contributions.** Federal law limits the amount of pre-tax contributions and/or after-tax Roth 401(k) contributions you may make to the Plan each year. For 2025, you may defer up to \$23,500 annually, and when over the age of 50, an additional \$7,500. The annual limit may be adjusted by the IRS in future years. This Plan allows you to defer 92% of your eligible pay.
- **Safe Harbor Matching Contributions.** If you are a new hire and you make salary deferrals to the plan, you will be eligible to receive a matching contribution equal to 100% of the salary deferral contributions up to 4% of pay, plus 50% of salary deferral contributions (in excess of 4%) up to 6% of pay for the plan year. Your pay may be restricted to the annual compensation limit announced by the IRS.
- **Hourly Employee Contributions.** ChenMed may contribute 3% of your earnings to your 401(k) account after the end of each year, even if you don't contribute your own deferral. The contribution will be subject to a three-year cliff vesting.
- **Vesting.** You are always 100% vested in contributions you make to your account. You may be 100% vested in the account from the Employer QACA Match Safe Harbor after two years of service.

Important 401(k) Elections

It's important that ChenMed has the most up-to-date information on file for your 401(k) investment elections, as well as your beneficiary designations. If you enroll in the Plan or are already a plan participant, we encourage you to do the following:

- Log onto the Principal website at www.principal.com,
- Add your contact information, and
- Make your investment and beneficiary designations.

Please note, the beneficiary designations you make online through the Principal website will be effective for 401(k) plan purposes, even if you have designated a beneficiary for other benefit plans.

Perks at Work

ChenMed has partnered with Perks at Work to give you access to team member discounts, so **you don't have to pay full price on the things you buy**.

From 30% off movie tickets to hundreds of dollars off a new personal laptop or hotel stay, start your shopping at Perks at Work to take advantage of private, best-in-market pricing.

Perks at Work Features

- Attend free live or on-demand virtual classes for both adults and kids on wellness and self-development.
- Support what matters to you, and browse collections of local, sustainable and minority-owned small businesses. Refer a favorite business or entrepreneur you know. Over 2,000 new brands join the program each year.
- Earn cash-back rewards that can be redeemed on thousands of brands, and never expire.
- Invite family members and friends to enjoy your perks, too.

What are WOWPoints?

WOWPoints are loyalty points you can earn and redeem when you shop through ChenMed Perks at Work. Redeem the WOWPoints you earn from shopping at a wide variety of shops on the platform for whatever it is you love: Travel, Electronics, Apparel, Movies, Gifts and more! Earning 10x WOWPoints is like getting 10% back on your purchase. Plus, if you're a 5 STAR user, you earn WOWPoints when you redeem!

To Sign Up:

1. Go to www.perksatwork.com and click *Sign Up for Free*
2. Follow the instructions to activate your account

TicketsatWork

More perks. More savings. More of what makes you happy.

We're here to support your personal and financial well-being through exclusive deals and limited-time offers on the products, services and experiences you need and love.

Start saving on:

- | | | |
|------------------|-----------------------|--------------------|
| • Electronics | • Appliances | • Cars |
| • Flowers | • Fitness Memberships | • Gift Cards |
| • Hotels | • Movie Tickets | • Rental Cars |
| • Special Events | • Theme Parks | • and more! |

New to TicketsatWork? Getting Started is Easy.

1. Visit TicketsatWork.com
2. Click *Become a Member*
3. Enter your company code (**ChenMed**) or work email to create an account

Legal Assistance

Legal Assistance provides access to a network of participating attorneys for help with a range of legal matters.

Free and Discounted Legal Advice

Examples of free legal services available at no charge from your plan attorney:

- Initial consultation for each new legal matter
- Simple Will for you and your family with annual updates
- State specific, web based, Living Will form (can be notarized by a Notary Public)
- Phone calls and letters written on your behalf (one each per legal matter) when considered appropriate by plan attorney

\$14/month!

(Includes dependents as defined in the description)

Examples of discounted legal services for which attorneys will charge a one-time, deeply discounted fee:

- Traffic Ticket Defense \$89
- Simple Will \$250
- Simple Divorce \$275
- Personal Real Estate Closing \$250
- Reduced Hourly Rate Plan attorneys have contracted to charge 40% off their normal hourly rate, with a minimum of \$125 per hour, for legal care beyond the free and discounted services. Retainers in certain situations, attorney liability may require plan attorneys.

Free Tax Preparation and Advice

Members and their families receive free tax preparation and unlimited advice on federal taxation, IRS notice and audit assistance, tax planning services and small business tax support from tax attorneys, CPAs, financial analysts and/or Enrolled Agents certified by the IRS.

Identity Theft Solutions

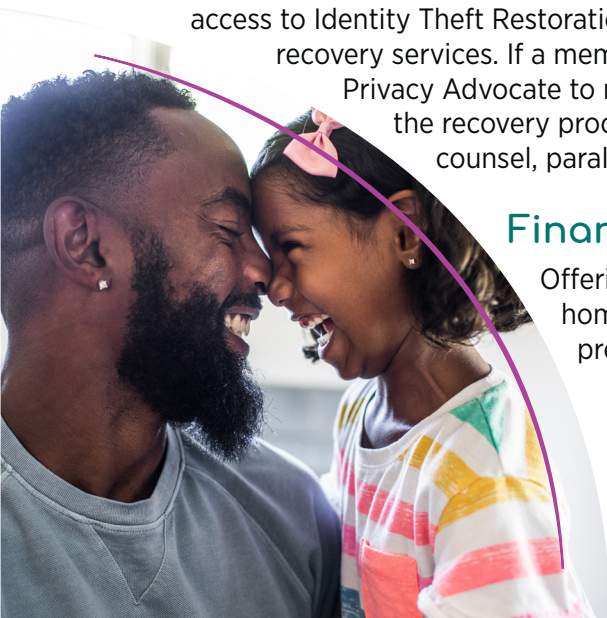
Identity theft is the fastest growing financial crime in America, striking thousands of victims each year. In a matter of seconds, personal information such as a social security number, a credit card number or an address can be stolen and used to obtain a new mortgage, line of credit or additional credit cards. Members will have 24/7 access to Identity Theft Restoration paralegals who will provide them with comprehensive, personalized recovery services. If a member becomes a victim of identity theft, the plan administrator assigns a Privacy Advocate to manage the case. The Advocate mobilizes a Recovery Team to assist with the recovery process from beginning to end. The team includes fraud investigators, legal counsel, paralegals and other identity theft experts.

Financial Education and Credit Counseling

Offering free consultations, financial assessments, assistance with first-time home ownership, credit and debt analysis, and pre-bankruptcy counseling.

Eligibility

Membership includes the member's spouse, dependent children and any dependent individuals living in the plan member's home, such as a parent or grandparent.



Back-Up Child, Adult and Elder Care



Don't stress about school breaks, bad weather or caregiver cancellations. Reserve high-quality child care in a center, or in-home care for your child, adult or elder relatives.

Access up to 10 annual days of back-up care for children and adults when your regular care arrangements are unavailable. Center-based care is \$15 per child/day or \$25 per family/day (two or more children). In-home care for children and adults is \$6 per hour (4 hour minimum required; for up to 3 dependents). There is no cost to register.

Care for the Whole Family: Easily find sitters, elder care and pet care (your membership fee to the database is waived!); jump ahead on the waitlist or enjoy discounts at participating child care centers.

Step 1: Register

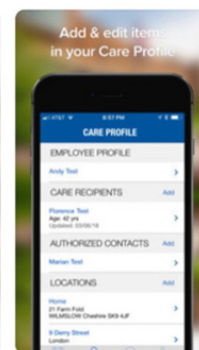
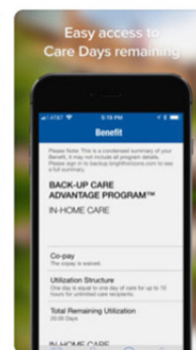
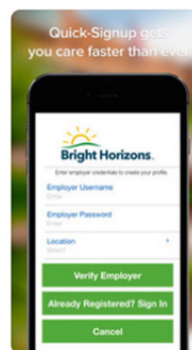
Visit <https://clients.brighthorizons.com/ChenMed>

- Click *Join today*.
- Enter your Workday Employee ID and email.
- Confirm your email address.



Back-Up Care
Lifestyle

OPEN



Step 2: Complete Your Care Profile

Provide contact information, care recipients, authorized contacts and care locations. After your registration is complete, you will need the following login information to access your account.

Username: ChenMed **Password:** Benefits4You

Step 3: Reserve Back-Up Care

Reserve care online or via mobile app. Questions? Call **877-BHCares (877-242-2737)**.

ChenMed Cares



What is ChenMed Cares?

Striving to improve the lives of team members, the ChenMed Cares program is an emergency assistance fund created to support individuals at ChenMed who find themselves experiencing a sudden emergent crisis.

ChenMed team members can request assistance to offset financial burdens related to sudden emergent crises, such as homelessness, domestic violence, transportation accidents, natural disasters, death and life-threatening medical emergencies.

How is ChenMed Cares funded?

ChenMed Cares is funded by compassionate team members, deemed as "ChenMed Cares Champions," who donate through payroll deduction, as well as the Chen Family Foundation. Gifts can range from \$5 a month to \$100 or more. Donations are made as bi-weekly contributions that are tax-deductible in accordance with applicable federal and state tax laws.

To learn more about the Emergency Assistance Fund, visit chenmedcares.com.

Additional Benefits

Cigna Employee Assistance Program (EAP)

The Cigna Employee Assistance Program (EAP) provides support for everyday issues and life challenges. Take advantage of a wide range of services available to you and your household family members, at no cost!

- Contact Cigna EAP any day, anytime by calling **1-877-622-4327** or log into **myCigna.com** (**Employer ID for initial registration: chenmed**)
- Get up to five face-to-face counseling sessions per issue, per year, with a counselor in your area, as well as video-based sessions
- Referrals for child care, senior care and pet care
- Financial, identity theft and legal consultations

TravelConnect®

ChenMed team members enrolled in life and/or AD&D insurance have access to travel assistance if you face an emergency when you're 100 or more miles from home. TravelConnect helps with:

- Emergency medical transportation for you, managing travel for a companion and/or your dependent children, planning and paying for a safe evacuation due to a natural disaster and more
- Service is available 24 hours a day, 7 days a week

Visit **mysearchlightportal.com** and enter Group ID #: **LFGTravel123** for access to plan documents, international calling instructions and destination information.



Important Notices

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained on **ChenMed Connect**; you may also request a copy free of charge by emailing **AskHR@chenmed.com**.

Enclosed are important notices about your rights under your health and welfare plan, ChenMed Welfare Plan, the "Plan." The information in the accompanying guide provides updates to your existing SPDs as of May 31, 2023 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. ChenMed, LLC reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the ChenMed Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the ChenMed Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

ChenMed, LLC, Human Resources
1395 NW 167th Street, Miami Gardens,
FL 33169

If you have any questions, please contact the ChenMed, LLC Human Resources Office by emailing **AskHR@chenmed.com**.

Women's Health and Cancer Rights Act

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 at **the number on the back of your ID Card**.

Newborns' and Mothers' Health Protection 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the

military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Alight for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

Important Notice from ChenMed, LLC About Your Prescription Drug Coverage and Medicare

Medicare Part D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with ChenMed, LLC 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. ChenMed, LLC has determined that the prescription drug coverage offered by the ChenMed Welfare Plan 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 (or are losing) 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 ChenMed, LLC coverage will not be affected.

Your ChenMed, LLC coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get

this coverage back until the next annual enrollment or you experience a qualifying life event.

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 coverage with ChenMed, LLC 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 19 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 ChenMed, LLC changes. You also 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 for personalized help. See the inside back cover of

your copy of the "Medicare & You" handbook for their telephone number.

- 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.ssa.gov, or
- Call **1-800-772-1213**. TTY users should call **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).

Date: January 1, 2026
Name of Entity/Sender: ChenMed, LLC
Contact: ChenMed HR
Address: 1395 NW 167th Street, Miami Gardens, FL 33169
Email: AskHR@chenmed.com

General Notice of Continuation Coverage Rights Under COBRA

Introduction

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

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other

members of your family when group health coverage would otherwise end.

For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

What Is COBRA Continuation Coverage?

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

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

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

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

- Your spouse dies;
- Your spouse's hours of employment are reduced;

- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;

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

How Is COBRA Continuation Coverage Provided?

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

continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

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

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

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

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation

coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

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

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

NOTE: <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

If You Have Questions

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

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

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

Plan Contact Information

ChenMed Benefit Center
Phone: 1-855-536-8228
Web: <https://digital.alight.com/chenmed>

HIPAA Special Enrollment Rights

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

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

- 1. ALABAMA** – Medicaid Website: <http://myalhipp.com/>
Phone: 1-855-692-5447
- 2. ALASKA** – Medicaid The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>
- 3. ARKANSAS** – Medicaid Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)
- 4. CALIFORNIA** – Medicaid Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov
- 5. COLORADO** – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442
- 6. FLORIDA** – Medicaid Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268
- 7. GEORGIA** – Medicaid GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2
- 8. INDIANA** – Medicaid Health Insurance Premium Payment Program
All other Medicaid Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584
- 9. IOWA** – Medicaid and CHIP (Hawki) Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid> Phone: 1-800-338-8366
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562
- 10. KANSAS** – Medicaid Website: <https://www.kancare.ks.gov/>
- Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660
- 11. KENTUCKY** – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>
- 12. LOUISIANA** – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
- 13. MAINE** – Medicaid Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711
- 14. MASSACHUSETTS** – Medicaid and CHIP Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711 Email: masspreassistance@accenture.com

15. **MINNESOTA** – Medicaid Website:
<https://mn.gov/dhs/health-care-coverage/>
 Phone: 1-800-657-3672
16. **MISSOURI** – Medicaid Website:
<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
 Phone: 573-751-2005
17. **MONTANA** – Medicaid Website:
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
 Phone: 1-800-694-3084
 Email: HSHIPPProgram@mt.gov
18. **NEBRASKA** – Medicaid Website:
<http://www.ACCESSNebraska.ne.gov>
 Phone: 1-855-632-7633
 Lincoln: 402-473-7000
 Omaha: 402-595-1178
19. **NEVADA** – Medicaid Website:
<http://dhcfp.nv.gov>
 Medicaid Phone: 1-800-992-0900
20. **NEW HAMPSHIRE** – Medicaid Website:
<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
 Phone: 603-271-5218
 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. **NEW JERSEY** – Medicaid and CHIP Medicaid Website:
<http://www.state.nj.us/humanservices/dmaha/clients/medicaid/>
 Phone: 1-800-356-1561
 CHIP Premium Assistance Phone: 609-631-2392
 CHIP Website: <http://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710 (TTY: 711)
22. **NEW YORK** – Medicaid Website:
https://www.health.ny.gov/health_care/medicaid/
 Phone: 1-800-541-2831
23. **NORTH CAROLINA** – Medicaid Website:
<https://medicaid.ncdhhs.gov/>
 Phone: 919-855-4100
24. **NORTH DAKOTA** – Medicaid Website:
<https://www.hhs.nd.gov/healthcare>
 Phone: 1-844-854-4825
25. **OKLAHOMA** – Medicaid and CHIP Website: <http://www.insureoklahoma.org>
 Phone: 1-888-365-3742
26. **OREGON** – Medicaid Website:
<http://healthcare.oregon.gov/Pages/index.aspx>
 Phone: 1-800-699-9075
27. **PENNSYLVANIA** – Medicaid and CHIP Website:
<https://www.pa.gov/en/services/dhs/appl-y-for-medicaid-health-insurance-premium-payment-program-hipp.html>
 Phone: 1-800-692-7462
 CHIP Website: <https://www.pa.gov/agencies/dhs/resources/chip.html>
 CHIP Phone: 1-800-986-KIDS (5437)
28. **RHODE ISLAND** – Medicaid and CHIP Website: <http://www.eohhs.ri.gov/>
 Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
29. **SOUTH CAROLINA** – Medicaid Website:
<https://www.scdhhs.gov>
 Phone: 1-888-549-0820
30. **SOUTH DAKOTA** – Medicaid Website:
<http://dss.sd.gov>
 Phone: 1-888-828-0059
31. **TEXAS** – Medicaid Website:
<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
 Phone: 1-800-440-0493
32. **UTAH** – Medicaid and CHIP Medicaid Utah's Premium Partnership for Health Insurance (UPP) Website:
<https://medicaid.utah.gov/upp/>
 Email: upp@utah.gov
 Phone: 1-888-222-2542
 Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
 Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
 CHIP Website: <https://chip.utah.gov/>
33. **VERMONT** – Medicaid Website:
<https://dvha.vermont.gov/members/medicaid/hipp-program>
 Phone: 1-800-250-8427
34. **VIRGINIA** – Medicaid and CHIP Website:
<https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
 Medicaid/CHIP Phone: 1-800-432-5924
35. **WASHINGTON** – Medicaid Website:
<https://www.hca.wa.gov/>
 Phone: 1-800-562-3022
36. **WEST VIRGINIA** – Medicaid and CHIP Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
 Medicaid Phone: 304-558-1700
 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
37. **WISCONSIN** – Medicaid and CHIP Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
 Phone: 1-800-362-3002
38. **WYOMING** – Medicaid Website:
<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
 Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Contact Information

PLAN	CARRIER	GROUP NUMBER	PHONE NUMBER	WEBSITE
Medical, Prescription, Dental and Vision Insurance	Carrier availability is based on the region in which you live, as determined by your ZIP code. Visit the Make It Yours site to learn about the different carriers and options available to you.			
Health Savings Account (HSA)	Alight	Smart-Choice	855-536-8228	digital.alight.com/chenmed
Dependent Care, Health Care and Limited Purpose Flexible Spending Accounts (FSA)	Alight	Smart-Choice	855-536-8228	digital.alight.com/chenmed
Basic Life and AD&D Supplemental Life and AD&D Short-Term Disability Insurance Long-Term Disability Insurance	Lincoln Financial	09-LF0903	855-745-8604	www.MyLincolnPortal.com
FMLA				
Critical Illness, Hospital Indemnity and Accident Insurance	Lincoln Financial	1284089	800-423-2765	www.MyLincolnPortal.com Email: clientservices@lfg.com
Legal Protection Plan	Legal Club	N/A	800-305-6816	http://www.legalclub.com/
Employee Assistance Plan (EAP)	Cigna	N/A	877-622-4327	myCigna.com (Employer ID for registration: chenmed)
TravelConnect (Emergency Travel Assistance)	Lincoln Financial Group	LFGTravel123	U.S. or Canada: 866-525-1955 Call collect from anywhere: +1-603-328-1955	mysearchlightportal.com (enter Group ID: LFGTravel123) Email: mail@oncallinternational.com
401(k) Retirement Plan	Principal Financial Group	714734	800-547-7754	www.principal.com
Compliance, Assistance & Reporting Line (CARL)	ChenMed	N/A	866-571-5105	CARL@chenmed.com
ChenMed Benefits Portal	ChenMed	N/A	855-536-8228	digital.alight.com/chenmed
Back-Up Care	Bright Horizons	N/A	877-242-2737	www.backup.brighthorizons.com



NOTE: Actual plan provisions for ChenMed ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of the plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.