



Employee Benefits Guide

July 1, 2022- June 30, 2023



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Benefits Overview

July 1, 2022 – June 30, 2023

The current benefit plan begins July 1, 2022 and will remain in effect until June 30, 2023.

Open Enrollment is your annual opportunity to review your plan offerings and make benefit selections that are best suited to address the needs for you and your family.

Remember, once your benefit elections are made, you will not be able to make any changes until the next Open Enrollment period. Exceptions can be made if you experience a Qualifying Life event, such as:

- Birth or adoption of a baby
- Loss of eligibility of a covered dependent
- Marriage, divorce, or legal separation
- Loss/Gain of other coverage
- Switch from part-time employment to full-time employment

If a Qualifying Life Event does occur, you have **30 days** to provide proof and a written request for change to the Human Resource Department.

Who is eligible for insurance and when:

All full-time employees working at least 40 hours or more per week are eligible for benefits after completing their **new hire waiting period**.

The new hire waiting period for medical, dental, vision, disability, and life insurance. “Coverage begins on 1st of the month following sixty (60) days of full-time employment.”

For questions regarding your benefits, please contact:

Erica Davis

Benefits Administrator
edavis@changehappenstx.org
Phone: 713.374.1201
Fax: 713.651.8045

CIVIC HEART COMMUNITY SERVICES

3353 Elgin Street, FL 2
Houston, TX 77004

Medical Benefits



	\$5,000 Plan *LocalPlus*		\$3,000 Plan *Open Access*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$5,000	No Coverage	\$3,000	No Coverage
Family	\$10,000		\$6,000	
Out-of-Pocket Maximum				
Individual	\$6,350	No Coverage	\$4,500	No Coverage
Family	\$12,700		\$9,000	
Physician Services				
Primary Care	\$35 copay	No Coverage	\$30 copay	No Coverage
Specialist	\$70 copay		\$60 copay	
Preventive Care	100%		100%	
Lab and X-Ray	100%		100%	
Hospitalization				
Inpatient	100% after deductible	No Coverage	100% after deductible	No Coverage
Outpatient	100% after deductible		100% after deductible	
Emergency Services				
Emergency Room	\$300 copay		\$300 copay	
ER Lab and X-Ray	100% after copay		100% after copay	
Urgent Care	\$75 copay	No Coverage	\$75 copay	No Coverage
UC Lab and X-Ray	100% after copay		100% after copay	
Prescription Drugs				
Generic	\$15 copay	No Coverage	\$15 copay	No Coverage
Preferred	\$40 copay		\$40 copay	
Non-Preferred	\$75 copay		\$75 copay	
Mail Order (90 days)	2.5X copay		2.5X copay	
Lifetime Max				
Per Person Covered	Unlimited			
Dependent Coverage	Adult Dependent Children are eligible for coverage until their 26th birthday regardless of student or marital status.			

This schedule shows a few of the covered procedures and intended for comparison purposes only. The benefits of each plan will be determined by the contract.

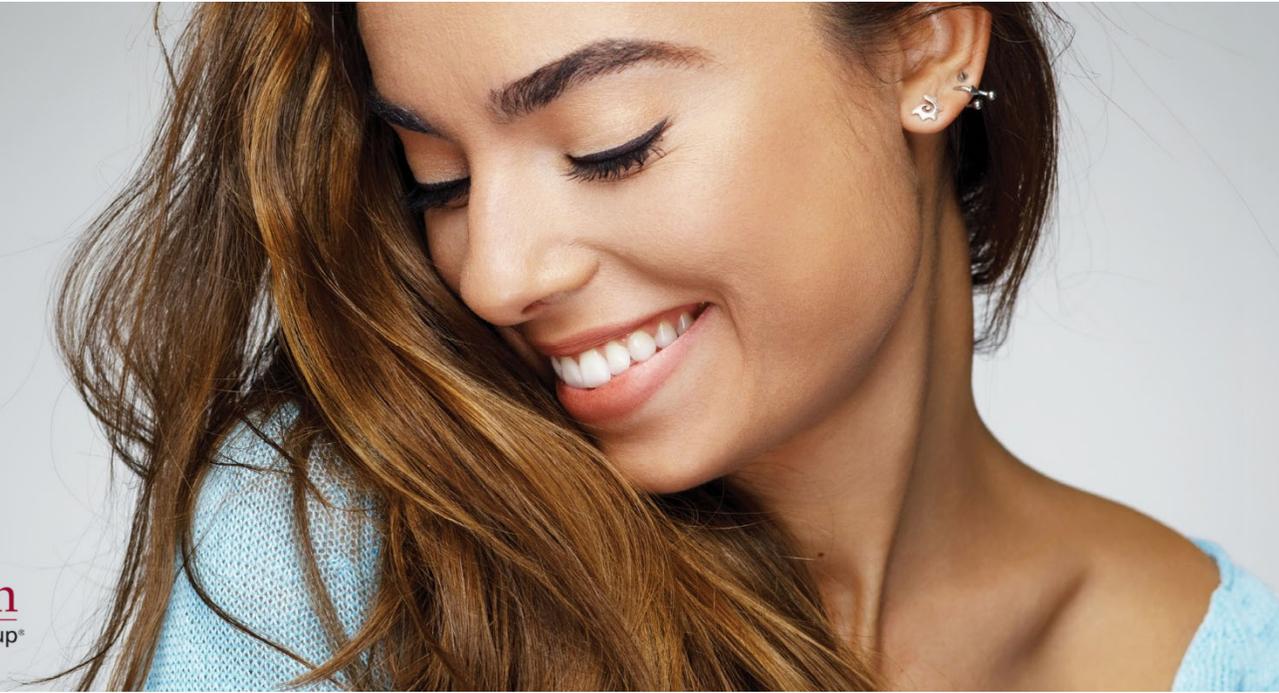
Medical Rates

Employee Medical Plan Premiums Per Pay Period (Semi-Monthly)

Type of Coverage	\$5,000 Plan	\$3,000 Plan
Employee Only	\$100.81	\$155.74
Employee & Spouse	\$508.77	\$624.11
Employee & Child(ren)	\$434.60	\$538.96
Employee & Family	\$842.56	\$1,007.33



Dental Benefits – PPO Plan

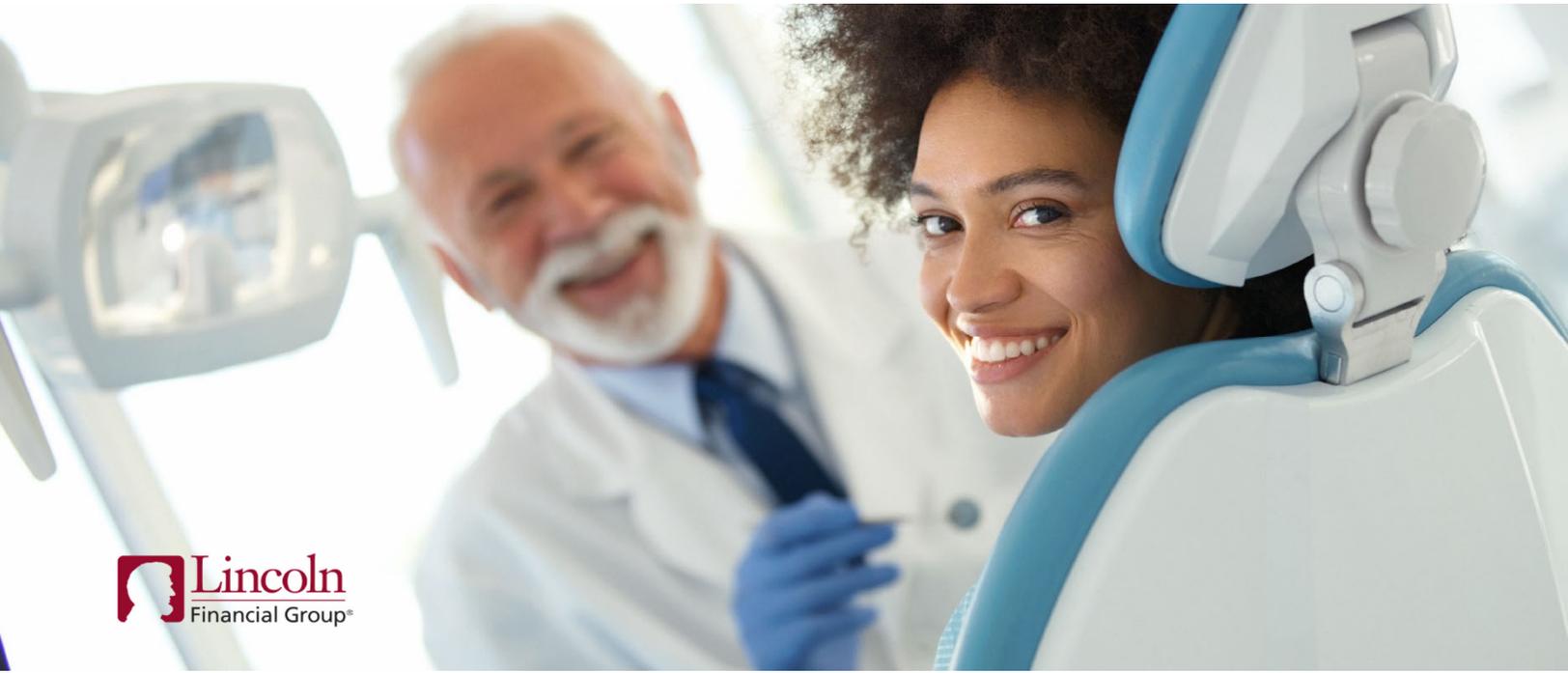


PPO Plan – gives freedom to choose dentist that are in and out-of-network. A deductible and coinsurance may apply based on services rendered. Once the annual maximum is met for the year, there are no more benefits paid out by the plan.

Type of Service	In-Network	Out-of-Network
Deductible (Single/Family)	\$50/\$150	\$50/\$150
Annual Maximum	\$1,000	\$1,000
Preventive Services	100%	100%
Basic Services	80% after deductible	80% after deductible
Major Services	50% after deductible	50% after deductible
Orthodontia (Adult/Child)	50% after deductible	50% after deductible
Orthodontia Lifetime Max	\$1,000	\$1,000

Type of Coverage	Semi-Monthly Contributions
Employee Only	\$15.98
Employee & 1 Dependent	\$37.41
Employee & 2 or More Dependents	\$51.87

Dental Benefits – DHMO Plan



DHMO Plan – In this type of plan, a set group of dentist provides broad and affordable care at a low monthly premium. The dentists who work with DHMOs receive a fixed fee each month. Most of the services are offered for a reduced price. You may need to make a copayment for some procedures.

Type of Service	Copayment Amount
Cleanings	No Charge
Bitewing X-rays	\$0
Amalgam Filling – One Surface	\$0
Root Canal – Anterior	\$105
Root Canal – Molar	\$270
Simple Extractions	\$0
Single Crown	\$225

Note: DHMO plans do not have out-of-network benefits.

Type of Coverage	Semi-Monthly Contributions
Employee Only	\$6.03
Employee & 1 Dependent	\$11.97
Employee & 2 or More Dependents	\$18.90

Wellness | Vision

Maintain Good Eye Health with These Tips

Good Diet | Good Vision

Studies show that certain nutrients help to keep age-related vision problems (like macular degeneration and cataracts) at bay. Work foods and supplements with Omega-3 Fatty Acids, Zinc, Vitamin C, Lutein and Vitamin E into your diet.

Visit Your Eye Doctor Regularly

Even young children should have their eyes examined routinely. It helps to protect eye health and make sure that your vision is as good as possible.

Protect Eyes with Sunglasses

You are more likely to develop vision problems if your eyes are exposed to too much ultra violet (UV). Good quality sunglasses help to protect eyes from the sun's UV rays.

Give Your Eyes a Break from Computer Screen

Take an eye break every 20 minutes. Rest eyes gazing 20 feet away for 20 seconds. Get up and take a 15-minute break at least once every two hours.

Use Safety Glasses at Work, Playing Sports and at Home

Wear safety glasses or protective goggles whenever you handle hazardous materials at home or at work. Sports like lacrosse, ice hockey, and racquetball can lead to eye injuries. Wear sports goggles with polycarbonate lenses or a helmet with a protective face shield to protect eyes. Stop Smoking for Healthier Eyes. Smoking increases your risk for developing macular degeneration, optic nerve damage and cataracts.



Vision Insurance



Employees may elect to participate in the Voluntary Vision Program provided through Lincoln. This chart shows how the plan works.

Coverage	In-Network	Out-of-Network	Frequency
Exam	\$10 copay	Up to \$40	Every 12 months
Lenses			
Single Vision	\$10 copay	Up to \$40	Every 12 months
Lined Bifocal	\$10 copay	Up to \$60	Every 12 months
Lined Trifocal	\$10 copay	Up to \$80	Every 12 months
Frames	\$130 Retail Frame Allowance	Up to \$45	Every 24 months
Contact Lenses (in lieu of glasses)	Up to \$125	Up to \$125	Every 12 months

Type of Coverage	Semi-Monthly Contributions
Employee Only	\$4.42
Employee & Spouse	\$8.38
Employee & Child(ren)	\$9.83
Employee & Family	\$13.84

Life Insurance



Basic Life and AD&D

Coverage Payment	Civic Heart Community Services pays 100% of the premium for this coverage
Life Benefit	Class 1 (Mgr & EEs w/5+yrs): \$50,000 Class 2 (EEs w/-5yrs): \$20,000
Accidental Death and Dismemberment	Class 1 (Mgr & EEs w/5+yrs): \$50,000 Class 2 (EEs w/-5yrs): \$20,000
Reductions	35% at age 65, another 25% at age 70, another 15% at age 75, and another 15% at age 80. Benefits terminate at retirement or termination unless you choose conversion. Refer to certificate booklet for a complete reduction schedule.

Voluntary Life and AD&D

	Employee	Spouse	Children
Increments of Coverage	\$10,000	\$5,000	<15 days no benefit 15 days < 6 mo \$250 \$2,500 / \$5,000 / \$7,500 / \$10,000
Maximum Coverage	Lesser of 5X Salary or \$500,000	Lesser of \$250,000 or 50% of Employee benefit	\$10,000
Non-Medical Issue Amount (Only applies to new hires)	\$100,000	\$25,000	\$10,000
Eligibility	Spousal and/or Child life coverage is only available if employee elects coverage.		
Coverage Payment	You pay 100% of the premium for this coverage.		
Reductions	35% at age 65, and another 25% with maximum coverage or \$50,000 at age 70. Benefits terminate at retirement or termination unless you choose conversion. Refer to certificate booklet for a complete reduction schedule.		

Employee and Spouse: Monthly Cost for Each \$1,000 of Life Insurance Coverage. AD&D coverage is \$0.017 pr \$1,000. Spouse Coverage Cost is Based on Employee attained Age.

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.072	\$0.090	\$0.120	\$0.156	\$0.237	\$0.390	\$0.651	\$0.976	\$1.562	\$2.968

Dependent Children: Monthly Cost of Life Insurance and AD&D Coverage

Amount	\$2,500	\$5,500	\$7,500	\$10,000
Rate	\$0.63	\$1.26	\$1.88	\$2.51

Long-Term Disability



Most of us take our health and ability to work for granted. We prefer not to think about what it may happen if we couldn't work. For most of us, being unable to work would mean no income and it would threaten our family security and independence.

To help protect from the financial effects of a disability, full-time employees are provided, at no cost to them, Long-Term Disability coverage. In the event you become disabled from an injury or accident, these benefits could provide a source of income to you.

Benefits Begin	91st day for accident / illness
Maximum Benefit Duration	Until Social Security Normal Retirement Age
Benefit Percentage	50% covered monthly earnings
Maximum Benefit	\$6,000 per month



EmployeeConnectSM Services



We offer confidential guidance and resources for you or an immediate household family member.

- In-person help with short-term issues; up to four sessions per person, per issue, per year
- Toll-free phone and web access 24/7
- Unlimited phone access to legal, financial, and work-life services
- A 25% discount on in-person consultations with network lawyers
- Financial consultations and referrals
- Work/life services for assistance with childcare, finding movers, kennels and pet care, vacation planning, and more.

Get Help 24/7 with:

- ☑ Depression
- ☑ Legal and Financial Concerns
- ☑ Marital or Family Difficulties
- ☑ Stress Management / Anxiety
- ☑ Child or Elder Care
- ☑ Substance Abuse



EmployeeConnectSM Services

- Company sponsored
- Strictly confidential
- Provided at no charge to you

Learn more at www.GuidanceResources.com
(User name = LFGsupport ; Password = LFGsupport1)

Or talk with a specialist at 1-888-628-4824

TravelConnectSM Services



Travel More. Worry Less.

TravelConnectSM is a comprehensive program that can bring help, comfort, and reassurance if you face a medical emergency while traveling 100 or more miles from home. Whether traveling for business or leisure, if you are enrolled in life and/ or AD&D insurance, you and your loved ones can count on *TravelConnectSM* for responsive and caring support – 24 hours a day, 7 days a week.

You can count **TravelConnectSM**

Coordinate and provide transportation from an initial medical facility that cannot adequately treat the patient due to their condition.

Coordinate travel and airfare for your dependent children. This includes the services, transportation expenses, and accommodations of a qualified escort.

TravelConnectSM will also coordinate and pay for a safe evacuation due to natural disaster, or when a political or security threat occurs.

Medical care, and travel services recovery. Assistant services include, but are not limited to:

- Medical record requests
- Intermediary services
- Recovering lost or stolen documents or luggage
- Communication with your family
- Language translation services
- Arrangements for a deceased traveler
- And more!

TravelConnectSM Services

- Emergency travel arrangements and funds transfers
- Lost or stolen travel documents
- Medical and dental referrals
- Corrective lens and medical device replacement
- Medication and vaccine delivery
- Updates to your family, employer, and home physician
- Evacuation coordination for an emergency security or political event, or natural disaster
- Destination info — including weather, currency and more

TravelConnectSM Services

provided by On Call International

Visit LincolnFinancial.com/TravelConnect and enter Group ID #: LFGTravel123 for access to plan documents, international calling instructions and destination info.

For medical, security or travel assistance call toll free from U.S. or Canada:

1-866-525-1955

Call collect from anywhere in the world:

1-603-328-1955

Email: mail@oncallinternational.com

Global Assistance Services must be coordinated and approved by On Call in order to be covered. See your plan description for full terms and conditions of the services offered in your plan.

LifeKeys® Services



Life doesn't always go as planned.

No matter how well you plan your life, you can be sure a few unforeseen challenges will arise. When they do, it's reassuring to know that help and support are close at hand — thanks to *LifeKeys*® services from Lincoln Financial Group. If you are enrolled in life and/or AD&D insurance, this program provides access to a wide array of services to help you and your loved ones through life's ups and downs — and prepare you for whatever lies ahead.

LifeKeys® services include:

Online will preparation

Having a will is important because it allows you to designate who will receive your property and assets when you die. Without one, your state determines how your estate is distributed.

EstateGuidance® will preparation is a quick and easy way to create and execute a will.

Information on important life matters

You have access to GuidanceResources® Online, where you'll find articles, tutorials, videos, and "Ask the Expert" advice on a wide range of topics – including legal, financial, family, and career. It's a way to stay "in the know" on important matters that impact both your personal and professional life.

Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. *LifeKeys*® includes an online resource for the information you need to recognize and prevent identity theft — and restore your good name.

Guidance and support for your beneficiaries

The *LifeKeys*® comprehensive program offers resources to help your loved ones address a range of common concerns. Services include grief counseling, advice on financial and legal matters, and help coping with the occasional challenges of day-to-day life.

LifeKeys® Services

EstateGuidance® – step-by-step online instructions to:

- Name an executor to manage your estate
- Choose a guardian for your children
- Specify wishes for your property
- Provide funeral and burial instructions

GuidanceResources® – online access to information on:

- Law and regulations
- Money and investing
- Family and relationships
- Health and wellness
- Work and education
- Leisure and home

Identity theft resources – online access to information on:

- Spot the warning signs
- Protect your cell phone, computer, and tax records from fraud
- Repair your credit if you become a victim
- Access credit reporting bureaus, the ID Theft Resource Center, and other essential resources

Visit www.GuidanceResources.com
 (First-Time User: Enter Web ID LifeKeys)
 Or call 1-855-891-3684

LifeKeys® Services

Grief counseling – advice, information, and referrals on:

- Grief and loss
- Stress, anxiety, and depression
- Memorial planning information
- Concerns about children and teens

Legal support – access to quick legal information on:

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents your beneficiaries need

Financial services – online resources or advice from financial specialists on:

- Estate planning
- Budgeting
- Overcoming debt
- Bankruptcy
- Investments

Help with everyday life – comprehensive information on:

- Planning a memorial service
- Finding childcare or elder care
- Selecting a mortgage
- Moving and relocation
- Making major purchases



Legal Notices

Women's Health Act

The Women's Health and Cancer Rights Act of 1998 requires that all health insurance plans that cover mastectomy also cover the following medical care: Reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas; and mastectomy bras and external prostheses limited to the lowest cost alternative available that meets the patient's physical needs.

To obtain more information, contact your plan administrator at (713) 374-1201.

Continuation Required by Federal Law for You and Your Dependents

The continuation of group health plan coverage required by federal law does not apply to any benefits for loss of life, dismemberment, or loss of income. Federal law enables you or your dependent to continue health insurance if coverage would cease due to a reduction of your work hours or your termination of employment (other than for gross misconduct). Federal law also enables your dependents to continue to receive group health insurance benefits if their coverage ceases due to your death, divorce or legal separation, or with respect to a dependent child, failure to continue to qualify as a dependent. Continuation of coverage must be elected in accordance with the rules of your employer's group health plan(s) and is subject to Federal law, regulations and interpretations.

Newborns' and Mothers' Health Protection Act

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits health plans from limiting a mother's or newborn's length of hospital stay to less than 48 hours for a vaginal delivery or 96 hours for a cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 or 96 hours, as appropriate. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for vaginal delivery or 96 hours for cesarean delivery.

Health Insurance and Portability and Accountability Act

Civic Heart Community Services, in accordance with HIPAA, protects your Protected Health Information (PHI) that is created or received by its group health plan. Civic Heart Community Services

will only use and disclose your PHI as permitted or as mandated by law. A copy of the Notice of Privacy Practices, which describes the manner in which your PHI may be used or disclosed, is available upon request from the Human Resource Department at (713) 374-1201.

HIPAA – Special Enrollment Rights

Loss of Other Coverage – If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this Civic Heart Community Services' group health coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment with 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

New Dependent by Marriage, Birth, Adoption or Placement for Adoption

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 in Civic Heart Community Services' group health plan. 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 your plan administrator at (713) 374-1201.

Certain Changes in Medicaid or CHIP

coverage. If you or your eligible dependent(s) are eligible to enroll in Civic Heart Community Services' group health plan, but are not enrolled, you or your dependent(s) will be entitled to enroll for coverage under the Plan if:

- You or your eligible dependent were covered under a Medicaid plan or under a state child health plan and that coverage was terminated because you or your eligible dependent(s) lose eligibility for coverage; or
- You or your eligible dependent(s) become eligible under a Medicaid plan or under a state child health plan for assistance with your premium payments under the Civic Heart Community Services' group health plan.

CIVIC HEART COMMUNITY SERVICES

However, you must request coverage in the Civic Heart Community Services' group health plan no later than 60 days after the termination of the Medicaid plan or state

child health plan coverage or the date you or your eligible dependent(s) are determined to be eligible for the premium assistance.

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDSNOW or www.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 any 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, 2019.

TEXAS - MEDICAID

Website: www.gethipptexas.com
Phone: 1.800.440.0493

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1.866.444.3272**

**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**

Paperwork Reduction Act Statement

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

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

Medicare Part D

Important Notice from Civic Heart Community Services About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Civic Heart Community Services and your options under Medicare's prescription drug coverage. This information can help you decide whether 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 average 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. Civic Heart Community Services has determined that the prescription drug coverage offered by the Civic Heart Community Services group health 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 to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Civic Heart Community Services coverage will be affected.

If you decide to keep your Civic Heart Community Services prescription drug coverage and enroll in a Medicare prescription drug plan, your Civic Heart Community Services coverage generally will be your primary coverage. You may be required to pay a Medicare Part D premium in addition to your Civic Heart Community Services medical plan contributions.

If you decide to join a Medicare drug plan and drop your current Civic Heart Community Services prescription drug coverage – by dropping your medical plan, be aware that you and your dependents may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Civic Heart Community Services 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 coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage

– Contact [Erica Davis](#) at 713-374-1201

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 Civic Heart Community Services changes. You may also request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage –

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

For more information about Medicare prescription drug coverage:

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

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show

whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Statement of ERISA Rights

As a participant in Civic Heart Community Services' Health and Welfare Plan and/or the health flexible spending account under Civic Heart Community Services' Cafeteria Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). Plan Participants are entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator, Erica Davis's office and at other specified locations, such as worksites, all documents governing the Plan including insurance contracts and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U. S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain copies of all Plan documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series) and an updated Summary Plan Description, upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of this Summary Annual Report.

The information in this Guide to Employee Benefits is presented for illustrative purposes. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Guide and the actual plan documents, the plan documents will prevail. Please contact the HR Department if you have any questions about information contained in this Guide.

CONTACTS

Erica Davis
Benefits Administrator
 Civic Heart Community Services
 edavis@civicheart.org
 713.374.1201

Benefit Plan	Carrier Policy/Group #	Phone Number	Website
Medical	Cigna #619424	1.800.244.6224	www.cigna.com
Dental	Lincoln #0001D039720	1.800.423.2765	www.lfg.com
Vision	Lincoln #000400254664	1.800.440.8453	www.lfg.com
Basic Life and AD&D	Lincoln #00010254661	1.800.423.2765	www.lfg.com
Voluntary Life	Lincoln #000400254663	1.800.423.2765	www.lfg.com
Voluntary AD&D	Lincoln #000403007421	1.800.423.2765	www.lfg.com
Long-Term Disability	Lincoln #00010254662	1.800.423.2765	www.lfg.com
Worksite Benefits	Aflac #TA602	Rachelle Jones	www.mylogin.aflac.com
EmployeeConnect SM Services	Lincoln	1.888.628.4284	www.guidanceresources.com Username: LFGsupport Password: LFGsupport1
TravelConnect SM Services	Lincoln	On Call International 1.866.525.1955	www.lincoln4benefits.com ID# LFGTravel123
LifeKeys SM Services	Lincoln	1.855.891.3684	www.lincoln4benefits.com Web ID – LifeKeys
Medicare		Eric Baker 713.289.6215 phone/sms/fax 1.800.289.4160 toll-free	www.mccltd.com baker@mccltd.com



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