2027
EMPLOYEE BENEFITS GUIDE

cbx SOLUTIONS™

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A Message from your Human Resources Department

Dear Team,

At CBX Solutions, we know our benefits are about much more than insurance plans. They are an important part of how we support you and your family, whether you are going to the doctor, filling a prescription, planning for the future, or simply having the peace of mind that comes from knowing you have coverage when you need it.

We also know that the cost of healthcare continues to rise, and that those increases impact both our employees and the company. As we planned for 2027, we worked hard to balance those realities while continuing to provide a comprehensive benefits program that offers quality coverage, meaningful resources, and options that allow you to choose what works best for you and your family.

Benefits can sometimes feel complicated, and we want to make them as easy to understand and use as possible. This guide is designed to help you understand the resources available to you, compare your options, and make the choices that are right for you and your family. I encourage you to take some time to review it carefully and, most importantly, ask questions if you need help. Our Human Resources team is here to support you throughout enrollment and throughout the year.

We are incredibly grateful for everything you do each day for our customers, our teams, and one another. Thank you for being part of CBX Solutions and for helping us continue to build a company where our people are supported, valued, and proud to work.

Sincerely,
Emily Towery
Chief Human Resources Officer

Eligibility

Eligible Employees:

You may enroll in the CBX Solutions Employee Benefits Program if you are a Full-Time employee working at least 30 hours per week.

Eligible Dependents:

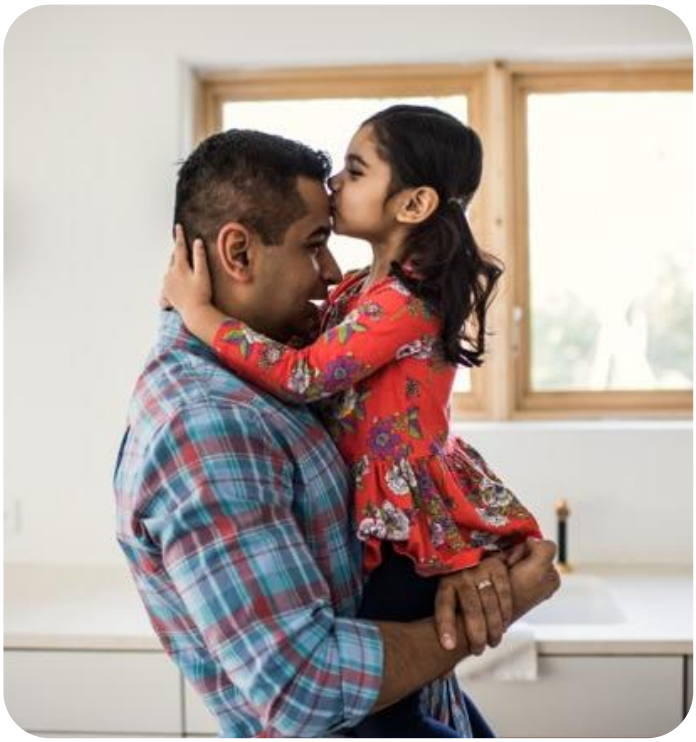
If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided.

Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship.

When Coverage Begins:

The effective date for the benefits listed in this guide is January 1, 2027. Newly hired employees and their dependents will be effective in CBX Solutions' benefit programs the first of the month following 30 days of employment. Coverage for all benefits will terminate on the date your employment ends. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a Qualified Life Event.

Key Insurance Terms



Qualified Life Events:

A Qualified Life Event is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Loss/Gain of other coverage (i.e., spouse's employment changes, you are no longer a dependent on someone else's plan)

If such a change occurs, you must make the changes to your benefits within 31 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status and provide documentation within 31 days of the event may result in having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

Medical Insurance

Cigna Medical Plans		
Benefit Coverage	**PPO**	**HDHP/HSA**
Annual Deductible		
Individual	$0	$3,500
Family (Embedded)	$0	$7,000
Coinsurance	100%	70%
Employer HSA Contribution w/ Preventive Exam	N/A	$750 Employee-only / $1,500 Employee + dependents
Maximum Out-of-Pocket		
Individual	$6,000	$4,500
Family	$12,000	$9,000
Physician Office Visit		
Primary Care	$25 copay	70% after deductible
Specialty Care	$50 copay	70% after deductible
Mental Health and Substance Abuse	$25 copay	70% after deductible
Preventive Care*		
Mammograms	100%	100%
Pap Smear/Prostate Screening	100%	100%
Well-Child Care	100%	100%
Immunization	100%	100%
Diagnostic Services**		
X-ray and Lab Tests – physician's office	100%	70% after deductible
Advanced Imaging Services (MRI, CAT & PET Scans)	$500	70% after deductible
Urgent Care Facility	$50 copay	70% after deductible
Emergency Room Facility Charges	$500 copay	70% after deductible
Inpatient Facility Charges	$2,500 copay	70% after deductible
Outpatient Facility and Surgical Charges	$1,000 copay	70% after deductible

*These services are considered preventive if done during the age range and schedule according to the PPACA and billed by your provider as such.

**Some Diagnostic Services require pre-authorization.

Medical Insurance (continued)

Benefit Coverage	PPO	HDHP/HSA
Mental Health and Substance Abuse		
Inpatient	$2,500 copay	70% after deductible
Outpatient	$25 copay	70% after deductible
Telemedicine		
MDLive through CIGNA	$0 copay	No cost
Retail Pharmacy (30-day Supply)		
Tier 1	$10 copay	70% after deductible
Tier 2	$10 copay	70% after deductible
Tier 3	$25 copay	70% after deductible
Tier 4	$50 copay	70% after deductible
Tier 5	$150 copay	70% after deductible
Mail Order (30-day Supply)		
Tiers 1 – 4	3x Copay	70% after deductible

CIGNA offers programs to help you manage your benefits and medical costs. These services can all be reached through the phone number on your CIGNA medical card or through myCigna.com or the myCigna app.

myCigna – set up a profile on mycigna.com to:

- Access MDLive for urgent care, primary care, dermatology and/or behavior health care
- Download a copy of your insurance card
- Locate a network provider or facility
- Find the tier/cost of a prescription drug

Cigna Nurse advocates – reach out with medical questions

HDHP vs PPO

Managing Prescription Costs

2027 Cigna Medical Payroll Deductions

Cigna Payroll Deductions		
PPO Plan		
	Bi-Weekly	**Weekly**
Employee Only	$176.88	$88.44
Employee + Spouse	$438.58	$219.29
Employee + Child(ren)	$307.73	$153.87
Employee + Family	$571.85	$285.92
HDHP/HSA Plan		
	Bi-Weekly	**Weekly**
Employee Only	$67.85	$33.92
Employee + Spouse	$222.92	$111.46
Employee + Child(ren)	$164.77	$82.38
Employee + Family	$230.19	$115.10

Save on Taxes with Pre-Tax Premiums Your medical, dental, and vision premiums are deducted from your paycheck **before taxes are calculated**, which can lower your taxable income and help you save on taxes. Pre-tax treatment is subject to applicable IRS rules.



Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP), such as our HSA Medical plan and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

What is a Health Savings Account?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The HSA is yours to keep, even if you change jobs or medical plans. There is no "use it or lose it" rule; your balance carries over year to year. HSA Bank is the administrator for the HSA.

Triple tax advantages with an HSA because:

- Money you deposit from payroll is exempt from federal income taxes*
- Interest in your account grows tax free; and
- You don't pay taxes on withdrawals used for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply.)
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

Are you eligible to open an HSA?

Although everyone can enroll in the Qualified High-Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. You must meet these requirements, to open an HSA.

- You must be enrolled in a HDHP
- You cannot be covered by another non-HDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare or receiving Social Security.
- You are not in the TRICARE or TRICARE for Life military benefits program, or VA benefits.

How much can you Contribute?

The IRS has established the following maximum HSA contributions for the 2027 tax year (includes any employer contributions):

- **Individual - $4,500**
- **Family - $9,000**
- **55 years old + can contribute an extra $1000**

HSA Employer Contributions

CBX Solutions will deposit HSA contributions to employees enrolled in the HSA medical plan after they complete their annual physical exam. Here is the process:

1. CIGNA provides CBX with confirmation claim for the physical has been processed.
2. CBX deposits the HSA funding into your HSA Bank account
3. Confirmation of deposit can be found on your HSA Bank linked to your myCigna profile
    - Employees with Employee-Only HSA coverage will receive a **$750** HSA contribution.
    - Employees covering dependents on the HSA plan will receive a **$1,500** HSA contribution.

What is an HSA?

*If you live in **California or New Jersey**, all HSA contributions are subject to state tax. Please consult your tax professional for more information.

Flexible Spending Accounts (FSA)

What is an FSA?

FSAs are accounts that you contribute pre-tax dollars to for reimbursement of either medical expenses (HCFSA) or Dependent Care (Day Care) expenses (DCFSA).

Since you contribute on a pre-tax basis, this lowers your taxable income. You get immediate tax savings.

HCFSA

- The Health Care FSA allows reimbursement of qualified medical, dental or vision expenses*.
- You will receive a debit card to use at points of service (doctor, dentist, vision providers' offices, pharmacy, etc.)
- The maximum annual contribution set by the IRS for 2027 is $3,500.
- HCFSA is a "use it or lose it" account, but you can rollover up to $700 into the next plan year.
- You do not have to be enrolled in a medical plan to participate; but participants in HSA medical plans are not eligible to participate in the HCFSA.
- Your HCFSA will be linked to your profile on mycigna.com.

DCFSA

- The Dependent Care FSA allows reimbursement of childcare expenses* for children under age 13 for working parents (not medical expenses).
- You can contribute up to $7,500 (married filing joint tax return) for dependent care.
- You cannot be reimbursed until the funds are deducted from your paycheck and deposited in your DCFSA.
- DCFSA is a "use it or lose it" account which does not rollover into the next plan year.
- Since this is not for medical expenses, you do not have to be enrolled in any of the company medical plans.

	Medical Flexible Spending Account	Dependent Care Flexible Spending Account
Who can enroll?	Employees enrolled in a PPO or no medical plan election	Employees with dependent (day care) needs. No medical plan enrollment required
How much can you defer?**	$3,500	$7,500 total family/ household deferral
Is the money available immediately?	Yes, you can claim the full deferral amount as of the effective date.	No, only funds deposited into your account are available for reimbursement
Is there a debit card?**	Yes	No
Is there a rollover?	Yes, up to $700** can rollover to 2027	No
Is there a claims filing deadline?	Yes, 90 days after termination or after the plan year end	Yes, 90 days after termination or after the plan year end

What is an FSA?

*For more details on eligible expenses, please see IRS.gov.
** The $700 rollover is from 2027 to 2028 plan year.

Telehealth – MDLive

Health care that's there when and where you need it for FREE!

Cigna has partnered with MDLive to offer a comprehensive suite of convenient virtual care options – available by phone or video anytime you need it. MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience and provide personalized care for hundreds of medical and behavioral health needs. If you enroll in the medical plan, your cost for any MDLIVE visits are FREE (no copay, no deductible, no co-insurance). If you have a virtual visit with your own physician, the regular physician office visit costs will apply.

Primary Care

Preventive care, routine care, and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost to identify conditions early
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Prescriptions available through homedelivery or at local pharmacies, if appropriate
- Receive orders for biometrics, bloodwork and screening at local facilities.

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundred of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the emergency room
- Prescriptions available, if appropriate

Telehealth

Visit www.myCigna.com to make an appointment for virtual care.

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, life changes, grief and depression

Dermatology

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms; prescriptions available, if appropriate
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours

3 Easy Steps to Connect to Care

- Login to myCigna.com and click "Talk to a doctor" or call MDLive at 888.726.3171 (no phone calls for virtual dermatology)
- Select the type of care you need
- Follow the prompts for on-demand urgent care; to set an appointment for primary care; a virtual dermatology visit (no appointment needed) or to speak to a counselor/therapist

Synergy Nurse Advocate

Employees and their dependents have access to a dedicated Nurse Advocate through Synergy Healthcare.

The Nurse Advocate is independent of any insurance company or medical provider and can offer recommendations and help based on your individual situation. The Nurse Advocate's goal is to improve your total health care experience.

The Nurse Advocate can:

- Help you navigate the health care system
- Assist with insurance approvals or issues
- Find a Primary Care Provider or Specialist
- Help with provider bills
- Locate community resources for medical issues
- Assist with prescription drug questions or problems
- Answer medical questions
- Provide support while you're accessing care



Susan Guerra, RN, BSN
Nurse Advocate
704-275-0176
SusanG@synergyhealthcare.com

Book an appointment:
https://calendly.com/susang-synergyhealthcare

USI Benefit Resource Center (BRC)

Insurance is Complicated. We Understand.

The Benefit Resource Center (BRC) is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

Benefits Specialists can help with:

- Deciding which plan is the best for you
- Medicare basics with your employer plan
- Benefit plan & policy questions regarding Medical, Dental & Vision
- Coordination of benefits
- Eligibility & claim problems with carriers
- Finding in-network providers for Medical, Dental & Vision
- Information about claim appeals & process
- The specialists in the Benefit Resource Center are available Monday through Friday 8:00 am to 5:00 pm Eastern & Central Standard Time via phone or via email.
- **855-874-0835 | BRCSouth@usi.com**

Dental Insurance

Ameritas Dental Plans	
Benefit / Feature	**Dental PPO**
	In-Network/Out of Network
Annual Deductible	
Individual	$50
Family	$100
Waived for Preventive	Yes
Annual Maximum	
Per Person / Family	$1,500
Preventive	100%
Basic	90%
Major	50%
Orthodontia	
Benefit Percentage	50%
Adult	Covered
Dependent Child(ren)	Covered
Lifetime Maximum	$1,500

Dental Plan Employee Contributions		
	Bi-Weekly	**Weekly**
Employee Only	$4.93	$2.47
Employee + Spouse	$20.44	$10.22
Employee + Child(ren)	$21.97	$10.99
Employee + Family	$34.20	$17.10

Dental Insurance

The Ameritas dental plan offers a choice between obtaining care in or out of the network. You can see network providers and enjoy discounts or see non-network providers and receive the same level of coverage; although you may receive a balance bill from non-network providers for the charges over what Ameritas pays (Reasonable and Customary). Please be sure you take advantage of the preventive services covered at 100% to keep your teeth and gums healthy.

You can search for network providers by zip code at www.ameritas.com. Your provider network is Ameritas Classic and Plus Network. You are also able to set up a profile to get additional benefit information and see claims as they are processed. **Contact Ameritas at 800-487-5553** for questions.

You can reference our **Policy Number: 010-351194** when scheduling dental appointments and your provider can look you up in the Ameritas system.

Vision Insurance

Ameritas Vision Plan	
Benefit / Feature	**Covered Every 12 months**
Routine Eye Exam (Annual)	$10 copay
Vision Materials	
Materials Copay	$10 copay
Lenses	$10 copay
Contacts (covered instead of frames)	Elective contacts covered up to $180
Frames	Covered up to $180

Vision Plan Employee Contributions		
	Bi-Weekly	**Weekly**
Employee Only	$3.54	$1.77
Employee + Spouse	$6.99	$3.50
Employee + Child(ren)	$6.74	$3.37
Employee + Family	$10.15	$5.08

Vision Insurance



Vision Benefits

You can enroll for vision coverage for yourself and any dependents. Ameritas uses VSP network of vision Providers. You can search for a network provider at www.vsp.com or www.ameritas.com. You can also get more information on your Benefits by visiting the website at www.ameritas.com.

Contact **Ameritas at 800-487-5553** or **VSP at 800-877-7195** with questions.

Life and Accidental Death & Dismemberment Insurance (AD&D)

Basic Life and AD&D Insurance

CBX Solutions LLC provides Basic Life and Accidental Death & Dismemberment (AD&D) benefits to eligible employees at no cost. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Employer-Paid Benefit	Coverage Amount
Benefit Maximum (Guaranteed Issue)	$50,000
The above benefits will begin to decrease at age 75. Decreases 50% at age 75 and terminates at retirement.	

Supplemental Life and AD&D Insurance

In addition to the employer-paid Basic Life/AD&D coverage, you have the option to purchase additional voluntary Life and AD&D insurance through **The Hartford** to meet your personal needs. Premiums are based on your age and the amount of coverage you select and can be found in Dayforce during your enrollment.

If you are electing during your **new hire enrollment**, you may elect up to the *Guaranteed Issue* amount without answering medical questions or providing Evidence of Insurability (EOI).

During Open Enrollment: If you are already enrolled in the plan, you may increase your coverage by one unit—$10,000 for Employee Life and $5,000 for Spouse Life — up to the Guaranteed Issue amount without EOI. Any coverage elected above the Guaranteed Issue will require Evidence of Insurability.

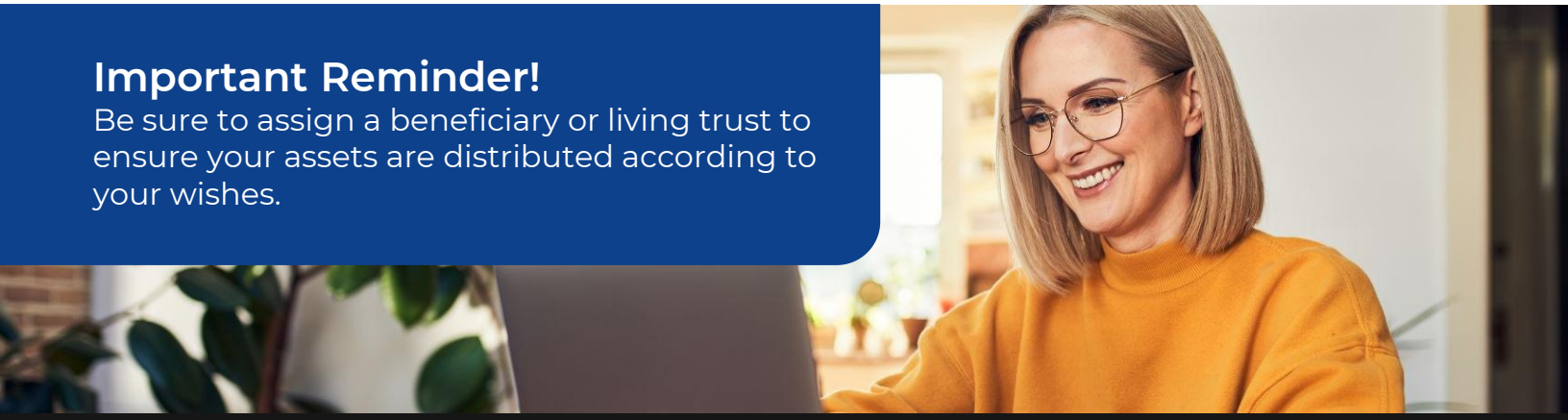
If you are a **late enrollee** (previously eligible but not currently enrolled), you will be required to complete the EOI regardless of the coverage amount selected.

	Amounts	Guarantee Issue	Plan Maximum
Employees	Increments of $10,000	$350,000	$500,000
Spouse	Increments of $5,000	$50,000	100% of employee amount up to $250,000
Child(ren)	$10,000	$10,000	$10,000
Life and AD&D amount will reduce by 50% at age 75 and terminate at retirement.			

Life and AD&D

Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.



Disability Insurance

Short-Term Disability (STD)

CBX Solutions LLC provides a short-term disability plan through The Hartford at no cost. This benefit covers 60% of your weekly base salary up to $1,000/week. The benefit begins on the 15th day of a non-work-related injury or illness and lasts up to 11 weeks.

Short-Term Disability	
	STD Plan
Benefits Percentage	60%
Maximum Weekly Benefit	$1,000
Maximum Benefit Duration	11 weeks
Waiting Period Accident / Illness	15 days / 15 days
Contribution	100% Employer paid

Short Term Disability

Long-Term Disability (LTD)

CBX Solutions LLC provides long-term income protection through The Hartford in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to $5,000. Benefit payments begin after 90 days of disability. This benefit is provided at no cost to employees.

Long-Term Disability	
	LTD Plan
Benefit Percentage	60%
Maximum Monthly Benefit	$5,000
Elimination Period	90 days
Maximum Benefit Duration	Social Security Normal Retirement Age / Reducing Benefit Duration
Own Occupation Limit	24 months
Zero Day Residual / Work Incentive	Included
Mental / Nervous / Alcohol / Drug Limitation	24 months
Self-Reported Illness Limitation	None
Pre-existing Condition Limitation	Anything treated 3 months prior to effective date is excluded for 12 months
Contribution	100% Employer paid

Long Term Disability

Voluntary Benefits

Your employer is offering you Voluntary Benefits at a group rate to help you protect your savings in the event of an unexpected diagnosis. You are responsible for paying the cost. Premiums are found in Dayforce when making your elections. You do not have to be enrolled in the company medical plan to participate.

Wellness Benefit

A $100 Wellness Benefit is available each year for completing a covered screening (such as an annual exam or dental or vision visit). The benefit is for each covered family member, per policy per year.

Critical Illness

Protect your savings in case of a serious illness

Critical illness insurance provides a cash benefit when you or a person on your plan is diagnosed with a covered condition like a heart attack or stroke. The benefit is paid directly to you, to use however you want.

Critical Illness Benefits	
For you	You can choose from $5,000 to $20,000 of coverage in increments of $5,000 with no medical questions asked.
For your spouse	If you elect coverage for yourself, you may also elect the same coverage amount for your spouse at an additional cost– no medical questions required.
For your child(ren)	You may cover your dependent children at no additional cost by including them when electing coverage. Dependent children are eligible from birth to age 26.



What did Critical Illness insurance mean for Denise?

Denise had a heart attack in her mid-40s. Her medical expenses piled up at the worst possible time.

- Denise filed a claim with Cigna. We reviewed her medical information, including details from her physician and approved her claim.
- Denise received her cash benefit which helped her pay her medical deductible and copays, and travel expenses for medical appointments
- The insurance allowed Denise to focus on her recovery, and less on her bank account.

Critical Illness Insurance

Voluntary Benefits (continued)

Hospital Indemnity Insurance

Hospital Indemnity Insurance provides cash payments to you to help protect your finances from the costs you may incur from a hospital stay due to a covered accident or sickness. Your cash benefits can be used as you see fit– to help pay for out-of-pocket medical costs (co-pays or deductibles), or for everyday expenses like childcare or groceries. You do not have to be on the company medical plan to participate.



What benefits are available with Hospital Indemnity Insurance?

Meet John. John was in a serious accident. He had to stay in the hospital's intensive care unit for 3 days and then spent 9 days in a regular room. John's plan has our Extended Hospitalization benefit so he will receive an additional benefit for each day he was in the hospital.

Potential Benefits from Hospital Indemnity Insurance			
Covered Benefit	**Per Day Benefit**	**Eligible Days**	**Limitations**
Hospital Admission	$1,500	Day 1	1 benefit every 90 days
Hospital confinement	$150	Days 2 – 30	1 benefit every 90 days
ICU Admission	$1,650	Day 1	1 benefit every 90 days
ICU confinement	$150	Days 2 – 30	1 benefit every 90 days
Total benefit paid for John			**$4,800**

Accident Insurance

Accident insurance helps to protect your finances after a mishap. It pays you cash for covered accidents and treatments. You can use the money to help pay for out-of-pocket medical costs or everyday expenses. You do not have to be enrolled in the company medical plan to participate.

Features:

- You can elect coverage for you and your qualified dependents
- Provides 24-hour coverage
- Benefits are payable directly to you
- There are no health questions or pre-existing conditions limitations

Accident Insurance

Hospital Indemnity

What did Accident Insurance mean for the Smiths?

Last June, their daughter Julie tore her ACL and required surgery. Their son Robert fell and fractured his arm playing basketball.

The Smiths submitted claims for each child's ER visit, x-ray, physician appointments, and Julie's surgery.

Cigna reviewed the medical information, including details from their physicians, and approved the claims.

The cash benefits helped the Smith family meet their medical deductible.

401(k) Savings Plan

CBX Solutions is committed to helping you prosper throughout your career and in retirement. The company provides a 401(k) Savings Plan – administered by Fidelity – that offers contribution and investment options designed to help you plan ahead and save for the future.

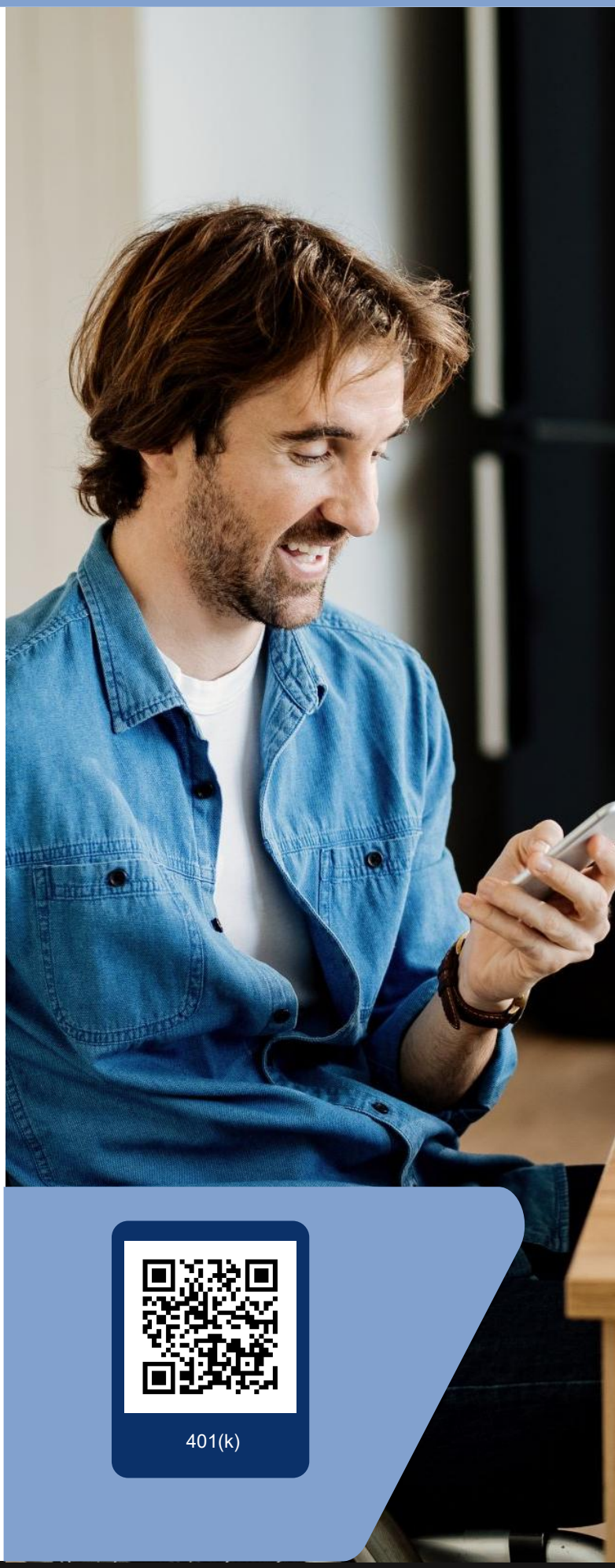
Newly hired employees may begin participating in the 401(k) on the first day of the month following 60 days of employment. Employees are 100% vested immediately and may choose among a wide range of investment options.

Make the most of your savings by taking advantage of the company match. CBX Solutions matches dollar for dollar on the first 2%, then $.50 cents on the dollar from 3-5%. If you put in 5% you will receive the full 3.5% employer match, for a total savings of 8.5%. This is truly FREE money, don't miss your chance to receive it, all while saving for the future!

Getting started takes three simple steps:

- Decide how much to contribute. Save what you can now and increase over time. Small amounts can really add up over time. The important thing is to save what you can afford – and get started as soon as possible.
- Choose how you want to invest your savings. Select where you want to invest your contributions. You can select from among a range of options available. Full details are available online.
- Enroll online with Fidelity. **Go to www.401k.com** to complete your enrollment, or you call and enroll over the phone at 800-835-5097. If it is your first time enrolling, click on the link in the top right corner "Register as a New User."

Employees may also contact HR@cbxsolutions.com for any questions.



401(k)

Employee Assistance Program (EAP) & Work-Life Solutions

CBX Solutions offers an Employee Assistance Program (EAP). This is a company-sponsored benefit that offers the support and resources you need to address personal or work-related challenges and concerns. You and your household family members can receive up to 8 free, in-person counseling sessions each year. It's confidential and free to you and your household family members.

Help is available 24/7/365 at 800.633.3353.

Access Your EAP & Work-Life Services

There are two ways to access your EAP and work-life services: Call 800.633.3353 or

Visit www.mygroup.com

For first time logins, click "Sign Up" on the login page. Use the organization code **"cbxeap"** and create an account with an email address and password of your choosing.

Assessment and Counseling

Reasons to use the EAP include marital difficulties, parenting, stress, depression, work-related concerns, alcohol and drug use/abuse, grief and loss, or preventative. When employees and family members call the EAP, they are offered face-to-face, telephonic, or virtual counseling sessions in which a thorough assessment can be conducted by a licensed, experienced clinician in their area. EAP is short-term, solution-focused therapy so not all issues will be resolved within the EAP model and may need to be referred to other resources.

Financial Services

- Free financial counseling appointments
- Issues addressed include bankruptcy, budgeting, buying a home, college savings, retirement planning
- Educational materials and financial worksheets provided prior to appointments
- 40 financial calculators available online
- ID theft recovery through credit monitoring
- Discounted credit report

EAP

Online Services

- 7 content divisions: Parenting, Aging, Balancing, Thriving, Living, Working, and International
- Monthly Online Seminars and eLearning courses with certificates of completion
- Searchable databases and resource links for childcare providers, elder care and related services, adoption resources, attorneys, certified financial planners, pet sitting, private and public high schools and colleges, and volunteer opportunities
- Over 100 streaming audio files and 100 video files covering a range of health topics
- Savings Center: discount shopping program offering up to 25% discounts on name-brand items
- Relocation Center: an interactive program that allows users to preview communities across the U.S.

Legal Services

- Free telephonic legal advice
- Free 30-minute appointment for legal consultation with a local attorney
- In most cases, 25% discount on ongoing legal services
- Legal forms available to download (such as wills, request for death certificate, etc.)
- Online legal encyclopedia
- Does not cover disputes or actions involving employer, EAP or business issues

Commuter FSA

Available only in select US locations. Enrollment opens in December for eligible employees. Additional information will be shared by email.

Why Should I Choose the Commuter FSA?

Commuter Benefits allow you to put money from your paycheck aside each month, before taxes are taken out, for qualified mass transit expenses.

Fast Savings: You can save up to 30% (based on a 30% tax bracket) or more on your costs commuting to and from work.

Get hours back in your day: The average one-way commute to work is nearly 30 minutes! By using public transit, you can use that time to read news, text friends or get a start on your day.

Improve your health: Studies have shown that people who commute to and from work in a method other than a private vehicle have lower BMIs. And the drive to work can be stressful.

Environmental Impact: Do your part to reduce traffic congestion and air pollution.

What does it cover?

Commuter funds can be used on a variety of transportation expenses that allow you to travel to and from work. Eligible modes of transportation including but are not limited to:

- Train
- Bus
- Subway
- Ferry
- Vanpool (must seat at least 6 adults)

View WEX's interactive eligible expense list at www.wexinc.com/insights/benefits-toolkit/eligible-expenses/

2027 Monthly Commuter IRS Contribution Limits	
Parking	$340
Transit	$340



IRS Regulations

Availability of funds – Your funds become available as you contribute to the plan, generally within 2-3 days after your payroll contribution.

Contribution Changes – You can adjust the amount you contribute to the plan each month at any time. No qualifying event is needed.

Rollovers and use-or-lose – The commuter plan is flexible, and your funds will continue to rollover month to month until funds are used. However, your funds will no longer be available if you terminate employment.

Don't know how much to contribute?

Use WEX's My Commute Planner Tool to help calculate your estimated expenses

Important Contacts

CARRIER / BENEFIT	PHONE NUMBER	WEBSITE / EMAIL	GROUP NUMBER
Cigna / HSA Bank			
Medical	877-556-5379	www.mycigna.com	3345254
Accident	866-459-4272	www.mycigna.com	AI112429
Critical Illness	866-459-4272	www.mycigna.com	CI112346
Hospital Indemnity	866-459-4272	www.mycigna.com	HC111961
Health Savings Account (HSA)	877-556-5379	www.mycigna.com	HSA Bank
Flexible Spending Account (FSA)	877-556-5379	www.mycigna.com	Cigna
Ameritas			
Dental	800-487-5553	www.ameritas.com	100424
Vision	VSP: 800-877-7195	www.ameritas.com	100424
The Hartford			
Life and Disability	877-896-9320	www.thehartford.com	715529
WEX			
Transit	866-451-3399	www.wexinc.com	WEX
Fidelity			
401k	800-835-5097	www.401k.com	77027
My Group			
Employee Assistance Program (EAP)	800.633.3353	www.mygroup.com	**cbxeap** (needed at first login)
Synergy Nurse Advocate			
Susan Guerra **M – Th – 9:00 a – 6:00 p** **Friday – 9:00 a – 12:30 p**	704-275-0176	susang@synergyhealthcare.com	N/A

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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.

NEWBORNS ACT DISCLOSURE – FEDERAL

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

NOTICE OF 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 this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment 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.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

PATIENT PROTECTION MODEL DISCLOSURE

The CBX Solutions LLC Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from CBX Solutions LLC Group Health Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Cigna.

WELLNESS PLAN DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at HR@cbxsolutions.com and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information 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, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to: Emily Towery

One West 4th Street, Suite 1300. Winston Salem, North Carolina United States 27101

336-768-8872, HR@cbxsolutions.com

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. ***Please review it carefully****.*

Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html**.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases, we never share your information unless you give us written permission:

  Marketing purposes

  Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Effective Date: January 1, 2027

Important Notice from The CBX Solutions Group, LLC 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 CBX Solutions, 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. CBX Solutions, LLC has determined that the prescription drug coverage offered by CBX Solutions, LLC Health Plan for the plan year 2027 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, the following options may apply:

- You may stay in The CBX Solutions Group, LLC Health Plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
    - During the Medicare prescription drug annual enrollment period, or
    - If you lose The CBX Solutions Group, LLC Health Plan creditable coverage.
- You may stay in The CBX Solutions Group, LLC Health Plan and also enroll in a Medicare prescription drug plan. The CBX Solutions Group, LLC Health Plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in The CBX Solutions Group, LLC Health Plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in The CBX Solutions Group, LLC Health Plan, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment 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 The CBX Solutions Group, 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 nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through The CBX Solutions Group, 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 (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).

Date:	January 1, 2027
Name or Entity/Sender:	CBX Solutions, LLC
Contact – Position/Office:	Emily Towery, Chief Human Resources Officer
Address:	One West 4th Street, Suite 1300, Winston-Salem, NC 27101
Phone Number:	336-768-8872

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, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447
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
ARKANSAS – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
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
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
FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

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
INDIANA – Medicaid
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ Or http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864; Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: Iowa Medicaid | Health & Human Services; Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services; Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid
Website: https://www.kancare.ks.gov/; Phone: 1-800-792-4884; HIPP Phone: 1-800-967-4660
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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov; Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
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)
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
MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa ; Phone: 1-800-862-4840; TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsphttps://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3739
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm; Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP; Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov; Phone: 1-855-632-7633; Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov; Medicaid Phone: 1-800-992-0900
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
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/; Phone: 1-800-356-1561 Medicaid Phone: 609-631-2392; CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/; Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/; Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare; Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org; Phone: 1-888-365-3742
OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx; Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/; Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov; Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov; Phone: 1-888-828-0059
TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
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/
VERMONT – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
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
WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/ ; Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/; Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
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, 2024, 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

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.1210-0149

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

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

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

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

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

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

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

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

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated.

the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

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

What about Alternatives to Marketplace Health Insurance Coverage?

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

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

How Can I Get More Information?

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

Name of Entity/Sender:	CBX Solutions, LLC
Contact--Position/Office:	Emily Towery, Chief Human Resources Officer
Address:	One West 4th Street, Suite 1300, Winston-Salem, NC 27101
Phone Number:	336-768-8872

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

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name CBX Solutions, LLC	4. Employer Identification Number (EIN) 27-2424824	
5. Employer address One West 4th Street, Suite 1300	6. Employer phone number (336) 768-8872	
7. City Winston Salem	8. State NC	9. ZIP code 27101
10. Who can we contact about employee health coverage at this job? Emily Towery		
11. Phone number (if different from above)	12. Email address etowery@cbxsolutions.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

  ☐ All employees. Eligible employees are:

  ☒ Some employees. Eligible employees are:

  Regular employees working at least 30 hours per week.

- With respect to dependents:

  ☒ We do offer coverage. Eligible dependents are:

  Spouses, biological children, adopted children, stepchildren, and children for whom the employee has legal guardianship responsibilities.

  ☐ We do not offer coverage

☒ If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.



This brochure summarizes the benefit plans that are available to CBX Solutions LLC eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.