



Kaleida Health

Welcome to Kaleida Health Benefits



Kaleida Health is pleased to provide you with a wide array of competitive and comprehensive benefit plan options to fit your personal needs. These options range from medical and dental benefits, to options that help protect your income, lower your taxable wages, and build financial security.

Please take the time to review this guide and all of the benefit plan materials available on KaleidaScope. It is important to make sure you understand the benefits available to you and your family, and that you take necessary actions to enroll in these benefits timely. You are responsible for decisions affecting your participation in the Kaleida Health benefit plans, no one else can make these choices for you.

Retirement Plan information will be provided to you separately.

If your employment is subject to the terms of a collective bargaining agreement, you are eligible for the benefits described in this guide only if they are specified in your collective bargaining agreement. Refer to your collective bargaining agreement for details on plans, coverage, cost and eligibility.

2023 Benefit Enrollment Guide

This enrollment guide has been designed to describe briefly the benefits available to eligible employees of Kaleida Health as of January 1, 2023.

While every effort has been made to ensure the accuracy of this enrollment guide, only the official plan documents and benefit plan materials shall govern the administration of these plans and the payment of benefits. Oral statements, regardless of the source, cannot alter the terms of the plan or create benefits that are not provided under the terms of the plan.

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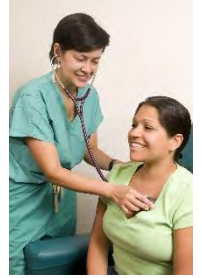
Notice of Electronic Delivery and Intranet Posting of Benefit Plan Required Notices:

Kaleida Health issues benefit communications including required regulatory notices electronically to your Kaleida Health employee work email address, as well as post them to the KaleidaScope intranet site. Every employee is assigned a Kaleida Health work email address upon hire and can access the KaleidaScope intranet both while at work and from home. All notices that are posted to the KaleidaScope intranet will remain posted for at least one (1) year until replaced with an updated version. It will be important that you check your work email frequently for such communications. You will have the option to request any specific notice (or all future notices) be sent to your home address at any point in time free of charge by completing the Request for Benefit Notice Mailing Form and returning it to the Corporate Benefits Department. This Form can be found on KaleidaScope under Human Resources - Employee Benefits – Benefits Forms and Resources or by contacting the Corporate Benefits Department.

MEDICAL AND PRESCRIPTION DRUG PLANS

MEDICAL PLANS:

Kaleida Health offers several different medical plan coverage options. Which plan(s) you are eligible to enroll in will depend on your employment status as a non-union or union employee. You will receive summary information on what medical plans you are eligible for within your benefits enrollment packet. The plans are self-insured by Kaleida Health and claims are currently administered by Highmark Blue Cross Blue Shield of Western New York (BCBS).



For details on each medical plan option that you are eligible for, please refer to the plan specific benefit summary information available on KaleidaScope – Employee Resources - Human Resources – Employee Benefits – Medical and Prescription Plans.

Please be advised that Catholic Health facilities may be considered as out-of-network under specific medical plans. Be sure to review the medical plan summary information found on KaleidaScope for details. Exceptions to this apply to diagnosed conditions under treatment at a CHS facility received prior to 1/1/20, maternity and subsequent neonate care. Employees should contact BCBS for costs that may be incurred for services provided at out-of-network facilities. The BCBS customer service phone number is 1-888-654-1240.

PRESCRIPTION DRUG PLAN:

Prescription drug coverage is attached to each of our medical plans and is only available if enrolled in a medical plan. The prescription drug plan is self-insured by Kaleida Health and claims are administered by Highmark Blue Cross Blue Shield of Western New York (BCBS) through Express Scripts.



Options for Filling Prescriptions: You can obtain prescriptions through any of the following options:

- Express Scripts national network of retail pharmacies; or
- Express Scripts mail order pharmacy
- Accredo specialty pharmacy

Prescription Copays: For details on the prescription drug copays under each medical plan, please refer to the medical plan specific benefit summary information available on KaleidaScope – Employee Resources - Human Resources – Employee Benefits – Medical and Prescription Plans.

IMPORTANT: All employees are required to fill all maintenance medications through Express Scripts mail order pharmacy.

If you enroll in medical/prescription drug plan coverage through a Kaleida Health, you will receive a membership ID card mailed to your home address from BCBS. This ID card will contain important information regarding your coverage and should be provided to your medical providers and/or pharmacy when receiving services.

WAIVE MEDICAL COVERAGE / OPT-OUT CREDIT

Eligible employees **hired prior to August 1, 2011** (May 31, 2012 for the Family Pharmaceutical union members) may choose to waive medical coverage through Kaleida Health and **enroll in** the Opt-Out Credit. \$60 is then added to your paycheck twice a month (24 times per year) as taxable income.

An employee is not eligible to receive the Opt-Out Credit if they are also enrolled in a medical plan under their spouse through Kaleida Health.

FAMILY FIRST HEALTH SERVICES DISCOUNT

Kaleida Health offers discounts to employees and their dependents who are covered under a Kaleida Health medical plan and receive eligible services at a Kaleida Health facility. Discounts include various in-patient and out-patient services. More information on the Family First Health Services Discount Program can be found on KaleidaScope.

DENTAL PLANS

Dental plan availability and rates vary depending on your employment status as a non-union or union employee.

The Kaleida Health dental plans are self-insured by Kaleida Health and claims are currently administered by Guardian. You may contact Guardian to find a dentist in the PPO DentalGuard Preferred Network by visiting www.GuardianAnytime.com or call customer service at 1-888-600-1600.



Kaleida Health Dental Plan Coverage for **ALL EMPLOYEE GROUPS (Excluding VNA RN & Clerical (Union 20):**

| Dental Service | Plan Coverage Union Employees | Plan Coverage Non-Union Employees |
|---|---|--------------------------------------|
| Preventative: <i>Routine Exams; Cleanings; X-Rays</i> | 100% of maximum allowable fee | 100% of maximum allowable fee |
| Basic Restorative: <i>Fillings; Extractions; Root Canals</i> | 100% of maximum allowable fee | 100% of maximum allowable fee |
| Major Restorative: <i>Crowns; Bridges; Dentures</i> | 50% of maximum allowable fee | 50% of maximum allowable fee |
| Orthodontics*: <i>Preliminary study, treatment, & appliance</i> | 50% of maximum allowable fee | 50% of maximum allowable fee |
| Annual Deductible | None | None |
| Annual Maximum Benefit: <i>(excluding orthodontics)</i> | \$1,250 per person | \$1,500 per person |
| Lifetime Orthodontics Maximum Benefit * | \$1,000 per person | \$1,000 per person |
| Spouse/Dependent Coverage | Spouse; Children up to age 26 (until the end of birthday month) | |

*Excluding IUOE BGH Operating Engineers

Kaleida Health Dental Plan Coverage for CWA 1122 VNA RN & Clerical (Union 20):

| Dental Service | Basic Option Coverage | High Option Coverage |
|--|---|-------------------------------|
| Preventative: <i>Routine Exams; Cleanings; X-Rays</i> | 100% of maximum allowable fee | 100% of maximum allowable fee |
| Basic Restorative: <i>Fillings; Extractions; Root Canals</i> | N/A | 100% of maximum allowable fee |
| Major Restorative: <i>Crowns; Bridges; Dentures</i> | N/A | 50% of maximum allowable fee |
| Orthodontics: <i>Preliminary study, treatment, & appliance</i> | N/A | 50% of maximum allowable fee |
| Annual Deductible | N/A | None |
| Annual Maximum Benefit <i>(excluding orthodontics)</i> | \$1,000 per person | \$1,250 per person |
| Lifetime Orthodontics Maximum Benefit | N/A | \$1,000 per person |
| Spouse/Dependent Coverage | Spouse; Children up to age 26 (until the end of birthday month) | |

If you enroll in the Kaleida Health dental plan, you will receive a membership ID card mailed to your home address from Guardian. This ID card will contain important information regarding your coverage and should be provided to your dental provider when receiving services.

Dental Plan Coverage for SERVICE EMPLOYEES BENEFIT FUND (SEBF) is below: **For Certain SEIU Bargaining Units** (WCHOB RN (01), WCHOB Service and Maintenance (02), WCHOB LPN (04), BGH Service Workers (08), and Millard Service and Maintenance (10))

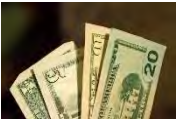
- The Service Employees Benefit Fund (SEBF) offers comprehensive dental coverage with a scheduled reimbursement and a maximum reimbursement of \$1500 per person per year.
- You may call SEBF's customer service department at (716) 204-0806 to find a dentist in the network.
- Under this plan, you may cover your legally married spouse (including same sex spouse) and children up to the end of month in which they reach age 26.
- Contact the SEBF office at (716) 204-0806 for a copy of the full Schedule of Benefits and other plan information including dependent eligibility requirements.

Vision benefits are available through SEBF for the following SEIU bargaining units: WCHOB RN (01), WCHOB Service and Maintenance (02), WCHOB LPN (04), and Millard Service and Maintenance (10).

FLEXIBLE SPENDING ACCOUNTS (FSA)

An FSA offers a convenient, tax-effective way to pay for eligible health care and dependent care expenses. The money you contribute is deducted from your pay before federal and state taxes are calculated and is paid back to you tax-free when you file eligible claims for reimbursement. Kaleida Health's FSAs are administered through Lifetime Benefit Solutions.

HEALTH CARE FSA:



The Health Care FSA can be used to pay for eligible out-of-pocket expenses that are not covered by your medical, dental or vision insurance. You are eligible to participate in an FSA whether or not you are enrolled in medical benefits at Kaleida Health.



You can contribute up to \$3,050 per year to your Health Care FSA for 2023.

Before making your FSA annual election you need to predict your out-of-pocket costs for health care expenses in 2023. ***Because FSAs comply with “use-it-or-lose-it” rules, any contributions you make during the year but do not incur eligible expenses by March 15, 2024 are forfeited.***

Examples of Eligible Health Care Expenses:

- Medical plan deductibles, copays and coinsurance;
- Prescription drug copays and coinsurance
- Eligible over-the-counter (OTC) items (such as pain relievers, allergy and cold medicines, bandages/first aid items, etc.);
- Dental expenses including copays and orthodontia;
- Vision expenses including copays, eyeglasses, contact lenses and solutions;
- Hearing aids; and
- Other expenses considered eligible by the IRS – see IRS Publication 502 for eligible expenses.

Health Care Expenses NOT Eligible:

- Health insurance premium payments;
- Health insurance premiums under your spouse's plan;
- Most cosmetic surgery procedures; and
- Dietary supplements/vitamins, cosmetics, toiletries and sundry items.

You can find additional information on eligible health care expenses by visiting Lifetime Benefit Solutions at www.lifetimebenefitsolutions.com or by contacting Lifetime Benefit Solutions' customer service department at 1-800-327-7130. You can also refer to IRS Publication 502 for eligible health care expenses.

Qualified Dependents: Regardless of who is covered on your medical or dental plan, you may submit claims for eligible health care expenses for your spouse and dependents as long as they are claimed on your federal tax return.

DEPENDENT CARE FSA:



The Dependent Care FSA allows you to pay for eligible dependent care expenses (day care) with tax-free money. The money you contribute is deducted from your pay before federal and state taxes are calculated and is paid back to you tax-free when you file claims for reimbursement. This account reimburses you for the cost of eligible expenses that enable you to work, look for work or attend school. If you are married and want to participate your spouse must also work, be a full-time student or be disabled.

Contributions to the Dependent Care FSA:

You can contribute up to \$5,000 per year to your Dependent Care FSA (if you are married filing a single tax return, you may contribute up to \$2,500 per year).

Before making your FSA annual election you need to predict your out-of-pocket costs for dependent care expenses in 2023. ***Because FSAs comply with “use-it-or-lose-it” rules, any contributions you make during the year but do not incur eligible expenses by March 15, 2024 are forfeited.***

Eligible dependent care expenses include services from the following providers:

- Daycare centers for dependent children or adults;
- After-school centers, nursery schools or pre-schools, babysitters;
- Summer day camps (not overnight camps).



Eligible dependents are those you claim as dependents on your income tax return and include:

- Children under age 13 (Note: If your child turns 13 during the year, you may not stop your contributions at that time);
- Dependents age 13 or older who are mentally or physically disabled and incapable of self-care, who live with you and for whom you provide more than half the financial support; and
- Elderly parents who spend at least 8 hours a day in your home.

Eligible reimbursements for all dependent care expenses must conform to the following requirements:

- The services may be provided inside or outside your home, but must not be provided by one of your dependents, such as an older child.
- If your child goes to a daycare facility that cares for six (6) or more children at the same time, it must be a licensed day care center.
- You must provide the name, address, and social security number or Federal Identification Number of your dependent care provider for any expense submitted under your Dependent Care FSA.

Additional information on eligible dependent care expenses can be found by visiting Lifetime Benefit Solutions at www.lifetimebenefitsolutions.com or by contacting Lifetime Benefit Solutions' customer service department at 1-800-327-7130. You can also refer to IRS Publication 503 for eligible dependent care expenses.

Depending on your household income, the dependent care tax credit may result in lower federal taxes. Consult with a tax advisor to determine which is better for you – the Dependent Care FSA, the dependent care tax credit, or some combination of both.

Important Considerations Regarding Flexible Spending Accounts:

- Your 2023 Health Care FSA & Dependent Care FSA can be used for expenses incurred through **March 15, 2024**.
- For both FSAs, all receipts must be submitted for reimbursement no later than **April 15, 2024**.
- You must re-enroll in the FSAs each calendar year if you want to continue contributing.
- The IRS “use-it-or-lose-it” rules state that if you have any unclaimed money left in your FSA accounts after the end of the plan year (March 15, 2024 for the 2023 Health Care and Dependent Care FSA) it must be forfeited.
- You cannot change your FSA elections during the year unless you experience a qualifying change in status event. If enrolling mid-year, don't forget to account for the number of pay periods remaining in the current Plan Year. There are two (2) deductions per month with 24 deductions per year.
- You cannot use the Health Care FSA to pay for dependent care expenses or the Dependent Care FSA to pay for health care expenses.

Keep your Receipts: You must keep all your original receipts and supporting documents for both flex card transactions and reimbursement requests. The IRS recommends that you save your receipts and supporting documents for at least seven (7) years, as your FSA claims are subject to review and audit by Lifetime Benefit Solutions or the IRS.



Billed Services Versus Incurred Services: According to the IRS, expenses are treated as having been incurred when you are provided with the health care or dependent care service that gives rise to the expense, and not when you are formally billed or pay for the expense. The only exception to this regulation is for orthodontia treatments which can be pre-paid.

Lifetime Benefit Solutions Prepaid Visa® Debit Card: Your FSA includes the convenience of the Lifetime Benefit Solutions Prepaid Visa® Debit Card. You have immediate access to your accounts by using the Lifetime Benefit Solutions Prepaid Visa® Debit Card to pay for eligible Health Care and Dependent Care expenses wherever VISA is accepted. The Card is pre-programmed to be used only at approved health care and dependent care providers.

Online Account Access: www.lifetimebenefitsolutions.com. From the site, you will be able to:

- Submit manual claims for reimbursement
- Print a statement on demand; and review claims history
- Print claim forms, direct deposit form, certificate of medical necessity application.

Termination of Participation: When your participation in an FSA terminates, eligible expenses incurred up to the termination date must be submitted for reimbursement within 90 days of the termination date, or by April 15, 2024, whichever comes first.

LIFE INSURANCE BENEFITS

Kaleida Health offers a range of group life insurance plans from which you can choose.

EMPLOYEE BASIC LIFE INSURANCE:

Kaleida Health automatically provides employee basic life Insurance coverage to full-time and part-time employees at no cost to you. Your 2023 basic life insurance coverage is equal to one (1) times your annual base pay rounded to the next higher \$1,000.



The IRS requires you be taxed on the value of employer-provided group term life insurance (Kaleida provided basic life insurance) in excess of \$50,000. The taxable value of this life insurance coverage is called "imputed income." You are taxed only on the value of the premium that Kaleida pays on your behalf. If this applies to you, the imputed income will appear as "GTL" on your paycheck.

Naming a Beneficiary

You should name a beneficiary for your life and AD&D insurance plans when you become insured.

Naming an appropriate beneficiary will allow the plan to pay survivor benefits according to your wishes in the event of your death.

You may change your beneficiary at any time.

EMPLOYEE SUPPLEMENTAL LIFE INSURANCE:

You may purchase additional supplemental life insurance for yourself. You can choose from 1 to 5 times your annual base pay in 1x earnings increments up to a combined maximum of \$1,500,000 (Basic plus Supplemental Life). Annual pay does NOT include extra compensation such as bonuses and overtime pay. See Evidence of Insurability requirements on page 13.

DEPENDENT SUPPLEMENTAL LIFE INSURANCE:

You may elect to purchase additional supplemental life insurance for your spouse and/or children. See Evidence of Insurability requirements on page 13.

Spouse Supplemental Life Insurance:

- You may purchase coverage in the amount of \$10,000, \$20,000 or \$30,000. Your spouse's coverage cannot exceed your employee coverage (basic plus supplemental).
- You may cover your legally married spouse. Married individuals, both employed with Kaleida Health, may be covered both as an employee and as a dependent, and their dependents may be covered by both employees.

Child Supplemental Life Insurance:

- Coverage equal to \$2,000 or \$4,000 per child, one election covers all eligible dependent children.
- Children live birth to 26 years of age are eligible.

Age Reduction: For Employee Basic Life, Employee Supplemental Life, and/or Spouse Supplemental Life Insurance in force prior to age 65, coverage will be reduced based on the following schedule:

| <u>Age</u> | <u>Reduced To</u> |
|------------|-------------------------------|
| 65 | 67% of pre-65 coverage amount |
| 70 | 45% of pre-65 coverage amount |
| 75 | 25% of pre-65 coverage amount |

SUPPLEMENTAL LIFE INSURANCE RATES:

Life insurance is purchased with after-tax payroll deductions. Rates are based on an insured's (employee or spouse) age and tobacco use status. If the insured reaches an age subject to a rate adjustment during the year, the coverage amount and rate will be adjusted effective the first of the following month.

Employee Supplemental Life Insurance Rates per \$1,000 of Coverage:

| Age Bands | Non-Smoker Rate | Smoker Rate |
|-----------|-----------------|-------------|
| Under 30 | \$0.048 | \$0.073 |
| 30-34 | \$0.053 | \$0.082 |
| 35-39 | \$0.061 | \$0.094 |
| 40-44 | \$0.094 | \$0.145 |
| 45-49 | \$0.150 | \$0.250 |
| 50-54 | \$0.230 | \$0.405 |
| 55-59 | \$0.412 | \$0.633 |
| 60-64 | \$0.634 | \$0.976 |
| 65-69 | \$1.134 | \$1.745 |
| 70+ | \$2.032 | \$3.126 |

Example of Employee Supplemental Life per Pay Rate Calculation:

- Employee age 45, Non-smoker annual base pay = \$30,200
- Coverage amount elected = 3x pay or \$91,000 (rounded to next highest 1,000)
- $\$91,000 \div 1,000 \times \$0.15 = \$13.65$ per month $\times 12 \div 24 = \$6.85$ per pay period

Spouse Supplemental Life Insurance Rates Per \$1,000 in Coverage:

| Age Bands | Rate |
|-----------|---------|
| Under 30 | \$0.048 |
| 30-34 | \$0.053 |
| 35-39 | \$0.061 |
| 40-44 | \$0.094 |
| 45-49 | \$0.150 |
| 50-54 | \$0.230 |
| 55-59 | \$0.412 |
| 60-64 | \$0.634 |
| 65-69 | \$1.134 |
| 70+ | \$2.032 |

Child Supplemental Life Insurance Rates (includes all eligible dependents):

| | |
|------------------|------------------|
| \$2,000 Coverage | \$0.20 per month |
| \$4,000 Coverage | \$0.40 per month |



Example of Spouse Supplemental Life per Pay Rate Calculation:

- Spouse age 42, coverage = \$20,000:
- $\$20,000 \div 1,000 \times \$0.094 = \$1.88$ per month $\times 12 \div 24 = \$0.94$ per pay period

Example of Child Supplemental Life per Pay Rate Calculation:

- Coverage amount elected: \$4,000:
- $\$.40 \times 12 \div 24 = \0.20 per pay period

Active Employment Requirement: If you are not actively "at work" and employed in an eligible employment classification when your life insurance would otherwise become effective, your coverage may not become effective until you return to active work status in an eligible class.

Conversion of Group Coverage: You and your dependents have the right to continue life insurance coverage without having to submit evidence of insurability if coverage under the plan ends or is reduced. Information will be provided to you upon experiencing an event that triggers a conversion opportunity.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

Kaleida Health offers group AD&D insurance to eligible employees. AD&D pays benefits in addition to any life insurance benefits you receive if you die or are dismembered as the result of an accident.

EMPLOYEE BASIC AD&D – Available to Eligible Union Employees Only:

Kaleida Health provides basic AD&D insurance coverage equal to one (1) times your annual base pay rounded to the next higher \$1,000. Annual pay does NOT include extra compensation such as bonuses and overtime pay. Kaleida Health pays 100% of the cost and the coverage begins on the first of the month following one year of service.

SUPPLEMENTAL AD&D – Available to Eligible Union and Non-Union Employees:

- Employee Only Coverage
 - Employee and Family Coverage
- } Coverage in an amount from 1 to 5 times your annual base salary, in 1x salary increments.

Coverage for your spouse and/or eligible children will be covered for a percentage of the amount you elect for yourself according to the following schedule:

| <u>If Your Coverage Includes . . .</u> | <u>Dependent Coverage is . . .</u> |
|--|------------------------------------|
| Spouse | 50% of your coverage amount |
| Child (\$50,000 max per child) | 10% of your coverage amount |

Age Reduction: For Basic AD&D and/or Supplemental AD&D Insurance in force prior to age 65, coverage will be reduced based on the following schedule:

| <u>Age</u> | <u>Reduced To</u> |
|------------|-------------------------------|
| 65 | 67% of pre-65 coverage amount |
| 70 | 45% of pre-65 coverage amount |
| 75 | 25% of pre-65 coverage amount |

Active Employment Requirement: If you are not actively “at work” and employed in an eligible employment classification when your AD&D insurance would otherwise become effective, your coverage may not become effective until you return to active work status in an eligible class.

SUPPLEMENTAL AD&D INSURANCE RATES:

AD&D insurance is purchased with after-tax payroll deductions. Rates are based on the coverage level below. If an employee reaches an age subject to a coverage reduction, the coverage amount and rate will be reduced effective the first of the following month.

Monthly Supplemental AD&D Rates Cost per \$1,000 of coverage:

| | |
|----------------------------------|---------|
| Employee Only | \$0.014 |
| Employee and Spouse | \$0.020 |
| Employee and Child(ren) | \$0.020 |
| Employee, Spouse, and Child(ren) | \$0.020 |



Example of Supplemental AD&D Biweekly Rate Calculations:

- **Employee Supplemental AD&D:** Employee annual base pay = \$30,500
- Coverage amount elected = 5x pay or \$153,000 (rounded to next highest 1,000)
- $\$153,000 \div 1000 \times \$0.014 = \$2.14$ per month * 12 / 24 = \$1.07 per pay period.

SHORT TERM DISABILITY INSURANCE (LTD)

Kaleida Health provides disability benefits to all eligible employees who become disabled by a non-occupational injury or illness as required by New York State Disability Benefits Law. Upon meeting eligibility requirements, this benefit provides 50% of an employee's average weekly wage up to a maximum of \$170 per week. Disability benefits replace, in part, wages lost due to a non-occupational disability for a maximum of 26 weeks.

LONG TERM DISABILITY INSURANCE (LTD)

Kaleida Health offers group Long Term Disability (LTD) insurance that provides additional financial security for you and your family when a non-work related illness or injury keeps you from working for longer than 26 weeks. After 26 weeks of covered short-term disability, your LTD policy will replace 60% of your base pay up to a maximum benefit of \$10,000 per month. Your benefit amount may be offset by other deductible sources of income received during your disability period.

Elections for Newly Eligible Employees:

Evidence of Insurability (EOI) is proof that you are in good health and is sometimes required in order to enroll in LTD insurance. EOI is not required if you enroll in LTD coverage when you are first eligible (such as your new hire election). If you decide to elect this benefit at a time other than when you are first eligible, EOI will be required. See Evidence of Insurability requirements on page 13.

Conversion: The LTD plan does not include a conversion option. Your coverage will end when your employment with Kaleida Health terminates.

LONG TERM DISABILITY RATES:

LTD insurance is purchased with after-tax payroll deductions. If an insured's birthday moves them to a higher age band, the premium will increase the first of the month following the insured's birthday. Additionally, if an increase in an employee's salary results in an increased benefit amount, the increase will be effective the first of the month following the salary increase.

| Age Bands | Monthly Cost per \$100 of Monthly Salary |
|-----------|--|
| Under 25 | \$0.36 |
| 25-29 | \$0.37 |
| 30-34 | \$0.46 |
| 35-39 | \$0.61 |
| 40-44 | \$0.86 |
| 45-49 | \$1.18 |
| 50-54 | \$1.67 |
| 55-59+ | \$2.03 |

Example Long Term Disability Biweekly Rate Calculation:

- Employee age 49, annual base pay = \$36,550
- $\$36,550 \div 12 = \$3,045.83 \div 100 \times \$1.18 = \$35.94$ per month
 $\ast 12 / 24 = \$17.97$ per pay period.



EVIDENCE OF INSURABILITY (EOI)

Evidence of Insurability (EOI) is proof that you are in good health and is required in order to purchase certain **Employee Supplemental Life, Spouse Life, and/or Long Term Disability** insurance benefits. Below are the details on when you will be required to complete an EOI form to be approved for coverage.

Initial Benefit Plan Enrollment (New Hire/Rehire):

EOI **is required** during your initial enrollment period if you elect Employee Supplemental Life Insurance that exceeds \$500,000.

Important: If you do not elect Employee Supplemental Life Insurance, Spouse Life Insurance and Long Term Disability Insurance during your initial enrollment period, you will be required to submit EOI and be approved by the insurance company in order to begin coverage at a subsequent enrollment period.

Annual Open Enrollment Period:

EOI **is required** for the following Open Enrollment elections:

- Employee Supplemental Life Insurance of any amount, and LTD insurance, if you do not have it (i.e., you did not elect it during your initial enrollment period or you dropped it);
- Supplemental Employee Life Insurance and LTD insurance if you were previously denied coverage;
- Employee Supplemental Life Insurance in excess of \$500,000;
- Employee Supplemental Life Insurance increases of greater than one level, regardless of amount;
- Spouse Supplemental Life Insurance of any amount if you do not have it (i.e., you did not elect it during your initial enrollment period or you dropped it); and
- Spouse Supplemental Life Insurance increases of greater than one level.

If it is necessary for you to submit EOI coverage will not become effective until approved by the insurance company. The insurance company will send the EOI Form to you after you elect coverage that requires EOI. If coverage is approved, the insurance company will notify you. Kaleida Health will be notified to start the benefit coverage and payroll deductions.

Qualifying Change in Status Event:

EOI is required in connection with mid-year election changes under the same rules that apply to Open Enrollment elections or changes discussed above.

VOLUNTARY BENEFITS

Kaleida Health partners with Winston Benefits to offer additional voluntary benefit plans that can supplement the group benefits previously discussed in this Guide. These are not group products as they are individually underwritten to each person and are not controlled or administered by Kaleida Health. They are 100% employee paid with after-tax dollars either on a direct bill basis from the vendor or can be payroll deducted.

Because these are individual plans, you can enroll and/or make changes at any time of the year by contacting Winston Benefits, Kaleida Health cannot assist with any plan enrollments or changes. The plans are yours to continue after separation of employment.

Below is a list of the voluntary benefit plans available to you, further details are provided on KaleidaScope.

| Voluntary Benefit Plan | Coverage Provided | Plan Vendor |
|--|---|-------------|
| Short Term Disability Income Insurance | Replaces part of your paycheck when you're unable to work due to non-work related disability. | Trustmark |
| Universal Life Insurance | Offers financial security if you or your spouse is deceased. Builds cash value and includes an acceleration of death benefit if admitted into a skilled nursing facility. | Trustmark |
| Accident Insurance | Provides cash benefit for unexpected covered accidents. This cash benefit can help offset expenses incurred from a covered accident such as insurance copays, bills, buying groceries, etc. | Trustmark |
| Critical Illness Insurance | Provides additional financial protection to cover those hidden costs associated with suffering covered critical illness such as cancer, stroke or heart attack. | Trustmark |
| Legal Plan | Provides access to routine legal services and assistance. | LegalShield |
| Identify Theft Protection | Protect your personal identity from threat. | IDShield |

You must contact [Winston Benefits](#) for additional information, costs, to enroll or make any changes to these plans:

1-800-357-5986

www.myvoluntarykaleidabenefits.com

ELIGIBILITY TO ENROLL IN BENEFITS

You are eligible to enroll in medical, dental, FSA, life, AD&D, and long term disability benefits if you are classified as a full-time or part-time employee. Employees classified as per diem are eligible only for medical and EAP benefits. Employees classified in a category other than referenced above (e.g., temporary) are not eligible. You are not eligible to participate in benefits if you are an independent contractor, a leased employee, or any other person who is not on Kaleida Health's W-2 payroll.

Benefit plan coverage, availability and rates vary depending on your employment status as non-union or union, full-time or part-time as well as which collective bargaining unit you are affiliated with.

Active Employment Requirement: For all life, AD&D and long-term disability (LTD) plans, if you are not actively "at work" and employed in an eligible employment classification when your life, AD&D or LTD insurance would otherwise become effective, your coverage may not become effective until you return to active work status in an eligible class.

WHEN CAN I ENROLL AND WHEN ARE BENEFITS EFFECTIVE

As an eligible employee of Kaleida Health, you have the ability to enroll, dis-enroll or make changes to your medical, dental, FSA, life, AD&D or long term disability benefits based on specific events and timeframes listed below:

1. **As a new hire or rehired employee** you MUST enroll within 30 days of your hire/rehire date. Failure to take action and enroll within 30 days of this date will result in no coverage. For effect date eligibility please refer to the Benefits Summary included in the New Hire Benefit Information email and/or your respective collective bargaining agreements.

Early Medical Plan Enrollment is available to employees with an effective date of first of the month following their new hire/rehire date until their standard effective date discussed above begins. Employees will be responsible for paying 100% of the full monthly cost for the medical plan during this timeframe.

2. **During the Annual Open Enrollment period** you will have the opportunity to enroll, dis-enroll or make changes to your plans for any reason. Details on Open Enrollment are provided in the Fall of each year. Generally you will have 2 weeks to make any changes that will be effective on January 1st of the next calendar year.
3. **If you experience a mid-year qualifying change in status event**, you MUST contact the Corporate Benefits Department for instructions. A list of qualifying change in status events is included below. All benefit plan changes must be made within 30 days of the status change event date. The effective date of benefit changes due to a qualifying change in status event is dependent on what the qualifying event is.
4. **The HIPAA Special Enrollment Period** allows you and your dependents to have special enrollment rights. Please refer to the HIPAA Special Enrollment Period Notice on page 35.

QUALIFYING CHANGE IN STATUS EVENTS

The following are common qualifying status change events that allow you to make changes to your non-retirement group benefit plans during the year – **all changes must be made within 30 days of the qualifying event date.**

- Change in marital status such as marriage, divorce, death, legal separation or annulment.
- Change in the number of your dependents due to birth, adoption, marriage, death or child aging off plan.
- Your spouse or dependent child becomes eligible for or loses eligibility from another source other than Kaleida Health (i.e. due to a new job, loss of job, change in job classification or discontinuation of benefits).
- Receipt of a Qualified Medical Child Support Order.

Please refer to the Kaleida Health Your Spectrum of Choices Benefit Plan SPD for a more details on all Qualifying Status Change Events. Contact the Corporate Benefits Department with any questions or if you've experienced a qualifying status change event.

In addition to the qualifying change in status events above, you may have special enrollment rights under the federal law known as the Health Insurance Portability and Accountability Act (HIPAA) refer to page 35 in this guide.

WHO CAN I COVER UNDER MY BENEFIT PLANS

Kaleida Health allows you to cover yourself and your eligible dependents as discussed below.

For Medical, Dental and FSA Plans:

Your Spouse: An employee's "Spouse" is a person to whom an employee is legally married under applicable state law, except that the term "Spouse" does not include a common law spouse. A spouse must have residency within the United States or Canada.

Your Eligible Dependent Child(ren): An employee's "eligible dependent child" is a person who:

- Is under the age of 26; and
- He or she is your biological child; your step-child; your legally adopted child who is under age 18 at the time of adoption; a child placed with you for adoption who is under age 18 at the time of placement; or an eligible foster child (not a ward of the state).
- He or she is a child for whom you have been appointed legal guardian by court order. If your legal guardianship of a child ends before age 26, the child will cease to be a dependent when the guardianship ends (generally age 18). Is a disabled dependent child that is at least 26 years of age, unmarried and incapable of self-sustaining employment by reason of mental illness, developmental disability, mental disability or physical handicap. BCBS, Guardian and the Plan Administrator have the sole discretion to determine whether these requirements are met and will require proof of a child's incapacity and dependency as a condition of continued coverage.

SEBF DENTAL PLAN – for the purpose of the SEBF dental plan, an eligible dependent child is a person who:

- Is unmarried and primarily dependent on you for support and maintenance;
- Is under the age of 26; and
- Is your biological child, step-child, legally adopted child who is under age 18 at the time of adoption, or a child placed with you for adoption who is under age 18 at the time of placement.

SUPPLEMENTAL SPOUSE AND CHILD LIFE AND AD&D PLANS: An eligible dependent is a person who:

Your Spouse: An employee's "Spouse" is a person to whom an employee is legally married under applicable state law, except that the term "Spouse" does not include a common law spouse. A spouse must have residency within the United States or Canada.

Your Eligible Dependent Child(ren): An employee's "eligible dependent child" is a person who:

- Is unmarried; and
- Is under the age of 26; and
- Is your biological child, step-child, or legally adopted child
- *Disabled Dependent Children*: The term "Dependent" also includes children who, on or after the date on which insurance would otherwise end because of the child's age, are continuously disabled.

In general under all benefit plans, when a child reaches the limiting age, coverage will end on the last day of the child's birthday month.

It is the covered employee's responsibility to notify the Corporate Benefits Department to remove a dependent child and/or spouse from benefits who is no longer legally eligible to be covered.

DEPENDENT VERIFICATION REQUIREMENTS

As part of the benefit enrollment process, Kaleida Health verifies the eligibility of each spouse and dependent child enrolled in the Kaleida Health group benefit plans so that coverage is provided for only those individuals who are eligible. Please be prepared to provide the social security number of all covered dependents and you will be required to submit proof of dependent status as per below.

Accepted Documents:

Spouse:

- Provide a copy of your 2022 or 2023 Federal Tax Return form 1040 listing your name and your spouse's name (income information blacked out is acceptable). Social security numbers must remain visible.
- If you were married in the past year and have not yet filed a joint tax return, you may present your Marriage Certificate and a copy of your spouse's social security card.

Child(ren):

- If you claimed your children on your 2022 or 2023 Federal Tax Return form 1040, present this for verification (income information blacked out is acceptable). Social security numbers must remain visible.
- If you did not claim your child(ren) on your Federal Tax Return, you must present their Birth Certificate identifying the child and the child's parents and a copy of the child's social security card.

If you have the "short form" birth certificate, which does not include the parents' names, you will be required to obtain the long form birth certificate. You may contact the Office of Vital Statistics in the town/city where your child(ren) were born to obtain birth certificates.

- Court-approved adoption papers, guardianship orders, or child support orders (with court's signature, stamp, or seal) identifying the child's parents and a copy of the child's social security card.
- In the case of step-child(ren), multiple proofs of relationship may be required to validate relationship to you. Contact the Corporate Benefits Department if you have questions.

Documents Issued in a Foreign Country and Not in English: If your dependent documentation was issued in a foreign country and is not in English, you must provide a copy of the document translated into English. Any document provided as proof of eligibility that is in a foreign language (such as marriage certificate or birth certificate) must be translated 'word-for-word' into English by a professional translator. The professional translator must also certify the translation with a letter of accuracy stating that to the best of his or her knowledge the supplied translation is accurate. A copy of the original foreign language document, the 'word-for-word' English translation, and the letter of accuracy from a professional translator must be submitted all together.

Any person who knowingly and with intent to defraud by providing false information, or conceals for the purpose of misleading thereby committing a fraudulent insurance act, is committing a crime which may be grounds for termination of employment. It shall be subject to civil penalty and benefit coverage may be terminated. Additionally, any costs incurred and/or for claims paid for services obtained by an ineligible individual will be that individual's responsibility.

INSTRUCTIONS ON HOW TO ENROLL IN BENEFITS

For Rehires: All rehired employees will be provided instructions on how to re-enroll in benefits.

For Annual Open Enrollment: Instructions will be provided during this timeframe on how to enroll.

For New Hires: Newly hired Kaleida Health employees must elect their new hire benefits through the Lawson Employee Self Service Portal. You can access the enrollment system by using any network (work) computer via KaleidaScope or from home at www.kaleidahealth.org.

Your new hire benefit elections must be made **within 30 days following your hire date**.

Once you complete your benefits enrollment session and click the **Save** button, your benefit elections are **immediately submitted**. And by doing so, you are authorizing Kaleida Health to deduct the required employee contributions from your pay.

If you click the **Exit** button, your elections will not be saved. You may go back into the system another time within the 30 days following your hire date.

You will Need Your User Name and Password to Access the Online Benefits Enrollment System:

- ☐ You will receive information regarding *KPass* at General Orientation.
- ☐ You must register via *KPass* to receive your Network ID and Password.
- ☐ You will need your Network ID and Password to logon to the Benefits Enrollment System.
- ☐ Once you have obtained your Network ID and Password, you may enroll from KaleidaScope or from home via www.kaleidahealth.org

| How to access the New Hire Online Benefits Enrollment System from WORK via KaleidaScope | How to access the New Hire Online Benefits Enrollment System from HOME via the Kaleida Health web site |
|---|--|
| <ol style="list-style-type: none"> 1. Open the internet browser to access KaleidaScope. 2. Click on <u>Employee Resources</u> at the top of the page. 3. Next click on <u>Employee Benefits</u> in the list on the left. 4. Then click on <u>Online Benefit Enrollment</u> in the list on the left. 5. From here you will see the <i>Online Enrollment page</i> 6. Click on the yellow <u>Benefits Enrollment</u> button to begin. | <ol style="list-style-type: none"> 1. Open your internet browser. 2. Type www.kaleidahealth.org in the web address line. 3. Click on <u>Employees</u> from the top menu bar. 4. Next click on <u>Access Lawson Portal</u> . 5. You will be prompted to logon; enter your benefits network ID and password. 6. Next you will see the logon screen for Lawson. Enter your network ID and password at that screen to enter the Benefits Enrollment System. |

View from KaleidaScope While at WORK:

KaleidaScope Good afternoon Tuesday, October 27

Search Type: KaleidaScope Search For: Go

Home Employee Resources Locations **Departments** People Applications Documents KaleidaTV OWA Log In Help

Departments \ Employee Benefits: Online Benefits Enrollment

Department Links

- Overview
- Location Information
- Corporate Benefits and Payroll Department Contact Info
- Benefits Plan Contact Info
- 403(b) Site Visit Schedule
- Benefits Forms & Resources
- Flexible Spending Accounts
- Online Benefits Enrollment**
- Medical and Prescription Plans
- Compliance Notices
- Summary Annual Reports
- Summary Plan Descriptions

Employee Benefits: Online Benefits Enrollment

Click the Benefits Enrollment button to enter the online enrollment system. (Internet Explorer is required.)

The benefits information and forms listed below will assist you in making your benefits elections.

- Open Enrollment at a Glance 2020
- Enrollment Guide for Your 2020 Benefits
- Spouse and Dependent Verification Information
- New Hire Online Enrollment Instruction Guide**

Links to Useful Pages:

- Kaleida Health Medical and Prescription Drug Plans
- Flexible Spending Accounts
- Benefits Plans Contact Information and Websites

Benefits Enrollment

View from Kaleidahealth.org While at HOME:

Kaleida Health Network

Careers Patient Portal Medical Professionals About Employees Contact Donate

Kaleida Health Our Locations Care & Treatment Patients & Visitors

Employee & Associate Online Resources

Below are some of the most commonly requested employee and associate resources all in one easy-to-access location. Click on each button for more information.

| Employee COVID-19 Testing | MyIT Service Portal | Employee Self Service |
|--|--|--|
| <ul style="list-style-type: none"> Employees must bring their ID badge at the time of sample collection. Those tested will receive their results through the Kaleida Health Patient Portal. Kaleida Health employees and employees of GPPC, UBMD, and GLMI must make an appointment. Testing sites will be closed Labor Day, Thanksgiving Day, Christmas Day, New Year's Day (open Christmas Eve and New Year's Eve) | <p>IT Service Portal (MyIT) is available for all Kaleida Health employees to see computer system outages and other notifications, electronically submit tickets, view open tickets, request specific products/services and search for answers.</p> | <p>The Lawson Portal allows for Employee Self Service, Requisition Self Service (RSS), Requisition Approval, Core Lawson Back Office, Online Benefits Enrollment</p> |
| <p>Schedule COVID Testing Appointment</p> | <p>Access IT Service Portal</p> | <p>Access Lawson Portal</p> |

Lawson Employee Self Service Portal Content:

The Lawson Employee Self Service Portal is used for benefit elections and includes the following bookmarks for maintaining some of your personnel data:

LAWSON Access - PROD

Payroll Information

- View Pay Stubs and W-2 Forms
- View Pay Stubs Guide - PDF
- View W-2 Guide - PDF
- Tax Withholding

Personal Information

- Personal Profile
- Home Address / Phone
- Emergency
- Veteran Status
- Employee Health Report

Benefits Enrollment

- Benefit Enrollment Information
- Dependents
- Current Benefits
- Benefit Enrollment
- Beneficiary
- New Hire Enrollment

Requisitioning

- Shopping - Requisition Supplies and Services
- Requisitioning Training Manual - PDF
- Requisitioning FAQs - PDF

Requisition Approval

- Approval - Approve Requisitions

Core Back Office

- Material Mgmt, Purchasing, A

There are six (6) main items for you to review:

- **Personal Profile**
- **Home Address**
- **Dependents**
- **Emergency Contact**
- **New Hire Enrollment**
- **Beneficiary Designation**

Personal Profile

Personal Information

| | |
|----------------|-------------|
| Employee Name | John M. Doe |
| Social Number | |
| Birth Date | |
| Gender | |
| Veteran Status | No |

If you see anything incorrect in your Personal Profile please contact your HR Department right away.

Address

Home Supplemental

Effective Date: 10/22/2020

MM/DD/YYYY

Address 1: 123 Main Street

Address 2:

Address 3:

Address 4:

City or Address 5: Anywhere

State or Province: New York

Postal Code:

County:

Country: USA

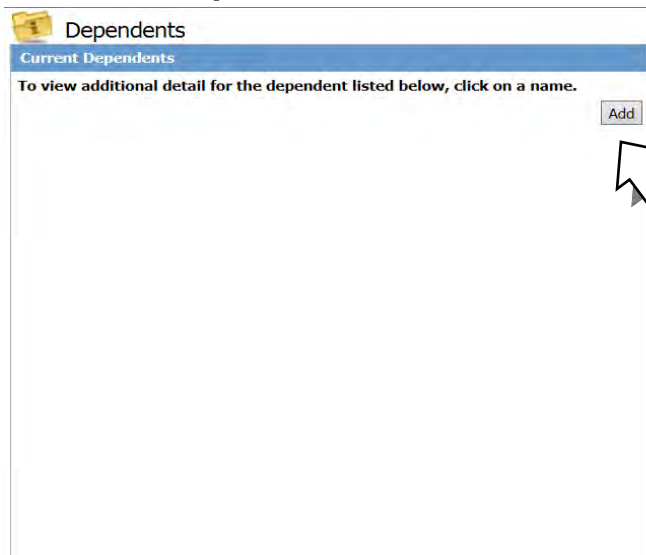
Phone:

Phone Country Code:

Update

Please make sure your home address is correct. You can update this information online at any time.

Covered Dependent Information:



Dependents

Current Dependents

To view additional detail for the dependent listed below, click on a name.

Add

Before making your benefit elections, you must enter your Dependents (spouse and/or children) that will need insurance coverage here.

You must provide your spouse's and/or children's full name, date of birth, and Social Security Number.

Fields marked with this symbol * are required.

EMERGENCY CONTACTS:



Emergency Contacts

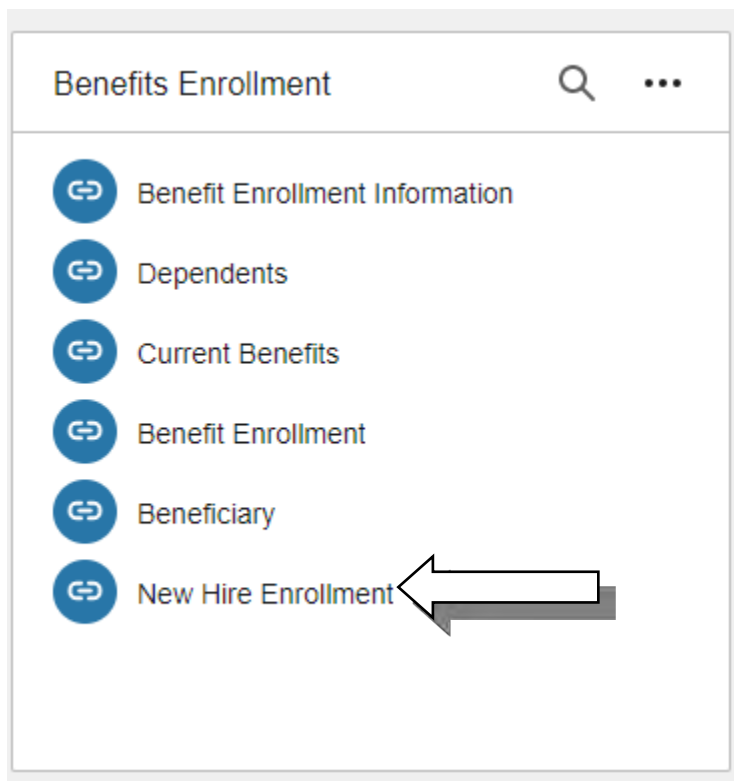
Contacts:


To add an emergency contact, click on the Add button.

Add

Your emergency contact information will appear here. New hires are required to enter at least one emergency contact.

You are now ready to begin your New Hire Enrollment – select this option from the menu:





New Hire Enrollment

[logout]

Welcome to New Hire Enrollment

Welcome to the Benefits Enrollment system for Kaleida Health employees.

Your personalized benefits options and costs are here at your fingertips.

Refer to enrollment materials for coverage and copay information. The Enrollment Guide and benefit summaries can be found in your enrollment kit and on KaleidaScope. For further details refer to the Summary Plan Description (SPD), which is available on KaleidaScope.

Any elections you make will remain in effect until you change them at the next Open Enrollment period or if you experience a qualifying event as defined by the IRS.

If you experience a qualifying event during the plan year, you may make qualified changes to your benefit elections that are consistent with your qualifying event by submitting a Qualified Status Change form and required documentation.

Qualifying events include:

- An addition to your family - through marriage, birth, or adoption
- A change in dependent status - through divorce, death, or loss of eligibility for benefits
- A change in your spouses benefits - due to a new job, job loss, or discontinuation of benefits
- A change from a non-benefited to a benefited position (e.g. Per Diem to Part-time employment)

Read this important message then click **Continue**.

Continue Exit

Benefits Enrollment

Enrollment Order

You will enroll in benefits in the following order.

| Plan Type |
|----------------------|
| HEALTH |
| DENTAL |
| HEALTH CARE FSA |
| DEPENDENT CARE FSA |
| EMPLOYEE LIFE |
| SPOUSE LIFE |
| DEPENDENT LIFE |
| A & D |
| LONG TERM DISABILITY |

Continue Previous Exit

This screen tells you the order in which you will see the benefits as you go through the session.

Click **Continue** and then go through each of the benefit screens.

Lawson portal - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://k-calweb1aw02.kaleidahealth.org:90/lawson/portal/

WELCOME [logout]

LAWSON

Home

New Hire Enrollment

Personal Profile

Dependents

Home Address

Emergency

New Hire Enrollment

Beneficiary

New Hire Enrollment

Benefit Elections - HEALTH

You have selected .
Costs are Semi-Monthly.
Your coverage will begin 07/01/2008.

| Plan | Coverage | Cost |
|------|----------|---------|
| | Family | Pre-tax |

Covered Dependents As Of 07/01/2008

| | |
|------------------|-----------------|
| Spouse Name Here | Child Name Here |
|------------------|-----------------|

Continue Previous Elections

Review and confirm your selection by clicking **Continue**.

Or click **Previous** to change your election.

You may also click **Elections** to view the selections you have made so far.

Important Note regarding Life Insurance:

Evidence of Insurability (EOI) is proof that you are in good health and is required in order to purchase certain **Employee Supplemental Life, Spouse Supplemental Life, and/or Long Term Disability** insurance benefits. **Refer to Evidence of Insurability on page 13 of this Guide.**

If it is necessary for you to submit an Evidence of Insurability form, coverage will not become effective until approved by the insurance company. The insurance company will send the EOI form to you after you elect coverage requiring EOI. If coverage is approved, the insurance company will notify you and Kaleida Health will be notified to start the benefit and payroll deductions.

At the end of the online enrollment process you will see a summary page like the one pictured below.

New Hire Enrollment

Benefit Elections As Of 01/11/2016

| Plan | Coverage | Start Date | Your Cost |
|--------------------------|----------|------------|-----------|
| Union Align Medical Plan | Single | 04/01/2016 | Pretax |
| Waive Dental Coverage | Waive | 04/01/2016 | |
| Health Care FSA | | 04/01/2016 | Pretax |
| Waive Dependent Care FSA | | 04/01/2016 | |
| Waive AD&D Coverage | | 04/01/2016 | |
| Long Term Disability | | 04/01/2016 | Aftertax |

| Semimonthly Summary | Cost |
|------------------------------|------|
| Total pretax contributions | |
| Total aftertax contributions | |

Your deductions may differ slightly due to

Review your benefit elections.

Click **Save** to "lock in" your benefits. You will be prompted to print your confirmation statement.

Or click **Make Changes** to go back into the enrollment system to make changes.

Or click **Exit** to leave the benefits enrollment session. If you do this, *your benefit elections will not be saved.*

All required payroll deductions are taken 24 times per year (twice per month) to pay for your benefits.

IMPORTANT: Be Sure to Print and Keep Your Benefits Enrollment Confirmation Statement!!

New Hire Enrollment

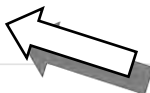
Enrollment Elections

Election Notification

Do you want to print these elections for your reference?

☒ Yes

☐ No



REVIEW YOUR STATEMENT!

If you see errors on your Confirmation Statement that do not match the enrollment elections you made or intended to make, you must contact the Corporate Benefits Department immediately to correct.

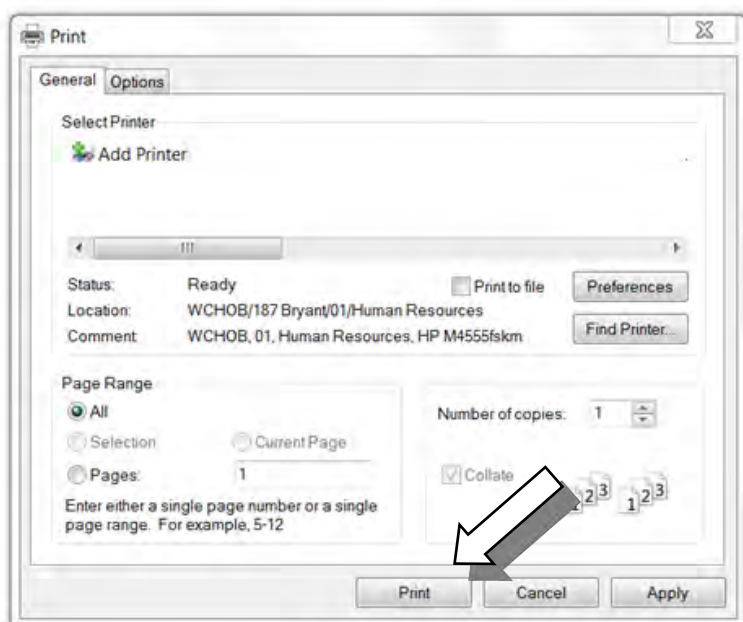
Failure to do so will result in no corrections made to your benefit plan enrollments.

New Hire Enrollment

Enrollment Elections


Congratulations John Doe. Your enrollment has been successful.

Choose Continue to exit. Please wait for the print box. Once printing is complete, choose Continue to exit.



Beneficiary Designations:

After you complete your online enrollment, please be sure to click on **Beneficiary** to enter your beneficiary designation information for your life insurance benefits. Fields marked with this symbol * are required.



Beneficiaries

Current Beneficiaries

To add a beneficiary for a plan, click on the **Add Individual** button for the plan.

To change, delete or view additional detail for a current beneficiary, click on the beneficiary's name.

| | |
|----------------|----------------------------|
| Plan Type | Employee Life |
| Plan Name | Employee Basic Life |
| Name | |
| Type | |
| Amount | |
| Name | |
| Type | |
| Amount | |
| Add Individual | |
| Plan Type | Employee Life |
| Plan Name | Employee Supplemental Life |
| Name | |
| Type | |
| Amount | |
| Name | |
| Type | |
| Amount | |
| Add Individual | |

Print

You may update your beneficiary information at any time.

KALEIDA HEALTH SUMMARY PLAN DESCRIPTION (SPD)

In addition to other materials detailing your benefit plan coverage options, the official Summary Plan Description:

- provides a summary of your benefits;
- describes each benefit in detail;
- serves as a guide to enrolling in the benefits; and
- explains rules for changing your benefit elections.

The SPD for the Kaleida Health Your Spectrum of Choices Benefit Plan is available on Kaleida Health's intranet site KaleidaScope. To view or print the SPD go to KaleidaScope – Employee Resources - Employee Benefits - Summary Plan Descriptions. You can also request a copy from the Corporate Benefits Department or your site Human Resources Department.

Please note that the Summary Plan Description is updated periodically. It is your responsibility to review the Summary Plan Description and contact the Kaleida Health Corporate Benefits Department with any questions.

CONFIDENTIAL EMPLOYEE ASSISTANCE PROGRAM (EAP)

Kaleida Health offers you and members of your household a confidential EAP administered by HealthCare EAP. The EAP provides the benefits and solutions to help you and your family deal with virtually any personal or professional issue that you may be facing. HealthCare EAP is specifically designed to address the unique challenges of healthcare workers. The EAP is provided to you automatically, at no cost and you do not need to enroll.

HealthCare EAP offers extensive links, tools and resources to help employees such as:

- Counseling Benefits: Relationship/family issues, depression, stress, anxiety, grief, substance abuse.
- Work/Life Benefits: Debt counseling, child/elder care assistance, interpersonal skills development.
- Self-Help Resources: Behavioral health, financial, legal, etc.
- Personal and Professional Coaching
- Career Development and Training
- Wellness Benefits
- Much More!

**For additional information on all EAP benefits available to you
please contact HealthCare EAP at:**

www.HealthCareEAP.com

1-800-252-4555

BENEFIT PLAN CONTACT INFORMATION

Kaleida Health Corporate Benefits Department:

Email: KaleidaBenefitsEnrollment@KaleidaHealth.org

| PLAN | CONTACT INFORMATION |
|--|---|
| Kaleida Health Medical and Prescription Drug Plans <i>Administered by Highmark Blue Cross Blue Shield of WNY</i> <i>Pharmacy benefits administered by Express Scripts</i> | 1-888-654-1240 www.BCBSWNY.com 1-800-939-3751 |
| Kaleida Health Dental Plans <i>Administered by Guardian</i> | 1-888-600-1600 www.GuardianAnytime.com |
| Service Employee Benefit Fund (SEBF) Dental Plan | (716) 204-0806 www.seiu200united.org |
| Flexible Spending Accounts <i>Administered by Lifetime Benefit Solutions</i> | 1-800-327-7130 www.lifetimebenefitsolutions.com |
| Life Insurance, AD&D Insurance : | 1-800-451-7065 |
| Long Term Disability Insurance : <i>Administered by Lincoln Financial Group</i> | 1-800-210-0268 |
| Short Term Disability : <i>New York: Lincoln Financial</i> <i>Pennsylvania: Guardian</i> | 1-888-481-2430 1-800-268-2525 |
| Voluntary Benefit Plans <i>Winston Benefits Administers all Voluntary Benefit Plans</i> | 1-800-357-5986 www.myvoluntarykaleidabenefits.com |

IMPORTANT NOTICES REGARDING YOUR GROUP PLAN BENEFITS

WOMEN'S HEALTH AND CANCER RIGHTS ACT ENROLLMENT NOTICE

If you have had or are going to have a mastectomy you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA).

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states 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 your plan.

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, 2021. Contact your State for more information on eligibility:

| | |
|---|--|
| <u>ALABAMA – Medicaid:</u> | <u>COLORADO – Medicaid and CHIP:</u> |
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442 |
| <u>ALASKA – Medicaid:</u> | <u>FLORIDA – Medicaid:</u> |
| The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website: https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html Phone: 1-877-357-3268 |
| <u>ARKANSAS – Medicaid:</u> | <u>GEORGIA – Medicaid:</u> |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131 |
| <u>CALIFORNIA – Medicaid:</u> | <u>INDIANA – Medicaid:</u> |
| Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov | Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584 |
| <u>IOWA – Medicaid and CHIP:</u> | <u>MONTANA – Medicaid:</u> |
| Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562 | Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 |
| <u>KANSAS – Medicaid:</u> | <u>NEBRASKA – Medicaid:</u> |
| Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 | Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178 |

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| <p><u>KENTUCKY – Medicaid:</u></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.asp Phone: 1-855-459-6328 Email: KIHIPPI.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p> | <p><u>NEVADA – Medicaid:</u></p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p> |
| <p><u>LOUISIANA – Medicaid:</u></p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p> | <p><u>NEW HAMPSHIRE – Medicaid:</u></p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p> |
| <p><u>MAINE – Medicaid:</u></p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p> | <p><u>NEW JERSEY – Medicaid and CHIP:</u></p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p> |
| <p><u>MASSACHUSETTS – Medicaid and CHIP:</u></p> <p>Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840</p> | <p><u>NEW YORK – Medicaid:</u></p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p> |
| <p><u>MINNESOTA – Medicaid:</u></p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p> | <p><u>NORTH CAROLINA – Medicaid:</u></p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p> |
| <p><u>MISSOURI – Medicaid:</u></p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p> | <p><u>NORTH DAKOTA – Medicaid:</u></p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p> |
| <p><u>OKLAHOMA – Medicaid:</u></p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p> | <p><u>UTAH – Medicaid and CHIP:</u></p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p> |
| <p><u>OREGON – Medicaid:</u></p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p> | <p><u>VERMONT – Medicaid:</u></p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p> |

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| <u>PENNSYLVANIA – Medicaid:</u> | <u>VIRGINIA – Medicaid and CHIP:</u> |
| Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx Phone: 1-800-692-7462 | Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924 |
| <u>RHODE ISLAND – Medicaid and CHIP:</u> | <u>WASHINGTON - Medicaid</u> |
| Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line) | Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 |
| <u>SOUTH CAROLINA – Medicaid:</u> | <u>WEST VIRGINIA – Medicaid:</u> |
| Website: https://www.scdhhs.gov Phone: 1-888-549-0820 | Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| <u>SOUTH DAKOTA – Medicaid:</u> | <u>WISCONSIN – Medicaid and CHIP:</u> |
| Website: http://dss.sd.gov Phone: 1-888-828-0059 | Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 |
| <u>TEXAS – Medicaid:</u> | <u>WYOMING – Medicaid:</u> |
| Website: http://gethipptexas.com/ Phone: 1-800-440-0493 | Website: https://health.wyo.gov/healthcarefin/mcicaid/programs-and-eligibility/ Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
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

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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

Under a federal law known as HIPAA, you and your eligible dependents may have the right to enroll in our medical and dental plans if you (or an eligible dependent) experience one of the events described under the heading “Special Enrollment Rights Under Federal Law.”

As a general rule, once you have made an election for a year (e.g., at Open Enrollment or upon initial eligibility), you cannot change it. Exceptions are permitted by the Plan only if certain election change events occur and you notify the Plan Administrator of the occurrence of such events. Refer to your SPD for an explanation of these events, which are controlled by the Plan documents and IRS rules. In addition to the qualifying change-in-status elections available under the Plan, you and your dependents have special enrollment rights under federal law in the following circumstances:

Loss of Other Health Plan 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 the Plan if you or an eligible dependent loses eligibility for that other coverage, or if the employer stops contributing towards your or your dependent's other coverage.

Important: To be eligible for this special enrollment opportunity, you must request enrollment **within 30 days** after your or your dependents' other coverage ends, or after the employer stops contributing towards the other coverage.

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

If you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your new dependent.

Important: To be eligible for this special enrollment opportunity, you must request enrollment **within 30 days** after the marriage, birth, adoption or placement for adoption.

Loss of Medicaid or State Children's Health Insurance Coverage:

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in the Plan if you or your dependents lose eligibility for that other coverage. Your loss of eligibility must be for reasons other than nonpayment of premiums or fraud.

Important: In the event of the loss of enrollment in either program, you must request enrollment **within 60 days** of the loss of eligibility.

Eligibility for State Premium Subsidy Assistance:

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under the Plan, you may be able to enroll yourself and your dependents in the Plan.

Important: You must request enrollment in the Plan **within 60 days** after the determination of eligibility for state assistance.

What You Must Do To Qualify For Special Enrollment :

You must provide notice of a special enrollment event. In addition, you must submit an application for special enrollment. As part of your application, you will be required to furnish any information the Plan Administrator may request. The information you submit will be reviewed to determine whether you qualify for a special enrollment in the Plan. You will be notified in writing of the Plan's determination.

HIPAA NOTICE OF PRIVACY PRACTICES

This Notice describes the legal obligations of the group health plans sponsored by Kaleida Health ("Plans") and your legal rights regarding your protected health information held by the Plans under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, this Notice describes how your protected health information (PHI) may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices (the "Notice") to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan that relates to:

- Your past, present or future physical or mental health or condition;
- The provision of health care to you; or
- The past, present or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact the Kaleida Health Corporate Benefits Department.

Effective Date : This Notice is effective January 1, 2023.

Our Responsibilities: We are required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice we will provide you with a copy of our revised HIPAA Notice of Privacy Practices.

How We May Use and Disclose Your Protected Health Information (PHI) :

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information.

For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations :

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;

- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

Coroners, Medical Examiners and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your protected health information to researchers when:

- the individual identifiers have been removed; or
- when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures: The following is a description of disclosures of your protected health information we are required to make:

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures:

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney).

Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
- treating such person as your personal representative could endanger you; and
- in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights : You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to the Kaleida Health Corporate Benefits Department. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Benefits Department.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Kaleida Health Corporate Benefits Department. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing. Your request must state a time period of not longer than 6 years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply--for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice contact the Corporate Benefits Department.

Complaints :

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan contact the Director of Employee Benefits at Kaleida Health. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with Kaleida Health.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Dear Kaleida Health Employee & Eligible Dependents:

You are receiving this notice to inform you of the Continuation Coverage Rights under COBRA if you become eligible to be covered under the Kaleida Health group health, dental, and/or health care flexible spending account coverages. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under those group health, dental and health FSA plans. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

What is COBRA Continuation Coverage?

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

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

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

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

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

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Kaleida Health, and that bankruptcy results in the loss of coverage of any

retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse or surviving spouse will also become a qualified beneficiary if bankruptcy results in the loss of his or her coverage under the Plan.

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide written notice to: Kaleida Health Corporate Benefits Department. Acceptable notice will include: 1) Qualified Status Change Form, 2) Appropriate Insurance Application/Change Form, and 3) Proof of status change where applicable (e.g. copy of the divorce decree). These forms may be obtained from the Corporate Benefits Department.

How is COBRA Coverage Provided?

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

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement.

For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Notice to Kaleida Health Corporate Benefits Department must be made in writing within 60 days of the date determination of disability is issued from the Social Security Administration.

If the qualified beneficiary is determined by the SSA to no longer be disabled, you must notify the Plan of the fact within 30 days after the SSA's determination.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes

entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. You must notify the Plan within 60 days after a second qualifying event occurs if you want to extend your continuation coverage.

Are there other coverage options besides COBRA Continuation Coverage?

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

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of:

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

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

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

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

If you have questions

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

Keep Your Plan Informed of Address Changes

In order to protect your and your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information:

Kaleida Health Corporate Benefits Department:
726 Exchange Street, Suite 220
Buffalo, NY 14210

KaleidaBenefitsEnrollment@kaleidahealth.org
Fax: (716) 859-8671

¹ <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

NOTICE OF CREDITABLE COVERAGE KALEIDA HEALTH PRESCRIPTION DRUG PLAN

Please read this Notice carefully and keep it where you can find it. This Notice has information about your current prescription drug coverage with Kaleida Health 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.

You should research your options and 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 included in 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. Kaleida Health has determined that the prescription drug coverage offered by the Kaleida Health Prescription Drug 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 through Kaleida Health 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.

Detailed information about the coverage provided by the Kaleida Health group plans can be found in your open enrollment materials. Your current coverage pays for other health expenses, in addition to prescription drugs, and you may be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

If you wish to join a Medicare drug plan...

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan your current Kaleida Health coverage may be affected.

If you do decide to enroll in a Medicare prescription drug plan and drop your Kaleida Health prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back at a later date. Please contact the Corporate Benefits Department for more information.

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 Kaleida Health and do not 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 Kaleida Health Corporate Benefits Department at KaleidaBenefitsEnrollment@kaleidahealth.org.

NOTE: You will receive 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 Kaleida Health changes. You may request a copy of this Notice at any time.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will 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: | October 15, 2022 |
| Name of Entity/Sender: | Kaleida Health |
| Contact--Position/Office: | Kaleida Health Corporate Benefits Department |
| Address: | 726 Exchange Street, Suite 220, Buffalo, NY 14210 |
| Phone Number: | (716) 859-8584 or (716) 859-8575 |
| Email Address: | www.KaleidaBenefitsEnrollment@kaleidahealth.org |

SUMMARY ANNUAL REPORT FOR THE KALEIDA HEALTH YOUR SPECTRUM OF CHOICES BENEFIT PLAN

This is a summary of the annual report for the Kaleida Health Your Spectrum of Choices Benefit Plan, (Employer Identification No. 16-1533232, Plan No. 520) for the period January 1, 2021 to December 31, 2021. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has contracts with the following insurance carriers to pay medical, dental, life, accidental death and dismemberment, long-term disability, and employee assistance program claims under the terms of the plan. The total premiums for the plan year ending December 31, 2021 were as follows:

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|---|-------------|
| Lincoln National Life Insurance Company | \$3,915,331 |
| ESI Group | \$125,004 |

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report.

- Insurance information including sales commission paid by insurance carriers

To obtain a copy of the full annual report, or any part thereof, contact the office of the Plan Sponsor and Plan Administrator:

Kaleida Health
726 Exchange Street, Suite 220
Buffalo, NY 14210-1462
kaleidabenefitsenrollment@kaleidahealth.org
16-1533232 (Employer Identification Number)

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Kaleida Health
726 Exchange Street, Suite 220
Buffalo, NY 14210-1462

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.