



Transformations  
Care Network

# 2025 Benefits Guide

*Provided By:*



Pick the best  
benefits for you  
and your family

**Transformations Care Network** strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Benefits Guide.

This guide will outline all of the different benefits **Transformations Care Network** offers, so you can identify which offerings are best for you and your family.

Elections you make as a new hire will become effective on your **full-time date of hire**. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to the Human Resources department.



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## *Who Is Eligible?*

If you are a full-time employee of a **Transformations Care Network** member company, you are eligible to enroll in the benefits outlined in this guide. Full-time employees are defined below and based on specific job classes:

- ▶ Fee For Service Prescribers – 22.5 or more billable hours per week
- ▶ Fee For Service Therapists – 24 or more billable hours per week
- ▶ All other employees – 30 or more hours per week

In addition, the following family members are eligible to enroll in any benefit that offers dependent coverage:

- ▶ Legal spouse, domestic partner, and children up to age 26.

## *How to Enroll*

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes in **ADP Workforce Now**.

Once all your information is up to date, it's time to make your benefit elections.

Log in to **ADP Workforce Now** and select your new hire enrollment option. Click Start Enrollment and follow the prompts.

The decisions you make can have a significant impact on your life and finances, so it is important to weigh your options carefully.

**All employees are required to elect or waive benefits. If you do not elect coverage as a new hire you will not be able to elect coverage until the next Open Enrollment period.**

## *When to Enroll*

Employees have 30 days from their date of hire to elect benefits. The benefits you choose as a new hire will become effective on **your date of hire**.

## *When You Can Make Changes*

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

# Medical Insurance



**Transformations Care Network** offers two medical plans through **Blue Benefit Administrators of Massachusetts (BBA of MA)**, a traditional PPO plan, and a Health Savings Account qualified High Deductible Health Plan. Both plans utilize the **BCBS National BlueCard PPO** network, which is a large national network.

The information below is a summary of coverage only. Visit [www.bluebenefitma.com](http://www.bluebenefitma.com) for detailed benefit and claims information and obtaining a list of participating physicians. Out-of-network coverage is available, please refer to the Summary of Benefits and Coverage for additional information. You will receive the lowest costs by using in-network benefits.

	\$1,650 HSA	\$1,000 PPO
Services	In-Network	In-Network
Network	BCBS National BlueCard PPO	BCBS National BlueCard PPO
Deductible (Individual/Family)	\$1,650* / \$3,300	\$1,000 / \$2,500
Member Coinsurance	0%	0%
Out-of-pocket Maximum (Individual/Family)	\$6,450 / \$12,900	\$5,450 / \$10,900
Preventive Care	Covered at 100%	Covered at 100%
Physician Visit	Covered after deductible	\$15 copay
Emergency Room	\$150 copay after deductible	\$150 copay
Virtual Visits	\$40 per visit	\$40 per visit
Urgent Care	Covered after deductible	\$15 copay
Hospital Services	Covered after deductible	Covered after deductible
Prescription Drugs <ul style="list-style-type: none"> <li>- Retail</li> <li>- Mail Order</li> <li>- Specialty</li> </ul>	<b>Copays are after medical deductible has been met</b> \$10 / \$25 / \$45 \$20 / \$50 / \$135 \$10 / \$25 / \$45	\$15 / \$30 / \$50 \$30 / \$60 / \$150 \$15 / \$30 / \$50

*\*Deductible is a non-embedded deductible, meaning there is no individual deductible within the family deductible*

# Your Cost in 2025

**Transformations Care Network** pays a portion of your health care premiums; however, we do require employees to contribute toward their health care costs as well. Members pay a dollar amount based on the level of coverage they select. The following payroll deductions will be effective for this plan year and will be reflected on your first paycheck after your effective date.

Employee Bi-Weekly Payroll Deductions				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$1,650 HSA	\$70.87	\$214.44	\$183.44	\$308.91
\$1,000 PPO	\$96.92	\$266.54	\$230.19	\$387.69



# Prescription Drug Benefits

We know prescription drug coverage is important to you and your family, so when you elect medical coverage, you are automatically covered under the prescription drug plan. You may fill your prescriptions at participating retail pharmacies. Under the prescription drug coverage, the mail order option allows you to buy qualified prescriptions in larger 90-day quantities for a slightly higher copay amount as a 30-day supply at the retail pharmacy. Mail order saves you time in trips to the pharmacy because prescriptions are delivered right to your door.

There are several categories of drugs under the plans. The differences between these categories are described below:

- ✓ **Tier 1** – Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.
- ✓ **Tier 2** – Mid-range cost Medications that provide good overall value. Mainly preferred brand-name drugs.
- ✓ **Tier 3** – Highest-cost Medications that provide the lowest overall value.
- ✓ **Tier 4** – Specialty Medications that treat complex conditions and may require special storage and handling



## Ways to Save

**Start with generics**, which are usually the lowest-cost options and have the same active ingredients as brand-name versions. And remember, if the generic price is lower than the co-pay, you receive the better price. If you currently take a Tier 3 drug, ask your provider if a Tier 1 or Tier 2 option could work for you.

**If your medication is intended for short-term use**, such as antibiotic therapies for an illness, go to one of the many network pharmacies to get it filled. Find a network pharmacy at [www.primetherapeutics.com](http://www.primetherapeutics.com).

**If you take a maintenance medication** (a drug you take until further notice) you can get 90-day supplies by setting up home delivery under your member account at [www.primetherapeutics.com](http://www.primetherapeutics.com).

# Maximizing Your Medical Benefits

**Transformations Care Network's** goal is to ensure that our employees are well informed on their medical plan options. In addition to this, we also want to ensure that our members are educated consumers and understand how to maximize your benefits to obtain lower out-of-pocket costs, while still receiving quality care. Below is a list of options that employees can take to help minimize their out-of-pocket costs. If you have any questions, please contact the Human Resources department or **Blue Benefit Administrators of Massachusetts** Member Services

- ▶ Utilization of In-Network providers limits your out-of-pocket expenses due to the contracts that these providers and facilities have with **Blue Benefit Administrators of Massachusetts**. You will also receive the highest level of coverage under your In-Network benefits. Search for In-Network providers and facilities by registering and logging in to your **Blue Benefit Administrators of Massachusetts** account via [www.bluebenefitma.com](http://www.bluebenefitma.com).
- ▶ Utilization of telehealth visits are not only convenient for you and your family, but they cost less than a visit to your provider's office. Telehealth visits can be utilized for common illnesses and conditions such as the flu, sinus infections, skin irritations/rashes, earaches, and bronchitis. Please note that telehealth visits should **not** be utilized for emergency and life-threatening conditions. If you or a family member experience an emergency or life-threatening condition you should visit the nearest ER.
- ▶ Using a freestanding imaging center for an MRI, CT scan, or X-Ray is less expensive than seeking these services in a hospital setting. The average national cost of hospital-based imaging services is almost three times the cost of receiving the same services at freestanding imaging centers or a physician's office. You receive the same service at a lower cost! You can shop facility pricing for these services through the **Blue Benefit Administrators of Massachusetts** provider search function that provides cost transparency at [www.bluebenefitma.com](http://www.bluebenefitma.com).
- ▶ Utilization of mail order pharmacy is not only convenient but can save you money versus filling your prescription at a retail pharmacy. Your prescriptions will be delivered safely to your home and cost less! Visit [www.primetherapeutics.com](http://www.primetherapeutics.com) for assistance regarding how to begin or transfer a current mail order prescription to **Prime Therapeutics**.
- ▶ Utilization of generic medications instead of name-brand medications will cost less under your plan. If your doctor prescribes you a name-brand medication inquire if a generic is available.
- ▶ Visit manufacturer sites for high-cost and specialty drugs to research if they offer a Savings Card program. These programs can significantly lower your cost if you qualify for the program.



# Transition of Care

Members currently receiving treatment for a complex or major health condition, taking specialty medications, or in their second or third trimester of their pregnancy can request to continue obtaining services from their provider if they are Out-of-Network with **Blue Benefit Administrators of Massachusetts**. Approval must be obtained from **Blue Benefit Administrators of Massachusetts** for the Transition of Care program and the request form is available at [www.tcnbenefits.com](http://www.tcnbenefits.com). Members who feel their situation may require the Transition of Care program are encouraged to submit their forms proactively as opposed to waiting until an upcoming appointment.



## Transition of Care

*Here at BBA, we understand that transitioning to a new insurance carrier can be stressful to manage on your own – so we are here to help!*

### What is Transition of Care?

If you have an upcoming surgery, take specialty medications, are in the middle of chemotherapy, engaged in a large case management program or have a complex medical condition, please consider using our Transition of Care program.

### The Benefits of BBA's Transition of Care Program

- Specialized one on one transition of care attention – we will have a member from our Transition of Care team reach out to you to go over any information that you shared on the Transition of Care form plus help you transition into BBA smoothly.
- Our *Transition of Care Specialist* will create an action plan with defined check in points during your Transition of Care period.
- We'll help you transition your specialty medication(s) into your new specialty drug program.
- Our Transition of Care team will review your upcoming procedure(s) for pre-certification. We will contact your provider listed on the Transition of Care form to make sure they have your benefit information and authorizations in place for your services.
- If you're currently engaged in a case management program, we will help transfer you to a new case manager.

### What is the time period for Transition of Care?

If BBA determines that transitioning to a participating health care professional is not recommended or safe for the conditions that qualify for Transition of Care, services by the approved non-participating health care professional will be authorized for a specified period of time (usually 90 days) or until care has been completed or transitioned to a participating health care professional, whichever comes first.



### Examples of Acute Conditions

- Pregnancy in the second or third trimester at the time of the effective date of coverage.
- "High Risk Pregnancy"- such as an early delivery (3 weeks) in a previous pregnancy, patient has had/has gestational diabetes; pregnancy induced hypertension, multiple inpatient admissions during this pregnancy; mother's age is older than 35 years old.
- Newly diagnosed or relapsed cancer amidst chemotherapy, radiation therapy or reconstruction.
- Transplant candidates, unstable recipients or recipients in need of ongoing care due to complications associated with a transplant.
- Recent major surgeries still in the follow-up period (generally 6 to 8 weeks).
- Acute conditions in active treatment such as heart attacks, strokes or unstable chronic conditions, etc. For the purpose of this policy, "active treatment" is defined as a doctor visit or hospitalization with documented changes in a therapeutic regimen within 21 days prior to the plan effective date.
- Medications that were considered "specialty" by your previous carrier.

### Where Do I send my Transition of Care Form(s)?

Please fax or send Transition of Care requests in writing to:

**Blue Benefit Administrators of Massachusetts**

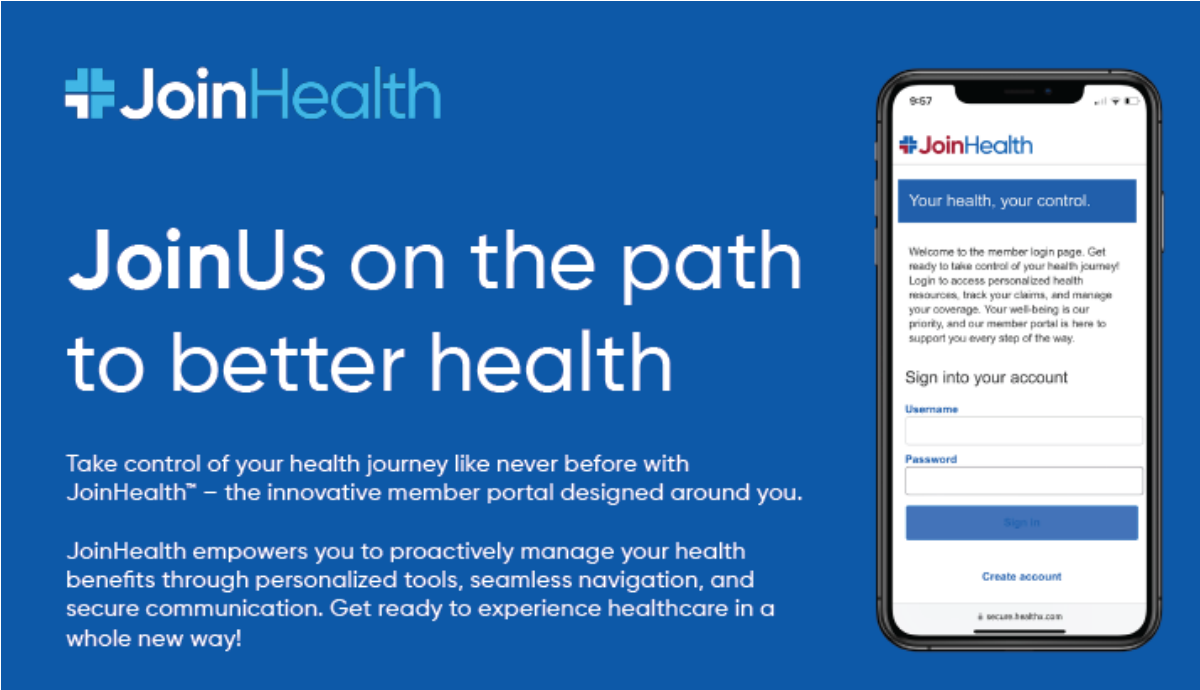
**P.O. Box 2000**

**Exeter, NH 03833**

**Fax: 603-773-4400**



Members are encouraged to register for an online account to review claims, access ID cards, and review benefit details. Please note that the **Blue Benefit Administrators of Massachusetts** site will connect you to **JoinHealth**, which is where you will create your online account.

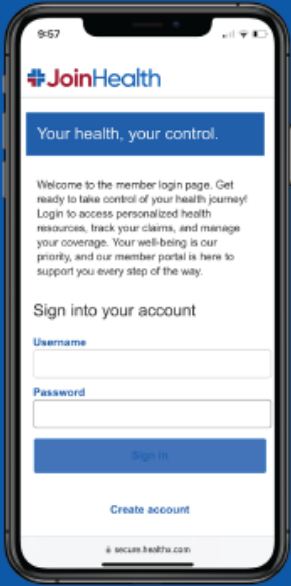


**JoinHealth**

## JoinUs on the path to better health

Take control of your health journey like never before with JoinHealth™ – the innovative member portal designed around you.

JoinHealth empowers you to proactively manage your health benefits through personalized tools, seamless navigation, and secure communication. Get ready to experience healthcare in a whole new way!



### Stay Connected 24/7

Access your plan information anytime, anywhere using our the JoinHealth web portal.



### Get Immediate Support

Securely communicate with our dedicated customer service team using the integrated messaging feature.



### Manage Plan Benefits

Seamlessly navigate through your coverage details, track claims, access ID cards, and find in-network providers – all in one intuitive platform.



### Elevate Your Well-Being

Take proactive steps to improve your health with innovative solutions designed to promote a healthier and happier you.



### Keep Data Safe

With enhanced security measures, including multi-factor authentication, you can rest assured that your personal information is safe and secure.

## Get Started Today!

Ready to embark on your journey to a healthier, happier you? [Visit the JoinHealth member portal.](#)





## Benefit Highlights

BBA LIVE gives the patient direct access to a doctor 24 hours a day, seven days a week and 365 days a year to treat common ailments such as colds and flu, sinus infections, allergies, pink eye, etc. The consultation can take place by a phone call, email or a web-based video call, and may include discussing symptoms, treatment options and prescriptions. Telemedicine consultations are a supplement for non-emergency treatment and visits to a primary care physician. And best of all, Telemedicine helps make healthcare affordable and convenient.

- Access to licensed Physicians in your state 24 hours a day, 7 days a week for your entire immediate family, even when you are not in your home state.
- Treat common ailments such as colds and flu, sinus infections, allergies, pink eye, etc.
- Consultations can be conducted via telephone or video for a **\$40 per visit consultation fee**.
- Request a doctor to call back within 2 hours or schedule a specific time for a visit.
- When appropriate, the doctor may prescribe a medication for you to pick up at your selected local pharmacy.

## How to Use

1. Member activates account by going to [portal.bluebenefitma.com](https://portal.bluebenefitma.com), calling **866.439.1253** or by visiting [bluebenefitma.com/members](https://bluebenefitma.com/members) (you will need to click the sign in button and identify your employer group).
2. Members will fill out their Medical Profile by logging into their member portal or over the phone.
3. Dependents and their medical profiles can be added through the member portal. Any dependent over 18 will be set up in the member portal but will have their own log in to fill out their own medical profile.
4. Consultations may be requested by logging into their member portal at [portal.bluebenefitma.com](https://portal.bluebenefitma.com) or calling **866.439.1253** and a doctor will call back within 2 hours.

### Disclaimer

BBA LIVE does not guarantee that a prescription will be written. BBA LIVE does not prescribe DEA controlled substances, lifestyle drugs and certain other drugs which may be harmful because of their potential for abuse. BBA LIVE physicians reserve the right to deny care for potential misuse of services. BBA LIVE operates subject to state regulations.

## What are the advantages of an HSA?

If you're enrolled in the **\$1,650 HSA** you're eligible to contribute on a pretax basis to a Health Savings Account (HSA). Other plan options are **not** eligible for the HSA.

If you've had a traditional co-payment plan, you may wonder how it is different from an HDHP with an HSA.

**A Higher Deductible and a Lower Premium:** Traditional co-payment plans typically have a lower deductible and higher premiums, so you pay more up front and less when you need care. HDHPs have the opposite—a higher deductible but lower premiums.

**A Health Savings Account (HSA):** You open an HSA which is a personal bank account that you own. **Transformations Care Network** utilizes **Navia** for opening an HSA. Here are some advantages of an HSA:

- ▶ **Get triple tax advantages:** (1) Contribute pre-tax dollars (2) Grow your account tax-free (3) Use your HSA to pay for eligible health care expenses tax-free.
- ▶ **Use it today or save for tomorrow.** Your HSA is an account in your name; you own it, and you decide how to get the most from it. Lose the worry of having to spend it all before the end of the year. With the HSA, the balance rolls over year after year so you can let it grow over time.
- ▶ **You own the money in the HSA.** There is no “use it or lose it” rule. If you choose to leave the company or switch health care plans, you keep the money.
- ▶ **It's convenient.** Contributions are automatically deducted from your paycheck. You can change or stop contributions at any time.



### 2025 Maximums:

- \$4,300 for individuals
- \$8,550 for family

\$1,000 additional “catch-up” contributions for individuals who are 55 or older

# Health Savings Accounts

You can use your HSA to pay for a wide range of IRS-qualified medical expenses for yourself, your spouse, or tax dependents. An IRS-qualified medical expense is defined as an expense that pays for healthcare services, equipment, or medications. Funds used to pay for IRS-qualified medical expenses are always tax-free. HSA funds can be used to reimburse yourself for past medical expenses if the expense was incurred after your HSA was established. You must save your bills and receipts for tax purposes.



## Examples of IRS-Qualified Medical Expenses:

- |  |                       |                             |
|--|-----------------------|-----------------------------|
| ▶ Acupuncture                                | ▶ Eye Exam            | ▶ Physical Examination      |
| ▶ Ambulance                                  | ▶ Eyeglasses          | ▶ Pregnancy Test Kit        |
| ▶ Annual Physical Examination                | ▶ Eye Surgery         | ▶ Prosthesis                |
| ▶ Bandages                                   | ▶ Hearing Aids        | ▶ Psychiatric Care          |
| ▶ Birth Control Pills, contraceptive devices | ▶ Home Care           | ▶ Special Education         |
| ▶ Body Scan                                  | ▶ Hospital Services   | ▶ Sterilization             |
| ▶ Breast Pumps and Supplies                  | ▶ Insurance Premiums  | ▶ Stop-Smoking Programs     |
| ▶ Breast Reconstruction Surgery              | ▶ Laboratory Fees     | ▶ Surgery                   |
| ▶ Chiropractor                               | ▶ Lactation Expenses  | ▶ Transplants               |
| ▶ Contact Lenses                             | ▶ Learning Disability | ▶ Vasectomy                 |
| ▶ Crutches                                   | ▶ Long-Term Care      | ▶ Vision Correction Surgery |
| ▶ Dental Treatment                           | ▶ Medicines           | ▶ Weight-Loss Program       |
| ▶ Diagnostic Devices                         | ▶ Nursing Home        | ▶ Wheelchair                |
| ▶ Disabled Dependent Care Expenses           | ▶ Nursing Services    | ▶ Wig                       |
|  | ▶ Optometrist         | ▶ X-Ray Fees                |
|  | ▶ Oxygen              |                             |

## Ineligible medical expenses may include:

- |  |                                     |  |
|--|-------------------------------------|--|
| ✗ Baby Sitting, Childcare, and Nursing Services for a Normal, Healthy Baby | ✗ Future Medical Care               | ✗ Medicines and Drugs from Other Countries |
| ✗ Controlled Substances  | ✗ Hair Transplant                   | ✗ Nonprescription Drugs and Medicines      |
| ✗ Cosmetic Surgery   | ✗ Health Club Dues                  | ✗ Nutritional Supplements                  |
| ✗ Dancing Lessons  | ✗ Health Coverage Tax Credit        | ✗ Personal Use Items                       |
| ✗ Diaper Service   |                                     | ✗ Swimming Lessons                         |
| ✗ Electrolysis or Hair Removal   | ✗ Household Help                    | ✗ Teeth Whitening                          |
| ✗ Flexible Spending Account  | ✗ Illegal Operations and Treatments | ✗ Veterinary Fees                          |
| ✗ Funeral Expenses   | ✗ Maternity Clothes                 |  |

This list is not all-inclusive; additional expenses may qualify, and the items listed above are subject to change in accordance with IRS regulations. For more information or clarification on individual list items, refer to [Publication 502](#) or consult a tax professional.

**HSA State Taxation:** There are currently three states that, unlike the federal government, subject your HSA contributions (employee and employer) to state income taxes. The three states are New Jersey, California and Alabama. Similarly, these three states also subject earnings (interest and capital gains) on your HSA to state taxation. There are currently two other states, New Hampshire and Tennessee, that subject earnings on the account (but not the contributions) to state taxes. Tax laws are subject to change. Please contact your state tax authority or consult with a tax advisor to confirm the details for your state.



Dental coverage is important to your overall health and wellness. You can enroll in dental benefits offered by **Guardian** for yourself and your family. The dental plan features a network of dentists and specialists who have agreed to provide services at a discounted price. If you choose to see a dentist out of the network, you may be balance billed for any charges over what is considered “reasonable and customary”. The best way to maximize the benefit is by visiting an In-Network dentist within the **DentalGuard Preferred** network.

Please note ID cards are not required for you to receive services. Providers can confirm coverage with your Social Security Number. Any dependents on your plan can also use your Social Security Number to get care.

The following chart shows the features of the dental benefit option.

	Guardian Dental Plan	
Services	In-Network	Out-of-Network
Preventive Services	Cleanings, Exams, Sealants, X-rays Covered at 100%	Cleanings, Exams, Sealants, X-rays Covered at 100%
Deductible	Applies to Basic & Major services only: \$50 Individual \$150 Family	Applies to Basic & Major services only: \$50 Individual \$150 Family
Basic Services	Fillings, General Anesthesia, Space Maintainers 10%	Fillings, General Anesthesia, Space Maintainers 20%
Major Services	Bridges, Crowns, Dentures, Oral Surgery, Root Canal 40%	Bridges, Crowns, Dentures, Oral Surgery, Root Canal 50%
Annual Maximum Per Individual	\$1,500	\$1,500
Orthodontia	50% for children up to age 19	50% for children up to age 19
Orthodontia Lifetime Maximum Per Individual	\$1,000	\$1,000
	Bi-Weekly Payroll Deductions	
Employee Only	\$9.39	
Employee + Spouse	\$17.98	
Employee + Child(ren)	\$27.66	
Family	\$36.24	



# Vision Insurance



Your vision health is an important part of complete wellness. **Guardian** is pleased to present your vision benefits which are designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health. The vision plan utilizes the **VSP Choice** network.

Please note ID cards are not required for you to receive services. Providers can confirm coverage with your Social Security Number. Any dependents on your plan can also use your Social Security Number to get care.

The following chart shows the features of the vision benefit option.



Services	Guardian Vision	
	In-Network VSP Choice Network	Out-of-Network Reimbursement
<b>Annual Eye Exam</b> (Once every calendar year)	\$10 copay	Up to \$59 before \$10 copay
<b>Standard Lenses:</b> Single Vision Bifocal Trifocal Lenticular (Once every calendar year)	\$10 copay \$10 copay \$10 copay \$10 copay	Up to \$30 before \$10 copay Up to \$50 before \$10 copay Up to \$65 before \$10 copay Up to \$100 before \$10 copay
<b>Standard Frames</b> (Once every calendar year)	\$10 copay + \$150 allowance* + 20% off balance	Up to \$70 before \$10 copay
<b>Contact Lenses:</b> Conventional  Medically Necessary (Once every calendar year)	\$150 allowance (in lieu of frames)  \$10 copay	Up to \$120  Up to \$210 before \$10 copay
Bi-Weekly Payroll Deductions		
<b>Employee Only</b>	\$3.54	
<b>Employee + Spouse</b>	\$7.07	
<b>Employee + Child(ren)</b>	\$7.78	
<b>Family</b>	\$11.31	

\*Frames obtained from Costco, Walmart, or Sam's Club will apply a \$10 copay and \$80 retail allowance



## Short-Term Disability (STD)

If you become disabled and cannot work, no benefit becomes more important to your financial security than disability income protection. Disability coverage provides income protection in the event you experience a non-occupational injury or illness that prevents you from working. You have access to Short-Term Disability (STD) insurance through **Guardian**. If you are unable to work after 7 consecutive days of disability due to an eligible accident or illness, **this benefit will pay 60% of your weekly pay up to a maximum benefit of \$1,000 per week**, for a maximum of 12 weeks. **Transformations Care Network** pays 100% of this coverage.

## Long-Term Disability (LTD)

Long-Term Disability insurance is available if you are unable to work for a much longer period, 90 consecutive days, and is available through **Guardian**. **This benefit pays 60% of your monthly pay up to a maximum benefit of \$5,000 per month**, up until your **Social Security Normal Retirement Age**. The LTD policy also includes a pre-existing clause. Any illness or injury in the 3 months prior to your effective date will not be approved for payment for the first 12 months you are covered under the policy. **Transformations Care Network** pays 100% of this coverage.

	Short-Term Disability	Long-Term Disability
Benefits Begin	8 <sup>th</sup> day for accident or illness	91 <sup>st</sup> day
Percentage of Income Replaced	60% of pre-disability income, up to \$1,000 per week	60% of pre-disability income, up to \$5,000 per month
Benefits Payable	12 weeks	Social Security Normal Retirement Age
Pre-Existing Condition Limitation	Not applicable	3 months prior/12 months insured

### Helpful Terms

**Elimination Period:** The period of time you have to wait before benefits begin, starting the day you become ill or injured.

**Maximum Benefit:** This is the highest dollar amount a disabled employee can receive under the disability plans.

**Pre-Existing Limitations:** Anything that you have been diagnosed with or treated for within 3 months prior to the effective date will not be covered for the first 12 months.

## Basic Life

Life insurance can help provide for your loved ones if something were to happen to you. **Transformations Care Network** provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance in the amount of **1 times your annual salary, up to a maximum \$50,000**. **Transformations Care Network** pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums.

**Full-Time Employees:** 1 times your annual salary, up to a maximum \$50,000

**Benefit Reduction Schedule:** None



## Voluntary Life Insurance

While **Transformations Care Network** offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can also purchase coverage for your spouse and your children, but you must be enrolled in coverage yourself to elect coverage for your spouse or child.

### Employee

- Benefits must be elected in \$10,000 increments to a maximum of \$500,000
- **Guarantee Issue:** Newly eligible employees can elect up to \$200,000 without the need to complete a medical questionnaire (EOI)
- **Open Enrollment:** Employees may elect to increase their current election by \$50,000 without the need for an EOI at subsequent Open Enrollments, as long as the new election does not exceed the Guaranteed Issue amount
- Benefit reduces to 50% at age 70

### Spouse

- Benefits must be elected in \$5,000 increments
- Maximum benefit is \$50,000, not to exceed employee's benefit
- **Guarantee Issue:** Newly eligible spouses can elect up to \$25,000 without the need to complete an EOI
- Spouse cost is based on employee's age
- Coverage terminates when employee turns 70

### Child

- **Benefit election amounts:** 14 days to age 26: Increments of \$1,000 up to \$10,000, not to exceed employee's benefit

*Premiums for Voluntary Life are based on age.  
To view your per pay period premium, please  
enter your election via ADP.*

## Guardian Anytime



## Convenient access to your workplace benefits

Guardian Anytime makes it easy and convenient to access your benefits online, anytime, anywhere. Services available include:

- 1** Access your benefit details
  - View, download, and print materials
    - Member dental and vision ID cards
    - Benefit summaries
    - Forms
    - Certificate booklets
- 2** Submit and view claims details
  - Submit a new claim and check claim status
  - Receive email alerts when claims are paid or view information
  - Estimate the cost of dental care (if applicable)
- 3** Dental and vision provider search
  - Find a dental or vision provider
- 4** Enroll and make changes to benefits\*
  - Update contact information
  - Update dependent information

**Real-time assistance**

Chat with our virtual assistant 24/7 or speak to a live representative about your benefits, claims inquiries, or for help using Guardian Anytime.

**Registering is easy!**

- 1** Go to [guardianlife.com](https://guardianlife.com) and click on "Log in".
- 2** To register, choose "Register now" and select "Guardian Anytime".
- 3** Select "employee" for yourself or "child, spouse, or partner" for your dependents.
- 4** Complete the self registration process, click "Submit" and you're done.

The Guardian Life Insurance  
Company of America  
[guardianlife.com](https://guardianlife.com)

New York, NY  
2024-168725 (02-26)

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New York, NY

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# Dependent Care FSA

A Dependent Care Flexible Spending Account (FSA) allows you to place money in a tax-sheltered, short-term account for use in paying approved dependent day care expenses. Enrollment occurs before the beginning of each plan year, or for new Employees, during your initial enrollment period. You must enroll each year to participate in the Dependent Care Reimbursement Account. The amount you designate will be taken from your paycheck in equal amounts throughout the plan year. Keep your receipts in the event **Navia** or the IRS requests additional information on your transactions.




## Dependent Care FSA

- Contribution Limit:
  - \$5,000 if you are a single Employee or married filing jointly
  - \$2,500 if you are married and filing separately
  - Money only available as contributed via your payroll deductions

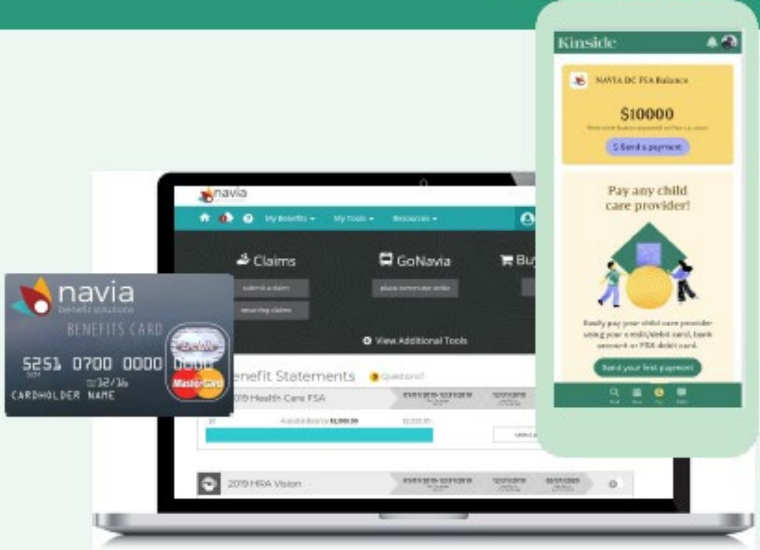
**IMPORTANT:** Elections cannot be changed during the plan year unless you have a qualified change in family status like birth, death, marriage or divorce.



[www.kinside.com/employers](http://www.kinside.com/employers)

## Child Care Resources

Kinside and Navia are your child care benefits, designed to reduce the tactical and financial impact of working parenthood. Enroll in Navia's dependent care FSA to set aside up to \$5,000 in tax free funds. Use Kinside to spend your pre-tax dollars while taking advantage of dynamic child care openings, preferred rates and concierge support.



## Features

### National Network

Kinside's national network allows working parents to browse and message child care programs near them and filter based on the criteria that matters most to their family.

### Real-time openings

Real-time openings to make it easier than ever for parents to find the care they need when they need it most.

### Simple Payments

Have a provider your love? Use Kinside to set up easy payments using your pre-tax funds by paying with your Navia debit card, ACH or a blend of both.

### Pre-negotiated Rates

Kinside parents save hundreds of dollars on care every month at partner programs all across the country. Get access to preferred rates at over 20,000 providers.

## Getting Started

1

### Create your account

Log-in to Kinside via your Navia enrollment portal or by visiting [www.kinside.com/navia](http://www.kinside.com/navia) and signing up using your work email address.

2

### Start your search

Enter your address to find open child care spots near you with preferred rates. Use the opinion bar to heart favorites, exclude non-matches and leave notes for later.

3

### Set up payments

Already have a provider or want to set up payments to someone new? Search our database and make your first payment using your pre-tax funds. No claims required.

# 401 (K)

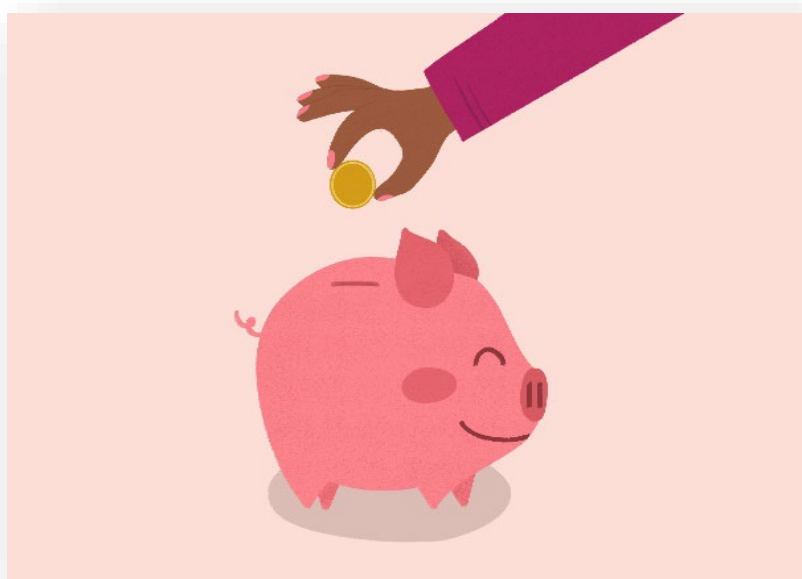


If you have not already done so, why not take advantage of **Transformations Care Network 401(k) Plan** with **ADP**? This qualified retirement plan is a powerful savings tool that **Transformations Care Network** is making available to you as a value-added benefit. Seize the opportunity to lay the foundation quickly and easily for a secure financial future.

Eligible employees, 21 and over, may start contributing their own dollars to the plan immediately. Participants can contribute up to 100% of pay on a pre-tax or Roth basis, to the IRS annual maximum (\$23,500 if under 50 or \$31,000 if age 50 or older in 2025). See Human Resources for specifics on eligibility.

You can enroll in and obtain additional information about the Plan by contacting **ADP's** customer call center or by logging onto their website. If you would like to learn more about the different contribution types, use a 401k contribution calculator, explore financial wellness, understand investing basics, or to enroll in the plan, visit [Achieve: ADP 401\(k\) Participant Education Site \(on24.com\)](https://on24.com).

Please see plan highlights on the next several pages.





Northeast Health DBA  
Transformations Care Network

TRANSFORMATIONS CARE NETWORK  
401(K) PLAN  
424814



## Your Plan's Highlights

### READY TO ENROLL?

Text Enroll 401k to 72408

### Eligibility

Invest in yourself and take advantage of your retirement savings plan benefit.

- 21 years of age on the next plan entry date

### Contributions

You can take an active part in your financial wellness by contributing as much as you can to your retirement account. Your contribution option(s) are listed below:

- **Before-tax:** 1% to 90%
- **Roth:** 1% to 90%
- The total maximum amount you may contribute to the Plan is 90%.
- You have the option of electing a flat dollar amount to contribute each pay period.
- If you are considered a Highly Compensated Employee, the total maximum amount you may contribute to the Plan may be limited.
- The total dollar amount you may contribute to the Plan is \$23,000.
- **Catch-up Contributions:** If you're 50 years of age or older, you may also make a catch-up contribution in excess of Internal Revenue Code or Plan Limits. This year, you can save an additional \$7,500.

### Consolidate retirement accounts with a rollover

Savings from your previous qualified retirement plan(s) or a Rollover Individual Retirement Account (IRA) are accepted into the Plan, even if you have not yet met the Plan's age and service requirements. Consolidating retirement accounts can be beneficial to your long-term retirement planning. Access to your savings in one place can save time and make it easier to track your progress. If you ever have a financial need, you will have access to these assets as part of your overall account balance.

## Your Plan's Highlights

To get started, click on the **Consolidate Accounts** tile, once you have logged into your account or in your ADP Mobile Solutions App. You will be guided through each step of the process. You can also utilize the included **Rollover Form**.

For additional information, please visit our Rollover Resource Page

<http://bit.ly/RolloverResourcePage>

### Employer contributions

- Your company will match 50% of employee's contributions up to 6%. The match is discretionary and is subject to change at anytime.
- Your company may make a profit-sharing contribution each year.
- There may be special requirements for you to receive your company contributions.

### Vesting

- Your contributions and any amounts you rolled into the Plan, adjusted for gains and losses, are always 100% yours.
- Your company contribution account vests according to the following schedule:

Years of service:	1	2	3	4	5	6	7
Match % vested:	33%	66%	100%				

### Distribution options

Planning for your retirement is a long-term commitment and the money you have saved should be considered "untouchable" and used only as income in retirement. In the event of a financial need, you have the following distribution options available to you:

#### Loans

- Number of outstanding loans allowed at any one time: 1.
- Minimum loan amount: \$1000.00
- Maximum repayment period: Generally, 5 years, unless for the purchase of a primary residence
- Loan interest rate information can be obtained by logging into your account > Loans & Withdrawals > View or Request a Loan
- A fee may apply if you take a loan from your retirement plan account. Fee information can be obtained by logging into your account > Plan Information > Participant Fee Disclosure > Individual Expenses

#### Withdrawals while employed

- Rollover
- Age 59½
- Hardship

**Withdrawals after employment**

You may receive a distribution of the vested portion of some or all of your retirement account balances in the Plan for the following reasons:

- Termination of employment
- Normal retirement
- Disability
- Death

Special rules exist for each type of withdrawal. You may be subject to a 10% penalty in addition to federal and state taxes if you withdraw money before age 59½. For more information, review the **Special Tax Notice** located in the retirement plan website.

## ACCOUNT RESOURCES

You can access your retirement savings account anytime<sup>1</sup>, make changes and perform transaction through:

- ADP Mobile Solutions App
- My.ADP.com
- 1-866-695-7526

 Immediately vested

The ADP Mobile Solutions App and the website allow you to:

- Check account balances
- Enroll and make account changes
- Research plan investments and request investment changes
- Access retirement planning tools and calculators
- Get prospectuses

## Quarterly Account Statement

Stay informed about your progress. Your statement has details about your account, investment performance, and account activity for the period and is located in the My Account section once you have logged into your account.



## Beneficiary Designation

Naming a beneficiary for your retirement account is important. In the event of your death, your account will be passed to the person(s) you name.

If you are single or married and want to name your spouse as your sole primary beneficiary, you can designate your beneficiary online.

If you are married and want to designate someone other than your spouse or significant other you must print the form available online and follow the instructions to complete it.

You will need the names and birth dates of your beneficiary(ies) and each Social Security Number. If you do not have all of this information, you can always log into your account and add it later.



**CONGRATULATIONS ON TAKING THE FIRST STEP TO INVEST IN YOURSELF AND YOUR RETIREMENT. ONCE ENROLLED IN THE PLAN, BE SURE TO TAKE ADVANTAGE OF SEVERAL FEATURES, SUCH AS:**

### Save Smart®

This is a plan feature that allows you to automatically increase your retirement plan contribution percentage. You can elect a 1%, 2% or 3% increase to your before-tax contribution. The increase will go into effect each year, on the date you choose.

You should evaluate your ability to continue saving in the event of a prolonged market decline, unexpected expenses, or an unforeseeable emergency.

### Automatic Account Rebalancing

This is an account tool that allows you to keep your current investment mix (balance by investment fund) consistent with your current investment strategy for new contributions. Once you have made an investment allocation election for new contributions, Automatic Account Rebalancing will rebalance your account based on your preference: quarterly, semi-annually, or annually.

Keep in mind that rebalancing your funds, switching out of an investment, when the market is doing poorly means locking in the loss.

#### ADP RETIREMENT SERVICES 71 Hanover Road Florham Park, NJ 07932

Descriptions of Plan features and benefits are subject to the Plan document. The Plan document will govern in the event of any inconsistencies. ADP, Inc. owns and operates the ADP participant websites and ADP Mobile Solutions App. You may transact business in English or Spanish via the VRS.

Investment options are available through the applicable entity(ies) for each retirement product. Investment options in the "ADP Direct Products" are available through either ADP Broker-Dealer, Inc. (ADP BD), Member FINRA, an affiliate of ADP, Inc., One ADP Blvd, Roseland, NJ or (in the case of certain investments) ADP, Inc. Only licensed representatives of ADP BD may offer and sell ADP retirement products and services or speak to retirement plan features and/or investment options available in any ADP retirement products. Customer Service Center representatives are registered representatives of ADP Broker-Dealer, Inc., One ADP Blvd, Roseland, NJ; an affiliate of ADP, Inc., member FINRA. Registered representatives of ADP Broker-Dealer, Inc. do not offer investment, tax or legal advice to individuals. Please consult with your own advisors for such advice.

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We partner with **Summer**, the most comprehensive software platform in the student debt assistance space offering unmatched technology and product design. All employees have access to *Summer Save*, a robust student loan optimization and college savings platform. Eligible providers can participate in *Summer Boost*, allowing the Company to make a monthly contribution towards their student loans.

Eligibility:

- **Summer Save:** All Employees
- **Summer Boost:** Providers who maintain a minimum productivity threshold (see chart below)

Benefit:

	Therapist	Prescriber (Full-time)
Contribution	Based on billable units: 24-27 billable units per week: \$75 per month 28-30 billable units per week: \$125 per month Over 30 billable units per week: \$200 per month	\$437.50 per month (up to \$5,250 annually)

How you can participate:

**Summer Save** (All Employees): Simply sign up.

**Summer Boost** (Providers): Simply sign up and add your student loan servicer(s) and account information. Productivity is reviewed quarterly to determine continued eligibility and contribution level changes (up or down).





Summer x  Transformations  
Care Network

## Convenient and easy-to-use student loan repayment benefits at your fingertips

“Summer made the process so easy! I wish I would have done this sooner.”

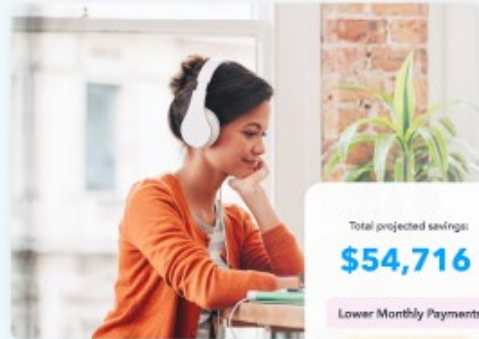


**Chana E.** | Employee | \$200,000 Saved

“Super easy. Create an account and follow the instructions. And then let Summer do the work.”



**Deon E.** | Employee | \$40,000 saved



### Student Loan Contribution

Pay off your debt faster by syncing your student loans so your employer can make additional contributions above your regular payments.



#### Connect your loans

Sync with your student loan servicer in just minutes.



#### Seamlessly enroll

Once enrolled, continue making your student loan payments as usual. This benefit is meant to provide additional assistance.



#### Enjoy your benefit

Start receiving these additional benefits towards your student debt on behalf of your employer at no cost to you.

Get started today at [app.meetsummer.org/transformationsnetwork](https://app.meetsummer.org/transformationsnetwork)

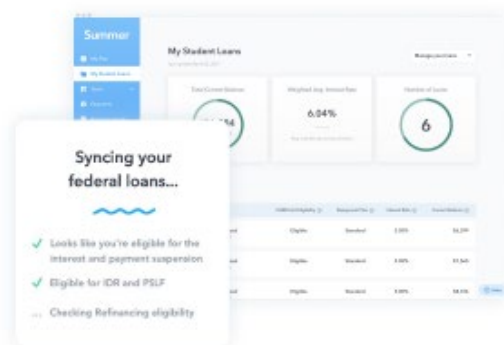
Questions? Sign up to get access to Summer's student loan experts via email, live chat, or 1:1 consultation.



## Automated enrollment tools for every situation

### Sync your loans and stay on track

It takes less than five minutes to check which programs you're eligible for today. Syncing also allows you to track all your loans in one simple dashboard.



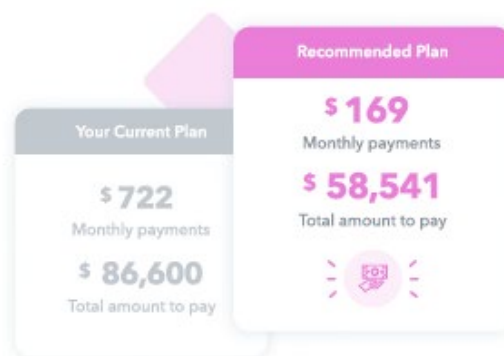
### Save for future education costs

Identify tuition expenses, estimated savings needed over time, and expected federal aid support, whether you or a loved one is planning to go to school. Plus, get help with 529 plans, the FAFSA, scholarships, and more.

### Lower your payments through free programs

Many borrowers are eligible for lower monthly payments through income-driven repayment (IDR) plans—even down to \$0 depending on your income (you can always switch back if you change your mind!).

Enrolling in IDR is a chance to lock in a lower monthly payment now while still taking advantage of the 0% interest rate. That means your principal balance goes down at a rate you can afford.



Get started today at [app.meetsummer.org/transformationsnetwork](https://app.meetsummer.org/transformationsnetwork)

Questions? Sign up to get access to Summer's student loan experts via email, live chat, or 1:1 consultation.

# Paid Time Off

The Company believes that employees should have opportunities to enjoy time away from work to help balance their lives. The Company recognizes that employees have diverse needs for time off from work. We have established a PTO program to meet those needs. The policy is inclusive of vacation, absences due to minor illness or injury, personal appointments, religious observances, and other personal matters. Employees are accountable and responsible for managing their own PTO hours. Employees are strongly encouraged to take sufficient time off for rest and relaxation to promote good physical and mental health and work/life balance.

## PTO Accrual

PTO is accrued each pay period based on the following:

- Years of service – continuous service in a PTO-eligible position
- Assigned accrual rate
- Employee meeting applicable minimum hours or BU's requirement per their Job Category/Classification per pay period
  - Regular hours/BU's, PTO hours, hours/BU's for providing supervision, and BU's for no shows/cancellations count towards PTO accrual
  - During new hire ramp period, only actual BU's will count towards PTO accrual

## Eligibility

Job Category/Classification	Minimum Hours or BU's (Bi-weekly Pay Period)
Salaried, Exempt	80 Hours
APP – Hourly, Non-exempt	64 Hours
Full-time Hourly, Non-exempt	80 Hours
Part-time Hourly, Non-exempt	48 Hours
Fee For Service, Exempt	44 BU's

## Maximum Accrual Rate

### Salaried, Exempt and Hourly, Non-exempt Employees

Job Category/Classification	Years of Service	Rate (per hour or BU paid)	Weeks Per Year
Salaried, Exempt	N/A	.0769	4
APP – Hourly, Non-exempt	N/A	.0961	4
Full-time Hourly, Non-exempt	0-3	.0577	3
Full-time Hourly, Non-exempt	4+	.0769	4
Part-time Hourly, Non-exempt	0-3	.0641	2
Part-time Hourly, Non-exempt	4+	.0961	3

# Paid Time Off

## Fee For Service, Exempt Employees

Job Category/Classification	Years of Service	Rate (per BU paid)	Max Hours Per Year
Fee For Service, Exempt Therapists	0-3	.06 (44-47.99 BU's)	100
Fee For Service, Exempt Therapists	0-3	.08 (48+ BU's)	100
Fee For Service, Exempt Therapists	4+	.08 (44-47.99 BU's)	120
Fee For Service, Exempt Therapists	4+	.10 (48+ BU's)	120
Fee For Service, Exempt Prescribers	0-3	.08	100
Fee For Service, Exempt Prescribers	4+	.10	120

## PTO Usage

- There is no waiting period to accrue or use PTO.
- PTO hours are credited to the employee's PTO bank on the last day of each pay period and are immediately available for use.
- PTO usage is capped at 40 hours per week.
- Employees may carry over up to 40 hours of PTO annually. Any PTO in excess of the maximum carryover will be lost on the first day of the first pay period of each new calendar year.
- Employees may borrow up to 40 hours against their PTO each calendar quarter, to account for new hire planned time off and existing employee unplanned/emergent situations. Employee must submit a request in writing to their manager and HR for review and approval. If approved, employee will be required to sign a payback commitment.
  - \*\* Fee For Service employees are able to borrow PTO after the first 2 calendar quarters of employment. After that, they must consistently meet the minimum 44 BU bi-weekly threshold to be eligible to borrow PTO.
- Employees are required to use all accrued PTO prior to time off without pay. This applies to all time off and leaves of absence, except Military Leave.
- Hourly, non-exempt employees must request PTO in quarter-hour increments (15 minutes); Salaried and Fee For Service, exempt employees must request PTO in whole or half day increments based on normal work schedule (e.g., 4 or 8 hours for 8-hour day, 5 or 10 hours for 10-hour day).

## Bereavement Time Off:

All employees are eligible for 3 paid bereavement days for the purposes of attending services for loved ones that pass away. Any time taken beyond the 3 days would come from the employee's PTO bank or would be unpaid time off if all PTO has been exhausted. Employees must request bereavement time by communicating with their manager.

Fee For Service employees on a guaranteed ramp will receive bereavement pay via their normal ramp. The ramp period will not be extended.

# Paid Time Off

## 2025 Holiday Schedule

*The offices will be closed in observance of the following holidays.*

<b>NEW YEARS DAY (observed)</b>	<b>Wednesday, January 1<sup>st</sup></b>
<b>MARTIN LUTHER KING JR DAY</b>	<b>Monday, January 20<sup>th</sup></b>
<b>MEMORIAL DAY</b>	<b>Monday, May 26<sup>th</sup></b>
<b>JUNETEENTH (observed)</b>	<b>Thursday, June 19<sup>th</sup></b>
<b>INDEPENDENCE DAY</b>	<b>Friday, July 4<sup>th</sup></b>
<b>LABOR DAY</b>	<b>Monday, September 1<sup>st</sup></b>
<b>THANKSGIVING</b>	<b>Thursday, November 27<sup>th</sup></b>
<b>DAY AFTER THANKSGIVING</b>	<b>Friday, November 28<sup>th</sup></b>
<b>CHRISTMAS DAY (observed)</b>	<b>Thursday, December 25<sup>th</sup></b>

In addition to the 9 holidays above, eligible employees hired prior to July 1 of the calendar year will also receive 1 floating holiday to be taken to celebrate a day of their choosing. Floating holidays are subject to manager approval and must be used in the calendar year earned.

All full-time employees (does not include Fee For Service) receive 8 hours (10 hours if normal work schedule is 4 10-hour days per week) of company-paid time per holiday. Part-time employees (48+ hours/pay period) receive 4 hours of company-paid time for each holiday scheduled to work.

After completing 1 year of service, full-time Fee For Service Therapists and Prescribers are eligible to earn 1 paid holiday per year of service, up to a maximum of 10 per year. Eligibility is reviewed and updated quarterly based on employment anniversary date. All holidays will be paid at 5 billable units per holiday. Holiday usage is confined to the list of Company-observed holidays above, but may be floated within the same pay period as conflicts or needs dictate. Earned holidays do not carry over year to year and are not paid out upon employment termination.



# Employee Assistance Program



**Transformations Care Network** offers an Employee Assistance Program (EAP) through **ADP**. EAPs offer emotional assistance to Employees and family members 24 hours a day, 365 days a year. Sessions are completely confidential, so nothing is reported back to your employer.



A more human resource.™

**LifeCare.**

## Work-Life Employee Assistance Program FAQs for Managers

### What is LifeCare®?

LifeCare is a Work-Life Employee Assistance Program (Work-Life EAP) benefit. Your employer and WorkForce Now® Comprehensive Services have made it available to you and your family. LifeCare saves time and money with quality matches to resources for parenting, senior care, legal and financial services, home services, wellness and EAP sessions. LifeCare also operates LifeMart®, one of the largest members-only online discounts shopping websites, with discounts on thousands of products and services.

### How do I access LifeCare?

You can reach LifeCare Specialists by calling toll-free – 24 hours a day at **1-800-697-7315** (1-800-873-1322 TTY).

To access the **LifeCare website**, visit your employer's ADP web portal. Navigate to the **"My Tools"** page and select **LifeCare – Work/Life, EAP, Discounts** link. At that point, first time users can register by completing the one-time process.

### What are LifeCare's hours?

Our experienced and helpful specialists are here to help with life's most important needs 24/7, 365 days a year.

### What can LifeCare do for me?

LifeCare's services are designed to help you and all members of your household balance work, life and personal issues. LifeCare provides:

- **Access** to 3 EAP sessions, face to face or by telephone, per person per concern per year (up to 9 sessions total), plus referrals to related services. Examples of EAP concerns may include relationships, emotional health, depression, and anxiety.
- **Child Care and Parenting** services support you and your family with referrals to child care options; adoption resources; prenatal and breastfeeding programs and education and recreational programs and help when it comes to planning for your children's education.
- **Senior Care** services support you and your family with referrals to senior housing options; home care and home safety resources and retirement planning resources and help when it comes to addressing caregiver issues and concerns.
- **Legal and Financial** services support you and your family with referrals to legal counsel; financial planners; financial counselors to assist with debit or credit management and resources to help with legal document preparation and estate planning. You are eligible for a 30 minute legal consultation on 3 legal matters per year and a 30 minute financial consultations on credit and debt management on 3 financial issues per year.
- **Home and Personal Service** resources support you and your family with referrals to contractors and home repair specialists; pet care resources and referrals to community resources and help when moving or relocating.
- **LifeMart** is a private online marketplace available to you. LifeMart features thousands of discounts on leading brands from national and local retailers, including everyday savings, and local and national discounts and limited time offers.





# Employee Assistance Program



## Who am I speaking to when I call LifeCare?

LifeCare provides you with experienced Bachelors and Masters level specialists who are educated and trained in one specialty area (child care, senior care, academics, etc.). Our specialists know that every situation is unique and we genuinely care about providing the best solutions possible. They will happily assist you until your needs are completely met.



## How often can I use LifeCare services?

For life events such as child care options, educational resources, caregiving questions, and home improvement services, you have unlimited access to LifeCare specialists and to LifeMart discounts. You will have access to 3 EAP sessions per year per concern; up to 9 sessions per year. Examples of EAP concerns may include relationships, emotional health, depression, and anxiety.

## Are LifeCare services confidential?

Yes, LifeCare services are confidential. This means when you or a family member call the toll free number, neither your employer nor anyone else will know you have used the services, unless you have authorized release of the information or disclosure is permitted under applicable law.

## Can my family members use these LifeCare services, too?

Yes, your family members are eligible to take advantage of LifeCare services. Family members can also access LifeCare services by calling 24/7 at 1-800-697-7315 (1-800-873-1322 TTY) and identifying the employee's name to confirm eligibility. In addition, your household members and children up to the age of 26 have access to 3 EAP sessions per year per concern; up to 9 sessions per year, as well as the LifeCare and LifeMart websites and unlimited work-life referrals. Note, access for terminated employees described below.

## Are LifeCare services available on the web?

Yes, the LifeCare web site offers rich content, extensive search features, and a variety of interactive tools including LifeMart, an online discount center. Highlights include:

- **Online provider searches and referrals:** Instantly access information on providers and resources (child care, adult care, schools, fitness centers, etc.) nationwide or request personalized referrals from a specialist via our interactive forms
- **Best-in-class content:** Read or download our extensive library of materials available in printable html, PDF, and hard copy, including: parenting information from experts; extensive content for seniors and caregivers; content including health articles and consumer articles on everyday issues such as choosing cleaning services, personal safety and home improvement
- **Interactive tools and features:** Take interactive quizzes on topics such as anger, anxiety, depression, lifestyle, patience and self-esteem, attend live virtual seminars and listen to audio tips

## If I have an employee with a personal issue affecting their performance, can LifeCare help me?

Yes, as a manager or supervisor you have access to unlimited telephone support and guidance to help you understand how to best get your employees the assistance they need with any type of personal issue that might be affecting their performance at work. Examples include: substance abuse, domestic violence, relationship concerns, etc.

## How do I make a mandatory referral and what happens next?

In the case of a mandatory referral, call LifeCare at 1-800-697-7315 (1-800-873-1322 TTY) and request Management Services. A Management Consultant will advise you regarding the process, next steps and release forms needed from the employee. Note, depending on the treatment plan, the employee may incur out of pocket costs for services not covered under the EAP benefit. However, you will know that the member has initiated and completed the required sessions.





## Is support available if we experience a critical incident at the workplace?

LifeCare provides access to on-site clinical counseling for your organization if a critical incident should occur in the work place. Your organization has access to one CISD (Critical Incident Stress Debriefing) per year at one location (up to four hours). After the one free annual CISD session has been used, additional hours may be needed. The current rate is \$250 per hour for standard CISDs and \$375 per hour for urgent CISDs, plus \$150 travel and expense fee per location/event.

## Who should I contact if I am dealing with issues related to organizational change, personnel changes or poor employee performance?

For these types of concerns, your company administrator can contact their Relationship Manager.

## Are laid off employees eligible for services?

Laid off employees are eligible for the usual 3 face-to-face sessions. In order for laid off employees to use these services, the employer should reach out to their Relationship Manager or [ADPterminations@lifecare.com](mailto:ADPterminations@lifecare.com) with the names of the employees that should remain eligible, the company name, and a mention of their affiliation with WorkForce Now Comprehensive Services. The employee will then have 2 weeks post termination to contact LifeCare for the referrals to the face to face or telephonic EAP sessions. Once the employee chooses the referrals, they will have 90 days to complete those 3 sessions.

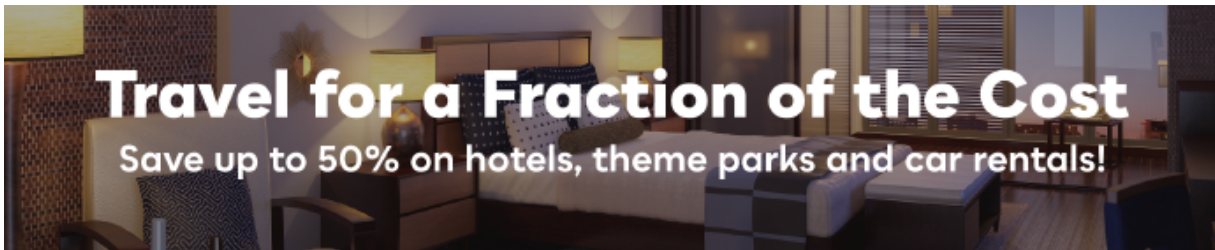


LifeCare.



# Hauser Perks Discount Program

As an employee of a **Transformations Care Network** member company, we are proud to offer you the following benefits at no cost to you through our partnership with our broker Hauser. Hauser Perks is a website that allows you to obtain a discount on a variety of travel services such as hotels, rental cars, flights, and theme parks. See details below regarding accessing the Hauser Perks website.



Enjoy wholesale rates on over **850K HOTELS** worldwide you won't find anywhere else!



Experience more for less with fun discounts on popular **THEME PARKS** and activities!



Get where you need to go for less with **CAR RENTAL** deals at popular providers!



## How to Get Started

### WEB:

1. Visit [thehausergroup.accessperks.com](http://thehausergroup.accessperks.com)
2. Click 'Sign Up' and register with code HAUSERPERKS
3. Search your travel deals and save!



## Carrier Contacts

Health Insurance Blue Benefit Administrators of Massachusetts	Phone: (877) 707-2583 Website: <a href="http://www.bluebenefitma.com">www.bluebenefitma.com</a>
Dental Insurance Guardian	Phone: (800) 541-7846 Website: <a href="http://www.guardianlife.com">www.guardianlife.com</a>
Vision Insurance Guardian	Phone: (800) 877-7195 Website: <a href="http://www.guardianlife.com">www.guardianlife.com</a>
Disability Insurance Guardian	Phone: (800) 268-2525 (Short-Term Disability) Phone: (800) 538-4583 (Long-Term Disability) Website: <a href="http://www.guardianlife.com">www.guardianlife.com</a>
Life Insurance Guardian	Phone: (800) 525-4542 Website: <a href="http://www.guardianlife.com">www.guardianlife.com</a>
HSA and FSA Navia	Phone: (800) 669-3539 (FSA) Phone: (866) 987-0031 (HSA) Website: <a href="http://www.naviabenefits.com">www.naviabenefits.com</a>

## Your Human Resources Contact

Regional HR Business Partner	Region	Phone Number	Email Address
Jaime Phillips	Pennsylvania & West Virginia	(865) 235-1831	<a href="mailto:jaime.phillips@transformationsnetwork.com">jaime.phillips@transformationsnetwork.com</a>
Bert Ross	D.C., Maryland, Virginia, & Washington	(770) 361-7132	<a href="mailto:bert.ross@transformationsnetwork.com">bert.ross@transformationsnetwork.com</a>
Leah Poplin	Massachusetts	(910) 890-3273	<a href="mailto:leah.poplin@transformationsnetwork.com">leah.poplin@transformationsnetwork.com</a>
Cathryn Wigman	Massachusetts	(781) 635-0972	<a href="mailto:cathryn.wigman@transformationsnetwork.com">cathryn.wigman@transformationsnetwork.com</a>

## Your Hauser Contacts

Contact Name	Title	Phone Number	Email
Krista Westfall	Benefit Analyst	(513) 936-7344	<a href="mailto:kwestfall@thehausergroup.com">kwestfall@thehausergroup.com</a>
Sara Miller	Client Executive	(513) 936-7348	<a href="mailto:smiller@thehausergroup.com">smiller@thehausergroup.com</a>

This guide gives a brief overview of the benefits available to you. For plan details, including covered expenses, exclusions, and limitations, please refer to the applicable Summary Plan Description (SPD), Certificate of Coverage, or plan document for each plan. These documents can be found on the Benefits Website. If any information in this benefits guide conflicts with the plan documents and insurance policies, those plan documents and policies will govern. Transformations Care Network reserves the right to amend, modify or terminate these plans at any time. This Benefits Guide does not constitute a contract of employment.

# Important Notices

## Notice of Patient Protections & Prior Authorization Procedures

Your **Blue Benefit Administrators of Massachusetts** plans allow you to visit any doctor or hospital you choose. However, Prior Authorization is required for certain services. Make sure Your Provider obtains Prior Authorization before any planned hospital stays (except maternity admissions), skilled nursing and rehabilitative facility admissions, certain outpatient procedures, Advanced Radiological Imaging services, certain Specialty Drugs, and Durable Medical Equipment costing \$500 or more. Contact **Blue Benefit Administrators of Massachusetts** Customer Service using the number on the back of your medical ID card or online at [www.bluebenefitma.com](http://www.bluebenefitma.com) to find out which services require Prior Authorization. You can also call the customer service department to find out if your admission or other service has received Prior Authorization. For more information, please refer to your Evidence of Coverage document located online at [www.bluebenefitma.com](http://www.bluebenefitma.com).

## Women's Health and Cancer Rights Act of 1998

Patients who undergo a mastectomy, and who elect breast reconstruction in connection with the mastectomy, are entitled to coverage for:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including Lymphedemas, in a manner determined in consultation with the attending physician and the patient.

The coverage may be subject to Coinsurance and Deductibles consistent with those established for other benefits. For more information, please refer to your Evidence of Coverage document located online at [www.bluebenefitma.com](http://www.bluebenefitma.com).

## Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier. Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your Out-of-Pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

## Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources.

## Notice of Privacy Practices

**Blue Benefit Administrators of Massachusetts** is required to maintain the privacy of all medical information as required by applicable laws and regulations; provide a notice of privacy practices to all Members; inform Members of the Plan's legal obligations; and advise Members of additional rights concerning their medical information. For more information, please refer to your Evidence of Coverage document located online at [www.bluebenefitma.com](http://www.bluebenefitma.com).

All Members will be notified of any changes by receiving a new notice of the Plan's privacy practices. You may request a copy of this notice of privacy practices at any time by contacting **Blue Benefit Administrators of Massachusetts**.

## Uniformed Services Employment and Reemployment Rights Act of 1994

A Subscriber may continue his or her Coverage and Coverage for his or her Dependents during military leave of absence in accordance with the Uniformed Services Employment and reemployment Rights Act of 1994. When the Subscriber returns to work from a military leave of absence, the Subscriber will be given credit for the time the Subscriber was covered under the Plan prior to the leave.

## 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](http://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](http://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](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272)

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268



GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program  All other Medicaid  Website: <a href="https://www.in.gov/m edicaid/">https://www.in.gov/m edicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>  Family and Social Services Administration  Phone: 1-800-403-0864  Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.m edicaid.la.gov">www.m edicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.m yma ineconnection.gov/benefits/s/?language=en_US">https://www.m yma ineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.m aine.gov/dhhs/ofi/applications-form s">https://www.m aine.gov/dhhs/ofi/applications-form s</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p>Website: <a href="https://www.m ass.gov/m asshealth/pa">https://www.m ass.gov/m asshealth/pa</a>  Phone: 1-800-862-4840  TTY: 711  Email: <a href="mailto:massprema ssistance@accenture.com">massprema ssistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website:  <a href="https://m n.gov/dhs/health-care-coverage/">https://m n.gov/dhs/health-care-coverage/</a>  Phone: 1-800-657-3672</p>	<p>Website:  <a href="http://www.dss.m o.gov/m hd/participants/pages/hipp.htm">http://www.dss.m o.gov/m hd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.pa.gov">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://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](mailto:ebsa.opr@dol.gov) and reference the

OMB Control Number 1210-0137 (expires 1/31/2026)

## Important Notice from *Transformations Care Network* About Your Prescription Drug Coverage and Medicare for plans:

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Transformations Care Network** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Certain plans may also offer more coverage for a higher monthly premium.
2. **Transformations Care Network** has determined that the prescription drug coverage offered by the **Blue Benefit Administrators of Massachusetts plans** are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

Since the coverage under your **plans** are creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### 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 **Transformations Care Network plan** coverage will not be affected. You can keep this coverage if you elect part D, and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current **Transformations Care Network** coverage, be aware that you and your dependents will not be able to get this coverage back until next Annual Open Enrollment or a mid-year qualifying event.

### 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](http://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](http://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: 11/01/2024  
Name of Entity/Sender: **Transformations Care Network**  
Office Contact/Position: Eric Ekdahl, National Director of Human Resources  
Phone: (508) 591-6949  
Address: 30 Taunton Green Suite 5 Taunton, MA 02780





# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

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

### What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>1,2</sup>

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

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.



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

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

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

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

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

## What about Alternatives to Marketplace Health Insurance Coverage?

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

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

## How Can I Get More Information?

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

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

## PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Northeast Health Services, LLC DBA Transformation Care Network		4. Employer Identification Number (EIN) 04-3398045	
5. Employer address 30 Taunton Green, Suite 5		6. Employer phone number	
7. City Taunton	8. State MA	9. ZIP code 02780	
10. Who can we contact about employee health coverage at this job? Eric Ek Dahl			
11. Phone number (if different from above) (508) 591-6949		12. Email address eric.ekdahl@transformationsnetwork.com	

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

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

☒ All employees. Eligible employees are:

- Fee For Service Prescribers with 22.5 or more billable hours per week
- Fee For Service Clinicians with 24 or more billable hours per week
- Full-time employees who work 30 hours or more per week

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Legal spouse, domestic partner, and dependents up to age 26

☐ We do not offer coverage.

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

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

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

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☒ Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

☐ No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard\*?

☒ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard\* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ 70.87

b. How often? ☐ Weekly ☒ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? \_\_\_\_\_

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☒ Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

☐ No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard\*?

☒ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard\* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ 83.83

b. How often? ☐ Weekly ☐ Every 2 weeks ☒ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? \_\_\_\_\_

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often? ☐ Weekly ☐ Every 2 weeks ☒ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



*The information in this Enrollment Guide is presented for illustrative purposes and the text contained herein was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.*