2023

Pathway to Health

A Guide to Your Health Benefits

For All Staff

THE FEDCAP GROUP

The Power of Possible

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Contact Information

Fedcap Benefit Service Center

Contact the Fedcap Benefit Service Center at **1-866-533-3227** if you have benefit questions or need assistance with enrollment. Benefit representatives are available Monday through Friday between 9:00 am and 5:00 pm ET. You may also send questions via email anytime at **benefitservicecenter@fedcap.org**.

Benefits/Carrier	Telephone	Website	Group Number
Medical and Wellness Empire BCBS	800-435-1385 800-241-6894 (TDD) 833-203-1739 (Ingenio Rx)	www.empireblue.com	720419
24-Hour Nurse Line Empire BCBS	877-825-5276	N/A	720419
LiveHealth Online	844-784-8409	www.livehealthonline.com	720419
Dental Empire BCBS	877-606-3338	www.empireblue.com	720419
Vision Empire BCBS	866-723-0515	www.empireblue.com	720419
Flexible Spending Account & Commuter Benefits Benefit Resource Inc.	800-473-9595	www.benefitresource.com (company code: fedcap login ID: your full SSN password: home zip code)	99538164
Life/AD&D, Disability Anthem	800-813-5682	www.empireblue.com or send email to Lifeanddisabilityclaims@anthem.com	720419
Leave Management (FMLA & other leaves) Anthem	888-868-7046	www.empireblue.com	720419
Voluntary Benefits Anthem	800-604-5379	www.empireblue.com	720419
403(b) Thrift Plan Mutual of America	800-468-3785	www.mutualofamerica.com	
Legal Plan MetLife	800-821-6400 Monday - Friday: 8am to 7pm Password: MetLaw	www.legalplans.com (access code: 1500985)	150
Employee Assistance Plan Corporate Counseling Associates	800-833-8707	www.myccaonline.com (company code: FEDCAP)	4745

The material in this benefits brochure is for informational purposes only and is neither an offer of coverage nor medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. In case of a conflict between your plan contracts and this information, the plan contracts will govern. While this material is believed to be accurate as of the print date, it is subject to change. If you have any questions about the benefits available to you as an eligible employee of The Fedcap Group, please feel free to contact the Benefit Service Center.

Medical, dental and vision are administered and insured by Empire BlueCross BlueShield. Life insurance, accidental death and dismemberment, short-term disability, long-term disability and voluntary benefits are administered and insured by Anthem.

All trademarks, trade names or company names referenced herein are used for informational and identification purposes only and are the exclusive property of their respective owners.

Eligibility & Enrollment

Eligibility

For you: You are eligible for benefits if you are a full-time or regular part-time employee regularly scheduled to work at least 30 hours per week**.** This eligibility does not apply to paid time off accrual.

For your dependents. Your dependents become eligible for coverage on the same date you do. Eligible dependents are your:

- Legal spouse
- Children up to age 26, including stepchildren, foster children and adopted children (for medical, dental and vision)
- Disabled child of any age (with documentation) who is dependent on you for support due to a mental or physical disability that occurred before reaching age 26

Benefits are effective according to the schedule below.

For new hires, benefits are effective:

Medical, Dental, Vision Flexible Spending Accounts Commuter Short-Term Disability Employee Assistance Plan MetLife Legal	First of the month following 30 days of employment
Life/AD&D Long-Term Disability	First of the month following 90 days of employment
403(b) Thrift Plan	Upon Enrollment and Election after hire date

When you leave Fedcap, benefits will end:

Medical, Dental, Vision, Short-Term Disability and Long-Term Disability	End of month after your last day of employment
Life/AD&D FSA MetLife Legal	Last day of work
Commuter	End of the following month after your last day of employment
Employee Assistance Program	90 days after last day of employment
403(b) Thift Plan	Last paycheck

Enrollment

New Hires: You will have until your effective date to enroll in your benefits.

Current Employees: You may enroll in or change your benefit elections only during the annual open enrollment period or if you experience a Qualified Life Event.

How to Enroll

- Visit www.fedcapgroup.org/oracle
- Log into your account
- From the home page, click the "Benefits" icon
- View your benefits online and make your elections

Note: You may enroll in or change your Commuter Benefits or 403(b) Thrift Plan Benefits at any time.

If you need assistance with enrollment, contact the Fedcap Benefit Service Center at 1-866-533-3227 or benefitservicecenter@fedcap.org.

Fedcap Benefit Service Center

Agents Available Monday-Friday 9am-5pm ET:

Call Toll-Free: 1.866.533.3227

Live Chat: Go to http://myteambms.com/benefitservicecenter and click "Start Chat"

Email: benefitservicecenter@fedcap.org

Leave a Message: Go to http://myteambms.com/benefitservicecenter and click "Leave a Message"

*Inquiries received after 5pm will be answered within one business day.

Eligibility & Enrollment (cont.)

Making Changes During the Year

The IRS requires that benefit elections paid for on a pre-tax basis remain in effect for the full plan year. However, the IRS permits changes within 30 days of a qualifying life event. With a qualifying life event, you will be able to add or drop elected benefit coverage for you and/or your dependents. Examples of qualifying life events are:

- Your marriage, divorce, legal separation or annulment,
- The birth of your baby, adoption or placement of a child with you for adoption, or another change in the number of your dependents,
- The death of a dependent,
- Your dependent's eligibility or ineligibility for coverage (for example, he or she reaches the plan's eligibility age limit),
- A change in work location or home address for you, your spouse or your dependents,
- A change in coverage of your spouse or your dependent under another plan,
- Your qualification for a special enrollment under the Health Insurance Portability and Accountability Act of 1996 (HIPAA),
- A court order received by the plan, such as a Qualified Medical Child Support Order (QMCSO), or
- You, your spouse or your dependent's qualification for Medicare or Medicaid. For this qualifying life event only, you will have 60 days to provide supporting documentation.

If you need to make an election change during the year or have questions about what constitutes a qualifying life event, contact the Fedcap Benefit Service Center at 1-866-533-3227 or benefitservicecenter@fedcap.org.

Terms You Should Know

Deductible: A fixed dollar amount (individual or family) during the calendar year that the insured pays out-of-pocket, before the insurer begins to make payments for covered services.

Coinsurance: A form of cost sharing in an insurance plan that requires an insured person to pay a shared percentage of covered expenses after the deductible amount, if any, is paid.

Copay: A fixed amount required by a health provider to be paid by the insured for each outpatient (office) visit or prescription.

Out-of-Pocket Maximum: The maximum dollar amount an insured is required to pay "out of his/her pocket" during a plan year. After the maximum is reached, the insurance carrier pays the total cost of all eligible covered expenses.

Medical Benefits

The Fedcap Group offers four medical plans through Empire BlueCross BlueShield (BCBS) — Exclusive Provider Organizations (EPOs) and Preferred Provider Organization (PPO). For additional information, refer to the detailed plan descriptions provided by Empire BCBS.

Empire BCBS Plan Features	**PPO**		**EPO2**	**EPO1**	**HRA3000**
Network*	In-Network Blue Access	Out-of-Network	In-Network Only Blue Access	In-Network Only Blue Access	In-Network Only Blue Access
Annual Deductible Individual/Family	$1,000/$2,500	$3,000/$7,500	**$500/$1,000**	**$2,000/$4,000**	$3,000/$6,000
Coinsurance Plan/Member	90%/10%	70%/30%	90%/10%	80%/20%	90%/10%
Out-of-Pocket Maximum Individual/Family	$3,250/$8,125 (includes deductible; all in-network cost shares)	$5,000/$12,500 (includes deductible)	$7,150/$14,300 (all in-network cost shares)	**$7,150/$14,300** (all in-network cost shares)	$7,150/$14,300 (includes deductible; all in-network cost shares)
Annual Preventive Physical	Covered 100%	Covered in-network only	Covered 100%	Covered 100%	Covered 100%
Office Visits (PCP/Specialist)	$20/$35 copay	Deductible/ Coinsurance	$25/$40 copay	$35/$50 copay	Deductible/ Coinsurance
Live Health Online	$0 copay	Deductible/ Coinsurance	$0 copay	$0 copay	Deductible/ Coinsurance (If deductible is not met cost is $59. If deductible is met cost is $5.90)
Outpatient Lab & X-Ray**	Deductible/ Coinsurance	Deductible/ Coinsurance	Covered 100%**	Covered 100%**	Deductible/ Coinsurance
MRI/MRA, CAT, PET Scans	Deductible/ Coinsurance	Deductible/ Coinsurance	Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Urgent Care	$35 copay	$35 copay	$40 copay	$50 copay	Deductible/ Coinsurance
Emergency Room (waived if admitted)	$250 copay	$250 copay	$250 copay	$250 copay	Deductible/ Coinsurance
Routine Maternity Care	Deductible/ Coinsurance	Deductible/ Coinsurance	Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Inpatient Hospital	Deductible/ Coinsurance	Deductible/ Coinsurance	Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Outpatient Surgery	Deductible/ Coinsurance	Deductible/ Coinsurance	Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Durable Medical Equiptment	Deductible/ Coinsurance	Covered in-network only	10% coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Mental Health Substance Abuse Inpatient **Outpatient Office Facility**	Deductible/ Coinsurance $20 copay** Coinsurance only	Deductible/ Coinsurance Deductible/ Coinsurance	Coinsurance $25 copay Coinsurance	Deductible/ Coinsurance $35 copay Coinsurance only	Deductible/ Coinsurance Deductible/ Coinsurance
Outpatient Short Term Rehab (exam/evaluation)	$20/$35 copay***	Covered in-network only	$25/$40 copay	$35/$50 copay***	Deductible/ Coinsurance

*Note: If you are out of New York State, then the network for all plans is National PPO.

**covered in full when part of office visit on same day of service

***exam/evaluation only; other services subject to deductible/coinsurance

About LiveHealth Online

With Live Health Online, you can see a board-certified doctor from home, office or on the go at no cost to you if you are enrolled in EPO1, EPO2 or PPO. There is a $59 charge if you are enrolled in HRA3000 plan and have not met your deductible. Once you have met your deductible, the change is $5.90. When you sign up at www.livehealthonline.com or download the app to your smartphone or tablet, you can access doctors 24/7 for health issues like the flu, a cold, pink eye, and more. You can also talk to a licensed psychologist or therapist through video using LiveHealth Online Psychology when you're feeling stressed. Note: You can also call LiveHealth Online at 844-784-8409 from 7:00 am to 11:00 pm. Due to state laws, LiveHealth Online is not available in all 50 states and state restrictions may limit coverage in states where it is available.
Go to https://www.livehealthonline.com/ and click on FAQ for details.

Prescription Drug Coverage	PPO		EPO2	EPO1	HRA3000
Retail (30-day supply) Tier 1 Tier 2 Tier 3	No deductible $10 copay $25 copay 20%** $80 min/$300 max	Covered in-network only	$50 deductible* $10 copay $35 copay 20%** $80 min/$300 max	$100 deductible* $10 copay $35 copay 20%** $80 min/$300 max	Deductible then $10 copay $35 copay 20%** $80 min/$300 max
Mail Order (90-day supply) Tier 1 Tier 2 Tier 3	No deductible $20 copay $50 copay 20%** $80 min/$300 max	Covered in-network only	No deductible $20 copay $70 copay 20%** $80 min/$300 max	No deductible $20 copay $70 copay 20%** $80 min/$300 max	Deductible then $20 copay $70 copay 20%** $80 min/$300 max

*per person; does not apply to Tier 1**20% of prescription drug cost

Preferred Generics Prescription Drug Program

You can save money by choosing a generic over a brand-name drug. When your doctor prescribes a brand-name drug that has a generic option, your pharmacy will automatically fill the prescription using the generic drug.

If you prefer the brand-name drug over the generic option, you will pay the generic copay plus the difference in cost between the generic and the brand-name drug.

When your doctor writes a prescription for a brand-name drug that has a generic option and writes "dispense as written", the pharmacy will fill the prescription for the brand-name drug.

Be sure to talk with your doctor about generic versus brand-name medications. For more information visit www.empireblue.com.

Important Information Regarding Diabetes Medications & Supplies

If you take diabetic medications and need diabetic supplies, you will pay $0 copay.

Diabetic supplies include:

Blood sugar diagnostics	Lancets
Glucometers	Urine test strips
Insulin syringes	Alcohol swabs

For more information on medications and supplies available for $0 copay, log on to: www.empireblue.com.

Mail Order Program

You can save money on medicine you take on a routine basis for chronic conditions (e.g., asthma, high blood pressure, high cholesterol, etc.) by getting up to a 90-day supply delivered directly to your home using the Home Delivery Program. To get started, call 1-833-203-1739. Agents are available 24/7. You'll need your prescription, doctor's name, phone number, drug names and strengths, and a credit card. Once you set up your home delivery, you can order future refills easily:

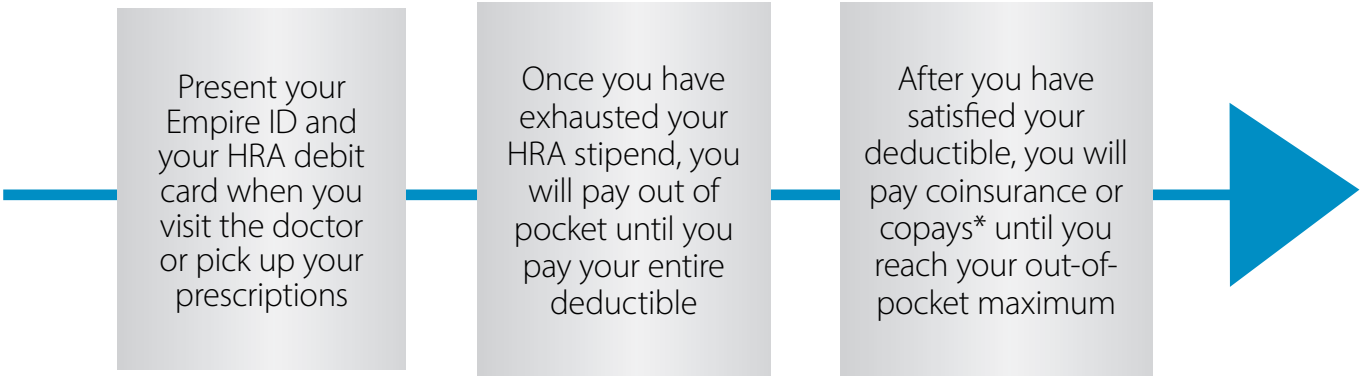
- By Phone 24/7: Call 1-833-203-1739
- By Mail: Fill out an order form; then, mail it along with payment to IngenioRx Home Delivery, P.O. Box 94467, Palatine, IL 60094-4467
- Online: Visit www.empireblue.com, log in and choose Pharmacy. On your personal pharmacy page, select View Your Prescriptions under Switch to a 90-Day Supply. For the drugs you want to switch to home delivery, choose Switch to a 90-day Supply and then Select Prescriber. You can also add or update your shipping address, shipping options and payment method on this page.

Health Reimbursement Account (HRA)

The Fedcap Group provides you with a Health Reimbursement Account (HRA) through Empire. An HRA is an employer-funded account you can use to pay for eligible health care expenses not covered by Empire.

This Plan is an In-Network only plan; this means there is no coverage if you use an out of network provider. You must satisfy a deductible before the Plan will begin to pay benefits, except for preventive care services, which are covered at no cost to you. Once the deductible has been satisfied, the Plan provides traditional health coverage through a national network of physicians and facilities.

How the HRA Works with Empire



*Copays apply to prescriptions only. All other services are subject to coinsurance after the deductible has been met.

The Fedcap Group will provide an HRA stipend to use towards the deductible. The amount of the HRA stipend varies with coverage tier. Effective January 1, 2023, The Fedcap Group will provide the following amount to HRA3000 participants:

Coverage Level	Stipend Amount
Employee Only	$750
Employee + Child(ren)	$1,000
Employee + Spouse	$1,000
Employee + Family	$1,250

In the HRA3000 Plan, the deductible is satisfied as soon as one covered individual meets the Individual deductible for Employee Only tier, or one or more individuals collectively meet the Family deductible. In other words, each covered individual is not required to meet the Individual deductible, except for individuals in Employee Only tier. The HRA3000 has an aggregate deductible; the Family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The Family deductible amount may be satisfied by one member or a combination of two or more members covered under the HRA3000 Plan.

Stay Focused on Your Career

The Fedcap Group is committed to the success of its employees and understands that hardships and challenges may occur. Single Stop, a company of The Fedcap Group, is a one-stop shop that can screen you for eligible benefits and connect you with various free and comprehensive social services and financial resources.

The Fedcap Group
ADVANTAGE
POWERED BY SINGLE STOP™

DEDICATED SUPPORT

se Habla Español

(646) 931-2400

fedcapadvantage@fedcap.org

Screen Yourself

1. Scan the QR code above to begin creating your account.
2. Verify your identity with a one-time passcode.
3. Take 10-15 minutes to complete the guided questionnaire.
* If you would like help completing the screener, please call (646) 931-2400.

Benefit Screening

Learn if you qualify for federal and state benefits.

Application Assistance

Trained and dedicated support— just for you.

Tax Preparation

Ensure your tax credits and refund are maximized.

Local Help

Easily locate & contact community resources.

Pathways To Economic Independence

Single Stop's mission is to equip others to build a pathway to an economically sustainable future. All employees of The Fedcap Group and their households are eligible to use Single Stop's services for free. Complete the screener to immediately determine what existing federal and state programs you could qualify for.

Single Stop™
a member of THE FEDCAP GROUP

Your guide to earning rewards with Wellbeing Solutions

Your whole health matters. That's why you have Wellbeing Solutions, a suite of programs to help you with your everyday health and well-being. You receive extra guidance and support in managing your health, plus you can earn monetary rewards.

Earn up to **$1,100 in rewards**

Empire Health Rewards[1] offers you and your covered spouse or partner up to $1,100 in rewards for taking part in employer-sponsored health and wellness programs. You will receive your rewards through digital gift cards.[2] You can see the status of your progress on empireblue.com or download the free Sydney Health mobile app.

Includes

Well-being Coach[3]

Well-being Coach offers multiple options to help you meet your well-being goals. Our digital coaching app offers personalized 24/7 support on the go, whenever you need it. Well-being Coach combines smart technology and proven behavioral therapy techniques to help you maintain a healthy weight or quit tobacco. You can also receive additional help on well-being topics like nutrition, activity, mindfulness and sleep. Well-being Coach is powered by Lark and accessible from the Sydney Health app.

If you prefer a helping hand or require additional support meeting your health goals, Well-being Coach gives you access to a certified Health Coach by phone. You and your coach will identify habits you want to change and develop custom action plans to achieve your health goals. No matter how you connect, you can earn rewards with Well-being Coach.

Rewards you can earn (up to $1,100 total)

Earn up to **$300** for either Well-being Coach or ConditionCare[4]

ConditionCare reward

If you have a chronic condition like asthma or diabetes, you can receive one-on-one help from a health care professional through ConditionCare. You'll learn better ways to manage your health and reach your health goals.

Earn up to $300 for participating in a nurse-centric program focused on helping members with high-risk conditions:

- **$100** for participating in program
- **$200** for completing program

To find out more about the program or to sign up, call the Member Services number on your ID card.

or

Well-being Coach Telephonic reward

Whether it's time to quit smoking, push past a weight-loss plateau, you can receive the lifestyle coaching you need from a live health coach.

Earn up to $300 for receiving one-on-one support through live coaching for high-risk conditions of tobacco cessation or weight management:

- **$100** for participating in program
- **$200** for completing program

Each well-being coach is specially trained to help you meet your health goals. You can find Well-being Coach on empireblue.com or the Sydney Health app. You can also call 1-833-985-8464 to speak directly with a Health Coach.

Gym Membership Reimbursement **- up to $400**

Putting a lot of hard work and sweat in at the gym is made even more worthwhile with a gym reimbursement. Members 18 years and older can get reimbursed up to $400 for meeting the minimum gym visit requirement (35 visits minimum for every six month period, $200 twice annually) at a qualifying fitness center.[5]

Work out 35 times in each six-month period within your benefit plan year at a qualifying fitness center, track your workout sessions and send in the completed required forms. To find out more and download forms, log in to empireblue.com or the Sydney Health app and visit the My Health Dashboard, then the Programs area.

Future Moms reward **- up to $200**

Moms-to-be can receive support and earn rewards. Registered nurses help them make healthy choices and follow the doctor's plan of care for a safe delivery and healthy baby.

- Receive $100 for completing an initial maternity assessment
- $50 for completing interim assessment
- $50 for completing post-birth assessment

To find out more about the program or to sign up, call the Member Services number on your ID card.

Flu shot and wellness visit reward **- up to $50**

For extra motivation to stay healthy, you can earn $50 in rewards for receiving a claims-based annual preventive wellness exam and flu shot.

Visit your primary care doctor's office for your wellness exam. You can also receive a flu shot at your doctor's office, or at a pharmacy or retail clinic. Your wellness exam or flu shot do not need to be completed in any particular order or together. Be sure to submit the claims to Empire or ask your doctor or other provider to submit them to Empire for you.[6]

My Health Rewards Activities **- up to $150**

Keep up healthy habits by tracking your activity through empireblue.com, Sydney Health or the Well-being Coach app. You can also track rewards activities through a variety of devices, such as Apple Health Kit, Google Health, and more. Go to the Help section of Sydney Health for a full list of supported devices.

Sydney Health Activities

- Login to website or mobile app - 10 points / yearly
- Connect a tracking device - 15 points / yearly
- Complete the WebMD Health Risk Assessment - 75 points / yearly
- Read five articles or watch five videos - 25 points / yearly (5 points earned at a time)
- Article/video topics include: exercise, healthy eating, sleep, family health, mind & body, what's new, trending, and more
- Set an action plan - 10 points / once per quarter
- Action plans include: Eat Healthy, Achieve a Healthy Weight, Get Active, Increase Energy, Reduce Stress and Sleep Better
- Complete an action plan - 100 points / once per quarter
- Track steps
    - Average 2,000 steps a day - 2 points / monthly
    - Average 5,000 steps a day - 5 points / monthly
    - Average 7,500 steps a day - 10 points / monthly

Well-being Coach Activities

- First completed Mission daily check-in - 10 points
- Achieve 15 completed Mission daily check-ins during the first three months - 15 points
- Achieve 25 completed Mission daily check-ins during the second three months - 25 points
- Achieve 25 completed Mission daily check-ins during third three months - 25 points
- Achieve 25 completed Mission daily check-ins during fourth three months - 25 points

You will receive a reward payout when you reach the milestones of 100, 200 and 300 points. Each milestone equals $50.

Example: First, you receive a reward payout when you reach the 100 point milestone. Then, your points balance resets to zero. To reach the next milestone, you will need to earn 200 points. When you reach this 200 point milestone, you receive a reward payout and your points will reset again to zero. To receive the final reward payout, you will need to earn another 300 points.

YOU DESERVE GOOD HEALTH

START TODAY. REGISTER AT EMPIREBLUE.COM OR DOWNLOAD THE FREE SYDNEY HEALTH MOBILE APP.

Download on the App Store

GET IT ON Google Play

Save money with discounts at empireblue.com

As an Empire member, you qualify for discounts on products and services that help promote better health and well-being.* These discounts are available through SpecialOffers to help you save money while taking care of your health.

Vision, hearing and dental

Glasses.com™ and 1-800-CONTACTS® — Shop for the latest brand-name frames at a fraction of the cost for similar frames at other retailers. You are also entitled to an additional $20 off orders of $100 or more, free shipping and free returns.

EyeMed — Take 30% off a new pair of glasses, 20% off non-prescription sunglasses and 20% off all eyewear accessories.

Premier LASIK — Save $800 on LASIK when you choose any "featured" Premier LASIK Network provider. Save 15% with all other in-network providers.

TruVision — Save up to 40% on LASIK eye surgery at more than 1,000 locations.

Nations Hearing — Receive hearing screenings and in-home service at no additional cost. All hearing aids start at $599 each.

Hearing Care Solutions — Digital instruments start at $500, and a hearing exam is free. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years and unlimited visits for one year.

Amplifon — Take 25% off, plus an extra $50 off one hearing aid; $125 off two.

ProClear™ Aligners — Take $1,200 off a set of custom aligners. You can improve your smile without metal braces and time-consuming dental visits. Your order is 50% off and comes with a free whitening kit.

Empire BlueCross BlueShield

An Anthem Company

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Fitness and health

Active&Fit Direct™ — Active&Fit Direct allows you to choose from more than 11,000 participating fitness centers nationwide for $25 a month (plus a $25 enrollment fee and applicable taxes). Offered through American Specialty Health Fitness, Inc.

FitBit — Work toward your fitness goals with Fitbit trackers and smartwatches that go with your lifestyle and budget. Save up to 22% on select Fitbit devices.

Garmin — Take 20% off select Garmin wellness devices.

Jenny Craig® — Join this weight loss program for free. Jenny Craig provides you with everything you need, making it easier to reach your goals. You can save $200 in food, in addition to free coaching, with minimum purchase. Save an extra 5% off your full menu purchase. Details apply.

ChooseHealthy® — Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy and nutritional services. You also have discounts on fitness equipment, wearable trackers and health products, such as vitamins and nutrition bars.

GlobalFit — Discounts apply on gym memberships, fitness equipment, coaching and other services.

Family and home

23andMe — Take $40 off each Health + Ancestry kit. Save 20% on a 23andMe kit and learn about your wellness, ancestry and more.

Safe Beginnings® — Babyproof your home while saving 15% on everything from safety gates to outlet covers.

Nationwide Pet Insurance — Receive an automatic 5% discount when you enroll through your company or organization. Save up to 15% when you enroll multiple pets.

ASPCA Pet Insurance — Take 5% off pet insurance. You can choose from three levels of care, including flexible deductibles and custom reimbursements.

WINFertility® — Save up to 40% on infertility treatment. WINFertility helps make quality treatment affordable.

LifeMart® — Take advantage of great deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services and yoga classes, sports gear and vision care.

Medicine and treatment

SelfHelpWorks — Choose one of the online Living programs and save 15% on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep or face an alcohol problem.

Brevena — Enjoy a 41% discount on BREVENA® skin care creams and balms for smooth, rejuvenated skin from face to foot.

Puritan's Pride® — Choose from a large selection of discounted vitamins, minerals and supplements from Puritan's Pride.

Allergy Control Products and National Allergy Supply — Save up to 25% on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, asthma products and more. Orders over $59 ship for free by ground within the contiguous U.S.

To find the discounts available to you, log in to **empireblue.com**, choose **Care** and select **Discounts**.

Your SpecialOffers discounts are part of our effort to support your personal health journey. Taking care of your health can be easier with the savings offered through your health plan.

*** All discounts are subject to change without notice.**

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., dba Empire BlueCross BlueShield. Independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Connect with the care that's right for you

The Find Care tool helps you search for doctors/dentists and compare costs

Choosing a provider you trust is important — and choosing one in your plan's network can help keep your costs down. Finding high-quality, cost-effective care is simple when you use the Find Care tool on the Sydney Health mobile app or **empireblue.com.**

How to use Find Care

The Find Care tool brings together details about doctors, dentists, hospitals, labs, and healthcare facilities in your plan's network. You can easily compare information such as costs, location, and office hours. You can:

1

Search for providers and facilities in your plan's network by name, specialty, or procedure.

Select
Blue Access Network

2

Customize the list of providers you see in your search based on factors that are most important to you, such as languages spoken, affiliated hospitals, and location.

3

Review details about doctors/ dentists such as their specialties, gender, educational background, and contact information.

4

Choose a doctor/ dentist from the list to review their patient ratings and compare costs for services.

Choose with confidence

You can start using **Find Care** by downloading the Sydney Health app to your mobile device or logging in to **empireblue.com.** Select **Find Care** and the Find Care tool will guide you through the steps.

We're ready to help you

The Find Care tool empowers you to take control of your healthcare by helping you connect with high-quality care options. If you have questions, you can reach us using the interactive chat feature on the Sydney Health app or through the Message Center on **empireblue.com.**

Download Sydney Health today to find a provider that's right for you

Use your smartphone camera to scan this QR code.

Empire BlueCross BlueShield

An Anthem Company

Sydney Health is offered through an arrangement with CareMarket, Inc. Sydney and Sydney Health are trademarks of CareMarket, Inc.
Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., dba Empire BlueCross BlueShield. Independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.
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Dental Benefits

The Fedcap Group offers two Preferred Provider Organization (PPO) dental plans through Empire BCBS. For additional information, refer to the detailed plan descriptions provided by Empire BCBS.

Empire BCBS Plan Features	**PPO1**		**PPO2**	
Network	In-Network Dental Complete	Out-of-Network	In-Network Dental Complete	Out-of-Network
Annual Deductible Individual/Family Waived for preventive and diagnostic services	$50/$150	$50/$150	$100/$300	$100/$300
Annual Maximum	$1,500	$1,500	$1,000	$1,000
Preventive & Diagnostic Services Oral exams Cleanings Full mouth x-rays Bitewing x-rays Fluoride treatment Sealants (children under age 16)	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Basic Services **Fillings** Amalgam (silver) fillings Simple extractions	80% after deductible	80% after deductible	60% after deductible	50% after deductible
Endodontics Root canal	80% after deductible	80% after deductible	60% after deductible	50% after deductible
Periodontics Scaling and root planing	80% after deductible	80% after deductible	60% after deductible	50% after deductible
Oral surgery Surgical extractions	80% after deductible	80% after deductible	60% after deductible	50% after deductible
Major Services Crowns, Dentures, Bridges, **Implants**	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia Eligibility	Dependent Child(ren) Only (must be banded before age 19)		Employee and Dependent(s)	
Orthodontia	50%	50%	50%	50%
Orthodontia Lifetime Maximum	$1,500	$1,500	$1,000	$1,000

Accessing Empire BCBS Dental ID Cards

Go to **www.empireblue.com** from your computer or mobile browser and click Login/Register

Login with your member user name/password to access your secure member website

Vision Benefits

The Fedcap Group offers vision benefits through Empire BCBS. For additional information, refer to the detailed plan descriptions provided by Empire BCBS.

Empire BCBS Plan Features	Empire BCBS Vision Benefits	
	In-Network	Out-of-Network
		Reimbursed up to...
Eye Exam Once every 12 months	$5 copay	Up to $30 Allowance
Lenses Once every 12 months	$10 copay	Single: Up to $25 Bifocal: Up to $35 Trifocal: Up to $45 Lenticular: Up to $80
Frames Once every 24 months	$120 allowance, then 20% off any balance	Up to $120 Allowance
Contact Lenses (in lieu of eyeglasses) Once every 12 months Elective Conventional Elective Disposable Medically Necessary	 $120 allowance, 15% off any balance $120 allowance (no additional discount) Covered in Full	 Up to $120 Allowance Up to $120 Allowance Up to $200 Allowance

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs)

FSAs allow you to pay for unreimbursed health care and/or dependent care expenses on a pre-tax basis.

Account Type	Examples of Eligible Expenses	Contribution Limits	Access to Funds	Pre-Tax Benefit
Health Care FSA For yourself or any dependent claimed on your federal tax return	• Medical plan deductibles and coinsurance* • Copays • Prescription drugs • Dental expenses, including orthodontia and implant expenses • Vision exams/eyeglasses/ contacts • Laser eye surgery • OTC eligible expenses	Up to $3,050 not applicable towards contributions toward the cost of medical plan coverage	Immediate access to your entire annual contribution amount as of January 1	• Save 20% - 40% on your health care expenses • Save on purchases not covered by insurance • Reduces your taxable income
Dependent Care FSA For eligible dependents under age 13, a disabled spouse, a parent or disabled child over age 13	• Dependent/child care centers • Adult day care • Nursery school/pre-school • After school/summer day camp	Up to $5,000 ($2,500 if married and filing separately)	• Funds are added to your Dependent Care FSA account on every pay date. • Submit claims up to your year-to-date accumulated amount in your account	• Save 20% - 40% on your dependent care expenses • Reduces your taxable income

***Note for the HRA3000 Medical Plan:** If you are enrolled in the HRA3000 medical plan and elect Health Care FSA, you must meet your annual deductible before you receive reimbursement for medical expenses.

Budget Appropriately: It is important that you budget appropriately and use all of the funds within the FSA plan year. FSAs are considered "use it or lose it" plans. This means you will forfeit your remaining balance if you do not use all of the funds by March 15, 2024. You have until March 31, 2024 to submit all claims. Any Health Care FSA balance from the previous year will not be available on your card. You must submit a manual claim for reimbursement and note that this expense should be reimbursed from your prior plan year's funds. An extended list of covered expenses can be found in IRS Publication 502 available at https://www.irs.gov/pub/irs-pdf/p502.pdf

Commuter Benefits

Commuter Benefits: Beniversal

The Fedcap Group offers a commuter benefits program, which allows you to set aside money on a pre-tax basis to pay for qualified workplace mass transit and parking expenses incurred when commuting to and from work. You can sign up and make changes at anytime throughout the year. Commuter benefits require an annual election.

Eligible Transportation Expenses

Eligible expenses under the Qualified Transportation Expense Plan are those that provide transportation and/or parking in connection with travel between an employee's residence and place of employment, subject to the IRS guidelines. These include:

- Transportation in a commuter highway vehicle
- Any transit pass
- Qualified parking

BRi Registration

– Company Code: fedcap
– Login ID: your full SSN
– Password: your home zip code

Transit Pass. Any pass, farecard, voucher, or similar item entitling a person to transportation (or transportation at a reduced price) if such transportation is:

- On mass transit facilities (publicly or privately owned) or
- Provided by any person in the business of transporting persons for compensation or hire if such transportation is provided in a vehicle meeting the requirements of commuter highway vehicle. (e.g. Uber and Lyft)

Contribution Amount. You may contribute up to the following monthly maximums determined by the IRS:

Transportation	Amount per Month
Transit expenses	$300
Parking expenses	$300

If your total monthly commuter amount exceeds the monthly maximum, the difference will be deducted on a post-tax basis

Transit costs are deducted twice a month. If a month has 3 paychecks, transit deductions will not be made on the 3rd paycheck of that month.

Life/Accident & Disability

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

Basic Life/AD&D coverage is provided to you at no cost through Anthem.

Benefit	Active Employees
Benefit Amount (Life)	1x annual salary up to a maximum of $100,000
Benefit Amount (AD&D)	1x annual salary up to a maximum of $100,000
Benefit Reduction Schedule	50% at age 70

You must designate a beneficiary to receive your benefit in the event of your death. Be sure to review your beneficiary designation on file and make any updates as necessary.

Short-Term Disability

Disability benefits are provided to you by The Fedcap Group. If you are absent from work you must notify your manager. If you are absent for more than three consecutive days, on the fourth day you must contact Anthem at 800-813-5682 or Lifeanddisabilityclaims@anthem.com to file a claim under the Family Medical Leave Act (FMLA) and/or Disability. In addition, you must also contact your Manager.

Benefit	New York Employees	New Jersey Employees	Rhode Island Employees	All Other Employees
Statutory Disability Benefit	50% of salary up to $170 per week	85% of salary up to $1,025 per week	Up to $1,007 per week	n/a
Company Provided Disability	60% of salary up to $400 per week (including Statutory benefits)			60% of salary up to $400 per week
Eligibility Waiting Period	7 days of total disability	7 days of total disability	7 days of total disability	7 days of total disability
Benefit Duration	26 weeks	26 weeks	30 weeks	26 weeks

About FMLA

The federal Family and Medical Leave Act (FMLA) provides eligible employees with up to 12 weeks of unpaid leave, job protection and health benefits continuation in the event of their own serious health condition or the serious health condition of a qualifying family member.

You are eligible for FMLA at the time of the qualifying event if you have at least 12 months of service and have worked a minimum of 1,250 hours in the previous 12 months with The Fedcap Group.

State Paid Family Leave

The Fedcap Group complies with state mandated paid family leave laws. Refer to the Employee Handbook for all State Leave laws. Contact Anthem at 888-868-7046 for additional information.

Life/Accident & Disability (cont.)

Voluntary Short-Term Disability

You have the opportunity to purchase additional Short-Term Disability through Anthem.

Benefit	Active Employees
Benefit Amount (STD)	60% of salary up to a weekly maximum benefit of $1,500. Calculate your weekly benefit by subtracting any other income you receive as a result of your disability from the amount shown. The benefit amount is the payment you may receive if you become disabled.
How Benefits Are Paid	Payments begin for disabilities resulting from accidents and illnesses as follows: 8th day for accident 8th day for illness. The maximum benefit period is 26 weeks.

Long-Term Disability

Long-Term Disability benefits are provided at no cost to you through Anthem. If you remain disabled beyond the Short-Term Disability period, you may be eligible to continue receiving disability benefits. Below is a summary of coverage.

Benefit	For All Active Full-Time Employees		
Benefit Amount:	60% of salary up to $5,000 per month		
Elimination Period:	90 days of total disability	Benefit Duration:	Social Security normal retirement age
Pre-Existing Condition:	If you received care for a condition in the 3 months before the effective date of your policy, you will not be covered for a disability due to that condition until you have been continuously insured under the Policy for 12 consecutive months.		

Basic Group Term Life Insurance

AnthemLife

The Fedcap Group, Inc. – Staff

See your benefit guide for specific plan details, eligibility definitions, limitations, and exclusions.

Group Term Life Insurance Benefit: 1 times annual earnings to a maximum of $100,000.

Accidental Death and Dismemberment Insurance Benefit: Equal to Group Term Life Benefit Amount

Designating Beneficiaries

You will need to designate your beneficiaries in Oracle HCM (www.fedcapgroup.org/oracle). In the event of your death, your designated beneficiaries will receive the proceeds of the insurance benefit.

Benefits after age 70

At age 70, your benefits will be reduced as follows:

50% reduction at age 70

All benefits end at retirement.

Living Benefit (accelerated death benefit)

You can request up to 50% of your Group Term Life Benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary receives after your death will be reduced by the amount you were paid.

Waiver of Premium

Your life insurance coverage may continue until you turn age 65 if you become totally disabled and are unable to work prior to age 60. You will not pay premiums after the first six months after we approve your waiver of premium claim.

Conversion

If you leave your job for any reason, you may be able to convert your group life coverage to an individual policy. You must apply for coverage and pay the first month's premium for the individual policy within 31 days of the last day you were employed.

Resource Advisor

This program provides you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840.

Travel Assistance

This program provides you access to emergency medical help, travel services and useful tips for your trip if you travel more than 100 miles from home – all at no additional cost to you. You can access Travel Assistance benefits by calling: US and Canada (866) 295-4890, other locations (call collect) (202) 296-7482. **All services must be arranged in advance by Generali Global Assistance, Inc. the Travel Assistance vendor.**

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail. If you have any questions, please contact the Benefit Service Center. Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

The additional services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. The additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificate holders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

Paid Family Leave Benefits for NY, NJ, MA, RI & DC:

New York Paid Family Leave (PFL):

Benefit Amount: The benefit amount is the payment you may receive if you take paid family leave for a qualifying event, which is 67% of your average weekly wages, up to a maximum weekly benefit of $1,131.08.

How Benefits Are Paid: The NY PFL benefit is payable for qualifying events for up to 12 weeks during any consecutive 52-week period. PFL starts on the 1st day of a qualified, approved leave. PFL and DBL cannot be taken at the same time. A total of 26 weeks of combination of DBL and PFL are allowed in a consecutive 52-week period.

To learn more, visit **https://paidfamilyleave.ny.gov/**

New Jersey Family Leave:

Benefit Amount: As of January 1, 2023, claimants are paid 85% of their average weekly wage, and the maximum weekly benefit increases to $1,025.00 per week.

How Benefits Are Paid: Claims beginning July 1, 2020 or after, can receive benefits for twelve consecutive weeks (84 days) or up to eight weeks (56 days) of intermittent leave in a 12-month period, provided one-third (1/3) of the total gross wages earned during the base year is a higher benefit amount.

To learn more, visit **https://myleavebenefits.nj.gov/worker/fli/**

Massachusetts Paid Family and Medical Leave (PFML):

Benefit Amount: The amount of benefits you're eligible to receive for PFML is based on your own average weekly wage when you apply for leave, and the average weekly wage for workers throughout Massachusetts. The maximum total amount that you can receive in PFML benefits right now is $1,129.82 per week.

How Benefits Are Paid: Your benefits payment is based on your individual average weekly wage, the state average weekly wage for Massachusetts workers, and the type of leave you are taking. In 2023, the maximum weekly benefit is $1,129.82.

To learn more, visit **https://www.mass.gov/paid-family-and-medical-leave-benefits**

Rhode Island Temporary Caregiver Insurance (TCI):

Benefit Amount: You will receive a 60% wage replacement. Your weekly benefit rate will be equal to 4.62% of the wages paid to you in the highest quarter of your Base Period. The maximum benefit rate is $1,007.00 per week and the minimum benefit rate is $114.00 per week.

How Benefits Are Paid: Under the TCI program, an individual may receive up to a maximum of 5 weeks of benefits (which will reduce the maximum weeks of TDI) during a Benefit Year Period.

To learn more, visit **https://dlt.ri.gov/individuals/temporary-disability-caregiver-insurance**

District of Columbia Paid Family Leave:

Benefit Amount: Paid Family Leave benefits are based on the wages your employer paid to you and reported to the Department of Employment Services. The maximum weekly benefit amount is $1,049.00.

How Benefits Are Paid: You may receive DC Paid Family Leave benefits multiple times throughout the year. You can receive a maximum of twelve (12) weeks total of DC Paid Family Leave benefits (and for other events, such as Parental Leave or Medical Leave) per year. The date on which you first received benefits is when the year starts; it is not a calendar year. You will be eligible to receive benefits again one year after that date.

To learn more, visit **https://dcpaidfamilyleave.dc.gov/**

Group Long Term Disability Insurance

AnthemLife

The Fedcap Group, Inc. – Staff

See your benefit guide for specific plan details, eligibility definitions, limitations, and exclusions.

Group Long Term Disability Benefit Amount: 60% of monthly earnings up to a maximum monthly benefit of $5,000.

Elimination Period

The number of days you must be unable to work due to an approved qualifying disability before benefits begin: 90 days

Maximum Benefit Period: to normal Social Security retirement age

See your certificate for specific maximum payment durations based on age at the time of disability. Benefits paid at the time of an approved qualifying disability may vary from the benefit duration period shown.

Partial Disability Benefits

If you are able to return to work part-time, you may still receive a portion of your Long Term Disability Benefit to help fill the gap in your income.

Survivor Benefit

If you pass away after receiving Long Term Disability Benefits for at least 180 consecutive days, and are receiving benefits at the time of your death, a lump-sum payment benefit will be paid to your beneficiary. The Survivor Benefit is equal to three times your monthly benefit.

Vocational Rehabilitation

We may provide services, such as vocational testing and training, job modifications and job placement to help you return to active employment if you suffer a disability.

Social Security Assistance

If you are receiving Long Term Disability Benefits, we will help you apply for Social Security and, if necessary, offer guidance through the appeal process.

Resource Advisor

This program provides you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services, legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name “AnthemResourceAdvisor”. To access Resource Advisor call (888) 209-7840.

Pre-Existing Conditions

A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 3 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition.

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Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

Disability insurance

When the unexpected happens, you want a backup plan

If you get sick or injured and can't work, your paycheck may go away — but your regular expenses won't.

A disability plan can provide peace of mind. Think of it as a backup plan for the worst-case scenario and a way to protect your income.

Did you know that 1 in 4 of today's 20-year-olds will become disabled before they retire?[1] **If you get sick or injured and can't work, our disability coverage pays you part of your salary, up to the limit allowed by your plan**. It can help you cover medical bills and other expenses while you're not getting a paycheck.

Most people think of workplace injuries or accidents when they think of disability. But 90% of disabilities are caused by illness, such as arthritis, back pain or cancer.[1]

Fast and accurate payments

We know that when you need disability benefits, you need them fast. So our claims turnaround time is among the fastest in the industry – usually within two days.[2] And our accuracy rate for claims payments is 99.9%.[2]

How much disability insurance do you need?

Here's a quick checklist to help you estimate how much disability coverage you'll need. Fill in your regular monthly expenses and add them up to get an estimate of your total expenses.

Mortgage or rent	$_____
Transportation (car payments, car repairs, gas)	$_____
Utilities	$_____
Food	$_____
Chid care or elder care	$_____
Medical	$_____
Education	$_____
Loan or credit card payments	$_____
_____	$_____
_____	$_____
Total	$_____

1 Council for Disability Awareness website. *Chances of Disability* (accessed February 6, 2017). www.disabilitycanhappen.org.

2 Internal data, 2016.

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Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc.; HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.l

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Summary of Benefits

Group Short Term Disability Insurance

The Fedcap Group

See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

Group short term disability benefit amount:

Core: 60% of weekly earnings to a maximum weekly benefit of $400

Buy-Up: 60% of weekly earnings to a maximum weekly benefit of $1,500

How benefits are paid

Payments begin for disabilities resulting from accidents and illnesses as follows:
8th day for accident, 8th day for illness
The maximum benefit period determines how long benefits will be paid. The maximum benefit period is 26 weeks.

Partial disability benefits

If you are able to return to work part-time, you may still receive a portion of your short term disability benefit to help fill the gap in your income.

Resource Advisor

This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources www.resourceadvisor.anthem.com, program name “AnthemResourceAdvisor”. To access Resource Advisor call (888) 209-7840 and ask for Resource Advisor.

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Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

The Value Added additional services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. The Value Added additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

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Voluntary Life Insurance

Anthem Life

The Fedcap Group

See your benefit certificate for specific plan details, eligibility definitions, limitations and exclusions.

Voluntary Group Term Life Insurance Benefit

You may purchase coverage in an amount from $10,000 to $1,000,000 or 5x annual earnings, whichever is less in increments of $10,000.

Guaranteed Issue Amount

$200,000 or 3x annual earnings, whichever is less

If your application is submitted to Anthem within 31 days of you becoming eligible, the Guaranteed Issue amount is available without evidence of insurability. You must submit evidence of insurability and Anthem must approve any amounts above the Guaranteed Issue amount in writing.

Initial One-Time Enrollment: You have the opportunity to elect up to $200,000 or 3x annual earnings, whichever is less, in coverage without providing Evidence of Insurability, during your 30 day open enrollment period, according to the terms of the contract.

If your application is submitted to Anthem more than 31 days after you became eligible, the Guaranteed Issue amount does not apply. You must submit evidence of insurability and Anthem must approve all amounts in writing.

Voluntary Accidental Death and Dismemberment Insurance Benefit

: Equal to Voluntary Term Life Benefit elected.

Voluntary Life Coverage for your Family

You may also choose additional life and accidental death and dismemberment coverage for your spouse and for your children:

You may purchase coverage for your spouse in $5,000 increments to a maximum of $250,000.
You may purchase coverage for your children in $1,000 increments to a maximum of $20,000.

Spouse Guaranteed Issue Amount: $30,000

If your application for your spouse/child(ren) is submitted to Anthem within 31 days of you becoming eligible, the Spouse Guaranteed Issue amount is available without evidence of insurability. You must submit evidence of insurability for your Spouse and Anthem must approve any amounts above the Spouse Guaranteed Issue amount in writing.

Initial One-Time Enrollment for Spouses: You have the opportunity to elect up to $30,000 in coverage for your spouse without providing Evidence of Insurability during your 30 day open enrollment period, according to the terms of the contract.

If your Spouse/Child(ren) application is submitted to Anthem more than 31 days after you became eligible, the Spouse Guaranteed Issue amount does not apply. You must submit evidence of insurability for your Spouse and Anthem must approve all amounts in writing.

Dependent coverage may not exceed 100% of the employee's benefit amount. Child coverage begins on the 15th day following birth and terminates at age 29.

Benefits after age 65

After age 65, your benefits will be reduced as follows:

35% reduction at age 65; 50% reduction at age 70

All benefits end at retirement.

Living Benefit (accelerated death benefit)

You can ask for a portion of your group term life benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.

Summary of Benefits – The Fedcap Group

Accident 24 Hour Plan

Empire BlueCross BlueShield
An Anthem Company

Accident coverage provides a cash benefit in one lump sum if you or a covered family member is injured because of an accident. Use accident coverage to help pay for out-of-pocket medical costs, such as ambulance fees, physical therapy, X-rays or daily expenses like rent, food, transportation. This plan covers accidents that occur both at and outside of the workplace.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- No medical questions or exam needed to enroll.
- You can take your coverage with you even if you leave your employer.[1]
- No limitations for pre-existing conditions.[2]

Convenience

We are here to help. To file a claim, start with the claim form available from your employer. Follow the instructions on the form to submit and contact the Anthem Supplemental Contact Center with any questions.

	Benefit	Payment Limitation	Amount
Hospital and emergency	Hospital admission	Once/accident within 90 days	$1,500
	Daily hospital confinement	Up to 365 days/lifetime (total daily and ICU)	$300
	Daily ICU confinement	Up to 30 days/accident (subject to 365 Days/lifetime)	Not covered
	Ambulance – air	Once/accident within 72 Hours	$1,500
	Ambulance – ground	Once/accident within 90 Days	$400
	Blood/plasma/platelets	Once/accident within 90 Days	$400
	Emergency room	Once /accident within 72 Hours	$250
	Diagnostic exam	Once/accident within 90 Days	$200
	Urgent care	Once /accident within 72 Hours	$200
	X-ray	Once/accident within 90 Days	$200
Follow-up care	Accident follow-up	Up to 3 treatments/accident within 90 days	$100
	Acupuncture	Up to 10 visits/accident within 365 days	$25
	Child care	Up to 30 days/accident while insured is confined	$25
	Chiropractic care	Up to 10 visits/accident within 365 days	$25
	Initial doctor office visit	Once/accident within 90 days	$100
	Lodging	Up to 30 nights/lifetime	Not covered
	Medical appliance	Once/accident within 90 days	$200
	Physical therapy	Up to 10 visits /accident within 90 days	$50
	Rehabilitation facility	Up to 15 days/lifetime within 90 days	$200
	Transportation	Up to 3 trips/accident	$400

Summary of Benefits – The Fedcap Group

Specified Disease $20,000 Plan

Empire BlueCross BlueShield

An Anthem Company

Specified Disease (specified disease) coverage provides the added layer of security you want and need when illness occurs— a lump-sum cash benefit to help pay for unexpected costs. You decide how to use the benefits to best support recovery for yourself or a family member. Use your Specified Disease coverage to help pay for out-of-pocket medical costs, such as for prescriptions, hospital bills, X-rays or daily expenses like rent, food or transportation.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- $50 payment towards health screenings, such as a lipid panel or fasting glucose test. .
- You can take your coverage with you even if you leave your employer.[1]

Convenience

We are here to help. To file a claim, start with the claim form provided by your employer. Follow the instructions on the form to submit and contact the phone number listed on that form with any questions about your benefits or about how to file a claim.

Note: Specified Disease benefits for covered spouse and dependents are 50% of the amount shown below, except for Health Screening which is $50 for any covered member, and Skin Cancer, which is $250 for any covered member.

	Benefit	Amount
Cancer	Invasive cancer	$20,000
	Non-invasive cancer	$5,000
Vascular	Heart attack (myocardial infarction)	$20,000
	Stroke	$20,000
	Coronary artery disease	$5,000
Other	Major organ failure	$20,000
	End-stage renal disease	$20,000
	Skin Cancer benefit, per member, once per lifetime	$250
	Health screening benefit: per member, per calendar year	$50
Other Key Features	Additional occurrence of multiple conditions	Covered with no separation period
	Lifetime benefit maximum — employee	Lesser of $500,000 or 2500%
	Lifetime benefit maximum — spouse & children	Lesser of $500,000 or 2500%

1 Not available in all states. Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.
2 Covered accidents or illness must occur after the effective date of coverage.

Group Specified Disease benefits provided by policy form SCI B XX18 P or state equivalent.
This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager. If you have any questions, please contact your Human Resources/Benefits manager.

Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Empire BlueCross BlueShield

An Anthem Company

Your $50 health screening benefit is just a phone call away!

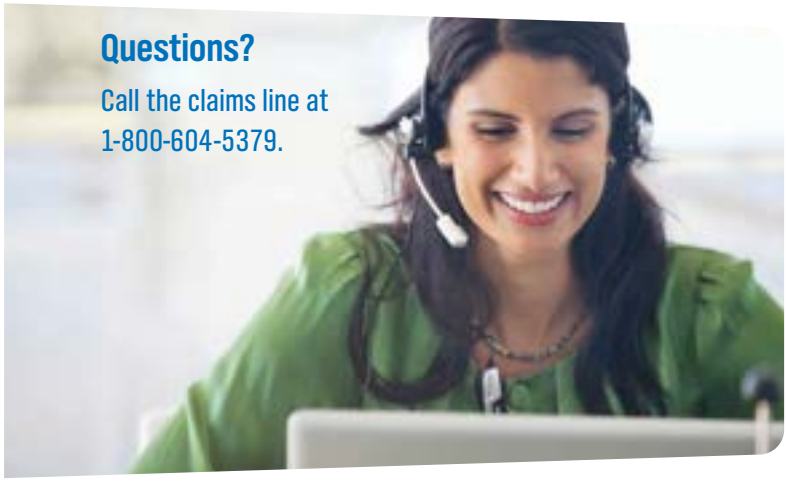
As part of your Empire plan, you have a $50 health screening benefit for tests like mammograms, colonoscopies or fasting blood glucose tests.

To take advantage of this benefit:

- Call the Claims line at 1-800-604-5379.
- Be ready to share this information for you or your covered dependent:
  - Social Security number
  - Date of birth
  - Address
  - Provider's name
  - Name of the test
  - Date of the test

We'll confirm your test and then send you a check. It's that simple!

You and your covered dependents (spouse and children) are each allowed one $50 health screening benefit each calendar year.



The eligible tests include:[1]

Abdominal aortic aneurysm ultrasound
Bone density screening
Bone marrow testing
Breast ultrasound
CA 15-3 (blood test for breast cancer)
CA 125 (blood test for ovarian cancer)
Other cancer screening
Carotid ultrasound
CEA (blood test for colon cancer)
Cervical cancer screening
Chest X-ray
Colonoscopy
CT angiography
Double contrast barium enema
ECG/EKG
Fasting blood glucose test
Flexible sigmoidoscopy
Hemoccult stool analysis
Lipid panel
Mammography
PAD ultrasound
Pap test
PSA (blood test for prostate cancer)
SPEP (blood test for myeloma)
Serum cholesterol test
Stress test (bicycle or treadmill)
Thermography
Triglycerides blood test (HDL/LDL)

1 Tests can vary by state and by the type of plan offered. Not available for all plans in all states. Please check your *Certificate of Coverage* for details.

Services provided by Empire HealthChoice HMO, Inc., Empire HealthChoice Assurance, Inc., and/or HealthPlus HP, LLC. Independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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Summary of Benefits – The Fedcap Group

Hospital Indemnity Plan

With Intensive Care Benefits

Empire BlueCross BlueShield

An Anthem Company

Hospital Indemnity provides a lump-sum, tax-free cash benefit to help pay for costs that can come with a hospital stay that your health plan doesn't cover. Use your hospital indemnity coverage to help pay for out-of-pocket medical costs or daily expenses like rent, food or transportation.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- Covers hospitalization for maternity from day one with no waiting period.
- You can take your coverage with you even if you leave your employer for up to three years.[1]
- No limitations for pre-existing conditions.[2]

Convenience

We are here to help. To file a claim, start with the claim form provided by your employer. Follow the instructions on the form to submit and contact the phone number listed on that form with any questions about your benefits or about how to file a claim.

Benefit	Amount	Days
Hospital confinement - first-day benefit	$165	5 days
Daily hospital confinement	$165	90 days
Intensive care unit confinement — first day benefit	$165	5 days
Daily intensive care unit confinement	$165	90 days
Pre-existing conditions limitation	None	
Maternity benefit waiting period	None	

1 Not available in all states. Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.
2 Covered accidents or illness must occur after the effective date of coverage.

Group Hospital Indemnity benefits provided by policy form SHI B XX18 P or state equivalent.
This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., dba Empire BlueCross BlueShield. Independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

10/2020

Filing a claim

for your accident, specified disease, or hospital indemnity plan

Empire BlueCross BlueShield
An Anthem Company

If you ever need to file a claim for your accident, specified disease, or hospital indemnity plan, you should know that it's different than filing a claim for your medical plan. With your medical coverage, your doctor or other health care provider files claims for you. To use your accident, specified disease, or hospital indemnity benefits, you will need to fill out a claim form and mail it to us. You will also need to provide paperwork from the care you received.

Here's how it works:

1. Gather your paperwork

You will need to provide all the paperwork related to your claim, such as any time you saw a doctor or had a treatment for the accident or specified disease. This may include:

- Doctor notes.
- Emergency room or hospital discharge papers.
- Lab reports.
- Itemized hospital or doctor bills.
- Medical summary of benefits.
- Childcare, transportation, and/or lodging receipts.
- Police reports (if your claim involves a car accident).

You may have to ask your doctors or other health care providers for these records.

2. Fill out the claim form

If you don't already have it, reach out to your human resources department, or you can go to the **Forms Library** at **empireblue.com/forms**. The records you gathered will help you answer the questions. You will need to know things like:

- Whether you're filing an accident, specified disease, or hospital indemnity claim.
- The dates of your injury or illness and when you received treatments.
- The names of your doctors and the places where you received treatment.

3. Sign the form and mail or fax it to us

Mail it to:
Empire Supplemental Insurance Benefit Department
P.O. Box 2076
Grapevine, TX 76099

Or fax it to:
469-417-1977

Do you have questions about the form or how to submit your claim?

We're here to help. You can reach us at 800-604-5379.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., dba Empire BlueCross BlueShield. Independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.
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403(b) Plan

403(b) Thrift Plan

Saving for retirement is important. You have the opportunity to set aside money on a pre-tax and/or post-tax basis to help build your retirement nest egg.

Eligibility	Employee Contributions: You are eligible to enroll at any time during your employment. There is no minimum service or age requirement to make salary reduction contributions, including Designated Roth contributions, to this plan.
Plan Entry	You are included as a participant in the plan immediately upon enrollment.
Retirement	Attainment of age 65.
Contributions	Salary Deduction: At participant's discretion Maximum Allowed: **$22,500** (as of 2023) Catch up Contribution Age 50+: **$7,500** (2023) Employer Match: No minimum age or service requirement; All full-time employees are eligible to receive matching contributions up to 3% of your base salary (including overtime and bonus)
Vesting	Salary Deduction: 100% vested immediately Employer Match: 100% vested after 3 years of service
Changes to 403(b)	To change beneficiaries, funding allocation and/or salary deduction, contact Mutual of America at 800-468-3785
Rollovers	You may transfer the taxable portion of a cash distribution from another qualified retirement plan (including an IRA, 403(b), 408(a) or 401(k)).
Withdrawals	You may withdraw your funds upon termination of employment, death or commencement of Social Security Disability benefits. In-Service withdrawals are permitted for active employees who are 59 1/2 years old.
Hardship Withdrawals	You may only withdraw your funds for purposes of uninsured medical expenses, college tuition, purchase of primary home or preventing foreclosure, funeral expenses and casualty loss, with supporting documentation. Contact Mutual of America Withdrawal Processing Department at 877-567-9662
Loans	You may request a loan limited to the lesser of half vested interest or $50,000; Minimum loan $1,000. Repayment is based on a five year amortization schedule. Contact Mutual of America Loan Department at 800-468-3785 (Option #3)

For assistance, please contact Mutual of America directly at 800-468-3785.

Employee Assistance Program (EAP)

cca @YourService

Because life doesn't clock out, neither do we.

That's why there's CCA@YourService. The program provides around-the-clock, free professional consultation, referrals, and counseling for any issue that matters to you and your family.

FAMILY AND CAREGIVING
child care | elder care | adoption | education
special needs | new parent resources | life stages

EVERYDAY LIVING
household needs | pet care | travel and leisure
volunteer opportunities | community resources

LEGAL AND FINANCIAL
wills | estates | neighbor disputes | budgeting | loans
mortgages | retirement planning | credit | ID theft

PERSONAL HEALTH
healthy habits | exercise | nutrition | managing illness
chronic conditions | quitting smoking

EMOTIONAL HEALTH
relationships | life transitions | grief and loss
anxiety and depression | substance abuse

CAREER
interpersonal skills | teamwork | training and education
work-life balance | stress | time management

All this and more is always @YourService.

Detach at perforation and carry the card in your wallet for easy service access, or add CCA@YourService to your contacts by taking a picture of the QR code.

cca @YourService

TOLL-FREE:
800-833-8707
WEBSITE:
www.myccaonline.com
COMPANY CODE:
FEDCAP

WEBSITE FEATURES AND BENEFITS

In addition to professional live support, the work-life website also provides:

- Free seminars and e-learning modules to support personal & professional growth
- Exclusive discounts on retail brands, restaurants, tickets, and more when you shop at the Savings Center
- Financial and daily living calculators for a variety of practical applications

THE FEDCAP GROUP
The Power of Possible

Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

Just a few times in life you might need legal help.

Getting married

- Prenuptial agreement
- Name change
- Updating or creating estate planning documents

Buying, renting or selling a home

- Reviewing contracts and lease agreements
- Preparing deeds
- Attending the closing

Dealing with identity theft

- Attorney consultations regarding potential creditor actions
- Assistance with contacting banks and creditors
- Attorney defense for issues related to identity theft

Starting a family

- Creating wills and estate planning documents
- School and administrative hearings
- Adoption

Caring for aging parents

- Attorney consultations on Medicaid/Medicare questions
- Reviewing nursing home agreement
- Reviewing estate planning documents

Sending kids off to college

- Security deposit assistance
- Reviewing leases
- Student loan debt assistance

Legal help made easy.

See how simple it is to use your plan.

1 Easy to find an attorney

Create an account at **legalplans.com** to see your coverages, select an attorney and get a case number for your legal matter. Or, give us a call at **800.821.6400** for assistance.

2 Easy to make an appointment

Call the attorney you select, provide your case number and schedule a time to talk or meet.

3 Easy from start to finish

That's it! There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

Enroll in MetLife Legal Plans during annual enrollment

Paid Time Off

The Fedcap Group provides the following paid time off:

Years 1-5	Vacation	Sick	Floating Holiday
Exempt	15 days	12 days	3 days
Non-Exempt	10 days	12 days	3 days
Years 6+	**Vacation**	**Sick**	**Floating Holiday**
Exempt	20 days	12 days	3 days
Non-Exempt	15 days	12 days	3 days

Full-Time and Part-Time Regular employees scheduled to work at least 24 hours per week are eligible to accrue paid time off.

Time accrues based on days worked.

Part time regular employees receive pro-rated time off, based on hours worked.

Time off requests need to be scheduled with, and approved in advance by, the employee's supervisor.

Vacation and Floating Holidays must be used by the end of the fiscal year (September 30th).

Unused accrued vacation time is not eligible for carryover, with one possible exception. Under special circumstances, eligible employees may request to carry over up to five accrued unused vacation days to the following fiscal year which begins on October 1 and must be used by December 31.

Floating Holidays must be used for US holidays that are not listed as company Holidays (i.e. Patriot's Day, Victory Day).

Floating Holidays allow employees to have paid holidays for personal affinity (i.e. Presidents' Day, Juneteenth, Columbus Day, Veterans Day, etc.).

Unused Floating Holiday time cannot be carried over from year-to-year.

Unused sick time can be carried forward up to a maximum balance of 60 days.

Employees who either resign or are terminated will not be paid for any accrued unused vacation, sick or floating holiday time at the time of separation, unless otherwise required by state or local law.

Fedcap holidays are as follows:

New Year's Day

Martin Luther King Day

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Christmas Day

Resource Advisor is here to help

Resource Advisor, a member assistance program that's included with your life and/or disability benefit, provides resources and services to support you and your household family members when you need it.

Counseling by phone, face-to-face or LiveHealth Online video chat

When you're feeling stressed, worried or having a tough time, you may want someone to talk to. You and your household family members can call Resource Advisor anytime, 24/7, and talk with a licensed counselor:

- **By phone**: Call **1-888-209-7840**.
- **In-person**: Call to set up face-to face sessions and then schedule with your counselor.
- **Video chat**: Talk with a counselor from the convenience of your home or wherever you have internet access and privacy using LiveHealth Online. To set up a LiveHealth Online visit, call Resource Advisor. We'll give you details about how to schedule a visit, along with a coupon code that gives you LiveHealth Online visits at no extra cost to you.

You can also review a therapist's background and qualifications to help choose one who's available and right for you. Whatever works for you — we're here to help with any concern, no matter how big or small.

You and your family members are eligible for up to three counselor visits for each issue or concern, at no cost to you.

Counselors can help with:

- Stress
- Parenting
- Anxiety
- Depression
- Any issue that affects your wellbeing
- Dealing with illness
- Relationship or family issues
- Finding child care
- Elder care issues and resources

Resource Advisor
1-888-209-7840

www.ResourceAdvisor.Anthem.com
(Log in with program name AnthemResourceAdvisor.)

Resource Advisor

Perks at Work

Discounts on things you use every day

Save on electronics, restaurant certificates, gym memberships, weight loss programs, glasses and contacts, nutritional supplements, travel, sporting events tickets — even on buying your next car. It's part of the Resource Advisor member assistance program that's included with your life and disability coverage from Empire Life.

Perks at Work has discounts on goods and services you use every day, like:

- Gym memberships, including FitReserve, LA Fitness, ClassPass, Active & Fit, GlobalFit and more
- Weight loss programs, like Nutrisystem, Weight Watchers and more
- Vitamins and supplements, including GNC
- Vision supplies and services, including Glasses Shop, 1-800 CONTACTS and LasikPlus
- Dozens of brands of hotels
- Flights and other vacation services
- TVs, computers, tablets, video games and more
- Six Flags amusement parks
- Movie tickets
- Employee car-buying service
- Cell phones from Sprint, T-Mobile, Verizon and more
- Gift certificates from popular restaurants

Log on to Empire Life's Resource Advisor website to check out all the savings — and to access discounts.

No matter where you are, help is with you

If an unexpected emergency happens while you travel, we want to help make sure you receive the services you need 24/7 — no matter where you are in the world.

That's why your group life plan includes **Generali Global Assistance, Inc. (GGA) travel assistance** services to help provide a safety net if you or your dependents have an emergency away from home.[1] These services are available if you're more than 100 miles from home for 90 days or less.

GGA can also give you useful tips before you travel, such as vaccine and passport requirements, foreign exchange rates, and travel advisories.

Emergency medical assistance while traveling

If you have a medical emergency while traveling, call the local emergency authorities right away. Then, as soon as possible, call GGA at the number on your travel assistance wallet card, included on the back of this sheet. GGA will help make sure you receive the right medical care, as well as support for your personal and travel needs. **All services, including medical transport, must be arranged in advance by GGA.**

A helping hand in emergencies

With travel assistance, you can count on:

- **Medical referrals:** GGA will help you find doctors, dentists, and medical facilities.
- **Medical monitoring:** Professional case managers, including doctors and nurses, will help make sure you receive the right care or decide if you need to be moved to a different healthcare facility.
- **Medical evacuation or return home:** If a doctor chosen by GGA decides you should be taken to a different healthcare facility or return home for treatment, GGA will arrange that. They will also pay for it, up to the program limit of $1 million for each medical incident (all services combined).

24/7 help is a phone call away

If you need help when you're away from home or tips before you travel, you can reach GGA 24/7:

- **By phone from the U.S. and Canada: 866-295-4890**
- **By phone from other countries: 202-296-7482 (call collect)**

- **Payment guarantees:** You may have to pay for certain medical services even if your medical plan covers you overseas. In most cases, GGA can guarantee payment for these services if you provide a guarantee to repay them. This helps ensure you don't have to pay cash for out-of-pocket expenses. Many overseas facilities will not accept a credit card for payment, making this service an important feature.
- **Help with dependent children:** If you travel with a dependent under the age of 26 and they are left alone because you are in the hospital, GGA will set up and pay for their most direct route home on economy class airfare.[2] GGA will also arrange and pay for a qualified escort to go with them, if needed.
- **Traveling companion assistance:** If you have a travel companion who needs to return home, GGA will arrange and pay[2] for their airfare.
- **A visit by family member or friend:** If you are traveling alone and will be in the hospital seven days in a row, GGA will arrange and pay for round-trip economy class airfare[2] for a family member or friend to visit you. They will also receive $150 each day for up to five days for meals and lodging.
- **Emergency messages:** GGA can relay messages to and from family, friends, and coworkers.
- **Emergency cash advances:** GGA will advance up to $5,000 in an emergency. You will need to provide a guarantee to repay them and pay any transfer or delivery fees.
- **Legal counseling and bail:** GGA will find an attorney and arrange bail bond payment, if the law permits. You will need to pay or provide a guarantee of payment for the attorney and bail bond fees.
- **Emergency travel arrangements:** GGA can make new travel arrangements or change airline, hotel, and car rental reservations if there is an emergency. You will need to provide a payment/credit card guarantee for tickets, hotel rooms, and car rentals.
- **Interpretation or translation:** GGA will help by phone in all major languages or refer you to a service that interprets and translates documents in writing.

GGA will also help with:

- **Guiding you through what to do if your wallet or purse is lost or stolen.**
- **Bringing your remains home** if you pass away, up to $10,000.
- **Returning your personal vehicle in an emergency**.
- **Returning your pet in an emergency**. If your pet is traveling with you and is left alone because you are in the hospital or you pass away, GGA will arrange and pay for its return home.
- **Finding lost luggage, documents, and personal items.**
- **Replacing medicine and eyeglasses.** You will be responsible for these costs.

Remember that all services must be arranged in advance by GGA to be covered by your plan. You may have to pay for certain other services GGA provides, such as cash advances.

Feel safer wherever you go

You have access to Generali Global Assistance, Inc. travel assistance services as part of your life insurance plan. If you have an emergency while traveling, you and your family can have peace of mind knowing you can call for help if you need it. To learn more, visit anthemlife.com.

Cut out this wallet card and keep it with you when you travel.

Travel Assistance

Provided by Generali Global Assistance, Inc. for Anthem

For travel emergency assistance services, call the appropriate number below, depending on your location:

US. and Canada:	**866-295-4890**
Other locations (call collect):	**202-296-7482**

For more details, go to **anthemlife.com.**

Valid only for eligible members.

Retirees are not eligible for travel assistance services.

Life and Disability products are underwritten by Anthem Life Insurance Company. In Georgia, Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

1 Exclusions and limitations apply. You must call Generali Global Assistance, Inc. first for services to be covered. You must guarantee funds up front. See travel assistance brochure for full terms and conditions. Generali Global Assistance, Inc. must make or approve all transport-related services in order for them to be eligible. You must reimburse Generali Global Assistance, Inc. for certain expenses. Generali Global Assistance, Inc. is not affiliated with Anthem Life, and the services provided through the travel assistance program are provided by Generali Global Assistance, Inc. and are not part of the insurance coverage provided by Anthem Life. In all cases, the medical professional, medical facility and/or attorney suggested by Generali Global Assistance, Inc. or providing direct services to the eligible member are not employees or agents of Generali Global Assistance, Inc. or Anthem Life, and the final selection of the medical professional or facility or legal counsel is your choice alone. Generali Global Assistance, Inc. or Anthem Life assume no responsibility for any medical advice or legal counsel given by the medical professional and/or attorney, nor shall Generali Global Assistance, Inc. be liable for the negligence or other wrongful acts or omission of any of the health and/or legal care professionals providing direct services. The covered member shall not have any recourse against Generali Global Assistance, Inc. or Anthem Life by reason of its suggestion of or contract with a medical professional and/or attorney. Generali Global Assistance, Inc. has limited operating ability in certain OFAC sanctioned countries thus services may be limited or unavailable in those countries.

2 Up to $5,000

Life and Disability products are underwritten by Anthem Life Insurance Company. In Georgia, Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Legal Disclosures

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

All stages of reconstruction of the breast on which the mastectomy was performed;

Surgery and reconstruction of the other breast to produce a symmetrical appearance;

Prostheses; and

Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

	PPO		EPO2	EPO1	HRA3000
	INN**	OON**	INN**	INN**	INN**
Individual Deductible	$1,000	$3,000	$500	$2,000	$3,000
Family Deductible	$2,500	$7,500	$1,000	$4,000	$6,000
Coinsurance	10%	30%	10%	20%	10%

**INN=In-Network, OON=Out-of-Network

Newborns' and Mothers' Health Protection Act

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

Special Enrollment Rights Under HIPAA

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in the Fedcap health plan in the future if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you lose Medicare or CHIP coverage because you are no longer eligible you must request enrollment within 60 days. If you or your dependents become eligible for premium assistance under a State Medicaid or CHIP program that would pay the employee portion of the health insurance premium you may request enrollment within 60 days. To request special enrollment or obtain more information, contact The Fedcap Benefit Service Center at 1-866-533-3227 or benefitservicecenter@fedcap.org.

Mental Health Parity

The Mental Health Parity and Addiction Equity Act of 2008 requires plans to provide mental health and substance abuse benefits at the same level that benefits for medical and surgical related benefits are offered. Additional information and details can be found by visiting the Department of Labor's Mental Health Parity http://www.dol.gov/general/topic/health-plans/mental

Summary of Benefits and Coverage

As an employee, the health benefits available to you represent a valuable component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan provides a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. The SBC is available on the company intranet. A paper copy is also available, free of charge, by calling the Fedcap Benefit Service Center at 1-866-533-3227.

Legal Disclosures (cont.)

Continuing Coverage Through COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you, your spouse and your covered dependents to temporarily extend medical, dental and vision benefits and Health Care FSA in certain situations where coverage would otherwise end (like at your termination of employment or a reduction in hours). If you elect COBRA coverage, your benefits will continue for a defined period of time. Your spouse and dependent children can also continue coverage under COBRA upon a divorce, loss of dependent status, or if you decease. You will be required to pay the premiums for this continued coverage, which will be the full cost of the plan plus a 2% administrative fee. For more information about continuing coverage through COBRA, please refer to your Plan Documents or call the Fedcap Benefit Service Center at 1-866-533-3227 or benefitservicecenter@fedcap.org.

Statement of ERISA Rights

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

Receive Information about Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.

Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

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

Prudent Actions by Plan Fiduciaries

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

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

Enforce your Rights

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

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

Assistance with your Questions

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

Contact Information

Questions regarding any of this information can be directed to Donna Quinn, VP of Benefits at 212-727-4267 or dquinn@fedcap.org.

Legal Disclosures (cont.)

Important Notice from Fedcap About Your Prescription Drug Coverage and Medicare

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

If this Notice is being provided electronically to you, and you are a Plan participant, it is your responsibility to provide a copy of this Notice to your Medicare eligible dependents covered under the Medical Plan.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Fedcap has determined that the prescription drug coverage offered by Fedcap is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Fedcap coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Fedcap coverage, be aware that you and your dependents may not be able to get this coverage back until the plan's next open enrollment. You may not drop prescription drug coverage under the medical plan and keep other coverage under the medical plan. This is because prescription drug coverage is part of the entire medical plan.

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

You should also know that if you drop or lose your current coverage with Fedcap and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Fedcap changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

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

Legal Disclosures (cont.)

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

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

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	November 1, 2022
Name of Entity/Sender:	The Fedcap Group
Contact-Position/Office:	Fedcap Benefit Service Center
Address:	c/o Benefit Management Solutions P.O. Box 2828 East Setauket, NY 11733

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW (1-877-543-7669) or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

Legal Disclosures (cont.)

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, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://health.alaska.gov/dpa/Pages/default.aspx	FLORIDA – Medicaid Website: https://www.flmedicaidtplrecovery.com/flmedicaidt-plrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	GEORGIA – Medicaid GA HIPP Website: https://medicaid..georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2
CALIFORNIA– Medicaid Website: Health Insurance Premium Payment (HIPP) Program-https://www.dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	MONTANA– Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov

Legal Disclosures (cont.)

KANSAS– Medicaid Website: http://www.kancare.ks.gov/ Phone: 1-800-792-4884	NEBRASKA– Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427

Legal Disclosures (cont.)

PENNSYLVANIA – Medicaid Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	VIRGINIA – Medicaid and CHIP Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP Website: http://www.cohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA - Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH DAKOTA – Medicaid Website: https://dss.sd.gov Phone: 1-888-828-0059	TEXAS - Medicaid Website: https://gethipptexas/com/ Phone: 1-800-440-0493
WEST VIRGINIA– Medicaid Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	WYOMING– Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31,2022, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

Legal Disclosures (cont.)

Important Notice from Fedcap about New Health Insurance Marketplace Coverage Options and Your Health Coverage

Part A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2022 for coverage starting as early as January 1, 2023.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if you employer does not offer coverage at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit[1].

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your plan documents or contact the Fedcap Benefit Service Center at 1-866-533-3227 or benefitservicecenter@fedcap.org.

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

[1] 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% of such costs.

Legal Disclosures (cont.)

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

<table>
<tr><td colspan="2">3. Employer Name
The Fedcap Group</td><td>4. Employer Identification Number (EIN)
83-0765672</td></tr>
<tr><td colspan="2">5. Employer address
633 Third Avenue, 6th Floor</td><td>6. Employer phone number
(212) 727-4200</td></tr>
<tr><td>7. City
New York</td><td>8. State
NY</td><td>9. ZIP Code
10017</td></tr>
<tr><td colspan="3">10. Who can we contact about employee health coverage at this job?
Donna Quinn</td></tr>
<tr><td colspan="2">11. Phone number (if different from above)
(212) 727-4267</td><td>12. Email address
dquinn@fedcap.org</td></tr>
</table>

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

As your employer, we offer a health plan coverage to employees who work 30 hours or more per week .

With respect to dependents, we offer coverage. Eligible dependents are:

— Your legal spouse

— Your dependent children

If checked, this coverage meets the minimum value standard[1], and the cost of this coverage to you is intended to be affordable, based on employee wages.

Note: 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.

[1] 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% of such costs.

January, 26 2023