



2026-2027

EMPLOYEE BENEFITS GUIDE

WELCOME

to Center for Family Services!

At Center For Family Services, we are committed to providing our employees with a comprehensive, valuable employee benefits package and the resources you need to understand all the options.

As an employer, we recognize that our employees are our most valuable asset and the health and well-being of you and your dependents is very important to us. We want to ensure that we continue in our commitment to provide you with valuable benefit options, tools, and resources you need to stay committed to your health.

The benefits outlined in this guide will be effective from **July 1, 2026 through June 30, 2027**. If you have any questions about the benefits outlined, please see page 17 of this guide for a list of benefit resources available to assist you with the enrollment process.

We encourage you to carefully review this guide to familiarize yourself with our benefit offerings and ensure you are making the best decision for you and your family.

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ELIGIBILITY INFORMATION

WHO IS ELIGIBLE TO ELECT BENEFITS?

Full-time benefit eligible employees and their eligible dependents are eligible to enroll in the medical, dental, and vision benefits described in this guide. Employees are required to work 35 hours per week to be eligible for Basic Life and AD&D and Voluntary Life.

Eligible dependents including all of the following:

- Legal spouse/civil union partner
- Biological child(ren), Legally adopted child(ren), Foster child(ren), Stepchild(ren) as long as a natural parent remains married to the employee and resides in the employee's household
- Child(ren), including grandchild(ren) for whom you have court-ordered legal guardianship
- Child(ren) up to age 26 for medical, vision, dental, and voluntary benefits



NOTE: If you are enrolling a dependent(s) for the first time, or if you have not provided Human Resources with proof in the past, you will need to provide proof of your dependent's eligibility (e.g., birth certificate, marriage certificate, etc.)



ENROLLMENT INFORMATION



HOW TO ENROLL/WAIVE

To enroll in benefits, waive coverage and update your dependent information, you must login to the e3 Portal.

Important Note: Please remember that NO paper enrollment forms will be accepted, all changes must be made online through e3. You must click the SUBMIT button in order to send your elections for approval. You will not receive a confirmation—on screen or via email. Be sure to take a screenshot before you click the SUBMIT button.

Coverage will be effective the first of the month following 30 days of employment.

HOW OFTEN CAN I CHANGE MY PLAN ELECTIONS?

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment period. Qualified changes in status include:

- Marriage/civil union partnership
- Employment (status change)
- Divorce
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse/civil union partner
- Commencement or termination of adoption proceedings
- Change in spouse's/civil union partner's benefits or employment status

NOTE: You must notify Human Resources and provide all the required documentation, within 31 days of experiencing a qualified status change. Create a Human Resources Work Order/Ticket on the Staff Portal.

HTA: MEDICARE RESOURCE

Staying on Center For Family Services' coverage May Be Easy, but its Not Always the Best Option. Today, more and more Americans are continuing to work beyond age 65. Active CFS employees and dependents that are age 65, or will be soon, have the option each year to enroll in Medicare or continue on the group health plan. Medicare may not be on your mind.

It's common for employees not to consider Medicare enrollment while still working, especially if you are content with the health insurance you already have. People who are actively working and satisfied with their current health insurance plan often avoid exploring Medicare because of its complexity. Many employees that consider this option have found that Medicare may offer more benefits and may be less expensive than their employer-sponsored plans.

HTA Insurance Services offers a free service to assist you with all your Medicare coverage questions. Contact HTA Today:

- CALL: **610.430.6650**
- EMAIL: **info@hta-insurance.com**
- VISIT: **www.hta-insurance.com/individuals/centerforfamilyservices/**

QUESTIONS?

If you have any questions on the benefits available to you, create a Human Resources Work Order/Ticket on the Staff Portal. As an additional resource for benefit related questions, you may also call the Conner Strong & Buckelew Benefits Member Advocacy Center (Benefits MAC) at **800.563.9929** (Monday - Friday, from 8:30 am to 5:00 pm).



MEDICAL & PRESCRIPTION BENEFITS

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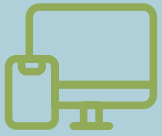
You are encouraged to visit www.cfsbeneportal.com to review each plan's details.

	BASE PLAN	STANDARD PLAN	BUY-UP PLAN
IN-NETWORK BENEFITS			
CALENDAR YEAR DEDUCTIBLE <i>Individual/Family</i>	\$2,500/\$5,000	\$2,000/\$4,000	None
OUT-OF-POCKET MAXIMUM* <i>Individual/Family</i>	\$6,600/\$13,200	\$3,500/\$7,000	\$4,000/\$8,000
COINSURANCE	Plan pays 60%	Plan pays 70%	Plan pays 100%
PREVENTIVE CARE SERVICES	Covered 100%	Covered 100%	Covered 100%
PCP OFFICE VISITS	\$40 copay	\$30 copay	\$30 copay
SPECIALIST OFFICE VISIT	\$60 copay	\$50 copay	\$50 copay
INPATIENT HOSPITAL	Plan pays 60%**	Plan pays 70%**	\$400 per day (max 5 days)
OUTPATIENT SURGERY	Plan pays 60%**	Plan pays 70%**	\$200 copay
DIAGNOSTIC LABORATORY	Covered 100%	Covered 100%	Covered 100%
DIAGNOSTIC X-RAY/IMAGING <i>(MRI, CT-Scan)</i>	Routine Radiology: Plan pays 100% Complex Radiology: \$100 copay	Routine Radiology: Plan pays 100% Complex Radiology: \$100 copay	Routine Radiology: Plan pays 100% Complex Radiology: \$100 copay
RADIOLOGIST	Separate fees apply	Separate fees apply	Covered 100%
EMERGENCY ROOM	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
URGENT CARE CENTER	\$50 copay	\$50 copay	\$50 copay
OUT-OF-NETWORK BENEFITS			
DEDUCTIBLE <i>Individual/Family</i>	\$7,500/\$15,000	\$3,000/ \$6,000	\$2,500/\$5,000
OUT-OF-POCKET MAXIMUM <i>Individual/Family</i>	\$20,000/\$40,000	\$15,000/ \$30,000	\$12,000/\$24,000
COINSURANCE (% Plan Pays)	Plan pays 50%**	Plan pays 50%**	Plan pays 60%**
PRESCRIPTION DRUG BENEFITS			
RETAIL PHARMACY (30-day supply) <i>Generic</i>	\$10 copay	\$10 copay	\$10 copay
<i>Brand Preferred</i>	30% to \$50 max	30% to \$50 max	\$40 copay
<i>Brand Non-Preferred</i>	50% to \$75 max	50% to \$75 max	\$60 copay
MAIL ORDER (90-day supply) <i>Generic</i>	\$20 copay	\$20 copay	\$20 copay
<i>Brand Preferred</i>	30% to \$100 max	30% to \$100 max	\$80 copay
<i>Brand Non-Preferred</i>	50% to \$150 max	50% to \$150 max	\$120 copay

PLEASE NOTE: The Benefit Year begins on July 1 and ends on June 30. The deductible and out-of-pocket maximum amount reset at the beginning of each calendar year, January 1.

* Out-of-Pocket maximums include medical deductible, copays/prescription cost share, and coinsurance

** After deductible



ONLINE TOOLS

Cigna

IMPORTANT! CIGNA ID CARDS

To obtain a copy of your ID card, you will need to create an account on www.mycigna.com or on the myCigna app. Once you register, you will be able to email, download, and print your ID card.

MYCIGNA WEBSITE AND MOBILE APP

There is so much you can do on the myCigna website or the myCigna app! You are able to find a provider and access a variety of health and wellness tools. The myCigna website and app both have an easy, interactive health assessment to help you learn more about your health and what you can do to improve it.

REGISTER TODAY

You can register online or through the app:

- Go to www.mycigna.com or launch the myCigna App and select “**Register**”
- Enter the requested information
- Verify your identity
- Create your security information and provide your primary email address
- Review and submit

PRICE ASSURE

Powered by GoodRx

If you are enrolled in one of the Cigna medical plans, you will have access to Price Assure powered by GoodRx! GoodRx pricing is available for many commonly used non-specialty generic medications (filled in a 30-day or 90-day supply) at any in-network retail pharmacy.

All you need to do is present your Cigna ID card, and behind the scenes Price Assure will compare the GoodRx price (when available) versus the benefit price and ensure you pay the lower amount! Additionally, any amount you pay out of pocket for a covered drug using Price Assure will count towards your deductible and maximum out-of-pocket amounts.



SCAN THE QR CODE
TO VISIT THE
MYCIGNA WEBSITE!



SAVE TIME & MONEY

Keep Non-Emergencies Out of the ER



Avoid long waits at the Emergency Room and reduce your out-of-pocket costs by utilizing MDLIVE and Urgent Care Centers for ailments that are not life-threatening. Both of these options provide fast, effective care—when you need care fast. Unnecessary visits to the ER can be very costly. When you keep non-emergencies out of the ER, you help keep benefits costs down, for you both and Center For Family Services. **And the best part is, you can do this in the privacy of your home or office.**

KNOW WHERE TO GET CARE

Before you go to the ER, consider whether your condition is truly an emergency or if you can receive care from MDLIVE or Urgent Care instead. Below are just a few examples of where you should go and when.

MDLIVE	URGENT CARE CENTER	EMERGENCY ROOM
<ul style="list-style-type: none"> • Cold/Flu • Allergies • Animal/insect bite • Bronchitis • Skin problems • Respiratory infection • Sinus problems • Strep throat • Pink eye/ Eye irritation • UTI/ Urinary issues 	<ul style="list-style-type: none"> • Allergic reactions • Bone x-rays, sprains or strains • Nausea, vomiting, diarrhea • Fractures • Whiplash • Sports injuries • Cuts and minor lacerations • Infections • Tetanus vaccinations • Minor burns and rashes 	<ul style="list-style-type: none"> • Heart attack/ Stroke symptoms • Chest pain, numbness in limbs or face, difficulty speaking, shortness of breath • Coughing up or vomiting blood • High fever with stiff neck, confusion or difficulty breathing • Sudden, unexplained loss of consciousness • Excessive blood loss

ACCESS DOCTORS ON DEMAND

You and your family members have unlimited on-demand access to doctors by phone or video chat. Whether you're on vacation or it's the middle of the night, the care you need is just a call or click away. You and your family members have unlimited on-demand access to doctors by phone or video chat from your mobile device - 24/7/365.

To connect with a MDLIVE virtual provider, log into www.cigna.com or call **888.726.3171**.

To locate a Cigna Behavioral Health provider, log into www.cigna.com or call **800.244.6224**.

WHEN TO USE URGENT CARE

Urgent Care Centers should be used for non-emergency, time-sensitive ailments. Urgent Care Centers are, on average, 80% less costly than Emergency Rooms. They are a convenient, cost-effective medical care alternative when your primary care physician is unavailable or your ailments cannot be treated through MDLIVE. Typically no appointments are necessary and most Urgent Care Centers are open 7 days a week!

As a reminder, under each of the Cigna medical plans, you will pay a \$50 copay for an Urgent Care visit versus a \$100 copay for an Emergency Room visit.



DENTAL BENEFITS

Cigna

DENTAL PLAN

SERVICES	IF A CIGNA DPPO DENTIST IS USED	IF A NON-PARTICIPATING DENTIST IS USED
	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE <i>Applies to Basic and Major Services ONLY</i>	\$50 individual / \$150 family	\$50 individual / \$150 family
CALENDAR YEAR MAXIMUM <i>(per patient)</i>	\$1,500	\$1,500
PREVENTIVE & DIAGNOSTIC <i>Exams, Cleanings (twice per year)</i> <i>Bitewing X-rays (twice per calendar year)</i> <i>Fluoride Treatment (once in a calendar year, children to age 19)</i>	100%	100%
BASIC SERVICES <i>Fillings, Endodontics (root canal), Periodontics, Oral Surgery</i>	80%	80%
MAJOR SERVICES <i>Crowns, Bridgework, Dentures</i>	50%	50%
ORTHODONTIA BENEFITS	Not Covered	Not Covered
ORTHODONTIA LIFETIME MAXIMUM <i>(per patient)</i>	Not Covered	Not Covered

To find a participating Cigna dentist in your area, go to www.mycigna.com or call Cigna Member Services at **800.244.6224**.

ID CARDS

Cigna does not provide physical ID cards for dental coverage. You can print a copy of your card from the Cigna member website at any time, by visiting www.mycigna.com.

SCAN THE QR CODE
TO VISIT THE
MYCIGNA WEBSITE!





VISION BENEFITS

Vision Benefits of America (VBA)



VISION PLAN

	IN-NETWORK	OUT-OF-NETWORK
EYE EXAMINATION	Covered 100%	Up to \$40 reimbursement
MATERIALS Single Vision Bifocal Trifocal Basic Progressive * additional costs apply	Pays 100% after \$20 copay	Up to \$40 reimbursement Up to \$50 reimbursement Up to \$75 reimbursement Up to \$75 reimbursement
FRAMES	Up to \$125 retail allowance	Up to \$50 reimbursement
CONTACT LENSES (in lieu of eyeglasses)	\$100 allowance (including 15% fitting UCR)	Up to \$100 reimbursement
FREQUENCY Examination Frames Lenses Contact Lenses		Once every 12 months Once every 24 months Once every 12 months Once every 12 months

LASIK DISCOUNTS

TLC Laser Eye Centers

- Receive a free consultation and 10% off a LASIK procedure from TLC Laser Eye Centers.
- TLC Laser Eye Centers offer the most advanced LASIK procedures including Bladeless and Custom LASIK.
- TLC has performed over two million procedures, and provides enhancement procedures free of charge if necessary. To learn more or search for locations near you visit www.TLCVision.com.

QualSight Lasik

Save up to \$1,100 off LASIK procedures from QualSight. QualSight provides a managed Laser Vision Correction program through a national, credentialed network of the nation's most experienced surgeons, who have collectively performed more than 6.5 million procedures. QualSight has more than 900 locations nationwide. Learn more at www.qualsight.com or call **877.437.6105**.

To find an in-network vision provider, please visit www.vbaplans.com.

Please note, the Group Number for this plan is **VBA2108**.

SCAN THE QR CODE
TO VISIT THE
VBA WEBSITE!



Physical cards are not issued by mail. To obtain a card, please visit the VBA website, create an account, and download or print your card as needed. Your provider can also verify your benefits using your Social Security number.



EMPLOYEE CONTRIBUTIONS

Effective July 1, 2026 through June 30, 2027

CIGNA BASE PLAN

ENROLLMENT TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	26 PAYS
EMPLOYEE ONLY	\$1,133.12	\$205.68	\$94.93
EMPLOYEE + SPOUSE	\$1,484.49	\$1,326.98	\$612.45
EMPLOYEE + CHILD(REN)	\$2,014.23	\$355.45	\$164.05
FAMILY	\$2,446.98	\$1,509.18	\$696.54

CIGNA STANDARD PLAN

ENROLLMENT TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	26 PAYS
EMPLOYEE ONLY	\$1,133.12	\$352.70	\$162.78
EMPLOYEE + SPOUSE	\$1,484.49	\$1,635.74	\$754.96
EMPLOYEE + CHILD(REN)	\$2,014.23	\$615.67	\$284.16
FAMILY	\$2,446.98	\$1,943.61	\$897.05

CIGNA BUY UP PLAN

ENROLLMENT TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	26 PAYS
EMPLOYEE ONLY	\$1,133.12	\$498.54	\$230.10
EMPLOYEE + SPOUSE	\$1,484.49	\$1,941.99	\$896.30
EMPLOYEE + CHILD(REN)	\$2,014.23	\$873.81	\$403.30
FAMILY	\$2,446.98	\$2,374.57	\$1,095.96

CIGNA DENTAL PLAN

ENROLLMENT TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	26 PAYS
EMPLOYEE ONLY	\$30.57	\$5.40	\$2.49
EMPLOYEE + SPOUSE	\$30.57	\$39.36	\$18.17
EMPLOYEE + CHILD(REN)	\$59.44	\$10.49	\$4.84
FAMILY	\$59.44	\$44.47	\$20.52

VISION PLAN

ENROLLMENT TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	26 PAYS
EMPLOYEE ONLY	\$2.39	\$0.81	\$0.37
EMPLOYEE + SPOUSE	\$2.40	\$4.45	\$2.06
EMPLOYEE + CHILD(REN)	\$5.25	\$1.75	\$0.81
FAMILY	\$5.25	\$4.84	\$2.23

LIFE/AD&D AND LONG-TERM DISABILITY

Prudential

BASIC LIFE, AD&D, AND LONG-TERM DISABILITY (LTD)

All active, full-time employees regularly working at least 35 hours each week are enrolled in Basic Life, Accidental Death & Dismemberment (AD&D), and Long-Term Disability (LTD). This coverage is available at no cost to you the company pays 100% of the Basic Life, AD&D, and LTD premium.

- **Basic Life/AD&D benefit** is one times annual salary to a maximum of \$75,000.
- **LTD coverage** equal to 60% of covered monthly earnings to a maximum of \$5,000 per month.

REMINDER: Don't forget to check in the e3 Portal to ensure that all of your beneficiary information is up-to-date for Agency and Voluntary Policies.

- If you purchase a Voluntary Life policy for your child(ren), you are required to be the beneficiary. Please make this designation in e3.

VOLUNTARY LIFE

Employees working 35 or more hours weekly have the opportunity to purchase additional Life insurance for yourself, your spouse, and your child(ren). **Voluntary Life coverage is 100% employee paid.**

NOTE: You must purchase Voluntary Life Insurance for yourself to be eligible to purchase voluntary coverage for your spouse and/or child(ren).



VOLUNTARY LIFE OPTIONS:

- **EMPLOYEE:** \$10,000 to a maximum of \$250,000 or not to exceed 5 times your basic annual earnings. Guaranteed Issue Amount: \$150,000*
- **SPOUSE:** \$5,000 to a maximum of \$125,000 (this may not exceed 50% of the elected employee amount). Guaranteed Issue Amount: \$50,000*
- **CHILD(REN):** \$1,000 increments to a maximum of \$10,000 each (this may not exceed 50% of the elected employee amount).

***Guaranteed Issue amounts are available to new hires ONLY.**

IMPORTANT! Employees may also purchase Voluntary AD&D coverage for themselves. You **MUST** have Voluntary Life coverage in order to elect Voluntary AD&D coverage. Additionally, your Voluntary Life and AD&D election amounts **MUST** match.

Age Reduction applies:

- **AGE 70:** benefits reduce by 33% of original life amount.
- **AGE 75:** benefits will reduce by 33% of in force life amount.
- Contribution rate information can be found in the e3 online enrollment system.

NOTE: If it is determined that Evidence of Insurability (EOI) is required for the employee and/or spouse, a message will be displayed within the e3 portal. Prudential will contact the employee via email with a link to the Prudential EOISelfConnect website containing further instructions on how to submit EOI.

Submit an HR Work Order/Ticket from the Staff Portal with any questions.



VOLUNTARY BENEFITS

Cigna

Hospital Indemnity and Accident Insurance coverages are 100% employee paid.

HOSPITAL INDEMNITY

A hospital stay can happen at any time, and it can be costly. Hospital Indemnity insurance helps you and your loved ones have additional financial protection.

With hospital indemnity insurance, a benefit is paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness.

Benefits are payable upon initial admission to the hospital (ICU and non-ICU) as well as a per day benefit while confined. Benefits can be used to cover the cost of copays, deductible, childcare or other unexpected costs.

Voluntary plans do not coordinate with medical coverage, which means you'll receive the benefit for a covered hospitalization, regardless of what your medical insurance covers.

QUESTIONS?

To learn more about these benefits please call **800.351.9214** or visit **www.cigna.com**.

ACCIDENT INSURANCE

Accidents happen and they can affect more than just your physical health. With Accident Insurance you're eligible to receive a benefit, according to a set schedule, when you experience a covered accident or injury. You may utilize the payments as you best see fit. Voluntary plans do not coordinate with medical coverage, which means that you'll receive the benefit for a covered accident or injury, regardless of what your medical insurance covers.

- Accident Insurance covers:
- Initial & emergency care
- Hospitalization
- Fractures & dislocation
- Follow-up care

In addition, the Cigna Accident Insurance includes a wellness rider, which will pay a \$50 benefit, per covered person per year, for completing a covered health screening or preventive care service. Some examples include (but are not limited to): routine gynecological exams, adult immunizations (including COVID-19), general health exams, cancer screenings, Well Child Care (visits, labs, and immunizations), etc.

SCAN THE QR
CODE TO VISIT THE
CIGNA WEBSITE!





FLEXIBLE SPENDING ACCOUNTS

Flex Facts

Center For Family Services provides you with the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars from the Flexible Spending Accounts.

REMINDER!

- 2026 Calendar Year: All eligible claims incurred in 2026 must be submitted by March 31, 2027.
- You **MUST** enroll/re-enroll in the FSA plan each year.

FSA OPEN ENROLLMENT WILL BE HELD IN NOVEMBER 2027 FOR AN EFFECTIVE DATE OF JANUARY 1ST, 2027.

HEALTHCARE FSA

A Healthcare Flexible Spending Account (FSA) is used to reimburse out-of-pocket healthcare expenses you and your dependents incur. The minimum contribution is \$100 and the maximum you can contribute to the Healthcare FSA is **\$3,400**.

The Healthcare FSA can be used for:

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses, and sunglasses
- LASIK eye surgery

CARRYOVER MAXIMUM

Employees are eligible to carryover up to \$680 of the current calendar year unused healthcare FSA funds into the next calendar year, if you choose to participate in the next healthcare FSA. The unused amount of up to \$680, will carryover into the next calendar year when you re-enroll in the healthcare FSA and can be used to pay for eligible medical expenses in the next calendar year. Any unused funds exceeding \$680 at the end of the current calendar year will be forfeited. For example, if you have \$350 of unused FSA funds on December 31, 2027 and make a new election of \$3,000 for the 2027 plan year. The total amount available to you in 2027 is \$3,350 (\$350 rolled over from 2027 + \$3,000 new election).

DEPENDENT CARE FSA

The Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents. The Dependent Care FSA allows you to use pre-tax dollars toward qualified dependent care expenses. The annual maximum amount you may contribute is **\$7,500** (or \$3,750 if married and filing separately) per calendar year.

The Dependent Care FSA can be used for:

- Au Pair
- After school programs
- Baby-sitting/dependent care to allow you to work or actively seek employment
- Day camps and preschool
- Adult/eldercare for adult dependents



TRANSIT & PARKING BENEFITS

Flex Facts

Center For Family Services is pleased to provide our employees Transit and Parking Benefits provided through Flex Facts. See below for additional information regarding this account, as well as a list of qualified eligible expenses that would enable you to enroll in this type of spending account.

TRANSIT & PARKING PRE-TAX REIMBURSEMENT ACCOUNTS

The accounts allow your to pay for eligible work-related transit and parking expenses through pre-tax payroll deductions from your paycheck.

You are able to make a monthly pre-tax election up to **\$340 for transit and/or up to \$340 for parking.** Once you make your election, you will receive a debit card that can be used to pay for work related transit and parking expenses. Your debit card is loaded with your pre-tax deductions each time a deduction is taken from your paycheck. Each time you use your debit card to pay for transit and parking purchases, the funds are automatically debited from your transit or parking account.

Any unused funds from your transit and parking accounts may be carried over to subsequent years. There is no annual "use it or lose it" rule. While unused amounts cannot be cashed out, they do not need to be forfeited, and can be carried over to provide transit and parking benefits in subsequent years.

QUESTIONS

If you are an employee that qualifies to enroll in either a transit and parking account, or have questions regarding either, please contact Flex Facts at **877.943.2287** or create a Human Resources Work Order/Ticket on the Staff Portal.

ELIGIBLE TRANSIT & PARKING EXPENSES

Eligible work-related transit expenses include vouchers, passes, tokens for buses, trains, rail, subway, ferries, and vanpooling costs.

Eligible work-related parking expenses include parking at or near work in a parking garage, lot, or at a meter.

This account also includes parking at a place where a vehicle is parked in order to take mass transit to work.

EXAMPLE: Parking at a train station because you take the train to work - often called "Park and Ride" Lots.





EMPLOYEE ASSISTANCE PROGRAM

ComPsych

All Center For Family Services employees, their dependents and family members are eligible for free services through the Employee Assistance Program.

WHAT COUNSELING SERVICES DOES THE EAP PROVIDE?

Your ComPsych GuidanceResources program offers someone to talk to and resources to consult whenever and wherever your need them. The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns. If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

WHAT HAPPENS WHEN I CALL FOR COUNSELING SUPPORT?

When you call, you will speak with a GuidanceConsultant, a Master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant will provide the name of a counselor who can assist you. You will receive counseling through the EAP up to 3 telephonic sessions per issue, per person, per calendar year. You can then set up an appointment to speak with the counselor over the phone. This service is strictly confidential.

TO ACCESS YOUR EAP 24/7:

- Call **800.311.4327** (TTY: **800.697.0353**)
- Download the App: **GuidanceNow**
- Visit **www.guidanceresources.com**
- Web ID: **GRE311**
- Company ID: **cente**

WHEN TO CONTACT THE EAP

Confidential Emotional Support

Highly trained clinicians will listen to your concerns and help you or your family members in your household with any issues, including: anxiety, depression, stress, grief, loss and life adjustments, and relationship/marital conflicts.

Work-Life Solutions

Specialists provide qualified referrals and resources for just about anything on your to-do list, such as: finding child and elder care, hiring movers or home repair contractors, planning events, and locating pet care.

Legal Guidance

Talk to attorneys for practical assistance with your most pressing legal issues, including: divorce, adoption, family law, wills, trusts and more.

Need representation? Get a free 30-minute consultation and 25% reduction in fees.

Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about: retirement planning, taxes, relocation, mortgages, insurance, budgeting, debt, bankruptcy and more.

ID Theft

IDResources offers information, guidance, and identity theft restoration services, including access to attorneys should be a victim of identity theft. You will receive unlimited phone support from ComPsych's legal, financial, and counseling staff to help restore your identity, address credit damage, and manage related legal, financial, and personal issues.

Online Support

GuidanceResources Online is your 24/7 link to vital information, tools and support. Log on for: articles, podcasts, videos, slideshows, on-demand trainings, and "Ask the Expert" personal responses to your questions.



BENEFIT RESOURCES

Conner Strong & Buckelew

BENEFITS MEMBER ADVOCACY CENTER

Available Monday - Friday, 8:30 am - 5:00 pm EST

The Benefits Member Advocacy Center (Benefits MAC), provided by our benefits consultant, Conner Strong & Buckelew, allows you to speak to a specially trained and experienced Member Advocate who can assist with questions you may have regarding the benefits being offered.

Call **800.563.9929** or submit a request online at www.connerstrong.com/memberadvocacy and complete the fields.

BENEPORTAL

Your benefits information is a click away

BenePortal is a valuable online resource that houses all of our benefit information. It's your One-Stop-Shop for:

- All benefits-related information and downloads, including benefit summaries, detailed plan documents and legal notices
- Quick links to carrier websites
- Enrollment forms and wellness forms
- And much more...

You and your family can access BenePortal anytime at www.cfsbeneportal.com.

HEALTHYLEARN

This resource covers over a thousand health and wellness topics in a simple, straight-forward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well. To learn more about HealthyLearn, please visit <https://healthylearn.com/connerstrong>.

HUSK WELLNESS

Empowering Healthier Living

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace (formerly GlobalFit). HUSK offers:

- Exclusive savings and flexible membership options to a variety of gyms and fitness centers
- HUSK nutrition provides evidence based virtual health and nutrition programs
- On-Demand Fitness
- And much more...

You can learn more about HUSK Wellness by calling **800.294.1500** or visit <https://marketplace.huskwellness.com/connerstrong>

BENEFIT PERKS

This feature provides a broad array of services, discounts and special deals on consumer services, travel services, recreational services and much more. Simply access the site and register and you can begin using it now. Learn more at <https://connerstrong.corestream.com>.

GOODRX

GoodRx is a valuable resource that allows you to compare prescription drug prices at local and mail-order pharmacies and discover free coupons and savings tips. Learn more about GoodRx and start saving today by visiting <https://connerstrong.goodrx.com>.



IMPORTANT CONTACTS



LINE OF COVERAGE	COMPANY	WEBSITE/EMAIL	PHONE
MEDICAL & PRESCRIPTION	Cigna	www.mycigna.com	800-244-6224
DENTAL	Cigna	www.mycigna.com	800-244-6224
VISION	Vision Benefits of America (VBA)	www.vbaplans.com	800-432-4966
BASIC AND VOLUNTARY LIFE, AD&D, AND LTD	Prudential	www.prudential.com/mybenefits	877-367-7781
ACCIDENT INSURANCE & HOSPITAL INDEMNITY	Cigna	www.cigna.com	800-351-9214
FLEXIBLE SPENDING ACCOUNTS (FSA), PARKING & COMMUTER BENEFITS	Flex Facts	www.flexfacts.com	877-943-2287
EMPLOYEE ASSISTANCE PROGRAM (EAP)	ComPsych	www.guidanceresources.com Web ID: GRE311 Company ID: cente	800-311-4327
MEDICARE ENROLLMENT SERVICES	HTA	https://www.hta-insurance.com/individuals/centerforfamilyservices/info@hta-insurance.com	610-430-6650

LEGAL NOTICES

Special Enrollment Notice

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment.

Loss of coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption. 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 new dependents. However, you must request enrollment within [30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. To request special enrollment or obtain more information, contact Human Resources.

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act

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 benefits. If you have any questions, please speak with Human Resources.

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

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

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

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

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

www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility -

ALABAMA - Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA - Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS - Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - Medicaid
Health Insurance Premium Payment (HIPP) Program Website:
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA - Medicaid
Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA - Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

LEGAL NOTICES

INDIANA – Medicaid

Health Insurance Premium Payment Program

All other Medicaid

Website: <https://www.in.gov/medicaid/>

<http://www.in.gov/fssa/dfr/>

Family and Social Services Administration

Phone: 1-800-403-0864

Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:

Iowa Medicaid | Health & Human Services

Medicaid Phone: 1-800-338-8366

Hawki Website: <https://hhs.iowa.gov/medicaid/plans-programs/hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment

Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kyneect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Louisiana Medicaid Website:

<https://www.lhd.la.gov/healthy-louisiana>

Medicaid Customer Service Line: 1-888-342-6207

Louisiana Medicaid email: healthy@la.gov

Louisiana Health Insurance Premium Program (LaHIPP)

Website:

<https://www.lhd.la.gov/lahipp>

LaHIPP phone: 1-877-697-6703

LaHIPP email: La.HIPP@la.gov

LaHIPP fax: 1-888-716-9787

LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 711

Email: masspreassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>

Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext. 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Phone: 1-800-356-1561

CHIP Premium Assistance Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>

Phone: 1-800-692-7462

CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or

401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)

Website: <https://medicaid.utah.gov/upp/>

Email: upp@utah.gov

Phone: 1-888-222-2542

Adult Expansion Website: <https://medicaid.utah.gov/expansion/>

Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>

CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Medicaid/CHIP Phone: 1-800-432-5924

LEGAL NOTICES

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

West Virginia – Medicaid and CHIP

Website: <https://dhr.wv.gov/bms/>

<http://mywvhipp.com/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website:

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/m Medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, 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

Important Notice from Center For Family Services About Your Prescription Drug Coverage and Medicare

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

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

- 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.

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

When Can You Join A Medicare Drug Plan?

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

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 Center For Family Services coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/creditablecoverage>) which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Center For Family Services coverage, be aware that you and your dependents will be able to get this coverage back if there is a Life Event or at open enrollment.

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 Center For Family Services and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable 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. 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 Center For Family Services changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage: Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	July 2026
Name of Entity/Sender:	Center For Family Services
Contact - Position/Office:	Human Resources
Address:	1 Alpha Avenue, Voorhees, NJ 08043
Phone Number:	856-657-7553



Center For Family Services reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.