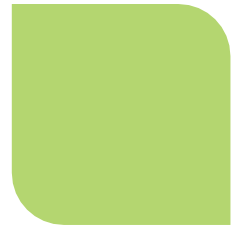


CharterCARE Health  
OF RHODE ISLAND



# 2025 Employee Benefits Guide

*FT and PT Regular Employees*

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**If you (and/or your dependents) have Medicare  
or will become eligible for Medicare in the next 12 months,  
a federal law gives you more choices about your prescription drug coverage.  
Please see page 27 for more details.**

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

## A Message to Our Employees

At CharterCARE Health of Rhode Island, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees. Through our benefits programs, we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand and easy to access for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

## Benefits for You and Your Family

CharterCARE is pleased to announce our 2025 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace.

Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions. Listed below are the CharterCARE benefits available:

- Medical
- Dental
- Vision
- Flexible Spending Account
- Life and AD&D
- Voluntary Life
- Short Term Disability
- Long Term Disability
- Accident
- Critical illness
- Hospitalization

### Who is Eligible?

Full-time benefit eligible employees working 32 – 40 hours per week. Part-time benefit eligible employees working 20 – 31 hours per week.

Generally, for the CharterCARE benefits program, dependents are defined as:

- Your legal spouse or registered common law spouse, who is not eligible for medical insurance under their employer's health plan.
- Children up to age 26, including natural children, stepchildren, legally adopted children, children for whom you are the legal guardian, foster children, children for whom you are legally responsible to provide health coverage under a Qualified Medical Child Support Order (QMCSO).
- Disabled child(ren) over age 26 if unmarried, incapable of self-support, dependent on you for primary support and the disability occurred before the age of 26.

**Dependent Verification:** You may be required to provide supporting documentation, such as marriage certificate, 1040 tax form, or birth certificate to verify dependent eligibility.

### When Coverage Begins

Benefits are effective the first of the month following 30 full days of employment. All elections are in effect for the entire plan year and can only be changed during open enrollment unless you experience a qualifying life event.

### Changing Coverage During the Year

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

- Change of legal marital status (i.e., marriage, divorce, loss of a family member, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent)
- Change in employment or job status (spouse gains or loses coverage)

If such a change occurs, you must make the changes to your benefits within **31 days** of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in having to wait until the next open enrollment period to make your change. Enrollment changes must be made in your benefits portal, Zevo.

### When Coverage Ends

Medical, Dental, Vision, and FSA end the last day of the month; all other benefits end the date of termination.

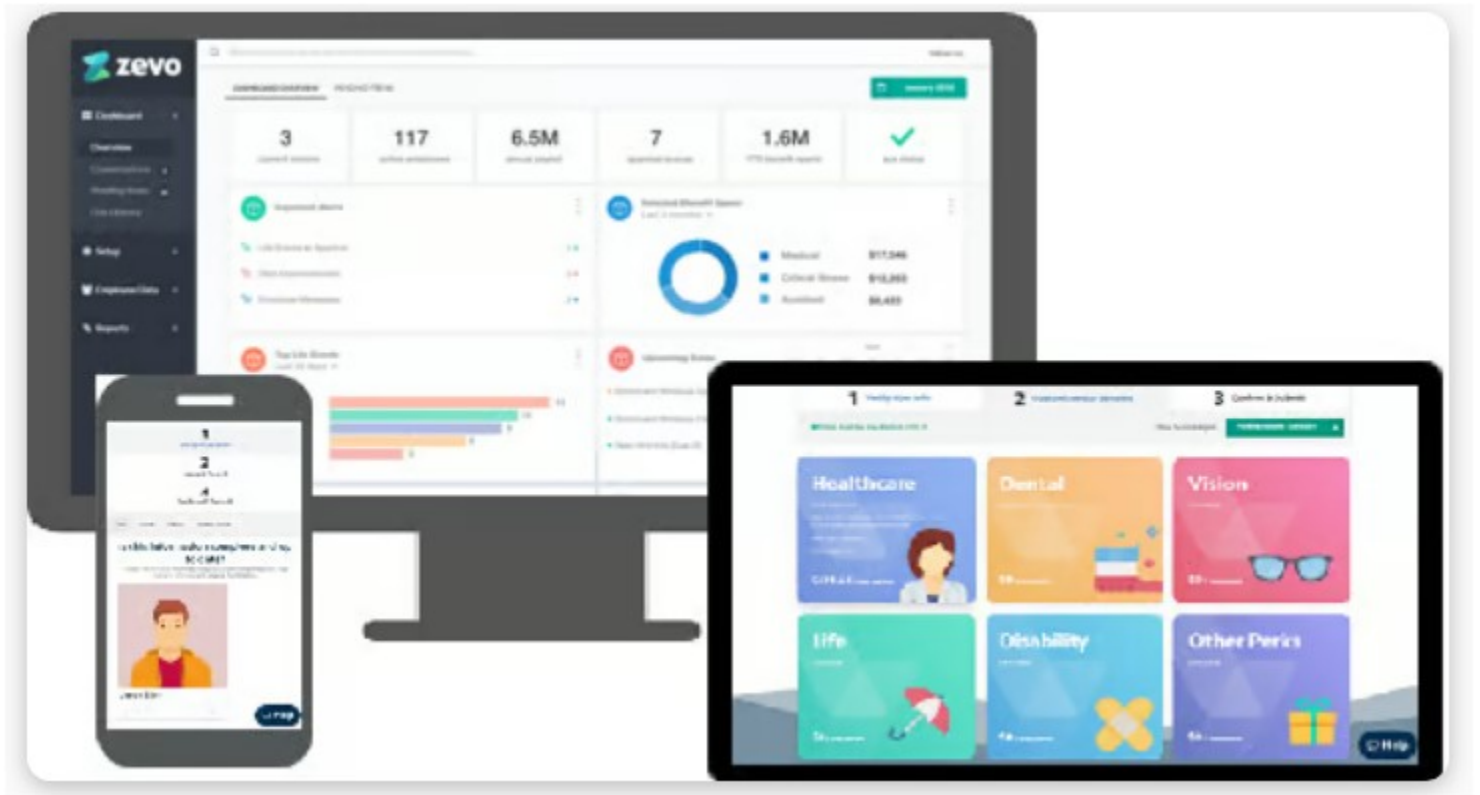


## Employee Benefits Portal

View your current benefits and cost, access plan details, policy certificates, and product videos.

<https://chartercare.benefitsinfo.com/enroll-now>

Enter the above link in your browser or scan the QR Code then log in using the username and password that you created when you first registered.



Scan Me!

Scan the QR Code or use the link to visit the benefits homepage.

## Medical Benefits



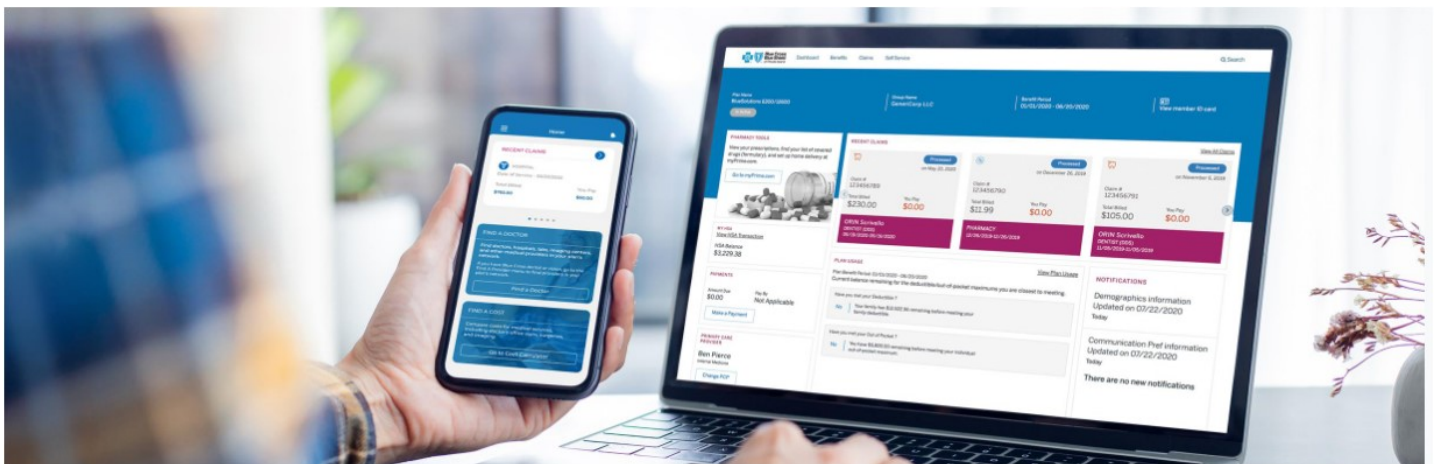
CharterCARE offers three (3) medical plans: All three medical PPO plans cover the same medical and pharmacy services; the difference is your out-of-pocket costs vary per plan. The chart on the following page is a brief outline of the plans. Please refer to the summary plan description (SPD) for complete plan details.

When you utilize doctors that are CharterCARE providers and/or participate in the Blue Cross Blue Shield network, you will receive the advantage of a higher benefit level and pay less money out of your pocket. There may be certain procedures or services requiring multiple providers. It is highly recommended that you verify all associated providers are participating in the network. This not only includes your doctor but also anesthesiologists, lab facilities, etc. This will help you avoid incurring any unexpected out-of-network charges and ensure the most cost-effective use of your health plan.

## Register to My BCBS RI Member Account Your Guide to Online Tools and Resources

[Register your BCBSRI account](#), your personalized member services website. It is your resource for the tools and information you need to manage your health plan and health care. MYBCBSRI is personalized to you, to help you understand your own health care and treatment options. You can also find information about your coverage and claims. It's designed to make health care easier, giving you on-the-go access when, where and how you want it.

Register today to set up your username and password!



## Medical Benefits – Platinum Plan

### HealthMate Coast to Coast



Benefit Coverage	Platinum Plan		
	CharterCARE Network	BCBS Network	Out-of-Network Benefits
<b>Calendar Deductible</b>			
Individual	\$0	\$250	\$3,000
Family	\$0	\$750	\$6,000
Coinsurance	100% BCBS 0% Member	90% BCBS 10% Member	50% BCBS 50% Member
<b>Maximum Annual Out-of-Pocket (includes deductible, coinsurance, and copays)</b>			
Individual	\$0	\$2,750	\$5,000
Family	\$0	\$8,250	\$10,000
<b>Physician Office Visit</b>			
Primary Care	No charge	\$20 copay	50% after deductible
Specialty Care	No charge	\$25 copay	50% after deductible
Telehealth	Not covered	\$10 copay	Not covered
<b>Preventive Care</b>			
Preventative Care/Screenings	No charge	No charge	Not Covered
<b>Diagnostic Services</b>			
Diagnostic Test (X-ray, Blood Work)	No charge	No charge	50% after deductible
Complex Radiology (CT/PET scans, MRIs)	No charge	10% after deductible	50% after deductible
Urgent Care Facility	No charge	\$35 copay	50% after deductible
Emergency Room	No charge	\$200 copay	\$200 copay
Inpatient Facility	No charge	10% after deductible	50% after deductible
Outpatient Facility	No charge	10% after deductible	50% after deductible
<b>Pharmacy</b>			
	Copay per 30-day supply	Mail Order 90-day supply	Retail 90-day supply
Out-of-Pocket Maximum	\$2,500 Individual / \$5,000 Family		
Generic (Tier 1)	\$15 copay	\$30 copay	\$45 copay
Preferred (Tier 2)	\$45 copay	\$90 copay	\$135 copay
Non-Preferred (Tier 3)	\$60 copay	\$120 copay	\$180 copay
Specialty (Tier 4)	25% up to \$150	Not covered	Not covered



## Medical Benefits – Gold Plan

### HealthMate Coast to Coast



Benefit Coverage	Gold Plan		
	CharterCARE Network	BCBS Network	Out-of-Network Benefits
<b>Calendar Deductible</b>			
Individual	\$0	\$1,500	\$3,000
Family	\$0	\$3,000	\$6,000
Coinsurance	100% BCBS 0% Member	80% BCBS 20% Member	50% BCBS 50% Member
<b>Maximum Annual Out-of-Pocket (includes deductible, coinsurance, and copays)</b>			
Individual	\$0	\$4,500	\$7,500
Family	\$0	\$9,000	\$15,000
<b>Physician Office Visit</b>			
Primary Care	No charge	\$20 copay	50% after deductible
Specialty Care	No charge	\$35 copay	50% after deductible
Telehealth	Not covered	\$10 copay	Not covered
<b>Preventive Care</b>			
Preventative Care/Screenings	No charge	No charge	Not Covered
<b>Diagnostic Services</b>			
Diagnostic Test (X-ray, Blood Work)	No charge	No charge	50% after deductible
Complex Radiology (CT/PET scans, MRIs)	No charge	20% after deductible	50% after deductible
Urgent Care Facility	No charge	\$35 copay	50% after deductible
Emergency Room	No charge	\$200 copay	\$200 copay
Inpatient Facility	No charge	20% after deductible	50% after deductible
Outpatient Facility	No charge	20% after deductible	50% after deductible
<b>Pharmacy</b>			
	Copay per 30-day supply	Mail Order 90-day supply	Retail 90-day supply
Out-of-Pocket Maximum	\$2,500 Individual / \$5,000 Family		
Generic (Tier 1)	\$15 copay	\$30 copay	\$45 copay
Preferred (Tier 2)	\$45 copay	\$90 copay	\$135 copay
Non-Preferred (Tier 3)	\$60 copay	\$120 copay	\$180 copay
Specialty (Tier 4)	25% up to \$150	Not covered	Not covered

## Medical Benefits – Silver Plan

### HealthMate Coast to Coast



Benefit Coverage	Silver Plan		
	CharterCARE Network	BCBS Network	Out-of-Network Benefits
<b>Calendar Deductible</b>			
Individual	\$0	\$2,500	\$5,000
Family	\$0	\$5,000	\$10,000
Coinsurance	100% BCBS 0% Member	80% BCBS 20% Member	50% BCBS 50% Member
<b>Maximum Annual Out-of-Pocket (includes deductible, coinsurance, and copays)</b>			
Individual	\$0	\$5,000	\$7,500
Family	\$0	\$10,000	\$15,000
<b>Physician Office Visit</b>			
Primary Care	No charge	\$20 copay	50% after deductible
Specialty Care	No charge	\$30 copay	50% after deductible
Telehealth	Not covered	\$10 copay	Not covered
<b>Preventive Care</b>			
Preventative Care/Screenings	No charge	No charge	Not Covered
<b>Diagnostic Services</b>			
Diagnostic Test (X-ray, Blood Work)	No charge	No charge	50% after deductible
Complex Radiology (CT/PET scans, MRIs)	No charge	20% after deductible	50% after deductible
Urgent Care Facility	No charge	\$35 copay	50% after deductible
Emergency Room	No charge	\$200 copay	\$200 copay
Inpatient Facility	No charge	20% after deductible	50% after deductible
Outpatient Facility	No charge	20% after deductible	50% after deductible
<b>Pharmacy</b>			
	Copay per 30-day supply	Mail Order 90-day supply	Retail 90-day supply
Out-of-Pocket Maximum	\$2,650 Individual / \$5,300 Family		
Generic (Tier 1)	\$15 copay	\$30 copay	\$45 copay
Preferred (Tier 2)	\$45 copay	\$90 copay	\$135 copay
Non-Preferred (Tier 3)	\$60 copay	\$120 copay	\$180 copay
Specialty (Tier 4)	25% up to \$150	Not covered	Not covered



## Telemedicine – Doctors Online

### What is an online doctor visit?

It's a convenient way to address many common, non-emergency health issues. The Doctors Online mobile technology makes it possible to see a doctor, without leaving your home, office, or wherever you happen to be.

And now you can also visit with a therapist or psychiatrist when it's most convenient for you. Use Doctors Online to find a provider and schedule an appointment in the privacy of your home or wherever is most suitable for you.

### When should I use Doctors Online?

Doctors Online is ideal for those times when seeing a doctor in-person simply isn't an option; for example:

- You can't fit it into your schedule
- Your doctor's office is closed, or they can't fit you into their schedule
- You feel too sick to drive
- You have children at home and don't want to bring them along
- You're on a business trip and don't have access to your doctor

### What can Doctors Online treat effectively?

Doctors Online provides general health treatment or pediatric care for many common, non-emergency health issues, including:

- Cold and flu symptoms
- Allergies
- Bronchitis and other respiratory infections
- Skin irritations
- Sinus problems
- Therapists and psychiatrists can help care for anxiety, ADHD, depression, PTSD, and stress.

### Do I need to schedule an appointment?

An appointment is not necessary. When you log in to Doctors Online, a list of available doctors will appear on your screen. You can browse doctor profiles and then select who you want to see by clicking on the green "Connect" button. If no one is available, you will be placed in a "waiting room" and notified by text message once a doctor is available.

### Are therapists and psychiatrists available?

**NEW** Doctors Online now offers therapy and psychiatric care as well. Therapy and psychiatry are available by appointment only. For therapy, call **(877) 410-5548**. For psychiatry, call **(855) 818-3627**. Or use the self-schedule feature within Doctors Online.

Therapists and psychiatrists are available during convenient times, often at night or on weekends, to help you cope with many life issues that may require professional attention. Once you and your therapist or psychiatrist have established a relationship, you can schedule ongoing sessions to continue treatment.

### How do I sign up for Doctors Online?

- Search "Drs. Online" from the App Store or Google Play\*, or visit **drs-online.com**
- Have your BCBSRI member ID information handy
- Provide your contact information
- Set up your username and password
- Then, use this login information for both the desktop and mobile versions of Doctors Online



### Any further questions?

If you have questions about Doctors Online not addressed here, email the support team: **doctorsonline.support@americanwell.com**, or call **(800) 345-1419**.

In the case of an emergency, you should always call **911** or **your local emergency services**. Doctors Online is not intended to replace these services and should not be used in those circumstances.



## Take Care Of Your Health – Know Where To GO

Care Center	Why would I use this care center?	What type of care would they provide?	What are the cost and time considerations?	Service Cost
<b>Telemedicine</b> 	<ul style="list-style-type: none"> <li>It's the weekend, after hours or you just don't have time to see your doctor</li> <li>Your condition is not urgent or an emergency</li> <li>Doctors can diagnose you over the phone and send a prescription to your pharmacy</li> <li>Available 24/7/365 days a year, by web, phone or mobile app</li> </ul>	<ul style="list-style-type: none"> <li>Minor illnesses</li> <li>Minor infections</li> <li>Cold and flu symptoms</li> <li>Bronchitis</li> <li>Allergies</li> </ul>	<ul style="list-style-type: none"> <li>No appointment necessary</li> <li>Calls are usually returned in 30 minutes or less</li> </ul>	\$
<b>Doctor's Office</b> 	<ul style="list-style-type: none"> <li>Routine care or treatment for a current health issue</li> <li>Your primary doctor knows you and your health history</li> <li>To manage your medications</li> <li>To refer you to a specialist</li> <li>Available Monday-Friday only</li> </ul>	<ul style="list-style-type: none"> <li>Routine checkups</li> <li>Immunizations</li> <li>Preventive services</li> <li>Manage your general health</li> </ul>	<ul style="list-style-type: none"> <li>Normally requires an appointment</li> <li>Little wait time with scheduled appointment</li> </ul>	\$\$
<b>Convenience Care Clinic</b> 	<ul style="list-style-type: none"> <li>Your condition is not urgent or an emergency</li> <li>Conveniently located</li> <li>Care for minor health conditions</li> <li>Staffed by nurse practitioners and physician assistants</li> <li>Available 7 days a week, limited hours</li> </ul>	<ul style="list-style-type: none"> <li>Common infections (e.g. strep throat)</li> <li>Minor skin conditions (e.g. poison ivy)</li> <li>Flu shots</li> <li>Earaches</li> </ul>	<ul style="list-style-type: none"> <li>Walk-in patients welcome with no appointments necessary, but wait times can vary</li> </ul>	\$\$
<b>Urgent Care Clinic</b> 	<ul style="list-style-type: none"> <li>You need care quickly, but it is not an emergency</li> <li>Your primary physician may not be available</li> <li>Non-life-threatening injuries or illnesses</li> <li>Staffed by qualified physicians</li> <li>Available 24/7/365 days a year</li> </ul>	<ul style="list-style-type: none"> <li>Sprains</li> <li>Strains</li> <li>Minor broken bones (e.g. finger)</li> <li>Minor infections</li> <li>Minor burns</li> </ul>	<ul style="list-style-type: none"> <li>Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first</li> </ul>	\$\$\$
<b>Emergency Room</b> 	<ul style="list-style-type: none"> <li>Immediate treatment of a very serious or critical condition.</li> <li><b>Do not ignore an emergency.</b> If a situation seems life-threatening, take action. Call 911 or your local emergency number right away</li> <li>Available 24/7/365 days a year</li> </ul>	<ul style="list-style-type: none"> <li>Heavy bleeding</li> <li>Sudden change in vision</li> <li>Chest pain</li> <li>Sudden weakness or trouble walking</li> <li>Major burns</li> <li>Severe head injury</li> <li>Difficulty breathing</li> </ul>	<ul style="list-style-type: none"> <li>Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first</li> </ul>	\$\$\$\$

## Flexible Spending Account (FSA)



The Flexible Spending Account (FSA) plan with Wex Benefits allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. You pay no federal or state income taxes on the money you place in an FSA.

### How an FSA Works

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- Your annual amount is broken out into 26 pay deductions and will be deducted evenly throughout the year.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

### Important rules to keep in mind (Plan Carefully!)

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds. However, you are able to rollover up to \$640 to the next plan year, any remaining funds over \$640 will be forfeited.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.
- You will have until March 31<sup>st</sup> to file a claim for FSA funds for any eligible expense made by December 31 of the previous year.

### Qualified Expenses

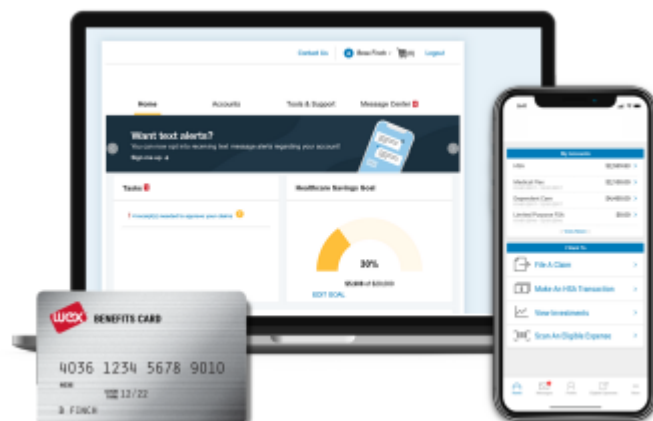
[Click Here](#) for full list of eligible expenses.

<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Ambulance</li> <li>• Body Scans</li> <li>• Chiropractor</li> <li>• Contact Lenses</li> </ul>	<ul style="list-style-type: none"> <li>• Copays</li> <li>• Crutches</li> <li>• Deductibles</li> <li>• Dental Treatments</li> <li>• Eyeglasses/Eye Surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing Aids</li> <li>• Medicines</li> <li>• Nursing home medical care</li> <li>• Nursing Services</li> <li>• Orthodontia</li> </ul>	<ul style="list-style-type: none"> <li>• Surgery (non-cosmetic)</li> <li>• Therapy</li> <li>• Weight-loss Programs</li> <li>• Wheelchairs</li> <li>• Wigs</li> </ul>
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### Dependent Care Flexible Spending Account

The dependent care account may be used to pay for dependent care expenses for dependents up to age 13. Qualifying expenses include daycare fees, before-school and after-school care, and local day camp. The maximum annual contribution is \$2,500 if you are married and file a separate tax return and \$5,000 per year if you are married and file a joint tax return or if you file as single or head of household. Under IRS guidelines, you can only be reimbursed for dependent care that has already taken place. Also, you can only be reimbursed for the amount you have already contributed to your dependent care FSA.

Maximum Annual Contribution Limits	
Health Care FSA	Minimum Contribution \$0 Maximum Contribution \$3,200
Dependent Care FSA	Minimum Contribution \$0 Maximum Contribution \$5,000



## Dental Insurance (Delta Dental of Rhode Island)



Delta Dental PPO offers a network of dentists who have agreed to reduced contracted rates for their services, and they cannot “balance bill” enrollees for additional charges. You are able to visit any licensed dentist of your choice, but you will usually have less out-of-pocket expenses when you visit a Delta Dental PPO network dentist. A Delta Dental Premier® dentist is your next best bet; their contracted rates are slightly higher than those of PPO dentists, but you will still enjoy some cost protection.

Visit the Delta Dental website at [www.deltadentalri.com](http://www.deltadentalri.com) to find additional dental information such as locating a participating dental provider and printing a dental ID card.

Benefit Coverage	PPO Plan	
	Delta Dental PPO Dentists**	Non-Delta Dental PPO Dentists**
<b>Calendar Year Deductible</b>		
Individual	\$25	\$50
Family Maximum	\$75	\$150
<b>Calendar Year Maximum</b>		
Maximum (per person)	\$2,000	\$1,500
Type 1 – Preventive Oral Exams, X-rays, Cleanings, Fluoride Treatment, Space Maintainers, Sealants	No charge (deductible waived)	20% (deductible waived)
Type 2 – Basic Oral Surgery, Fillings, Endodontic Treatment, Periodontic Treatment, Repairs of Dentures and Crowns	20%	20%
Type 3 – Major Crowns, Jackets, Dentures, Bridge Implants	50%	50%
<b>Orthodontia (Adult and Child to age 26)</b>		
Benefit Percentage	50%	
Lifetime Maximum (per individual)	\$1,500	
Deductible	\$0	

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.



## Vision Insurance (Delta Dental of Rhode Island)



The vision plan through Delta Dental of RI using the VSP network provides coverage for optical care, eyewear, contacts, and corrective vision services each plan year. You may choose from many private practice providers, local optical stores, and national retail stores, including Costco Optical.

Find additional vision information and locate a participating vision provider at [www.deltadentalri.com](http://www.deltadentalri.com) using the VSP Choice network.

Benefit Coverage	In-Network	Out-of-Network
Eye Exam 1 exam per calendar year	\$10 copay	Up to \$45 reimbursement
Frames 1 per calendar year	\$250 allowance after \$20 copay. 20% savings on amount over allowance.	Up to \$70 reimbursement
Lenses 1 pair per calendar year	Covered 100% after \$20 copay for single vision, lined bifocal, lined trifocal, and lenticular lenses.	Up to \$100 reimbursement depending on lenses
Elective Contacts (in lieu of lenses and frames) Every calendar year	\$250 allowance, no copay	Up to \$210 reimbursement
Contact Lens Fitting, Re-Fit or Evaluation	Up to \$60	Up to \$105 reimbursement
Additional Glasses and Sunglasses	20% savings on additional prescription or non-prescription glasses and/or sunglasses from any VSP provider within 12 months of last WellVision Exam	
Laser Vision Correction	Additional savings of 15% - 20%. See VSP.com for more information and participating providers.	
TruHearing	Save up to 60% on brand-name prescription hearing aids. Visit TruHearing.com/VSP or call (877) 396-7194 for more information.	



## Life and Accidental Death & Dismemberment Insurance (Reliance Matrix)

CharterCARE provides company-paid Basic Life and Accidental Death & Dismemberment (AD&D) insurance to all full-time and part-time employees through Reliance Matrix to assist you and your family in the event of a loss.

Upon meeting eligibility requirements, you are automatically enrolled in Basic Life/AD&D at no cost. Life insurance can protect your survivors from financial difficulty in the event of your death. AD&D insurance can provide assistance if you suffer accidental dismemberment or death resulting from an accident. Your basic life insurance benefit amount is \$25,000. This plan has restrictions on age and is portable if employment is terminated or if you have a reduction of hours.

The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Basic Life and AD&D	
<b>You</b>	
Benefit Amount	\$25,000
Age Reduction	Benefit reduce to 67% at age 70, 50% at age 75

## Supplemental Life / AD&D (Reliance Matrix)

Supplemental Life and AD&D	
<b>You</b>	
Benefit Maximum	Lesser of 5x annual earnings or \$750,000
Benefit Increments	\$25,000
Guaranteed Issue	\$250,000
Age Reduction	Benefit reduce to 67% at age 70, 50% at age 75
<b>Your Spouse</b>	
Benefit Maximum	100% of Employee Amount to \$250,000
Benefit Increments	\$5,000
Guaranteed Issue	\$50,000
Age Reduction	Benefit reduce to 67% at age 70, 50% at age 75
<b>Your Child</b>	
Benefit Maximum	\$5,000 or \$10,000
Guaranteed Issue	\$10,000
<b>Additional Features</b>	
Accidental Death & Dismemberment	Benefits under this coverage are payable for accidental death or injury
Conversion and Portability	Included
EOI Rules	If you waive supplemental life coverage when you are initially eligible you will be required to provide Evidence of Insurability (EOI) when enrolling at a later date for any amount, under the guaranteed issue amount.
Premiums	Premiums are based on age and will increase when you bump up to the next age bracket. Example: 39 to 40, 44 to 45.



## Short Term Disability Insurance (Reliance Matrix)



Short Term Disability (STD) is an employee paid benefit that provides partial income protection if you are unable to work due to an illness or injury. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. This coverage is paid by the employee. Disability benefits must be approved by a physician and the disability provider.

Rhode Island, Massachusetts, and Connecticut all provide short-term disability benefits at varying levels. Coverage through Reliance Matrix would be additional coverage if needed on a voluntary basis.

	Rhode Island Paid Family Leave (TCL)	Rhode Island Temporary Disability Insurance (TDI)	Voluntary Coverage through CharterCARE
Eligibility	To receive TCL, employees must be out of work for seven consecutive days. Once the waiting period is met, employees will receive a weekly benefit rate that equals 4.62% of the wages paid to them in the highest quarter of their base period. As of July 1, the maximum benefit is \$1,070 per week, and the minimum benefit is \$130 per week.	RI TDI provides 30 weeks of payments in any benefit year. As of July 1, employees will receive at least \$121 per week and a maximum of \$1,070 per week. When used with TCL, TDI benefits cannot exceed 30 weeks.	Additional coverage if your annual salary is more than \$92,000
Elimination Period			Benefits begin the day following the 14 <sup>th</sup> consecutive calendar day of disability for accident/injury and sickness
Maximum Weekly Benefit			60% of weekly earnings
Minimum Weekly Benefit Amount			\$25
Maximum Weekly Benefit Amount			\$2,000
Benefit Duration			Benefits up to 11 weeks
Pre-Existing Condition Limitation			Any condition treated 3 months prior to effective date isn't cored for 12 months
Massachusetts and Connecticut Residents Only	State leave is offered at varying levels.		



## Long-Term Disability Insurance (Reliance Matrix)



CharterCARE provides company paid Long-Term income protection through Reliance Matrix to all full-time and part-time employees. Long-Term Disability (LTD) helps in the event you become unable to work due to a "non-work" long term related illness or injury.

Under LTD you will receive a portion of your monthly income for as long as you are disabled or until you reach your social security normal retirement age, whichever comes first.

Disability benefits are reduced by other income you receive, such as social security, state disability benefits, pension benefits, and workers' compensation.

Long-Term Disability	
Elimination Period	Benefits begin the day following the 180 <sup>th</sup> consecutive calendar day of disability
Maximum Monthly Benefit	60% of monthly earnings
Minimum Monthly Benefit Amount	\$100
Maximum Monthly Benefit Amount	\$5,000
Benefit Duration	Benefits will be payable up to social security normal retirement age
Pre-Existing Condition Limitation	An illness, disease, infection, disorder, condition or injury for which, within the 3-month period before the effective date of coverage, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Disability caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the effective date of coverage.



## **IMPORTANT: Hospital Confinement is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

### **Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov) online** or call **1-800-318-2596** (TTY: 1-855-889- 4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

### **Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

## Accident Coverage (Reliance Matrix)



No one plans to have an accident. But it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. This coverage helps pick up where other insurance leaves off and provides cash to cover the expenses or to help pay for household expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs.

Coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan also includes coverage for a variety of occurrences, such as: dismemberment, dislocation or fracture; ambulance services; physical therapy and more.

Accident (24 Hour Coverage)	
Ambulance (Ground)	\$400
Burns (2 <sup>nd</sup> / 3 <sup>rd</sup> Degree)	\$3,200 - \$6,400
Coma	\$5,000
Concussion	\$100
Emergency Dental Work	\$300 for crown / \$100 for extraction
Diagnostic Exam (CT, CAT)	\$250 per CT/MRI scan
Emergency Treatment	\$250 (includes urgent care)
Eye Injury	\$150 for removal of foreign object / \$300 for surgical repair
Dislocation / Fracture	\$2,800 – \$8,750
Hospital Admission	\$1,000
Hospital Confinement	\$300 per day (365-day maximum)
Lacerations	Up to \$600
Physical Therapy	\$50 per session (12 sessions maximum)
X-ray	\$125
Wellness Screening Benefit	\$50 per covered person per year

## Hospital Confinement (Reliance Matrix)



The Reliance Matrix Hospital plan provides cash benefits directly to you that help pay for some of the costs—medical and nonmedical—associated with a covered hospital stay due to a sickness or accidental injury.

- Benefits are paid for covered sicknesses and accidents
- Benefits are paid regardless of any other medical insurance
- No pre-existing condition limitations
- Guaranteed issue coverage during initial enrollment
- Portable (take it with you)

Hospital Confinement	
Hospital Admission	\$2,000 (2 per coverage year)
Hospital Admission for ICU	\$2,000 (2 per coverage year)
Hospital Confinement	\$100 (60 daily per coverage year)
Hospital Confinement for ICU	\$200 (30 daily per coverage year)
Wellness Screening Benefit	\$50 per covered person per year

## Critical Illness (Reliance Matrix)

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Reliance Matrix's critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.

- Benefits are paid directly to you unless otherwise assigned
- Benefit amounts are available up to \$30,000 for employee and \$30,000 for spouse with no health questions.
- Dependent children are covered at 50% of the primary insured's amount.
- No pre-existing condition limitations
- The plan doesn't have a waiting period for benefits
- Coverage is portable if you leave employment
- Annual health screening benefit is included

Covered Critical Illnesses	Percentage of Face Amount/Benefit
Coverage for Employee	\$10,000 to \$30,000 in \$10,000 increments
Coverage for Spouse	\$10,000 to \$30,000 in \$10,000 increments (not to exceed 100% of employee amount)
Coverage for Child(ren)	50% of employee amount up
Guaranteed Issue	Employee / Spouse: \$30,000 Child(ren): all amounts are guaranteed issue
Alzheimer's	100%
Carcinoma in Situ	25%
Coronary Disease	50%
Heart Attack	100%
Invasive Cancer	100%
Major Organ Failure (includes bone marrow and renal failure)	100%
Motor Neuron Disease (ALS, Lou Gehrig's)	100%
Multiple Sclerosis	100%
Parkinson's	100%
Skin Cancer	5%
Stroke	100%
Wellness Screening Benefit	\$50 per covered person per year

## Employee Assistance Program



CharterCARE employees have access to an Employee Assistance Program through the Coastline EAP. Your EAP benefit includes a comprehensive array of counseling and web services. All services are FREE and completely confidential and can be utilized by you and any member of your family, including spouse or significant other, children, and even extended family members who live in the household.

### Counseling & Coaching Services - Helping You Face Work and Life Challenges

Coastline EAP's counseling and coaching services are provided by master's-level licensed professionals. The program provides you with up to 6 sessions per issue or per event. Coastline offers virtual, telephonic, and chat appointments.

**Phone:** (800) 445-1195

**Online at:** [www.coastlineeap.com](http://www.coastlineeap.com)

**Company code:** CCHRI

### Need to talk?

From every day stress to life's biggest challenges, we can help.



### We're here to listen

- Family problems
- Depression, Anxiety, Stress
- Substance Use, Addictions
- Anger/Violence
- Childcare or Eldercare
- Relationship Conflicts
- Legal Issues
- Financial Worries

**CALL:** 1-800-445-1195

## CONFIDENTIAL CONSULTATION & SUPPORT



**24/7  
SUPPORT**

**1-800-445-1195**

Any time, any day, access to masters level clinical staff to help you with in-the-moment support.



**REAL  
PERSON  
CHAT**

**coastlineeap.com**

Confidential chat and text available for quick and easy access to the support you need.



**E-MAIL  
CONTACT**

**intake@coastlineeap.com**

Email contact for less than urgent needs. You will be contacted in less than 24 hours by masters level clinical staff.



## Benefit Resource Center Through USI Insurance Services

**Available 2/1/2025**



Call the Benefit Resource Center (“BRC”),  
We’re Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



### Benefit Resource Center

BRCSouth@usi.com | Toll Free: 855-874-0835

Monday through Friday 8:00am to 6:00pm Eastern Standard Time  
& 7:00am to 5:00pm Central Standard Time

## Carrier Customer Service

Additional information regarding benefit plans can be found on the carrier's website.

	CARRIER	PHONE NUMBER	WEBSITE / EMAIL
Benefit Resource Center <i>(available 2/1/2025)</i>	USI Insurance Services	(855) 874-0835	<a href="mailto:BRCSouth@usi.com">BRCSouth@usi.com</a>
Employee Assistance Program	Coastline EAP	(800) 445-1195	<a href="http://www.coastlineeap.com">www.coastlineeap.com</a>
Medical	Blue Cross Blue Shield of Rhode Island	(800) 639-2227	<a href="http://www.BlueCareConnectRI.com">www.BlueCareConnectRI.com</a>
Telemedicine	BCBS RI – Doctors Online	(800) 345-1419	<a href="http://www.drs-online.com">www.drs-online.com</a>
Dental	Delta Dental of RI	(800) 843-3582	<a href="http://www.deltadentalri.com">www.deltadentalri.com</a>
Vision	Delta Dental of RI	(800) 843-3582	<a href="http://www.deltadentalri.com">www.deltadentalri.com</a>
Flexible Spend Account (FSA)	Wex Benefits	(866) 451-3399	<a href="http://www.benefitslogin.wexhealth.com">www.benefitslogin.wexhealth.com</a>
Life and AD&D	Reliance Matrix	(800) 351-7500	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>
Voluntary Life and AD&D	Reliance Matrix	(800) 351-7500	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>
Long Term Disability (LTD)	Reliance Matrix	(800) 351-7500	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>
Accident	Reliance Matrix	(800) 351-7500	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>
Critical Illness	Reliance Matrix	(800) 351-7500	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>
Hospital	Reliance Matrix	(800) 351-7500	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>



## REQUIRED NOTIFICATIONS

### Important Legal Notices Affecting Your Health Plan Coverage

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

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

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

#### NEWBORNS ACT DISCLOSURE - FEDERAL

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

#### NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment 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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

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

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

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

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

## **Your Information. Your Rights. Our Responsibilities.**

*Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.*

### **Your Rights**

You have the right to:

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

### **Your Choices**

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

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

### **Our Uses and Disclosures**

We may use and share your information as we:

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

### **Your Rights When it comes to your health information, you have certain rights.**

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

#### **Get a copy of health and claims records**

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

#### **Ask us to correct health and claims records**

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

#### **Request confidential communications**

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

#### **Ask us to limit what we use or share**

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

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

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

### **Get a copy of this privacy notice**

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

### **Choose someone to act for you**

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

### **File a complaint if you feel your rights are violated**

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

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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

- Share information with your family, close friends, or others involved in payment for your care
  - Share information in a disaster relief situation
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases, we never share your information unless you give us written permission:  
Marketing purposes   Sale of your information

### **Our Uses and Disclosures**

#### **How do we typically use or share your health information?**

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

#### **Help manage the health care treatment you receive**

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

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

#### **Pay for your health services**

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

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

#### **Administer your plan**

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

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

#### **Run our organization**

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

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

## **How else can we use or share your health information?**

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

## **Help with public health and safety issues**

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

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

## **Do research**

We can use or share your information for health research.

## **Comply with the law**

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

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

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

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

We can use or share health information about you:

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

## **Respond to lawsuits and legal actions**

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

## **Our Responsibilities**

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

For more information see: [www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html).

## **Changes to the Terms of this Notice**

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

## **Other Instructions for Notice**

- January 13, 2025
- Jennifer Amaral
  - (401) 456-3733
  - [Jennifer.Amaral1@chartercare.org](mailto:Jennifer.Amaral1@chartercare.org)



# **Important Notice from CharterCARE Health of Rhode Island, Inc. 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 CharterCARE Health of Rhode Island, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Charter Care Health of Rhode Island, Inc. has determined that the prescription drug coverage offered by the medical 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 Charter CARE Health of Rhode Island Inc. coverage will be affected. If you joined a Medicare drug plan after a COBRA qualified event, your COBRA coverage may end.

If you do decide to join a Medicare drug plan and drop your current Charter CARE Health of Rhode Island Inc. coverage, be aware that you and your dependents will be able to get this coverage back.

**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 Charter CARE of Rhode Island, Inc. 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 CharterCARE Health of Rhode Island 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](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date:	02/01/2025
Name of Entity/Sender:	CharterCARE Health of Rhode Island, Inc.
Contact--Position/Office:	Jennifer Amaral – Associate Director, Human Resources
Address:	200 High Service Avenue, North Providence, RI – 02904
Phone Number:	(401) 456-3733

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HHSHIPPPProgram@mt.gov">HHSHIPPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT– Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.vermont.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)  
Menu Option 4, Ext. 61565

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323

### **Paperwork Reduction Act Statement**

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

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

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





# Health Insurance Marketplace Coverage Options and Your Health Coverage

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

## PART A: General Information

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

### What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>12</sup>

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

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

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

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

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

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

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

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

## What about Alternatives to Marketplace Health Insurance Coverage?

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

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

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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

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

3. Employer Name: CharterCARE Health of Rhode Island, Inc.		4. Employer Identification Number (EIN) 92-1340740	
5. Employer address: 200 High Service Avenue		6. Employer phone number: 401-456-3469	
7. City: North Providence	8. State: RI	9. ZIP code: 02904	
10. Who can we contact about employee health coverage at this job?: Tara Davis			
11. Phone number (if different from above)		12. Email address: Tara.davis@chartercare.org	

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

- As your employer, we offer a health plan to:  
☐ All employees. Eligible employees are:

- ☒ Some employees. Eligible employees are:

Regular full-time employees who are scheduled to work at least 30 hours per week. Regular part-time employees who are regularly scheduled to work at least 20-29 hours per week.

- With respect to dependents:

- ☒ We do offer coverage. Eligible dependents are:

- Your legal spouse or registered common law spouse, who is not eligible for medical insurance under their employer's health plan.
- Children up to age 26, including natural children, stepchildren, legally adopted children, children for whom you are the legal guardian, foster children, children for whom you are legally responsible to provide health coverage under a Qualified Medical Child Support Order (GMCSO).
- Disabled child(ren) over age 26 if unmarried, incapable of self-support, dependent on you for primary support and the disability occurred before the age of 26.

- ☐ We do not offer coverage.

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

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

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



CharterCARE Health

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OF RHODE ISLAND

