



Benefits of Caring

2019 Benefits Guide



Benefits of Caring

Catholic Health Services of Long Island (CHS) is proud to offer a rich selection of benefits to our employees, while keeping your costs as low as possible in the process. The Benefits of Caring program reflects both our dedication to our employees and our shared commitment to caring for our community of patients and neighbors.

This guide summarizes your benefits, and helps you to make the choices that will get you the most from our programs.

If you have questions about benefits and enrollment that are not answered in this book, please visit www.benefitsquest.com/CHSLI. The "Whom to Contact" page in this booklet also lists contact information for all of the providers and partners listed in this book; they can help answer specific questions.

Mission statement

We, at Catholic Health Services, humbly join together to bring Christ's healing mission and the mission of mercy of the Catholic Church expressed in Catholic health care to our communities.

This booklet is intended to provide highlights of the Benefits of Caring program, but in no way do the descriptions presented in this guide supersede the provisions contained within the relevant insurance contract. In the event of any discrepancies, the actual provisions of the relevant insurance contract will prevail. Catholic Health Services of Long Island reserves the right to amend or discontinue any or all of the programs within its Benefits Program at any time. Participation in the Benefits of Caring Program does not give you any right to continued employment. In addition, note that this Plan is intended and designed to be administered consistent with the tenets of the Catholic faith. Therefore, the Plan will not cover any costs or benefits that do not comply with the Ethical and Religious Directives of the Catholic Church.

Who we are

Catholic Health Services of Long Island (CHS) is the health care ministry of the Diocese of Rockville Centre. We are one of the largest employers on Long Island. The many locations that participate in the Benefits of Caring Program are:

Hospitals

- Good Samaritan Hospital Medical Center
- Mercy Medical Center
- St. Catherine of Siena Medical Center
- St. Charles Hospital
- St. Francis Hospital - The Heart Center
- St. Joseph Hospital

Nursing Homes

- Good Samaritan Nursing Home
- Our Lady of Consolation Nursing & Rehabilitative Care Center
- St. Catherine of Siena Nursing & Rehabilitation Care Center

Home Care Organizations

- Catholic Home Care
- Good Shepherd Hospice

Long Term Home Health Care Programs

- Good Samaritan
- Our Lady of Consolation

Community Based Organizations

- Maryhaven Center of Hope
- Suffolk Hearing & Speech Center

CHS Services, Inc.

What's New

Mandatory 2019 Open Enrollment: October 30 - November 16

This Year, Catholic Health Services is Giving You Three Paperless Ways to Enroll

We want to make sure we do our part to inform and educate you on what's important. This is the time of the year to learn about Catholic Health's offerings and choose what's best for you and your family. Before enrolling, we encourage you to carefully review your benefit options available in this benefits guide and on the benefits website.

Benefits Website

Visit www.benefitsquest.com/CHSLI to see expanded benefits information that provides a more in-depth look at eligibility requirements, medical plan differences, key benefit terminology, voluntary benefit offerings and more. In addition to this guide, the website is your resource to learn about our plans, so you can make the best choices for you and your family.

New Enhanced 2019 Benefits

Choose from an array of enhanced benefits from new vendors during open enrollment. You may enroll in:

- **Critical Illness Insurance:** Helps provide income protection in the event of a covered serious illness or cancer.
- **Accident Insurance:** Pays a benefit directly to you if you suffer a covered injury.
- **Hospital Indemnity Insurance:** Provides financial protection if you or a covered family member require medical care in the hospital.
- **Legal Plan:** Helps protect you and your family from legal complications.
- **New! Identity Theft Protection:** Offers a comprehensive, proactive defense to limit your chances of experiencing fraud.

Changes to Medical and Rx Coverage

As healthcare costs increase everywhere, we work hard to keep your medical and prescription drug costs as affordable as possible. Please note that you receive the most affordable care when you use CHS providers and facilities. This year, you will see the following changes:

- EPO/PPO in-network deductible will be \$800/\$1,600
- EPO/PPO in-network coinsurance is changing to 15%
- PPO out-of-network coinsurance is changing to 40%
- POS out-of-network coinsurance is changing to 45%
- EPO/PPO specialist copay will be \$50
- POS specialist copay will be \$60
- CityMD copay will be \$25
- Generic copay is changing to \$15 for a 30-day supply at participating pharmacies. A 90-day supply of a maintenance medication is 2x the retail copay.
- We are moving to a select drug formulary. Some drug copays and coverage may be affected. Visit www.envisionrx.com to find out if your prescription is affected. Members will receive letters from Envision outlining any differences in coverage due to this change.

Supplemental Life Contributions Are Going Down

Good news! If you currently purchase supplemental life insurance, your contributions will decrease this year. You will see this change reflected in your payroll deductions starting 1/1/2019. If you enroll in supplemental life insurance for the first time, you will be able to purchase it at the new rates.

Questions and Answers

When does open enrollment start?

Open enrollment starts on October 30, 2018 and ends on November 16, 2018.

When are my benefit changes effective?

Benefit changes made during open enrollment are effective January 1, 2019. Your first paycheck in January will reflect the 2019 deductions.

When are my benefit elections due?

You must enroll in benefits on the Enrollment Website no later than 11:59 pm EST on November 16, 2018. Enrollment is mandatory and late enrollment will not be accepted.

How can I access the Enrollment Website?

Go to www.benefitsquest.com/CHSLI and click **Enroll Now**.

How do I speak with a Benefits Counselor?

Call the Enrollment Center at 1-855-874-0304 during open enrollment to speak with a Benefits Counselor.

Where can I find a rate sheet?

Rate sheets will be available beginning October 30 on the Enrollment Portal on the Benefits website. Visit the Enroll Now page at www.benefitsquest.com/CHSLI and log in to view 2019 benefit rates.

Where can I find more detailed benefits information than what is presented here?

The full Benefits of Caring information can be found on the Benefits Website (www.benefitsquest.com/CHSLI).

Is enrollment mandatory this year?

Yes, even if you are not making any changes, or are not enrolled in benefits, you must log on to the Enrollment portal on the Enroll Now page of the Benefits website (www.benefitsquest.com/CHSLI) to confirm your personal information (address and contact information), and update your beneficiary designations for the Employer-paid Basic Employee Life Insurance.

How to Enroll

This year, Catholic Health Services is offering three ways to enroll in 2019 benefits:

1. Meet with a Benefits Counselor at the Enrollment Café

During the open enrollment period, the Enrollment Café will be set up in designated rooms at select locations. Computer stations will be available and a Benefits Counselor will be able to assist you in your benefit elections. All Enrollment Café locations will offer an opportunity to schedule an appointment with a counselor. To schedule an appointment online, visit the **How to Enroll** page at www.benefitsquest.com/CHSLI.

If your location is not listed, you can make an appointment with a Benefits Counselor at another location that is convenient for you.

2. Visit the Online Enrollment Portal

Visit the Benefits Website to complete the step-by-step enrollment process. Go to www.benefitsquest.com/CHSLI and click on **Enroll Now**. The Enrollment Website is available 24/7 via computer or mobile device, so you can enroll when it's convenient for you.

3. Call the Enrollment Center

You may call the Enrollment Center at 1-855-874-0304, Monday through Friday 8 am - 6 pm EST, but you are encouraged to call during your designated call-in date listed below.

Last Name Begins With:	Call In Date:
A - F	10/30 - 11/1
G - L	11/2, 11/5, 11/6
M - Q	11/7 - 11/9
R - T	11/12 - 11/14
U - Z	11/15, 11/16

If you have questions and would like to speak with a Benefits Counselor before your designated time, please call the Enrollment Center before November 16.

Who is Eligible

Eligibility

You can enroll in the Benefits of Caring program if you:

- Are a benefits eligible full-time employee or a benefits eligible part-time employee;
- Meet the CHS eligibility requirements, including any waiting period, and;
- Are actively at work when your coverage is scheduled to begin.

You may also enroll eligible dependents in many of our benefit programs.

Eligible dependents are:

- Your spouse
- Your children, provided that they are within the age limits for the plan(s)

Qualifying children include:

- Natural children
- Legally adopted children (or a child placed for adoption) if the child is under 18 years of age at the time of the adoption (or placement for adoption)
- Stepchildren (as defined under federal law)

- Eligible foster children
- Any other person whose welfare is the legal responsibility of the employee pursuant to a written divorce settlement, written separation agreement, court order or order by an administrative process having the force and effect of state law.

- Your parent or grandchild if (1) you have taken a federal tax deduction for the individual as a "Qualifying Relative" under the Internal Revenue Code in the year prior to the year in which your election to cover the individual is made and you intend to take such a deduction for the year for which coverage is sought; and (2) the individual shares your primary residence as his or her primary residence.
- Any individual not described in the foregoing "Eligible Dependents" categories who is eligible to file a tax return jointly with you under Internal Revenue Code section 6013.

Note: The CHS Select Plan (a medical coverage option) is not available to spouses who have access to benefits through their own employer.

Dependent Child Age-Out

- Our **medical plans** cover dependent children until the end of the year in which they turn age 26, and any age if they are physically or mentally disabled and financially dependent on the eligible employee.
- Our **dental plans** cover dependent children until the end of the year in which they turn age 25, and any age if they are physically or mentally disabled and financially dependent on the eligible employee.
- Our **enhanced vision** coverage through Blue View Vision is offered until the end of the year in which your dependent children turn age 25.
- Our **dependent life** insurance benefit is offered for unmarried dependent children 14 days of age until the end of the year in which they turn age 26.
- Our **voluntary benefit plans** are offered until the end of the birthday month in which your dependent children turn age 26.

Medical Plan

The Benefits of Caring program offers four medical plans; the plan you choose will determine what facilities, physicians, and services are covered. Read about each of these options below, and select the health care benefits that are right for you and your family. Rate sheets are available on the Enrollment portal on the Benefits website. Visit the Enroll Now page at www.benefitsquest.com/CHSLI and log in to view 2019 benefit rates.

CHS Select Plan

The CHS Select plan is free for most employees with little or no out-of-pocket costs.

The CHS Select plan is designed for employees who are comfortable receiving care for themselves and their families at CHS facilities and by CHS Physician Partner Providers. It also includes Mt. Sinai Hospital in Manhattan and the Empire physician network, so you never have to worry about having access to services that are not provided by CHS.

You don't need to choose a Primary Care Physician (PCP) to coordinate your care. There are no out-of-network benefits offered under this plan.

If your spouse is offered coverage by his/her employer, **you may not enroll him/her** in the CHS Select plan.

Empire Exclusive Provider Organization (EPO)

With the Empire EPO program, you **must choose a doctor or provider within the Empire network**, or the CHS Physician Partner network, each time you or your covered dependents need care. You don't have to choose a Primary Care Physician.

There are no out-of-network benefits offered under the EPO plan.

Empire Preferred Provider Organization (PPO)

The Empire PPO plan grants you complete flexibility to choose your doctor or other provider from a wide network each time you or your covered dependents need care. **You don't need to choose a Primary Care Physician to coordinate your care.**

The PPO offers out-of-network benefits; however, certain services may not be covered out-of-network. Seek care within the Empire network or the CHS Physician Partner network for affordable care options.

Coverage When You're Away From Home

With both the PPO and EPO plans, if you are traveling, or you have covered dependents who are away at school, you have access to BlueCross BlueShield PPO network providers across the country. For more information, visit the BlueCross BlueShield web site at www.empireblue.com/CHS.

Empire Point of Service (POS)

With the Empire POS program, **you must choose a Primary Care Physician to coordinate your care.** However, you can self-refer to a specialist. You have complete flexibility to choose your doctor or other provider within the Empire Local Area Network, or the CHS Physician Partner network, each time you or your covered dependents need care.

This plan offers out-of-network benefits; however, certain services may not be covered out-of-network.

Avoid Extra Fees for Lab Services

Tell your Empire physician to send your lab work to CHS facilities, Quest Diagnostics, or LabCorp. You may have out-of-pocket expenses if your lab work is sent to a different lab.

CHS Physician Partners Network

You receive the most affordable care when you go to CHS physician partner providers. To view the CHS physician partners directory, visit www.empireblue.com/CHS and click **CHS Physician Partners Directory** under **Tools and Information**.

Personal Health Nurses & Conifer Value-Based Care

The Personal Health Nurse (PHN) program is available to employees enrolled in the medical plans and their covered dependents. This voluntary and confidential program helps employees and their families with specific complex healthcare needs. They can also help you find a physician suited to your individual needs.

If you are contacted to participate in this program, you will work with a Conifer PHN and your doctor(s) to ensure you get coordinated, cost-effective, and high-quality care. If you believe you or a family member can benefit from working with a PHN, please call 1-800-459-2110, x2506.

Medical Plan Comparison

CHS Select Plan	Tier 1: CHS Facilities and Physician Partners (In-Network)	Tier 2: Empire Network (In-Network)	Tier 3 Out-of-Network
Deductible	\$0	\$0	The CHS Select plan does not cover out-of-network services
Medical Out-of-Pocket Maximum		\$5,150 Individual/\$10,300 Family	
Office Visits* (primary care/specialist)	\$0 Primary/ \$0 Specialist Copay	\$10 Primary/ \$20 Specialist Copay	
Preventive Care	\$0 Copay	\$0 Copay	
Emergency Department (waived if admitted)	\$50 Copay	\$50 Copay	
Urgent Care Center	\$25 Copay at CityMD	Not Covered	
Inpatient	\$0 Copay	Mt.Sinai Hospital: \$1,000 Copay**; Other facilities not covered	
Outpatient	\$0 Copay	Mt.Sinai Hospital: \$500 Copay**; Other facilities not covered	
Routine Vision Care	\$5 copay for 1 exam every 24 months plus discounts on frames and lenses	\$5 copay for 1 exam every 24 months plus discounts on frames and lenses	

Empire EPO/PPO Plan	Tier 1: CHS Facilities and Physician Partners (In-Network)	Tier 2: Empire Network (In-Network)	Tier 3 (PPO Only) Out-of-Network
Deductible	\$0	\$800 Individual/\$1,600 Family	\$2,000 Individual/\$4,000 Family
Medical Out-of-Pocket Maximum		\$5,150 Individual/\$10,300 Family	\$10,500 Individual/\$21,000 Family (Deductible and 40% Coinsurance)
Office Visits* (primary care/specialist)	\$0 Primary/ \$0 Specialist Copay	\$20 Primary/ \$50 Specialist Copay	Deductible and 40% Coinsurance
Preventive Care	\$0 Copay	\$0 Copay	Deductible and 40% Coinsurance
Emergency Department (waived if admitted)	\$50 Copay	\$150 Copay	\$150 Copay
Urgent Care Center	\$25 Copay at CityMD	\$50 Copay If Hospital Affiliated, then Deductible & 15% Coinsurance	Deductible and 40% Coinsurance
Inpatient	\$0 Copay	Deductible and 15% Coinsurance	Deductible and 40% Coinsurance
Outpatient	\$0 Copay	Deductible and 15% Coinsurance	Deductible and 40% Coinsurance
Routine Vision Care	\$5 copay for 1 exam every 24 months plus discounts on frames and lenses	Covered In-Network Only	

Empire POS Plan	Tier 1: CHS Facilities and Physician Partners (In-Network)	Tier 2: Empire Network (In-Network)	Tier 3 Out-of-Network
Deductible	\$0	\$950 Individual/\$1,900 Family	\$3,000 Individual/\$7,500 Family
Medical Out-of-Pocket Maximum		\$5,150 Individual/\$10,300 Family	\$11,000 Individual/\$27,500 Family (Deductible and 45% Coinsurance)
Office Visits* (primary care/specialist)	\$0 Primary/ \$0 Specialist Copay	\$30 Primary/ \$60 Specialist Copay	Deductible and 45% Coinsurance
Preventive Care	\$0 Copay	\$0 Copay	Deductible and 45% Coinsurance
Emergency Department (waived if admitted)	\$50 Copay	\$150 Copay	\$150 Copay
Urgent Care Center	\$25 Copay at CityMD	\$60 Copay If Hospital Affiliated, then Deductible & 20% Coinsurance	Deductible and 45% Coinsurance
Inpatient	\$0 Copay	Deductible and 20% Coinsurance	Deductible and 45% Coinsurance
Outpatient	\$0 Copay	Deductible and 20% Coinsurance	Deductible and 45% Coinsurance
Routine Vision Care	\$5 copay for 1 exam every 24 months plus discounts on frames and lenses	Covered In-Network Only	

* Tier 1 physician copays apply to physicians in the CHS Physician Partners Directory. Coverage for other providers depends on whether or not they are in the Empire network: consult Tier 2 to find out what your coverage is for the providers you choose.

** Non-CHS facility care is only covered at the Mt. Sinai location at 1 Gustave L. Levy Place, New York, NY 10029.

LiveHealth Online

Welcome to a world where doctors make house calls 24 hours a day.

Thanks to the LiveHealth Online program, you can see a doctor from the comfort of your own home, 24/7, on your computer or mobile device. With live two-way video doctor visits, a doctor is always available to help you decide if you need an appointment or a visit to the ER—and you'll save time and money.

How It Works

It couldn't be easier—just go to www.livehealthonline.com and enter your name, email address and a password, along with the information from your Empire ID card. You can sign up for LiveHealth Online in a few minutes, any time.

Once you log in, you'll be taken to the **See a Doctor Now** page. You'll see information about the doctors who serve your location; the ones with a green Connect button are available now.

Just click the green **Connect** button to be connected with the board-certified doctor of your choice. If that doctor is seeing another patient, you'll have the option of going to an online waiting room or choosing another doctor who is available at that moment. You can also call toll free 24/7 at 1-855-603-7985 for more information.

Prescription Drug Plan

Prescription drug coverage is included when you enroll in medical benefits.

EnvisionRxOptions Quick Reference Guide

Why pay more for your prescriptions? When considering your prescription drug options, note that copays and coinsurance are reduced when you use the MyCHSRx Pharmacy.

	CHS Select Plan		EPO/PPO and POS	
Up to 30-day supply	MyCHSRx	Participating Retail Pharmacy	MyCHSRx	Participating Retail Pharmacy
Generic Drug	\$0 copay	\$15 copay	\$7 copay	\$15 copay
Brand Formulary Drug	\$20 copay	25% coinsurance \$25 min / \$50 max	20% coinsurance (Max copay \$35)	25% coinsurance \$25 min/ \$75 max
Brand Non-Formulary Drug	Excluded	Excluded	40% coinsurance (Max copay \$70)	50% coinsurance \$50 min/ \$150 max
Up to 90-day supply	Obtain up to 90-day supply of a maintenance medication at 2x the MyCHSRx copay (at MyCHSRx) or 2x the retail copay (through Envision mail order)			
Out-of-Pocket Maximums	\$2,000 per Individual or \$4,000 per Family		\$2,000 per Individual or \$4,000 per Family	

Notwithstanding anything in this book to the contrary, the prescription drug plan will not cover any costs or benefits that do not comply with the Ethical and Religious Directives of the Catholic Church.

For questions about your prescription drug benefits, visit www.envisionrx.com or call 1-800-361-4542.

Save on Prescriptions: the MyCHSRx Employee Pharmacy

Copays and coinsurance are reduced when you use the MyCHSRx Employee Pharmacy. Elect to receive a 90-day prescription and you will pay 2 MyCHSRx reduced copays for a 3-month supply.

You can pick up your prescription at the following hospital pharmacies:

- Good Samaritan Hospital Medical Center, West Islip
- Mercy Medical Center, Rockville Centre
- St. Catherine of Siena Medical Center, Smithtown
- St. Charles Hospital, Port Jefferson
- St. Francis Hospital, The Heart Center®, Roslyn

MyCHSRx also delivers to the following locations:

- CHS Services, Melville
- CHS Services, Rockville Centre
- Continuing Care Division, Farmingdale

To contact MyCHSRx, please call 516-207-7007 or email MyCHSRx@chсли.org.

Dental Plan

You may select a program from the Cigna Dental PPO or choose the Cigna Dental Care DHMO. Rate sheets are available on the Enrollment portal on the Benefits website. Visit the Enroll Now page at www.benefitsquest.com/CHSLI to view 2019 dental rates.

Cigna Dental PPO Plans

Choose either our Core or Buy-Up Programs

For the savings you need, the flexibility you want and the service you can trust.

Benefit	Buy-Up Dental Plan		Core Dental Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Class I Cleanings, oral examinations, topical fluoride applications, x-rays, space maintainers and sealants	100% of Fee*	80% of R&C Fee**	100% of Fee*	80% of R&C Fee**
Class II Fillings, simple extractions, crown, denture and bridge repair, endodontics, general anesthesia, oral surgery and periodontics	90% of Fee*	70% of R&C Fee**	80% of Fee*	50% of R&C Fee**
Class III Bridges and dentures, crowns, inlays and onlays	60% of Fee*	50% of R&C Fee**	50% of Fee*	40% of R&C Fee**
Class IV — Orthodontia	50% of Fee*	50% of R&C Fee**	50% of Fee*	50% of R&C Fee**
Deductible — Per Person Per Family	\$50 \$100	\$100 \$200	\$50 \$100	\$100 \$200
Annual Max. Benefit — Per Person	\$2,000	\$2,000	\$1,500	\$1,000
Orthodontia Lifetime Maximum — Per Person	\$2,000	\$1,500	\$1,000	\$1,000

* Fee refers to the negotiated fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums.

** R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lesser of (1) the provider's normal charge for a similar service or supply; or (2) the policyholder-selected percentile of all charges made by providers of such service or supply in the geographic area where it is received.

Cigna Dental Care® DHMO

Or, Select Our Alternate Dental Plan

With the DHMO plan, each time you or your covered dependents need care you must choose a dentist within the Cigna Dental Care Access network. There are no out-of-network benefits offered for the DHMO plan. **Fees apply to certain procedures. Please see the fee schedule on the Enrollment website (www.benefitsquest.com/CHSLI).**

Finding a network dentist is easy.

There are several ways to choose your network primary care dentist:

- Find a dentist at www.Cigna.com. Our online dental directory is updated weekly.
- Call **1-800-Cigna24** (1-800-244-6224) to speak to a customer service representative. Our representatives can send you a customized dental directory listing via e-mail.

For a complete listing of services, please call 1-800-Cigna24.

Key DHMO Features

- No deductibles. You don't have to reach a certain level of out-of-pocket expenses before your insurance kicks in.

- No dollar maximums. Your coverage won't run out after your covered expenses reach a certain dollar amount.
- Easy to understand plan. The fees you pay your dentist are clearly listed on your Patient Charge Schedule (PCS).
- There are no claim forms to file.
- The network primary care dentist you choose will manage your overall dental care.
- Covered family members can choose their own network primary care dentists - near home, work or school.
- You don't need a referral for children under seven to visit a network pediatric dentist or to see a network orthodontist.
- There's no age limit on sealants, which help prevent tooth decay.
- Your plan covers procedures to detect oral cancer in its early stages.
- Call 1-800-244-6224 for 24/7 access to the Dental Information Line. This line is staffed by trained health care professionals who can answer questions about dental treatment and clinical symptoms.

Vision Plan

Basic eye care and eyewear discounts are included with your Empire Health coverage. You may choose to enroll in the Blue View Vision Plus plan for enhanced coverage. Rate sheets are available on the Enrollment portal on the Benefits website. Visit the Enroll Now page at www.benefitsquest.com/CHSLI to view 2019 vision rates.

Basic: Blue View Vision

Your Blue View Vision network

Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. **When you enroll in a CHS Medical Plan, this basic coverage is included at no additional cost.** Blue View Vision's network also includes convenient retail locations, many with evening and weekend hours, including LensCrafters®, Target Optical®, JCPenney® Optical, Sears OpticalSM, Pearle Vision®, and New York-based Empire Vision and Davis Vision Centers.

Out-of-network services

If you choose an out-of-network provider, you will receive an allowance toward an eye exam and you pay the rest. Network benefits and discounts will not apply. When you use a non-participating provider, you will pay in full at the time of service then file a claim for reimbursement to Blue View Vision, Attn: OON Claims, PO BOX 8504, Mason, OH 45040-7111.

Using Your Blue View Vision Plan

The Blue View Vision network is for routine eye care only. If you are enrolled in the Medical Plan, use your existing Medical ID card to receive routine eye care. If you enroll in the Blue View Vision Plus Plan, you will receive a separate Blue View Vision ID card. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network.

Exclusions and Limitations

See www.empireblue.com for a full listing of exclusions and limitations.

Enhanced: Blue View Vision Plus

Enhanced supplemental vision plan provides greater coverage and discounts

The Blue View Vision Plus Plan is a voluntary benefit that offers you greater coverage on many vision services and products. You may enroll in this plan even if you choose not to enroll in the Medical Plan.

Enhanced Benefits

The Blue View Vision Plus supplemental plan allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases, such as glasses and contact lenses. The plan offers 20% off non-prescription sunglasses and 20% off remaining balance beyond plan coverage. The plan is available through thousands of provider locations participating on the EyeMed ACCESS Network and Anthem Vision Network.

You will receive a Blue View Vision Plus ID Card if you enroll in the enhanced vision plan. For a complete list of providers near you, visit www.empireblue.com and call 1-866-723-0515. For Lasik providers, call 1-877-5LASER6.

Your Blue View Vision Plan At-A-Glance:

Vision Care Services	In-Network	Out-Of-Network
Routine eye exam (once every 24 months)	\$5 copayment	\$40 allowance
Blue View Vision Discount	Member Cost (when purchasing frames & lenses together)	
Eyeglass Frame*	35% off retail price	
Contact Lenses** (Conventional)	15% off retail price	
Standard Plastic Lenses		
Single Vision	You Pay \$50	
Bifocal	You Pay \$70	
Eyeglass Lens Options*		
UV Coating	You Pay \$15	
Tint (Solid and Gradient)	You Pay \$15	
Standard Scratch-Resistance	You Pay \$15	

Note: Blue View Vision's Additional Savings Program is subject to change without notice.

* 20% discount if frames, lenses or lens options are purchased separately

** Discount does not apply to fitting fees or services.

Your Blue View Vision Plus Plan At-A-Glance:

Vision Care Services	In-Network	Out-Of-Network
Exam with Dilation (once every 12 months)	\$10 copayment	\$35 allowance
Blue View Vision Discount	Member Cost	
Eyeglass Frame*	\$0 Copay, \$200 allowance; 20% off balance over \$200	
Contact Lenses (materials only) Conventional	\$0 Copay, \$130 allowance; 15% off remaining balance	
Disposables	\$0 Copay, \$130 allowance	
Standard Plastic Lenses		
Single Vision	\$10 copay	
Bifocal	\$10 copay	

The in-network providers referred to in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Blue View. This benefit overview insert is only one piece of your entire enrollment package. Exclusions and limitations are listed in the enrollment brochure. Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of Independent Blue Cross and Blue Shield plans. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Flexible Spending Accounts (FSA)

Reduce Your Taxes By Setting Money Aside For Eligible Expenses

Health Care FSA

Health Care FSA

The Health Care FSA offers a real tax savings advantage. Many people find it a cost effective way to pay for such items as medical and dental plan deductibles/co-payments, eyeglasses, contact lenses, orthodontics and other health related expenses that are not covered by insurance. Even taxpayers who do not itemize their expenses can take advantage of this tax break using the Health Care FSA.

Maximum annual contribution allowed by the IRS is \$2,650 per participant.

- IRS regulations state that expenses reimbursed under your Health Care FSA may not be reimbursed under any other plan or program. Only your out-of-pocket expenses are eligible.
- Up to \$500 may be rolled over for use in the next year. IRS requires that any unused money left in your account at the end of the year in excess of \$500 be forfeited.
- The amount you contribute to this account is not subject to federal, state, or Social Security (FICA) taxes.
- Annual election is deducted in even increments from each paycheck and contributed to your Health Care FSA.
- When a medical, dental, or prescription drug expense is incurred, the claim is automatically processed. Claims for other eligible expenses should be submitted manually. Please note: employees not enrolled in our medical, dental or prescription plan will have to submit their claims manually.
- Services must be incurred within the plan year and must be claimed by March 31 of the following year.

Dependent Care FSA

Dependent Care FSA

Extend your income by using the Dependent Care FSA to pay for dependent care expenses that are incurred while you are at work with income tax-free dollars. You can save a significant amount of money by participating in this account. If you are paying for day care expenses

now, you are paying with taxable dollars and probably taking the federal tax credit at the end of the year. If you use the Dependent Care FSA, you will pay these expenses with pre-tax dollars throughout the year, reducing the need to use the tax credit at the end of the year. In most instances, the savings realized through participation in the Dependent Care FSA will be greater than the savings available through the tax credit.

These plans, as well as your entire health program, are intended and designed to be administered consistent with the tenets of the Catholic faith. Please visit the Benefits website for a full list of eligible expenses.

- Maximum annual contribution allowed by the IRS is \$5,000 if you are single or married and filing jointly, and \$2,500 if you are married and filing separately.
- Claims for dependent children are covered up until their 13th birthday. Claims incurred after their 13th birthday are not eligible for reimbursement.
- IRS requires that unused money left in your account at the end of the plan year be forfeited.
- The amount you contribute to this account is not subject to federal, state, or Social Security (FICA) taxes.
- Participation in this account will reduce or eliminate the ability to use the federal tax credit for dependent care.
- In order to be eligible, the care being provided must allow both you and your spouse, if you are married, to go to work.
- Annual election is deducted in even increments from each paycheck and contributed to your Dependent Care FSA.
- Services must be incurred within the plan year.

Who is a Qualified Dependent?

Generally, if a person qualifies as your eligible dependent for medical benefits, he/she qualifies as a dependent under the Health Care FSA. (See page 2 for a list of eligible dependents.)

Under the Dependent Care FSA, dependents are defined as children up until their 13th birthday or children 13 or over who are physically or mentally unable to care for

themselves. A spouse or elderly parent residing in your home, who is physically or mentally unable to care for himself or herself, also qualifies.

If I have more questions...

To get answers to other questions, please visit www.myflexdollars.com or call Baker Tilly at 800-307-0230, Prompt 9.

To view your account, register at www.myflexdollars.com.

Neither your employer nor Baker Tilly provides tax or legal advice. Always ask your attorney or tax advisor for the appropriate tax advice for your situation.

Please refer to the Benefits website for a complete list of eligible expenses.

Transit Flexible Spending Account Program

The Transit and Parking Program allows employees to pay, on a pre-tax basis, for the costs incurred for purposes of transportation between an employee's home and place of employment. This can be done monthly or set up to be recurring.

The transit and parking maximum pre-tax limits are:

- Transit Limit: \$260 per month
- Parking Limit: \$260 per month

How it works:

There is no enrollment form. Eligible employees will need to log onto www.empireblue.com and do the following:

- Log in or create an account.
- Click "Want to participate in a Commuter Benefit Plan?"
- Find your metropolitan area and transit and/or parking vendor.
- Select from the available products.

To view your account, register at www.benefitadminsolutions.com.

Life Insurance and Disability Income

Life Insurance and Disability benefits provide peace of mind to you and your family in the case of an accident or sickness.

Basic Life Insurance

This is offered to all benefit eligible employees at no cost. This benefit is equal to your annual base salary, rounded to the next higher \$1,000. The minimum amount of basic coverage is \$20,000 if you're a benefit eligible full-time employee, or \$5,000 if you're a benefit eligible part-time employee.

You're automatically covered for an additional benefit equal to your basic life insurance coverage in case of accidental death, loss of limb, or eyesight. While CHS pays the full cost of this coverage, amounts in excess of \$50,000 will be subject to imputed income tax. That means the premium for coverage over \$50,000 will be reported as taxable income to you.

Your Basic Life, Accidental Death & Dismemberment, and Supplemental Insurance coverage will be reduced upon reaching age 70, and again at 75, 80, and 85. When there is a reduction in your basic life insurance due to your age, your supplemental life coverage will also be reduced. Premiums are calculated on the reduced amount of coverage.

Supplemental Life Insurance for You

You may elect supplemental life insurance in the amount of 1 to 6 times your annual base salary. If you're currently enrolled in supplemental life insurance, during each year's open enrollment, you may elect additional supplemental life insurance equal to 1 time more than you currently have, without proof of good health, provided that it does not exceed 3 times your annual base salary or \$500,000 when combined with your basic employee life insurance. If you're not currently enrolled in supplemental life insurance, any election you make during open enrollment will require proof of good health.

Life Insurance Maximums

You will need to provide proof of good health for the following:

- Basic life insurance in excess of \$500,000 up to the maximum benefit of \$650,000.

- Combined basic life insurance and supplemental life insurance in excess of \$500,000 up to the maximum benefit of \$1,500,000.
- Any time you elect more than 3 times your salary in supplemental life insurance, regardless of whether you are over the maximum.

Supplemental Life Insurance for Your Dependents

You also may enroll your eligible dependents for coverage under one of the following life insurance plans:

- Spouse Life Insurance: Your spouse may be insured for \$5,000, \$20,000, \$50,000, \$100,000, or \$150,000. Spouses cannot elect an amount exceeding 100% of the employee's combined basic and supplemental life amount.
- Child Life Insurance: Children are eligible from 14 days old, or until the end of the year in which they turn age 26 regardless of student status. Children ages 26 and older are eligible if they are disabled, unmarried and financially dependent on you. You may elect to insure your child(ren) for \$4,000 or \$10,000.

Please note that if both you and your spouse are CHS employees, you may not cover your spouse as a dependent, nor may they cover you as a dependent. Children may only be covered by one family member who is an employee of CHS.

Short Term Disability (STD)

STD coverage continues part of your pay for up to 26 weeks if you are ill or injured and unable to work. This plan pays a benefit of up to 50% of your covered earnings - to a weekly maximum of \$170. Benefit eligibility begins on the eighth calendar day of disability, subject to medical documentation. Contact your Human Resources representative for additional information.

Supplemental Short Term Disability

The Voluntary Supplemental Short Term Disability insurance program provides additional income replacement, beyond the New York State Disability plan, in the event you are unable to work due to a non-work related illness or injury. Following the waiting period (7 days for sickness, 7 days for accident), the plan provides a benefit equal to an additional \$100 per week or \$200 per week of income, depending upon your election, less income you may receive from other sources. The benefit continues as long as you are disabled, up to a maximum of 26 weeks. Depending on where you work within the CHS system, this benefit may or may not be available to you.

Long Term Disability (LTD)

LTD coverage can help protect your income if a major illness or injury prevents you from working for an extended period of time. This plan pays a benefit of up to 60% of your monthly covered earnings - to a maximum of \$10,000 per month. If you are disabled and unable to perform your job, LTD payments begin after 26 weeks. LTD benefits will be offset by any amount you are eligible to receive from other sources, such as Social Security or Workers' Compensation.

Critical Illness Insurance

New Carrier for 2019! – Transamerica

The out-of-pocket costs of a serious illness can take a toll on your finances, even with medical insurance. Critical Illness Insurance helps provide financial protection in the event of a covered serious illness or cancer.* The policy pays a lump sum benefit directly to you if you or a covered family member is diagnosed with a covered condition. You can use this benefit any way you choose—deductibles and coinsurance, expenses your family incurs to be by your side, or simply to replace your lost earnings from being out of work. You choose the benefit amount when you enroll.

Examples of covered illnesses may include:

- Heart attack
- Major organ transplant surgery
- End stage renal (kidney) failure
- Invasive cancer
- Stroke

* The policies have exclusions and limitations which may affect any benefits payable. See a complete list of covered conditions, along with complete provisions, exclusions and limitations.

Accident Insurance

New Carrier for 2019! – MetLife

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact, which is often substantial. Accident Insurance can help cover the out-of-pocket medical expenses and extra bills that can follow an accident.

The total benefit you receive is based on the type of injury, its severity and the medical services you received in treatment and recovery.

The plan pays benefits for a variety of injuries and accident-related expenses, including:

- Fractures
- Dislocations
- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation

Plan Features:

- You do not have to be terminally ill to receive benefits.
- Coverage options are available for your spouse and children.
- Employee coverage pays a lump-sum benefit of \$10,000 - \$30,000; available in \$10,000 increments.
- Coverage is portable, which means you can take your policy with you if you change jobs or retire.

Hospital Indemnity Insurance

New Carrier for 2019! – MetLife

Even with medical insurance, a hospital stay can jeopardize your regular income and challenge your ability to cover everyday living expenses. Hospital Indemnity Insurance provides payments, in addition to your medical plan, to help cover eligible expenses associated with a hospital stay. Benefits are paid directly to you, and you can use the money however you choose. Benefits are designed to help offset expenses your medical plan doesn't cover, such as deductibles, coinsurance and everyday bills.

Plan Features:

- Benefits are paid regardless of any other insurance you have.
- Guaranteed Issue! There are no health questions or physical exams required.
- Coverage is available for your spouse and children.
- Premiums are paid through convenient payroll deductions.
- Coverage is portable, which means you can take your policy with you if you change jobs or retire.

Additional plan details and rates will be provided during your enrollment session.

The policies or provisions listed on this page may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable.

New! Identity Theft Protection

This benefit is provided through InfoArmor.

In 2017, 16.7 million Americans were victims of identity fraud. The amount stolen totaled \$16.8 billion.¹ Protecting your identity is more important now than it ever was before.

Identity Theft Protection is an affordable solution to a growing problem. It provides comprehensive, proactive identity theft monitoring and dedicated recovery assistance. By constantly monitoring your personal and financial data, this service catches fraud early and helps you act quickly to limit the damage of stolen information.

InfoArmor leads the identity protection industry with the PrivacyArmor monitoring service, which alerts you at the first sign of fraud and fully restores your identity. InfoArmor offers 24/7 customer care to ensure your identity is fully restored.

Plan Features:

- Proactive identity monitoring
- Password protection
- Credit monitoring
- Data breach solutions

¹Javelin Strategy & Research, 2018 *Identity Fraud: Fraud Enters a New Era of Complexity*, 2018

Legal Plan

New Carrier for 2019! – MetLife

Affordable legal assistance can sometimes be difficult to find. With a high-quality Legal Insurance plan, you get more than a valuable service — you gain peace of mind knowing that good legal help is within reach. When you enroll in the MetLaw Legal Plan, you'll have access to a network of attorneys who can assist you with services via office consultation and/or telephone advice such as:

- Consumer Protection and Personal Property Protection Services
- Debt Collection and Identity Theft Defense
- Tax Audits
- Civil Lawsuit Defense
- Documents and Will Preparation
- Real Estate Legal Services
- Traffic Ticket Defense (excludes DUI)

Plan Features:

- Coverage is portable, which means you can take your policy with you if you change jobs or retire
- Telephone advice and office consultations for personal legal matters

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.

If you are enrolled in 2018 in one or more voluntary benefit plans with Aflac, Transamerica, or National Group Legal, your last payroll deduction will be made at the end of December, 2018. You may continue your current plan, with the exception of the Legal Plan, by paying premiums directly to the carrier. Contact your carriers at the numbers below:

Aflac: 1-800-992-3522

Transamerica: 1-888-763-7474

National Group Legal:

1-800-292-8063

More Information

Want to know more about how these benefits make sense for you? For more information about the benefits on this page and the previous page, go to www.benefitsquest.com/CHSLI.

Laws and Notices

Premium Assistance Under Medicaid & The Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 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, 2018. Contact your State for more information on eligibility.

NEW JERSEY - MEDICAID AND CHIP

Medicaid Website <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
 Medicaid Phone 609-631-2392
 CHIP Website www.njfamilycare.org/index.html
 CHIP Phone 1-800-701-0710

NEW YORK - MEDICAID

Website www.nyhealth.gov/health_care/medicaid/
 Phone 1-800-541-2831

PENNSYLVANIA - MEDICAID

Website <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>
 Phone 1-800-692-7462

To see if any more States have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, you can contact either:

U.S. DEPARTMENT OF LABOR

Employee Benefits Security Administration
www.dol.gov/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

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

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

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

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

When is Continuation Coverage Available?

The Plan will offer continuation coverage to qualified beneficiaries only after your Human Resources Representative has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the Human Resources Department must be notified of the qualifying event.

How is Continuation Coverage Provided?

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

Continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, continuation coverage lasts for up to a total of 36 months.

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

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

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

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

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify your Human Resources Representative in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of continuation coverage and must last at least until the end of the 18-month period of continuation coverage. A copy of the Social Security Administration determination notice must be provided within 60 days of the date of the determination and prior to the end of the 18th month on continuation coverage and sent to your Human Resources Representative.

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

If your family experiences another qualifying event while receiving 18 months of continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

NYS Continuation of Coverage

Under a special New York State law, you may be permitted to extend your continuation coverage to 36 months. New York State law provides that an individual who has exhausted continuation coverage is permitted to maintain coverage for up to 36 months, if the individual is entitled to less than 36 months of continuation benefits. Please contact your Human Resources Representative for more information.

If You Have Questions

Questions concerning your Plan or your continuation coverage rights should be addressed to your Human Resources Representative.

Keep Your Plan Informed of Address Changes

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

Catholic Health Services of Long Island Health & Welfare Benefits Plan Notice of Special Enrollment Periods

If you are declining enrollment in the Catholic Health Services of Long Island Health & Welfare Benefits Plan's health coverage options 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 the Plan's health coverage features if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 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 31 days after the marriage, birth, adoption, or placement for adoption. Also, if you or your eligible dependent are covered under Medicaid or a State Children's Health Insurance Program (CHIP) and that coverage ends, you may be able to enroll yourself and any affected dependent in this Plan's medical coverage. You must request enrollment within 60 days after the Medicaid or CHIP coverage ends. If you or your eligible dependent become eligible under Medicaid or a State CHIP plan for financial assistance to pay for health coverage under this Plan, you may be able to enroll yourself and any affected dependent in this Plan. You must request enrollment within 60 days after the date a government agency determines that you are eligible for that financial assistance.

Notice of Required Coverage Following Mastectomies

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. Please contact the Plan Administrator for more detailed information regarding deductibles and coinsurance for these benefits under the Plan.

Newborns' & Mothers' Health Protection Act Model Notice

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).

HIPAA Notice of Availability of Privacy Practices

Catholic Health Services of Long Island maintains a Notice of Privacy Practices that provides information to individuals whose Protected Health Information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact your HR representative.

To obtain more information on any of these notices, contact your Plan Administrator.

Non-Discrimination Statement

Catholic Health Services of Long Island complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Catholic Health Services of Long Island does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Catholic Health Services of Long Island:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Linda Foy at 516-705-3850.

If you believe Catholic Health Services of Long Island has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Linda Foy, CPHRM, Assistant Vice President, Enterprise Risk Management. Catholic Health Services of Long Island, 992 North Village Ave., Rockville Centre, NY 11570 Phone 516-705-3850. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Linda Foy is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-516-705-3850.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-516-705-3850

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-516-705-3850.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-516-705-3850.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-516-705-3850.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-516-705-3850.

אויפמערקייזם: אויב אויר רעדט אידיש, זונגען פאראאן פאר אויך שפראָך היילַפֿערוּיִיסטעס פרײַ פֿון
אַפְּצָאַל. רֹופְט 1-516-705-3850

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা
সহায়তা পরিষেবা উপলব্ধ আছে। কোন করুন ১-১-৫১৬-৭০৫-৩৮৫০

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-516-705-3850.

ملحوظة: إذا كنت تتحدث أذنكر اللغة، فإن خدمات المساعدة اللغوية متوافر لك بالمجان. اتصل برقم 1-516-705-3850

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-516-705-3850.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-516-705-3850

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-516-705-3850.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-516-705-3850.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-516-705-3850.

Notes

Corporate Counseling Associates

Your Work Life Assistance Program



FEATURES INCLUDE:

- Toll-free 24/7 access to a qualified work-life counselor
- Assistance locating resources and referrals per your request
- Information-rich website loaded with content and tools for managing work, personal, and everyday issues
- Support for you, as well as those in your family and/or household
- Follow-up to be sure that the assistance met your complete satisfaction

To help you make time for what matters most, you and your family now have access to the Work/Life Assistance Program provided by CCA, Inc. Available any time, any day by phone, Web, or in person, CCA offers live assistance from a professional counselor—as well as a rich web-based library of practical resources—to provide support for any work, personal, childcare/eldercare, or everyday issue that's important to you and your family.

ALWAYS AVAILABLE! ALWAYS CONFIDENTIAL!...TOLL FREE AT (800) 833 – 8707

Login at www.myccaonline.com, login code: CHS

Whom To Contact With Questions

If, after reviewing the material in this enrollment guide, you have any questions about how to enroll or about your benefits, you can get additional information by visiting the Enrollment website (www.benefitsquest.com/CHSLI), calling the Enrollment Center at 855-874-0304, or calling MyHR at 516-705-6947. For specific plan questions, you can also call the numbers listed below:

Plan	Vendor	Phone Number	Web Site	Services
Benefit Counselors to enroll during open enrollment		1-855-874-0304		Ask questions and get assistance when enrolling during open enrollment
Benefits Website			www.benefitsquest.com/CHSLI	Review benefit options and enroll during open enrollment
MyHR		516-705-MYHR (6947)	Email: MyHR@chсли.org	General HR and 403(b) related information
Medical Plans	Empire BlueCross BlueShield	1-800-741-0086	www.empireblue.com	Find a network provider, customer service, check the status of a claim
Precertification	Conifer Value Based Care	1-866-821-7021		Get approval for certain procedures and services
Personal Health Nurses	Conifer	1-800-459-2110 x2506		Get help managing complex health conditions, find an in-network provider, and get referrals for services
Prescription Plan	EnvisionRxOptions	1-800-361-4542	www.envisionrx.com	Customer service and prescription plan information
	Envision Mail	1-866-909-5170	www.envisionpharmacies.com	Mail Order prescription drugs
MyCHSRx		516-207-7007	Email: MyCHSRx@ch׀li.org	Customer Service and Rx plan info
Dental Plans	Cigna	1-800-244-6224	www.mycigna.com	Find a network provider, customer service, check the status of a claim
Group #: 3332036				
Vision Plans	Blue View	1-866-723-0515	www.empireblue.com	Find a network provider, customer service, check the status of a claim
Dependent Verification	Consova	1-844-872-1592	www.consova.com/CHS	Complete the Dependent Verification process
Life Insurance	Prudential	1-866-439-9026	www.prudential.com/etonline www.prudential.com/mybenefits Access Code: 50005	Customer Service
Disability	Prudential	1-877-367-7781	www.prudential.com/etonline www.prudential.com/mybenefits Access Code: 50005	Initiate a claim for Short Term or Long Term Disability benefits
Leave Administration	Prudential	1-877-367-7781	www.prudential.com/mybenefits Access Code: 50005	Initiate a leave of absence request
Flexible Spending Accounts	Baker Tilly	1-800-307-0230, Prompt 9	www.myflexdollars.com	Check balance or verify eligibility of an expense
Transit FSA	Conexis	1-800-496-6132	www.benefitadminsolutions.com	Verify eligibility of an expense
Critical Illness	TransAmerica	1-800-400-3042	www.transamericaemployeebenefits.com	Provides income protection in the event of a covered serious illness
Accident Insurance	MetLife	800-GET-METB (438-6388) Call Line Open 8 am - 8 pm EST	https://online.metlife.com/edge/web/public/benefits/	Reduce the financial impact after an accident causing bodily injury
Hospital Indemnity	MetLife	800-GET-METB (438-6388) Call Line Open 8 am - 8 pm EST	https://online.metlife.com/edge/web/public/benefits/	Get help covering expenses after a hospital stay
Legal Plan	Hyatt/MetLife	1-800-821-6400	www.legalplans.com Email: clientinquiry@legalplans.com	Receive affordable legal assistance
Identity Theft Protection	InfoArmor	1-800-789-2720	www.MyPrivacyArmor.com Email: clientservices@infoarmor.com	Limit your chances of experiencing fraud
Credit Union				May vary by location.
Work/Life Assistance Plan	CCA	1-800-833-8707	www.myccaonline.com	Learn more about the Work/Life Assistance Plan
Continuation of Coverage	Baker Tilly	1-800-307-0230, Prompt 3	www.mybenefitdollars.com	Learn more about Continuation of Coverage



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