eMoney

Benefits Guide

8/1/2026 – 7/31/2027

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At eMoney Advisor, we're committed to supporting the well-being of our employees and their families through a comprehensive benefits program designed to meet evolving needs at every stage of life. In partnership with Independence Blue Cross, we offer benefits that support your health, financial wellness, and overall peace of mind. We recognize that benefits are an important part of your overall compensation and employee experience.

This guide provides an overview of the benefits available to you through eMoney Advisor. We encourage you to review the plans and associated costs carefully so you can choose the options that best fit your needs. Additional details and resources can be found on our Intranet.

Please note that once you enroll, changes to your coverage can only be made during the annual open enrollment period unless you experience a qualified life event, such as marriage, divorce, birth or adoption of a child, loss of other coverage, or a dependent turning age 26.

eMoney's Benefits Team is here to help answer questions and support you through the enrollment process every step of the way.

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Medical Plan and Rx

Independence

Benefits	HDHP Plan *In-Network*	HDHP Plan *Out-Network*	PPO Plan *In-Network*	PPO Plan *Out-Network*
ANNUAL DEDUCTIBLE	Individual: $2,000 Family: $4,000	Individual: $5,000 Family: $10,000	Individual: $500 Family: $1,000	Individual: $5,000 Family: $10,000
OUT OF POCKET MAX	Individual: $4,000 Family: $8,000	Individual: $10,000 Family: $20,000	Individual: $6,600 Family: $13,200	Individual: $15,000 Family: $30,000
HSA EMPLOYER CONTRIBUTION	Employee: $75/month All other tiers: $100/month		N/A	
PREVENTIVE CARE	100% NO deductible	50% NO deductible	100% NO deductible	50% deductible waived
OUTPATIENT CARE PCP Copay Office Visits	90% after deductible	50% after deductible	$20 copay	50% after deductible
Specialist Copay Office Visits	90% after deductible	50% after deductible	$40 copay	50% after deductible
Outpatient Surgery	90% after deductible	50% after deductible	$75 copay after deductible	50% after deductible
OUTPATIENT LAB	90% after deductible	50% after deductible	100% covered after deductible	50% after deductible
ADVANCED RADIOLOGY Routine Radiology	90% after deductible	50% after deductible	$50 copay after deductible	50% after deductible
INPATIENT HOSPITAL CARE	90% after deductible	50% after deductible	$250 copay/admission after deductible	50% after deductible
EMERGENCY CARE Hospital Emergency Room	90% after deductible	90% after deductible	$150 copay (waived if admitted) after deductible	$150 copay (waived if admitted)
Urgent Care	90% after deductible	50% after deductible	100% covered after deductible	50% after deductible
MATERNITY CARE Prenatal and Postnatal Care	90% after deductible	50% after deductible	$250 copay after deductible	50% after deductible
MENTAL HEALTH / SUBSTANCE ABUSE Inpatient	90% after deductible	50% after deductible	$250 copay/admission after deductible	50% after deductible
Outpatient	90% after deductible	50% after deductible	$40 copay	50% after deductible
RETAIL DRUG PROGRAM (30-DAY SUPPLY) Generic	$20 copay after deductible	50% after deductible	$10 copay	Covered 70%
Brand	$40 copay after deductible	50% after deductible	$20 copay	Covered 70%
Non-Preferred	$60 copay after deductible	50% after deductible	$35 copay	Covered 70%

Rates Per Pay	HDHP Plan		PPO Plan
	Your Cost	Employer HSA Contribution	Your Cost
Single	$0.00	$37.50	$83.12
Employee + Spouse	$0.00	$50.00	$153.01
Employee + Children	$0.00	$50.00	$118.56
Family	$0.00	$50.00	$195.10

Optum Rx Pharmacy

Optum Rx is our pharmacy benefit manager that helps manage member's prescription drug benefits. They work to help reduce medication costs, offer home delivery services, and manage a large network of retail pharmacies to provide affordable access to prescription medications.

Setting Up and Managing Your Online IBX Account

Set Up Your IBX Member Account

Your online member account gives you convenient access to important benefits information, including your digital ID card, in-network providers, claims, and coverage details.

To create your account, follow the steps below:

- Visit https://www.ibxtpa.com/login
- Click **Register** in the top right corner
- You'll need eMoney's Group Number (available on the life@eMoney Intranet) or your Social Security Number to complete registration

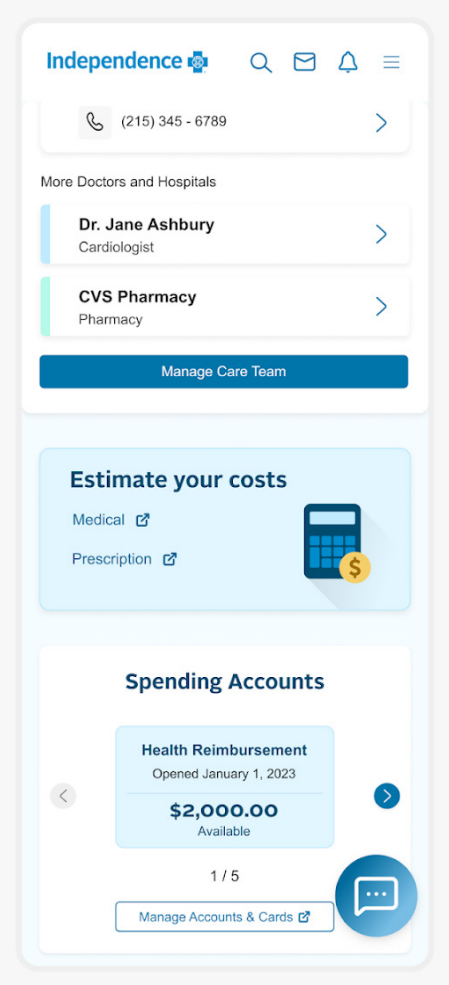
Once registered, you'll be able to access all portal features, including searching for in-network providers, estimating procedure costs, viewing claims information, and printing your medical ID card.

IBX Mobile App

Download the free IBX app for your iPhone or Android to help you make the most of your Independence Blue Cross health plan. With new and improved features, the IBX app gives you easy access to your health care coverage 24/7, wherever you are.

Use the IBX app to:

- Access benefit information
- View, share, or order a new ID card
- Pay your premium
- Find a doctor or hospital, and change your primary care physician
- Estimate your out-of-pocket costs for medical procedures
- See your most recent claims and any open referrals
- Find or price a prescription drug
- Track deductibles and spending account balances
- Reach your health goals with Achieve Well-being tools
- See important notifications and health messages



Health Savings Account

The Health Savings Account (HSA) is available to employees who enroll in the High Deductible Health Plan

A Health Savings Account is a tax-sheltered trust account you own for the purpose of paying qualified IRS medical expenses for yourself, your spouse or your tax dependents.

It is recommended that employees make contributions to their HSA to have money available for deductibles, copays and other medical expenses when needed. Funds contributed to an account can either be pre-tax money via payroll deduction, or you can deposit money into your account anytime. HSAs are owned by the individual. The IRS sets maximum contribution limits. This year those limits are:

CONTRIBUTION LIMITS

	Employee Only Coverage	Employee + Dependents
EMPLOYEE MAX*	$4,400[1]	$8,750[1]
EMPLOYER MAX	$900/year	$1,200/year
*Employees age 55 and over may contribute an additional $1,000 annually as a "Catch-Up" contribution		

[1]2027 Employee Only Coverage limit will be $4,500 and the Family Coverage will be $9,000

Eligibility Requirements:

- Employee must be insured under a qualified, high deductible health plan in order to qualify for the HSA.
- Employee cannot be covered by another medical plan (dental and vision not included) that is not an HSA qualified high deductible plan.
- Employee cannot be claimed as a dependent on another individual's tax return.
- eMoney Advisors employee or spouse may not have a medical FSA through another employer-sponsored plan when enrolled in an HSA.
- Certain rules apply for individuals covered under Medicare. Please contact Fidelity Health Marketplace for more information.

The HSA is each employee's own health savings account. In the event that you are no longer employed by eMoney Advisor or retire, the money in the account is yours to keep. These contributions may be used for future medical expenses, COBRA premiums, Medicare premiums, deductibles, copays, etc. pre-tax.

Flexible Spending Account

One of the few ways you can cut your out-of-pocket medical and dependent care expenses is through Flexible Spending Accounts. These accounts are an employer provided benefit that allow you to contribute a set amount from your paycheck in order to cover out-of-pocket medical, dental, or vision expenses such as health insurance co-pays, uninsured treatments, or even over-the-counter drugs prescribed by your Primary Care Physician. They can also cover certain dependent care expenses such as day care and adult care. By setting aside pre-tax dollars through convenient payroll deductions, employees are able to reduce their taxable income and increase their take-home pay.

Although actual tax savings can vary for each individual, an employee can save significantly by paying their out-of-pocket health care and child care expenses on a pre-tax basis. For example, an employee who is earning $33,000 per year and saves $15.00 per pay ($390.00 annually) in their medical FSA will save $58.50 in taxes. If you were to save $1,000 annually in your Dependent Care Account, you would save $150 in taxes.

FOR MORE INFORMATION

+ Log on to www.wageworks.com
+ Call 1-877-924-3967

Account Type	Examples of Eligible Expenses	Contribution Limits	Access To Funds	Pre Tax Benefit
MEDICAL FSA	— Medical Plan Deductibles — Most Insurance co-payments — Some OTC medicines with a doctor's prescription — Vision Exams, Eyeglasses, Contacts — Laser Eye Surgery — Acupuncture — Weight Loss programs — Dental and Orthodontia (Braces) — Chiropractic	Maximum contribution is $3,400 per year	You may be required to submit receipts for all expenses other than copays. Use your debit card to access funds. If you are currently enrolled in the FSA, are re-enrolling, a new card will not be issued. Remember to keep your card for the coming plan year.	Save 20–40% on your health care expenses Save on purchases not covered by insurance Reduce your taxable income
DEPENDENT CARE FSA	— Daycare — Day Camp — Adult Daycare — Before and After School Care	Maximum contribution is $7,500 per year ($3,750 if married and file separate tax returns)	You will be able to submit claims up to your year-to date accumulated amount in your account. There is no debit card for the Dependent Care FSA. (You will only be reimbursed based on your accumulated contribution amounts.)	Save 20–40% on your dependent care expenses Reduce your taxable income

Save All Receipts

- You must save all receipts from purchases made on your FSA Debit Card (including prescriptions and physician co-payments). You may be required to substantiate all of your FSA Health Care purchases made on the debit card.
- Your Medical FSA & Dependent Care run from 8/1/2026-7/31/2027. You have the entire year to spend the annual election amount you choose to contribute to both accounts. Amounts elected must be spent within the annual year period or will be lost.

Dental

MetLife	Value *In-Network*	Value *Out-Network*	Enhanced *In-Network*	Enhanced *Out-Network*
DEDUCTIBLE / ANNUAL MAX Single	$50	$50	$50	$50
Family	$150	$150	$150	$150
Deductible Waived for Preventative?	Yes	Yes	Yes	Yes
Annual Max Benefit (Per Person)	$1,800	$1,800	$2,300	$2,300
PLAN COVERAGE Preventative	100%	100%	100%	100%
Basic Restorative	70%	70%	100%	100%
Major Restorative	50%	50%	80%	80%
ORTHODONTIA Plan Coverage	50%	50%	50%	50%
Lifetime Max	$1,000	$1,000	$1,500	$1,500
Adult Orthodontia Covered?	No	No	Yes	Yes
ROLLOVER PROVISION Included?	No	No	No	No

[1]Dental OON reimbursement for MetLife based on R&C 90th percentile.

Rates Per Pay	Value	Enhanced
	Your Cost	**Your Cost**
Single	$5.81	$10.49
Employee + Spouse	$14.52	$24.73
Employee + Children	$17.42	$30.88
Family	$26.14	$45.13

Vision

When members choose to visit a PLUS Provider, they will receive an extra $50 in frame allowance. To find a Plus Provider visit eyemed and select *Find an Eye Doctor* and look for the PLUS Provider icon.

Value *In-Network Copays/Allowances*	**Value** *In-Network Copays/Allowances*	**Value** *Out-Network[1] Allowances*	**Enhanced** *In-Network Copays/Allowances*	**Enhanced** *Out-Network[1] Allowances*
DEDUCTIBLE / ANNUAL MAX Comprehensive Exam	$0	Up to $40	$0	Up to $40
MATERIALS / EYEWEAR COPAY Single	$0	Up to $30	$0	Up to $30
Bifocal	$0	Up to $50	$0	Up to $50
Trifocal	$0	Up to $70	$0	Up to $70
Standard Progressive	$65	Up to $50	$65	Up to $50
FRAMES / CONTACT ALLOWANCE[1] Frames	$130 and 20% thereafter	Up to $91	$170 and 20% thereafter	Up to $91
Contact Lenses (Conventional)	$130 and 15% thereafter	Up to $130	$170 and 15% thereafter	Up to $130
Contact Lenses (Disposables)	$130	Up to $130	$170	Up to $130
BENEFIT FREQUENCY Eye Exam	Once Every 12 Months		Once Every 12 Months	
Lenses	Once Every 12 Months		Once Every 12 Months	
Frames	Once Every 24 Months		Once Every 12 Months	
Contact Lenses	Once Every 12 Months		Once Every 12 Months	

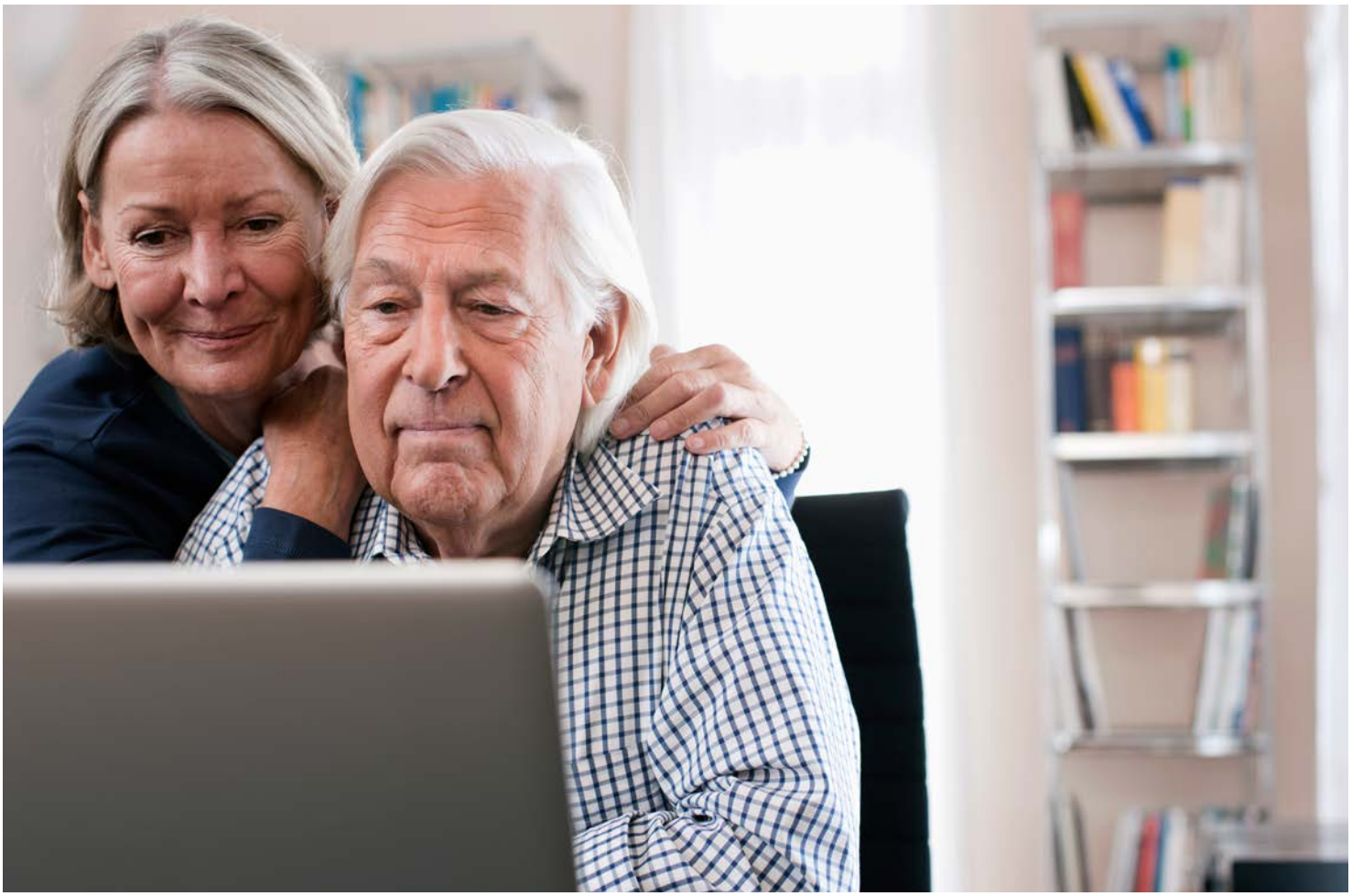
[1]Members have the choice between frames or contact lenses, but not both.

Rates Per Pay	**Value**	**Enhanced**
	Your Cost	**Your Cost**
Single	$1.50	$2.73
Employee + Spouse	$2.50	$4.83
Employee + Children	$2.50	$4.96
Family	$4.00	$7.62

*For Out-of-Network services you will be required to pay the provider in full at the time of service. You must submit a claim form to EyeMed for reimbursement.

**When eyeglasses do not achieve the best visual potential, contact lenses may become medically necessary. This can be due to keratoconus, corneal trauma, or post-surgical irregularity in the corneal surface. Medical necessity will be reviewed on a case-by-case basis.

401(k) Retirement Plan



eMoney is pleased to provide a 401(k) Retirement Plan. You can take advantage of one of the single best methods to save money today and invest in your future. You can build an excellent source of retirement income for the future and lower your taxable income by contributing a portion of your pay on a pre-tax or Roth basis.

eMoney will match 100% of the first 1% salary and 50% of the next 5% salary that you contribute to the plan. You will need to contribute a minimum of 6% to take advantage of the Company's full 3.5% match.

The company match you receive will be 100% vested immediately following your period of eligibility.

You are eligible to enroll the 1st of the month following 90 days of employment. Please note, the plan contains an automatic enrollment feature. If you do not take any action come your effective date, you will automatically be enrolled contributing 6% of your pay on a pre-tax basis. This will increase by 1% annually until your contributions reach a maximum of 15%.

FOR MORE INFORMATION

+ Log on to www.401k.com
+ Call 1-800-835-5097

Company Provided Benefits

All benefits-eligible employees automatically receive access to company-provided benefits including basic life insurance and AD&D, short-term disability, employee assistance program, Headspace, fertility, family building and women's health, and much more. Learn more about eMoney's company-provided benefits below.

Sun Life Financial

Basic Life & AD&D

Key Provisions	
BASIC LIFE Benefit Amount	1.5X pay
Benefit Max	$250,000
Guaranteed Issue Amount	$250,000
Conversion / Portability	Yes / Yes
BASIC AD&D Benefit Amount	100% of the basic life benefit
Conversion / Portability	Yes / Yes

Short- and Long-Term Disability

Coverage	Short Term Disability	Long Term Disability
COVERAGE AMOUNT	70% of salary to maximum of $2,500/week	60% of salary to maximum of $6,000/month
MAX BENEFIT PERIOD	13 weeks	Social Security Normal Retirement Age
LIFETIME BENEFIT ADL	N/A	No
ACCIDENT BENEFIT BEGINS	Day 1	Day 91
ILLNESS BENEFIT BEGINS	Day 1	Day 91

Company Provided Benefits

EAP (Employee Assistance Program)

At eMoney, we understand that life can bring challenges both inside and outside of work, and we're committed to supporting the overall well-being of our employees and their families. That's why we offer a free Employee Assistance Program (EAP) to all employees and their eligible dependents.

The EAP is a confidential resource designed to provide support for everyday life challenges that may impact your emotional well-being, family life, health, or work. Through the program, employees and their dependents have access to free counseling sessions and professional support services for a variety of personal and work-related needs, including:

- Confidential emotional support
- Work-life resources and solutions
- Legal guidance
- Financial resources
- Support for new parents
- Free online will preparation

In addition to these services, the EAP also provides helpful resources and information related to wellness, relationships, lifestyle topics, and home and auto needs.

Company Provided Benefits

Identity Theft Protection

Identity theft is a serious crime. Each year, millions of Americans have their personal financial information stolen and must spend a significant amount of time and money to restore their records. If you ever become a victim of identity theft, you don't have to face it alone.

You have the support of a comprehensive Identity Theft Protection program through Assist America's SecurAssist Identity Protection program. It provides:

- 24x7 telephone support and step-by-step guidance by anti-fraud experts,
- A case worker assigned to you to help you notify the credit bureaus and file paperwork to correct your credit reports,
- Help canceling stolen cards and reissuing new cards, and
- Help notifying financial institutions and government agencies

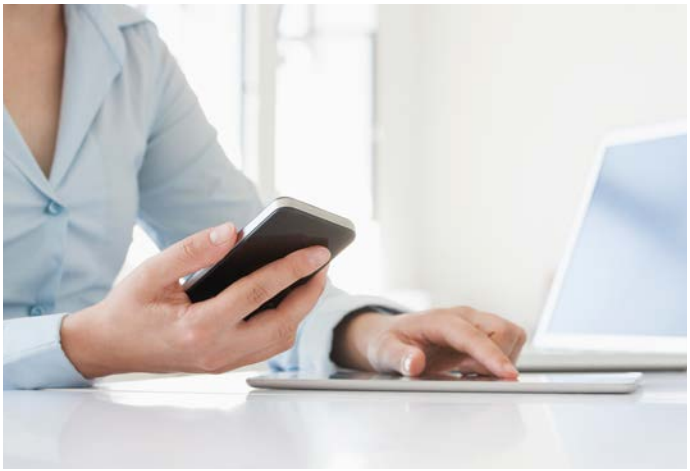
IDENTITY THEFT PROTECTION

If you are the victim of financial or medical identity fraud, or if you'd like to store your card information in one central location, call:

+ 877-409-9597
+ Membership Number: 01-AA-SUL-100101

To proactively protect your credit cards, register them for Identity Fraud Protection surveillance:

+ www.securassist.com/sunlife
+ Access code 18327



Emergency Travel Assistance

If you have a medical emergency while you are more than 100 miles away from home, you don't have to face it alone. With one simple phone call, you can be connected to Assist America's staff of medically trained, multilingual professionals who can advise you in a medical emergency, 24x7. No matter where you are in the world, they will help you access or receive:

- Pre-qualified, English-speaking professionals working in hospitals, pharmacies, and dental offices
- Medical consultation, evaluation, and referral
- Hospital admission
- Critical care monitoring
- Emergency medical evacuation
- Transportation to return home or to a rehabilitation facility
- Lost prescription assistance
- Legal and interpreter services, and more

EMERGENCY TRAVEL ASSISTANCE

If you or your family member has a medical emergency and are more than 100 miles from home, call or e-mail:

+ 800-872-1414 (Within the U.S.)
+ 609-986-1234 (Outside the U.S.)
+ Membership Number: 01-AA-SUL-100101
+ E-mail: medservices@assistamerica.com

Company Provided Benefits

Teladoc

Save money and time with virtual care benefits. Members have several options to receive care quickly and conveniently from a doctor, specialist, or behavioral health professional.

When it's not an emergency, virtual care is a fast, convenient, and affordable option. Whether you're connecting with your own doctor or need to talk with someone after hours or when you're away from home, Independence Administrators provides you with options in every situation.

How to access virtual care

TELADOC HEALTH

Activate your Teladoc account and schedule an appointment in one of the following ways:

+ Call 1-800-835-2362
+ Visit teladochealth.com
+ Download the Teladoc mobile app

PCP AND SPECIALISTS

Contact your in-network provider directly to set up a virtual care appointment. If the provider offers virtual care, the provider will give you instructions for setting up your appointment. Our Find a Doctor tool at myibxtpabenefits.com identifies if a provider offers virtual care services.

BEHAVIORAL HEALTH CARE PROVIDERS

To find a behavioral health provider, call the Mental Health/ Substance Abuse number on the back of your member ID card2 or use the Find a Doctor tool at myibxtpabenefits.com.

You may also use the following resources:

Atlas

You also have access to Atlas, a free online tool by Shatterproof that connects you and your loved ones with trustworthy, in-network addiction treatment. For more information about the Atlas tool, visit treatmentatlas.org.

Your Mental Well-Being, Supported Every Day

At eMoney, your well-being—both inside and outside of work—is a top priority. That's why all employees have free access to Headspace, a science-backed mindfulness and mental health platform designed to help you feel your best every day. What You Get:

- Everyday Mindfulness Tools Reduce stress, improve focus, and sleep better with guided meditations, breathing exercises, and sleep support.
- 1,000+ Hours of Expert Content Explore topics like stress, focus, performance, parenting, and even mindfulness for kids.
- Self-Paced Guided Programs Learn to manage anxious thoughts, build resilience, and create lasting healthy habits.
- Real-Time Support with Headspace Care Text with trained coaches who can help you navigate life's challenges and connect you with licensed clinicians if needed.

Click here to get started with Headspace today.

Company Provided Benefits

Thrive

Thrive is the most effective and clinically rigorous digital physical therapy product on the market. Thrive pairs Doctors of Physical Therapy with the extending power of AI to offer members a personalized experience with

Wondr

As an Independence Administrators member, you have access to Wondr Health (Wondr), a digital behavioral counseling program for weight management, diabetes prevention, and metabolic syndrome (MetS) reversal. This service is available to you and your family at no additional cost and offers a solution that can positively affect your whole health.

Bloom

Bloom is transforming women's pelvic health with an innovative, digital solution to support women in all stages of life, including young adulthood, pregnancy, postpartum, and menopause. Bloom will help address pelvic health disorders from the comfort of home.

Progyny

IBX has partnered with Progyny, a market-leading infertility solution for reproductive health, those trying to conceive, and those who need fertility care. eMoney has enhanced our family forming benefits with Progyny.

** Progyny and disclaimer: Progyny aligns with our medical plan offerings, meaning eligible services are subject to applicable deductibles, copays, and coinsurance-based on your selected health plan. To receive coverage, members must use a provider within Progyny's extensive network.*

Voluntary Benefits

In addition to the company-provided benefits available at no cost to employees, eMoney also offers a variety of voluntary benefits that provide additional coverage and added peace of mind.

Voluntary Life

Sun Life Financial

Voluntary Insurance	Benefits
VOLUNTARY LIFE Employee[1]	Increments of $10,000 to a max of $500,000, not to exceed 5 times your basic annual earning.
Spouse[2]	Up to 50% of Employee Coverage to a max of $250,000
Child[3]	Up to 10% of Employee Coverage to max of $10,000

[1]Guarantee Issue Amount: Lesser of current amount or $150,000 or 3 times annual earnings, whichever is less
[2]Guarantee Issue Amount: Lesser of current amount or $30,000
[3]Guarantee Issue Amount: N/A

Buy-Up Long-Term Disability

Sun Life Financial

	Buy-Up (EE Paid)
MONTHLY INCOME REPLACEMENT BENEFIT	60%
MAX MONTHLY BENEFIT	$12,000
GUARANTEE ISSUE MONTHLY BENEFIT	$10,000
ELIMINATION PERIOD (IN DAYS)	90 days
OWN OCCUPATION PERIOD	24 Months
PRE-EXISTING CONDITION LIMITATION	3/12 Pre-ex
SOCIAL SECURITY INTEGRATION	Direct Integration
BENEFIT DURATION	To SSNRA
REHABILITATION INCENTIVES	N/A
LIMITATIONS AND EXCLUSIONS	Mental Illness: 24 Months Substance Abuse: 24 Months Specified Illness: No Limit

*This is a total benefit that combines with Company-Provided Long Term Disability, covering the difference between Company-Provided up to the Max Monthly Benefit.

Critical Care & Accident

Cigna

Critical Illness Insurance	Benefits
Plan pays a lump sum cash benefit direct to the insured upon the first diagnosis, after the coverage effective date, of a covered condition. Covered conditions include: Cancer, Heart Attack, Stroke, Renal Kidney Failure, Major Organ Transplant, Paralysis, Lou Gehrig's Disease, Blindness, Coronary Artery Disease, Carcinoma in Situ	EMPLOYEE: $5,000, $10,000, $25,000
	SPOUSE: $2,500, $5,000, $12,500
	CHILD: $2,500, $5,000, $12,500
Accidental Injury Insurance	**Benefits**
Plan pays a lump sum cash benefit direct to the insured for a broad range of accident treatments and conditions, based on a schedule of benefits.	COVERAGE INCLUDES: Initial Care & Emergency Care Hospitalization Fractures Dislocations Follow Up Care
This is an off-the-job insurance policy. Benefits provided are not intended to cover all medical expenses.	

Voluntary Benefits

Prepaid Legal Services

eMoney Advisor continues to offer group legal services on a voluntary basis, through Countrywide Pre-Paid Legal Services, Inc. This voluntary benefit is offered to regular, full and regular, part-time eligible employees, and is designed to provide specific legal services when the need arises on an affordable basis. These services are available to you, your spouse/domestic partner and dependents up to age 26.

Countrywide's plan, known as "Personal Legal Protector," provides an array of valuable legal services including:

- Identity Theft Assistance
- Unlimited Telephone Consultations and Advice
- Preparation of Simple Wills
- Advice on Small Claims Court
- Review of Contracts and Documents
- Living Wills and Medical Powers of Attorney
- Legal Letters and Phone Calls
- Discounted Rates

	Cost Per Pay
PREPAID LEGAL SERVICES	The per pay cost is $7.37 per employee.

Credit Monitoring & Identity Theft Protection

Safeguard your credit and your name with personal identity protection security through Countrywide. As an eMoney Advisor employee, you have three options to choose from—plans include credit monitoring, $1M of Identity Theft Insurance, Restoration Services, and more.

	Cost Per Pay
CREDIT MONITORING & IDENTITY THEFT PROTECTION	Secure Pro Plan costs $4.14 per pay.
	Secure Plus Plan costs $6 per pay.

Pet Insurance

Nationwide helps cover expenses if your pet becomes sick or injured. Nationwide policies are easy to use and reimburse you for eligible veterinary expenses related to surgeries, hospitalization, X-Rays, prescription medications and more. Best of all, you're free to visit any veterinarian, anywhere in the world.

FOR MORE INFORMATION & TO ENROLL

+ Visit www.petinsurance.com
+ Call 1-877-738-7874

Nationwide allows employees to enroll anytime throughout the year.

Annual Notices

Newborns' and Mothers' Health Protection Act of 1996 (Newborn's Act)

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

The Women's Health and Cancer Rights Act of 1998 (WHCRA, also known as Janet's Law)

Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas. Call your Plan Administrator for more information.

Qualified Medical Child Support Order (QMCSO)

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

Notice of Privacy Practices (HIPAA)

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your employer recognizes your right to privacy in matters related to the disclosure of health-related information. The Notice of Privacy Practices (provided to you upon your enrollment in the health plan) details the steps your employer has taken to assure your privacy is protected. The Notice also explains your rights under HIPAA. A copy of this Notice is available to you at any time, free of charge, by request through your employer.

Pre-existing Condition Notification (HIPAA) (Individuals over age 19)

A group health plan may not impose a pre-existing condition exclusion with respect to a participant or dependent before notifying the participant, in writing, of:

- The existence and terms of any pre-existing condition exclusion under the plan;
- The rights of individuals to demonstrate creditable coverage (and any applicable waiting periods);
- The right of the individual to request a certificate from a prior plan or issuer, if necessary; and,
- That the current plan (or issuer) will assist in obtaining a certificate from any prior plan or issuer, if necessary.

Special Enrollment Rights (HIPAA)

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Annual Notices

Coverage Extension Rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

Special Enrollment Rights (CHIPRA) Children's Health Insurance Plan

Effective April 1, 2009, you and your dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- You or your dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminated because you ceased to be eligible.
- You become eligible for a CHIP premium assistant subsidy under state Medicaid or CHIP (Children's Health Insurance Program).

You must request special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

Michelle's Law

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence (or other change in enrollment) from a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:

- One year from the start of the medically necessary leave of absence, or
- The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

Mental Health Parity and Addiction Equity Act of 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage); and that there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

Genetic Information Non-discrimination Act (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual.

GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited circumstances.

Questions? We're Here to Help

If you have questions about your benefits, enrollment, coverage options, or eligibility, please contact benefits@emoneyadvisor.com. Our team is here to help support you throughout the process.

You can also find additional benefits information, resources, and plan details on the life@eMoney Intranet.