

Your Stein benefits for  
**2026**

# Employee Benefits Guide



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## Quick Start Guide

### ELIGIBILITY

Full-time employees who work a minimum of 30 hours per week and are at least age 18 are eligible to participate in the health benefits program. All benefits have an effective date of the first of the month following a 60-day waiting period unless noted otherwise.

### QUALIFYING LIFE EVENT

If you experience a Qualifying Life Event (QLE), such as getting married or having a baby, please contact HR; proof of the QLE must be submitted to your HR department

**within 30 days to change current benefit election.**

- Change in your marital status: Marriage, divorce, or legal separation (based on state law)
- Change in your number of dependents: Birth, adoption, or if a child is no longer eligible as a dependent
- Change in your employment status: Resulting in loss or gain of coverage
- Change of address that results in a change in coverage
- Eligibility for coverage through the Marketplace
- Entitlement to Medicare or Medicaid

### DEPENDENTS

If you are enrolling dependents, please have the following information available:

- Social Security Number
- Date of Birth

## HOW TO ENROLL

### Virtual Appointment - Benefits Coach

Benefits Coaches are available to guide you through your benefits package.

- Click [HERE](#) to schedule a call with an Ivy Benefits Coach or scan the QR code below:



- Or call **(888) 860-3504** to schedule an appointment or enroll.

### WHAT'S NEW?

- New Voluntary Term Life - Guarantee Issue up to \$150,000 (**no medical questions**)
- Short Term Disability is guaranteed issue (**no medical questions**)
- Sun Life is the new carrier for:
  - Voluntary Life and AD&D
  - Short-Term Disability
  - Accident Insurance
  - Critical Illness
  - Hospital Indemnity
- Apta Guardianship with BowTie Medical will be replacing Revive Health
- Copays for prescriptions



## Key Contacts

### Medical Insurance



1. Website: [www.aptahealth.com/stein](http://www.aptahealth.com/stein)
2. Apta Guardians Phone: **720-704-3300**
3. Submit invoice to Apta Guardians: [receipts@apta-health.com](mailto:receipts@apta-health.com)

### Dental Insurance Vision Insurance



1. Visit [www.myblueprint.arkansasbluecross.com](http://www.myblueprint.arkansasbluecross.com)
2. Phone: **800-238-8379**

### Voluntary Life and AD&D Short-Term Disability Accident Insurance Critical Illness Hospital Indemnity

1. Visit [sunlife.com/us](http://sunlife.com/us)
2. Phone: **800-247-6875**



Contact our enrollment service partner, Ivy Engage, for any benefit assistance.

[Support@ivyengage.com](mailto:Support@ivyengage.com)

**(888) 860-3504**



# How to Use Apta Guardianship with BowTie Medical

## GUARDIANSHIP IS INTEGRATED CARE

A virtual-first care team that integrates **independent primary care doctors, nurses, health coaches and specialists** into one team to care for all employee health needs.

- Unlimited, 24/7 virtual-first care
- Integrated team inc. primary care, specialty care, care navigation, and health coaching
- Rx review & price/quality research
- Chronic and complex condition management

## APTA GUARDAINSHIP PROGRAM INCLUDES TWO MAIN COMPONENTS:

### BowTie Guardianship Team

BowTie Medical services allow you to meet with a doctor from the comfort of your home, while traveling, or anywhere you have internet access. **You have unlimited access to your BowTie provider.**

### Apta Guardianship Team

They help you find healthcare and negotiates cash prices on your behalf to save hundreds to thousands of dollars on procedures. Call your Guardian when you need surgeries, x-rays, labs, or other medical procedures.

## WHAT IS THE CASH PAY CARD?

A debit card pre-loaded with funds for approved medical expenses. Issued by a company called, "Akimbo". The Cash Pay Card is not an HSA or FSA card. Only use after confirming charges with your Apta Guardianship team. Submit detailed receipts after use.

## PROCESS FOR ANY MEDICAL CARE

### 1. Obtain a Referral

Your Guardianship Team will refer you to a specialist if needed.

### 2. Get the cash pay price

Determine the Cash discounted price from the provider

### 3. Contact Apta Guardianship Team

They'll load your Akimbo Cash Pay Card

### 4. Swipe your card at appointment

Remember to get an itemized receipt

### 5. Send your receipt

Email or Text your full receipt to Apta Guardianship Team

## WHAT IF I NEED A PRESCRIPTION?

Go to your pharmacy and present your **Apta Guardianship Member Card**. You'll pay a co-pay as outlined in your plan. **Cash Pay Card cannot be used** for prescriptions.

## EMERGENCIES

1. Start with your BowTie Guardian, they offer 24/7 urgent and after-hours care, helping with common issues quickly and conveniently.
2. For in-person Urgent or Emergency Care, call Apta Guardians at **(720) 704-3300** ASAP.

### Non-life-threatening

Use virtual urgent care, if your program allows it. If in-person urgent care is needed, call Apta Guardians first to load your card. Register as self-pay and submit receipt within 24 hours.

### Life-threatening

**Go to the ER and register as self-pay.** Notify Apta Guardians ASAP. Send ER invoice to [receipts@apta-health.com](mailto:receipts@apta-health.com) or text photo to **(720) 704-3300**.

## HOW TO SUBMIT RECEIPTS?

Send an itemized receipt with your name and visit reason over text or email. For multiple people, submit separate itemized receipts. Submit within **24 hours** or risk deactivation of your Cash Pay Card.

**Text:** (720) 704-3300

4 **Email:** [receipts@apta-health.com](mailto:receipts@apta-health.com)





## Process for Medical Care



**Start with your BowTie Guardian**  
They handle up to 95% of your care.  
**(720) 704-3300**



**Obtain a Referral**  
Your Guardianship Team will refer you to a specialist if needed.



**Get the Cash Pay Price**  
The doctor's office provides the discounted cash pay amount



**Contact the Apta Guardianship Team**  
They'll load your Akimbo Cash Pay Card



**Swipe your card at your appointment**  
Remember to get an itemized receipt!



**Send your Receipt**  
Text or email your receipt once your visit is complete

**Text:** (720) 704-3300

**Email:** [receipts@apta-health.com](mailto:receipts@apta-health.com)



# Medical Benefits

Your employer offers medical benefits through Apta Guardianship using Apta Cash Concierge and BowTie Medical. This medical plan balances affordability with the freedom of choice without utilizing network providers.

MEDICAL PLAN SUMMARY		
Benefits	Guardianship Benefits	High Deductible Plan
<b>Deductible</b>		
Individual	\$0	\$7,000
Family	\$0	\$14,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$0	\$7,000
Family	\$0	\$14,000
<b>Office Visits</b>		
<b>Preventive Care</b>	\$0	\$0 copay
<b>Primary Care</b>	\$0 copay - Credit Card Eligible	0% After Deductible
<b>BowTie Medical (Virtual Care)</b>	\$0 copay	N/A
<b>Specialist</b>	\$0 copay - Credit Card Eligible	0% After Deductible
<b>Chiropractic Services</b>	\$0 copay - Credit Card Eligible	0% After Deductible
<b>Urgent Care</b>	\$0 copay - Credit Card Eligible	0% After Deductible
<b>Emergency Room</b>	\$0 - Refer to page 4 for Emergencies	\$250 copay, waived if admitted
<b>Emergency Transport / Ambulance</b>	\$0	0% After Deductible
<b>Office Visits</b>		
<b>Inpatient</b>	\$0 copay	0% After Deductible
<b>Outpatient</b>	\$0 copay	0% After Deductible
<b>Prescriptions</b>		
<b>Prenatal</b>	\$0 copay	\$0 copay
<b>Delivery and All Inpatient Services</b>	\$0 copay	0% After Deductible

Family deductible and out-of-pocket amounts are embedded. This means that an individual would not pay more than the individual deductible/out-of-pocket amounts.



# Medical Benefits

MEDICAL PLAN SUMMARY		
Benefits	Guardianship Benefits	High Deductible Plan
<b>Diagnostic Services</b>		
Lab, X-ray, etc...	\$0 copay - Credit Card Eligible	0% After Deductible
Imaging (CT/PET scans: MRI's)	\$0 copay	0% After Deductible
<b>Mental Health / Substance Abuse Office</b>		
	\$0 copay - Credit Card Eligible	0% After Deductible
<b>Prescriptions</b>		
<b>Retail - 30 day supply</b>		
Generic		\$4
Preferred		\$20
Non-Preferred		0% After Deductible
Specialty		0% After Deductible
<b>Mail Order - 90 day supply</b>		
Generic		\$10
Preferred		\$50
Non-Preferred		0% After Deductible
Specialty		N/A
<b>Pre-Certification Requirement</b>		
<b>A \$500 penalty will apply for failure to obtain pre-certification</b>	<ul style="list-style-type: none"> <li>• Inpatient Hospitalizations</li> <li>• Skilled Nursing</li> <li>• Facility Admissions</li> <li>• Home Health Care &amp; Services</li> <li>• Oncology Care &amp; Services</li> <li>• MRI's, MRA's &amp; PET Scans</li> </ul>	<ul style="list-style-type: none"> <li>• Hospice Care</li> <li>• Outpatient Surgeries (including Colonoscopies)</li> <li>• DME over \$1500</li> <li>• Dialysis</li> <li>• Transplants - Organ &amp; Bone Marrow</li> <li>• Genetic Testing (optional)</li> </ul>

Per Pay Period Deductions		
Coverage Tier	26 Pay Period	24 Pay Period
Employee Only	\$46.15	\$50.00
Employee & Spouse	\$522.46	\$566.10
Employee & Child(ren)	\$213.93	\$231.76
Employee & Family	\$758.35	\$821.55



# Dental Insurance

AR BCBS gives you the freedom to choose whether you would like to visit a participating dentist or an out-of-network dentist. To find a network dentist, please visit [arkansasbluecross.com/findcare](http://arkansasbluecross.com/findcare). The following is a summary of the major plan provisions.

DENTAL PLAN SUMMARY		
Benefits	In-Network	Out-of-Network
<b>Deductible</b>		
Annual Deductible - Waived for Preventive Care	\$50 per person; \$150 per family	\$50 per person; \$150 per family
<b>Maximum Payments</b>		
Individual	\$1,500	\$1,000
<b>Services</b>		
<b>Preventive Dental Services</b> Cleanings, exams, x-rays	0%	0%
<b>Basic Dental Services</b> Fillings, extractions, root canal, oral surgery, anesthesia, perio maintenance	0% After Deductible	20% After Deductible
<b>Major Dental Services</b> Crowns, inlays, onlays, bridges, dentures, implants, pero surgery	40% After deductible	50% After Deductible

**Maximum Rollover:** If you use your dental insurance at least once in a calendar year and do not use more than **\$700** of your annual maximum, Arkansas BlueCross will roll over **\$500** of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, the money in your MRA will be applied to your dental expenses. MRA cannot exceed **\$1,250**.

Covered Medical Conditions and Enhanced Dental Benefits	Automatic Program Enrollment	Two Additional Cleanings or Periodontal Maintenance Visits per Year	Oral Cancer Screenings Once Every 6 Months & Fluoride Treatments Once every 3 Months	Periodontal Scaling* Covered with No Out-of-Pocket Expense
Diabetes	X	X		X
Coronary Artery Disease	X	X		X
Stroke	X	X		X
Pregnancy		X		X
Oral Cancer	X	X	X	
Head & Neck Cancers (As of January 1,2020)	X	X	X	
Sjögren's Syndrome	X	X	X	

Per Pay Period Deductions		
Coverage Tier	26 Pay Period	24 Pay Period
Employee Only	\$14.83	\$16.07
Employee & Spouse	\$30.11	\$32.62
Employee & Child(ren)	\$35.43	\$38.38
Employee & Family	\$53.86	\$58.35



# Vision Insurance

To find a network provider, please visit [arkansasbluecross.com/findcare](http://arkansasbluecross.com/findcare). Arkansas BlueCross counts 12 months from the date of service to determine benefit frequency.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>Eye Exam - once every 12 months</b>	\$10 copay; covered in full	\$10 copay; covered up to \$45
<b>Lenses - once every 12 months</b>		
<b>Single Vision Lenses</b>	\$15 copay; covered in full	\$15 copay; covered up to \$30
<b>Lined Bifocal Lenses</b>	\$15 copay; covered in full	\$15 copay; covered up to \$50
Lined Trifocal Lenses	\$15 copay; covered in full	\$15 copay; covered up to \$65
Lenticular Lenses	\$15 copay; covered in full	\$15 copay; covered up to \$100
Contact Lenses - Elective - once every 12 months if you elect contacts instead of lenses/frames	\$15 copay; covered up to \$130	\$15 copay; covered up to \$105
Contact Lenses - Medically Necessary	\$15 copay; covered in full	\$15 copay; covered up to \$210
<b>Frames - once every 24 months</b>		
	\$15 copay; covered up to \$130+ 20% off amount over allowance; allowance at Walmart is \$70	\$15 copay; covered up to \$70
<b>Laser Correction Surgery</b>		
	15-20% average discount	No discount

Per Pay Period Deductions		
Coverage Tier	26 Pay Period	24 Pay Period
Employee Only	\$3.71	\$4.02
Employee & Spouse	\$7.40	\$8.02
Employee & Child(ren)	\$7.92	\$8.59
Employee & Family	\$12.66	\$13.72



# Voluntary Term Life and AD&D

Sun Life is our Voluntary Group Term Life and AD&D provider. This coverage provides financial protection for you and your loved ones. Group life is designed to provide benefits to your designated beneficiary for loss of life. AD&D can be added to each life policy to provide payment for the loss of life or limbs sustained as a result of accidental bodily injury.

BENEFIT STRUCTURE	
<b>Employee Life / AD&amp;D</b>	You may purchase increments of \$10,000 to a maximum of \$200,000, not to exceed 5x your Basic Annual Earnings
<b>Guaranteed Issue</b> ( <i>No medical questions during Open Enrollment</i> )	<b>\$150,000</b>
<b>Spouse Life / AD&amp;D</b>	You may purchase increments of \$5,000 to a maximum of \$100,000
Guaranteed Issue	<b>\$50,000</b>
<b>Child Life / AD&amp;D</b>	You may purchase increments of \$1,000 to a maximum of \$10,000
Guaranteed Issue	<b>\$10,000</b>

Please speak with a Benefits Counselor for personalized rates



# Short Term Disability

Sun Life is our voluntary short term disability provider. Disability insurance provides income protection in the event that you miss work due to an accident or illness. Disability insurance will also provide coverage for female employees who miss work due to maternity leave.

BENEFITS	BENEFIT AMOUNTS
<b>Weekly Benefit</b>	60% of weekly earnings
<b>Elimination Period</b>	Benefits begin on: 15th day for an Injury 15th day for a Sickness
<b>Minimum Weekly Amount</b>	\$100
<b>Maximum Weekly Amount</b>	\$2,500
<b>Maximum Benefit Duration</b>	26 weeks
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition with the past <b>6 months</b> until you have been covered under this plan for <b>12 months</b> .

Please speak with a Benefits Counselor for personalized rates

# Accident Insurance

You do everything you can to keep your family safe, but accidents do happen. Take comfort knowing you have help to manage the medical costs associated with accidental injuries. Benefits are payable once for each covered accident, unless stated otherwise.

BENEFIT	BENEFIT COVERAGE
<b>Hospital Benefits</b>	
Hospital First Stay Benefit - 1 Admission	\$1,000
Hospital First Stay Benefit - ICU - 1 Admission	\$1,500
Hospital Daily Stay Benefit - Up to 365 days	\$200
Hospital Daily Stay Benefit - ICU - Up to 15 days	\$400
Rehabilitation Unit - Up to 30 days per covered accident	\$100
Blood, Plasma, or Platelets Transfusion	\$100
Coma Benefit	\$5,000
Epidural Pain Management - Up to 2 times per covered accident	\$50
<b>Initial Benefits</b>	
Urgent Care Benefit	\$100
Emergency Room Admission	\$100
Ambulance Benefit - Ground / Air	\$200 / \$1,000
Major Diagnostic Testing Benefit	\$200
<b>Follow-Up Benefits</b>	
Physician's Follow-Up Treatment Benefit	\$50
Physical Therapy - Up to 10 visits per covered accident	\$50
Medical Devices	\$200
Prosthetic Device/Artificial Limb - Single / Multiple	\$500 / \$1,100
Family Lodging - Up to 30 days per year	\$50
Transportation - 100 or more miles up to 3 times per covered accident	\$250
Diagnostic Exam	\$200
X-Ray - 1 time per covered accident	\$100
Physical Therapy (per visit up to 10 visits per covered accident)	\$75

Please see the official Accident Insurance plan documents for a complete list of coverages.



# Accident Insurance

BENEFIT	BENEFIT COVERAGE
<b>Surgical Care Benefits Continued</b>	
Open Surgery	\$1,000
Exploratory Surgery or Debridement	\$250
Tendon/Ligment/Rotator Cuff Surgery	\$500
Torn Knee Cartilage	\$500
Ruptured/Herniated Disc	\$500
<b>Injuries</b>	
Burn Benefit / Skin Graft Benefit	Up to \$10,000 / 50%
Concussion Benefit	\$100
Emergency Dental Benefit - Crown/Extraction	\$200 / \$50
Eye Injury Benefit	\$200
Laceration Benefit	Up to \$500
Dislocation Benefit	Up to \$4,000
Fracture Benefit	Up to \$6,000
<b>Accidental Death &amp; Catastrophic</b>	
Accidental Death Benefit	\$25,000
Common Carrier	\$50,000
Catastrophic Accident	\$100,000

**Wellness Benefit** - Get paid a benefit for just taking steps to help yourself stay well! Your Wellness Benefit pays you cash directly when you get certain screening tests or other wellness exams. Each covered person can collect a benefit once per year in each of these categories:

**Routine Visit Benefit** - Payable \$50 per covered person per year for any of the following:

- Routine physical
- Sports physical
- Biometric screening
- Immunization
- Vision test
- Blood test for tricerides
- Fasting blood glucose test
- Lipid panel
- Mammogram
- Pap smear (women over age 18)
- Chest x-ray
- Colonoscopy

Coverage Tier	Per Pay Period Deductions	
	26 Pay Period	24 Pay Period
Employee Only	\$5.58	\$6.05
Employee & Spouse	\$8.95	\$9.70
Employee & Child(ren)	\$11.46	\$12.42
Employee & Family	\$14.83	\$16.07



# Critical Illness

Critical Illness protects you and your family in the event of a serious illness or other medical condition with portable coverage. Payments are made directly to the employee and can be applied to claims, household bills, or other expenses as needed. **Benefits can be paid at 10%, 50% or 100%** of the benefit depending on the severity of the condition, allowing payments for early stage diagnosis and minor events that aren't typically covered

BENEFIT	BENEFIT AMOUNTS
<b>Benefit Amount</b>	Increments of \$5,000 from \$10,000 up too \$30,000
<b>Dependent Benefit Percentage</b>	Spouse - 50% Child(ren) - 50%
<b>Minimum Amount</b>	\$10,000
<b>Maximum Amount</b>	\$30,000
<b>Guaranteed Issue Amount</b>	<b>Employee - \$30,000</b> <b>Spouse - \$15,000</b> <b>Child(ren) - \$15,000</b>

BENEFIT	INITIAL DIAGNOSIS
<b>Core Conditions</b>	
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
End-stage Kidney Disease	100%
Occupational HIV/Hepatitis, B, C, or D	100%
<b>Cancer Conditions</b>	
Invasive Cancer	100%
Non-invasive Cancer	25%
<b>Supplemental Conditions</b>	
Paralysis	100%
Loss of speech, sight or hearing	100%
Lou Gehrig's Disease (ALS)	100%
<b>Annual Wellness Screening Benefit</b> Per person per calendar year	<b>Employee: \$50</b> <b>Spouse \$50</b> <b>Child: \$50</b>

**Annually Restoring Benefit** – Each calendar year, your full benefit amount is restored. There is no lifetime maximum. Even if you collect 100% of your benefit in one year, your full benefit will be available again on January 1 of the next year, **for a new diagnosis or recurrence** of a previously diagnosed



# Hospital Indemnity

Hospital Indemnity Insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization. Hospital Indemnity lump-sum benefits are paid directly to the employee based on the amount of coverage listed (regardless of the actual cost of treatment).

BENEFIT	BENEFIT COVERAGE
<b>Hospital Admission - 1 Admission</b> Provides one lump-sum benefit upon the first day of confinement in a hospital or when confined to an observation unit of a hospital for more than 20 hours.	\$1,000
ICU Admission - 1 Admission	\$1,000
<b>Daily Stay - 10 Days</b> Pays for each day of confinement. For proposed days of confinement and benefit amounts see rate section.	\$150
<b>Daily Stay ICU - 10 Days (in addition to Daily Stay benefit)</b>	\$150
<b>Newborn Nursery Confinement - 3 Days</b> Payable with First Day Hospital only	\$100
<b>Wellness Screening - 1 day</b> Payable per benefit year	\$50
<b>Mental Wellness &amp; Addiction Recovery Benefit</b>	Included

Per Pay Period Deductions		
Coverage Tier	26 Pay Period	24 Pay Period
Employee Only	\$8.54	\$9.15
Employee + Spouse	\$14.99	\$16.24
Employee + Child(ren)	\$11.98	\$12.98
Employee + Family	\$19.58	\$21.21

# Medicare Part D Notice

## Important Notice from Wonder Boys of Arkansas dba Van Buren Health & Rehab About Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Wonder Boys of Arkansas dba Van Buren Health & Rehab has determined that the prescription drug coverage offered by Apta Health is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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### When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your Wonder Boys of Arkansas dba Van Buren Health & Rehab coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan

Since the existing prescription drug coverage under Apta Health is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Wonder Boys of Arkansas dba Van Buren Health & Rehab prescription drug coverage, be aware that you and your dependents can only get this

coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

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

You should also know that if you drop or lose your current coverage with Wonder Boys of Arkansas dba Van Buren Health & Rehab and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Wonder Boys of Arkansas dba Van Buren Health & Rehab changes. You may also request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

**Date:** 10/28/2025  
**Name of Entity/Sender:** Wonder Boys of Arkansas dba Van Buren Health & Rehab  
**Contact-Position/Office:** Minta Humble  
**Address:** 8520 S 36<sup>th</sup> Terrace, Fort Smith, AR 72908  
**Phone Number:** (479) 242-1171

## Women's Health and Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: \$7,000 deductible / 0% coinsurance. If you would like more information on WHCRA benefits, call your plan administrator at (479) 242-117.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at (479) 242-1171.

## HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Wonder Boys of Arkansas dba Van Buren Health & Rehab health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Wonder Boys of Arkansas dba Van Buren Health & Rehab health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Wonder Boys of Arkansas dba Van Buren Health & Rehab health plan if you become eligible for a state

premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

## Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Wonder Boys of Arkansas dba Van Buren Health & Rehab, describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources.

## Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility—

### ALABAMA – Medicaid

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

### ALASKA – Medicaid

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

### ARKANSAS – Medicaid

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

### **CALIFORNIA – Medicaid**

Health Insurance Premium Payment (HIPP) Program website: <http://dhcs.ca.gov/hipp>

Phone: 916-445-8322 | Fax: 916-440-5676 | Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### **COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)**

Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center: 1-800-221-3943 | State Relay 711

CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991 | State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/> | HIBI Customer Service: 1-855-692-6442

### **FLORIDA – Medicaid**

Website: <https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html>

Phone: 1-877-357-3268

### **GEORGIA – Medicaid**

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra> | Phone: 678-564-1162, press 2

### **INDIANA – Medicaid**

Health Insurance Premium Payment Program All other Medicaid Website: <https://www.in.gov/medicaid/> | <http://www.in.gov/fssa/dfr/> | Family and Social Services Administration Phone: (800) 403-0864 | Member Services Phone: (800) 457-4584

### **IOWA – Medicaid and CHIP (Hawki)**

Medicaid Website: [Iowa Medicaid | Health & Human Services](#) | Medicaid Phone: 1-800-338-8366

Hawki Website: [Hawki - Healthy and Well Kids in Iowa | Health & Human Services](#) | Hawki Phone: 1-800-257-8563

HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](#)

HIPP Phone: 1-888-346-9562

### **KANSAS – Medicaid**

Website: <https://www.kancare.ks.gov/> | Phone: 1-800-792-4884 | HIPP Phone: 1-800-967-4660

### **KENTUCKY – Medicaid**

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx> | Phone: 1-855-459-6328

Email: [KIHIPP.PROGRAM@ky.gov](mailto:KIHIPP.PROGRAM@ky.gov)

KCHIP Website: <https://kynect.ky.gov> | Phone: 1-877-524-4718

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

### **LOUISIANA – Medicaid**

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

### **MAINE – Medicaid**

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)

Phone: 1-800-442-6003 | TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 800-977-6740 | TTY: Maine relay 711

### **MASSACHUSETTS – Medicaid and CHIP**

Website: <https://www.mass.gov/masshealth/pa> | Phone: 1-800-862-4840 | TTY: 711

Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

**MINNESOTA – Medicaid**

Website: <https://mn.gov/dhs/health-care-coverage/> | Phone: 1-800-657-3672

**MISSOURI – Medicaid**

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> | Phone: 573-751-2005

**MONTANA – Medicaid**

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084 | email: [HHSHIPProgram@mt.gov](mailto:HHSHIPProgram@mt.gov)

**NEBRASKA – Medicaid**

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178

**NEVADA – Medicaid**

Medicaid Website: <http://dhcfnv.gov> | Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218 | Toll-free number for the HIPP program: 1-800-852-3345, ext. 15218  
Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

**NEW JERSEY – Medicaid and CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/> | Phone: 800-356-1561  
CHIP Premium Assistance Phone: 609-631-2392 | CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710 (TTY: 711)

**NEW YORK – Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/) | Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**

Website: <https://medicaid.ncdhhs.gov/> | Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <https://www.hhs.nd.gov/healthcare> | Phone: 1-866-614-6005

**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org> | Phone: 1-888-365-3742

**OREGON – Medicaid and CHIP**

Website: <http://healthcare.oregon.gov/Pages/index.aspx> | Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid and CHIP**

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html> | Phone: 1-800-692-7462  
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](#) | CHIP Phone: 1-800-986-KIDS (5437)

**RHODE ISLAND – Medicaid and CHIP**

Website: <http://www.eohhs.ri.gov/> | Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)

**SOUTH CAROLINA – Medicaid**

Website: <https://www.scdhhs.gov> | Phone: 1-888-549-0820

**SOUTH DAKOTA – Medicaid**

Website: <http://dss.sd.gov> | Phone: 1-888-828-0059

**TEXAS – Medicaid**

Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](#)  
Phone: 1-800-440-0493

### **UTAH – Medicaid and CHIP**

Utah’s Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>  
Email: [upp@utah.gov](mailto:upp@utah.gov) | Phone: 1-888-222-2542 |  
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>  
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>  
CHIP Website: <https://chip.utah.gov/>

### **VERMONT – Medicaid**

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](#)  
Phone: 1-800-250-8427

### **VIRGINIA – Medicaid and CHIP**

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select> or  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Medicaid/CHIP Phone: 1-800-432-5924

### **WASHINGTON – Medicaid**

Website: <https://www.hca.wa.gov/> | Phone: 1-800-562-3022

### **WEST VIRGINIA – Medicaid and CHIP**

Website: <https://dhhr.wv.gov/bms/> or <http://mywvhipp.com/>  
Medicaid Phone: 304-558-1700 | CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

### **WISCONSIN – Medicaid and CHIP**

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm> | Phone: 1-800-362-3002

### **WYOMING – Medicaid**

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/> | Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

## **Paperwork Reduction Act Statement**

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing

this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible, you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee-only coverage under our base plan exceeds 9.96% in 2026 of your modified adjusted household income.

## The ‘No Surprises’ Rules

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

[View a sample notice and consent form](#) (PDF).

This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

## Nondiscrimination in Health Programs and Activities

Wonder Boys of Arkansas dba Van Buren Health & Rehab complies with all applicable federal civil rights laws, including Section 1557 of the Affordable Care Act (Section 1557). Wonder Boys of Arkansas dba Van Buren Health & Rehab does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)) (or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

In compliance with Section 1557 and other federal civil rights laws, we provide individuals the following in a timely manner and free of charge:

- **Language assistance services.** Wonder Boys of Arkansas dba Van Buren Health & Rehab will provide language assistance services for individuals with limited English proficiency (including

individuals' companions with limited English proficiency) to ensure meaningful access to our programs, activities, services, and other benefits. Language assistance services may include:

- Electronic and written translated documents
- Qualified interpreters
- Qualified bilingual/multilingual staff
- **Appropriate auxiliary aids and services.** Wonder Boys of Arkansas dba Van Buren Health & Rehab will provide appropriate auxiliary aids and services for individuals with disabilities (including individuals' companions with disabilities) to ensure effective communication. Appropriate auxiliary aids and services may include:
  - Qualified interpreters, including American Sign Language interpreters
  - Video remote interpreting
  - Information in alternate formats (including but not limited to large print, recorded audio, and accessible electronic formats)
- **Reasonable modifications.** Wonder Boys of Arkansas dba Van Buren Health & Rehab will provide reasonable modifications for qualified individuals with disabilities, when necessary to ensure accessibility and equal opportunity to participate in our programs, activities, services, or other benefits.

To access our language assistance services, auxiliary aids and services, and for assistance in getting a reasonable modification, please refer to Wonder Boys of Arkansas dba Van Buren Health & Rehab's Employee Handbook.

If you believe Wonder Boys of Arkansas dba Van Buren Health & Rehab has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can:

- File a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or via mail at:
  - U.S. Department of Health & Human Services
  - 200 Independence Avenue, S.W. – 509F
  - Washington, D.C. 20201

Rev. October 28, 2025



[support@ivyengage.com](mailto:support@ivyengage.com)  
(888) 860-3504



This benefit enrollment guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the Plan's Summary Plan Descriptions for further details. Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.