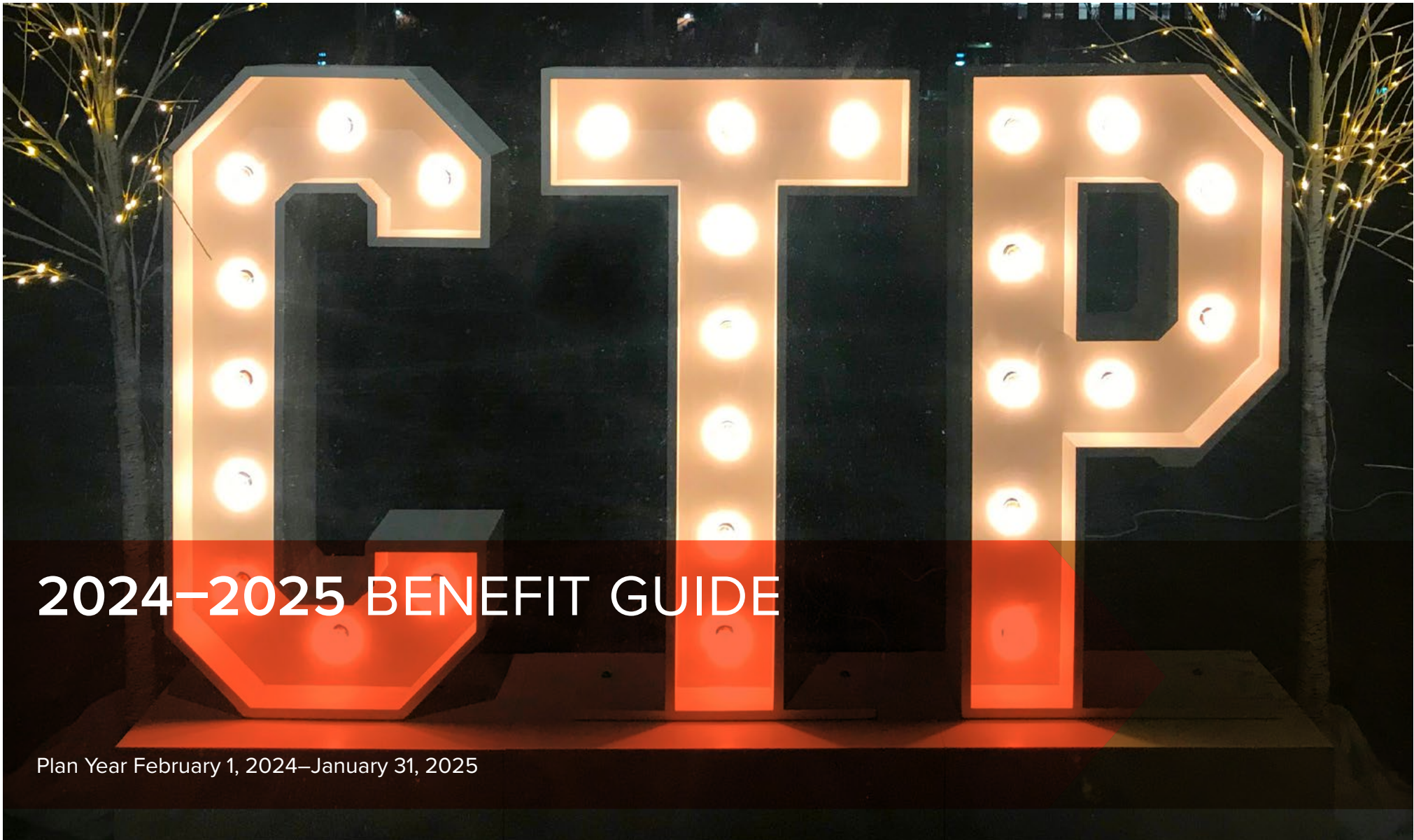




CTP
BENEFIT GUIDE



2024–2025 BENEFIT GUIDE

Plan Year February 1, 2024–January 31, 2025

2024 Benefit Overview

At CTP we offer a comprehensive benefits program that is both competitive and affordable. Our benefits program is designed to help protect your income, your health and build your financial security. The information in this document is meant to familiarize you with the benefits and programs currently in place.

You can find the information you are looking for below or you can use the page numbers to navigate directly to that section. Alternatively, you can navigate to each section of the guide using the section outline on the left-hand column.

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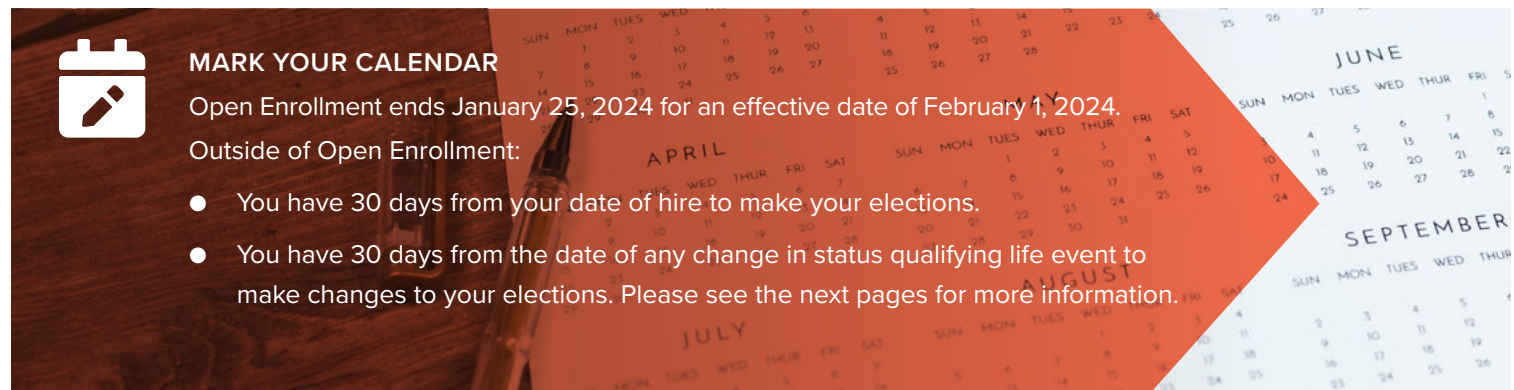
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MARK YOUR CALENDAR

Open Enrollment ends January 25, 2024 for an effective date of February 1, 2024.

Outside of Open Enrollment:

- You have 30 days from your date of hire to make your elections.
- You have 30 days from the date of any change in status qualifying life event to make changes to your elections. Please see the next pages for more information.

This summary of Plan changes in these Benefit materials is being provided under ERISA (Employee Retirement Income Security Act) and is intended to constitute a Summary of Material Modifications (SMM). You should read this summary carefully and retain this document for your records. The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the certificates will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please contact Human Resources.

Benefits and Eligibility

PLAN YEAR: FEBRUARY 1, 2024 – JANUARY 31, 2025

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» Eligibility

Why Your Enrollment Period is Important

Open Enrollment is the annual period during which all active employees can make changes to their medical and dental elections for the new plan year. You may not make changes to your elections unless you have experienced a change in status qualifying event. Please see the next page for more information.

New hires must enroll for coverage within 30 days of their date or hire. The elections you make during your new hire eligibility period remain in effect through January 31, 2025. You may not make changes to your elections unless you have experienced a change in status qualifying event. Please see the [next page](#) for more information.

If you experience a change in status qualifying event, you have 30 days from the date of that event to make changes to your elections. Please see the [next page](#) for more information.

Employee Eligibility:

You are eligible for benefits if you are a full time employee working 30 hours or more per week.

Please check with Human Resources for the effective dates of coverage.

Dependent Eligibility

You may also cover your eligible dependents on your benefit plans.

Eligible Dependents Include:

- Legal spouse
- Domestic Partner (Taxable benefit, please see HR for further details)
- Children up to the age of 26
- Disabled children age 26 or older who meet the following requirements:
 - Are currently disabled
 - Became disabled prior to his/her 26th birthday
 - Lives either with you or your spouse, or in a licensed institution; and
 - Remains financially dependent on you
- Children who have met the eligibility requirements listed above for whom you are directed to cover under the terms of a Qualified Medical Child Support Order



CHANGE IN STATUS EVENT

Should you experience a change in status event, you must notify Human Resources and request your benefit changes within **30 days** of the event.



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Change in Status Qualifying Events Include:

- A change in the status of your family resulting from marriage, divorce, legal separation, annulment, birth, adoption, placement for adoption or death of a covered family member.
- A dependent no longer meeting the definition of eligible dependent.
- Your spouse or dependent experiences a job loss or loss of health coverage.
- You or your eligible dependent enrolls in Medicare or Medicaid, or you lose your eligibility for either of those programs.
- Change in employment status—beginning or end of employment for you or your spouse, going from benefits-ineligible to benefits-eligible, beginning or ending family medical leave.
- The employer of your spouse offers benefits with a different Open Enrollment period.
- A court-issued judgment or other decree resulting from divorce, legal separation, annulment or change in legal custody that requires health coverage of your dependent child.



Questions?

You should consult the enrollment guidelines for each line of coverage for specific eligibility information.



TAKE NOTE

These are just some examples of Change in Status Qualifying Events that may entitle you to make changes to your elections during a Plan Year. Please contact Human Resources for more details.

Medical Highlights HMO Plan

CTP partners with Harvard Pilgrim Health Care for our Medical Insurance for the plan year February 1, 2024 to January 31, 2025. We offer two plan designs described below, HMO HSA 4000 Flex and HMO HSA 4000 Flex with the Difference Card. For more details review the Summary of Benefits (SOB) or the Summary of Benefits and Coverage (SBC).

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Services	HMO HSA 4000 Flex		HMO HSA 4000 Flex with Difference Card*
Deductible Individual / Family	Medical & Rx \$4,000 / \$8,000		Medical & Rx \$0
Out-of-Pocket Maximum Individual / Family	\$8,050 / \$16,100		\$4,500 / \$8,100
Well Child / Routine Exam	\$0		\$0
Office Visit: Primary Care/Specialist	\$75 (after deductible) / \$150 (after deductible)		\$30
Hospitalization	\$1,500 (after deductible)		\$1,000
Day Surgery	Flex Provider: \$750 (after deductible) Others: \$1,000 (after deductible)		\$1,000
High-Tech Imaging	Hospital based: \$1,000 (after deductible) Non-Hospital based: \$500 (after deductible)		\$50
Lab Tests	Flex Provider: \$25 (after deductible) Others: \$75 (after deductible)		\$0
X-Rays	\$350 (after deductible)		\$0
Chiropractic Care (12 visit maximum)	\$50 (after deductible)		\$30 copay
Emergency Room Visits	\$1,500 (after deductible)		\$100
Prescription Drugs	Retail 30 day supply	Mail Order 90 day supply	Retail or Mail Order
Deductible	Deductible above applies, then:	Deductible above applies, then:	\$0
Tier I	\$5	\$10	20% coinsurance
Tier II	\$30	\$60	20% coinsurance
Tier III	50% up to \$125	50% up to \$250	20% coinsurance
Tier IV	50% up to \$250	50% up to \$750	20% coinsurance
Tier V	50% up to \$500	50% up to \$1,500	20% coinsurance

*Please note: Charges noted are after Difference Card offsets have been applied.

Medical Highlights HMO Plan—Employee Contributions

Cost for Medical Coverage

Monthly Employee Contribution Cost Effective February 1, 2024 for employees up to 5 years of service.

Category	HMO HSA 4000 Flex	HMO HSA 4000 Flex with Difference Card
Employee Only	\$196	\$364
Employee & Spouse	\$393	\$728
Employee & Child(ren)	\$363	\$673
Employee & Family	\$560	\$1,037

All contributions will be deducted on a pre-tax basis unless you inform Human Resources you would like contributions on an after-tax basis. Domestic partner contributions are taken on a post-tax basis. Contributions made by the employer for domestic partner coverage will be subject to imputed income for the employee.

Please see the summaries of the medical plans with the details on the following pages.

Here are some important details about the medical plan:

- The **HMO plan** is restricted for services rendered within the network, except in a medical emergency. If you enroll in the HMO plan, you must select a Primary Care Physician and seek a referral to see a specialist.

Fitness Reimbursement

Get reimbursed up to \$150 per year for a qualified health and fitness club. [Click here](#) for details!



TO FIND A DOCTOR

Visit: [harvardpilgrim.org/public/find-a-provider](https://www.harvardpilgrim.org/public/find-a-provider), or call Customer Service at 888-333-4742.



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Medical Highlights PPO Plan

CTP partners with Harvard Pilgrim Health Care for our Medical Insurance for the plan year February 1, 2024 to January 31, 2025. We offer two plan designs described below, PPO HSA 5000 Flex and PPO HSA 5000 Flex with the Difference Card. For more details review the Summary of Benefits (SOB) or the Summary of Benefits and Coverage (SBC).

Services	PPO HSA 5000 Flex		PPO HSA 5000 Flex with Difference Card*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Individual / Family	Medical & Rx \$5,000 / \$10,000	Medical & Rx \$8,000 / \$16,000	Medical & Rx \$0	Medical & Rx \$2,000 / \$4,000
Out-of-Pocket Maximum Individual / Family	\$8,050 / \$16,100	\$16,100 / \$32,200	\$3,050 / \$6,100	\$10,100 / \$20,200
Well Child / Routine Exam	\$0	20% (after deductible)	\$0	20% (after deductible)
Office Visit:	Primary Care: \$75 (after deductible) Specialist \$150(after deductible)	20% (after deductible)	\$30	20% (after deductible)
Hospitalization	\$1,500 (after deductible)	20% (after deductible)	\$1,000	20% (after deductible)
Day Surgery	Flex Provider: \$500 (after deductible) Others: \$1,000 (after deductible)	20% (after deductible)	\$1,000	20% (after deductible)
High-Tech Imaging	Hospital based: \$1,000 (after deductible) Non-Hospital based: \$500 (after deductible)	20% (after deductible)	\$50	20% (after deductible)
Lab Tests	Flex Provider: \$25 (after deductible) Others: \$75 (after deductible)	20% (after deductible)	\$0	20% (after deductible)
X-Rays	\$150 (after deductible)	20% (after deductible)	\$0	20% (after deductible)
Chiropractic Care (12 visit maximum)	\$50 (after deductible)	20% (after deductible)	\$30	20% (after deductible)
Emergency Room Visits	\$1,500 (after deductible)		\$100	
Prescription Drugs	Retail (30 day supply)	Mail Order (90 day supply)	Retail or Mail Order with Difference Card*	
Deductible	Deductible above applies, then:	Deductible above applies, then:	\$0	
Tier I	\$5	\$10	20% coinsurance	
Tier II	\$30	\$60	20% coinsurance	
Tier III	50% up to \$125	50% up to \$250	20% coinsurance	
Tier IV	50% up to \$250	50% up to \$750	20% coinsurance	
Tier V	50% up to \$500	50% up to \$1,500	20% coinsurance	

*Please note: Charges noted are after Difference Card offsets have been applied.

Medical Highlights PPO Plan—Employee Contributions

Cost for Medical Coverage

Monthly Employee Contribution Cost Effective February 1, 2024 for employees up to 5 years of service.

Category	PPO HSA 5000	PPO HSA 5000 with Difference Card	PPO HSA 5000 Out of Area	PPO HSA 5000 Out of Area with Difference Card
Employee Only	\$310	\$419	\$236	\$344
Employee & Spouse	\$622	\$838	\$473	\$689
Employee & Child(ren)	\$575	\$775	\$438	\$637
Employee & Family	\$886	\$1,194	\$674	\$982

All contributions will be deducted on a pre-tax basis unless you inform Human Resources you would like contributions on an after-tax basis. Domestic partner contributions are taken on a post-tax basis. Contributions made by the employer for domestic partner coverage will be subject to imputed income for the employee.

Please see the summaries of the medical plans with the details on the following pages.

Here are some important details about the medical plan:

- The PPO plan provides benefits to enrollees nationwide. Providers that fall outside of the network will fall under a different level of coverage. The highest level of coverage can be found when utilizing network providers.



Get reimbursed up to \$150 per year for a qualified health and fitness club. [Click here](#) for details!



TO FIND A DOCTOR

Visit: harvardpilgrim.org/public/find-a-provider, or call Customer Service at 888-333-4742.



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Dental Plan

CTP partners with Delta Dental of Massachusetts for our Dental Insurance for the plan year February 1, 2024 through January 31, 2025.

Service Levels	Coverage	
	In-Network	Out-of-Network
Deductible <i>Waived for Diagnostic / Preventive Services</i>	\$50 per Individual Up to \$150 maximum per Family	
Preventive Services Includes exams, cleanings, and x-rays	100%	100%
Basic Services Includes fillings and simple extractions	85%	80%
Major Services Includes oral surgery, root canals and crowns	55%	50%
Annual Maximum per Member	\$1,500	

Cost for Dental Coverage

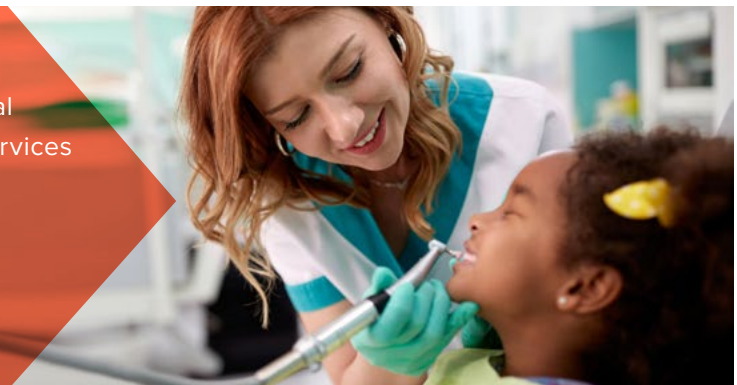
Monthly Employee Contribution Cost Effective February 1, 2024 for employees up to 5 years of service.

Category	Cost
Employee Only	\$16
Employee and Family	\$45



TO FIND A DENTIST

Visit deltadentalma.com and select Delta Dental PPO Plus Premier. You can also call Member Services at **800-872-0500**.



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Flexible Spending and Dependent Care Accounts

CTP provides you with the opportunity to deduct money from your paycheck on a pre-tax basis to pay for eligible healthcare and dependent care expenses. Both the FSA and DCA plan are administered by Voya | Benefit Strategies. The Plan Year is January 1, 2023 through December 31, 2024. If you wish to participate you must enroll upon your initial date of eligibility or each year in December. Otherwise, you are unable to make any changes unless you experience a qualifying life event.

How the Plans Work

You must elect a specific amount to be deducted from your paycheck on a pre-tax basis to pay for eligible medical, dental and vision expenses for the Flexible Spending Account and similarly for enrolling in Dependent Care expenses for the DCA.

It is very important to estimate your annual expenses carefully. You are allowed to rollover \$610 of unused medical FSA funds into the next plan year. However, unused amounts in excess of \$610 will be forfeited. For the 2025 Plan Year you will may carry up to \$640 from the 2024 Plan Year.

Please see plan details for a list of eligible FSA and DCA expenses.

Pretax Savings Illustration			
After-Tax Contributions		Pre-Tax Contributions	
Gross Pay	\$1,700	Gross Pay	\$1,700
Taxable Income	\$1,700	<i>Expenses for the month:</i>	
FICA	-\$130	Dependent Care FSA	-\$200
Federal Tax	-\$135	Medical FSA	-\$25
State Tax	-\$85		
Net Pay	\$1,350	Taxable Income	\$1,475
<i>Expenses for the month:</i>		Taxable Income	\$1,475
Childcare	-\$200	FICA	-\$114
Medical Care Expenses	-\$25	Federal Tax	-\$105
		State Tax	-\$73
Spendable Income	\$1,125	Spendable Income	\$1,183
		Monthly Savings	\$58
		Annual Savings	\$696

2024 IRS Allowable Maximums	
Flexible Spending Account	\$3,200
Dependent Care Account	\$5,000

USING THE DIFFERENCE CARD

» Mobile App

Submitting for Reimbursements

The Difference Card Mobile App

Quick Access User Guide

Please [click here](#) to watch a video about how to download and use the app.

The Difference Card went mobile!

The account information you need, right at your fingertips! Our mobile app provides a single access point for you to manage all of your benefit accounts straight from your phone.

This powerful, yet pocket sized management tool will make it easy to manage your account, including:

- Snap a picture to easily submit your claim
- Find the cheapest place to buy your prescriptions
- Compare cost and search for providers
- View your account balance
- Check claim status
- Sign up for Direct Deposit

If you have questions, you can call their Customer Care Team at 888-343-2110, Monday–Friday, from 8am to 9pm ET or email customercare@differencecard.com.



How to Access the App

1. To download the app, visit the Apple App Store or Android Marketplace. It will be listed under Difference Card Mobile.
2. For security reasons, you will need to register and create an account, even if you have already registered on The Difference Card website.
3. Your Employee ID and Employer ID can be obtained from your employer or you can find this information listed under MY ACCOUNT, Company Association after you log into your account at differencecard.com/account-login. In lieu of the Employer ID, you can also register using your Difference Card number, if available.

Direct Deposit: The Fastest Way to Get Your Money



You can receive reimbursements for manually submitted claims for Medical FSA, Dependent Care FSA and eligible Medical Accounts through direct deposit into your bank account.

1. After logging into your account, sign up for direct deposit at differencecard.com.
2. Submit your claims via mobile app, website, mail or fax.
3. Reimbursement is deposited to your bank account between 24-48 hours of claim approval.

USING THE DIFFERENCE CARD

Mobile App

» [Submitting for Reimbursements](#)

Reimbursement for medical claims

How to get help with your medical bills

When you go to the doctor you do not pay for some services up front, such as major medical services. Instead you will present your HPHC insurance card to the medical provider and will get a bill and an insurance statement* later.

When your insurance statement arrives in the mail or is available online at harvardpilgrim.org, then login to your [Difference Card account](#) or use the mobile app to upload your insurance statement to submit a claim. Claims on average are processed in two business days. If your claim is eligible for reimbursement, funds will be direct deposited or mailed to your home.

Compare the medical bill to the insurance statement and pay the amount owed. Note that you may need to pay a portion out-of-pocket before you are eligible for reimbursement.

*An Insurance Statement, sometimes called an Explanation of Benefits (EOB), describes the costs HPHC will cover for medical care.



The Difference Card

Ways to Submit Your Claim



Mobile: Download the Difference Card Smart Mobile App to submit your claim with a picture.



Online: Login to your account at differencecard.com to submit your claim online.



Mail: Fill out a Reimbursement Form and submit your documents via mail.



Fax: Fill out a Reimbursement Form and submit your documents via fax.



PLEASE NOTE

If you are going to submit a manual claim, you must fill out the DC Reimbursement form or the claim will not be processed.



Contacts

Keeping track of all of the carrier websites, policy numbers and phone numbers is important when you have questions about your benefits throughout the year. For your convenience, below is the carrier contact information for our plans.

Benefits	Vendor	Policy	Phone Number	Website
Medical	Harvard Pilgrim Health Care	HMO: 074014 PPO: 074017	888-333-4742	harvardpilgrim.org
Medical Expense Reimbursement Plan (MERP)	The Difference Card		888-343-2110	differencecard.com
Dental	Delta Dental of MA	0148719901	800-872-0500	deltadentalma.com
Flexible Spending Account	Voya Benefit Strategies		888-401-3539	benstrat.com
Dependent Care Account				
Plan Administrator	CTP		617-412-4000	

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Notice of Special Enrollment Rights

If you are declining 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 health 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.

Special enrollment rights may also apply if you lose coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for state premium assistance under Medicaid or CHIP. An employee or Dependent who loses coverage under Medicaid or CHIP as a result of the loss of Medicaid or CHIP eligibility may be able to enroll in this Plan, if enrollment is requested within 60 days after Medicaid or CHIP coverage ends. An employee or Dependent who becomes eligible for group health plan premium assistance under Medicaid or CHIP may be able to enroll in this Plan if enrollment is requested within 60 days after the employee or Dependent is determined to be eligible for such premium assistance. To request special enrollment or obtain more information, contact Human Resources.

Women's Health and Cancer Rights

Enrollment Notice

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. HMO Best Buy Flex HSA: \$4,000 deductible (in-network) and 0% coinsurance (in-network) and for the HMO Best Buy Flex HSA with The Difference Card: \$0 deductible (in-network) and 0% coinsurance (in-network). Additionally, the following deductibles and coinsurance apply to the PPO Best Buy Flex HSA 5000: \$5,000 deductible (in-network) and 0% coinsurance (in-network) and \$8,000 deductible (out-of-network) and 20% coinsurance (out-of-network). The following deductibles and coinsurance apply to the PPO Best Buy Flex HAS 5000 with The Difference Card: \$0 deductible (in-network) and 0% coinsurance (in-network) and \$2,000 deductible (out-of-network) and 20% coinsurance (out-of-network).

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact Human Resources for more information.

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Notice of Patient Protections

Conover Advertising Company, Inc. Benefits Plan generally requires the designation of a primary care provider for the HMO plan. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Human Resources.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Benefits Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Human Resources.

Medicare Part D Creditable Coverage Notice

Important Notice from Conover Advertising Company, Inc. About Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Conover Advertising Company, Inc. has determined that the prescription drug coverage offered by the Conover Advertising Company, Inc. Benefits Plan 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.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two(2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Conover Advertising Company, Inc. coverage will not be affected. Plan participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage. If they select Medicare Part D prescription drug coverage, the group health plan prescription drug coverage will coordinate with the Medicare Part D prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current Conover Advertising Company, Inc. coverage, be aware that you and your dependents may not be able to get this coverage back.

Medicare Part D Creditable Coverage Notice—continued

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 Conover Advertising Company, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact the person listed below for further information call Fred Conover at 617-412-4000. 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 Conover Advertising Company, Inc. changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 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 www.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:	01/17/2024
Name of Entity/Sender:	Conover Advertising Company, Inc.
Contact--Position/Office:	Lauren Kimball, EVP, Managing Director Operations
Address:	77 North Washington Street Boston, Massachusetts 02114
Phone Number:	617-412-4000

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Employer’s Children’s Health Insurance Program (CHIP) Notice

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

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

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

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

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

APPENDICES

Contacts

» Notices

Employer’s Children’s Health Insurance Program (CHIP) Notice, continued

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

MASSACHUSETTS – Medicaid and CHIP	MAINE – Medicaid
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspreassistance@accenture.com	Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms 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
NEW HAMPSHIRE – Medicaid	RHODE ISLAND – Medicaid and CHIP
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 5218	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
CALIFORNIA	NORTH CAROLINA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
VERMONT – Medicaid	FLORIDA – Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

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

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 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



CTP
BENEFIT GUIDE

This overview provides highlights of the benefits package for eligible CTP. Detailed benefits information will be provided upon eligibility. There may be exclusions and limitations to certain benefits. If any statement conflicts with the applicable carrier benefit plan documents, the applicable documents will govern. CTP reserves the right to modify or terminate its benefits plans or programs at any time.