VENEZIA

"Delivering On Our Promises"

2022-2023

EMPLOYEE BENEFITS GUIDE

For Benefits Effective: September 1, 2022 through August 31, 2023

Welcome!

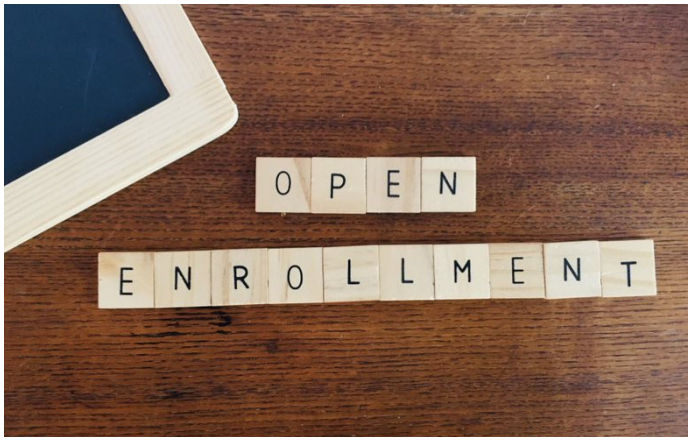
Venezia offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options. We encourage you to take the time to educate yourself about your options and choose the best coverage to meet your needs.

The benefits you elect will be effective from September 1, 2022 through August 31, 2023. For new hires, you will have the ability to enroll in benefits after you have completed your eligibility period with the benefits you choose being effective through August 31, 2023.

Making Plan Changes

IRS Section 125 prohibits you from changing your enrollment during the plan year unless you experience a qualifying life event, such as marriage, divorce, death of a spouse or a dependent, birth or adoption of a child, termination or commencement of employment for your spouse, or a change in employment status (full-time to part-time or part-time to full -time) for you or your spouse that affects benefits eligibility.

If you experience one of these qualifying life events, you must notify Human Resources at **610.495.5200** within 30 days of the event.



Questions?

If you have any questions about the benefits outlined in this guide or the enrollment process, don't forget that the following resources are available:

Employee Family Protection (EFP) Service Center

For enrollment assistance and questions regarding the enrollment process, please contact the Service Center at **888.284.2393**.

Conner Strong & Buckelew Benefits Member Advocacy Center

If you have questions about your benefits, please contact the Conner Strong & Buckelew Benefits Member Advocacy Center (Benefits MAC) at **800.563.9929** (Monday through Friday, 8:30 am to 5:00 pm ET) or go to **www.connerstrong.com/memberadvocacy** and complete the fields.

Health Plans: *Independence Administrators/ CVS Caremark*

	High Deductible Health Plan (HDHP)		PPO High Plan	
MEDICAL BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Deductible*** Individual Family	 $3,500 $7,000	 $10,000 $20,000	 $750 $1,500	 $2,000 $4,000
Out-of-Pocket Maximum*** Individual Family	 $6,500 $13,000	 $15,000 $30,000	 $7,500 $15,000	 $9,000 $18,000
Preventive Care Services	Covered 100% No Deductible	Plan pays 60%*	Covered 100% No Deductible	Plan pays 70%*
Primary Care Physician (PCP) Required?	No		No	
PCP Office Visit	Plan pays 80%*	Plan pays 60%*	$20 copay	Plan pays 70%*
Specialist Office Visit	Plan pays 80%*	Plan pays 60%*	$40 copay	Plan pays 70%*
Diagnostic Laboratory	Plan pays 80%*	Plan pays 60%*	Plan pays 85%* Covered at 100% with office visit	Plan pays 70%*
Diagnostic X-Ray/Imaging	Plan pays 80%*	Plan pays 60%*	Plan pays 85%*	Plan pays 70%*
Advanced Radiology (MRI, CT, PET Scans)	Plan pays 80%*	Plan pays 60%*	Plan pays 85%*	Plan pays 70%*
Emergency Room	Plan pays 80%*		$100 copay and Plan pays 85%*	
Urgent Care Center	Plan pays 80%*	Plan pays 60%*	$20 copay	Plan pays 70%*
Inpatient Hospital	Plan pays 80%*	Plan pays 60%*	$200 per day (max $1,000) and Plan pays 85%*	$200 per day (max $1,000) and Plan pays 70%*
Outpatient Surgery	Plan pays 80%*	Plan pays 60%*	$100 copay and Plan pays 85%*	$100 copay and Plan pays 70%*
PRESCRIPTION DRUG (THROUGH CVS CAREMARK) ****				
RETAIL (up to 30 day supply) Generic Preferred Brand Non-Preferred Brand Prescriptions over $999	 Plan pays 80%* Plan pays 80%* Plan pays 80%* Plan pays 80%*		 $10 Copay $40 Copay $70 Copay Plan Pays 85%	
MAIL ORDER (up to 90 day supply) Generic Preferred Brand Non-Preferred Brand Prescriptions over $999	 Plan pays 80%* Plan pays 80%* Plan pays 80%* Plan pays 80%*		 $20 Copay $80 Copay $140 Copay Plan Pays 85%	

* After Deductible

** Prudent RX is included for members that take specialty medications. Members taking affected medications will received information on this program.

*** Deductible and Out-of-Pocket Maximum follow a plan year, not a calendar year.

REMINDER: All applicable copays, deductibles, and coinsurance are applied toward the out-of-pocket maximum. Please note this includes prescription copays for in-network benefits. In and out-of-network benefits are accumulated separately. Out-of-network providers may bill you for amounts over the plan allowance.

Telemedicine: *Teladoc*

Telemedicine offers physician-based care around-the-clock at lower costs compared to visiting an urgent care center or emergency room. All employees can use readily available technology and tools - toll-free number, secure website, or mobile app - to consult with a U.S board-certified physician.

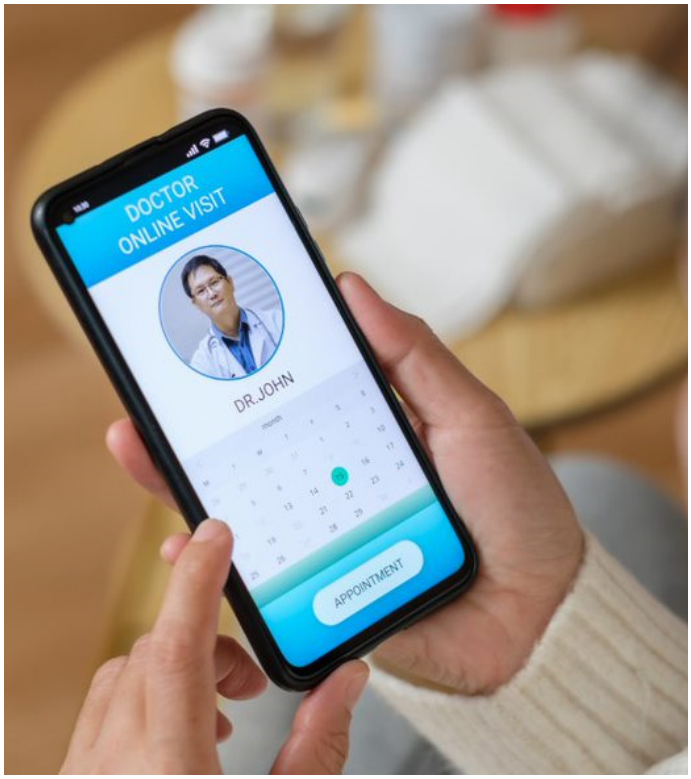
In addition to lowering costs, telemedicine can help improve outcomes, speed recovery, and shorten absenteeism, which in turn can help boost productivity.

Convenient Care From Board-Certified Physicians

All employees and their dependents regardless of benefit enrollment are eligible to utilize the Teladoc service. The cost of this service is covered by Venezia and provided to you at **no charge**.

A wide range of non-emergency conditions may be treated, with physicians able to prescribe medication when needed. These conditions include:

- Acne
- Allergies
- Cold and flu
- Constipation
- Diarrhea
- Urinary tract infections
- Ear problems
- Fever
- Headache
- Insect Bites
- Nausea
- Pink Eye
- Rash
- Respiratory problems
- Sore throat
- Vomiting



To Take Advantage of This Great Benefit, Contact:

- Call **1.800.TELADOC (835-2362)**
- Visit **member.teladoc.com/signin**
- Go to **Teladoc.com/Mobile** to learn more or download the mobile app from the App Store or Google Play

Automatic Coverage!

All Venezia employees and their dependents have automatic coverage in telemedicine benefits through Teladoc. Participating in a Venezia sponsored health plan is not required.

Comparing the Cost of Care

Save Time and Money with Urgent Care & Teladoc

Avoid long waits at the Emergency Room and significantly reduce your out-of-pocket costs by utilizing Urgent Care Centers or Teladoc for non-life threatening conditions.

COMPARE YOUR COSTS:

You Can Help Save too...

Use of Urgent Care Centers for conditions that are not life-threatening can help reduce the cost of claims paid by our medical plan. However, many of the conditions that people go to the ER or Urgent Care for can also be treated 24/7 using Teladoc. Teladoc consultations often cost even less than a trip to Urgent Care, which helps control benefits costs.

Healthcare costs continue to rise but you can help Venezia control benefits costs - while reducing your own out-of-pocket healthcare expenses.

COMPARE THE PLAN COSTS*:

MEDICAL SERVICES	EMERGENCY ROOM	URGENT CARE
Asthma	$825	$80
Bronchitis	$595	$127
Sinusitis	$617	$112
Strep Throat	$678	$111
UTI	$531	$111

** The estimate costs for services shown above are for illustrative purposes only.*

Benefit Provisions & Terms You Should Know

What is a High Deductible Health Plan?

The High Deductible plan option provides for 100% coverage for routine/preventive care. All other medical and prescription services would be subject to the deductible first, before any of the specified coinsurance or copays listed in the schedule of benefits would apply.

The in-network deductible for an individual is $3,500 and for a family is $7,000. Once out-of-pocket expenses for an individual reach $6,500 in a calendar year, the plan will pay 100% of eligible charges incurred for the remainder of the plan year. This plan has an embedded deductible and out-of-pocket maximum for employees enrolled with dependents. **It is important to note that once a member of a family reaches their individual deductible, the plan will begin to pay benefits for that family member. Once an individual reaches the out-of-pocket maximum amount, the plan will pay 100% of eligible charges incurred for the remainder of the plan year.** Combined out-of-pocket expenses for family members will not exceed $13,000 in the plan year. Note that there are higher deductibles, out-of-pocket limits and possible balance billing if you go out of the network.

Requirements for Maintenance Medications

To receive coverage for maintenance medications, the plan requires that these medications be filled at a 90-day supply after three (3) 30-day fills at a retail pharmacy. Members can choose to fill the 90-day supply at either a free standing CVS retail pharmacy or through CVS Caremark's mail order pharmacy. Maintenance medications are those prescribed for an extended period of time to treat a chronic condition (i.e. high blood pressure, high cholesterol).

To utilize the mail order prescription service, simply complete a mail order form at **www.caremark.com** and send along with your written prescription(s) for a 90-day supply of medication.

Copay, Deductible, and Coinsurance - What's the difference?

Your copay, deductible, and coinsurance are considered out-of-pocket costs. In other words, they are health care expenses that you are responsible for. However, the ways in which they function are much different.

A **copay** is a fixed out-of-pocket amount paid by the employee for covered services. The Insurance providers will charge a copay for services such as doctors visits or prescription drugs. Copayments are a specific amount rather than a percentage of the bill, and will be paid at the time of service.

A **deductible** is the total amount that you must pay before your insurance company begins contributing. A deductible may apply to all services, or certain services depending on your plan design. For instance, if you have an insurance plan with a $750 individual deductible depending on the services received, you will be responsible for 100% of your healthcare costs until those costs reach $750. Once your $750 deductible is met, your insurance company will begin sharing the costs of your health care services, usually through a copay or coinsurance.

Coinsurance is a way for you to share your health care costs with your insurance company. Depending on your plan choice, your coinsurance is either 85/15 or 80/20 after deductible. In the case of 85/15 coinsurance, this means you will pay 15% of your health care expenses, while your insurance company pays 85%.

Finding an In-Network Provider

Locating an In-Network Medical Provider

- Visit **www.ibxtpa.com/providerfinder**
- At the top of the page under **"Your Location"** enter the location you would like to search in
- In the **"Your Plan"** box, select:
  - Independence Administrators if you are looking for a provider in the Greater Philadelphia area, which includes the following 18 counties:
    - **Pennsylvania:** Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton, and Philadelphia
    - **Delaware:** New Castle
    - **Maryland:** Cecil
    - **New Jersey:** Burlington, Camden, Gloucester, Hunterdon, Mercer, Salem, and Warren
  - National BlueCard PPO only if you are looking for providers outside the Greater Philadelphia area
- Then under **"Select a Category"** choose the parameters you would like to search by i.e. Doctors by Name, Doctors by Specialty, Places by Name, and Places by Type
- You can also select **"Advanced Search"** to narrow the selection choices further

Important!

Quest Diagnostics is considered out-of-network in the 18 counties listed above. If you use a Quest Diagnostics lab, you may have to pay more out-of-pocket for lab services, and the difference in the amount you pay could be significant.

Locating an In-Network Pharmacy

In order to locate an in-network pharmacy, you will need to register for an account through CVS/Caremark. There are three easy ways to register:

- Go to **www.caremark.com**, click on the **"Register Now"** button and follow the instructions.
- Download the CVS/Caremark mobile app and create an account.
- Call the number on the back of your prescription ID card and a representative will assist you by sending a personalized registration email or text with account registration instructions.

Note: Required 90-day maintenance medication fills can only be filled at a CVS retail pharmacy or through CVS mail order.

Vision Plans: *NVA*

Venezia Transport Service, Inc. offers you the choice of two vision plans through National Vision Administrators (NVA). Please review both plans carefully in order to ensure that you select the one that best fits your needs.

	Base Plan		Buy-Up Plan	
	IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENT	IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENT
Exam	$20 copay	Up to $52	$20 copay	Up to $52
Frames	Up to $120 allowance 20% discount off balance	Up to $66	Up to $120 allowance 20% discount off balance	Up to $66
Lenses				
Single Vision Lenses	$20 copay	Up to $55	$20 copay	Up to $55
Bifocal Lenses	$20 copay	Up to $75	$20 copay	Up to $75
Trifocal Lenses	$20 copay	Up to $95	$20 copay	Up to $95
Lenticular Lenses	$20 copay	Up to $125	$20 copay	Up to $125
Polycarbonate (under age 19)	Covered 100%	Up to $25 (SV) or Up to $30 (Bi/Tri)	Covered 100%	Up to $25 (SV) or Up to $30 (Bi/Tri)
Lens Options				
Polycarbonate SV (over age 19)	$25 copay	Not Covered	Covered 100%	Up to $25
Polycarbonate BI/TRI (over age 19)	$30 copay	Not Covered	Covered 100%	Up to $30
Transitions SV	$65 copay	Not Covered	Covered 100%	Up to $65
Transitions BI/TRI	$70 copay	Not Covered	Covered 100%	Up to $70
Standard Anti-Reflective Coating	$40 copay	Not Covered	Covered 100%	Up to $40
Standard Progressives	$50 copay	Not Covered	Covered 100%	Up to $50
Contact Lenses - Elective* (in lieu of eyeglasses)	Up to $120 allowance 15% discount for conventional or 10% discount for disposable off remaining balance.	Up to $120	Up to $120 allowance 15% discount for conventional or 10% discount for disposable off remaining balance.	Up to $120
Contact Lenses - Medically Necessary (in lieu of eyeglasses)	Covered 100%	Up to $210	Covered 100%	Up to $210
Frequency Vision Exam, Lenses and Frames	Once every plan year		Once every plan year	

*Includes Exam & Fitting for both Daily Wear and Extended Wear contacts on the Buy-Up Plan. There is a $20 copay for Specialty contact lens fittings on the Buy-Up Plan.

Need Help Finding a Vision Provider?

- Go to **www.e-nva.com**
- Click **"Find a Provider"**, then enter either a zip code or a city and state and click **"Search"**

Dental Plans: *Aetna*

Venezia Transport Service, Inc. offers you the choice of two dental plan options through Aetna's PPOII Network.

	Passive PPO Max Base Plan	Passive PPO Buy-Up Plan
	IN & OUT-OF-NETWORK	IN & OUT-OF-NETWORK
Calendar Year Deductible Individual/Family	$50/$150	$50/$150
Calendar Year Maximum (per patient)	$750	$1,750
Preventive & Diagnostic Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia Benefits[1] (Up to age 19)	N/A	50%
Orthodontia Lifetime Maximum (per patient)	N/A	$1,000

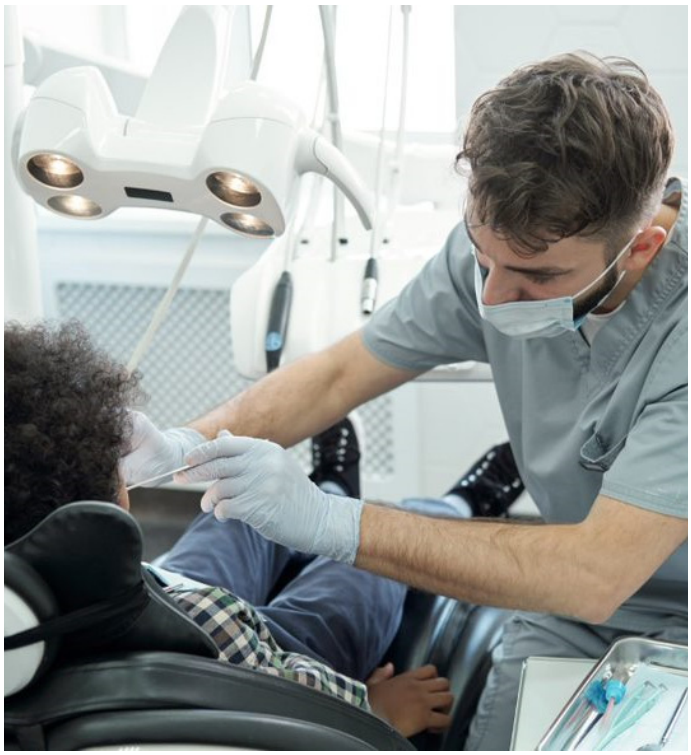
Note: Refer to full plan summary for further details.
[1]Children are only covered to the end of the month in which they turn 26.

Please Note:

Aetna does not issue dental ID cards to their members. In order to confirm your coverage, please provide your dental office with your name, date of birth and member ID number (or Social Security number) when scheduling an appointment.

For members that wish to keep a copy of their ID card on hand, Aetna offers the option to visit **www.aetna.com** and print a copy of your ID card or download the Aetna mobile app from either the App Store or Google Play.

For more information or to locate participating Aetna dental providers, please visit **www.aetna.com** or call **877.238.6200**.



Employee Contributions

The following contributions are effective September 1, 2022 and are based on weekly payroll contributions.

Medical and Prescription Drug Benefits

WEEKLY PAYROLL CONTRIBUTIONS (PRE-TAX)	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	PPO HIGH PLAN
Employee Only	$12.95	$37.52
Employee & Spouse	$72.45	$124.07
Employee & Child(ren)	$43.18	$81.62
Family	$90.34	$137.13

Dental Benefits

WEEKLY PAYROLL CONTRIBUTIONS (PRE-TAX)	BASE PLAN	BUY-UP PLAN
Employee Only	$1.47	$4.08
Employee & Spouse	$5.33	$11.01
Employee & Child(ren)	$8.29	$13.04
Family	$13.38	$21.64

Vision Benefits

WEEKLY PAYROLL CONTRIBUTIONS (PRE-TAX)	BASE PLAN	BUY-UP PLAN
Employee Only	$0.81	$1.28
Employee & Spouse	$1.62	$2.57
Employee & Child(ren)	$2.60	$4.11
Family	$3.00	$4.74

Life & Disability: *Unum*

Basic Life and AD&D Insurance

All eligible employees are automatically covered in the Basic Life and Accidental Death and Dismemberment (AD&D) plan. This coverage is available to Venezia employees at no cost - the company pays 100% of the Basic Life and AD&D premium. The Basic Life and AD&D benefit is $15,000.

Voluntary Term Life and AD&D Insurance

All eligible employees have the option to enroll in Unum's Voluntary Term Life and AD&D plan. Coverage is available for employees, spouses, and dependents in the following increments:

PLAN PROVISIONS	
Employee Term Life Amount	$10,000 increments to a maximum of $500,000 or 5X Basic Annual Earnings. Guarantee issue amount is $150,000.
Spouse Term Life Amount	$5,000 increments to a maximum of $500,000 not to exceed 100% of the employee's Life election. Note that Employee Term Life election is required in order to elect spouse coverage. Guarantee issue amount is $25,000.
Dependent Child Term Life Eligibility	Children are eligible from live birth to 19 years of age and up to age 26 if enrolled as a full-time student.
Benefit Reduction Schedule	Coverage will reduce by 65% at age 65 and by 50% at age 70.
Portability	Included
Conversion	Included

NOTE: Term life insurance and AD&D are independent elections.

Voluntary Whole Life Insurance

All eligible employees have the option to elect additional coverage through a Whole Life policy with Unum. To receive an enrollment application, please contact EFP directly at **888.284.2393**. For questions relating to policy information, please contact Unum directly at **800.635.5597**.

Voluntary Short-Term Disability

All eligible employees have the option to enroll in Unum's Voluntary Short-Term Disability (STD) plan. After satisfying a 7 day elimination period, the STD benefit pays 60% of weekly earnings to a maximum of $1,500 per week.

Please note: The maximum period of pay is 12 weeks. Your payment may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered under this plan.

Voluntary Long-Term Disability

All eligible employees have the option to enroll in Unum's Voluntary Long-Term Disability (LTD) plan. After satisfying a 90 day elimination period, the LTD benefit pays 60% of monthly earnings to a maximum of $6,000 a month.

Please Note:

The Voluntary plans offered by Unum are paid solely by the employee through payroll deductions.

Voluntary Benefits: *Unum*

Voluntary Group Accident

All full-time eligible employees have the option to enroll in Unum's Voluntary Group Accident plan which pays a lump sum benefit based on the type of injury (or covered incident) you sustain or the type of treatment you need as a result of an accident. Benefits are paid on a indemnity basis per a pre-determined schedule, regardless of other coverage including medical. This benefit includes coverage for on and off the job accidents as well as accidental death.

Voluntary Group Critical Illness

All full-time eligible employees have the option to enroll in Unum's Voluntary Group Critical Illness plan. The plan pays a lump sum benefit once per covered condition, when you are diagnosed with one of the following critical illnesses:

- Heart attack, stroke, major organ failure, or end stage kidney failure - 100%
- Coronary Artery Bypass Surgery - 25%

You can choose from $10,000 to $20,000 of coverage with no medical questions if you apply during enrollment.

Your spouse can get 50% of the employee coverage amount as long as you have purchased coverage for yourself.

Children from live birth to age 26 are automatically covered at no extra cost. The coverage amount is 50% of yours. The are covered for all the same illnesses plus these specific childhood conditions:

- Cerebral palsy
- Cleft lip or palate
- Cystic fibrosis
- Down Syndrome
- Spinal Bifida

The diagnosis must occur after the child's coverage effective date.

Voluntary Benefits (continued): *Unum*

Hospital Indemnity Program

Hospital Indemnity Insurance helps covered employees and their families cope with the financial impacts of hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth.

The money is paid directly to you - not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not covered, such as coinsurance, copays, and deductibles.

What's Included?

- Hospital Admission: $1,000 (Payable for a maximum of 1 day per year)
- Hospital Daily Stay: $100 (Payable per day up to 365 days)
- ICU Daily Stay: $100 (Payable per day up to 15 days)

Be Well Screenings

Every year, each family member who has Voluntary Accident, Critical Illness, or Hospital Indemnity coverage **can also receive $50 per benefit for getting a covered Be Well Screening test** such as:

- Annual exam by a physician include sports physical, wellchild visits, dental an vision exams.
- Screenings for cancer, including pap smear, colonoscopy.
- Cardiovascular function screening.
- Screening for cholesterol and diabetes.
- Imaging studies, including chest x-ray, mammography.
- Immunizations including HPV, MMR, tetanus, influenza.

Questions?

For questions regarding voluntary plan costs or for additional information on the voluntary plan offerings through Unum, please contact Employee Family Protection (EFP) to speak with a Benefit Counselor by calling ***888.284.2393****.*

Employee Assistance Program: *Unum*

With our FREE Employee Assistance Program and Work/Life balance services, confidential assistance is as close as your phone or computer.

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor who can help you.

A LICENSED PROFESSIONAL COUNSELOR CAN HELP YOU WITH:

- Stress, depressions, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more

Work/Life balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community

ASK OUR WORK/LIFE SPECIALISTS ABOUT:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions
- Even reducing your medical/dental bills!
- And more

Always by Your Side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ - helps you save on medical bills

Help is Easy to Access:

- **PHONE SUPPORT: 800.854.1446** (this phone number should be used for the Identity Theft program as well)
- **ONLINE SUPPORT: unum.com/lifebalance**
- **IN-PERSON:** You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

The Employee Assistance Program (EAP) through Unum is an additional resource offered to ALL Venezia employees. You do not need to be enrolled in the medical plan to utilize the EAP program.

Additional Benefits

Holidays & Vacation Accrual

Company Observed Holidays

- New Years Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas Day

Employee Vacation Accrual

All full time employees will receive paid vacation per the following schedule:

- All new hires receive 3 PTO days for use within their first year
- After one (1) year of service: 1 week
- After two (2) years of service: 2 weeks
- After seven (7) years of service: 3 weeks
- After fifteen (15) years of service: 4 weeks
- After twenty (20) years of service: 5 weeks

Benefit Resources

Health Advocate

Health Advocate is provided at no cost to you, courtesy of Venezia. This service can help you and your eligible family members resolve healthcare and insurance related issues such as:

- Finding the right doctors, dentists, specialists, and other providers
- Scheduling appointments and arranging for treatment and tests
- Answering questions about test results, treatment, and medications
- Clarifying benefits and coverage denials
- Negotiating payment arrangements with providers
- Providing information about generic drug options
- Finding in-home care, adult day care, assisted living, and long-term care
- Clarify Medicare, Medicare Supplement Plans, an Medicaid

Health Advocate is available to all employees, their spouses or domestic partners, dependent children, parents and parents in-law.

Health Advocate can be accessed 24/7 online or you can contact the Health Advocate staff by phone at **866.695.8622** during normal business hours Monday-Friday from 8:00 am to 12:00 am (midnight), EST. Staff is also available for assistance after hours and on weekends, if needed.

Benefits Member Advocacy Center

Provided by Conner Strong & Buckelew

Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!

The Benefits Member Advocacy Center (Benefits MAC), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide you through the enrollment process or how you can add or delete coverage for a dependent
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer

You can contact a Member Advocate Monday through Friday, 8:30 am to 5:00 pm EST at **800.563.9929** or go to **www.connerstrong.com/memberadvocacy** and complete the fields.

Carrier Contacts

QUESTIONS REGARDING	CONTACT	PHONE NUMBER	WEBSITE
Online Benefits Information & Enrollment	Employee Family Protection (EFP)	1-888-284-2393	www.veneziainc.com/payroll
Medical	Independence Administrators	1-888-356-7899	www.ibtxtpa.com
Pharmacy	CVS Caremark	1-888-202-1654	www.caremark.com
Vision	NVA	1-800-672-7723	www.e-nva.com
Telemedicine	Teladoc	1-800-835-2362	www.teladoc.com
Dental	Aetna	1-877-238-6200	www.aetna.com
Basic Life/AD&D, LTD, STD, and Voluntary Products	Unum	1-800-635-5597	www.unum.com
401(k)	Fidelity	1-800-343-3548	www.netbenefits.com
Employee Assistance Program (EAP)	Unum	1-800-854-1446	www.unum.com/lifebalance
Benefit Questions/Claim Issues	Health Advocate	1-866-695-8622	www.healthadvocate.com

Legal Notices

Special Enrollment

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program) If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other **coverage** is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment.

Loss of coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption
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 new dependents. However, you must request enrollment within [30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program
If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Human Resources.

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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 benefits. If you have any questions, please speak with Human Resources.

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Venezia Transport, Inc. offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. A summary of benefits can be found on the Employee Family Protection (EFP) portal. For login instructions please see page 11 of this guide. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

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).

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, 2022. 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
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - MEDICAID
Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: 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://www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
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
A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 Press 1
GACHIPRA Website: https://medicaid.georgia.gov/programs/third-party- liability/childrens-health-insurance-program-reauthorization- act-2009-chipra
Phone: 678-561-1162 Press 2

Legal Notices

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

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
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
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 realy 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 1-573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

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

NEW YORK – Medicaid
Website: 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: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte 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: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/hipp/
https://www.coverva.org/en/famis-select
Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
Website: http://mywvhipp.com/
https://dhhr.wv.gov/bms/
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: 800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022, 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

Legal Notices

FOR EMPLOYEES ENROLLED IN THE PPO HIGH PLAN OPTION

Notice of Creditable Coverage Important Notice from Venezia Transport, 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 Venezia Transport, 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. Venezia Transport, Inc. has determined that the prescription drug coverage offered by the PPO Low and PPO High plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Venezia Transport, Inc. coverage will not be affected. You can keep the Venezia Transport, Inc. coverage if you elect part D and this plan will coordinate with Part D coverage.

	RETAIL PHARMACY	MAIL ORDER
PRESCRIPTION TYPE	UP TO A 30-DAY SUPPLY	UP TO A 90-DAY SUPPLY
Generic	$10 copay	$20 copay
Preferred Brand	$40 copay	$80 copay
Non-Preferred Brand	$70 copay	$140 copay
Prescriptions over $999	15% coinsurance	15% coinsurance

If you do decide to join a Medicare drug plan and drop your current Venezia Transport Inc. coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Venezia Transport, 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 or call Venezia Transport, Inc. at 610-495-5200.

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 Venezia Transport, 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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: September 2022
Name of Entity: Venezia Transport, Inc.
Contact--Position: Amanda Robb, Human Resources/Recruiting Manager
Address: 86 Airport Road
Pottstown, PA 19464
Phone Number: 610-495-4914

Legal Notices

FOR EMPLOYEES ENROLLED IN THE HIGH DEDUCTIBLE HEALTH PLAN

Important Notice From Venezia Transport Services, 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 Venezia Transport Services, 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three 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. Venezia Transport Services, Inc. has determined that the prescription drug coverage offered by the Venezia Transport Services, Inc. is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from Venezia Transport Services, Inc. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from Venezia Transport Services, Inc., However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

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.

Since you are losing creditable prescription drug coverage under Venezia Transport Services, Inc., you are also eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

Since the coverage under Venezia Transport Services, Inc., is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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 Venezia Transport Services, Inc., coverage may be affected.

	RETAIL PHARMACY	MAIL ORDER
PRESCRIPTION TYPE	**UP TO A 30-DAY SUPPLY**	**UP TO A 90-DAY SUPPLY**
Generic	Plan pays 80%*	Plan pays 80%*
Preferred Brand	Plan pays 80%*	Plan pays 80%*
Non-Preferred Brand	Plan pays 80%*	Plan pays 80%*
Prescriptions over $999	Plan pays 80%*	Plan pays 80%*

* After $5,000/$10,000 deductible (applies to medical and pharmacy services)

If you do decide to join a Medicare drug plan and drop your current Venezia Transport Services, Inc. coverage, be aware that you and your dependents may be able to get this coverage back.

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 Venezia Transport Services, 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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Date: September 2022
Name of Entity: Venezia Transport, Inc.
Contact--Position: Amanda Robb, Human Resources/Recruiting Manager
Address: 86 Airport Road
Pottstown, PA 19464
Phone Number: 610-495-4194

Insurance Marketplace Notice

PART A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets our needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in October 2013 for coverage starting as early as January 1, 2014.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier's customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to https://www.healthcare.gov/marketplace/individual/.

PART B: Information about Health Coverage Offered by Your Employer

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

3. Employer Name Venezia Transport, Inc.		4. Employer Identification Number (EIN) 23-2364297
5. Employer Address 86 Airport Road		6. Employer phone number 610-495-5200
7. City Pottstown	8. State PA	9. Zip Code 19464
10. Who can we contact about employee health coverage at this job? Amanda Robb, PHR	11. Phone number 610-495-4194	12. Email address arobb@Venezialnc.com

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Notes

Venezia Transport, Inc. reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment 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 actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.