GULF COAST COMMUNITY SERVICES ASSOCIATION INCORPORATED

2024-2025

Benefit Guide

ILLUMINATE WELLNESS AS ONE TEAM

What's Inside

IMPORTANT: IF YOU (AND/OR YOUR DEPENDENTS) HAVE MEDICARE OR WILL BECOME ELIGIBLE FOR MEDICARE IN THE NEXT 12 MONTHS, A FEDERAL LAW GIVES YOU CHOICES ABOUT YOUR PRESCRIPTION DRUG COVERAGE. PLEASE SEE THE NOTICE ON PAGE 24 FOR MORE DETAILS.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan

Your 2024-2025 Open Enrollment Checklist

Complete these activities by September 6 at 10:59 pm CDT (11:59 pm EDT).

- Read this Benefit Guide and research your benefit options.
- Enroll in your 2024-2025 GCCSA benefits.

Open Enrollment: Monday, August 26 - Friday, September 6, 2024

ILLUMINATE WELLNESS AS ONE TEAM

Don't forget, all employees MUST enroll!

Illuminate Wellness as One Team. By September 6 at 10:59 pm CDT (11:59 pm EDT), all employees must complete the following actions in ADP Workforce Now to be enrolled in Benefits for the 2024-2025 plan year:

- Click on **View all plans** (to click on **Select plan, Confirm details**, and **Confirm**) or Click on **Waive benefit** (to select **Waive reason** and **Yes, waive benefit**)
- Click on **Submit enrollment** to complete enrollment

Have questions about your benefits or plan options? Your dedicated Benefits Coordinator is ready to answer questions such as:

- When am I eligible to enroll in my benefits?
- I've lost my ID card, how do I get a new one?
- How do I make changes to my benefit? What is a qualifying life event?
- How can I enroll in the mail order prescription drug program?
- I received a bill from my doctor - was my claim paid correctly? What is an EOB?
- And many more!

Contact your experienced Benefits Coordinator for GCCSA employees.

When and How to Enroll

An online enrollment system, ADP Workforce Now, will be used during this Open Enrollment period. You will need access to the internet to enroll. If you do not have access to the internet, please contact the Office of Audit, Financial & Human Resources to assist in your enrollment process. Follow these steps to enroll:

1. Carefully review all your enrollment materials.
2. Determine which benefit options you will choose for you and any of your eligible dependents. Take into consideration any outside coverage you may have, for example, coverage through your spouse's employer.
3. Visit www.workforcenow.adp.com and login to your profile by entering your User ID and Password. Click and follow the path Myself/Benefits/

Benefit Advocate Center Dedicated Hotline

833.228.0824
bac.gccsabenefits@ajg.com
Monday - Friday,
8:00 am - 6:00 pm

Understanding what the 2024-2025 benefit program means to you!

Gulf Coast Community Services Association, Inc. (GCCSA) is pleased to announce your 2024-2025 benefit program, which is designed to help you stay healthy and maintain a work/life balance. Offering a comprehensive benefit package is just one way we strive to provide you with a rewarding workplace. GCCSA's plans allow you to choose the plans that work best for your own needs – and your pocketbook. Please read the information provided in this guide carefully. For full details about your plans, please refer to the summary plan descriptions.

What's New for 2024-2025

We're excited to announce there are no plan changes to our medical, dental and vision benefits serviced through United Healthcare (UHC).

All other plan offerings such as Life, Disability and Voluntary benefits, will also remain the same as last year.

The new monthly costs are outlined on page 7.

When Coverage is Effective

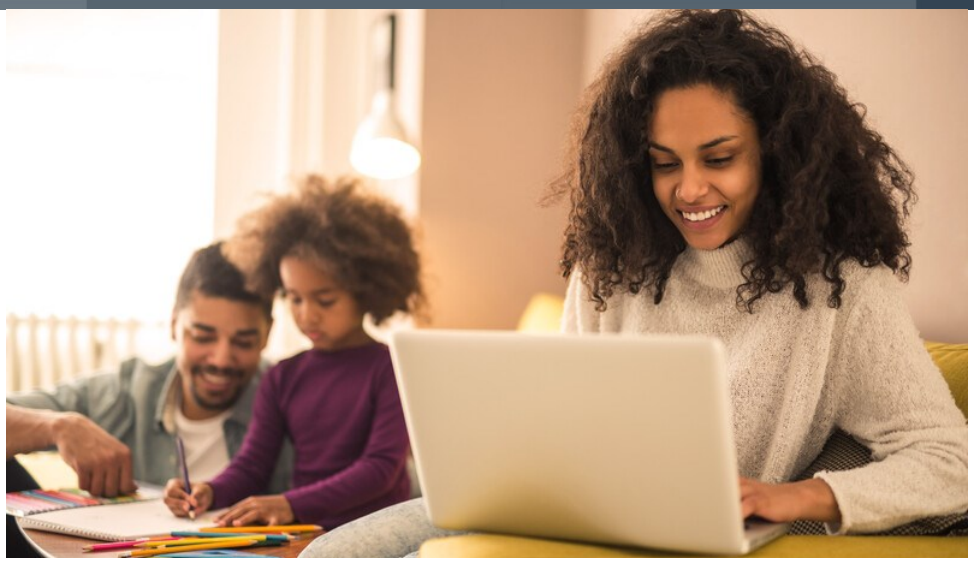
The effective date for your benefits is November 1, 2024.

Changing Coverage During the Year

Your medical, dental, and vision premiums are taken out of your paycheck on a pre-tax basis. Since premiums are deducted on a pre-tax basis, you cannot make a change or terminate the coverage elected after Open Enrollment unless you experience a qualifying life event. If you experience a qualifying life event, you have 31 days from the date of the event to make changes to your current coverage election.

Qualified status changes include:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Enrollment in (or Loss of) state or federal medical coverage
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or legal separation
- Loss of eligibility under the plan
- You must complete a qualifying life event transaction in ADP Workforce Now and provide supporting documentation.



Who Is Eligible

You are eligible to enroll in Gulf Coast Community Services Association, Inc.'s benefit plans if you are a regular, full-time employee scheduled to work at least 30 hours per week. As a regular, full-time employee, you are eligible for benefits on the first day of the month following 30 days of employment.

Dependent Eligibility

You may also cover your eligible dependents, including:

- Your legal spouse.
- Your eligible children up to age 26.
- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested.

"Children" are defined as your natural children, stepchildren, legally-adopted children, and children for whom you are the court-appointed legal guardian.

Please note: If your child becomes ineligible for coverage (i.e., turning age 26 under the plan), coverage will terminate.

Special Enrollment Rules

If you choose not to enroll yourself or your dependents (including your spouse) because you have other coverage, you may be able to enroll yourself and your dependents at a later date if:

- You or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage, or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP.

You must enroll within 60 days of the qualified events shown in the "Special Enrollment Rules" above.

If your dependent also had other health coverage and lost that coverage in the above situations, they may be added to your coverage. However, you will not be able to add yourself or your dependents to this coverage if the other coverage was terminated "for cause" (including failure to pay the required premiums on time).

Illuminate Wellness as One Team

Enroll by September 6 at 10:59 pm CDT (11:59 pm EDT) via www.workforcenow.adp.com and login to your profile by entering your User ID and Password.

2024 - 2025 Plan Year Contributions

	Monthly Rate	GCCSA Portion	Employee Portion	Per Pay Period
Medical—UHC $2,000 EPO				
Employee	$1,480.80	$1,328.91	$151.89	$75.94
Employee + Spouse	$3,257.75	$2,255.26	$1,002.49	$501.24
Employee + Child(ren)	$2,739.44	$1,896.45	$842.99	$421.50
Family	$4,738.51	$3,280.36	$1,458.15	$729.08
Medical—UHC $2,500 Kelsey				
Employee	$1,177.46	$1,056.70	$120.76	$60.38
Employee + Spouse	$2,590.38	$1,793.33	$797.05	$398.52
Employee + Child(ren)	$2,178.26	$1,508.02	$670.24	$335.12
Family	$3,767.80	$2,608.47	$1,159.33	$579.66
Medical—UHC $4,000 HMO				
Employee	$1,299.23	$1,165.98	$133.25	$66.62
Employee + Spouse	$2,858.29	$1,978.81	$879.48	$439.74
Employee + Child(ren)	$2,403.53	$1,663.98	$739.55	$369.78
Family	$4,157.48	$2,878.25	$1,279.23	$639.62
Dental—UHC DPPO				
Employee	$38.74	$29.53	$9.21	$4.60
Employee + Spouse	$79.10	$54.40	$24.70	$12.35
Employee + Child(ren)	$102.26	$69.71	$32.55	$16.28
Family	$130.25	$87.52	$42.73	$21.36
Dental—UHC DHMO				
Employee	$10.72	$1.83	$8.89	$4.44
Employee + Spouse	$21.89	$2.55	$19.34	$9.67
Employee + Child(ren)	$28.32	$2.77	$25.55	$12.78
Family	$35.32	$0.56	$34.76	$17.38
Vision—UHC				
Employee	$7.24	$0.00	$7.24	$3.62
Employee + Spouse	$12.30	$0.00	$12.30	$6.15
Employee + Child(ren)	$12.91	$0.00	$12.91	$6.46
Family	$19.53	$0.00	$19.53	$9.76
Ochs/Securian Group Life and AD&D Insurance				
GCCSA pays 100% of the contribution at NO COST to you.				
Madison National Life Long-Term Disability Insurance				
GCCSA pays 100% of the contribution at NO COST to you.				

This benefit guide provides only a brief overview of the benefits offered to you by GCCSA, Inc. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance and Summary Plan Descriptions. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Medical Plan

Gulf Coast Community Services Association, Inc. (GCCSA) is excited to announce that medical coverage will now be serviced through United Healthcare, and you will have three benefit plan options to choose from. Our plans cover a wide variety of medical services including preventive care, office visits, prescription drugs, and hospitalization for care rendered at in-network United Healthcare providers and Kelsey-Seybold locations.

You choose the enrollment tier that makes the most sense for you and your family based on your needs and what you want to pay for coverage. The key to getting the most from our benefit program is to take an active role in understanding and using the plans so that you are getting the best value for the money you spend.

All three plans have in network benefits only. If you choose to receive care from an out-of-network provider, your expenses will not be covered under this plan, and you as the member will be billed and required to pay the full cost of care.

When it comes to medical coverage, GCCSA is now offering three plans for you to choose from:

1. Exclusive Provider Organization (EPO) Plan
2. Health Maintenance Organization (HMO) Plan
3. Kelsey Plan

Exclusive Provider Organization (EPO) Plan

When you need care, you can seek care from any in-network United Healthcare doctor or facility, including those at Kelsey-Seybold clinics. Referrals for specialist visits are not required under this plan, however, you cannot go outside the plan's network for care.

Out-of-network benefits are only available for emergency care at an emergency facility or hospital. Non- emergent care at an out-of-network emergency facility or hospital will not be covered by the EPO plan.

Health Maintenance Organization (HMO) Plan

This is a Texas only HMO plan. It has the same network as the EPO plan, but only within Texas. The HMO plan requires a PCP designation and referrals to specialists.

Kelsey Plan

This plan offers benefits only at Kelsey-Seybold clinics and hospitals. Referrals for specialists visits are not required while remaining within the Kelsey network. To find a Kelsey -Seybold doctor or specialist in Greater Houston, go to www.kelsey-seybold.com.

Medical Plan (cont...)

Below is a summary of the three plan offerings for 2024-2025.

	$2,000 EPO (In-Network Benefits Only)	$2,500 Kelsey (In-Network Benefits Only)	$4,000 HMO (In-Network Benefits Only)
Lifetime Maximum, Benefit	Unlimited	Unlimited	Unlimited
Annual Deductible (Calendar Year)			
Individual	$2,000	$2,500	$4,000
Family	$4,000	$5,000	$8,000
Coinsurance	20%	20%	20%
Annual Out-of-Pocket Maximum (includes deductible)			
Individual	$7,150	$6,600	$7,000
Family	$14,300	$13,200	$14,000
Office Visits			
Preventive Care (routine physical, PAP Test, Colon Cancer Screenings etc)	100% Covered	100% Covered	100% Covered
Primary Care Physician's Services - Office Visit	$10 Copay	$25 copay	$10 Copay
Virtual Visits	100% Covered	100% Covered	100% Covered
Specialist Copay	$40 Designated Network / $80 Network	$75 Copay	$60 Copay
Urgent Care Clinic	$25 copay	$100 Copay	$25 Copay
Laboratory and Imaging Tests			
Laboratory (Physician office or outpatient facilities due to office visit)	$40 Copay	D&C	$40 Copay
Complex Imaging (CT/PET scans MRIs)	$500 Copay	$500 Copay	$500 Copay
Basic Diagnostic X-rays	$40 Copay	D&C	$40 Copay
Hospital			
Emergency Room	$300 Copay, plus 20% after deductible	$500 copay	$500 per visit , plus D&C
Inpatient /Outpatient Hospital	D&C	D&C	D&C
Prescription Drugs (Deductible must be met in entirety prior to copays becoming applicable for brand and specialty drugs.)			
RX Tier 1	$15	$15	$15
RX Tier 2	$45	$45	$45
RX Tier 3	$85	$85	$85
RX Tier 4	$200	$200	$200
Mail Order Multiplier (31-90 Days)	2.5x	2.5x	2.5x

*D&C = Deductible and Coinsurance

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Where to Go for Care

Primary Care Physician (PCP) | COST - Low ($)

Your first option is your primary care physician. Your doctor knows you and your health history, so he or she is usually the best option for routine/preventive care and anything that isn't a true emergency. Call your doctor's office to find out their hours of operation and appointment availability. Telehealth allows you connect with a board -certified doctor without ever leaving your house.

Retail Clinic | COST - Low ($)

Retail clinics are a good option for non-emergency care when you can't see your regular doctor. Located in drugstores and supermarkets, retail clinics are typically staffed with nurse practitioners or physician assistants, not medical doctors. However, they are still able to treat minor illnesses, such as the common cold. Most retail clinics are open during normal business hours and accept walk-ins.

Urgent Care Center | COST - Moderate ($$)

Urgent care centers are freestanding facilities that are staffed by doctors who can treat a wide range of illnesses and injuries. Many urgent care centers can even handle diagnostic testing, stitches, x-rays and more. They commonly offer extended hours, including weekends, and accept walk-ins with short wait times.

Emergency Room | COST - High ($$$)

Any true emergency should be seen at the emergency room. A true emergency is a life-threatening condition that needs immediate attention, such as heart attack, difficulty breathing, severe bleeding or traumatic injuries. Emergency rooms are attached to a hospital or freestanding, open 24/7 and see patients in order of severity. A visit to the Emergency Room may mean long wait times and expensive services since they treat the most acute medical conditions.

Prescription Drug Coverage

If you enroll in GCCSA's medical plan, you will automatically receive prescription drug coverage. When you need prescriptions, you can purchase them through a local retail pharmacy or, for medications you take on an ongoing basis, through the mail order program.

Retail Prescription Program

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefit, you must use a participating pharmacy. Prescriptions you fill at non-participating pharmacies are generally not covered.

Mail Order Program

For people who take medicine regularly for chronic conditions, prescription drug costs can be expensive. Mail order service can help. The mail order program offers prescriptions for millions of members who take medications for arthritis, asthma, diabetes, high cholesterol, high blood pressure, and other chronic conditions.

The mail order program offers a convenient and cost-effective way to fill prescriptions for medications that you take on a regular basis (maintenance medications). When you use the mail order program, you receive a 3-month supply of medication for a lower cost than purchasing the same quantity through a retail pharmacy.

Advantages:

- Convenient, consistent care, instead of monthly trips to the pharmacy, you can get medications shipped directly to your home.
- Great supplies, lower copayments. Instead of a 30-day supply, you get a 90-day supply, with your doctor's approval. And, depending on the medication, you may pay less for that larger amount than for three smaller fills at a retail pharmacy.

ORDERING REFILLS IS EASY –

Online: You go online to order refills, track the status of an order, and more. Just visit myuhc.com and log into United Healthcare Navigator.

Retail (30-day Supply)	Amount you pay:		
	EPO	Kelsey	HMO
RX Tier 1	$15	$15	$15
RX Tier 2	$45	$45	$45
RX Tier 3	$85	$85	$85
RX Tier 4	$200	$200	$200

Mail Order (90-day Supply)	Amount you pay:		
	EPO	Kelsey	HMO
RX Tier 1	$37.50	$37.50	$37.50
RX Tier 2	$112.50	$112.50	$112.50
RX Tier 3	$212.50	$212.50	$212.50
RX Tier 4	$500	$500	$500

Specialty Prescription Program-Optum

If you have a chronic condition and take specialty medications, you must purchase these through a designated specialty pharmacy that provides the best available pricing and additional support. If you have a prescription that meets this requirement, United Healthcare will contact you and provide you with the necessary information to fill your prescription.

Prescription Drug Reminders

- **What pharmacy benefit plan do I have?**

  You are enrolled in the United Healthcare Three Tier Open Value Plus Formulary plan. Here's what that means to you: **Three Tier** means you could pay three different amounts, depending on the drug you take.

  Formulary is a list of generic and brand-name drugs your plan covers. Your plan still covers most prescription drugs. But it may not cover some others.

- **What can I expect to pay?**

  What you pay falls into one of these tiers or levels:

  Tier One: You pay the lowest cost for drugs in this level.

  Tier Two: You pay a slightly higher cost for drugs in this level.

  Tier Three: You pay the highest cost for drugs in this level.

- **How do I find my exact cost?**

  For a summary of your pharmacy benefit plan, including out-of-pocket costs, visit myuhc.com. Or call the toll-free number on your member ID card.

- **Where can I find more formulary information?**

  You and your doctor can search for a drug, find out if it's covered and see what tier it's in. You can also see if there are alternatives that cost less. Tell your doctor that you pay more for tier three drugs so he or she can consider this when writing a prescription.

Visit myuhc.com. This is where you can learn more about the types of drug coverage reviews required for your medicine(s); things like precertification, step therapy or quantity limits. You will arrive at a menu page where you can view various drug lists, including your United Healthcare Pharmacy drug guide and more.

Dental Plan

GCCSA is excited to offer dental coverage through United Healthcare. You still have the option to choose between a DPPO and a DHMO.

Choosing a Dental Plan

You can choose from two dental plans:

- DPPO
- DHMO

Dental DPPO Plan

The Dental DPPO Plan allows you the freedom to visit any dentist, without referrals, for all of your dental care. If you receive care from one of United Healthcare's preferred dentists, you'll pay less for your care. If you choose a non-preferred dentist, your share of costs will generally be higher and you may need to file your own claims. For a list of United Healthcare preferred dentists, go to myuhc.com.

Dental DHMO Plan

The Dental DHMO Plan provides a higher level of benefits and has lower out-of-pocket costs than the Dental DPPO Plan. And, there are no deductibles, benefit maximums, or claim forms. However, you are required to choose a United Healthcare primary care dentist for all of your dental care, including any referrals you may need to other United Healthcare dental providers or specialists. If you do not use your primary care dentist for all of your services and referrals, the plan does not pay any benefits.

	DPPO	DHMO
Annual Deductible	$50 Individual $150 Family	N/A
Diagnostic Service (periodic oral evaluation, radiographs, xrays - bitewing, xrays - other, lab and other diagnostic tests)	100%	Scheduled Copay per procedure between $0-$25
Preventive Services (dental prophylaxis (cleaning), fluoride treatment, sealants, space maintainers)	100%	Scheduled Copay per procedure between $0-$40
Basic Services (radiographs, xrays – intra/extraoral, restorations (amalgams or composite)*, posterior composites, emergency treatment/general services, simple extractions, oral surgery (incl. surgical extractions), periodontics, endodontics)	80% after deductible	Scheduled Copay per procedure between $0-$900
Major Services (inlays/onlays/crowns, dentures and removable, prosthetics, fixed partial dentures (bridges))	50% after deductible	Scheduled Copay per procedure between $20-$975
Orthodontia (Coverage for child only up to age 19)	50%, $1,500 lifetime max	Scheduled Copay per procedure between $150-$1,895

* Please contact your sales representative to confirm specific plan Restorations (Amalgams or Composite) coverage.

Vision Plan

GCCSA's Vision Plan promotes preventive care through regular eye exams and provides coverage for corrective materials, such as glasses and contact lenses. The Vision Plan is administered through United Healthcare.

Periodic eye examinations are an important part of routine preventive healthcare. Early diagnosis and treatment are important for maintaining good vision and preventing permanent vision loss.

Vision Coverage

If you enroll for vision coverage, you can go to any eye care provider you choose for care. However, if you choose providers who are part of the United Healthcare network, you will receive a discount on services. To find a network provider, go to myuhcvision.com.

The Vision Plan is designed to cover eye care needs that are visually necessary. You have to pay extra if you choose certain cosmetic or elective eyewear, so be sure to ask your eye doctor what items are covered by the plan before you purchase materials.

	In-Network Copays/Allowances	Out-of-network Reimbursement
Exam[1]	$10 copay	Up to $40
Materials Copay[2]	$25 copay	Not applicable
Single Lenses	100% after $25 copay	Up to $40
Bifocals - Lined	100% after $25 copay	Up to $60
Trifocals - Lined	100% after $25 copay	Up to $80
Frames	$130 retail allowance	Up to $70 retail
Contact[3] Medically Necessary	Covered in full	Up to $150
Contacts Elective- In Lieu of Glasses	$150 retail allowance	Up to $105
Benefit Frequency		
Exam	Once every 12 months	
Frames	Once every 24 months	
Lenses	Once every 12 months	
Contacts	Once every 12 months	

[1]Eye exam copay is a single payment due to the provider at the time of service.

[2]Materials copay applies to eyeglass lenses / frame and contact lenses. Materials copay is a single payment that applies to the entire purchase of eyeglasses (frame and lenses). Contact lenses will incur additional charges.

[3]Contact lenses AND related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit and deducted from the $150 allowance.

Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance

The death of a family member or provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With GCCSA's Group Term Life plan, an employee can achieve peace of mind by giving their family dependable financial security. This coverage is administered through Securian/Ochs.

Basic Life Insurance

GCCSA automatically provides Basic Life and Accidental Death and Dismemberment (AD&D) coverage for all eligible employees at NO COST.

Basic Life Insurance is equal to one (1) times your Annual base earnings rounded up to the next higher $1,000; subject to a maximum benefit of $100,000. The benefit is paid to your beneficiaries in the event of your death.

Supplemental Life Insurance

In addition to Basic Life Insurance, you may also purchase Supplemental Life coverage for yourself, your spouse, and your dependent children. However, you may only elect Supplemental Life coverage for your dependents if you enroll in Supplemental Life coverage for yourself.

Evidence of Insurability (EOI)

A special guaranteed issue opportunity is available for **newly hired employees** during their initial 31 day enrollment period. No EOI is required for the below guaranteed amounts. An EOI will be required for elections above the guaranteed amounts

- **Employee** - up to $250,000
- **Spouse** - up to $30,000

During **open enrollment** EOI is required for any and all changes or additions to supplemental employee and spouse life enrollments. No EOI is required for supplemental child life or AD&D coverages.

Supplemental Employee Life Insurance

The Supplemental Employee Life Insurance for yourself can be elected in $10,000 increments and cannot exceed 5x your annual salary up to a maximum of $500,000.

Supplemental Spouse Life Insurance

The Supplemental Spouse Life Insurance can be elected in $5,000 increments up to $250,000 and cannot exceed 50% of your elected benefit.

Supplemental Child Life Insurance

The Supplemental Child Life Insurance is a flat benefit amount of $10,000 or $15,000 per each eligible child. One premium insures all eligible children from live birth to age 26.

Supplemental Accidental Death and Dismemberment Insurance

Supplemental AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere. The Supplemental Employee AD&D Insurance can be elected in $10,000 increments for Employee Only coverage and cannot exceed 10x your annual salary up to a maximum of $500,000. If you elect Supplemental Family AD&D Insurance the benefit is a percentage of the employee's elected Supplemental Employee AD&D.

	COVERAGE	BENEFIT MAXIMUM
Supplemental Employee AD&D	Employees elects in $10,000 increments.	Up to $500,000, not to exceed 10x annual salary
Supplemental Family AD&D Includes the employee and their eligible dependents (spouse and/or children live birth to age 26)	Employee elects Family AD&D in $10,000 increments. **Note:** Employee coverage is amount that is elected. Family coverage is determined by the composition of the employee's election as noted below: • Spouse with child(ren) 40% of employee's AD&D elected amount • Spouse without child(ren) 50% of employee's AD&D elected amount • Each child with spouse 10% of employee's AD&D elected amount • Each child without spouse 15% of employee's AD&D elected amount	Employee: up to $500,000, not to exceed 10x annual salary Spouse: up to$250,000 per % noted in prior column Children: up to $15,000 per % noted in prior column

Life and AD&D (cont...)

Monthly rates for Supplemental Employee Life & Supplemental Spouse Life are based on the age of the employee as of the effective date of coverage. Rates will change based on the schedule below. You pay for the cost of Supplemental Life and Supplemental AD&D on an after-tax basis through payroll deductions. *Rates beyond age 75 are available upon request.

Employee Age	Employee/Spouse Rates per $1,000
<25	$0.05
25-29	$0.06
30-34	$0.08
35-39	$0.09
40-44	$0.15
45-49	$0.20
50-54	$0.37
55-59	$0.68
60-64	$0.92
65-69	$1.49
70-74	$2.75
75*	$2.75

AD&D Rates per $1,000
Employee: $0.02
Family: $0.03

Child Life
$10,000 for $1.40
$15,000 for $2.10

Beneficiary Designation

You must designate a beneficiary for Basic and Supplemental Life and AD&D benefits when you enroll. Your "beneficiary" is the person(s) who will receive the benefits from your life and AD&D coverage in the event of your death. You are always the beneficiary of any dependent life and AD&D insurance you elect. You can change your beneficiaries at any time during the year.

If you do not name a beneficiary, or if there is no eligible beneficiary, the death benefit will be paid to:

1. Your lawful spouse/domestic partner , if living, otherwise;
2. Your natural or legally adopted child(ren) in equal shares, if living, otherwise;
3. Your parents in equal shares, if living, otherwise;
4. Your personal representative to your estate.

To add or update your beneficiaries at any time, simply log onto ADP Workforce Now.

Benefits Reduce at Age 65 and 70

When you reach age 65 and 70, Basic Life Insurance benefits are reduced. For more information, refer to your Group Life Insurance booklet or contact Securian/Ochs at **1.651.665.3789**.

Disability Coverage

GCCSA offers a disability plan to help protect your income if you cannot work because of illness, injury, or pregnancy. Long-Term Disability benefits are administered through Madison National Life.

Long-Term Disability (LTD) - No Cost to You!

If you remain totally disabled and unable to work for more than 90 days, you may be eligible for Long- Term Disability (LTD) benefits. GCCSA automatically provides you LTD benefits that replace up to 60% of your base pay, up to a maximum of $9,000 per month. Your monthly LTD benefit will be reduced by Social Security and any other disability income you are eligible to receive (such as Workers' Compensation).

If you are a new hire, the waiting period is the first of the month following 30 days of initial employment. However, an employee who has been diagnosed with a medical condition in the 3 months prior to the coverage effective date must wait 12 months before he/she can file a claim for Long-Term Disability as a result of that same medical condition. This is known as a Pre-Existing Waiting Period.

The benefit will last for a period of 24 months if you cannot return to your OWN occupation. After this period, benefits will extend until age 65 if you cannot perform ANY occupation AND you still meet the definition of disabled.

When Are You Disabled?

To be considered totally disabled and eligible for LTD benefits, you must be approved by the insurance carrier and seeing a doctor regularly for treatment. In addition:

- Your doctor must certify that you are not able to do your job at GCCSA, and
- You must have lost 20% or more of your pre-disability income due to your illness or injury.

Additional Benefits

In addition to long-term disability care, Madison National Life also offers the following benefits through your plan at GCCSA:

- Employee Assistance Program (EAP): includes three (3) face-to-face counseling sessions with a licensed clinician for LTD claimants and family members for a wide variety of needs and concerns.
- Identity Theft Services: Certified Risk Management Specialist will provide assistance with assessing the situation and creating a plan of action for employees and family members that suspect they are being victimized.

Voluntary Benefits

GCCSA offers you a variety of voluntary benefits through MetLife. You can conveniently enroll online through ADP Workforce Now during Open Enrollment. You also receive the benefit of group pricing for these benefits. Since these products are voluntary, you pay the full cost of coverage if you enroll.

Critical Illness

The critical illness insurance can help with the treatment costs of major illnesses and health events. More importantly, the policy helps you focus on recuperation instead of the distraction and stress over the costs of medical and personal bills.

Accident

In the event of an unexpected injury, this plan can help protect your personal finances. This plan provides individuals and families affordable insurance that helps with expenses that may not be covered by major medical insurance. It pays cash benefits directly to you (unless you specify otherwise), so you can use the cash for anything you want. Which means uncovered medical expenses will not break the bank if you are injured. It's reassuring to know that an accident insurance policy can be there for you through the many stages of care, from the initial treatment or hospitalization, to follow-up treatments or therapy.

Short-Term Disability

Short-term disability insurance pays a percentage of salary if you become temporarily disabled. Generally speaking, short-term disability insurance kicks in when you're unable to work due to an illness or injury. The short-term disability insurance provides you up to 60 percent of your pre-disability income for up to a maximum duration of 13 weeks of disability. Payments from disability insurance can be used for anything you need, like mortgage payments, groceries, car payments, or college.

For more information about voluntary benefits, please contact MetLife at 1.800.438.6388 (1.800.GET.MET8) or www.metlife.com.

401(k) Plan

Smart saving and investing is the foundation for financial security during your retirement years. At GCCSA, we're here to help by offering you the exceptional opportunity to save for retirement through our 401(k) plan. After all, it's never too early to start saving.

How the Plan Works

You may contribute a percentage of your includable compensation not to exceed 100% of your income or $23,000 for the 2024 calendar year. Other limitations may also apply based on compensation and plan testing requirements. If you are age 50 or older during the plan year, you may be able to contribute an additional $7,500 catch-up amount for the 2024 calendar year.

To promote retirement savings, employees who are not contributing to the 401(k) plan on January 1 each year are automatically enrolled at 1% of their compensation. Additionally, annually on January 1, those employees already enrolled in the 401 (k) plan and who have not manually made any adjustments to their contribution rate will have their rate auto-increased by 1%. Auto-increase is capped at 6%. In January each year, you have the option to waive auto-enrollment and auto-increase.

You must also designate a beneficiary for your 401(k) benefits in the event of your death. To name or update your beneficiaries, login to www.voyaretirementplans.com or call **1.800.584.6001**.

Contributions and Vesting

With Voya 401(k) you may contribute pre-tax and post-tax (ROTH) dollars towards your retirement savings. GCCSA currently matches 100% up to 1% of your gross compensation, on a per paycheck basis. Employees gain 20% vesting in the employer match for each year of service and become fully vested after five years.

Why Invest

- Convenience. Your contributions are automatically deducted regularly from your paycheck.
- Tax savings now. Your pretax contributions are deducted from your pay before income taxes are taken out. This means that you can lower the amount of current income taxes you pay each period. It could mean more money in your take-home pay versus saving money in a taxable account.
- Tax-deferred savings opportunities. You pay no taxes on any earnings until you withdraw them from your account, enabling you to keep more of your money working for you now.
- Portability. You can rollover eligible savings from a previous employer into this Plan. You can also take your plan vested account balance with you if you leave the company.
- Investment options. You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio.

Employee Assistance Program (EAP)

EAP – No Cost to You!

Problems are just a part of everyday life. In addition to the benefits provided under your medical coverage, you and your household members now have access to UnitedHealthcare's Employee Assistance Program (EAP).

GCCSA offers you a FREE Employee Assistance Program under UnitedHealthcare. This confidential service offers free over-the-phone counseling any time, day or night, to help you with a variety of personal issues. The EAP also provides up to **three (3) free face-to-face** counseling sessions for both you and your covered dependents per year. These sessions are at no cost to you; you don't have to worry about copays or deductibles! Counseling sessions are also available by televideo.

No-cost, 24/7 access to support in the moments that matter

EAP helps you and your family with a range of issues, including:

—Identifying resources for managing stress, anxiety and depression

—Offering specialized help in improving relationships at home or work

—Providing guidance on legal and financial concerns

—Finding ways to help you cope with occupational stress and burnout

—Connecting you with care for addressing substance use issues

Scan for more info

Use your phone's camera to scan this code and learn more.

Gallagher Marketplace (NEW!)

Benefits With Gallagher Marketplace

Giving you year-round access to additional benefits that could save you money.

Gallagher Marketplace is your gateway for discovering and accessing unique benefits that best fit your lifestyle. Our program offers significant savings on things you are already buying—like home and auto, identity theft protection, pet insurance, renters insurance, boat or RV insurance as well as extended vehicle warranties. Gallagher Marketplace also offers access to individual medical, dental and vision coverage as well as Medicare supplemental programs.

With a centralized hub, you can explore an array of benefit options, available not only to Gallagher clients but also to their friends and families.

Discover what benefits your organization offers through Gallagher Marketplace.

The Value

- Whether full-time, part-time or contract workers, all employees and their families are eligible
- Benefit access and potential savings through bundling with the ability to choose from multiple carriers
- Potential costs savings compared to shopping on your own
- Licensed insurance advisors to help find the policy that meets your needs

The Convenience

- Enroll any time of the year, not just during open enrollment
- Simple sign-up with payment options
- Easily compare rates from multiple carriers
- Schedule a callback from licensed insurance advisors for a time that's most convenient
- All programs are portable so you can keep the coverage no matter where life takes you

How It Works

1. Visit Gallagher Marketplace to see your available benefits.
2. Select a product to view more details.
3. Click on the partner link to learn more, get a free no obligation quote or apply for coverage.

Scan the QR code to learn more

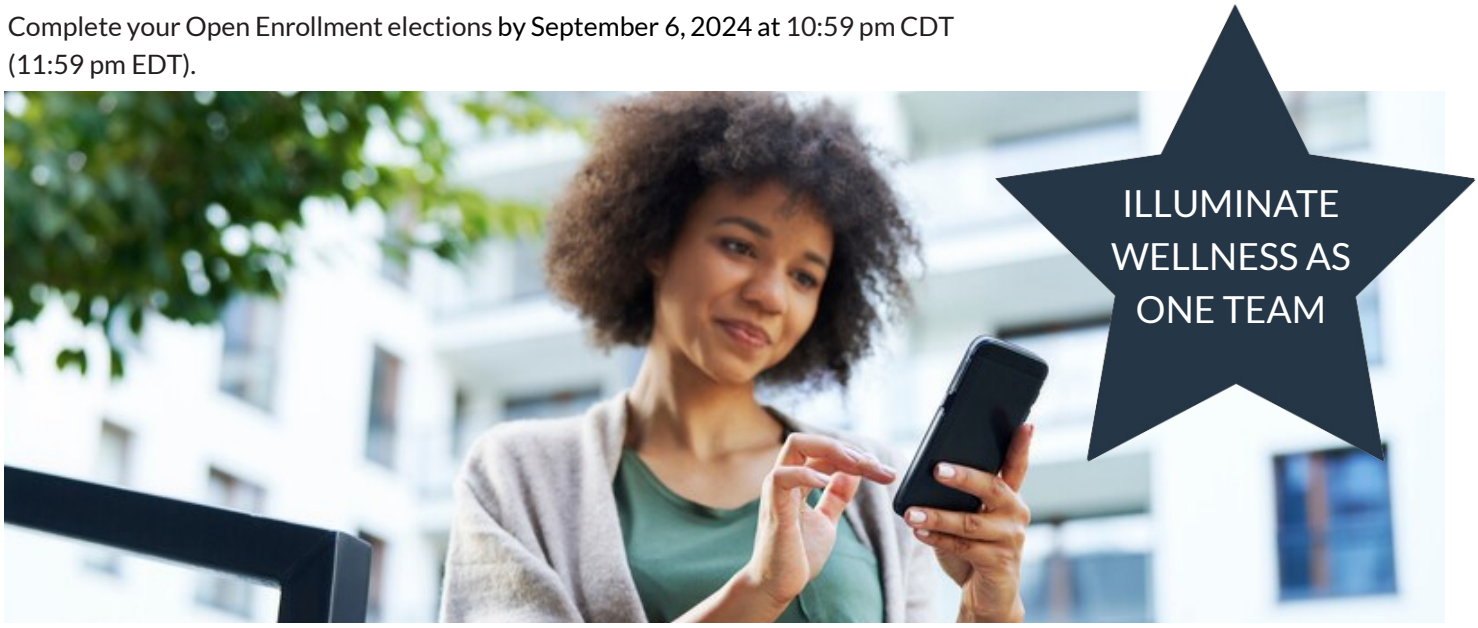
Important Contacts

Illuminate Wellness as One Team

Keep Contacts at your Fingertips...

	Phone Number	Website/Email
HR Manager - Julie Davila	713.393.4710	hr@gccsa.org
HR Generalist - Bridgett Reed	713.393.4716	hr@gccsa.org
HR Generalist - April Phillips	713.393.4704	hr@gccsa.org
HR Specialist - Marisol Guerra	713.393.4705	hr@gccsa.org
Benefit Advocate Center – Benefit Questions	833.228.0824	bac.gccsabenefits@ajg.com
Medical and Prescription - United	866.633.2446	www.myuhc.com
Dental - United Healthcare	877.816.3596	www.myuhc.com
Vision - United Healthcare	800.637.3120	www.myuhc.com
Life/AD&D Insurance - Ochs/Securian	651.665.3789 or 800.392.7295	www.securian.com
Long-Term Disability Coverage - Madison National Life	Claims: 800.356.9601 ext. 2410 Customer service: 800-392-7295	www.madisonlife.com
401(k) Plan - Voya	800.584.6001	www.voyaretirementplans.com
Employee Assistance Program (EAP) - United Healthcare	888.887.4114	www.myuhc.com
Voluntary Products - MetLife	800.438.6388	www.metlife.com
Gallagher Marketplace		C2mb.ajg.com/gm4/benefits/

Complete your Open Enrollment elections by September 6, 2024 at 10:59 pm CDT (11:59 pm EDT).



Key Terms

Illuminate Wellness as One Team

Remember these key terms and dates to make your benefit enrollment a success!

- **Open Enrollment** – The period during which existing employees and their dependents are given the opportunity to enroll in or change their current elections.
- **Calendar Year** – January 1 through December 31 of each year.
- **Coinsurance** – The percent of eligible charges that the plan pays.
- **Copayment (Copay)** – The amount paid by a covered person to a network provider at the time service is rendered. Copayments for covered services are not applied to your deductible.
- **Deductible** – The amount you pay each calendar year before the plan begins to pay covered health care expenses.
- **Medical Emergency** – A sudden, serious, unexpected, and acute onset of an illness or injury where a delay in treatment would cause irreversible deterioration resulting in a threat to the patient's life or body part.
- **Network Benefits** – The benefits applicable for the covered services of a network provider.
- **Out-of-Pocket Maximum** – The most a covered person can pay in deductibles and coinsurance in a calendar year for covered health care expenses (excluding reductions for provider contracts and usual and customer guidelines and copays).

And Don't Forget

- Plan Year - November 1 through October 31 of each year
- 2024-2025 Open Enrollment Ends September 6 at 10:59 pm CDT (11:59 pm EDT).
- By September 6 at 10:59 pm CDT (11:59 pm EDT), all employees must complete the following actions in ADP Workforce Now to be enrolled in Benefits for the 2024-2025 plan year:
  - Click on **View all plans** (to click on **Select plan**, **Confirm details**, and **Confirm**) or Click on **Waive benefit** (to select **Waive reason** and **Yes, waive benefit**)
  - Click on **Submit enrollment** to complete enrollment
- Click on Download to Download (Save) and/or Print your Enrollment Summary.

Questions About Benefits or Plan Options

Please contact your Benefits Coordinator:

Benefit Advocate Center
Dedicated Hotline

Email: bac.gccsabenefits@ajg.com
Toll free hotline: **(833) 228.0824**
Monday - Friday, 8:00 am - 6:00 pm

Legal Notices

HIPAA Special Enrollment Rights

Gulf Coast Community Services Association, Inc. (GCCSA) Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Gulf Coast Community Services Association, Inc. (GCCSA) Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

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 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 employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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.

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 after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under 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 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.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Julie Davila - HR Manager at 713.393.4710 or davilaj@gccsa.org.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights
Gulf Coast Community Services Association, Inc. (GCCSA) is committed to the privacy of your health information. The administrators of the Gulf Coast Community Services Association, Inc. (GCCSA) Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Julie Davila - HR Manager at 713.393.4710 or davilaj@gccsa.org.

Notice of Creditable Coverage

Important Notice from Gulf Coast Community Services Association, Inc. (GCCSA)

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 Gulf Coast Community Services Association, Inc. (GCCSA) 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. **Gulf Coast Community Services Association, Inc. (GCCSA) has determined that the prescription drug coverage offered by the medical 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 Gulf Coast Community Services Association, Inc. (GCCSA) coverage will not be affected. You can keep this coverage if you elect Part D coverage and this plan will coordinate with Part D coverage. Your coverage under Gulf Coast Community Services Association, Inc.'s (GCCSA) plan will end for you and your covered dependents.

If you do decide to join a Medicare drug plan and drop your current Gulf Coast Community Services Association, Inc. (GCCSA) coverage, be aware that you and your dependents may not 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 Gulf Coast Community Services Association, Inc. (GCCSA) and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Gulf Coast Community Services Association, Inc. (GCCSA) 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:	**November 01, 2024**
Name of Entity/Sender:	**Gulf Coast Community Services Association, Inc. (GCCSA)**
Contact—Position/Office:	**Julie Davila - HR Manager**
Office Address:	**9320 Kirby Dr** **Houston, Texas 77054-8800** **United States**
Phone Number:	**713.393.4710**

COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

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

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Julie Davila.

How is COBRA continuation coverage provided?

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

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

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

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

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov/**.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov**.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Gulf Coast Community Services Association, Inc. (GCCSA)
Julie Davila - HR Manager
9320 Kirby Dr
Houston, Texas 77054-8800
United States
713.393.4710

[1] https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start

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

Women's Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: $2,000 EPO (Individual: 20% coinsurance and $2,000 deductible; Family: 20% coinsurance and $4,000 deductible)

Plan 2: $2,500 Kelsey (Individual: 20% coinsurance and $2,500 deductible; Family: 20% coinsurance and $5,000 deductible)

Plan 3: $4,000 HMO (Individual: 20% coinsurance and $4,000 deductible; Family: 20% coinsurance and $8,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 713.393.4710 or davilaj@gccsa.org.

Expanded Coverage for Women's Preventive Care

Under the Affordable Care Act, Gulf Coast Community Services Association, Inc. (GCCSA) provides female plan participants with expanded access to recommended in-network preventive services, including contraceptives, without cost sharing.

Additional women's preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

For a description of what these items include, visit https://www.healthcare.gov/preventive-care-women/

Notice Of Special Enrollment Rights

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in Gulf Coast Community Services Association, Inc. (GCCSA)'s medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no more than 31 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in Gulf Coast Community Services Association, Inc. (GCCSA)'s medical coverage as long as you request enrollment by contacting the Human Resources department no more than 31 days after the marriage, birth, adoption or placement for adoption. For more information, contact the Human Resources department.

60-Day Special Enrollment Period

In addition to the qualifying events listed in the enrollment guide and this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

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 July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/ flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – 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://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	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	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, 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

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Additional Notices

Summary of Benefits and Coverage

Summary of Benefits and Coverage for the Gulf Coast Community Services Association, Inc. (GCCSA) Health Plan are available online at ADP Workforce Now. You may also request a paper copy by contacting the Gulf Coast Community Services Association, Inc. (GCCSA) Human Resources department.

Pre Tax Contributions

In most cases, Gulf Coast Community Services Association, Inc. (GCCSA) employees' contributions for health coverage are deducted from their paychecks on a Pretax basis meaning before federal income taxes, state income taxes (in most cases), and FICA taxes are calculated. Internal Revenue Code (I.R.C) Section 152 defines what dependent contributions are eligible for Pretax deductions. The IRS does not allow employees' contributions for dependent health coverage to be deducted on a pretax basis unless the dependent(s) meet the definition of a tax dependent under I.R.C. Section 152. If they do not meet the definition of a tax dependent, they may be either ineligible for the Plan, or in some cases, the IRS taxes the additional fair market value of these benefits and treats it as Imputed Income. Contributions for medical, dental and vision coverage for eligible dependents that do not meet the definition of a tax dependent will be made on a post-tax basis and the Imputed Income will be included on your paycheck and IRS Form W-2.

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility under Gulf Coast Community Services Association, Inc.'s (GCCSA) Group Health Plan because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under Gulf Coast Community Services Association, Inc.'s (GCCSA) Group Health Plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if on the day before the medically necessary leave of absence begins your child is covered under Gulf Coast Community Services Association, Inc.'s (GCCSA) Group Health Plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan – for example, by reaching age 26.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's law, please email the Human Resources department at davilaj@gccsa.org.

NOTES

This benefit summary prepared by

Gallagher

Insurance | Risk Management | Consulting