



2026-2027 EMPLOYEE BENEFITS



Welcome to Campus Child Care

Campus Child Care, Inc. (CCC) appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Get Ready to Enroll!

The purpose of this guide is to help you make the benefit choices that fit the needs of you and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefits plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process.

Campus Child Care, Inc. appreciates your commitment to our organization. This guide is not your only resource, of course. For complete information about the plans available to you, please see the all of the CCC summary plan descriptions (SPDs) on the CCC website staff portal.

Changes for 2026/2027 Plan Year

Effective 7/1/2026, weight loss GLP-1s will no longer be covered. For more information, see page 4. There are other no plan design changes to CCC's benefits for 2026/2027 plan year. There will be a change to the medical and dental employee contribution. The employee contribution rate for vision is not changing.

Open Enrollment Dates May 4 – May 20, 2026

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No action required for:
Medical, dental, life & disability plans
unless you would like to make changes

Action required if:

- Need to elect benefits for the first time
- Want to have dental or vision
- Wish to make a change to your current benefits

An **active election** is also required for the 2027 Health Care and/or Dependent Care Flexible Spending Account – these are on a calendar year basis!

A few notes about enrolling in benefits

Who is Eligible

- Employees who are regularly scheduled to work at least 25 hours per week are eligible for benefits. Newly-hired employees are eligible to participate in benefits on their date of hire.

You can sign up for benefits or change your benefit elections at the following times:

- Within 31 days of your initial eligibility date (as a newly-hired employee).
- During the annual benefits open enrollment period.
- **Within 31 days of experiencing a qualifying life event (see below).**
- The choices you make at these times will remain the same through June 30, 2027. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year, which starts July 1, 2027.

Changing Your Benefits During the Year

Due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

HIPAA special enrollments & Qualifying life events include, but are not limited to:

- | | |
|--|--|
| ▪ Birth, legal adoption or placement for adoption. | ▪ Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program. |
| ▪ Marriage, divorce, entering into a domestic partnership or legal separation. | ▪ Change in residence that changes coverage eligibility. |
| ▪ Dependent child reaches age 26. | ▪ Court-ordered change. |
| ▪ Spouse gains or loses employment or eligibility with current employer. | ▪ Death of spouse or dependent child. |

The IRS limits your ability to make changes to your coverage within 31 days of your qualifying life event. You'll need to provide proof of the event, such as marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.

MEDICAL BENEFITS

Campus Child Care is committed to helping you and your dependents maintain your health and wellness by providing you with access to the highest levels of care. We will continue to offer you a choice of two HMO medical plan options for 2026/2027:

- Harvard Pilgrim (HPHC) Focus Network
- Harvard Pilgrim (HPHC) Best Buy Choice

Important Change: To manage rising medical and pharmacy costs while offering competitive benefits, Campus Child Care will no longer cover weight loss GLP-1s as of 7/1/2026, even if you currently have a prescription for these medications. Those with a GLP-1 to treat a type II diabetes diagnosis will remain covered under the medical plan.

Here are some terms you'll see in this guide:

COPAY: A fixed amount you pay for a specific medical service (typically an office visit) at the time you receive the service. The copay can vary depending on the type of service. Copays cannot be included as part of your annual deductible, but they do count toward your out-of-pocket maximum.

DEDUCTIBLE: The amount you pay for healthcare services before your health insurance begins to pay. For example, if your plan's deductible is \$750, you'll pay 100 percent of eligible healthcare expenses until the bills total \$750 for the year. After that, you share the cost with your plan by paying coinsurance.

IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You'll pay less when you use in-network providers.

OUT-OF-NETWORK: Care received from a hospital or provider that is not part of the medical plan agreement. **There is no out-of-network coverage, other than emergency care.**

CO-INSURANCE: The percentage of costs of a covered health care service you pay (10%, for example) after you've paid your deductible.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles, copayments and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

HEALTH REIMBURSEMENT ACCOUNT (HRA): CCC provides an HRA to cover all or part of an employee's medical deductible.

Harvard Pilgrim

Medical and prescription drug plan summary

Plan year: 7/1/2026-6/30/2027

Summary of Coverage	HPHC Focus Network In-Network ¹	HPHC Best Buy Choice In-Network ¹
Medical Deductible		
Employee only	\$750	\$750
Coverage including dependent(s)	\$1,500	\$1,500
Out-of-pocket maximum (includes deductible)		
Employee only	\$2,000	\$2,000
Coverage including dependent(s)	\$4,000	\$4,000
Physician Office Services		
Preventive care	No charge	No charge
Office visit - Primary Care Physician	\$25 copay	\$25 copay
Office visit - Specialist	\$40 copay	\$40 copay
Convenience/Urgent & Hospital Urgent Care	\$25 / \$40 copay	\$25 / \$40 copay
Hospital Services		
Inpatient	10% coinsurance, after ded	10% coinsurance, after ded
Outpatient/Ambulatory Surgery	10% coinsurance, after ded	10% coinsurance, after ded
Emergency Room	\$150 copay, after deductible	\$150 copay, after deductible
Lab/X-Ray		
Diagnostic Lab and X-ray - Outpatient	10% coinsurance, after ded	10% coinsurance, after ded
High Tech Services (MRI, CT scans, etc.)	10% coinsurance, after ded	10% coinsurance, after ded
Prescription drugs		
	30-day retail / 90 day mail-order	30-day retail / 90-day mail order
Generic	\$10 / \$30 copay	\$10 / \$30 copay
Preferred	\$20 / \$60 copay	\$20 / \$60 copay
Non-preferred	\$45 / \$135 copay	\$45 / \$135 copay
Specialty	\$75 / \$225 copay	\$75 / \$225 copay

Health Reimbursement Account (HRA)

An employer-funded arrangement used to reimburse you for out-of-pocket qualified medical expenses. The HRA will remain administered by Sentinel. Please see page 14 for more details on new process.

CCC provides employees enrolled in the medical plans with funding to help offset the deductibles:

HPHC HMO Focus: \$750 single

HPHC HMO Best Buy Choice: \$375 single

¹ Referral is required to see a specialist under the plans

Medical employee payroll contributions

July 1, 2026 - June 30, 2027

Bi-weekly (per paycheck) contributions		
	HPHC Focus	HPHC Best Buy Choice
Employee	\$0.00	\$0.00
Employee + Spouse/Domestic Partner	\$233.30	\$252.18
Employee + Child(ren)	\$198.30	\$214.35
Family	\$431.61	\$466.53

Prescription coverage is integrated into both medical plans.

Employees can elect the medical without enrolling in the dental or vision plans.



Harvard Pilgrim Resources

Discounts & Savings for MA members of HPHC

Healthy Eating

Mom's Meals: As a Harvard Pilgrim member, you can now get shipping costs included on all orders through the Mom's Meals Affinity Program.

Eat Right Now: Save 25% on a subscription to this mindful eating app that combines neuroscience and mindfulness to reduce your craving-related eating by 40%.

Savory Living: Save 25% and try the first session for free for this online healthy eating lifestyle program.

The Dinner Daily: Save 25% on this award-winning meal planning service.

Quit Smoking

Craving to Quit: Save 25% on this smartphone-based program to help you quit smoking.

QuitSmart: Save 30% on this program that offers hypnosis, medication recommendations and a patented simulated cigarette.

Fitness

Expect: Get 25% off a monthly or annual subscription to this pregnancy-related online fitness platform.

Marathon Sports: Save 10% on athletic footwear. Multiple locations in MA.

ProSourceFit: Save 20% on your entire order of high-performance products for strength and resistance workouts, yoga and Pilates, and muscle recovery.

Daily Burn: Start today and get a 30-day free trial followed by 25% off your monthly membership.

NEW Workout Fitness Store: Save 5% on exercise equipment and additional perks. Located in South Portland, ME.

Family & Senior Care

CareScout Advocacy Program: Get 50% off the retail pricing for CareScout's Caregiver Support Services and Connect with trained care advocates to help your family assess needs and find adult day care, home health care services or facility care.

Lively: Save 20% on innovative, easy-to-use mobile products that help aging consumers live more independent lives

Home Instead Senior Care: Get a one-time \$100 credit toward charges for routine services at participating offices and get a free home safety inspection at the start-up of services.

Be Safer at Home: Get a 25% discount (or more) on the installation and monthly fees of a Personal Emergency Response System (PERS). A PERS unit allows you to live the independent lifestyle you want by providing a resource that is always there to respond to emergency calls.

LifeCycle Transitions: Save on a variety of services that help members with chronic health problems stay well at home or transition to a new location. Savings include a 20% discount for services such as relocation & downsizing, help addressing a distressed home, cleaning, hoarding assistance and more.

Senior Resource Center: Get \$500 off the lifetime flat fee for services. Senior Resource Center, Inc. provides guidance to caregivers, pre-retirees and retirees. Save on services to help you plan and care for elder loved ones, or for your own long-term needs.

Vigorous Minds: Save 10% on this science-based, personalized program for maintaining brain health and quality of life after 50. Vigorous Mind is a web-based platform that includes activities like cognitive training, physical training, enrichment, stress reduction and socializing.

Tinyhood: Get one month free then 25% off your annual membership to access on-demand pregnancy and parenting classes.

Harvard Pilgrim Resources (continued)

Discounts & Savings for MA members of HPHC

Holistic Wellness

Happier: Access mindfulness meditation with the first month free and subscribe to the rest of the program for \$9.99/month.

Center for Mindfulness (UMass Medical Memorial Health School): Save 15% on their eight-week programs to learn how to respond more effectively to stress, pain and illness. Choose from the Mindfulness-Based Stress Reduction Program or the Mindfulness-Based Cognitive Therapy Program.

Magic Weighted Blanket: Save 25% on “the blanket that hugs you back.” These blankets have a calming, comforting and soothing effect and come in a wide assortment of fabrics, colors and sizes.

Mighty Well: Save 15% on products that help patients manage their lives with dignity, confidence and style, including PICC line covers, cozy wraps and more.

Unwinding Anxiety®¹: Save 25% on a subscription to this step-by-step program, available on your smartphone or tablet. Uncover triggers, identify your habits, break the cycle of worry and panic, and learn anti-anxiety tools.

OmPractice: Save up to 40% on a membership for live, online group yoga classes. You’ll get unlimited access to more than 70 weekly classes—all from the comfort of your own home.

NEW Mindful Magazine: Get 50% off digital subscriptions and courses at Mindful.org. Mindful is dedicated to inspiring, guiding and connecting anyone who wants to explore mindfulness.

Dental

Universal Dental Plan²: Save up to 28% on Universal Dental Plan’s membership fees, and 20-50% on all procedures from a network of participating dentists.

Vision

Visionworks³: Get a free pair of prescription eyeglasses with your covered routine eye exam.

EyeMed Affiliated Providers: See more and save more with EyeMed! With the EyeMed discount plan, members receive discounts on frame and lenses at participating providers. The EyeMed network includes LensCrafters, Target Optical, independent eye doctors and top optical retailers.

Laser vision correction: Save up to 50% on procedures from Davis Vision, QualSight LASIK and US Laser Network.

Hearing

Amplifon Hearing Health Care: Save on hearing services and save up to 50% on hearing aids. Plus, one year of follow-up services is included with purchase. Locations nationwide.

Flynn Associates: Save up to \$200 per hearing aid, and get free quarterly cleanings, adjustments and more.

Speech-Language and Hearing Associates of Greater Boston, PC: Save up to \$200 on each hearing aid purchase.

TruHearing: Save 30-60% on hearing aids with solutions for every type of hearing loss and low prices.

¹ These savings programs are not insurance products. Rather, they are discounts for programs and services designed to help keep members healthy and active. All programs are subject to change without advance notice. Harvard Pilgrim Health Care does not specifically endorse or recommend, and makes no warranties expressed or implied with respect to the programs and services offered.

² Universal Dental Plan is not dental insurance and does not meet minimum creditable coverage under applicable state law. The plan provides discounts at specific dental providers for dental services. The plan does not make payments directly to the providers of dental services. The plan member is obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount dental plan organization. The range of discounts will vary depending on the services provided.

³ Free eyewear program is available only at select participating locations in Massachusetts, Rhode Island, New Hampshire and New York. Offer subject to restrictions; limited to one free pair of eyeglasses per member per year.

PRINCIPAL DENTAL PLAN

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

To see a current provider directory, please visit <https://www.principal.com/find-dentist>

	In-network	Out-of-Network *
Deductible		
Employee only	\$50	
Coverage with dependent(s)	\$150	
Is the deductible waived for preventive and diagnostic services?	Yes	
Annual plan maximum (per member / per calendar year)	\$1,500	
Diagnostic and preventive		
Oral exams, x-rays, cleanings, fluoride, space maintainers, sealants	100%	100%
Basic		
Oral surgery, fillings, endodontic treatment, periodontics treatment, repairs of dentures and crowns	80%	80%
Major		
Crowns, jackets, dentures, bridge implants	50%	50%
Orthodontia		
Dependent children (up to age 19)	50%	50%
Lifetime orthodontia plan maximum (per individual)	\$1,500	\$1,500

*Subject to maximum plan allowance. Plan participant may be balance billed for difference.

Employee dental payroll contributions

July 1, 2026 - June 30, 2027

Bi-weekly (per paycheck) contributions	
Employee	\$0
Employee + Spouse/Domestic Partner	\$9.02
Employee + Child(ren)	\$12.36
Family	\$22.86

- You can elect the Principal dental plan regardless of whether you are enrolled in the medical or vision plans.

PRINCIPAL VOLUNTARY VISION PLAN

The medical plans offered through Harvard Pilgrim cover a routine annual eye exam at a \$20 copay. Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

The Principal vision plan (VSP) offers supplemental coverage. Benefits include coverage for standard lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the VSP network. When you use an out-of-network provider, you will have to pay more for vision services.

Locating a VSP provider

To locate a Choice network provider, visit vsp.com/eye-doctor.

Covered Charges	In-Network Benefit	Frequency
Prescription glasses	\$25 Copay	
Lenses	Single vision, lined bifocal, lined trifocal and lenticular lenses; polycarbonate lenses for dependent children age 18	1 pair per 12 months
Frames	\$150 allowance for a wide selection of frames; 20% off amount over allowance ¹	1 pair per 12 months
Elective Contacts	Up to \$60 copay for standard and premium elective contact lens exams (fitting and evaluation) \$150 allowance for elective contacts	1 per 12 months Instead of lens and frames benefit
Necessary Contacts²	\$25 copay Covered in full for members who have specific conditions	1 per 12 months Instead of lens and frames benefit
Lens Enhancements	Most popular options are covered after a copay, saving members an average of 20-25%. Members should see their doctor for special pricing on additional lens enhancements	
Additional Savings	Savings on laser vision correction and additional pairs of prescription glasses and non-prescription sunglasses	

¹ Based on applicable laws; benefit may vary by doctor location.

² Prescribed to correct extreme visual problems that cannot be corrected with regular lenses

Employee vision payroll contributions

July 1, 2026 – June 30, 2027

Bi-weekly (per paycheck) contributions	
Employee	\$2.66
Employee + Spouse/ Domestic Partners	\$4.59
Employee + Child(ren)	\$5.04
Family	\$7.44

- You can elect the vision plan regardless of whether you are enrolled in the medical or dental plans.

EMPLOYEE ASSISTANCE AND WORK-LIFE PROGRAM (EAP)

A free, confidential program for employees and adult household members. Here's how we can help:

Available 24/7 800-648-9557 info@kgreer.com

Website: my.kgalifeservices.com
Company code: campuscc

EMOTIONAL HEALTH	PARENTING	ELDERCARE	LEGAL
Counseling, Consultations & Referrals: - Alcohol & Drug Concerns - Anxiety - Chronic Illness - Depression - Eating Disorders - Family & Relationship Concerns - Gambling - Meditation - Mindfulness - Partner Violence - Smoking Cessation - Sleep Issues - Stress Management	Childcare Consultation & Referrals: - Back-up Care - Before/After School - Childcare Centers - Family Day Care - Nannies & In-home Care - Summer Camps Information & Support: - Adolescence - Adoption - Child Development - College Planning - New Parents and Pregnancy - Special Needs	Consultation & Referrals: - Assisted Living Facilities - Caregiver Support - Community Services - Home Health Care - Hospice - Medicare/Medicaid - Nursing Homes - Respite Care - Social Security - Transportation	Consultation & Referrals: - Bankruptcy - Child Custody & Support - Consumer Issues - Elder Law - Estate Planning - Immigration - Landlord Tenant Disputes - Real Estate Concerns - Restraining Orders - Separation & Divorce - Wills & Trusts
FINANCIAL	WORK	HOME	NUTRITION
Consultation & Referrals: - Budgeting - Credit Problems - Debt Management - Financial Wellbeing - Homebuying Information - Insurance Planning - Retirement Planning - Tax Resources	Consultation & Referrals: - Career Exploration - Interest Testing - Job Performance Concerns - Job Search Strategies - Resume Review - Time Management - Work-life Integration - Work Stress	Information & Referrals: - Community Education Classes - Fitness Programs & Trainers - Home Cleaning - Home Repair Services - Moving Services - Organizer Services - Pet Care - Relocation Information - Yoga Classes	Consultation & Information: - Child Friendly Meals - Diabetes - Food Allergies - Gastrointestinal Problems - Healthy Eating - High Blood Pressure - High Cholesterol - Lactation - Weight Management

*KGA general legal disclaimer:

No service, including advice and consultations, will be provided for: 1) employment-related matters, including employee or statutory benefits; 2) matters involving the employer, KGA Inc. and affiliates; 3) appeals and class actions; 4) frivolous or unethical matters; 5) matters for which an attorney-client relationship exists prior to the participant becoming eligible for benefits.

If a participant wishes to retain legal representation, KGA will refer participant to an attorney who may provide services at a 25 percent discount. This is not a guarantee of the least expensive attorney. Should the participant retain an attorney through a KGA referral, he/she is doing so outside the EAP services provided through the employer and participant is responsible for all fees and costs associated with legal services.

GROUP TERM AND VOLUNTARY LIFE INSURANCE

CCC's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate.

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

CCC automatically provides basic life insurance and AD&D through Principal to all benefits-eligible employees at no cost.

Voluntary Life and AD&D Insurance

CCC provides you the option to purchase voluntary life & AD&D insurance for yourself, your spouse and your dependent children through Principal. AD&D coverage doesn't apply to children. You must purchase voluntary coverage for yourself in order to purchase coverage for your spouse and/or children. Supplemental rates are age-banded.

	Benefit ¹	Maximum Benefit	Guarantee Issue Amount ²
Company provided			
Employee Basic Life & AD&D	100% of annual salary	Up to \$50,000	Not applicable
Voluntary Life Insurance - Employee paid			
Employee Life & AD&D Benefits	You may choose to purchase life insurance in increments of \$10,000	Up to \$500,000	Proof of good health required for life amounts greater than \$150,000
Spouse Life & AD&D Benefits ³	You may choose to purchase benefits in \$5,000 increments	Up to \$100,000	Proof of good health required for life amounts greater than \$30,000
Child Life Benefits ³	You may choose to purchase benefit of \$10,000 (for children 14 days or older)	Not applicable	Not applicable

¹ Employee and spouse benefits will reduce by 35% at age 70 with additional 20% reduction at 75.

² Employee or spouses over 70 years old require proof of good health for any amount over \$10,000

³ Spouse and Child benefits cannot exceed 100% of the employee supplemental life benefit

Here are some helpful insurance terms:

AGE REDUCTION

The group term basic life insurance coverage is subject to a reduction in benefit amount as you age.

GUARANTEE ISSUE

If you elect coverage when first eligible, you may purchase up to the guaranteed issue amounts without completing a medical questionnaire. If you do not enroll when first eligible and choose to enroll during a subsequent annual open enrollment period, you will be required to complete evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Principal.

CONVERSION

Conversion allows you to convert your term life policy into an individual whole life policy. Applies to Voluntary Life only.

Supplemental Life and AD&D

Employee Age Band	Rate/\$1,000
0-29	\$0.076
30-34	\$0.086
35-39	\$0.128
40-44	\$0.208
45-49	\$0.320
50-54	\$0.521
55-59	\$0.819
60-64	\$1.136
65-69	\$2.097
70-119	\$3.539
120+	\$3.539

Child Life Rate \$.20 per \$1,000

MA PAID FAMILY MEDICAL LEAVE, SHORT TERM & LONG-TERM DISABILITY PLAN

CCC offers a company-paid MA Paid Family and Medical Leave, short term and long-term disability plan. These offerings are provided by Principal rather than the state.

MA Paid Family Medical Leave (PFML)

CCC provides PFML to all eligible employees based on the MA PFML regulations. This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work, to bond with a new child or to take care of a family member.

Short-Term Disability (STD) plan

CCC provides STD to benefit eligible employees. This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work.

Long-Term Disability (LTD) plan

CCC provides LTD to benefit eligible employees who are still disabled after 90 days. This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work. The plan will also help you to return to work, if appropriate.

Your STD and LTD benefit amount may be offset by other benefits you are receiving, such as MA PFML, Social Security (to you and your dependents), workers' compensation, unemployment income and other income. Your monthly benefits are subject to federal income tax and may be subject to state and local taxes.

	MA PFML ¹	Short Term Disability	Long-Term Disability ²
Benefit Amount	Roughly 80% ¹	60%	60%
Benefit Maximum	\$1,170.64 Weekly ¹	\$1,000 Monthly	\$6,000 Monthly
Elimination Period	7 calendar days from disability	1 st day for accident and 8 th day for sickness	90 days
Benefit Duration	Own serious health condition – up to 20 weeks Bonding – up to 12 weeks Care of a Family Member with serious health condition – up to 12 weeks <i>Not to exceed 26 weeks in a 52 weeks period</i>	Up to 13 weeks after the elimination period is satisfied	Up to SSN normal Retirement Age, if you are disable prior to age 65. If you are 65+ and become disable benefits are payable based on an age-based schedule (refer to booklet for details)

¹ MAPFL Calculation: Weekly Benefit Calculation: 80% of the portion of employee's weekly wage that is equal to or less than 50% of the state average weekly wage (SAWW); plus 50% of the portion of the employee's weekly wage that is more than 50% of the SAWW; capped at the Maximum weekly Benefit.

Benefit Maximum can be adjusted by state of MA annually

² Pre-existing condition exclusion 3/12 You have a pre-existing condition if both 1. and 2. are true:

1.(a) You received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines, or followed treatment recommendation in the 3 months just prior to your effective date of coverage or the date an increase in benefits would otherwise be available; or
(b) you had symptoms for which an ordinarily prudent person would have consulted a health care provider in the 3 months just prior to your effective date of coverage.

2.Your disability begins within 12 months of the date your coverage under the plan becomes effective.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

All CCC employees that are enrolled in our HPHC health insurance receive the additional non-taxable employee benefit of our **Health Reimbursement Arrangement (HRA)**. The HRA is designed to help our employees cover the deductible costs associated with the health insurance plans.

To help keep the costs of healthcare affordable, CCC provides the HRA to cover a part the deductible charges.

HPHC HMO Focus: \$750 single

HPHC HMO Best Buy Choice: \$375 single

Members will pay out of pocket at the time of service. After you receive care, your provider will then send the claims to Harvard Pilgrim to process. Sentinel should receive and process the claim information prior to the providers issuing a bill. Members will receive payment via check that will be mailed to their home address, or via direct deposit to your bank account if you elect that option through Sentinel's portal. You can then use the funds reimbursed by Sentinel to pay your provider directly. Please note: The HRA benefit does not cover co-payments.



FLEXIBLE SPENDING ACCOUNTS

Plan year: 1/1/2027-12/31/2027

Health Flexible Spending Account (FSA)

Campus Child Care also offers its employees a Health FSA. Under this plan, you have funds withheld from your paycheck to be placed in a flexible spending account. You may use these funds to pay for a wide range of health, dental and vision expenses for you, your spouse and children. These items include:

- *Certain Over-the-Counter Medications*
- *Dental Deductibles*
- *Dental Work, Orthodontia*
- *Hearing Aids, Repairs and Batteries*
- *Medical Copayments Prescription Drugs*
- *Prescription Eyeglasses, Contact Lenses*
- *Eye Exams, LASIK Surgery*
- *Vision Solutions and Supplies Medical Deductible*
- *Medical Supplies & Equipment Chiropractic Care & Acupuncture*

Enrollment Considerations

- Your coverage effective date will be your date of hire, the date of your qualifying event, or January 1st if elected during open enrollment.
- Once the enrollment process is complete for the health FSA, the Sentinel Visa will be loaded with your FSA information. You may then use the card to pay for FSA eligible expenses as well as out of pocket health, vision and dental expenses.
- You cannot claim expenses paid through the reimbursement account as tax deductions or tax credits.

Dependent Care Flexible Spending Account (FSA)

Campus Child Care also offers its employees a dependent care FSA. Under this plan, an employee can be **reimbursed** for certain dependent care expenses such as daycare, babysitting during work hours, before/after-school care, day camps and elder care.

RETIREMENT

CAMPUS CHILD CARE, INC. 403(B) RETIREMENT PLAN HIGHLIGHTS

IMPORTANT: This is a brief summary of the features of the Campus Child Care, Inc. 403(b) Retirement Plan. For a full summary, please refer to the Summary Plan Description.

Eligibility	
Pre-Tax and Roth Elective Deferrals	Participants will be eligible to make Pre-Tax and Roth Elective Deferrals immediately upon their hire date.
Non-Elective Contributions	Participants will be eligible to receive Non-Elective Contributions on the first day of the calendar month coincident with or next following the day they meet the following requirements. - The Participant completes 1,000 hours of service in a 12-month period. Participants in the following classes will be excluded for Non-Elective Contribution purposes. - A leased employee.
Eligibility Computation	Eligibility will be measured using accrual hours. The eligibility computation will switch to the Plan Year.
Contributions	
Pre-Tax and Roth Elective Deferrals	The max Pre-Tax and Roth Elective Deferrals a participant may make is 100% of compensation or the 402(g) limit (\$24,500 in 2026), whichever is less. This dollar limit is indexed; therefore, it may increase each year for cost-of-living adjustments. A Participant may make or change their deferral election by written or electronic election Age 50 catch-up contributions are allowed (\$8,000 for 2026). This limit is indexed as well.
Non-Elective Contributions	Non-Elective Contributions may be made at the Plan Sponsor's discretion. The Non-Elective Contribution will be allocated according to the following formula. The Employer's discretionary contribution will be a discretionary dollar amount that is determined based on Years of Service (as defined for vesting purposes). Years of Service are determined as of the last day of the period for which the contribution is made. The Employer may, in its discretion, provide for smaller allocations for highly compensated employees. The Non-Elective Contribution will be contributed after the end of the Plan Year. Employees must work 1,000 hours of service during the Plan Year and be employed on the last day of the Plan Year in order to receive Non-Elective Contributions.
Rollover Contributions	Employees eligible to participate in the Plan can rollover money from any plan that is eligible to be rolled into the Plan. While there are exceptions this generally includes rollovers from a qualified retirement plan (i.e., 401(k), defined benefit), another 403(b) plan, a governmental 457(b) plan and pre-tax assets held in a traditional IRA.

RETIREMENT PLAN HIGHLIGHTS CONTINUE

Vesting	
Elective Deferrals	Participants are always fully vested in Elective Deferrals.
Matching Contributions and Non-Elective Contributions	The following vesting schedule applies to Matching Contributions and Non-Elective Contributions. - Less than three years of vesting service - 0% - Three or more years of vesting service - 100%
Distributions and Loans	
Termination of Employment	Distributions after termination of employment can be taken immediately after their employment terminates.
In-Service Distributions	The following in-service distributions are available from fully vested account balances. - Elective Deferral and Rollover Contribution account balances at normal retirement age (age 65). - Elective Deferral and Rollover Contribution account balances at age 59.5. - Rollover Contribution at any time. - Qualified Reservist Distribution. - Deemed Severance. - Hardship Distribution.
Loans	The maximum number of loans outstanding is one. The minimum loan amount is \$1000.
Investments	
Investments	Participants can invest in annuity contracts and custodial accounts. Participants can direct the investment of all or some of their account balances. The Plan intends to meet the requirements of 404(c).
Contact Information	
Plan Sponsor and Plan Administrator	The Plan Sponsor and the Plan Administrator is Campus Child Care, Inc.. Address: 8 Story Street, Suite B70, Cambridge, MA 02138 Phone number: 617-496-9160
<i>Note: These plan highlights are intended to be a very concise overview of plan features. For a detailed description of plan features, please review the Summary Plan Description or contact the Plan Administrator for more information. The plan features described in these plan highlights are subject to change. In the event of a discrepancy between the legal plan document and these highlights (or any other summary of plan features), the plan document shall control.</i>	

ADDITIONAL BENEFITS

PrivacyArmor Plus — InfoArmor

Safeguard your personal information, the data you share and the relationships you treasure

Pricing:

\$4.60 per person, per paycheck

\$8.29 per family, per paycheck

Pet Insurance- PetsBest

Show your love for your pet with affordable pet insurance!

Pricing:

Varies by type of Pet/Age

Legal Plan – Met Life

Provides you access to legal services through a national network of more than 18,000 attorneys

Pricing:

\$10.38 per check

Travel Assistance – AXA

(Group term life employees only)

In the US: 888-647-2611

Outside the U.S, call collect

630-766-7969

www.principal.com/travelassistance

Will Preparation –ARAG Services

Customer service: 800-546-3718

www.aragwills.com/principalfinancialgroupservice@araggroup.com



CONTACTS

Medical plan & prescription services

Harvard Pilgrim

Customer service: 800-877-7195

Website: www.harvardpilgrim.org

Dental

Principal

Customer service: 800-877-7195

Website: www.principal.com

Voluntary Vision

Principal

Customer service: 800-877-7195

Website: www.vps.com

FSA, HRA & COBRA

Sentinel

Customer service: 888-762-6088

Website: www.sentinelgroup.com

EAP

KGA

Customer service: 800-648-9557

Website: my.kgalifeservices.com

Company code: [campuscc](#)

Life, MA Paid Family Medical Leave, Short- and Long-term Disability

Principal

General customer service: 800-245-1522

Fax: 800-255-6609

Submit claims: SBDClaims@principal.com

MAPML application link:

Life Conversion – Basic Life

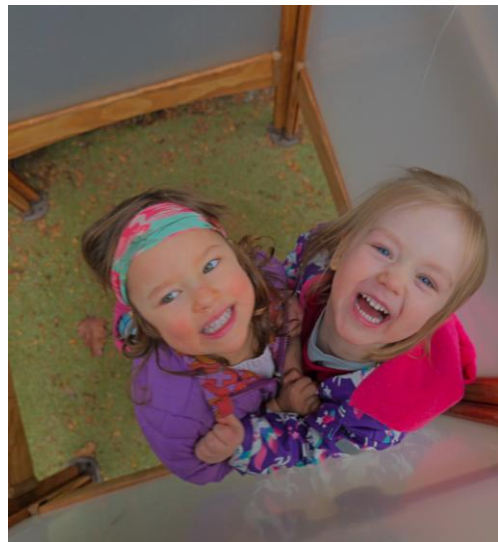
Customer service: 800-986-3343

(Option 3, ext. 76398)

Voluntary Life portability

Customer service: 800-986-3343

(Option 3, ext. 79994)



Final notes

This guide is a summary of material modifications of your benefits and does not constitute the plan documents. CCC may amend the benefit plans and/or programs at any time. This summary of benefits is not intended to be a complete description of CCC's insurance benefit plans. Please refer to the Summary Plan Description (SPDs) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although CCC maintains its benefit plans on an ongoing basis, CCC reserves the right to terminate or amend each plan in its entirety or in any part at any time.

For questions regarding the information provided in this overview, please contact your CCC human resources.



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution - as well as your employee contribution to employment-based coverage - is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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 Campus Child Care, Inc		4. Employer Identification Number (EIN) 04-2716370	
5. Employer address 8 Story Street, Suite B70		6. Employer phone number (617)354-0450	
7. City Cambridge	8. State MA	9. ZIP code 02138	
10. Who can we contact about employee health coverage at this job? Benefits/HR			
11. Phone number (if different from above)		12. Email address hr@campus-cc.org or benefits@campus-cc.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - ☒ All employees. Eligible employees are:

 - ☐ Some employees. Eligible employees are:

- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are: *Spouses, children (under the age of 26), domestic partners (must registered with a municipality that allows formal registration of domestic partnership.) If your spouse is enrolled in your coverage when you divorce, he/she may continue coverage if you do not have a current spouse.*
 - ☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

- **** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ zero _____

b. How often? ☐ Weekly ☒ **Every 2 weeks** ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



Campus Child Care, Inc.
**** Patient Protection Disclosure ****

Campus Child Care, Inc.'s health plans generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact:

8 Story Street, Suite B70
Cambridge, MA 02138
(617) 945-1658
Tahia Mostafiz
Kristin Pineo

benefits@campus-cc.org
hr@campus-cc.org



Campus Child Care, Inc.
***** HIPAA Notice of Special Enrollment Rights*****

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

8 Story Street, Suite B70
Cambridge, MA 02138
(617) 945-1658
Tahia Mostafiz
Kristin Pineo

benefits@campus-cc.org
hr@campus-cc.org



Campus Child Care, Inc.
**** Women's Health and Cancer Rights Notice ****

CCC Employee Health Care Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections 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 lymphedemas.

The CCC Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

To request special enrollment or obtain more information, contact: Campus Child Care, Inc.

8 Story Street, B70
Cambridge, MA 02138
(617) 945-1658
Tahia Mostafiz
Kristin Pineo

finance@campus-cc.org
hr@campus-cc.org

Important Notice from Campus Child Care, 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 Campus Child Care, 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. Campus Child Care, Inc. has determined that the prescription drug coverage offered by the [Insert Name of 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 Campus Child Care, Inc. coverage will [or will not] be affected. [The entity providing the Disclosure Notice should insert an explanation of the prescription drug coverage plan provisions/options under the particular entity's plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D (e.g., they can keep this coverage if they elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc.). See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current Campus Child Care, Inc. coverage, be aware that you and your dependents will [or will not] [Medigap issuers must insert "will 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 Campus Child Care, 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 Elizabeth Keating at (617) 945-1658

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 Campus Child Care, 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).

Medicare Eligible Individual’s Name: _____
Individual’s DOB _____ **or unique Member ID:** _____

The individual stated above has been covered under creditable prescription drug coverage for the following date ranges that occurred after May 15, 2006:

From: _____ **(Date)** **To:** _____ **(Date)**
From: _____ **(Date)** **To:** _____ **(Date)**

Date: _____

Name: Tahia Mostafiz, Campus Child Care, Inc.

Address: 8 Story Street, Suite B70, Cambridge, MA 02138

Phone Number: (617) 945-1658

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, 2026. 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/dftr/ 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: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
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: HHSIPPProgram@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 March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
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 4/30/2026)

