



Rangam Consultants, Inc

# 2023 BENEFITS ENROLLMENT

**Contract Employees**



# BENEFITS OVERVIEW

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Rangam Consultants, Inc is proud to offer a comprehensive benefits package to eligible, full-time employees who work **30 hours per week**. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical dental and vision), and Rangam Consultants, Inc provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

### Benefits Offered

- Medical
- Dental
- Vision
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Short Term Disability
- Critical Illness Insurance
- Accident Insurance

### Eligibility

You and your dependents are eligible for Rangam Consultants, Inc benefits on the 1st of the month after Date of Hire of employment.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Rangam Consultants, Inc eligible dependents.

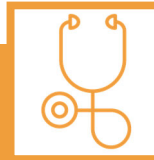
Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within **30** days.

**If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 25 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 provisions, you should contact your Human Resources/Benefits Department.



# MEDICAL BENEFITS



## Administered by Aetna

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Rangam Consultants, Inc.

Rangam Consultants, Inc offers you a One (1) POS medical plan.



AFA CPOSII 4500 50/50 CY V22 SGP		
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Calendar Year Deductible	\$4,500 single / \$9,000 family	\$9,000 single / \$27,000 family
Calendar Year Out-of-Pocket Maximum	\$7,500 single / \$15,000 family	\$27,000 single / \$81,000 family
Coinsurance	50%	50%
<b>DOCTOR'S OFFICE</b>		
Primary Care Office Visit	\$45 copay per visit	50% after deductible
Specialist Office Visit	\$90 copay per visit	50% after deductible
Preventive Care (screening, immunizations)	0%	50% after deductible
Diagnostic Test (x-ray, blood work)	50% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	50% after deductible	50% after deductible
<b>PRESCRIPTION DRUGS</b>		
Retail—Preferred Generic Drugs (30-day supply)	Tier 1A: \$3 copay per prescription; Tier 1: \$15 copay per prescription	50% per prescription
Retail—Preferred Brand Drugs (30-day supply)	\$50 copay per prescription	50% per prescription
Retail—Non-Preferred Generic/Brand Drugs (30-day supply)	\$100 copay per prescription	50% per prescription
Retail—Specialty Drugs (30-day supply)	Preferred: 50% up to a \$250 copay max per prescription; Non-Preferred: 50% up to a \$500 copay max per prescription	Not covered
Mail Order—Preferred Generic Drugs (31-90-day supply)	Tier 1A: \$6 copay per prescription; Tier 1: \$30 copay per prescription	Not covered
Mail Order—Preferred Brand Drugs (31-90-day supply)	\$100 copay per prescription	Not covered
Mail Order—Non-Preferred Generic/Brand Drugs (31-90-day supply)	\$200 copay per prescription	Not covered

# MEDICAL BENEFITS (Continued)

Administered by Aetna

	AFA CPOSII 4500 50/50 CY V22 SGP	
	In-Network	Out-of-Network
<b>HOSPITAL SERVICES</b>		
Emergency Room (copay waived if admitted)	\$500 copay per visit	\$500 copay per visit
Inpatient	50% after deductible	50% after deductible
Outpatient Surgery	50% after deductible	50% after deductible
Ambulance Service	50% after deductible	50% after deductible
<b>MENTAL HEALTH SERVICES</b>		
Inpatient Services	50% after deductible	50% after deductible
Outpatient Services	Outpatient office visits: 0%; All other outpatient services: 50% after deductible	Office visits: 50%; All other outpatient services: 50% after deductible
<b>SUBSTANCE ABUSE SERVICES</b>		
Inpatient Services	50% after deductible	50% after deductible
Outpatient Services	Outpatient office visits: 0%; All other outpatient services: 50% after deductible	Office visits: 50%; All other outpatient services: 50% after deductible
<b>OTHER SERVICES</b>		
Maternity Services	0%	50% after deductible
All other maternity hospital/ physician services	50% after deductible	50% after deductible
Muscle Manipulation Services (60 visits per year)	\$90 copay per visit	50% after deductible
Physical, Occupational and Speech Therapy Services (60 visits per year)	\$90 copay per visit	50% after deductible
Skilled Nursing 60-day calendar year maximum	50% after deductible	50% after deductible

# MEDICAL BENEFITS (Continued)

## Administered by Homestead Smart Health Plans

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Rangam Consultants, Inc.

Rangam Consultants, Inc offers you a choice of two (2) MEC+ medical plans.

	MEC+ PLAN	BUY-UP MEC+ PLAN
	In-Network	In-Network
Lifetime Benefit Maximum	Unlimited	Unlimited
Calendar Year Deductible	\$0	\$0
Calendar Year Out-of-Pocket Maximum	Not Applicable	Not Applicable
Coinsurance	Not covered	Not covered
<b>DOCTOR'S OFFICE</b>		
Primary Care Office Visit	Not covered	\$30 copay (limited 3 visits per year combined)
Specialist Office Visit	Not covered	\$30 copay
Preventive Care (screening, immunizations) (Patient Protection and Affordable Care Act Limited to 1 exam per year)	0% after deductible	\$0 copay
Diagnostic Test	Not covered (x-ray, blood work)	\$10 copay (blood work) preventive only
Imaging	Not covered (CT/PET scans, MRIs)	Not covered (CT/PET scans, MRI, MRA, x-ray)
<b>PRESCRIPTION DRUGS</b>		
Retail—Tier 1: Generic Drugs (30-day supply)	\$0 Copay for Preventive Only	\$0 Copay for Preventive Only ; \$10 copay
Retail—Tier 2: Preferred Brand Drugs (30-day supply)	Not covered	Not covered
Retail—Tier 3: Non-Preferred Brand Drugs (30-day supply)	Not covered	Not covered
Retail—Tier 4: Specialty Drugs (30-day supply)	Not covered	Not covered
Mail Order—Tier 1: Generic Drugs (31-90-day supply)	\$0 Copay for Preventive Only	
Mail Order—2: Preferred Brand Drugs* (31-90-day supply)	Not covered	
Mail Order—Tier 3: Non-Preferred Brand Drugs* (31-90-day supply)	Not covered	
<b>HOSPITAL SERVICES</b>		
Emergency Room	Not covered	Not covered
Inpatient	Not covered	Not covered
Outpatient Surgery	Not covered	Not covered
Ambulance Service	Not covered	Not covered

\*Brand Name Drugs only have discounts but member pays that entire cost

# MEDICAL BENEFITS (Continued)

Administered by Homestead Smart Health Plans

	MEG+ PLAN	BUY-UP MEG+ PLAN
	In-Network	In-Network
<b>MENTAL HEALTH SERVICES</b>		
Inpatient Services	Not covered	Not covered
Outpatient Services	Not covered	Not covered
<b>SUBSTANCE ABUSE SERVICES</b>		
Inpatient Services	Not covered	Not covered
Outpatient Services	Not covered	Not covered
<b>OTHER SERVICES</b>		
Maternity Services	0% after deductible	Routine prenatal office visits: 0% after deductible; All other services: Not covered
All other maternity hospital/ physician services	Not covered	Not covered
Muscle Manipulation Services	Not covered	Not covered
Physical, Occupational and Speech Therapy Services	Not covered	Not covered
Skilled Nursing	Not covered	Not covered

# DENTAL BENEFITS



## Administered by Delta Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Rangam Consultants, Inc dental benefit plan.

### Plan 1

SERVICES	Delta Dental PPO Plus Premier™ Base Plan		
	IN-NETWORK		OUT-OF-NETWORK
	If a Delta Dental PPO™ Dentist is Used	If a Delta Dental Premier® is Used	If a Non-Participating Dentist is Used
Calendar Year Deductible	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit
Calendar Year Benefit Maximum	\$1,000	\$1,000	\$1,000
Preventive Dental Services (exams; cleanings, bitewing x-rays, fluoride treatments (frequency limitations apply), space maintainers)	100%	100%	100%
Basic Dental Services (fillings, simple extractions, root canals (endodontics), periodontics; oral surgery, sealants)	80% after deductible	80% after deductible	80% after deductible
Major Dental Services (crowns & gold restorations, bridgework, full & partial dentures, repair of dentures)	50% after deductible	50% after deductible	50% after deductible

### Plan 2

SERVICES	Delta Dental PPO Plus Premier™ High Plan	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit
Calendar Year Benefit Maximum	\$1,500	\$1,500
Preventive Dental Services (exams, cleanings, bitewing x-rays, fluoride treatment)	100%	100%
Basic Dental Services (fillings, simple extractions, endodontics (root canals), periodontics, oral surgery, sealants)	80% after deductible	80% after deductible
Major Dental Services (crowns, gold restorations (over natural teeth), bridgework, full & partial dentures)	50% after deductible	50% after deductible
Orthodontia Services (child only)	50% to \$1,000 lifetime maximum	50% to \$1,000 lifetime maximum



# VISION BENEFITS



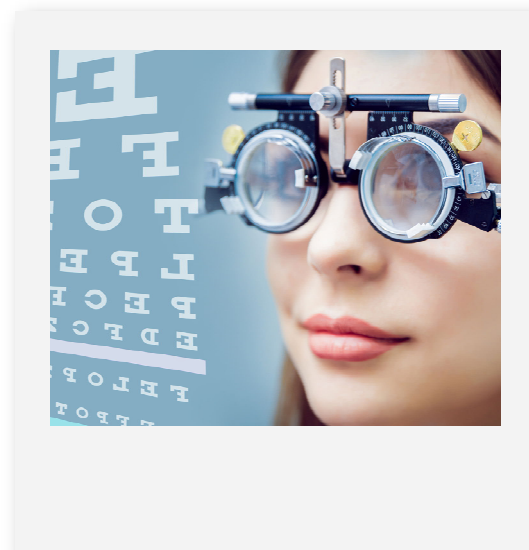
## VISION BENEFITS

Administered by VSP Vision care

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

### Your coverage from a VSP Vision care doctor

SERVICE	IN-NETWORK (any VSP Choice provider)	OUT-OF-NETWORK (any qualified non-network provider of your choice)
	REIMBURSEMENT SCHEDULE	
Eye Exam — once every 12 months	\$10 copay	Up to \$45
Lenses — once every 12 months		
Single Vision Lenses	\$25 copay	Up to \$30
Lined Bifocal Lenses	\$25 copay	Up to \$50
Lined Trifocal Lenses	\$25 copay	Up to \$65
Lenticular Lenses	\$25 copay	Up to \$100
Frames — once every 24 months	\$130 allowance	Up to \$70
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames		
Elective	\$130 allowance	Up to \$105
Medically Necessary	Covered in full	Up to \$210





# LIFE & DISABILITY INSURANCE



## LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Administered by Principal Financial

### Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Rangam Consultants, Inc. The company provides basic life insurance of \$25,000 at no cost to you if you participate in the medical plans offered by Rangam Consultants, Inc.

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

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Rangam Consultants, Inc provides AD&D coverage of \$25,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above if you participate in the medical plans offered by Rangam Consultants, Inc.

## VOLUNTARY SHORT TERM DISABILITY INSURANCE

Rangam Consultants, Inc also provides disability Short-term Disability insurance through Colonial Life. This benefit replaces a portion of your income if you become disabled and are unable to work.

	HOW IT WORKS	WHO PAYS FOR THE BENEFIT
<b>Short-term Disability</b>	You receive <b>XX%</b> of your income up to <b>\$XX,XXX</b> per week. Benefits begin after <b>XX</b> calendar days of absence from work and continue for up to <b>XX</b> days.	Employee

# CRITICAL ILLNESS INSURANCE

Colonial Life®



## The facts about critical illnesses

You never know when you or someone you care for may be affected by a critical illness. The good news is that more people are surviving critical illnesses thanks to improved treatment options and lifestyle changes.

Learn the facts so that if you or your loved ones experience a critical illness, you can fight back financially during recovery.



Every year, about 805,000 Americans have a heart attack — 605,000 for the first time.

Every 40 seconds, someone in America will have a heart attack.

American Heart Association, Heart Disease and Stroke Statistics — 2021 Update: A Report from the American Heart Association, 2021.

Are you at risk?

- high blood pressure
- high cholesterol
- smoking

are major risk factors of stroke that can be changed or treated.

American Stroke Association, "Risk Factors Under Your Control," <https://www.stroke.org/en/about-stroke/stroke-risk-factors/risk-factors-under-your-control>, accessed December 2021.

### Common critical illnesses

Critical illnesses may include conditions such as heart attack, stroke, major organ failure and cancer.

- Survival rates for people hospitalized for heart attacks are approximately 90% to 97%.<sup>1</sup>
- Stroke is a leading cause of serious long-term disability.<sup>2</sup>
- Every nine minutes another person is added to the transplant waiting list.<sup>3</sup>
- 37 million people or 15% of U.S. adults are estimated to have chronic kidney disease.<sup>4</sup>

### Risk factors

Fortunately, we know more about what causes many critical illnesses, and many Americans are more conscious about their health.

- Heredity is just one stroke risk factor; others include age, gender, ethnicity and even some medical conditions.<sup>5</sup>
- Diabetes and hypertension are the leading causes of kidney failure.<sup>4</sup>
- Up to 80% of strokes are preventable.<sup>6</sup>

# CRITICAL ILLNESS INSURANCE



[ CANCER RISK ]



The probability of developing cancer during a person's lifetime is one in two for men and one in three for women.

American Cancer Society, Cancer Facts & Figures 2021.

**Colonial Life**

ColonialLife.com

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## Importance of financial protection

Many working Americans aren't financially prepared for critical illness treatment and recovery.

- Fewer than 4 in 10 U.S. adults could cover an unexpected expense of \$1,000.<sup>7</sup>
- 17% of adults had major, unexpected medical expenses in the prior 12 months ranging between \$1,000 and \$1,999.<sup>8</sup>

## Protect your way of life

Critical illness insurance may help with costs such as:

- **Lost income**  
You, your spouse or another family member may need to take time away from work to help with treatment and recovery.
- **Travel and lodging**  
You may need to travel to a specialty treatment center and stay for an extended period of time.
- **Medical expenses**  
You could have out-of-pocket expenses, such as co-pays and deductibles.
- **Rehabilitation**  
While recovering, you may require additional assistance, such as speech therapy or physical therapy.

**Talk with your benefits counselor to learn more about how critical illness insurance can help protect what you work so hard to build.**

<sup>1</sup> Very Well Health, "How Many People Survive a Heart Attack? Why the First Hours Count." Richard N. Fogoros, MD, August 5, 2021, Heart Attack Survival Rate: How to Survive a Heart Attack (verywellhealth.com).

<sup>2</sup> American Heart Association, Heart Disease and Stroke Statistics — 2020 Update: A Report from the American Heart Association, 2020.

<sup>3</sup> Health Resources & Services Administration, Organ Donation Statistics, [organdonor.gov](http://organdonor.gov), 2021.

<sup>4</sup> Centers for Disease Control and Prevention, Chronic Kidney Disease in the United States, 2021. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2021.

<sup>5</sup> American Stroke Association, "Stroke Risk Factors Not Within Your Control," <https://www.stroke.org/en/about-stroke/stroke-risk-factors/stroke-risk-factors-not-within-your-control>, accessed December 2021.

<sup>6</sup> Stroke Recovery Foundation, "The 11 Pillars of Stroke Prevention," <https://strokerecoveryfoundation.org/stroke-recovery/pillars-of-stroke-prevention/>, accessed December 2021.

<sup>7</sup> Bankrate, "Survey: Bankrate's January Security Index," Jan 11 2021, [https://www.bankrate.com/banking/savings/financial-security-january-2021/?itm\\_source=parsefy-api](https://www.bankrate.com/banking/savings/financial-security-january-2021/?itm_source=parsefy-api), accessed December 2021.

<sup>8</sup> Federal Reserve Board, "Report on the Economic Well-Being of U.S. Households in 2020," May 2021, The Fed - Report on the Economic Well-Being of U.S. Households in 2020 - May 2021 - Dealing with Unexpected Expenses (federalreserve.gov), accessed December 2021.

Insurance products are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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# ACCIDENT INSURANCE

Colonial Life®



Every 10 minutes, nearly  
1,054 Americans suffer an injury  
severe enough to seek medical help.

National Safety Council, Injury Facts, 2020.



## Accident Insurance

### Accidents can happen to anyone

No matter who you are, what you do or where you live, you could get hurt accidentally. It's just the nature of life.

And accidents can come with costs, such as emergency room fees, doctor's bills, and the cost of missing work. Even if you have good health insurance, deductibles and co-pays can really add up after an accident. Do you have savings available to pay these costs?

With accident insurance, you can receive money paid directly to you to help with all the expenses of a covered accident. So you can focus on what really matters – healing.

INDIVIDUAL ACCIDENT, GROUP ACCIDENT

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# ACCIDENT INSURANCE

## With accident insurance, you can be ready for the unexpected costs an injury can bring

Active families with children in sports are especially vulnerable to the rising costs of medical treatment for injuries.

But everyone, young or old, could suffer an accident at any time.

The three examples shown to the right are for illustrative purposes only. Benefits may vary. The certificate and policy have exclusions and limitations. For complete details, see your Colonial Life benefits counselor.



### DANIEL

*Daniel is 30, single, likes to read and enjoys watching TV. On his way to the bookstore, he had an automobile accident and broke two of his ribs.*

### How his accident policy helped:

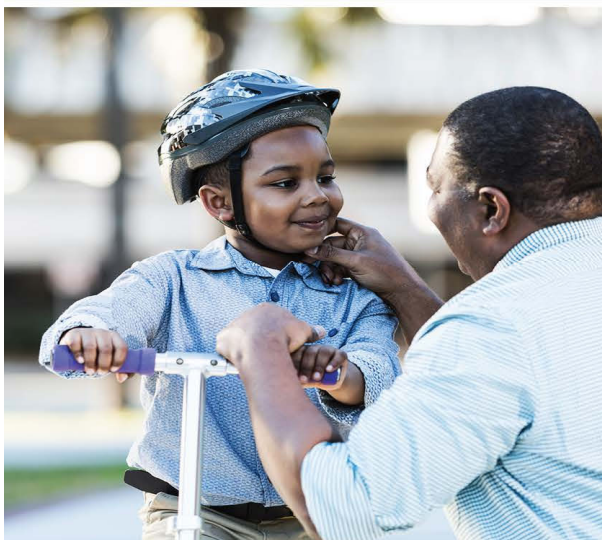


*Daniel's benefit helped cover his out-of-pocket costs for emergency room treatment. He also used some of his benefit to rent a car while his was in the shop.*



Every year, 55.4 million – about 1 in 6 – Americans seek medical help for injuries.

National Safety Council, Injury Facts, 2020.



## Accident coverage advantages

Whoever you are, whatever you do, an accident could be just around the corner. With accident insurance, you can be ready.

- A set amount is payable based on the injury you suffer and the treatment you receive.
- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.
- Coverage is available for you, your spouse and eligible dependent children.
- You do not need to answer medical questions or have a physical exam to get basic coverage.
- Accident insurance covers injuries that happen on the job or off the job, unlike workers' compensation, which only covers on-the-job injuries.
- Benefit payments are not reduced by any other insurance you may have with other companies.

# ACCIDENT INSURANCE



## THE TAYLOR FAMILY

The Taylor's two teenage kids, Isabella and Benjamin, both love sports. Isabella dislocated her ankle falling off her bike and needed treatment right away.

### How their accident policy helped:



Isabella's care in the orthopedic clinic required a co-pay and co-insurance. Her benefit helped cover these, plus costs for X-rays, crutches and accident follow-up treatment.



## ALEX AND KATHERINE

Now that they're empty-nesters, Alex and Katherine love to travel and camp in national parks. One night, Alex tripped over the logs for their campfire and broke his collarbone.

### How their accident policy helped:



Alex used his benefit to cover his yearly deductible and co-pays for the surgery, hospital confinement and physical therapy he needed to get back in shape.

## Meet with a benefits counselor

By attending a 1-to-1 counseling session with a Colonial Life benefits counselor, you can learn more about accident insurance and how it can help you prepare for the unexpected. Your benefits counselor can also review the rest of your insurance coverage and help you determine where you may need additional financial protection.

## Top causes of sports-related injuries treated in hospital emergency departments:



BASKETBALL



BICYCLE RIDING



EXERCISE

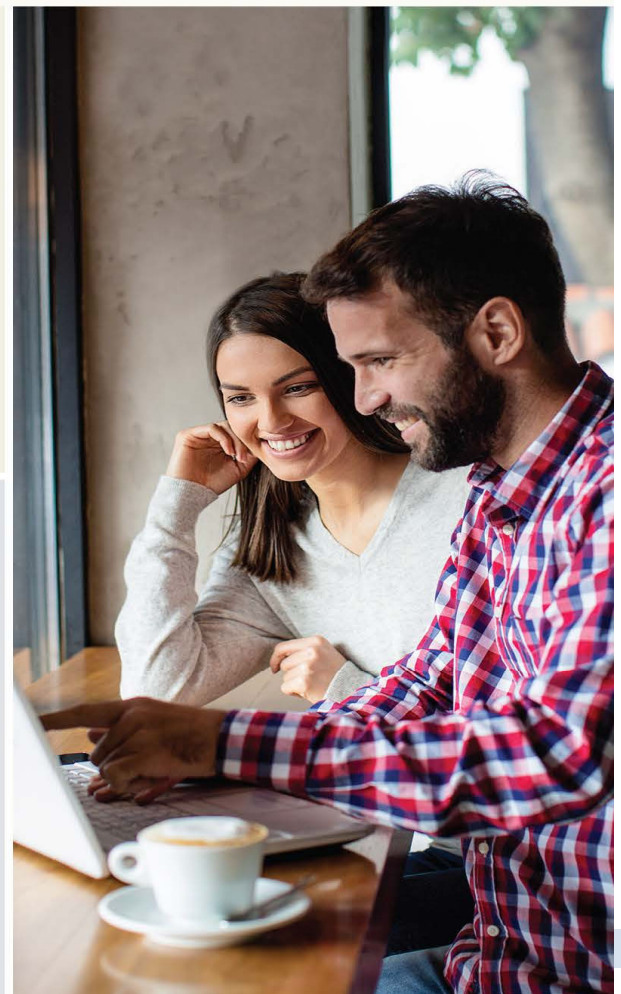


FOOTBALL



SKATEBOARDS,  
SCOOTERS &  
HOVERBOARDS

National Safety Council, Injury Facts, 2021.



# ACCIDENT INSURANCE



ColonialLife.com

## Optional riders

For an additional cost, you may be able to purchase additional riders, for even more protection against the costs of an accident or sickness. Talk with your benefits counselor to find out which of these riders are available to you.

- **Accident disability income rider** — Provides a monthly disability benefit for a covered disabling accident, to help protect your income.
- **Accident/sickness disability income rider** — Provides a monthly disability benefit for a disability you may suffer as the result of a covered accident or sickness.
- **Specified critical illness rider** — Provides a benefit if you are diagnosed with a specified critical illness. Additional specified critical illness benefits are available for children.
- **Sickness hospital confinement/admission rider** — Provides \$100 per day if you or a covered family member are confined to a hospital due to a covered sickness. Some riders also offer a benefit for being admitted to the hospital for a covered sickness.

Certain riders may be unavailable in certain states or for certain accounts.

Talk with your Colonial Life benefits counselor to learn more about accident insurance.

### THIS INSURANCE PROVIDES LIMITED BENEFITS.

Insureds in the District of Columbia and Vermont must be covered by comprehensive health insurance before applying for Accident Insurance.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy forms IAC4000, GACC1.0-P, Accident 1.0-NS and ACCPOL (including state abbreviations where used, for example: IAC4000-TX, GACC1.0-P-EE-TX, Accident 1.0-NS-TX, ACCPOL-TX) and certificate form GACC1.0-C. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC  
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# EMPLOYEE CONTRIBUTIONS



## EMPLOYEE CONTRIBUTIONS FOR BENEFITS

BENEFIT PLAN	BIWEEKLY
<b>MEDICAL/RX AFA CPOSII 4500 50/50 CY V22 SGP</b>	
Employee	\$240.94
Employee + One	\$654.09
Employee + Child(ren)	\$514.88
Family	\$910.49
<b>MEDICAL/RX MEC+ PLAN</b>	
Employee	\$0.00
Employee + One	\$17.31
Employee + Child(ren)	\$17.31
Family	\$18.46
<b>MEDICAL/RX BUY-UP MEC+ PLAN</b>	
Employee	\$43.85
Employee + One	\$58.85
Employee + Child(ren)	\$58.85
Family	\$73.85

BENEFIT PLAN	BIWEEKLY
<b>DENTAL BASE PLAN RATES</b>	
Employee	\$19.45
Employee + One	\$34.76
Employee + Child(ren)	\$36.20
Family	\$53.06
<b>DENTAL HIGH PLAN RATES</b>	
Employee	\$22.02
Employee + One	\$39.35
Employee + Child(ren)	\$40.98
Family	\$60.06
<b>VISION RATES</b>	
Employee	\$3.04
Employee + One	\$4.86
Employee + Child(ren)	\$4.97
Family	\$8.01





# BENEFIT ADVOCATE CENTER (BAC)



## Need Help? Contact Your Benefit Advocates!

### The Benefit Advocate Center (BAC) is here to help you get the most from your benefits!

Benefit programs can be complex and difficult to understand. Rangam Consultants, Inc partners with Gallagher to provide advocacy services to answer questions and help you and your family resolve benefit inquiries. The Benefit Advocate Center specialize in understanding the technical nature of benefits and how to work with our vendor partners, so you don't have to.

### The BAC can help you with:

- ⇒ **Insurance cards** – If you haven't received your insurance cards, need replacement cards or need to get in touch with an insurance carrier.
- ⇒ **Benefits questions** – Do you need help with specific benefit questions relating to how plans work, coverage questions or in-network benefits?
- ⇒ **Eligibility Rules** – Who can be covered under the plan and when?
- ⇒ **Provider Search** – Do you need help finding an in-network or specialty provider?
- ⇒ **Prescription/pharmacy issues** – Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting a pre-authorization on your medication?
- ⇒ **Claims** – Are you unsure if your insurance will pay for a certain procedure? Did you receive a bill from a doctor and don't know why?

## Questions?

Contact the Benefit Advocate Center

Phone: 833.455.2361

Email: [BAC.Rangam@ajg.com](mailto:BAC.Rangam@ajg.com)

Hours of Operation: <8:00am – 6:00pm >

# CONTACT INFORMATION



If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	Aetna Homestead Smart Health Plans	888.982.3862 888.446.3327	<a href="http://www.aetna.com/docfind">www.aetna.com/docfind</a> <a href="http://www.homesteadproviders.com">www.homesteadproviders.com</a>
Dental	Delta Dental	800.452.9310	<a href="http://www.deltadentalnj.com">www.deltadentalnj.com</a>
Vision	VSP Vision care	000.000.0000	<a href="http://www.vsp.com">www.vsp.com</a>
Life and AD&D	Principal Financial	000.000.0000	<a href="http://www.principal.com">www.principal.com</a>
Voluntary Short Term Disability	Colonial Life	000.000.0000	<a href="http://www.ColonialLife.com">www.ColonialLife.com</a>
Critical Illness Insurance	Colonial Life	000.000.0000	<a href="http://www.ColonialLife.com">www.ColonialLife.com</a>
Accident Insurance	Colonial Life	000.000.0000	<a href="http://www.ColonialLife.com">www.ColonialLife.com</a>
Global HR Director	Elizabeth George	000-000-0000	<a href="mailto:benefits@rangam.com">benefits@rangam.com</a>
Benefit Advocate Center (BAC)	Rangam Consultants, Inc	833.455.2361	<a href="mailto:bac.rangam@ajg.com">bac.rangam@ajg.com</a>





# LEGAL NOTICES

## Patient Protections Disclosure

The Rangam Consultants, Inc Health Plan generally <<requires/allows>> 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. Until you make this designation, Aetna and Homestead designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Aetna at 888.982.3862 or [www.aetna.com/docfind](http://www.aetna.com/docfind) and Homestead Smart Health Plans at 888.446.3327 or [www.homesteadproviders.com](http://www.homesteadproviders.com).

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

You do not need prior authorization from Aetna and Homestead Smart Health Plans or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Aetna at 888.982.3862 or [www.aetna.com/docfind](http://www.aetna.com/docfind) and Homestead Smart Health Plans at 888.446.3327 or [www.homesteadproviders.com](http://www.homesteadproviders.com).

## 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:

### Aetna

AFA CPOSII 4500 50/50 CY V22 SGP (Individual: 50% coinsurance and \$4,500 deductible; Family: 50% coinsurance and \$9,000 deductible)

### Homestead Smart Health Plans

Plan 1: MEC+ Plan (Individual: Not covered coinsurance and \$0 deductible; Family: Not covered coinsurance and \$0 deductible)

Plan 2: Buy-Up MEC+ Plan (Individual: Not covered coinsurance and \$0 deductible; Family: Not covered coinsurance and \$0 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 908.294.6715 or [benefits@rangam.com](mailto:benefits@rangam.com).

## 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).

# LEGAL NOTICES

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

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

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

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

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

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

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

# LEGAL NOTICES

GEORGIA - Medicaid	INDIANA - Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584
IOWA - Medicaid and CHIP (Hawki)	KANSAS - Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY - Medicaid	LOUISIANA - Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE - Medicaid	MASSACHUSETTS - Medicaid and CHIP
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA - Medicaid	MISSOURI - Medicaid
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA - Medicaid	NEBRASKA - Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

# LEGAL NOTICES

<b>NEVADA - Medicaid</b>	<b>NEW HAMPSHIRE - Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
<b>NEW JERSEY - Medicaid and CHIP</b>	<b>NEW YORK - Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA - Medicaid</b>	<b>NORTH DAKOTA - Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>OKLAHOMA - Medicaid and CHIP</b>	<b>OREGON - Medicaid</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA - Medicaid and CHIP</b>	<b>RHODE ISLAND - Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://Children's Health Insurance Program (CHIP)(pa.gov)">Children's Health Insurance Program (CHIP)(pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA - Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS - Medicaid</b>	<b>UTAH - Medicaid and CHIP</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT - Medicaid</b>	<b>VIRGINIA - Medicaid and CHIP</b>
Website: <a href="http://Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON - Medicaid</b>	<b>WEST VIRGINIA - Medicaid and CHIP</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN - Medicaid and CHIP</b>	<b>WYOMING - Medicaid</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

# LEGAL NOTICES

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

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

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

## Paperwork Reduction Act Statement

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

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

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

## HIPAA Notice of Privacy Practices Reminder

### Protecting Your Health Information Privacy Rights

Rangam Consultants, Inc is committed to the privacy of your health information. The administrators of the Rangam Consultants, Inc 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 Elizabeth George - Global Human Resources Director at 908.294.6715 or [benefits@rangam.com](mailto:benefits@rangam.com).

# LEGAL NOTICES

## HIPAA Special Enrollment Rights

### Rangam Consultants, Inc Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Rangam Consultants, Inc 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 <<insert "30 days" (or a longer time period, if applicable under carrier rules)>> 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 <<insert "30 days" (or a longer time period, if applicable)>> 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 Elizabeth George - Global Human Resources Director at 908.294.6715 or [benefits@rangam.com](mailto:benefits@rangam.com).

### 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.



# LEGAL NOTICES

## Notice of Creditable Coverage

### Important Notice from Rangam Consultants, 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 Rangam Consultants, 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. Rangam Consultants, Inc 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 Rangam Consultants, 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 Rangam Consultants, Inc coverage, be aware that you and your dependents <<will or 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 Rangam Consultants, 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

# LEGAL NOTICES

## 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 Rangam Consultants, 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](http://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](http://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).**

<b>Date:</b>	January 01, 2023
<b>Name of Entity/Sender:</b>	Rangam Consultants, Inc
<b>Contact—Position/Office:</b>	Elizabeth George - Global Human Resources Director
<b>Office Address:</b>	270 Davidson Ave Ste 103 Somerset, New Jersey 08873-4141 United States
<b>Phone Number:</b>	908.294.6715

# LEGAL NOTICES

## 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 **<<choose and enter appropriate information: must pay or aren't required to 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."

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*<<If the Plan provides retiree health coverage, add the following paragraph:>>*

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Rangam Consultants, Inc, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

## **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- *<<add if Plan provides retiree health coverage: Commencement of a proceeding in bankruptcy with respect to the employer;>>*;  
or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**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 *<<or enter longer period permitted under the terms of the Plan>>* after the qualifying event occurs. You must provide this notice to: Elizabeth George.**

## **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. *<<Add description of any additional Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice.>>*

### ***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.

# LEGAL NOTICES

## 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/](http://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<sup>1</sup> 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](http://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](http://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

Rangam Consultants, Inc  
Elizabeth George - Global Human Resources Director  
270 Davidson Ave Ste 103  
Somerset, New Jersey 08873-4141  
United States  
908.294.6715

<sup>1</sup><https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

# NOTES

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