

Cooper

University Health Care



2024

TEAM MEMBER BENEFITS GUIDE

Cooper University Health Care is committed to excellence for patients, the community and especially you, our outstanding team members. Without you, our success would not be possible. That's why we provide a comprehensive and competitive benefits program to help give you peace of mind and financial security.



Inside This Guide

Who is Eligible?	3
Who Can I Cover Under My Plan?	4
iCooper & Enrollment Information	5
Understanding Your Medical Plan Options	6
Medical Plans At-A-Glance	7
Prescription Drug Benefits	8
Horizon Wellness and Discount Programs	9
Vision Care Plan	11
Dental Benefits	13
Dental Plan Comparison	14
Bi-Weekly Contributions	15
Disability Benefits	19
Basic Life and AD&D Insurance	21
Supplemental Life Insurance	22
Flexible Spending Accounts	23
403 (b) Tax Sheltered Annuity Plan	24
Defined Contribution Plan	25
Additional Benefits	26
Voluntary Benefits	30
Contacts	32
Legal Notices	33

Questions?

If you have questions regarding benefit eligibility, dependent coverage or how to enroll in benefits, email the Benefits Department at HRBenefits@cooperhealth.edu or contact the Conner Strong & Buckelew Benefits Member Advocacy Center (Benefits MAC) at **800-563-9929** or www.connerstrong.com/memberadvocacy.

For complete plan details, see the Summary Plan Description on iCooper.



Who is eligible?

Generally, you are eligible to participate in the Cooper University Health Care Benefits Program as explained below. However, eligibility for certain benefits may be different.

- If you are a non-union team member, authorized to work at least 35 hours per week, you are eligible to participate the first day of the month following your date of hire.
- If you are a union team member, authorized to work at least 36 hours per week, you are eligible to participate the first day of the month following your date of hire.
- If you are a part-time non-union team member, authorized to work between 20 and 34.9 hours per week, you may participate on the first of the month following three months of service.
- If you are a part-time union team member, authorized to work between 20 and 35.9 hours per week, you may participate on the first of the month following three months of service.
- If you are a Baylor team member, you may participate on the first of the month following your date of hire. You are eligible to participate in a medical PPO plan, dental and vision plans only.
- If your date of hire is the 1st of the month as a full-time or Baylor team member, your benefits will be effective on the 1st of the month.
- If you transfer from a non-benefit eligible position to a benefit eligible position, your benefits will become effective the 1st of the month following your date of transfer for full-time positions. If transferring to a part-time position, your benefits will become effective the 1st of the month following three months from the date of transfer.

See your summary plan description or contact the Benefits Team with questions regarding eligibility for specific benefits.



Who can I cover under my plan?

At the time you are eligible, your dependents are also eligible to participate; however, dependent documentation must be provided to enroll your spouse and/or children in the plan (birth certificates, marriage certificates and a copy of your 1040 tax form are required for eligible dependents).

DEPENDENTS ELIGIBLE TO ENROLL

Lawful Spouse An individual who is married to a Participant in a legally recognized civil or religious ceremony.

Civil Union Partner A partner in a civil union pursuant to New Jersey state law or any other state or commonwealth law applicable to the civil union of same-sex partners.

Domestic Partner Certified in accordance with New Jersey law as each other’s sole same-sex domestic partner (or opposite-sex, if you and your domestic partner are both age 62 or older) and intend to remain so indefinitely; are not related by blood; are not legally married to any other person or in another domestic partner relationship; are at least 18 years of age and are mentally competent to consent to the domestic partnership; and are financially interdependent and have resided together continuously for at least 12 months and intend to continue to reside together indefinitely.

Dependent Children **For Medical, Dental, Vision and Child Life Insurance Coverages**

- Children up to age 26 — including natural children, legally adopted children or children who have been placed with you pending final adoption (a child is considered to have been placed with a participant for adoption when the participant has assumed and retained a legal obligation for total or partial support of the child in anticipation of adoption); stepchildren or foster children who live with you in a parent/child relationship; other minor children who live with you in a parent/child relationship for whom I (or my spouse/qualified domestic or civil union partner) have been appointed legal guardian (not legal custody) — until the end of the month in which they reach age 26, regardless of marital status, student status and tax dependent status.
- Disabled child over the age of 26 if following conditions are satisfied:
 - Is unmarried
 - Is mentally or physically incapable of earning his/her own living
 - Became disabled prior to reaching the plan’s dependent children coverage age limit
 - Is dependent on me for support and maintenance.

Team Member Self-Service & Enrollment Information

iCooper

iCooper is Cooper University Health Care’s online benefit management tool that you can utilize year round. From enrolling in benefits to checking payroll information and downloading claim forms, iCooper uses technology to give you the answers you need, when you need them.

Here are some examples of what’s available on iCooper:

BENEFITS	
<ul style="list-style-type: none">• View/add dependents• Benefits enrollment (annual and new hire)• Rehire benefits enrollment• Life event processing• Carrier/Vendor website links	<ul style="list-style-type: none">• Leave balances Forms• TSA Information• EOI Short and Long Forms• Insurance Claim Forms• Tuition Forms and Instructions
PAYROLL INFORMATION	
<ul style="list-style-type: none">• Review/update direct deposit• Paycheck	<ul style="list-style-type: none">• Review/update tax withholdings• W-2 information
https://mingle-portal.inforcloudsuite.com/COOPERHEALTH_PRD	
CHANGE PASSWORD	

Accessing the Cooper Network

From Work: From a Cooper computer go to the Pulse (Cooper’s Intranet) and click on the iCooper link under the Frequently Used Links section.

From Home: To access the portal at home from a private computer type this entire location into your Internet browser address: <https://remote.cooperhealth.edu>.

Enter your User ID and Password.

- **User ID:** last name, hyphen, first name (i.e.smith-anne) in all lowercase letters
- **Password:** a unique password provided by Cooper IT in all lower case letters

Please note that the link above will only work if you are connected to the Cooper Network. If you have trouble logging on, please contact the Cooper IT Help Desk at **856.968.7166**.

Enrolling in Benefits

To get started with your enrollment, access the iCooper team member space here: https://mingle-portal.inforcloudsuite.com/COOPERHEALTH_PRD or by using the Infor Go app on your mobile device.

If you haven’t downloaded the Infor Go app, click [HERE](#) to access the tip sheet on downloading and accessing iCooper through the Infor Go app.

Please Note: Remember to have personal information on hand such as Social Security Numbers and birth dates of dependents.

Choose Your Benefits Carefully

The elections you make during the open enrollment period will stay in effect for the entire year unless you have a Qualified Life Event.

Making Plan Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment period. Qualified changes in status include: marriage, divorce, status change, birth or adoption of a child, change in child’s dependent status, death of qualified dependent, change in residence due to an employment transfer for you or your spouse/ domestic partner, commencement or termination of adoption proceedings, or change in your spouse’s/ domestic partner’s benefits or employment status.

You must notify the Benefits Department within 31 days of experiencing a qualified change in status. You can process your Qualifying Life Event on iCooper.

Understanding your Medical Plan Options

Cooper offers multiple health plans that offer the freedom to use any provider. However, your out-of-pocket costs will vary and may be significantly lower when choosing Cooper or Horizon Blue Card network providers.

You have three medical plans that include Prime Therapeutics prescription drug coverage:

- Cooper Basic PPO Plan
- Cooper Core PPO Plan
- Cooper Standard PPO Plan

Cooper Core/Standard PPO Plans

Administered by Horizon BCBSNJ

The Core and Standard PPO plans provide three benefit tiers to help you minimize your out-of-pocket cost.

- **TIER 1: Cooper University Health Care Network/ Inner Circle** Cooper doctors, providers, facilities and other designated providers – offers care with almost no out-of-pocket cost.
- **TIER 2: Horizon BCBSNJ PPO Network (BlueCard)**
Preferred providers who participate in Horizon BCBSNJ PPO network. Deductible and coinsurance may apply.
- **TIER 3: Out-of-Network**
All other health care providers and facilities that are not Tier 1 or Tier 2 providers.

IMPORTANT NOTES:

- Lab work performed by Cooper University Health Care, Quest and LabCorp is covered at 100%
- All benefit plans cover preventive care services at 100% in-network.

Cooper Basic PPO Plan

This plan offers the flexibility of in and out-of-network benefits. With this option, your annual premium is the lowest of the three plan options.

- **Horizon BCBSNJ PPO Network (BlueCard)**
Deductible and coinsurance may apply.
- **Out-of-Network**
Higher deductibles and coinsurance may apply.

To find participating Horizon BCBSNJ PPO providers, call 1.855.682.6663 or visit www.horizonblue.com/members.

Waive Medical Coverage

If you have medical coverage from another group plan, such as your spouse's plan, you may waive medical coverage through Cooper University Health Care via iCooper.

Please remember to provide a copy of your current medical identification card to the Human Resources – Benefits Team. **If you do not take action to waive medical benefits and do not provide a copy of your current identification card, you will be defaulted to the Cooper Core PPO plan - Employee Only and will not receive the non-tobacco discount.** You may either scan or email your documentation to HRBenefitsDocumentation@cooperhealth.edu or fax to **856.968.8519**.

Medical Plans At-A-Glance

BASIC PPO			CORE PPO		STANDARD PPO	
IN-NETWORK BENEFITS	HORIZON BCBSNJ NETWORK	COOPER UNIVERSITY HEALTH CARE NETWORK	HORIZON BCBSNJ NETWORK	COOPER UNIVERSITY HEALTH CARE NETWORK	HORIZON BCBSNJ NETWORK	
Benefit Period	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	
Deductible (Individual/Family)	\$5,000/\$10,000	None	\$3,000/\$9,000	None	\$3,000/\$9,000	
Coinsurance (% Plan Pays)	60% after deductible	100%	70% after deductible	100%	70% after deductible	
Out-of-Pocket Maximum (Individual/Family)	\$6,450/\$12,900	\$6,450/\$12,900		\$6,450/\$12,900		
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Preventive Care Services	100%	100%	100%	100%	100%	
Primary Care/Specialist Office Visits	60% after deductible	100%	\$50 copay	\$15 copay	\$35 copay	
Behavioral Health (Office Visit/Outpatient Visit)	60% after deductible	100%	100%	100%	100%	
Short-Term Rehab Visits (PT / OT / Speech)	60% after deductible	100%	\$50 copay	100%	\$35 copay	
Chiropractic Care	60% after deductible	N/A	\$30 copay (30 visits)	N/A	\$35 copay (30 visits)	
Diagnostic Radiology/Lab	60% after deductible	100%	70% after deductible	100%	70% after deductible	
Infertility Services	60% after deductible	100%	70% after deductible	100%	70% after deductible	
Urgent Care	60% after deductible	100%	\$50 copay	\$15 copay	\$35 copay	
Emergency Room	60% after deductible	\$175 copay		\$125 copay		
Outpatient Hospital Care	60% after deductible	100%	70% after deductible	100%	70% after deductible	
Inpatient Hospital Care	60% after deductible	100%	\$1,000 copay per day, then 70% after deductible	100%	\$1,000 copay per day, then 70% after deductible	
OUT-OF-NETWORK BENEFITS						
Deductible (Individual/Family)	\$10,000/\$20,000	\$5,000/\$15,000		\$5,000/\$15,000		
Out-of-Pocket Maximum (Individual/Family)	\$15,000/\$30,000	\$14,000/\$42,000		\$10,000/\$30,000		
Coinsurance (% Plan Pays)	60% after deductible	50% after deductible		50% after deductible		

2024 Continuing Benefit Enhancements

- To lower your payroll costs the medical plan added team member + child coverage
- Annual maximums for the Delta Dental Preferred and Buy-Up plans were increased
- Enhanced vision benefit with use of an EyeMed Provider
- Infertility Benefits available in Tier 1 and Tier 2
- Nutritional Counseling - six (6) combined across all tiers, regardless of diagnosis
- Livongo Diabetes and Hypertension will transition from Express Scripts to Horizon

Prescription Drug Benefits

Medical coverage under the Cooper Basic PPO, Cooper Core PPO and Cooper Standard PPO plans includes prescription drug coverage through Prime Therapeutics using the NetResults™ drug guide.

The prescription Drug plan offers two ways to purchase your medications – through a participating pharmacy or by mail-order.

COOPER CORE & STANDARD PLANS ONLY

NETWORK PHARMACIES		AUTOMATIC MAIL-ORDER FOR ALL MAINTENANCE MEDICATIONS AFTER INITIAL AND TWO ADDITIONAL RETAIL REFILLS
PRESCRIPTION DRUGS - THREE-TIER COPAYS	RETAIL PHARMACY	PRIME THERAPEUTICS OR WALGREEN SMART 90 PROGRAM
Generic Drug	Coinsurance is the greater of 20% of prescription cost or \$10 Max. \$150 copay	Coinsurance is the greater of 20% of prescription cost or \$20 Max. \$300 copay
Brand Name Formulary Drug	Coinsurance is the greater of 20% of prescription cost or \$25 Max. \$150 copay	Coinsurance is the greater of 20% of prescription cost or \$50 Max. \$300 copay
Brand Name Non-Formulary Drug	Coinsurance is the greater of 20% prescription cost or \$40 Max. \$150 copay	Coinsurance is the greater of 20% prescription cost or \$80 Max. \$300 copay

COOPER BASIC PPO PLAN

Prescription Drugs are covered at 60% until deductible is met. Once deductible is met you will pay 40% until the out-of-pocket maximum is met. Once the out-of-pocket maximum is met the plan pays 100%. Automatic Mail-Order applies.

WEIGHT LOSS DRUG COPAY

Weight loss drugs Saxenda and Wegovy are limited to a 30-day supply and have a \$250 copay per prescription.



Direct Meds Inc. at Camden

Direct Meds Inc. is a full-service pharmacy offering prompt prescription services located in the Roberts Pavilion. Direct Meds Inc. accepts all third party insurances.

One Cooper Plaza, Camden, NJ 08103

Hours of operation: Mon-Fri: 9 a.m. – 8 p.m.

Sat-Sun: 11 a.m. – 8:30 p.m.

Directmedsusa.com

Tel: 856.966.0980 • Fax: 856.966.0984.

Horizon Wellness & Discount Programs



As part of our commitment to our Thrive365 program, we are offering a new fitness incentive program through Horizon. Medical coverage under the Cooper Basic, Core and Standard PPO Plans includes individual wellness programs, offered through Horizon Blue Cross Blue Shield of New Jersey. The wellness programs are designed to help you and your families achieve and maintain good health. You can access wellness program materials electronically through the Cooper Policy Network (CPN).

Get fit with HorizonbFit

When you enroll in the HorizonbFit fitness incentive program, you can earn up to **\$240 per year in rewards**. Earn a \$20 reward for every month in which you:

- Work out at home 12 or more days a month, and record and submit your workout using the Fit-At-Home feature; or
- Walk 10,000 steps a day for at least 12 days a month; or
- Visit one of 4,000 participating fitness facilities 12 or more days a month; or
- Complete any combination of visiting a participating facility, working out at home or walking 10,000 steps for a total of at least 12 days a month.

ActiveFit™, HorizonbFit's free mobile app, makes syncing your step count and tracking your gym visits easy. Download the app for free¹ from the App Store or Google Play. Enrolling is free and easy at HorizonbFit.com. You can verify your eligibility using your Horizon member ID number to set up your account.

Get started today!

For questions about the HorizonbFit program, call **1.201.351.7850**, option 1.

Save with Blue365

The Blue365 discount program saves you money on products and services that can help you live a well-balanced lifestyle. Blue365 discounted offers help you stay active, while saving money through popular retailers nationwide. Save on:

- Cookbooks, meal plans and nutrition programs
- Fitness clothing and equipment
- Child safety products
- Glasses and contacts
- Health magazines

To learn more:

For The Blue365 premier health and wellness discount program is free to join. To learn more or enroll, visit www.blue365deals.com.



Horizon Programs

Precious Additions Program

This is a special time for you, whether it's your first baby or you're adding to your growing family. The Precious Additions program is here for you every step of the way, offering rewards and resources to help you have the healthiest pregnancy possible.

Enrolling in Precious Additions at www.horizonblue.com/preciousadditions, connects you with information and support to help you prepare for the arrival of your newborn. Precious Additions helps expectant parents prepare for baby's arrival:

- **Rewards:** Earn a \$50 reimbursement for completing a prenatal parent class.
- **Resources:** Get online access to the Mayo Clinic Guide to a Healthy Pregnancy, plus an interactive healthy pregnancy calendar.

Online Tools

Sign in at www.HorizonBlue.com to use online tools like:

- **Pregnant Partner Support Plan:** This web based 28-day plan from WebMD guides parents-to-be on what to expect throughout the pregnancy journey, emphasizing the importance of self-care, such as balanced eating, focusing on mental health and exercising regularly.
- **Online Doctor & Hospital Finder:** Find in-network care easily at www.horizonblue.com/doctorfinder
- **Treatment Cost Estimator:** Estimate your labor and delivery costs based on your plan.
- **Blue365:** Get exclusive discounts on items like vitamins and apparel. Learn more at www.horizonblue.com/blue365.

Livongo

Livongo Diabetes and Hypertension will transition from Express Scripts to Horizon. Livongo is a holistic program that empowers people with health challenges to live better and do more. The best part? It's no cost to you! Livongo's programs give you access to monitoring, personalized insights, expert support, and more - all working together to help you improve and simplify your health.

- **Diabetes Management** - Make diabetes management easier.
 - Connected meter and real-time insights
 - Unlimited strips and lancets
- **High Blood Pressure** - Simplify managing your blood pressure.
 - Connected monitor
 - One-on-one coaching

To get started text **GO COOPER** to **85240** to learn more and join. You can also join by visiting Go.Livongo.com/COOPER/register or call **800.945.4355** and use registration code: **COOPER**.

ID Cards Online

Sign in to the Horizon Blue app or www.horizonblue.com to get your member ID card whenever you need it.

Horizon Blue App

Sign in and tap ID Cards to view, download, and share your member ID card with your doctors and covered dependents.



To get the app scan the QR code, text GetApp to 422-272 or download it from the App Store or Google Play.

Vision Care Plan

The Vision care benefit is offered as a stand-alone benefit that is administered through EyeMed.

Vision Plan Enhancements

The EyeMed Vision Plan has been enhanced for 2024:

- Frame allowance has increased to \$150
- Contact Lens allowance increased to \$125
- Frame benefit improved to once every calendar year

Using EyeMed Vision Providers

With EyeMed Vision providers, all you need to do is call the doctor's office or participating provider to schedule an appointment. Identify yourself as an EyeMed Vision member and a Cooper University Health Care team member and provide them your Social Security number or your member ID number located on your EyeMed Vision ID card. They will take care of the paperwork for you. When you visit a PLUS Provider, you get access to a supersized set of benefits. See the next page for more details.

Look for participating and PLUS Providers at www.eyemed.com.



Vision Plan ID Cards

Once enrolled in EyeMed Vision you will get a personalized vision ID card with your name, member ID, group name, as well as your exam and materials copay amounts. Although it is not necessary to have an ID card when you receive vision services, the ID card is available for your convenience.

Filing Claims

For services provided by out-of-network vision care providers, please complete an out-of-network claim form, located on the Cooper Policy Network and ESS, with a copy of your paid, itemized receipt.

- **Fax to:** 1.866.293.7373
- **Mail to:**
First American Administrators, Inc.
Attention: OON Claims
P.O. Box 8504
Mason, OH 45040-7111



Vision Care Plan

EyeMed

	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Exam Exam at PLUS Providers	\$10 copay \$0 copay	Up to \$40 Up to \$40
Frames Any Available Frame at PLUS Providers	\$0 copay, 20% off balance over \$150 allowance \$0 copay; 20% off balance over \$200 allowance	Up to \$52 Up to \$52
Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses Standard Progressive Lenses Premium Progressive Lenses	\$25 copay \$25 copay \$25 copay \$90 copay \$90 copay, 20% off retail price less \$150 allowance	Up to \$40 Up to \$60 Up to \$80 Up to \$60 Up to \$60
Lens Options* Standard Polycarbonate—children under 19 Scratch Coating Anti-Reflective Coating - Standard Photochromic - Non-Glass Polycarbonate - Standard Tint - Solid or Gradient UV Treatment All Other Lens Options	\$0 copay \$0 copay \$45 copay 20% off retail price \$40 copay \$15 copay \$15 copay 20% off retail price	Up to \$28 Up to \$11 Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
Contact Lenses (in lieu of eyeglasses) Conventional Disposable Medically Necessary	\$0 copay, 15% off balance over \$125 allowance \$0 copay, 100% off balance over \$125 allowance \$0 copay, paid in full	Up to \$125 Up to \$125 Up to \$210
Frequency Vision Exam Lenses or Contacts Frames	Once every 12 months Once every 12 months Once every 12 months - NEW for 2024!	

* Amounts shown are paid for by member and added to the base price of the lens.

Plus Providers Enhancement

Eye360 provides enhanced benefits when members visit a PLUS Provider. These benefits include:

- \$0 Exam copay
- Extra cash to spend on frames

All PLUS provider perks are built right into your vision benefits, no promo codes, coupons, or paperwork are needed.



Dental Benefits

Cooper offers dental benefits through Delta Dental and Sun Life. Delta's network is a large, national network, so your dentist may already be a network dentist. When you make an appointment, be sure to identify yourself as a Delta Dental member and reconfirm that the dentist is a Delta Preferred network participant.

There are three dental plans to choose from:

- Delta Preferred PPO plan
- Delta Buy-Up PPO plan
- Sun Life DMO

In addition, you have the option to waive dental coverage entirely.

Cooper pays a percentage of dental coverage for you and your family. Your costs are outlined in the section called **"Your 2024 Dental Contributions"**.

Delta Preferred Plan

With the Delta Preferred Plan, you have the flexibility to see any dentist you choose; however, your benefits are greater if you stay in the Delta network. If you choose to go to an out-of-network provider, the plan's payment will be based on the Usual, Customary and Reasonable (UCR) charge. You'll pay your deductible, if applicable, plus co-insurance and any amounts that exceed UCR. **For 2024, the annual calendar year maximum is \$1,500.**

Be sure to show your dental ID card when you receive services. Dental claim forms are also available on ESS.

Delta Buy-Up Plan

The Delta Dental Buy-Up Plan gives you higher coverage for certain dental services — such as 100% for basic and 80% for crowns. There is also an added benefit of orthodontia for adults and dependents with a lifetime orthodontia benefit maximum of \$2,000 per person.

To find a participating Delta Dental provider, call **1.800.335.8265** or visit www.deltadentalnj.com and click on **"Looking for a Dentist"** then **"Delta Dental PPO"**.

Sun Life Dental Plan

The Sun Life Plan is a dental maintenance organization (DMO), which means the plan only pays benefits for services you receive from dentists who are in the Sun Life network. Some of the features offered through the Sun Life Plan include:

- You select from a list of participating providers.
- Some services are covered at 100% while others have a small copay for diagnostic, preventive and restorative care.
- No age limit for orthodontia.
- No annual deductible and no maximum limit.
- Refer to the Sun Life fee schedule located in ESS.

PLEASE NOTE: New Sun Life members should contact Assurant with their in-network Sun Life office selection. If you do not make a dental office selection, Assurant will assign one for you based on your zip code. You will not receive an ID card with this dental option.

To find a participating Sun Life network provider in your area, call **1.800.443.2995** or visit www.slfsvcresources.com.

Dental Plan Comparison

	DELTA PREFERRED PPO PLAN			DELTA BUY-UP PPO PLAN		
	DELTA DENTAL PPO	DELTA DENTAL PREMIER	OUT-OF-NETWORK*	DELTA DENTAL PPO	DELTA DENTAL PREMIER	OUT-OF-NETWORK*
Calendar Year Deductible (waived on Preventative & Diagnostic)	\$25 individual / \$50 family			\$25 individual / \$50 family		
Calendar Year Maximum (per patient)	\$1,500			\$2,000		
Preventive & Diagnostic Services Exams, Cleanings, Bitewing X-rays (each twice in a calendar year), Fluoride Treatment (once in a calendar year, children to age 19)	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	Plan pays 80%	Plan pays 50%	Plan pays 50%	Plan pays 100%	Plan pays 80%	Plan pays 50%
Major Services Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	Plan pays 50%	Plan pays 50%	Plan pays 50%	Plan pays 80%	Plan pays 50%	Plan pays 50%
Separate Orthodontia Deductible (per patient)	\$50			\$50		
Orthodontia Benefits	Plan pays 50%	Plan pays 50%	Plan pays 50%	Plan pays 50%	Plan pays 50%	Plan pays 50%
Orthodontia Lifetime Maximum	\$1,500 individual (child only)			\$2,000 individual (child and adult coverage)		

* Out-of-network benefits are based on the Usual, Customary and Reasonable (UCR) charge. You'll pay your deductible, if applicable, plus co-insurance and any amounts that exceed UCR.



Information about the Assurant (Sun Life) Dental DMO plan as well as the plan's fee schedule can be found on ESS

Bi-Weekly Contributions

Full-Time Team Members (NON-TOBACCO USER)

MEDICAL & PRESCRIPTION DRUG PLAN CONTRIBUTIONS

ANNUAL BASE SALARY / TIER	BASE HOURLY RATE	TEAM MEMBER	TEAM MEMBER + CHILD	TEAM MEMBER + CHILDREN	TEAM MEMBER + SPOUSE/PARTNER	TEAM MEMBER + FAMILY
BASIC PLAN						
Tier 1: < \$42,661	< \$20.51	\$10.39	\$20.24	\$29.68	\$28.32	\$34.76
Tier 2: \$42,661 - \$79,934	\$20.51 - \$38.43	\$20.78	\$35.42	\$51.94	\$49.56	\$60.83
Tier 3: \$79,955 - \$117,270	\$38.44 - \$56.38	\$77.93	\$116.06	\$170.24	\$162.42	\$199.38
Tier 4: \$117,291 - \$181,106	\$56.39 - \$87.07	\$83.82	\$122.43	\$179.58	\$171.32	\$210.32
Tier 5: \$181,126+	\$87.08+	\$119.48	\$179.60	\$263.42	\$251.33	\$308.51
CORE PLAN						
Tier 1: < \$42,661	< \$20.51	\$46.62	\$68.09	\$99.87	\$95.29	\$116.94
Tier 2: \$42,661 - \$79,934	\$20.51 - \$38.43	\$60.65	\$90.29	\$132.43	\$126.35	\$155.07
Tier 3: \$79,955 - \$117,270	\$38.44 - \$56.38	\$127.37	\$191.34	\$280.64	\$267.77	\$328.62
Tier 4: \$117,291 - \$181,106	\$56.39 - \$87.07	\$149.60	\$224.45	\$329.19	\$314.09	\$385.48
Tier 5: \$181,126+	\$87.08+	\$175.89	\$257.52	\$377.70	\$360.36	\$442.28
STANDARD PLAN						
Tier 1: < \$42,661	< \$20.51	\$190.52	\$278.31	\$408.19	\$389.47	\$478.06
Tier 2: \$42,661 - \$79,934	\$20.51 - \$38.43	\$190.52	\$278.31	\$408.19	\$389.47	\$478.06
Tier 3: \$79,955 - \$117,270	\$38.44 - \$56.38	\$190.52	\$278.31	\$408.19	\$389.47	\$478.06
Tier 4: \$117,291 - \$181,106	\$56.39 - \$87.07	\$205.97	\$300.88	\$441.29	\$421.05	\$516.83
Tier 5: \$181,126+	\$87.08+	\$257.46	\$376.10	\$551.61	\$526.30	\$646.04

DENTAL PLAN CONTRIBUTIONS

	TEAM MEMBER ONLY	TEAM MEMBER + CHILD(REN)	TEAM MEMBER + SPOUSE / PARTNER	TEAM MEMBER + FAMILY
Delta Dental Buy-Up	\$5.25	\$9.42	\$9.51	\$13.75
Delta Dental Preferred	\$1.91	\$3.24	\$3.82	\$4.57
Sun Life Dental	No cost to you			

VISION CARE PLAN CONTRIBUTIONS

	TEAM MEMBER ONLY	TEAM MEMBER + CHILD(REN)	TEAM MEMBER + SPOUSE / PARTNER	TEAM MEMBER + FAMILY
EyeMed Vision Care Plan	\$2.77	\$5.54	\$5.26	\$8.15

Bi-Weekly Contributions

Part-Time Team Members (NON-TOBACCO USER)

MEDICAL & PRESCRIPTION DRUG PLAN CONTRIBUTIONS

ANNUAL BASE SALARY / TIER	BASE HOURLY RATE	TEAM MEMBER	TEAM MEMBER + CHILD	TEAM MEMBER + CHILDREN	TEAM MEMBER + SPOUSE/PARTNER	TEAM MEMBER + FAMILY
BASIC PLAN						
Tier 1: < \$42,661	< \$20.51	\$10.39	\$93.06	\$208.79	\$180.43	\$236.67
Tier 2: \$42,661 - \$79,934	\$20.51 - \$38.43	\$20.78	\$103.45	\$219.18	\$201.60	\$282.13
Tier 3: \$79,955 - \$117,270	\$38.44 - \$56.38	\$77.93	\$160.60	\$276.33	\$258.75	\$339.28
Tier 4: \$117,291 - \$181,106	\$56.39 - \$87.07	\$83.82	\$207.82	\$381.42	\$355.06	\$475.86
Tier 5: \$181,126+	\$87.08+	\$119.48	\$243.48	\$417.08	\$390.72	\$511.52
CORE PLAN						
Tier 1: < \$42,661	< \$20.51	\$46.62	\$143.13	\$278.25	\$257.04	\$333.19
Tier 2: \$42,661 - \$79,934	\$20.51 - \$38.43	\$60.65	\$157.16	\$292.28	\$271.76	\$365.69
Tier 3: \$79,955 - \$117,270	\$38.44 - \$56.38	\$127.37	\$223.88	\$359.00	\$338.48	\$432.41
Tier 4: \$117,291 - \$181,106	\$56.39 - \$87.07	\$149.60	\$294.37	\$497.05	\$466.27	\$607.17
Tier 5: \$181,126+	\$87.08+	\$175.89	\$320.66	\$523.34	\$492.56	\$633.45
STANDARD PLAN						
Tier 1: < \$42,661	< \$20.51	\$190.52	\$313.43	\$485.50	\$532.40	\$706.18
Tier 2: \$42,661 - \$79,934	\$20.51 - \$38.43	\$190.52	\$313.43	\$485.50	\$532.40	\$706.18
Tier 3: \$79,955 - \$117,270	\$38.44 - \$56.38	\$190.52	\$313.43	\$485.50	\$532.40	\$706.18
Tier 4: \$117,291 - \$181,106	\$56.39 - \$87.07	\$205.97	\$390.33	\$648.44	\$720.52	\$978.34
Tier 5: \$181,126+	\$87.08+	\$257.46	\$441.82	\$699.93	\$795.15	\$1,034.63

DENTAL PLAN CONTRIBUTIONS

	TEAM MEMBER ONLY	TEAM MEMBER + CHILD(REN)	TEAM MEMBER + SPOUSE / PARTNER	TEAM MEMBER + FAMILY
Delta Dental Buy-Up	\$11.99	\$22.93	\$20.44	\$31.31
Delta Dental Preferred	\$4.76	\$8.10	\$9.53	\$11.44
Sun Life Dental	\$1.99	\$3.36	\$3.36	\$4.80

VISION CARE PLAN CONTRIBUTIONS

	TEAM MEMBER ONLY	TEAM MEMBER + CHILD(REN)	TEAM MEMBER + SPOUSE / PARTNER	TEAM MEMBER + FAMILY
EyeMed Vision Care Plan	\$2.77	\$5.54	\$5.26	\$8.15

Bi-Weekly Contributions

Full-Time Team Members (TOBACCO USER)

MEDICAL & PRESCRIPTION DRUG PLAN CONTRIBUTIONS

ANNUAL BASE SALARY / TIER	BASE HOURLY RATE	TEAM MEMBER	TEAM MEMBER + CHILD	TEAM MEMBER + CHILDREN	TEAM MEMBER + SPOUSE/PARTNER	TEAM MEMBER + FAMILY
BASIC PLAN						
Tier 1: < \$42,661	< \$20.51	\$35.39	\$45.24	\$54.68	\$53.32	\$59.76
Tier 2: \$42,661 - \$79,934	\$20.51 - \$38.43	\$45.78	\$60.42	\$76.94	\$74.56	\$85.83
Tier 3: \$79,955 - \$117,270	\$38.44 - \$56.38	\$102.93	\$141.06	\$195.24	\$187.42	\$224.38
Tier 4: \$117,291 - \$181,106	\$56.39 - \$87.07	\$108.82	\$147.43	\$204.58	\$196.32	\$235.32
Tier 5: \$181,126+	\$87.08+	\$144.48	\$204.60	\$288.42	\$276.33	\$333.51
CORE PLAN						
Tier 1: < \$42,661	< \$20.51	\$71.62	\$93.09	\$124.87	\$120.29	\$141.94
Tier 2: \$42,661 - \$79,934	\$20.51 - \$38.43	\$85.65	\$115.29	\$157.43	\$151.35	\$180.07
Tier 3: \$79,955 - \$117,270	\$38.44 - \$56.38	\$152.37	\$216.34	\$305.64	\$292.77	\$353.62
Tier 4: \$117,291 - \$181,106	\$56.39 - \$87.07	\$174.60	\$249.45	\$354.19	\$339.09	\$410.48
Tier 5: \$181,126+	\$87.08+	\$200.89	\$282.52	\$402.70	\$385.36	\$467.28
STANDARD PLAN						
Tier 1: < \$42,661	< \$20.51	\$215.52	\$303.31	\$433.19	\$414.47	\$503.06
Tier 2: \$42,661 - \$79,934	\$20.51 - \$38.43	\$215.52	\$303.31	\$433.19	\$414.47	\$503.06
Tier 3: \$79,955 - \$117,270	\$38.44 - \$56.38	\$215.52	\$303.31	\$433.19	\$414.47	\$503.06
Tier 4: \$117,291 - \$181,106	\$56.39 - \$87.07	\$230.97	\$325.88	\$466.29	\$446.05	\$541.83
Tier 5: \$181,126+	\$87.08+	\$282.46	\$401.10	\$576.61	\$551.30	\$671.04

DENTAL PLAN CONTRIBUTIONS

	TEAM MEMBER ONLY	TEAM MEMBER + CHILD(REN)	TEAM MEMBER + SPOUSE / PARTNER	TEAM MEMBER + FAMILY
Delta Dental Buy-Up	\$5.25	\$9.42	\$9.51	\$13.75
Delta Dental Preferred	\$1.91	\$3.24	\$3.82	\$4.57
Sun Life Dental	No cost to you			

VISION CARE PLAN CONTRIBUTIONS

	TEAM MEMBER ONLY	TEAM MEMBER + CHILD(REN)	TEAM MEMBER + SPOUSE / PARTNER	TEAM MEMBER + FAMILY
EyeMed Vision Care Plan	\$2.77	\$5.54	\$5.26	\$8.15

Bi-Weekly Contributions

Part-Time Team Members (TOBACCO USER)

MEDICAL & PRESCRIPTION DRUG PLAN CONTRIBUTIONS

ANNUAL BASE SALARY / TIER	BASE HOURLY RATE	TEAM MEMBER	TEAM MEMBER + CHILD	TEAM MEMBER + CHILDREN	TEAM MEMBER + SPOUSE/PARTNER	TEAM MEMBER + FAMILY
BASIC PLAN						
Tier 1: < \$42,661	< \$20.51	\$35.39	\$118.06	\$233.79	\$205.43	\$261.67
Tier 2: \$42,661 - \$79,934	\$20.51 - \$38.43	\$45.78	\$128.45	\$244.18	\$226.60	\$307.13
Tier 3: \$79,955 - \$117,270	\$38.44 - \$56.38	\$102.93	\$185.60	\$301.33	\$283.75	\$364.28
Tier 4: \$117,291 - \$181,106	\$56.39 - \$87.07	\$108.82	\$232.82	\$406.42	\$380.06	\$500.86
Tier 5: \$181,126+	\$87.08+	\$144.48	\$268.48	\$442.08	\$415.72	\$536.52
CORE PLAN						
Tier 1: < \$42,661	< \$20.51	\$71.62	\$168.13	\$303.25	\$282.04	\$358.19
Tier 2: \$42,661 - \$79,934	\$20.51 - \$38.43	\$85.65	\$182.16	\$317.28	\$296.76	\$390.69
Tier 3: \$79,955 - \$117,270	\$38.44 - \$56.38	\$152.37	\$248.88	\$384.00	\$363.48	\$457.41
Tier 4: \$117,291 - \$181,106	\$56.39 - \$87.07	\$174.60	\$319.37	\$522.05	\$491.27	\$632.17
Tier 5: \$181,126+	\$87.08+	\$200.89	\$345.66	\$548.34	\$517.56	\$658.45
STANDARD PLAN						
Tier 1: < \$42,661	< \$20.51	\$215.52	\$338.43	\$510.50	\$557.40	\$731.18
Tier 2: \$42,661 - \$79,934	\$20.51 - \$38.43	\$215.52	\$338.43	\$510.50	\$557.40	\$731.18
Tier 3: \$79,955 - \$117,270	\$38.44 - \$56.38	\$215.52	\$338.43	\$510.50	\$557.40	\$731.18
Tier 4: \$117,291 - \$181,106	\$56.39 - \$87.07	\$230.97	\$415.33	\$673.44	\$745.52	\$1,003.34
Tier 5: \$181,126+	\$87.08+	\$282.46	\$466.82	\$724.93	\$820.15	\$1,059.63

DENTAL PLAN CONTRIBUTIONS

	TEAM MEMBER ONLY	TEAM MEMBER + CHILD(REN)	TEAM MEMBER + SPOUSE / PARTNER	TEAM MEMBER + FAMILY
Delta Dental Buy-Up	\$11.99	\$22.93	\$20.44	\$31.31
Delta Dental Preferred	\$4.76	\$8.10	\$9.53	\$11.44
Sun Life Dental	\$1.99	\$3.36	\$3.36	\$4.80

VISION CARE PLAN CONTRIBUTIONS

	TEAM MEMBER ONLY	TEAM MEMBER + CHILD(REN)	TEAM MEMBER + SPOUSE / PARTNER	TEAM MEMBER + FAMILY
EyeMed Vision Care Plan	\$2.77	\$5.54	\$5.26	\$8.15

Disability Benefits

The Cooper University Health Care Benefits Program helps provide financial security through its STD and LTD. Together, the Short-Term Disability and Long-Term Disability Plans provide a high level of income protection.

New Jersey Temporary Disability Benefits (TDB) / Short-Term Disability (STD)

All team members of Cooper University Health Care are eligible for STD benefits. STD benefits are provided by the New Jersey Temporary Disability Income Plan. Coverage under the plan is automatic.

There is no waiting period to be eligible for the plan. However, you must have worked for at least 20 calendar weeks ("base weeks") in New Jersey covered employment in which you earned \$200 or more, or have earned \$10,000 or more in such employment during the 52 weeks ("base year") immediately before the week in which you became disabled (for any New Jersey employer) before you are eligible to receive benefits. Beginning with the eighth consecutive calendar day for illness, disability benefits will replace up to 85% of your salary, up to the maximum benefit as determined by the New Jersey Commissioner of Labor.

Disability payments are made until you recover, or for up to 26 weeks, whichever occurs first. You may not receive benefits for more than 26 weeks in any 52-week period for any reason. All claim decisions are made by New Jersey Division of Temporary Disability Insurance.

Phone: **609.292.7060**

Fax: **609.984.4138**

www.mynjleavebenefits.nj.gov

Family Leave Insurance

Team members of Cooper University Health Care are eligible for New Jersey Family Leave Insurance benefits (also known as "FLI"). A small deduction is taken from your paycheck for this benefit and coverage is automatic.

Benefit payments under this plan will begin for claims filed on or after July 1, 2009. However, you must have worked for at least 20 calendar weeks ("base weeks") in New Jersey covered employment in which you earned \$200 or more, or have earned \$10,000 or more in such employment during the 52 weeks ("base year") immediately before the week you filed a claim for paid family leave before you are eligible to receive benefits. Paid family leave benefits will replace 2/3 of your average weekly wage, up to 85% of your salary. All claim decisions are made by New Jersey Division of Temporary Disability Insurance. Visit <https://myleavebenefits.nj.gov/labor/myleavebenefits> for more information.

Voluntary Short Term Disability Plan

Cooper offers a voluntary STD program as a supplement to the New Jersey Temporary Disability Benefits (NJ TDB) program. This voluntary program will cover you for up to 66 2/3% of your annual income.

You should consider how much Extended Sick Leave (ESL) you have, because you can choose among 3 different waiting periods (30, 60, and 90 days). The longer the waiting period you choose, the lower your premium is. Remember, Cooper allows you to supplement any NJ TDB benefits with ESL, up to 100% of salary, so choose a waiting period that makes sense based on your ESL balance. You can view your ESL and PTO balances on the ESS website or check your most recent pay-stub.

Disability Benefits

LTD Benefits

If you remain out of work for more than 180 continuous days due to a covered illness or accident, you are eligible for LTD benefits as long as you are considered totally disabled. The 180 continuous days are called, the elimination period. All claim decisions are made by third party plan administrator.

Amount of Benefit

The LTD Plan is designed to ensure that you receive up to 60% of your monthly earnings while you're disabled. Monthly earnings means your basic monthly salary on the date just before your total disability, excluding any overtime pay, bonuses, commissions or any other special compensation. If you qualify as having income from another source, the LTD plan assures that your combined disability income from all sources will equal no more than 60%. In no event will you receive a monthly benefit from the plan that is less than \$100. The maximum monthly benefit available under the group plan is \$10,000 for physicians and up to an additional \$5,000 under an individual Long-Term Disability policy. The limit is \$15,000 for staff team members.

Example of How LTD Benefits Work

Let's assume that you earn \$30,000 a year (or \$2,500 a month), become disabled for longer than six months, and receive Primary Social Security disability benefits. Your plan benefit would be calculated as follows:

60% x \$2,500	= \$1,500
Minus Primary Social Security Benefit	- \$930
LTD Plan Benefit	= \$570

In this example, you would receive a total monthly disability income of \$1,500 — i.e. \$930 from Social Security and \$570 from the LTD Plan.

Note: You must be completely and totally disabled for at least 12 consecutive months to be eligible to receive Social Security Disability benefits. If you do not qualify for Social Security Disability Benefits, the \$1,500.00 monthly benefit would be paid entirely through the Long Term Disability Plan.

Workers' Compensation

If you are injured or become ill as a result of a work-related incident, you are eligible to receive treatment under workers' compensation. Your medical expenses are covered as long as the incident is compensable and is reported in a timely manner. Failure to report your claim may result in a denial of the benefit.

You must notify your department manager of the incident and complete an Event and Activity Reporting System (EARS) report under Team Member Incident report. Followed by the EARS report, you may then schedule an appointment with Worknet for evaluation. If the incident occurs at night or on the weekend, medical treatment is available through the Emergency Room, but an EARS report must still be completed.

If it is determined by Occupational Health or another authorized Cooper affiliated medical provider that you are unable to work as a result of your injury/illness, salary continuation is available. To be eligible, you must be out of work for seven calendar days.

Beginning with your first day out, workers' compensation benefits will replace 70% of your salary up to a maximum weekly benefit.

In addition, if you are unable to perform job duties required by your position, but you are still able to work with modifications or restrictions, a Human Resources representative will work with you to arrange an alternative assignment.

You can find workers' compensation information on the Pulse by selecting the Cooper Policy Network (CPN) click on Human Resources from the drop down menu, then select Policies and Procedures.

Basic Life and AD&D Insurance

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

Cooper offers Basic life and accidental death and dismemberment (AD&D) insurance through New York Life that gives you the security of knowing you and/or your dependents will have some financial resources to meet expenses in the event of a serious accident or death. Life insurance benefits provide income to your beneficiaries in the event of your death from any cause. AD&D insurance can provide income for you in the event of an accidental loss of a limb or sight or for your family in the event of your accidental death.

Cooper provides, at no cost to you, basic life insurance equal to one times your annual base pay, rounded to the next higher \$1,000, up to a maximum benefit of \$600,000.

In addition, as part of basic life insurance, you receive AD&D coverage equal to an additional one times your annual base pay rounded to the next higher \$1,000, (up to \$600,000) if you die as the result of an accident. AD&D coverage may also pay a benefit to you for an accidental loss. See the summary plan description for details.

Coverage amounts for basic life and AD&D insurance are rounded to the next \$1,000. For example, If your salary is \$23,600, the minimum amount of basic life insurance you would have is \$24,000 (\$23,600, rounded to the next \$1,000 = \$24,000). Plus an additional \$24,000 in AD&D coverage.

Your basic life insurance and AD&D coverage may change during the year if your base-pay changes.

About Taxable Income and Life Insurance

The IRS requires employers who provide (i.e., pay for) more than \$50,000 of life insurance coverage to calculate the "value of the coverage" over \$50,000 as taxable income (computation is based on a published IRS table). For Cooper team members, this extra taxable income affects those enrolled in basic life insurance whose base annual salary exceeds \$50,000 (because your basic life insurance benefit is rounded up to the next \$1,000 your actual benefit is \$51,000).

Beneficiary Designation

You should review your beneficiary information at least once a year to make sure everything is current. Even though you may have the same beneficiary, they might have changed addresses. A regular beneficiary review each year will make sure you capture these changes.

Certain life events such as marriage or the birth of a child or divorce should also trigger a review of your beneficiary information.

All Life Insurance beneficiary updates can be made through the iCooper team member space.

Basic and Supplemental life insurances are portable when you leave Cooper. You can request a packet from New York Life through the Benefits Team within 31 days from the date you leave.

Having Life Insurance is very important as well as planning where the proceeds will go once a person dies. You want to make sure your family is protected and therefore proper estate planning and having a Will is one of the most important documents you can have. Cooper offers you a Legal Plan on a voluntary basis that includes Will preparation. Please visit [VBCooper.com](https://www.vbcooper.com) and click on <https://www.coopervb.com/benefit-enhancements>; Click on Benefits Tour: Click on Voluntary Benefit Programs and scroll down to Pre-Paid Legal Services.

Supplemental Life Insurance

Employee Supplemental Life

You have the option of purchasing supplemental life insurance up to five times your annual base pay in increments of \$10,000. Your supplemental life amount will be rounded down to the next \$10,000 of coverage and will be subject to a maximum of \$1,000,000. The overall maximum benefit (basic and supplemental life combined) is \$1,600,000.

Your bi-weekly premium is calculated on the amount of supplemental life insurance you elect, your age, and your current pay.

Insurance benefits will be reduced by half once the team member reaches 70 years of age.

Spouse Supplemental Life

You have the option to purchase Spouse Life Insurance in the amount of \$5,000 to \$25,000, in \$5,000 increments. Your bi-weekly, after-tax premium will be calculated based on the amount of coverage you elect and your spouse's or domestic/civil union partner's age. You will be the beneficiary of the policy. Please note: Spouse Life Insurance election cannot be more than 100% of the team member's life insurance amount.

Child Supplemental Life Insurance

You may also purchase Child Life Insurance for your eligible dependent children in the amount of \$5,000 or \$10,000. Benefits to be paid:

- Live birth to 14 days - \$1,000
- 14 days to 6 months - \$1,000
- 6 months to 26 – full benefit

You will be the beneficiary of the policy.

Note: You may cover your dependent children up to the age of 26.

During initial enrollment as a new team member, you may purchase supplemental life insurance for the first time (up to \$1,000,000). A Medical Evidence of Insurability (EOI) will be required for team members initially (including new team members) enrolling with a combined benefit of basic and supplemental life insurance exceeding \$800,000.

You can apply for additional benefit options only during an annual enrollment period or within 31 days of a change in status. Evidence of insurability is required for any amount of life insurance. Evidence of insurability is not required for accidental death and dismemberment insurance.

If you can answer "NO" to 5 questions on the EOI Short Form, then the application is approved and coverage can be granted.

If you answer "YES" to any of the 5 questions on the EOI Short Form, then you must complete Unum's EOI Long Form, which must be reviewed and approved by Unum before coverage can become effective.

If the EOI Long Form is not submitted or Unum does not approve it, you will revert back to the level of coverage you held prior to the change or enrollment.

If you are electing or increasing Supplemental Life and meet the criteria explained above, please complete the EOI Short Form. If you answer "YES" to any of the questions on the short form you will need to complete an EOI Long Form. EOI Short and Long forms can be found on iCooper.

Flexible Spending Accounts

Flexible Spending Accounts (FSA) allow you to set aside pre-tax dollars to pay for eligible healthcare, dependent care and parking/transit expenses.

Use It or Lose It

The FSA plan year runs from January 1, 2024 to December 31, 2024. You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan year. The Healthcare FSA offers a rollover amount. This means that enrolled members are able to **carry over up to \$640** from your 2024 balance into the 2025 calendar year. NOTE: The Dependent Care FSA does not offer a rollover amount. However, it does have a 2 ½ month grace period. This means that team members will have until March 15, 2025 to incur eligible expenses and will have until March 31, 2025 to submit claims for reimbursement.

Healthcare FSA

Healthcare FSA funds can be used to pay for out-of-pocket healthcare expenses incurred by you and your dependents. Eligible expenses include office visit copays, non-cosmetic dental procedures, prescription drugs, eyewear, LASIK eye surgery and more. You can contribute up to the maximum amount allowed by the IRS.

Dependent Care FSA

The Dependent Care FSA is used for expenses related to the care of eligible dependents. Eligible expenses include Au Pair, baby-sitting or dependent care to allow you to work or actively seek employment, day camps, preschool or after school programs, and adult/eldercare for adult dependents.

The maximum that you can contribute to the Dependent Care FSA is \$5,000 if you are a single team member or married filing jointly. If you are a married team member filing separately the maximum you can contribute is \$2,500.

For questions about your spending accounts, contact Health Equity at **855.692.2959** or www.healthequity.com/wageworks.

Commuter Benefits

The Commuter benefit through RideECOSelect allows you to set aside up to **\$315 per month (on a pre-tax basis) for Transit and \$315 per month for Parking expenses**. Transit expenses include mass transit, train, subway, bus fares, ferry rides. Parking expenses includes expenses incurred at or near your work location or near a location from which you commute using mass transit. Funds cannot be transferred between the transit and parking accounts. Changes to your monthly contribution must be made by the 1st of the month prior to the month in which the contribution applies. The last payroll deduction of the month pertains to the pass for that current month. You'll receive a debit card that can be used to pay for qualified transit and parking expenses



403(B) Tax Sheltered Annuity Plan

Cooper University Health Care sponsors a 403(b) Tax Sheltered Annuity (TSA) Plan that allows you to save for your retirement by making pre-tax contributions for the purchase of a tax sheltered annuity or custodial mutual fund shares under section 403(b) of the Internal Revenue Code. Your contributions to the plan are not taxed until you withdraw the funds from the plan (usually at retirement when your tax bracket may be lower).

All team members are eligible for a 403(b) TSA from date of hire. As a way to jumpstart your retirement savings, all team members of Cooper University Health Care will have 3% of your compensation automatically deducted from your pay each payroll period and contributed to your account under the plan with Fidelity Investments.

Any amount you contribute to the plan through this automatic deduction (or based on your own elections) will be held in the plan and invested on your behalf. You are always 100% vested in the value of your contributions.

New Fidelity enrollees will be invested in the Freedom Fund aligned closest to the year of their 65th birthday. This investment option has been determined to be appropriate with a goal of preserving account balance and providing for a reasonable rate of return. You may change your investment option by contacting Fidelity.

You may establish a TSA at any time during the year. You can change the amount you are contributing – increase or decrease – at any time. You may stop contributing to the plan at any time by contacting Fidelity. Quarterly statements can be viewed online unless the participant chooses to request paper statements mailed to the home. If the participant does not make an election then the quarterly statement will be provided online.

The Benefits of a TSA

- **Convenience.** Your contributions are automatically deducted from your paycheck.
- **Tax savings now.** Your pre-tax contributions are deducted from your pay before income taxes are taken out. It could mean more money in your take-home pay versus saving money in a taxable account.
- **Portability.** You can roll over eligible savings from a previous employer into this plan. You can also take your plan vested account balance with you if you leave the company.
- **Investment options.** You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well- diversified investment portfolio.

Visit www.fidelity.com/atwork to update beneficiary information or schedule an appointment with a Fidelity Representative. You can also call **1.800.343.0860** and speak to a Fidelity Representative directly.

How Much You Can Save

You may contribute from 1% to 70% of your pay. However, federal law also sets an annual maximum. Please refer to the following IRS website for updated information: www.irs.gov.

TAX YEAR	DEFERRAL LIMIT	ADDITIONAL CATCH-UP CONTRIBUTION FOR TEAM MEMBERS AGE 50 AND OLDER	TOTAL DEFERRAL LIMIT FOR TEAM MEMBERS AGE 50 AND OLDER
2023	\$22,500	\$6,500	\$27,000
2024	\$23,000	\$7,500	\$30,500

NOTE: If you have contributed to a 403(b) or 401(a) during the current year through a prior employer, you need to contact the Human Resources Department with the amount previously contributed to avoid having your contributions exceed the allowable IRS limits for the year.

Defined Contribution Plan

There are three different types of contributions under the Defined Contribution Plan. The following is an overview of each- who's eligible, how each contribution works and how it's invested.

Type of Contribution	You Are Eligible If...	Description	How It's Invested
Basic Contribution	Are a regular team member of Cooper University Health Care (or one of its participating affiliates), who is at least 21 years of age with one year of service, and have worked at least 1,000 hours.	If you work at least 1,000 hours during the year and are still employed on December 31, Cooper contributes 1% of base pay (subject to the IRS compensation limit) to your defined contribution retirement plan account after the end of each year.	Basic contributions are invested at your election in one or more of the funds offered under the Defined Contribution Retirement Plan.
Matching Contribution	You are eligible if you qualify for the Plan's basic contribution and make pre-tax contributions to the 403 (b) Plan.	Cooper will make contribution to your Defined Contribution Retirement Plan account equal to 50% of the first 5% of your base pay you defer (subject to the IRS compensation limit) in the 403 (b) plan. These contributions are made regularly throughout the year.	Though matching contributions are determined based on what you contribute to the 403 (b) Plan, these contributions must be invested in one or more of the funds offered under the Defined Contribution Retirement Plan. They are not invested in the same amount as any 403 (b) contributions you make.
Rollover Contribution	Qualify for the plan's basic contribution.	Generally, you can rollover money from another employer's tax-qualified retirement plan. A rollover must be made within 60 days after you receive your distribution or it must be a direct rollover from your previous employer's plan.	Rollover contributions are invested at your election in one or more of the funds offered under the Defined Contribution Retirement Plan.

NOTE: Union RNs should review their union contract.

How to Retire

When you are ready to retire from Cooper University Health Care, you may need to consider the following:

- 403 (b) Tax Sheltered Annuity (TSA) Account — when you are ready to retire, contact Fidelity directly at **1.800.343.0860** to discuss your options.
- Defined Contribution Retirement Plan (DC Plan) — when you are ready to retire, contact your plan administrator directly to discuss your options.
- Defined Benefit Retirement Plan ("frozen pension") — once you have determined when your last day of work will be, contact the plan administrator, Cooper Pension Center at **877.716.7812**, **no more than 90 days prior to that date**. Please be aware that the final benefit calculation process may take several weeks. The benefit calculation is first done by our actuaries; you will need time to review the options and return the forms to Human Resources. The trustee then will need time to process the first check.

If you are terminating employment to go to another employer, you can follow the same instructions for the 403(b) and DC Plans. Your benefit will be automatically processed under the frozen pension plan and will be mailed to your home address.

Deciding About Medicare Coverage?

Medicare by Savoy will help you decide whether to enroll in Medicare Part A and Part B when you retire (if you haven't already); decide whether you need additional coverage (Medicare Advantage, Medigap); or decide whether you need Medicare prescription drug coverage (Part D).

For additional information about retirement benefits, please visit ESS or contact Medicare by Savoy at:

- Call **833.600.6727** (Monday – Friday, 9am – 5pm)
- Email experts@medicarebysavoy.com

Additional Benefits

Carebridge/Employee Assistance

The Employee Assistance Program (EAP) provides free, confidential short-term counseling, information and referral services for a wide range of problems, such as family and relationship concerns, caring for elderly parents, or managing stress and change.

The EAP provides six confidential consultations per year — including counseling, assessment and problem resolution — for you and members of your immediate family at no cost to you. You may continue services through Carebridge after the initial 6 consultations, based on the benefit plan in which you are enrolled.

You may access EAP services through Carebridge Corporation by calling **800.437.0911**, emailing clientservice@carebridge.com or by visiting www.myliferesource.com (Access Code: WBPNF).

Adoption Assistance Policy

The Adoption Assistance Benefit provides financial assistance toward eligible expenses incurred in the adoption of a child under age 18. With this benefit, you may be reimbursed up to a maximum of \$1,000 for the expense of adopting an eligible child (up to two children per team member per calendar year).

Benefits will be paid once the child is placed in the home. “Placed” is the date the child becomes a member of the household and not the date of the final adoption which may be some time after the child has actually been living with the adopting parent(s).

The eligible expenses for reimbursement under the Adoption Assistance Plan are:

- Adoption agency fees
- Placement fees
- Lawyer’s fees (including other required legal fees)
- Temporary foster care charges which are paid to the foster care provider immediately preceding the placement of the child in the home of the adopting family

In addition, when adopting children, you will be provided up to five days of paid leave from your eligible Extended Sick Leave (ESL) bank to manage activities related to the adoption. These days should be used within 30 days of the child’s placement in the home.

There are certain expenses excluded under the Adoption Assistance Plan. These include, but are not limited to, travel expenses for the child or adoptive parent(s), medical fees (child’s natural mother) and any expenses incurred to obtain guardianship or custody of one’s natural child, stepchild or foster child. Please refer to the Adoption Assistance Policy on iCooper and the Cooper Policy Network.



Additional Benefits

Cooper Solutions

Cooper Solutions is a concierge service offered as a team member benefit. Their on-site customer services in Camden may include, but are not limited to:

- Dry cleaning
- Flower orders
- Jewelry repair
- Gift shopping
- Shoeshine and repair
- Bakery goods
- Gift baskets
- Internet research

In addition, you can get discounted prices for:

- Trips
- Theme parks
- Movie tickets
- Plays and Broadway shows
- Sporting events
- Special rates for AAA, Dell computer, and fitness facilities

Please contact Cooper Solutions at **856.968.8820** for more information on services.

Paid Time Off (PTO)

Cooper University Health Care’s Paid Time Off (PTO) Program is a flexible time-off system that combines vacation, personal, holiday, and sick days into one easy-to-understand plan. You accrue hours each year based on your position, status, and length of service — 200, 240, or 280 hours each year (PTO hours are prorated for part-time team members).

All team members working at least 20 hours per week are eligible for PTO benefits. You begin accruing hours on your date of hire, but you cannot use PTO until you have been employed for three full months (except for holidays during the probationary period). You may carry over from one year to the next, any earned, unused, unpaid PTO days up to a maximum of your annual accrual rate.

PAID TIME OFF (PTO) ACCRUAL			
Years of Service	Executive Management Accrual Rate	Sr. Director, Director, Manager, Supervisor, and Professional Accrual Rate	All Others Accrual Rate
0–5	10.77	9.23	7.69
6– 10	10.77	10.77	9.23
11 or more	10.77	10.77	10.77

Accrual rates are based on an 80-hour pay period. Actual accruals are determined by the “regular” hours paid each pay period (up to the maximum full-time limit of 80 regular hours per pay period).

ACCRUAL FORMULA:

Accrual Rate/80 hours X Total Regular Paid Hours Per Pay Period (Maximum of 80)

= Accrual Rate per Pay Period

Team members who terminate their employment may be eligible to receive a payout of their unused PTO. In order to be eligible, team members must be employed with Cooper for one year and provide adequate notice. Adequate notice is four weeks for management/supervisors/professionals and two weeks for all other team members. Please refer to the Paid Time Off policy on the Cooper Policy Network for more information.

Note: If you are eligible to receive a PTO payout, it will take up to two full pay periods after your termination to process the payout.

Additional Benefits

Extended Sick Leave (ESL)

In addition to Paid Time Off, Cooper offers Extended Sick Leave (ESL) to all benefits-eligible team members working at least 20 hours per week. ESL can provide you with added protection against long-term illness. ESL may be used to supplement short-term disability benefits when you're on an approved Medical Leave of Absence for your own health condition. In addition, ESL may be used to supplement Workers' Compensation benefits, Bereavement Pay and Adoption Assistance.

You can accrue up to 40 hours per year (prorated for part-time team members). Your accrual is unlimited and carries over at the end of every calendar year. You begin to accrue ESL from your date of hire, but you cannot use ESL until you have completed 12 months of employment.

EXTENDED SICK LEAVE (ESL) ACCRUAL TABLE	
Years of Service	All Team Members
All	1.54

How ESL Benefits Are Paid

ESL benefits are paid at your base rate of pay. The amount of ESL hours paid in any one pay period will not exceed the number of hours in your regular biweekly schedule. ESL hours are not counted as hours worked, and are not eligible for shift differential payment or PTO accrual.

Note: ESL does not have a cash value and will not be paid out if a team member leaves Cooper.

Parking

Cooper University Health Care offers you a convenient pre-tax feature to pay for your regular parking expenses when commuting to or from work. If you park at one of the Cooper garages as part of your regular commute, parking fees are deducted from your paycheck before taxes are calculated, which lowers your taxable income. This feature allows you the flexibility of payroll deduction and additional money in your pocket through tax savings.

If you have parking questions, please contact the Parking Department at **856.342.2498**.

Cooper Employee Lactation Support (CELS) Program

As a team member of Cooper University Health Care, your decision to continue breastfeeding your baby once you return to work is something Cooper wholeheartedly supports. In its effort to join the global Baby-Friendly Hospital Initiative, sponsored by the World Health Organization and the United Nations Children's Fund, Cooper has created the Cooper Employee Lactation Support (CELS) program to help give new mothers the information, confidence, and skills they need to successfully initiate and continue breast-feeding their babies. Cooper team members are an integral part of the program's success. As part of this initiative, Cooper has created Lactation Lounges located throughout the Cooper University Health Care campus and satellite locations.

For more information or to participate in the CELS program, please call Cooper's Lactation Consultant directly at **856.342.3283**.

Additional Benefits

Tuition Assistance

Cooper University Health Care believes that ongoing education is important, both personally and professionally. If you are a benefit eligible, full-time or part-time team member authorized to work at least 20 hours per week, you are eligible for Tuition Assistance, as long as you complete:

- Three full months of employment before the start date of the course.
- The Tuition Assistance Application form with the appropriate signatures.
- The course and receive a grade "C" or better for undergraduate courses; a grade of "B" or better for graduate courses to qualify for assistance.

The Tuition Assistance Program pays benefits as explained in the chart below.

IF YOU ARE A:	YOU ARE ELIGIBLE FOR (PER CALENDAR YEAR):
Full-time Team Member	Up to \$3,500 for Undergraduate courses Up to \$5,500 for Graduate courses
Part-time Team Member (at least 20 hours per week)	Up to \$1,750 for Undergraduate courses Up to \$2,750 for Graduate courses

To apply for the Tuition Assistance Program, go to cooperuniversityhealthcare.tap.edcor.com. You are offered two options to receive tuition assistance. The first option allows you to register for classes and receive reimbursement upon successful completion of the course(s), along with submission of grades within 45 days after course completion. The second option offers you a voucher payment for courses. This is available to benefit eligible team members who have completed one year of service. With the advance payment option, you register for classes, and will receive tuition assistance prior to completing the class. After successful completion of the course for which payment was made, you are required to submit a copy of your grade report. Failure to submit a copy of the grade report within 45 days after course completion will result in a payroll deduction to recover the cost of the assistance provided.

Notice of Taxation

According to the IRS regulation (IRS 127(s) (2) monies received for tuition reimbursement/assistance beyond \$5,250 per calendar year are taxable. Therefore, the last \$250 of the \$5,500 graduate tuition assistance will be taxed. It is important to note that it is possible that you will be taxed on more than \$250. You will need to carefully plan and be aware of how your request is processed.

Team Member Development

Team member development program provides up to \$500 annually (calendar year) for the cost of certification fees/exams, recertification fees/exams, related books and materials and/or continuing education fees related to your job. The policy and application can be found on the CPN under "Staff Development".



Voluntary Benefits



Auto and Homeowners' Insurance

The voluntary auto and homeowners' insurance program provided by USI Affinity is available to all benefit eligible team members working at least 20 hours or more per week. You may apply for this voluntary benefit at any time by calling USI Affinity at **877.396.3800**. Please remember to mention that you are a Cooper University Health Care team member to qualify for discounts and payroll deductions.

Long-Term Care

Cooper University Health Care has partnered with John Hancock Life Insurance Company to offer long-term care insurance to all eligible team members and their eligible dependents, parents and parents-in-law. Eligible family members may elect coverage even if the Cooper team member does not. Long-term care insurance can help protect your assets and your family from the high cost of long-term care services.

John Hancock is one of the pioneers in the long-term care insurance market and has over 140 years' experience providing a range of insurance products.

To learn more learn more about this exciting benefit, please contact Kevin Bressler at **610.783.6970** or **Kevin.Bressler@LTCFP.net**.

Pre-Paid Legal Services

The voluntary pre-paid legal services plan provided by Countrywide is available to regular full time and regular part time team members working at least 20 hours per week through the convenience of payroll deduction. Whether you are closing on a house, facing a traffic violation, drafting a will or dealing with a debtor/creditor matter or family law matter, the Legal Services Plan can provide you and your family legal advice and if necessary, legal representation at a discounted rate on a variety of legal matters.

Enroll by visiting **<https://www.coopervb.com/benefit-enhancements>**; Click on Benefits Tour; Click on Voluntary Benefit Programs and scroll down to Pre-Paid Legal Services.

Additional Benefits

Voluntary Universal Life

Universal Life Insurance by TransAmerica offers financial protection at a fixed interest rate with a guarantee that coverage will continue as long as premiums are paid. You can purchase supplemental life insurance for yourself, your spouse and/or children. This coverage builds cash value and is 100% portable with premiums paid through the convenience of payroll deduction.

Additional Plan Features:

- Guaranteed Issue amounts up to: Team member \$150,000, Spouse \$50,000, Child \$25,000
- Coverage available for spouse, children, and grandchildren
- Riders include Long Term Care, Terminal Illness & Waiver of Monthly Deductions due to layoff

Voluntary Critical Illness

NJ Insurance by TransAmerica (Critical Events)

To help cover out-of-pocket costs related to the care and treatment of a critical illness or cancer, you and your dependents have the opportunity to enroll in a Critical Illness Insurance program. This plan pays a lump sum benefit in the event of a diagnosis of a covered critical illness. The plan is Guaranteed Issue and is 100% portable with premiums paid through the convenience of payroll deduction.

Additional Plan Features:

- Plan pays once for each covered critical illness including heart attack, stroke, and cancer, organ failure, Alzheimer's and more...
- Team member chooses \$10k or \$20k benefit amount- 50% benefit for Spouse & Child – All Guaranteed Issue
- No waiting period
- Benefits are payable in addition to any other insurance coverage
- Riders include Cancer, Occupational HIV, 100% Recurrent Critical Illness (pays for a recurrence of a previous illness) and \$50

Voluntary Accident Insurance

To help cover the cost of unforeseen events requiring medical care and out of pocket expenses, Voluntary Accident Insurance by TransAmerica is available to you and your dependents. This plan is designed to help with out-of-pocket medical expenses associated with an accidental injury. The plan is 100% portable with premiums paid through the payroll deduction.

Additional Plan Features:

- 24-hour coverage for accidental injuries and death
- Team member, spouse and children can be covered
- Guaranteed Issue: team members and dependents qualify for coverage regardless of health
- Benefits payable in addition to other insurance
- benefits for hospital admission and surgery
- \$50 Annual Wellness Benefit for one annual health screening test for covered team member and spouse
- Optional Disability Income riders available including spouse coverage
- Optional Accident-Only Disability Income Rider

Team member contributions for voluntary benefits vary based on the amount of coverage and your age. Coverage effective February 1 of the current plan year.

Contacts

BENEFIT	CONTACT	PHONE / FAX	WEBSITE / EMAIL
Benefits Member Advocacy (Benefits MAC)	Conner Strong & Buckelew	800.563.9929	www.connerstrong.com/memberadvocacy
Medical	Horizon BCBS Group # 76354	Open Enrollment: 800.722.2583 Dedicated Member Phone: 855.682.6663	www.horizonblue.com/members
Prescription Drug	Prime Therapeutics	800.711.0918	www.primetherapeutics.com
Vision	EyeMed Group# 9826850	866.723.0514	www.eyemed.com
Dental	Delta Dental Group# 3593 SunLife Group# 902942	800.335.8265 800.443.2995	www.deltadental.com www.slserviceresources.com
FSA	Health Equity / Wageworks	855.692.2959	www.healthequity.com/wageworks
COBRA	Health Equity / Wageworks	866.681.5050	http://benedirect.wageworks.com
Life and Disability	Basic & Voluntary Life Policy #FLX980509 Basic AD&D Policy #OK980514 LTD Policy # LK980390 STD Policy #VDT980229	800.421.0344	www.mynylgbs.com
Auto & Homeowners' Insurance	USI Affinity	855.874.0888	N/A
Universal Life, Accident & Critical Illness	Transamerica	866-586-6528	transamerica.com/employee-benefits
Pre-Paid Legal Services	Countrywide Pre-Paid Legal Services	800.550.LAWS	www.countrywideppls.com
Long-Term Care	John Hancock	866.471.4072	Kevin.Bressler@LTCFP.net
Workers' Compensation	AmeriHealth Casualty, Inc.	866.441.5326	N/A
Employee Assistance Program (EAP)	Carebridge	800.437.0911	www.myliferesource.com Access Code: WBPNF email: clientservice@carebridge.com
NJ Temporary Disability & New Jersey Family Leave Insurance	State of New Jersey	Phone: 609.292.7060 Fax: 609.984.4138	https://myleavebenefits.nj.gov/worker/tdi/
Retirement-Deferred Contribution Plans	Fidelity	800.343.0860	www.fidelity.com/atwork
OTHER COOPER DEPARTMENTS			
Benefits	Wellness / Benefits Questions	N/A	HRBenefits@CooperHealth.edu
Tuition Reimbursement	Tuition Questions	Edcor 1.888.867.7025	N/A
Employment Verification	The Work Number Employer Code: 19455	800.367.5690	www.theworknumber.com
HR Compensation	Job Coding Information	N/A	HRCompensation@CooperHealth.edu
HRIS	Change of Personal Data / Scrubs Information	N/A	HRHRIS@CooperHealth.edu
Payroll	Paycheck Questions	856.382.6559	Payroll@CooperHealth.edu

Visit www.cooperhealth.org/doctors for a full list of benefit providers and resources.

Legal Notices

Availability of Summary Health Information

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

You will receive a Summary of Benefits and Coverage (SBC) during Open Enrollment period. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

COBRA Continuation Coverage Rights

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 when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional 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.

HIPAA/CHIP Special Enrollment Notice

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

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

New dependent by marriage, birth, adoption, or placement for adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

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

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

Newborns' and Mothers' Notice

Under federal law, group health plans and health insurance issuers offering group health insurance generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the plan or issuer may pay for a shorter stay if the attending physician (e.g.,

your physician, nurse, [or midwife], or a physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and insurers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

Women's Health and Cancer Rights Act Notice

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

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

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

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

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

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

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

Legal Notices

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - MEDICAID

Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health 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

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – 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

INDIANA – Medicaid

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

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-766-9012

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

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

MAINE – Medicaid

Enrollment Website: www.mymaineconnection.gob/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: -800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 617-886-8102
Email: masspreassistance@accenture.com

MINNESOTA – Medicaid

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

MISSOURI – Medicaid

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

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

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

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

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

Legal Notices

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

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>
Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 800-251-1269

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

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Legal Notices

Insurance Marketplace Notice

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

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

PART B: Information about Health Coverage Offered by Your Employer

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

3. Employer Name The Cooper Health System		4. Employer Identification Number (EIN) 21-0634462	
5. Employer Address One Cooper Plaza		6. Employer phone number 856-342-2403	
7. City Camden	8. State NJ		9. Zip Code 08103
10. Who can we contact about employee health coverage at this job? Benefits			
11. Phone number (if different from above)		12. Email address HRBenefits@CooperHealth.edu	

¹ 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.



This booklet provides a brief summary of the benefits available for the 2024 plan year; it is not a complete description. Complete benefits information can be found in the summary plan description, legal plan contracts or plan documents, available from the Human Resources Department. If there is any difference between the information in this booklet, any verbal description you receive, and the legal plan documentation, the legal documents will govern. Cooper University Health Care reserves the right to amend or terminate these plans at any time for any reason.