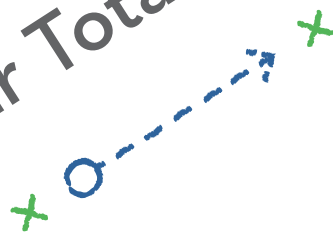


For Part-Time  
Employees

2026 BENEFITS

# PLAYBOOK

A Game Plan for  
Your Total Wellbeing



**MAKE THE RIGHT CALL!**

Choose Your  
Benefits



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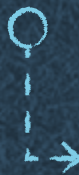
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### Questions?

Call our Benefits Support Center Team at **844-896-0169** to coach you through your options, Monday - Friday, 9 a.m. to 7 p.m. ET.



## HOW TO ENROLL

### Option One:

Use BrightSpringConnect and take advantage of single sign-on. No user names or passwords to remember.

Log in to the app and look for the Employee Benefit Portal link.

From here, you'll be directed to the enrollment site.



### Option Two:

Log in to [www.brightspringbenefits.com](http://www.brightspringbenefits.com).

If you're a returning user and don't remember your username or password, click on "Did you forget your password" and follow the instructions.

New users should register with your Social Security Number and your date of birth.

### Option Three:

If you prefer to speak with a representative, you can call **844.896.0169**.

Please be aware call wait times do increase during open enrollment.



## When It's Time to Enroll

1. Log in into the enrollment site using one of the available options.
2. Click Get Started to kick off your Precision Benefits decision support journey to make your Benefits Enrollment choices.
3. The site will display the benefits you are eligible for. Make your benefit elections and select the dependents you want to cover.
4. Select Confirm and then continue to save your choices. You will then see a confirmation number.

## How to Add to Your Benefits Team Roster:

To enroll a dependent, be sure to have your dependent's date of birth and Social Security number available when enrolling. If you're adding a new dependent, you will need to verify the dependent status. Your dependent will be placed in a "pending" status until the verification documents are received. Dependent verification documents include marriage and birth certificates. You will be presented with a list of acceptable documents.

## Don't Fumble Your Enrollment Opportunity

Be sure to choose your benefits carefully during the enrollment period since you won't be able to make changes during the year unless you experience a qualified life event (e.g., having a baby or getting married).

If you experience such an event, you must go to [www.brightspringbenefits.com](http://www.brightspringbenefits.com) and make any changes within 31 days of the event. Remember, your benefit changes must be related to your life event.

## Eligibility

All full-time employees who work 30 or more hours a week are eligible for BrightSpring benefits on the first day of the month following 30 days of service. You can also cover your spouse/domestic partner and your child(ren) up to age 26 under your plan.

# ACCESS & ENGAGE with Your Benefits Anywhere, Anytime

Download the BrightSpringConnect mobile app to review your current benefits all in one place and explore helpful resources. You can use single sign-on to complete your enrollment, add dependents, update beneficiaries, and upload any required supporting documents.

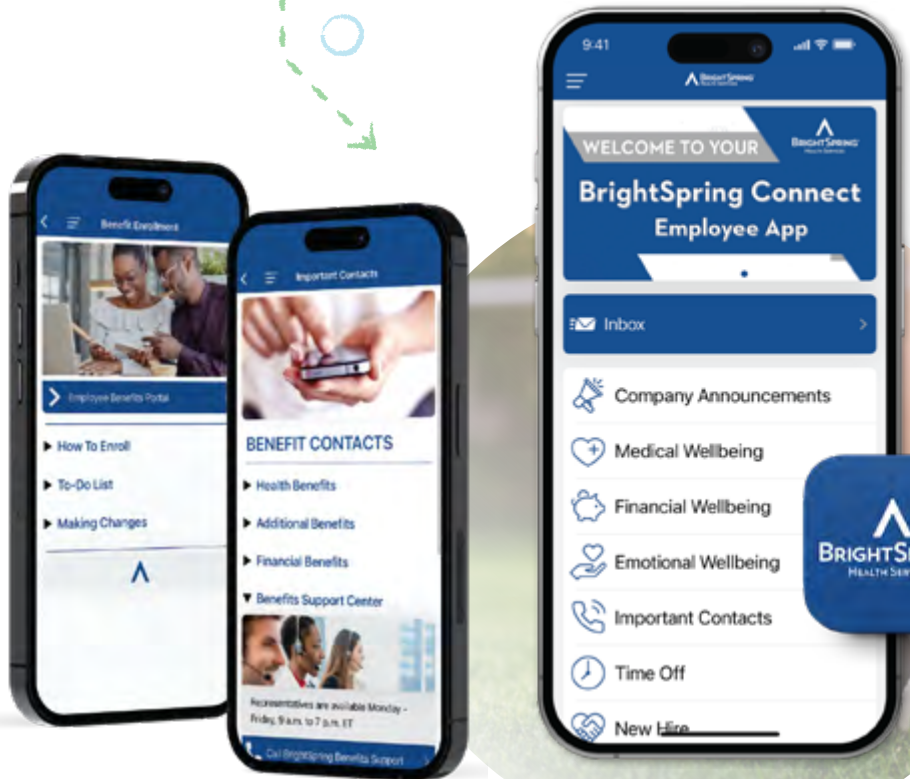
## BrightSpringConnect Mobile App



*Always be in the know!  
Enable your notifications so you know about  
changes, announcements and key dates.*



Scan the QR code to download our app to your smartphone.



# UHC FLEXWORK LIMITED MEDICAL PLAN

The FlexWorks Plan is a limited medical plan designed for everyday routine healthcare needs. There are no deductibles or coinsurance. The plan provides first-dollar coverage for doctor visits, urgent care, prescription drugs, and other benefits (subject to annual visit limits).

**This plan is not comprehensive medical coverage** and should be evaluated carefully before selecting.

KEY FEATURES	ANTHEM FLEXHOUR PLAN
Annual Deductible	None
Coinsurance	None
Preventive Care	Covered 100%
Out of Pocket Limit	Single: \$9,200 Family: \$18,400
Doctor & Office Visits 6 visits per year limit between PCP and Specialist;	PCP: \$25 Specialist: \$50
Urgent Care Visits 2 visits per year	Copay per visit: \$100
Outpatient Complex Imaging (CT, PET, MRI)	Not covered
Outpatient Surgery – Facility, Surgical, and Physician	Not covered
Emergency Room Visits	Not covered
Inpatient Care	Not covered.

PRESCRIPTION DRUG	
Pharmacy	<ul style="list-style-type: none"> <li>• Tier 1: \$15 copay</li> <li>• Tier 2: \$30 copay</li> <li>• Tier 3 &amp; 4: 50% coinsurance</li> <li>• Excludes Specialty and Mail Order</li> </ul>



*Evaluate Carefully!*  
**This plan is not comprehensive medical coverage.**  
 Review the plan information online before electing.

## Monthly Medical Rates

COVERAGE LEVEL	COST
Employee Only	\$99.03
Employee Plus Spouse	\$232.56
Employee Plus Child(ren)	\$175.20
Family	\$318.14



## SCORE TAX-SAVINGS with Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to contribute before-tax dollars throughout the year to pay for eligible healthcare and/or dependent day care expenses that you, your spouse, and your dependents incur. It's important that you understand the differences between the three FSAs available and what are considered eligible expenses before you make your election. Here's how you can spend the money in each account.

**FSAs are managed by Fidelity.**

### HEALTH CARE FSA

Available for Copay Plan Participants

Eligible expenses include:

- + Health, vision, and dental expenses not covered by insurance
- + Deductibles, copays, and coinsurance
- + Prescription drugs
- + Medical equipment
- + Hearing tests and aids
- + Speech and physical therapy
- + Over-the-counter drugs
- + Feminine care products

You cannot participate in a Health Care FSA if you are enrolled in the HDHP with an HSA.

For 2026, you can contribute a minimum of \$100, up to a maximum of \$3,400.

### DEPENDENT CARE FSA

Eligible expenses include child care and/or adult care while you and your spouse (if married) work or attend college full-time, such as:

- + Before- and after-school child care
- + Summer day camp
- + Elder care

The Dependent Care FSA cannot be used for a dependent's healthcare expenses.

For 2026, you can contribute a minimum of \$500, up to a maximum of \$7,500 (\$3,750 if married and filing a separate tax return).



### What else you should know about FSAs:

- + FSA funds are "use it or lose it" which means they will not rollover and accumulate year over year. However, the plan does all rollovers. Please review the plan summary for details.
- + Your full balance will be available on your effective date, even before funds are deducted from your salary and deposited into your account, you may draw up to the full value of your annual Health Care FSA contribution when the new benefit year begins.
- + You have a reimbursement option. If you decide to pay healthcare and dependent care costs out of your own pocket, you will need to file a claim to be reimbursed from your account(s). Just be sure to submit your claim by the stated deadline.
- + For a full list of qualified medical expenses, visit <https://www.irs.gov/forms-pubs/about-publication-502>.

# PROTECT THAT SMILE: Your 2026 Dental Plan Options

Keeping up with your dental health is vital to your overall health. Studies have shown that good oral health can keep your whole body healthy.

Brightspring covers in-network dental exams for those covered on your plan as well as cavity- preventing dental sealants for covered children through age 15 at no cost to employees with dental coverage.

Our dental coverage is provided by Delta Dental. Here are some plan highlights and considerations when choosing a dental plan:

- + The Preventive Plan only covers basic services
- + The PPO Plus Plan provides coverage for basic and major services as well as child and adult orthodontia
- + The PPO Plus Plan has a higher annual maximum benefit and a separate lifetime maximum for orthodontia

You will want to consider your dental needs and those of your family when deciding which plan will best fit your situation. For example, if you think you or any family member will need significant dental work during the year, you might want to consider the PPO Plus Plan.

## Dental Benefits at a Glance

KEY FEATURES	PREVENTIVE PLAN	PPO PLUS PLAN
<b>Annual Maximum Benefit</b>	\$750	\$1,500
<b>Individual Deductible</b>	\$75	\$50
<b>Family Deductible</b>	\$225	\$150
<b>Preventive Services (exams, cleaning, fluoride, maintenance)</b>	100%	100%
<b>Basic Services</b>	Plan pays 50%	Plan pays 80%
<b>Major Services</b>	Not covered	Plan pays 50%*
<b>Orthodontia</b>	Not covered	Plan pays 50%*
<b>Orthodontia Maximum Lifetime</b>	Not covered	\$1,500

\* See the plan documents online for more information on the waiting period for part-time employees.

**Remember, if you need orthodontic services, choose the PPO Plus Plan.** And keep in mind, dental expenses are eligible for Health Care FSA and Limited Purpose FSA reimbursement.

Extra benefits for you and your family when you enroll with Delta Dental include:

- + **CustMbite Whitening Kits.** Delta Dental members receive 50% off smile whitening kits. Use code SMILEKIT50 at [www.custmbite.com](http://www.custmbite.com).
- + **Amplifon Hearing Aid Discount.** Discounts offered for diagnostic services, hearing devices, and continuous care. Visit Amplifon’s website for more information.



*Good Oral Health*


Adults who visit the dentist annually are **37% more likely to report good or better oral health.**

Those who report good oral health are **almost twice as likely to report good or better overall well-being.**

## Monthly Dental Rates

COVERAGE LEVEL	PREVENTIVE PLAN	PPO PLUS PLAN
<b>Employee Only</b>	\$15.30	\$31.58
<b>Employee Plus Spouse</b>	\$31.21	\$64.42
<b>Employee Plus Child(ren)</b>	\$35.96	\$74.20
<b>Family</b>	\$50.80	\$104.83

Visit [www.deltadentalky.com](http://www.deltadentalky.com) to search for participating providers.



## Health and Wellbeing

# KEEP YOUR EYE ON THE BALL: Your 2026 Vision Plan Options

Our vision plan is with Delta Vision and administered by VSP. You will have the option to choose between two plans - a High Plan and a Low Plan.

### Here is what you can expect from the plan:

- + **WellVision Exam.** Fully covered exam, with a \$10 copay.
- + **Well-known providers.** An expansive VSP Choice Network with 109,000 Access Points and In-network with Costco, Walmart and Sam's Club.
- + **Frame allowance.\*** Buy any frame from your in-network provider up to your frame allowance. Costs over the allowance are discounted.
- + **Contact lens benefit.\*** You may have coverage for fitting and follow-up visits depending on your plan and lens choice.
- + **Lens options.\*** Lens options such as UV protection or anti-reflective coating are available at price-protected amounts. Plus, standard scratch coating and polycarbonate lenses for dependent children are available at no cost.
- + **Additional pairs of glasses.** Receive a 20% discount on additional pairs of eyeglasses, including prescription sunglasses.

### Save More

Delta Vision's plans provide special discounts for contact lenses and LASIK vision correction.

You can find more information about discounts and participating providers at [www.VSP.com](http://www.VSP.com)

\*Review schedule of benefits online for details.

### Vision at a Glance

KEY FEATURES	LOW PLAN	HIGH PLAN
	In-Network	In-Network
Exam (annual)	\$10 copay	\$10 copay
Lenses	\$25 copay	\$10 copay
Frames	\$130 allowance/once every 24 months	\$175 allowance/once every 12 months
Contact Lenses in Lieu of Frames and Lenses	\$130 allowance/once every 12 months	\$175 allowance/once every 12 months

## DeltaVision®

In partnership with VSP®



**In-network with Costco, Walmart/Sam's Club**



### 2026 Monthly Vision Rates

KEY FEATURES	LOW PLAN	HIGH PLAN
Employee Only	\$5.58	\$7.79
Employee Plus Spouse	\$9.75	\$13.65
Employee Plus Child(ren)	\$10.59	\$14.81
Family	\$16.15	\$22.60

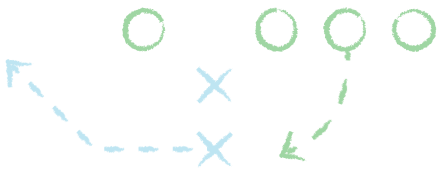


Vision is FSA eligible

# GUARD YOUR FINANCIAL WELLBEING with Income Protection Benefits

## Disability and Life Insurance

Part-time employees are eligible for limited short term disability and supplemental life plans for you and your family. For more information on these plans, check out the benefit information page online. Plan rates are based on the options you select. When you enroll, you can compare plans and rates to find the best fit for you.



## STAY IN THE GAME with these Additional Benefits

BrightSpring offers a variety of voluntary benefits and coverage options to support all areas of your life.

### Accident Insurance (Voya)

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. The amount paid depends on the type of injury and care received. Some of the most common treatments and conditions that pay out benefits include Emergency Room, Physical Therapy, and follow-up doctors appointments.

### Hospital Indemnity Insurance (Voya)

Hospital Indemnity Insurance can help pay for health insurance deductibles and copays related to a hospitalization. It pays a daily cash benefit directly to you, up to the plan maximum, if you or a covered family member is hospitalized.

**IMPORTANT:** Accident Insurance, Hospital Indemnity Insurance and Critical Illness Insurance (Voya) are fixed indemnity policies, NOT health insurance.

These fixed indemnity policies may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- + The payment you get isn't based on the size of your medical bill.
- + There might be a limit on how much these policies will pay each year.
- + These policies aren't a substitute for comprehensive health insurance.
- + Since these policies aren't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

+ Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: **1-855-889-4325**) to find health coverage options.

+ To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about these policies?

+ For questions or complaints about this policy, contact the Benefit Support Center at **844.896.0169**.

### Critical Illness Insurance (Voya)

Critical Illness Insurance is coverage that can help safeguard your finances and get your life back on track after a covered illness or condition, such as heart attack or stroke. This benefit provides you with one convenient benefit payment all at once. The payment is made directly to you and is made regardless of any other insurance you may have. It's yours to spend however you like, including for your or your family's everyday living expenses. Our 2026 Critical Illness insurance with Voya offers a health screening benefit of \$100 for completing an annual preventative care screening.

For more information about your Accident, Hospital Indemnity, and Critical Illness benefit options, visit our Voya resource center:



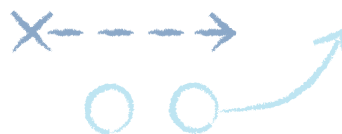
[Click here to visit the Voya Resource Center](#)

### MetLife Legal Plan

MetLife Legal Plan gives you access to expert attorneys who can assist you with a broad range of personal legal needs you might face throughout your life – events that you can plan for in advance as well as those that you don't think about until it's too late.

#### Services include:

- + An experienced service team to help match you with the right attorney
- + Experienced legal advice and representation, in person or by phone
- + In-court representation for covered legal matters
- + No copays, deductibles, or claim forms when using a network attorney for covered matters



## ADDITIONAL BENEFITS CONTINUED

### Allstate Identity Protection

Identity crime can happen to anyone, no matter how careful you are. With Allstate Identity Protection you can:

- + Catch fraud at its earliest sign with comprehensive identity and financial monitoring along with full-service remediation and resolution support.
- + See if your personal data has been compromised with social media and dark web monitoring.
- + Protect yourself and everyone who's under one roof with a family plan.
- + Get reimbursed for fraud-related losses with up to \$1 million in identity theft expense reimbursement.

### Employee Discounts

Enjoy exclusive BrightSpring discounts from thousands of vendors, including stores, electronics, travel, tickets, and more through BenefitHub.

Go to [brightspring.benefitHub.com](https://brightspring.benefitHub.com).

Enter referral code: **QY9EUM**.

### Employee Assistance Program (EAP)

The EAP provides confidential counseling and referrals for everything from mental health services, to financial and legal advice, to daily living services like child care and home repairs. You and anyone under your roof can take advantage of up to five EAP sessions a year in person at no cost.

To get started, call **833-743-8184**, TTY **800-697-0363** or visit [www.guidanceresources.com](https://www.guidanceresources.com) and use Web ID: **BrightSpring**.

Your ComPsych GuidanceResources program offers someone to talk to and resources to consult whenever and wherever you need them. They can answer your questions and, if needed, refer you to a counselor or other resources 24/7.

### Auto and Home Insurance (Farmers GroupSelect)


As a BrightSpring employee, you qualify for an exclusive discount on auto and home insurance from Farmers Insurance. Enroll with Farmers Insurance to:

- + Save more with the superior driver discount and multi-vehicle savings.
- + Earn an additional discount when you pay your premium through automatic bank account deduction.
- + For a free auto and/or home insurance quote, follow [this link](#) and enter BrightSpring as the employer code.

*Pet Insurance* 

MetLife Pet Insurance can help cover the costs of unexpected accidents or illnesses, provide reimbursements for regular vet visits, and access to 24/7 live vet chat for immediate assistance. Get the coverage the best fits your pet and wallet at [www.metlife.com/getpetquote](https://www.metlife.com/getpetquote)

Questions? Call **1-855-201-2909**.

 *Purchasing Power*

A voluntary benefits program that gives you immediate access to thousands of household products from top brands and allows you to pay over time through your paycheck. This program is a hassle-free alternative to credit cards and high-interest loans.



## TACKLE YOUR FUTURE with A 401(k) Retirement Plan

The 401(k) retirement plan helps you save for your future.

We offer both traditional and Roth 401(k) plan options so you can save with pre- or post-tax dollars, whichever you choose. All full-time, part-time, and PRN employees are eligible to participate.

### Traditional Contributions

Pre-tax contributions are deducted from your pay before income taxes are taken out. This means that you can actually lower the amount of current income taxes you pay each period. It could mean more money in your take-home pay versus saving money in a taxable account.

### Roth Contributions

You can elect to make Roth contributions, which are deducted from your pay after taxes, but provide for tax-free distribution of earnings, as long as the distribution is a qualified one.

### Investment Options

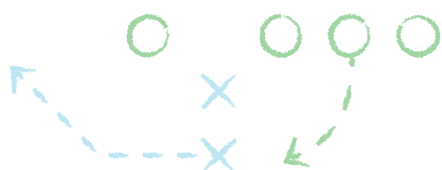
You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio.

### Automatic Annual Increases

Save a little more each year, the easy way – the Annual Increase Program automatically increases your contribution annually.

### Catch-up Contributions

If you make the maximum contribution to your plan account, and you are 50 years of age or older during the calendar year, you can make an additional “catch-up” contribution.



### Download the NetBenefits Mobile App

Easily access all of your Fidelity accounts or use BrightSpringConnect for SSO access – anytime, anywhere. Download from the App Store or Google Play. Or, go to [www.Fidelity.com/go/NetBenefitsapp](http://www.Fidelity.com/go/NetBenefitsapp).

- + Get messages about timely actions to take within your account.
- + View account balance, investments, and personal rate of return.
- + Change contributions or investments, and update your profile or beneficiaries.
- + See how much you may need in retirement and get your Fidelity Retirement Score.
- + Access articles, videos, podcasts, and interactive tools.

### Start Saving for Your Retirement Today

Enroll online here or by calling the Fidelity Retirement Service Center at **800-970-2363**.



Take advantage of easily accessing your Fidelity 401(k) account via single-sign-on (SSO) through your BrightSpringConnect app!

*If you haven't already, scan the QR Code to download your app today!*



### 401(k) Matching Contributions

BrightSpring may, at its discretion, make employer matching contributions to the 401(k) Plan. Any matching contribution is not guaranteed. You are eligible to receive a matching contribution only if you make employee deferral contributions to the Plan. BrightSpring will communicate directly with eligible employees if a discretionary matching contribution is made for a given Plan Year or pay period. You are not eligible to receive matching contributions for any Plan Year in which you are classified as a Highly Compensated Employee (HCE) under IRS rules.

## TEAM ROSTER: Your Important Contacts

PROGRAM	CARRIER	PHONE	WEBSITE
Benefits Support Center	BrightSpring	844-896-0169	<a href="http://www.brightspringbenefits.com">www.brightspringbenefits.com</a>
Flexible Spending Account	Fidelity	800-544-3716 (HSA) 833-299-5089 (FSA)	<a href="http://www.NetBenefits.com">www.NetBenefits.com</a>
Dental Plan	Delta Dental of KY	800-955-2030	<a href="http://www.deltadentalky.com">www.deltadentalky.com</a>
Vision Plan	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Accident Insurance	Voya	877-236-7564	<a href="http://presents.voya.com/EBRC/Brightspringhealthservices">presents.voya.com/EBRC/ Brightspringhealthservices</a>
Hospital Indemnity Insurance	Voya	877-236-7564	<a href="http://presents.voya.com/EBRC/Brightspringhealthservices">presents.voya.com/EBRC/ Brightspringhealthservices</a>
Critical Illness Insurance	Voya	877-236-7564	<a href="http://presents.voya.com/EBRC/Brightspringhealthservices">presents.voya.com/EBRC/ Brightspringhealthservices</a>
Group Legal	MetLife Legal Plan	800-821-6400	<a href="http://mybenefits.metlife.com">mybenefits.metlife.com</a>
Identity Theft Protection	Allstate Identity Protection	800-789-2720	<a href="http://www.myaip.com">www.myaip.com</a>
Auto and Home Insurance	Farmers Insurance	800-438-6381	<a href="http://www.myautohome.farmers.com">www.myautohome.farmers.com</a>
Employee Discounts	BenefitHub	866-664-4621	<a href="http://www.benefitHub.com">www.benefitHub.com</a> Referral code: QY9EUM
401(k) Retirement Plan	Fidelity	800-970-2363	<a href="http://www.NetBenefits.com">www.NetBenefits.com</a>
Employee Assistance Program	ComPsych	833-743-8184	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> WebID: BrightSpring



# Important Information



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

To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



## ABOUT THIS GUIDE

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. BrightSpring reserves the right to make changes at any time to the benefits, costs, and other provisions related to benefits.

This guide includes a description of changes to your benefits as described in your current SPD and updates information in your SPD, effective as of January 1, 2026, and applies to the BrightSpring Health Services Welfare Benefit Plan ("Plan"). This guide is considered a Summary Material Modification (SMM). Please keep this SMM with your SPD so you understand your current Plan rules. As explained in your SPD, BrightSpring Health Services reserves the right to amend or terminate any of its plans or policies at anytime with or without notice or cause, subject to applicable law.



## **BRIGHTSPRING REQUIRED NOTICES**

ResCare, Inc. d/b/a BrightSpring Health Services reserves the right to change, amend, or terminate any benefit plan at any time for any reason. Participation in a benefit plan is not a promise or guarantee of future employment. Receipt of benefit documents does not constitute eligibility.

## **SUMMARY OF BENEFITS COVERAGE**

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health plan is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. The SBC is available on the web at [www.brightspringbenefits.com](http://www.brightspringbenefits.com) OR by accessing the BrightSpringConnect app. A paper copy is also available, free of charge, by calling the Benefits Support Center at (844) 896-0169 or emailing [BrightSpringBenefits@BrightSpringHealth.com](mailto:BrightSpringBenefits@BrightSpringHealth.com).

## **HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or for certain life events. If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your eligible dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request HIPAA special enrollment or obtain more information, contact the BrightSpring Benefits Support Center at (844) 896-0169.

## **WOMEN'S HEALTH AND CANCER RIGHTS**

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the BrightSpring group health plan. If you would like more information on WHCRA benefits, call the Benefits Support Center at (844) 896-0169.

## BRIGHTSPRING HIPAA PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice applies to all self-funded group health benefits (referred to as the "Plan") sponsored by Res-Care, Inc. d/b/a BrightSpring Health Services (the "Plan Sponsor") and is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. The purpose of this Notice is to inform you of the Plan's privacy practices.

In connection with providing health benefits to you, the Plan receives and maintains medical and other information about you. The Plan is sponsored by Res-Care, Inc d/b/a BrightSpring Health Services (the "Plan Sponsor"). The Plan Sponsor has hired Imagine 360 to process claims and otherwise assist with Plan operations. The Plan Sponsor may also hire other service providers to assist with Plan operations. These service providers are called "business associates" of the Plan, and the Plan Sponsor requires that they agree to comply with the privacy laws regarding your protected health information. The Plan Sponsor or your employer may also assist with Plan operations as described below, and the Plan Sponsor and your employer will comply with the privacy laws with respect to your protected health information if they maintain or receive any such information.

The privacy laws do not apply to information maintained by your employer other than in connection with the Plan. Information provided to your employer by you or from another source that is in connection with sick or disability pay, a leave of absence, or a benefit plan that is not a health plan is not subject to these rules.

The Plan's Obligations.

The Health Plan is required by law to:

- Make certain that your protected health information (PHI) is safeguarded and used or disclosed only in accordance with HIPAA and the provisions of this notice;
- Give you this notice of your legal rights with respect to your PHI, and the Plan's legal duties and privacy practices with respect to health information about you;
- Notify you following a breach of your unsecured PHI; and
- Follow the terms of the notice that are in effect.

How the Plan Uses Your Protected Health Information.

The Plan may use and disclose your protected health information for the following purposes:

**Claims Payment.** The Plan may use or disclose your protected health information to process and pay a claim for services or supplies covered by the Plan. The Plan may also provide eligibility information to your doctor or another provider who requests the information in connection with your treatment.

**Operation of the Plan.** The Plan may use or disclose your medical information in connection with its normal operations and management, such as conducting quality assessment and improvement activities, underwriting or other activities relating to insurance in connection with the Plan, care coordination or case management, customer service, and fraud detection. However, genetic information cannot be used for underwriting purposes.

**Treatment Purposes.** The Plan may disclose your medical information to your doctor, at the doctor's request, in connection with your treatment. The Plan may also use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Disclosure Required by Law.** The Plan must disclose protected health information to the U.S. Department of Health and Human Services in connection with an audit. The Plan may also disclose your medical information as required to comply with workers' compensation laws, or as required by a legal proceeding, such as a court or administrative order or subpoena.

**To Your Employer.** The Plan may disclose to your employer summary claims and other similar information if information that could be used to identify individuals has been removed. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to your employer whether you are enrolled in the Plan. The Plan may disclose your protected health information to the Plan Sponsor or to your employer for Plan administrative functions as long as the Plan Sponsor or your employer (as the case may be) has certified that it will ensure the continuing confidentiality and security of your protected health information and that it will not use or disclose your medical information for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor or employer. The Plan Sponsor has amended the Plan to specifically allow this use for Plan purposes by the Plan Sponsor or your employer.

**To Family Members.** The Plan may generally disclose protected health information to a spouse or parent in connection with inquiries about plan benefits and claims payment. An individual (but not an unemancipated minor) may ask that no such disclosure be made to family members, and the Plan will honor the request. The Plan may require a written authorization before making disclosures to a family member. A Plan may disclose protected health information to a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you are not able to give or withhold consent for the Plan to do this.

**Other Uses.** The Plan may also use and disclose your medical information as follows:

- The Plan may disclose protected health information to law enforcement officials, the U.S. Armed Forces, for research, for national security, or for public health activities as permitted by the privacy laws.
- The Plan may disclose protected health information about a deceased person to a coroner, medical examiner, or funeral director.
- The Plan may disclose protected health information in the event of a serious threat to your health or safety or the health or safety of others.
- The Plan may disclose protected health information in response to a court or administrative order, a subpoena, warrant, discovery request or other forms of lawful due process.
- If the Plan reasonably believes that you are a victim of abuse, neglect or domestic violence, the Plan may disclose PHI about you to a government authority, including a social services or protective services agency, authorized by law to receive such reports.
- If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank to facilitate organ or tissue donation and transplantation.

**You Must Authorize Other Uses.** The Plan (including business associates providing services to the Plan and your employer) will not use or disclose your protected health information from the Plan for any purpose other than those described in this Notice unless you give the Plan written authorization to do so. With limited exceptions, the Plan must obtain your authorization for uses or disclosures of psychotherapy notes, protected health information used for marketing purposes, and sales of protected health information. If you give written authorization, it must state the specific use you are authorizing, and in most cases, you may revoke your

authorization in writing at any time. Your revocation will not be effective to the extent that the Plan has already taken action in reliance on your authorization. The Plan is prohibited from using or disclosing any of your PHI that is genetic information for underwriting purposes.

### **Individual Rights to Inspect, Copy, and Amend and Other Rights Regarding Health Information.**

The law gives you certain rights regarding your protected health information used or maintained by the Plan, as follows:

- You have the right to see and get copies of your protected health information, with limited exceptions. The Plan reserves the right to impose a reasonable charge for repeat disclosures or numerous disclosure requests within one year.
- You have the right to ask that the Plan communicate with you in another way to keep your protected health information confidential. You can ask the Plan to communicate by a different means or at a different location than the Plan normally uses. The Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect premiums and pay claims.
- You may request additional restrictions on the Plan's use and disclosure of your medical information. The Plan does not have to agree to your request. However, the Plan must comply with your request not to disclose information about any medical expense for which you paid in full for the services.
- You have the right to notice in the event of an unauthorized disclosure of your health information where there is a significant risk your information has been compromised.
- You may request a correction to your protected health information. The Plan will determine whether it is appropriate to correct your information in a particular circumstance.
- You may request an accounting of disclosures of your medical information by the Plan for the last 6 years. This accounting will not include disclosures for treatment, payment or Plan operations, disclosures to you, disclosures pursuant to your authorization, or disclosures for disaster relief, national security, or intelligence purposes.
- You may request a paper copy of this notice if you received this notice by e-mail or on the internet.

If you want to exercise any of the above rights, contact the Privacy Official of the Plan as described below.

**State Privacy Rights.** You may have additional health information privacy rights under state laws, including rights in connection with mental health and

psychotherapy reports, pregnancy, HIV/AIDS-related illnesses, and the health treatment of minors.

**Complaints.** You have the right to complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services if you believe that your rights regarding the privacy of your protected health information have been violated. You may file a complaint with the Plan's Information and Complaint Official (identified below). You will not be retaliated against if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

**Privacy Official and Information and Complaint Official.**

For more information about the Plan's privacy practices or to take advantage of your rights as described in this Notice, contact:

Privacy Officer  
BrightSpring Health Services  
805 N Whittington Parkway  
Louisville, KY 40222

To file a complaint, contact:

Privacy Officer  
BrightSpring Health Services  
805 N Whittington Parkway  
Louisville, KY 40222  
502-394-2100

**Effective Date of This Notice.** This Notice is effective as of October 1, 2025. The Plan must comply with the provisions in this Notice until it is changed. The Plan reserves the right to change the provisions of this Notice at any time. If the Plan makes changes to this Notice, the Plan will send the changed Notice to all participants covered by the Plan at that time. The Plan may make the changes that apply to all protected health information it maintains, even information obtained before the effective date of the new Notice.

**Interpretation.** This notice is intended to comply with the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA). It is not intended to give individuals any greater rights than they have under HIPAA and it is not intended to give the Plan, employers or business associates any greater obligations than they have under HIPAA, and it shall be interpreted accordingly. However, state laws may provide additional protections, in which case those additional protections will apply.

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## **ADDITIONAL HIPAA SPECIAL ENROLLMENT RIGHTS**

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Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children’s Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 31-day period applies to most special enrollments. To request special enrollment or obtain more information, call the Benefits Support Center at 844-896-0169 or email [BrightSpringBenefits@BrightSpringhealth.com](mailto:BrightSpringBenefits@BrightSpringhealth.com).

## CREDITABLE COVERAGE DISCLOSURE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with BrightSpring and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1) Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- 2) BrightSpring has determined that the prescription drug coverage options listed below are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
  - Imagine360 \$900 Plan with Co-Pay
  - Imagine360 \$2,000 HDHP
  - Imagine360 \$2,800 Plan with Co-Pay
  - Imagine360 \$4,000 HDHP
  - HMSA PPO (Hawaii)
  - Kaiser Colorado \$1,500 HMO
  - Kaiser Colorado \$3,400 HDHP
  - Kaiser California \$1,500 HMO
  - Kaiser California \$3,400 HDHP
  - Kaiser Washington \$1,500 HMO
  - Kaiser Washington \$2,500 HDHP
  - Kaiser Northwest \$1,500 HMO
  - Kaiser Northwest \$3,400 HDHP
  - Coupe

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

Your BrightSpring coverage pays for other medical expenses in addition to prescription drugs. If you or your covered family member for whom Medicare pays second enrolls in a Medicare drug plan, your BrightSpring medical and prescription drug coverage will not be impacted, and the Medicare drug benefits will be coordinated with your BrightSpring prescription drug plan coverage. Medicare drug coverage will be secondary for you or the covered family member who chooses to enroll in a Medicare drug plan. However, you will have to pay a Medicare Part D premium, which BrightSpring will not reimburse.

Because your existing coverage is considered Creditable Coverage, you have several options. Your options include the following:

- Maintain your current benefits with BrightSpring and delay enrollment in Medicare prescription drug coverage.
- Keep your current benefits with BrightSpring and enroll in Medicare prescription drug coverage (in addition to prescription drugs, your current coverage includes medical benefits through the plan options listed above and you will be eligible to receive all of your current medical benefits even if you choose to enroll in a Medicare prescription drug plan).
- Enroll in a Medicare prescription drug plan and drop current benefits with BrightSpring. Note that you will lose your BrightSpring medical coverage as well as prescription drug coverage if you elect this option.

Medicare drug plans are required to pay a high percentage of covered prescription drug costs once you reach a certain out of pocket maximum amount each year. If you have both Medicare and BrightSpring prescription drug coverage, the amounts covered by BrightSpring prescription drug coverage will delay, and may prevent, you from reaching this limit. So, before you enroll in a Medicare drug plan, you should consider whether it will provide you with additional value.

If you do decide to join a Medicare drug plan and drop your current BrightSpring coverage, be aware that you and

your dependents may not be able to get this coverage back until the next open enrollment period or if you experience a qualifying life event that allows for a mid-year election.

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

You should also know that if you drop or lose your current coverage with BrightSpring and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage: Contact the BrightSpring Benefits Support Center at (844) 896-0169. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the BrightSpring changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage: More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date of this notice: October 1, 2025

BrightSpring Health Services  
Benefits Department  
805 N. Whittington Parkway  
Louisville, KY 40222

## NON-CREDITABLE COVERAGE DISCLOSURE NOTICE

### IMPORTANT NOTICE FROM BRIGHTSPRING HEALTH SERVICES ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about prescription drug coverage with BrightSpring Health Services and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. BrightSpring Health Services has determined that the prescription drug coverage offered by the **UHC FlexWork Plan** is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the **UHC FlexWork Plan**. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can elect to keep coverage from the **UHC FlexWork Plan**. However, because this coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

#### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you decide to drop your

current coverage with BrightSpring Health Services, since it is employer-sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however, you also may pay a higher premium (a penalty) because you did not have creditable coverage under the **UHC FlexWork Plan**.

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

Since the coverage under the **UHC FlexWork Plan**, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current BrightSpring coverage will not be affected, and the Medicare drug benefits will be coordinated with your BrightSpring coverage. As an active employee, Medicare drug coverage will pay secondary for you or your spouse who chooses to enroll in a Medicare drug plan. However, you likely will have to pay a Medicare Part D premium, which BrightSpring will not reimburse. Your options include the following:

- Keep your current benefits with BrightSpring Health Services and enroll in Medicare prescription drug coverage (in addition to prescription drugs, your current coverage includes medical benefits through the plans listed above and you will be eligible to receive all of your current medical benefits even if you choose to enroll in a Medicare prescription drug plan).
- Enroll in a Medicare prescription drug plan and drop current benefits with BrightSpring Health Services. Note that you will lose your BrightSpring medical coverage as well as prescription drug coverage if you elect this option.

If you do decide to join a Medicare drug plan and drop your current BrightSpring Health Services coverage, be aware that you and your dependents may not be able to get this coverage back until the next open enrollment period or you experience a qualified life event that allows for a mid-year enrollment.

For More Information About This Notice Or Your Current Prescription Drug Coverage: Contact the BrightSpring Benefits Support Center at (844) 896-0169. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through BrightSpring Health Services changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage: More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Date of this notice: October 1, 2025

### 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 dependents are already enrolled in Medicaid or CHIP and you're eligible for premium assistance, you may be able to enroll in your employer's plan. 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, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW (1-877-543-7669) or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact either your State Medicaid or CHIP office or the U.S. Department of Labor's Employee Benefits Security Administration at [www.dol.gov/ebsa](http://www.dol.gov/ebsa) 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, 2025. Contact your State for more information on eligibility:

#### ALABAMA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

#### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto: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

Website:

<http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Fax: 916-440-5676

Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

#### COLORADO – Health First Colorado

(Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:

<https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/State Relay 711

CHP+: <https://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.flmedicaidtprecovery.com/flmedicaidtprecovery.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

Health Insurance Premium Payment Program

All other Medicaid

Website: <https://www.in.gov/medicaid/>  
<http://www.in.gov/fssa/dfr/>

Family and Social Services Administration  
Phone: 1-800-403-0864

Member Services Phone: 1-800-457-4584

**IOWA** – Medicaid and CHIP (Hawki)

Medicaid Website:

Iowa Medicaid | Health & Human Services

Medicaid Phone: 1-800-338-8366

Hawki Website:

Hawki - Healthy and Well Kids in Iowa | Health & Human Services

Hawki Phone: 1-800-257-8563

HIPP Website: Health Insurance Premium Payment (HIPP) |

Health & Human Services (iowa.gov)

HIPP Phone: 1-888-346-9562

**KANSAS** – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

**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: [KIHIPPROGRAM@ky.gov](mailto:KIHIPPROGRAM@ky.gov)

KCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website:

<https://chfs.ky.gov/agencies/dms>

**LOUISIANA** – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

**MAINE** – Medicaid

Enrollment Website:

[https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740

TTY: Maine relay 711

**MASSACHUSETTS** – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 711

Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

**MINNESOTA** – Medicaid

Website:

<https://mn.gov/dhs/health-care-coverage/>

Phone: 1-800-657-3672

**MISSOURI** – Medicaid

Website:

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

**MONTANA** – Medicaid

Website:

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

**NEBRASKA** – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

**NEVADA** – Medicaid

Medicaid Website: <http://dhcftp.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. 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

**NEW JERSEY** – Medicaid and CHIP

Medicaid Website:

<http://www.state.nj.us/humanservices/>

<dmahs/clients/medicaid/>

Phone: 1-800-356-1561

CHIP Premium Assistance Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710 (TTY: 711)

**NEW YORK** – Medicaid

Website:

[https://www.health.ny.gov/health\\_care/medicaid/](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 and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

**PENNSYLVANIA** – Medicaid and CHIP

Website:

<https://www.pa.gov/en/services/dhs/applyformedicaid-health-insurance-premium-payment-program-hipp.html>

Phone: 1-800-692-7462

CHIP Website: Children's Health Insurance Program (CHIP)

(pa.gov)

CHIP Phone: 1-800-986-KIDS (5437)

**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: Health Insurance Premium Payment (HIPP)

Program | Texas Health and Human Services

Phone: 1-800-440-0493

**UTAH** – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)

Website: <https://medicaid.utah.gov/upp/>

Email: [upp@utah.gov](mailto:upp@utah.gov)

Phone: 1-888-222-2542

Adult Expansion Website:

<https://medicaid.utah.gov/expansion/>

Utah Medicaid Buyout Program Website:

<https://medicaid.utah.gov/buyout-program/>

CHIP Website: <https://chip.utah.gov/>

**VERMONT**– Medicaid

Website: Health Insurance Premium Payment (HIPP) Program

Department of Vermont Health Access

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>

Medicaid/CHIP Phone: 1-800-432-5924

**WASHINGTON** – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

**WEST VIRGINIA** – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>

<http://mywvhipp.com/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN** – Medicaid and CHIP

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-](https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/)

[eligibility/](https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/)

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-877-267-2323, Menu Option 4, Ext. 61565

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

**Paperwork Reduction Act Statement**

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

collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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

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



## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 9-30-2023)

### 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.<sup>1</sup>

**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 BrightSpring Benefit Support Center at 844.896.0169

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

<sup>1</sup> 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.

## 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 <b>Res-Care, Inc. d/b/a BrightSpring Health Services</b>		4. Employer Identification Number (EIN) <b>610875373</b>	
5. Employer address <b>805 N. Whittington Pkwy</b>		6. Employer phone number <b>502.394.2100</b>	
7. City <b>Louisville</b>	8. State <b>KY</b>	9. ZIP code <b>40222</b>	
10. Who can we contact about employee health coverage at this job? <b>BrightSpring Benefit Support Center</b>			
11. Phone number (if different from above) <b>844.896.0169</b>		12. Email address <b>BrightSpringBenefits@BrightSpringHealth.com</b>	

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

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

**Full Time scheduled to work 30 or more hours per week. Part-time Eligible that average 30 or more hours per week over the measurement period.**

•With respect to dependents:

We do offer coverage. Eligible dependents are:

**Legally married spouse, domestic partner, dependents under the age of 26 and disabled dependents over the age of 26 who became disabled prior to attaining age 26.**

We do not offer coverage.

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

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

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

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

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

**Yes** (Continue)

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

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

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

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

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

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

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

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

**16. What change will the employer make for the new plan year? \_\_\_\_\_**

Employer won't offer health coverage

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

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

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

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)