



ROTHMAN
ORTHOPAEDICS

Core Market Employees



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B E N E F I T S G U I D E

ROTHMAN ORTHOPAEDICS

Welcome to Rothman, where you are our most valuable asset! We all have different needs that influence the choices we make every day. We encourage you to take the time to carefully review this guide and learn about all the benefits available to you.

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Leaves and Paid Time Off (PTO)

Sick Leave

Sick leave will be calculated based on an employee's standard hours at the rate of one (1) hour for every thirty (30) hours worked up to a maximum of forty (40) hours per year. Employees reasonably expected to work at least 20 hours every week will be given a bank of forty (40) hours of paid sick leave at the beginning of every calendar year. Employees may carry over sick time from year to year; maximum carryover amount is listed below based on weekly hours. Employees will be required to use the state mandated state sick leave first and must exhaust that bank before utilizing the company sick leave. Any time left at the end of the calendar year will be rolled into the company sick leave. Below are the sick leave amounts given to employees based on their standard scheduled hours:

Work hours per week	Sick leave per year	Carry over maximum
30 - 40	40 hours	160 hours
25 - 29	40 hours	120 hours
20 - 24	40 hours	80 hours
15 - 19	33 hours	40 hours
0 - 14	25 hours	40 hours

To be eligible to use state sick leave, you must need leave for the applicable state reasons. Company sick time may not have the same protections as state sick leave.

An employee may only take sick time available in their bank. In other words, an employee cannot take more sick time than available. More information can be found in the handbook.

Paid Time Off will not be available until the 1st of the month following the successful completion of the evaluation period.

Vacation Time

Full-time employees: Vacation days are accrued as outlined in the schedule below.

Years of service	Hours per year	Days per year	Accrual per payroll
0-5	80	10	3.08 hours
6-15	120	15	4.61 hours
16+	160	20	6.15 hours

Part-time employees: Vacation days are accrued based on consistent weekly hours worked. There are no exceptions to the above days earned; no employee should receive more vacation time than their years of service allow.

Vacation must be planned in advance and a minimum of two (2) weeks' notice given to your supervisor/manager for authorization and must be approved prior to taking the time off. Vacation will be approved on a first come first serve basis to assure adequate departmental coverage. Employees may be denied approval if the department will not be covered sufficiently. Accrued time must be used before "No Pay" time will be approved. At the end of each calendar year, the employee may carry over any unused vacation time up to a maximum accumulation of 320 hours.

Personal Days

Full-time employees will be provided three (3) personal days each year to take care of personal business, including sick children, moving, religious holidays not observed by the practice or to attend to any other personal need that cannot be handled during non-working hours.

Personal days will be awarded on a pro-rated basis for individuals hired mid-year based on the number of remaining pay periods in the calendar year.

Discretionary Incentive Bonus & Paid Holidays

Discretionary Incentive Bonus

RO offers an annual discretionary incentive bonus to its employees. In order to qualify for the incentive plan, an employee must be employed for **one year** and must be actively employed at the time incentive is paid.

Employees are not considered actively employed if they have provided notice of their intent to resign their position. This excludes retirement.

The distribution of the bonuses to individuals will be at the discretion of the manager and supervisor based on their evaluation of each employee's contribution towards meeting the bonus criteria and the overall company financial performance.

These allocations are appropriately aligned with the goals of RO to the compensation of the staff. Management reserves the right to change the percentages of allocations whenever we see fit without prior notice to staff. This incentive plan may be modified or eliminated at the Employer's discretion without prior notice to the staff.

Holidays

Rothman Orthopaedics grants paid time off to all regular full-time and part-time employees on seven national holidays provided the employee is normally scheduled to work on these particular holidays. Temporary employees are ineligible for paid holidays.

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving ("Black Friday")
- Christmas Day



For questions regarding PTO, Leave, Bonus, and Holiday benefits, please reach out to Rothman Human Resources at benefits@rothmanortho.com.

Who is Eligible to Enroll in Benefits?

Eligibility for various benefits is outlined in the chart below. ✓ = Eligible ✗ = Not Eligible

Employee Status	Full-Time Permanent	Part-Time Permanent	Temporary	Per Diem
Weekly Hours	30+	16-29	30+	1-15
Medical	✓	✓	✓	✗
Dental	✓	✓	✓	✗
Vision	✓	✓	✓	✗
Basic Life & AD&D	✓	✗	✗	✗
Short Term Disability	Work-in PA/FL only	✗	✗	✗
Long Term Disability	✓	✗	✗	✗
Voluntary Employee, Spouse, and Child Life	✓	✗	✗	✗
401k	✓	✓	✓	✓

Spouse & Dependent Eligibility

In addition to yourself, the following family members are eligible for medical, dental and vision coverage:

- Legally married spouse
- Natural and adopted children
- Legally adopted children
- Children under legal guardianship

Child dependents are not required to be financially dependent on you, unmarried, attending school, or reside with you to be eligible for dependent coverage. Eligible child dependents may be covered up to the end of the month in which they turn 26 years old.

Please Note:

- Employees are not eligible to use PTO until the 1st of the month following the 90 day introductory period.
- All benefits, except 401(k), begin on the 1st of the month coinciding with, or after 60 days of employment.
- The 401(k) begins on the 1st of the month after 3 months of service.

Making Changes and Important Reminders

Enrolling in Benefits

ARE YOU READY TO ENROLL?

It is important to weigh your options carefully. If you do not enroll within your initial enrollment window, you will not be able to enroll until our next Open Enrollment unless you experience a Qualifying Life Event. Enrollment is electronic and is done via the Benefits tab in Paycom.

Making Changes During the Plan Year

QUALIFYING LIFE EVENTS

Unless you experience a Qualifying Life Event, you cannot make changes to your benefits until the next Open Enrollment period.

Qualifying Life Events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

**You must notify Human Resources within
30 days of experiencing Qualifying Life Event.**



Benefit Resources: Conner Strong & Buckelew

Benefits MAC

FOR HELP RESOLVING BENEFITS ISSUES

The Benefits Member Advocacy Center (MAC), provided by Conner Strong & Buckelew, allows you to speak to a specially trained Member Advocate who can help you get the most out of your benefits. You can contact the Benefits MAC for assistance if you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a medical bill
- Are unclear on how your benefits work
- Need information about adding or removing a dependent
- Need help resolving a benefits problem you've been working on

You can contact the Benefits MAC in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm
- Via the web:
www.connerstrong.com/memberadvocacy
- Via e-mail: cssteam@connerstrong.com

BenePortal

YOUR BENEFITS INFO – ALL IN ONE PLACE!

At Rothman, employees have access to a full-range of valuable employee benefit programs. With BenePortal, you and your dependents can review your current employee benefit plan options online, 24/7!

Use BenePortal to access benefit plan documents, insurance carrier contacts, forms, guides, links and other applicable benefit materials. BenePortal is mobile-optimized, making it easy to view your benefits on-the-go. Simply bookmark the site in your phone's browser or save it to your home screen for quick access. **BenePortal features include:**

- Direct links to benefits enrollment sites
- Plan summaries & downloadable forms
- Wellness resources
- Carrier contacts
- GoodRx
- BenefitPerks Discount Program
- And more!

Simply go to www.rothmanbenefits.com to access your benefits information today!



Medical Benefits: Keystone, AmeriHealth & IBX



Rothman offers the following medical plan options. Each medical plan includes prescription drug benefits (see page 10 for details). The HMO and Direct POS Flex are administered by **Keystone** in Pennsylvania, and **AmeriHealth** in New Jersey. The Personal Choice PPO and High Deductible Health Plan are administered by **Independence Blue Cross**.

HMO Plan KEYSTONE/AMERIHEALTH		Direct POS Flex Plan KEYSTONE/AMERIHEALTH		Personal Choice PPO Plan INDEPENDENCE BLUE CROSS		IBX High Deductible Health Plan (HDHP) INDEPENDENCE BLUE CROSS	
Benefit Description	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Individual/Family)	\$0	\$0	\$5,000/\$10,000	\$3,000/\$6,000	\$5,000/\$15,000	\$5,000/\$10,000	\$6,000/\$12,000
Out-of-Pocket Maximum	\$7,900 / \$15,800	\$7,900 / \$15,800	\$30,000/\$60,000	\$9,100 / \$18,200	\$15,000/\$45,000	\$7,000 / \$14,000	\$12,000/\$24,000
Preventive Care Services	100%	100%	50%, no deductible	100%	50% no deductible	100%	50% no deductible
Primary Care Physician	Yes*	Yes*	N/A	No	N/A	No	N/A
PCP Office Visit	\$30 copay	\$30 copay	50%, after deductible	\$50 copay	50%, after deductible	80% after deductible	50%, after deductible
Specialist Office Visit	\$50 copay	\$50 copay	50%, after deductible	\$70 copay	50%, after deductible	80% after deductible	50%, after deductible
Maternity Services	\$30 copay, first ob visit	\$30 copay, first OB visit	50%, after deductible	\$50 copay; first OB visit	50%, after deductible	80% after deductible	50%, after deductible
Diagnostic Laboratory	\$50 copay	\$50 copay	50%, after deductible	70% after deductible	50%, after deductible	80% after deductible	50%, after deductible
Diagnostic X-Ray/Imaging	\$50 copay (routine radiology/diagnostic) \$100 copay (complex imaging)	\$50 copay (routine radiology/diagnostic) \$100 copay (complex imaging)	50%, after deductible	70% after deductible	50%, after deductible	80% after deductible	50%, after deductible
Emergency Room	\$300 copay (not waived if admitted)	\$300 copay (not waived if admitted)	\$300 copay (not waived if admitted)	70% after deductible	80% after in-network deductible	80% after deductible	80% after in-network deductible
Urgent Care Center	\$87 copay	\$87 copay	50%, after deductible	70%, deductible does not apply	50%, after deductible	80% after deductible	50%, after deductible
Ambulance	100%	100%	100%, 50% non-emergency	70% after deductible	80% after in-network deductible	80% after deductible	80% after in-network deductible
Inpatient Hospital	\$500 per day, max 5 copays per admission	\$500 per day, max 5 copays per admission	50%, after deductible	70% after deductible	50%, after deductible	80% after deductible	50%, after deductible
Outpatient Surgery	\$500 copay	\$500 copay	50%, after deductible	70% after deductible	50%, after deductible	80% after deductible	50%, after deductible
Vision Care	Eye Exam: \$50 copay Eyewear: \$100 every 2 years	Eye Exam: \$50 copay Eyewear: \$100 every 2 years	N/A	N/A	N/A	N/A	N/A

** Deductibles and out-of-pocket maximums run on a calendar year basis.

Prescription Benefits

If you are enrolled in one of the medical plans, you are automatically enrolled in the corresponding prescription plan.

HMO, Direct POS Flex & Personal Choice PPO Plans

IBX High Deductible Health Plan (HDHP)

Prescription Benefits	Retail (Up to a 30-day supply)	Mail Order (Up to a 90-day supply)	Retail (Up to a 30-day supply)	Mail Order (Up to a 90-day supply)
Low-Cost Generic	N/A	N/A	\$5 copay after deductible	\$10 copay after deductible
Generic	\$25 copay	\$50 copay	\$20 copay after deductible	\$40 copay after deductible
Preferred Brand	\$50 copay	\$100 copay	\$40 copay after deductible	\$80 copay after deductible
Non-Preferred Brand	\$75 copay	\$150 copay	\$70 copay after deductible	\$140 copay after deductible
Specialty Medications	Member pays 10% coinsurance (up to \$250)	N/A	Member pays 50% after deductible (up to \$500)	N/A
Out-of-Network Pharmacy	30% reimbursement*		50% reimbursement	

* Out-of-Network Pharmacy benefit does not apply to the HMO plan.



Utopia WellCare

What is Utopia WellCare?

Utopia WellCare's goal is to help you develop a better overall relationship with your health via comprehensive Functional Nutrition services provided by Board Certified Registered Dietitians.

How it works

Utopia WellCare provides one on one virtual consultations with dietitians at no cost to you. Consultations are covered under preventive care through your insurance carrier and offers 6 FREE visits. Utopia WellCare captures your complete patient history and health status to leverage diet and nutrition counseling to assist with your overall health and wellbeing. Not only can you take advantage of Utopia WellCare, but your dependents can also schedule a visit with one of their Board Certified Registered Dietitians.

This benefit is open to everyone enrolled in the medical plan, along with your dependents. If you are currently enrolled in a parent or spouse's insurance plan, you can still use this benefit! Utopia WellCare works with the following insurance carriers:

- Aetna
- AmeriHealth / AmeriHealth Administrators
- Highmark Blue Cross Blue Shield
- Independence Blue Cross / Independence Administrators
- Meritain Health
- UMR
- United Healthcare

Utopia WellCare can help with topics like:

- **Mood Regulation**
 - Depression, PMS, PMDD
- **Stress and Anxiety**
 - Brain gut imbalance
- **Body Composition**
 - Weight Loss, Build Muscle
- **Cardiovascular Issues**
 - High blood pressure, cholesterol, heart disease, low platelets etc
- **Endocrine Imbalance**
 - Diabetes, hormone resistant weight loss
- **Kidney Imbalances & Cancer**
- **Autoimmunity**
 - Lupus, Hashimoto, Psoriasis, Parkinsons
- **Allergies and Environmental exposures**
 - Mast Cell Activation
- **Gastro-Intestinal Disorders**
 - Gas, bloating constipation, IBS, IBD
 - Food-sensitivity Issues, GERD



Voluntary Benefits: The Hartford

Voluntary Critical Illness Benefits

Critical Illness insurances provides a cash benefit for a covered illness. We know that everyone has different needs when coping with a critical illness.

HOW COULD THESE BENEFITS HELP ME?

No one likes being sick, and a serious illness can have a major financial impact on your life. Health insurance can help with some medical expenses, but Critical Illness Benefits can help with your other bills.

These benefits help relieve financial strain with cash benefits for covered illnesses, like cancer, a heart attack, or stroke. You can use the money however you need.

Examples could include:

- Food
- Housing
- Utilities
- Medical Expenses

You may not be able to predict a serious illness, but you can help protect yourself financially. Critical Illness Benefits help you focus on recovery, instead of the expenses that come with it. Getting covered can give you peace of mind today and provide major relief later.

Visit www.thehartford.com/employeebenefits for more information.

Voluntary Accident Insurance

Accidents happen and they can affect more than just your physical health. With Accident Insurance, you get a benefit to help pay for costs associated with a covered accident or injury. You may utilize the payments as you best see fit.

HOW COULD THESE BENEFITS HELP ME?

When an accidental injury like a fracture, dislocation, or concussion interrupts your daily life, medical insurance protects you from doctor's office and medical costs, but Accident insurance provides an additional cash benefit after an accident.

It can be used any way you choose, like:

- Deductibles or x-ray copays
- Food
- Housing
- Utilities

Accidents happen. Accident insurance helps give you peace of mind when you need it most. Get covered today so you can enjoy tomorrow.

Visit www.thehartford.com/employeebenefits for more information.

Telemedicine: Teladoc & TruHearing

About Teladoc Telemedicine

Teladoc is a national network of board-certified doctors available 24/7/365 to diagnose and treat a wide range of general medical, mental health, and dermatological needs.

TELADOC GENERAL MEDICAL

Through Teladoc General Medical, you will receive 24/7 access to virtual health care for common health concerns like cough, sore throat, fever, rashes, allergies, asthma, ear infections, pink eye, nausea, and more.

1. Access to one of the largest virtual care networks in the country, with board-certified doctors who are available by phone, web, or the Teladoc app
2. Interpreters who know your language, including American Sign Language (ASL)
3. Prescription requests sent to your pharmacy of choice
4. A caregiving option, which allows a babysitter to schedule a visit on your behalf if your child gets sick while in their care

TELADOC DERMATOLOGY

Teladoc Dermatology gives you access to board-certified dermatologists anywhere you are. Whether you have a question about a recent skin change or need help managing a chronic skin condition like acne, rosacea, or psoriasis, Teladoc Dermatology can help. Through Teladoc Dermatology you gain access to: A network of board-certified dermatologists, an online message center where you can connect with your dermatologist, and a personalized treatment plan with follow-up care.

TELADOC MENTAL HEALTH

Teladoc Mental Health Care provides convenient, confidential access to trusted professionals who can help you manage stress, anxiety, grief, depression, and more.

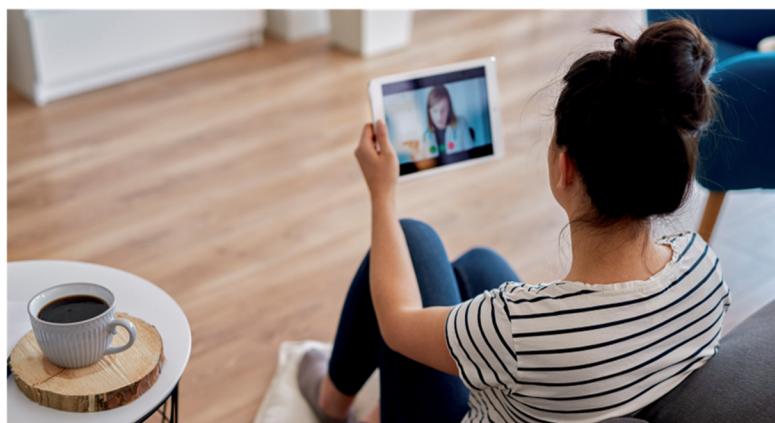
1. Find a board-certified psychiatrist, psychologist, or therapist that meets your needs
2. Schedule a virtual visit by phone or video at a time that's best for you to connect.
3. Get ongoing support from your mental health care provider

Getting Started with Teladoc

To get started, download the Teladoc mobile app, call **800.835.2362** or visit www.teladoc.com.

Tru Hearing

As an Independence Blue Cross member, you also have access to TruHearing for an easy and affordable way to help you hear better. With TruHearing, you and your family members are covered for exams and discounts on hearing aids and hardware.



Dental Benefits: Delta Dental

Eligible employees and their eligible family members may enroll in one of the Delta Dental plans, which includes 100% coverage for preventive services such as routine dental exams, cleanings and X-rays. To find a provider in your area, visit: www.deltadentalins.com.

DeltaCare USA (DHMO)

Dental Benefits	In-Network Only
Exams	No cost
Bitewing X-rays	No cost
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)	No cost
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	See schedule of benefits
Major Services Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	See schedule of benefits

Delta PPO+ Premier (DPPO)

Dental Benefits	In-Network	Out-of-Network
Calendar Year Deductible (Individual/Family)	\$50/ \$150 (Combined In and Out)	
Calendar Year Maximum (per patient)	\$2,500	\$2,500
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)	100% (no deductible)	100% (no deductible)
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	80%	80%
Major Services Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	50%	50%
Orthodontia Benefits (children age 19 and below)	50%	50%
Orthodontia Lifetime Maximum (per patient)	\$2,500 (combined In and Out)	

Dental Benefits: Delta Dental

Dental hygiene and health are directly linked to health in other areas of the body. Most people recognize the importance of maintaining good physical health, and having regular physical examinations, but we rarely extend the same consideration to our teeth. The truth is that good dental care is a crucial part of your overall physical health because other systems can be affected by your oral health. For example, taking proper care of your gums can actually help prevent heart disease.

DHMO vs. DPPO Plan

DHMO PLAN

Under the DHMO plan, members have their choice of skilled primary care dentists from the DeltaCare USA network.

Select a primary care dentist who will then coordinate any needed referrals to a specialist. Covered services provided by DeltaCare USA dentists have preset copayments (dollar amounts), which are listed in your plan booklet.

There are no maximums or deductibles.

The DHMO plan requires selection of a primary care dentist. Most preventive services are provided at no charge to the member. For services requiring payment, members are charged a copay based on a discounted fee schedule.

DPPO PLAN

The DPPO plan preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a Delta Dental PPO or Premier dentist. In-network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.



See the previous page for an overview of your dental plan options.

Vision Benefits: Davis Vision & VSP

Take care of your vision and overall health while saving on your eye care and eyewear needs. Vision insurance can help you maintain your vision as well as detect various health problems. Health conditions such as diabetes and high blood pressure can be detected early through a comprehensive eye exam.

Davis Vision Standard Plan

The Davis Vision Standard Plan is included with the HMO/POS medical plans. The medical plan covers routine eye exams and Davis offers a \$100 eyewear benefit every 2 calendar years.

VSP Comprehensive Plan

Our vision plan is administered by VSP and provides coverage for a range of vision care including exams, frames, lenses and contact lenses. Plan details are outlined below.



VSP Comprehensive Buy-Up Plan

	In-Network	Out-of-Network
Exam	\$10 copay	Up to \$45 reimbursement
Prescription Glasses Frames Lenses	\$25 copay \$200 allowance Included in prescription glasses	Up to \$70 Up to \$100 reimbursement
Contact Lenses (in lieu of eyeglasses)	Elective: Up to \$130 Medically Necessary: covered in full	Up to \$105 reimbursement
Frequency Vision Exam Lenses Frames	12 months 12 months 24 months	12 months 12 months 24 months

Bi-Weekly Employee Contributions

The contributions listed are pre-tax and deducted bi-weekly.

Medical/Rx Plans

Coverage Tier	Full-Time Rates				Part-Time Rates			
	HMO	Direct POS	Personal Choice PPO	HDHP	HMO	Direct POS	Personal Choice PPO	HDHP
Employee Only	\$52.00	\$74.00	\$163.00	\$42.00	\$367.65	\$368.82	\$345.42	\$310.12
Employee + Child	\$165.00	\$205.00	\$260.00	\$140.00	\$654.09	\$656.17	\$614.46	\$552.95
Employee + Children	\$165.00	\$205.00	\$385.00	\$140.00	\$654.09	\$656.17	\$614.46	\$552.95
Employee + Spouse	\$260.00	\$325.00	\$465.00	\$230.00	\$844.13	\$846.80	\$792.97	\$713.60
Family	\$310.00	\$385.00	\$555.00	\$290.00	\$1,076.34	\$1,079.76	\$1,011.11	\$909.91

- Wellness Program eligibility qualifies for a \$25 reduction on all premiums listed above
- Employees who cover a spouse who has access to employer sponsored health coverage will have a surcharge \$46.15 per pay. An affidavit will be required to be completed and returned within 30 days of effective date

Medical Opt Out

Permanent, full-time employees who do not enroll in an RO medical plan are eligible to receive the medical opt out benefit. The benefit will add an extra \$19.23 to your bi-weekly paycheck with a \$500 plan year maximum. To receive the opt out benefit, you must return your signed form **by your benefits eligibility date**.

NOTE: You will need to complete a new waiver every year during open enrollment.

Dental Plans

Coverage Tier	Full-Time Rates		Part-Time Rates	
	DeltaCare USA DHMO	Delta PPO+ Premier	DeltaCare USA DHMO	Delta PPO+ Premier
Employee Only	Company Paid	\$9.11	\$9.49	\$18.21
Employee + Dependent(s)	Company Paid	\$23.25	\$23.46	\$46.51

Vision Plans

Coverage Tier	VSP Vision (Full-Time)	VSP Vision (Part-Time)
Employee Only	\$2.37	\$2.37
Employee + Dependent(s)	\$5.10	\$5.10

Health Savings Account: Flores

If you are enrolled in the HDHP plan, you are able to put money aside in an HSA to help you pay for medical expenses and save on taxes.

HSA Contributions

The maximum amount that can be contributed to the HSA in a tax year is established by the IRS and is dependent on whether you have individual or family coverage in the HDHP plan. For 2025, the contribution limits are:

- \$4,300 for individual coverage
- \$8,550 for family coverage
- \$1,000 annual catch-up contribution for age 55+

Advantages of the HSA

- There is no “use it or lose it” provision. If you don’t use the money in your account by the end of the year, funds will roll over.
- You can save and invest unused HSA money for future healthcare needs.
- Your HSA is portable. When you retire or leave the company, your HSA funds go with you.

Triple Tax Advantages

HSA contributions are tax deductible; you can spend money tax-free, and any growth is tax free.

Do I qualify?

To be an eligible individual to make contributions to an HSA, you must meet the following requirements.

- You are covered under the HDHP medical plan.
- You have no other health coverage.
- You aren’t enrolled in Medicare.
- You can’t be claimed as a dependent on someone else’s tax return.



Flexible Spending Accounts: Flores

Flexible spending accounts, or FSAs, provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

Healthcare FSA

The Healthcare FSA allows you to set aside pre-tax dollars via payroll deductions to pay for qualified healthcare expenses for you and your dependents. The annual maximum amount you may contribute is **\$1,500** per calendar year.

The Healthcare FSA can be used for:

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses and sunglasses
- LASIK eye surgery

Dependent Care FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care expenses. The annual maximum amount you may contribute is **\$5,000** (or **\$2,500** if married and filing separately) per calendar year.

The Dependent Care FSA can be used for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)
- After school programs
- Day camps

Use-It-or-Lose-It

Flexible Spending Accounts operate under a use-it-or-lose-it rule, meaning that money not used by the end of the plan year does not rollover and must be forfeited, per IRS regulations.

Healthcare FSA \$500 Carryover

Rothman allows up to \$500 of unused Healthcare FSA funds to carry over into the next plan year. Amounts over \$500 will be forfeited.



Commuter & Transit Benefits: Flores

Commuter Benefits

Rothman is pleased to provide our employees with the opportunity to enroll in a spending account specific to work-related transit expenses. Commuter Benefits allow you to pay for eligible work-related transit and parking expenses through pre-tax payroll deductions from your paycheck.

You are able to make changes to your pre-tax election amount on a month to month basis. Once you make your election, you will receive a debit card that can be used to pay for work-related transit and parking expenses. Your debit card is loaded with your pre-tax deductions each time a deduction is taken from your paycheck. Each time you use your debit card to pay for transit purchases, the funds are automatically debited from your transit account.

Transit & Parking Account Maximum Monthly Contributions

For the 2025–2026 plan year you may contribute:

- **TRANSIT:** Up to \$325 per month for transportation (mass transit, train, subway, bus fares, ferry rides).
- **PARKING:** Up to \$325 per month for parking expenses incurred at or near your work location or near a location from which you commute using mass transit

At the end of the plan year, any balances in either account will remain in your account and be available for your use in the next plan year, unless your employment with Rothman is terminated.

***In any given month, you can only take out up to the IRS limit of \$325.**



Carryover & Eligible Expenses

There is no annual “use-it-or-lose-it” rule for Commuter Benefits. While unused amounts cannot be cashed out, they can be carried over to provide transit benefits in subsequent years.

For more information about qualified expenses, please visit:

www.irs.gov/publications/p15b#en_US_2021_publink1000193743.

Life and AD&D Benefits: The Hartford

Life and Accidental Death & Dismemberment (AD&D) insurance provides protection to those who depend on you financially, in the event of your death or an accident that results in death or serious injury.

Basic Life and AD&D Insurance

Life insurance can help provide for your loved ones if something were to happen to you. Rothman provides full-time, permanent employees with group life and accidental death and dismemberment (AD&D) insurance. Rothman pays for the full cost of this benefit.

Basic Life and AD&D Insurance	
Life and AD&D Benefit	1x Salary up to \$125,000 Maximum
Benefit Reduction	
Age 65	Reduces to 65%
Age 70	Reduces to 45%
Age 75	Reduces to 30%
Age 80	Reduces to 20%
Age 85	Reduces to 15%

Voluntary Life Insurance

With voluntary life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can purchase coverage for yourself or for your spouse or your dependent child(ren) as outlined in the chart below. Rates are age-based.

Please note: Evidence of Insurability (EOI) is required for elections made outside of the initial eligibility period for any amount elected.

Voluntary Life and AD&D Insurance	
Benefit Description	
Employee	Up to 5 times salary
Spouse	Up to a maximum of 100% of employee election
Dependent child	Up to \$10,000
Guaranteed Issue*	
Employee	\$150,000
Spouse (under age 70)	\$30,000

* Guaranteed issue amounts are only available to employees/spouses in their initial eligibility period.



Short & Long-Term Disability: The Hartford

Short-Term Disability (STD)

STD is a type of disability insurance coverage that can help you remain financially stable should you become injured or ill (non-occupational) and cannot work. After fourteen calendar days of continuous disability, you may receive 66% of your average weekly wages to a maximum benefit of \$2,000 per week. This benefit can be paid for up to 11 weeks* of continuous disability.

**In the case of pregnancy, benefits will last 6 weeks for natural birth and 8 weeks for C-section.*

Rothman covers 50% of the monthly premium for STD for PA employees only; employee premiums are post-tax. Employees who work in NJ are not eligible.

Short-Term Disability (STD)	
Benefit	66%
Maximum Weekly Benefit	\$2,000
Elimination Period	14 Days
Duration of Benefits	11 weeks*

Long-Term Disability (LTD)

LTD insurance protects you in the event you become disabled for a prolonged period prior to retirement (occupational or non-occupational).

Rothman LTD provides you with income continuation in the event your illness or injury lasts beyond 90 days. This helps ensure you have a continued income if you are unable to work due to a covered sickness or injury. You may receive 60% of your pre-disability earnings to a maximum benefit of {benefit maximum} per month.

Rothman contributes 50% of the premium cost; employee premiums are post-tax. Premiums are waived while you are disabled.

Long-Term Disability (LTD)	
Benefit	60%
Maximum Monthly Benefit	\$6,000
Elimination Period	90 Days
Duration of Benefits	SSNRA



401(k) Retirement Savings Plan

Who can participate?

Participation is open to all employees who have completed 3 months of service. Participation begins on the first of the month following 3 months of service.

How Do I Contribute?

- Contributions are made through payroll deductions
- The annual contribution limit is \$23,500. If you are turning 50 this year, or already over the age of 50, please view the table below for the new catch-up contribution structure

Age Bracket	Catch Up
50 - 59 Years Old	\$7,500
60 - 63 Years Old	\$11,250
64+ Years Old	\$7,500

- You may also rollover an existing qualified retirement plan from a previous employer or Traditional IRA
- Contributions can be made pre-tax or post-tax (Roth)

How Does Rothman Contribute to the Plan?

- A non-elective safe harbor contribution of 3% of your gross biweekly earnings will be allocated to your account when you become 401(k) eligible
- A discretionary profit-sharing contribution may also be allocated to your account at year-end
- Only those who work 501 hours during the Plan Year and are employed on the last day of the Plan Year will be eligible for the profit-sharing contribution

- 401(k):** Pre-tax, flat \$ amount
- 401(k) %:** Pre-tax, percentage of biweekly gross earnings
- 401(k) Roth:** Post-tax, flat \$ amount
- 401(k) Roth %:** Post-tax, percentage of biweekly gross earnings

How Do I Become Vested in my Account?

"Vesting" refers to ownership of the contributions made to the plan. Employee deferrals and safe harbor contributions are 100% vested. Profit-sharing contributions are 100% vested after you have 3 years of service.

How Are Plan Contributions Invested?

Employees direct how their contributions are invested from the investment choices provided. You may change your investment choices at any time subject to any restrictions imposed by the investment managers. More information of the investment choices can be found in the employee investment guide.

When Can Money Be Withdrawn?

- Retirement at the age of 65
- Termination of employment
- Disability
- Death
- Hardship needs

See your Summary Plan Description for more details regarding account withdrawals.

Wellness Program: Personify Health

Rothman Wellness Incentive Program

Personify Health (formerly Virgin Pulse) provides employees with the tools to get active, get healthy, and live better every day. Personify Health is a behavior change platform that will help you build positive, long-lasting habits to improve your overall health and well-being!

Who Can Participate?

All Rothman medical plan participants are eligible to log onto

join.personifyhealth.com/RothmanOrtho
or the **Personify Health app** to start the program.

How to Register

1. Visit join.personifyhealth.com/RothmanOrtho or download the Personify Health app.
2. Use your full name and date of birth to register.
3. If you are registering for the first time on a new device (computer or phone), you will be prompted through a Multifactor Authentication (MFA) process.

Medical Premium Discount

Rothman offers a **\$25.00 biweekly medical premium discount** to employees who fulfill program requirements.

Earning Wellness Points

To begin receiving the bi-weekly medical premium discount, you must earn 175 Wellness Points. To continue receiving the Wellness Discount throughout the following plan year, you must earn 325 Wellness Points.

Through Personify Health, you can join a team and take part in a variety of interactive step challenges or participate in a health journey and compete alongside your coworkers to unlock rewards and reach your goals. Each time you complete a routine health exam, physical activity, or a mental wellness activity, you could earn points towards a discount on your bi-weekly medical premium.

Examples of Points Earning Activities:

- Complete your checklist
- Complete the Health Assessment
- Complete a Biometric Screening
- Complete a Physical Exam
- Complete a Preventative Screening
- Complete a Dental and/or Vision Exam
- Report a Flu Shot or COVID-19 Booster Vaccination
- Take 7,000 steps 20 days/month
- Reach the final destination in a quarterly step challenge
- Complete a Financial Wellness Activity
- Complete a Mental Wellness Activity

Wellness Program: Personify Health

Health Assessment

The Health Assessment asks questions about your current health status and well-being habits.

Biometric Screening

Biometric screenings provide vital information about your overall health, including cholesterol, glucose, blood pressure, height, weight, Body Mass Index, and waist measurement.

Have Questions?

- Visit support.personifyhealth.com
- Email Virgin Pulse at support.personifyhealth.com
- Call Personify Health at **888.671.9395**
(Monday through Friday, 8 AM – 9 PM EST)
- Live Chat on member.personifyhealth.com
(Monday through Friday, 2 AM – 9 PM EST)

All programs are confidential and in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Any information shared with Personify Health will not be disclosed, except in accordance with HIPAA laws. Your Protected Health Information (PHI) will not be shared with your employer.

Keep an eye out for wellness requirements for 2026- 2026!



Additional Benefits : Maven

A Holistic Family Benefit

Maven is a free virtual platform that offers 24/7 comprehensive support for both men and women throughout your family health journey. With the recent addition of menopause care, Maven's services now extend to women's health needs beyond pregnancy and childbirth.

By enrolling in Maven, you'll gain access to an extensive library of content, a full calendar of expert led webinars, and a dedicated personal care advocate who will serve as your guide and concierge, helping you to navigate each step of your journey.

Whether you and your partner are exploring preconception options, seeking maternity and newborn care, parenting support, or menopause care, Maven's team of expert providers are available around the clock and offer unlimited on-demand access to 35+ specialists.



For all parents, and paths to parenthood:

Adoption & Surrogacy

- Adoption & Surrogacy Coaches
- Agency & Clinic Navigation
- Mental Health Support
- Inclusive Providers

Pregnancy and Postpartum

- Midwives, OB-GYNs, Doulas
- Birth Planning
- Lactation Consultants
- Mental Health Specialists
- Loss Support

Parenting and Pediatrics

- Childcare Support
- Speech Pathologists
- Parenting Coaches
- Special Ed. Advocates
- Career Coaching

Menopause

- On-demand Support
- Educational Resources
- Mental Health Support

Additional Benefits : Better Help

Convenient, Affordable Private Online Counseling

TALK WITH A LICENSED, PROFESSIONAL THERAPIST ANY TIME, ANYWHERE

It's professional.

Just like seeing a counselor in a clinical setting, BetterHelp allows you to connect with your therapist in a safe and private online environment. All counselors are licensed, accredited professionals. Anything and everything you share is confidential.

It's accessible.

Access your private chat room on any device with internet connection at anytime. Easily schedule your live sessions to a day and time that works around your busy schedule.

It's convenient.

Do it at your own time and at your own pace, on your lunch break or over the weekend. Communicate with your therapist as often as you want and whenever you feel it's needed via text, talk, phone, & video.



Talk to a therapist today!

1. Click the 'Get Started' link in your invite email or visit <https://betterhelp.com/rothmanortho>
2. Complete a brief questionnaire to find the right therapist for you based on your preferences/needs
3. Communicate with your therapist via text, chat, phone or video

Additional Benefits : Nobu & Color



Nobu Mental Health App

Nobu is a **FREE** wellness app that will help you learn about mental health, set goals and track your progress against them. The app is a secure, stigma-free platform that is fully HIPAA-compliant and supplements current HR and employee assistance programs (EAPs). Many of the features are free to use and put on-demand mental health resources in the palm of your hands.

GETTING STARTED IS EASY!

Download the mobile app on your iOS or Android device. After you create your user name and password, you'll start your first Journey where you will learn about the Nobu features available to you.



Color Genetic Testing

Ready to better understand how your genes impact your health, from your risk for common hereditary cancers and heart conditions to how your body might process certain medications? Color's confidential service helps you better understand your hereditary risks, helping you, and possibly your family, lead a healthier life.

GETTING STARTED

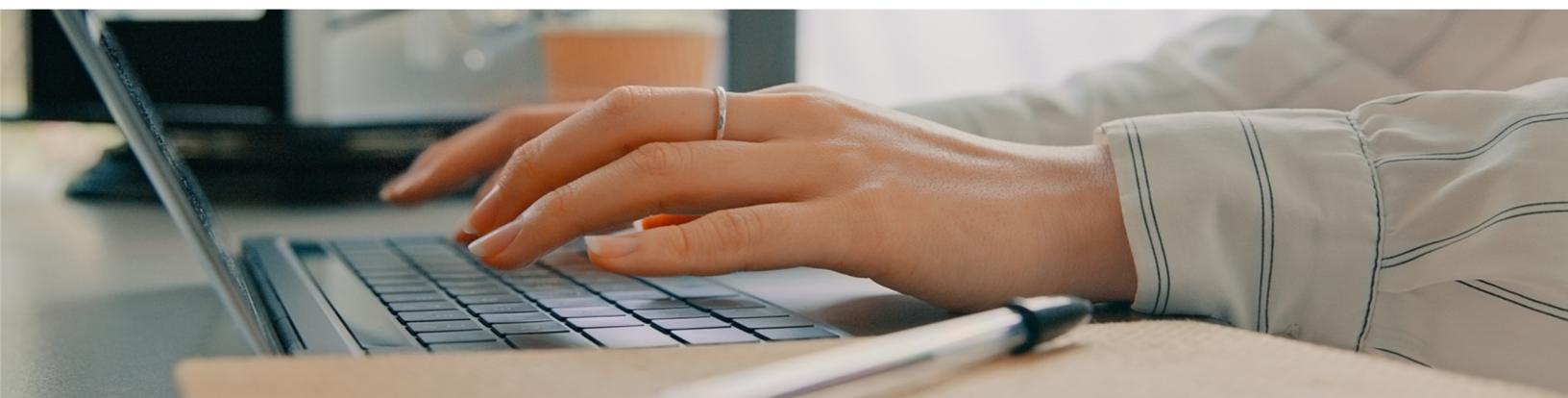
To get started, visit www.color.com/go/rothman.

All it takes is a saliva sample to learn potentially life-changing information!



Carrier Contacts

Coverage Type	Carrier Name	Phone	Website
Medical	IBX	1-800-275-2583	www.ibx.com
Dental	Delta Dental	800-932-0783	www.deltadentalins.com
Vision	VSP	1-800-877-7195	www.vsp.com
HSA, FSA, and Commuter Benefits	Flores	800-532-3327	www.flores-associates.com
Life, AD&D and Disability Benefits	The Hartford	800-523-2233	www.thehartford.com
Critical Illness and Accident Coverage	The Hartford	800-523-2233	www.thehartford.com
401(k) Plan	Empower Retirement	866-467-7756	www.empowermyretirement.com



Legal Notices

Notice Regarding Special Enrollment

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 (including COBRA 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 or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage.

Loss of eligibility for Medicaid or a State Children's Health Insurance Program

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 (CHIP) 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 CHIP. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

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 or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, 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

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. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

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

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights 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 Rothman 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, 2024. 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 (HIPPP) 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 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.flmedicaidtplrecovery.com/>
flmedicaidtplrecovery.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/>
<https://www.in.gov/fss/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: <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: 1-800-792-4844
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: KIHIPP.PROGRAM@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 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.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: 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: masspremessaging@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: 1-573-751-2005

MONTANA – Medicaid

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

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-495-1178

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 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

Legal Notices

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmabs/clients/medicaid/>
Phone: 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/
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/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>
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 Rite 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

Utah's Premium Partnership for Health Insurance (UPP)
Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542

Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-562-3022

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, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa (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

Patient Protection Model Disclosure

Some Rothman health plans require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Keystone, Amerihealth, or IBC at www.ibx.com or www.amerihealth.com.

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

You do not need prior authorization from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact IBC at www.ibx.com.

Legal Notices

Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage Rothman 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. Rothman has determined that the prescription drug coverage offered by the Rothman Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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 Rothman's plan 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...

Matthew Graf at 267-310-1451.

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 [Insert Name of Entity] changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

Reminder: Keep this Creditable Coverage notice for your medical and prescription plan. 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.

Date:	January 2025
Name of Entity/Sender:	Rothman Orthopaedics
Contact-Position/Office:	Matthew Graf, HRIS & Benefits Manager
Address:	833 Chestnut Street, Suite 500 Philadelphia, PA 19107
Phone Number:	267-310-1451

Wellness Plan Disclosures

Your health plan is committed to helping you achieve your best health status. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at [insert contact information] and we will work with you to find a wellness program with the same reward that is right for you in light of your health status.

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 our 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/>.

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.

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 Rothman Orthopaedics	4. Employer Identification Number 23-2856880	
5. Employer Address 833 Chestnut Street, Suite 500	6. Employer phone number 215-829-3458	
7. City Philadelphia	8. State PA	9. Zip Code 19107
10. Who can we contact about employee health coverage at this job? Matthew Graf	11. Phone 267-310-1451	12. Email address Matthew.Graf@RothmanOrtho.com



This benefit guide provides selected highlights of the employee benefits program at Rothman Orthopaedics. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at Rothman Orthopaedics. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Rothman reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.