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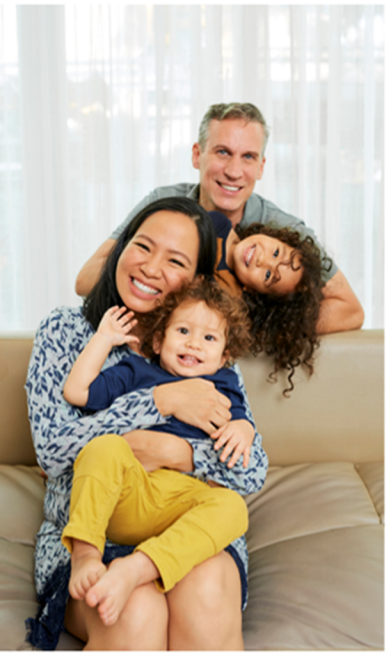
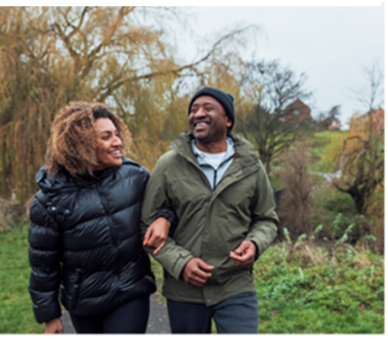
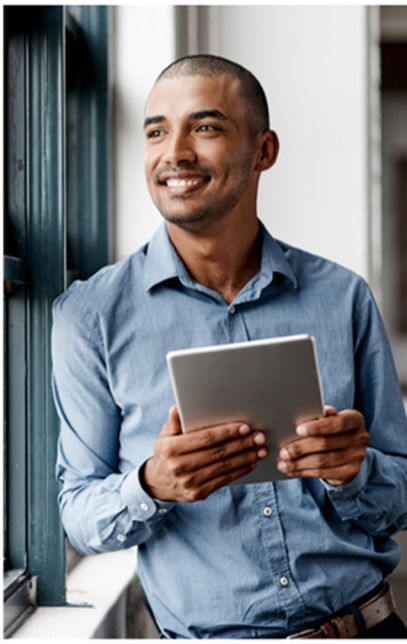






2023

EMPLOYEE BENEFITS GUIDE

For the coverage period effective January 1 through December 31, 2023

Welcome!

As an employee of EMM Loans, enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction, and security of you and your family are important to your well-being and ultimately, to achieving the goals of our organization.

For the 2023 plan year, EMM Loans has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and EMM Loans is offering an overall benefits package with many possible choices - one that can be shaped and molded by you to fit your needs.

This guide is a summary of your EMM Loans benefit plans and has been developed to assist you in learning about your benefit options and how to enroll. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

IMPORTANT INFORMATION!

- Preventive Care Services are covered 100% under the EMM medical plans.
- EMM is excited to announce a Wellness Incentive for the new plan year! Employees and Spouses who get their annual physical and bloodwork may be eligible for wellness savings in 2024. If you have a spouse as a covered dependent, both the Employee and the Spouse have to comply to be eligible for the savings.
- New hires who start employment in 2023 may be eligible for the wellness savings in 2023 if they complete their bloodwork and annual physical during the 2023 calendar year, or provide proof to HR that it was completed under their prior health plan.

Questions?

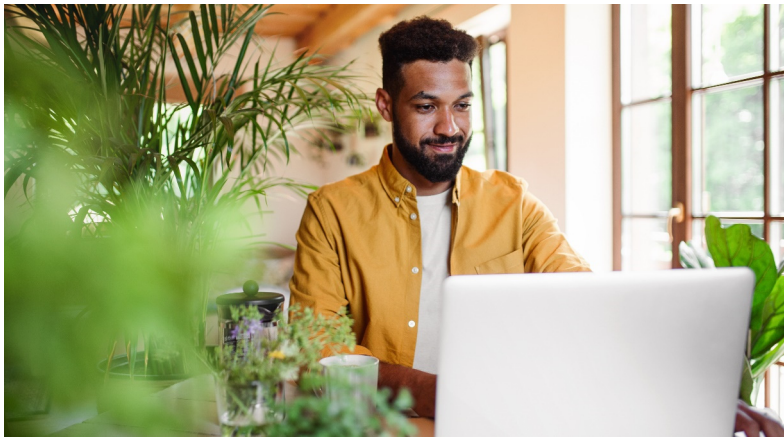
If you have questions about your benefits, please contact the Benefits Member Advocacy Center (Benefits MAC) at **800.563.9929** (Monday through Friday, 8:30 am to 5:00 pm ET) or go to **www.connerstrong.com/memberadvocacy** and complete the fields.

How to Elect Your Coverage

When Coverage Begins and Ends

Benefit coverage begins on the 1st of the month following 30 days of full-time (30+ hours per week) employment.

Your coverage under the benefit plans will end if you no longer meet the eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.



Online Enrollment Instructions

When you are ready to enroll in or make changes to your benefits, you **MUST** enroll through our online enrollment system, ADP at **https://workforcenow.adp.com**

Before you begin, make sure you have your **Social Security Number**. If you are changing or enrolling your dependents, make sure you also have their **birth dates** and **Social Security Numbers**.

If you do not remember your ADP username, please contact Human Resources or call ADP directly at **855.547.8508**.

All new hires must make their elections in ADP within 30 days of their date of hire.

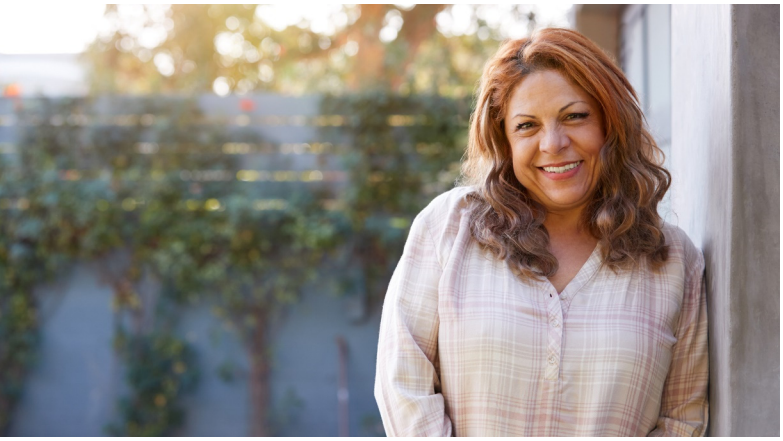
Qualifying Life Events

Choose your benefit plans and coverage levels carefully. Mid-Year changes to your benefit elections are allowed only for certain qualifying life events, such as:

- Loss of coverage or acquisition of new coverage from another source
- Change in Employee's legal marital status (marriage or divorce)
- Change in number of eligible dependents (i.e. birth, death, court order)
- Dependent now satisfies or ceases to satisfy dependent eligibility requirements
- Change in employment status that affects benefit eligibility
- Significant changes in coverage under the plan of the spouse's or dependent's employer

You must notify Human Resources and provide documentation (e.g., birth certificates, marriage certificates, court orders and decrees, etc.) as proof of your qualifying life event in order to activate any changes. **Notification must be provided within 30 days of the event.**

Who Can Enroll?



Benefit-Eligibility is Defined as:

- Full-time employees hired to work 30 or more hours per week.

Note: Employees who are currently ineligible for health benefits may become eligible for medical coverage in the future under the Affordable Care Act requirements. Human Resources tracks hours worked and notifies any employee that becomes eligible for coverage.

Eligible Dependents Include:

- A legal spouse or domestic partner and children up to the age of 26. Children includes natural children, stepchildren, foster children, adopted children, and children placed for adoption.
    - Coverage for dependent children enrolled in the medical/prescription drug plan and the vision plan will terminate at the end of the month in which they turn 26.
    - Dental benefits will terminate at the end of the year in which your child(ren) turns 26.
- Your children over age 26 if mentally or physically incapable of caring for themselves. Your dependent must be reliant upon your support. Additional documentation may be needed.

When enrolling a dependent, you will be required to attest that they meet the EMM Loans eligibility rules. You must provide supporting documentation such as a marriage certificate, birth certificate, etc. Coverage is not effective until valid documentation is submitted. Documentation can be sent to Human Resources via email to **HR@emmloans.com**.

You will be required to certify that the information you are providing is true and accurate to the best of your knowledge, and that intentional falsification or significant omissions will be grounds for discipline including, but not limited to:

- Termination of medical plan coverage and requirement of reimbursement of claims paid
- Loss of employment

Medical Benefits:

UMR - UnitedHealthcare Choice Plus Network

	MED 1 EPO HSA PLAN	MED 2 EPO PLAN	MED 3 PPO PLAN	
BENEFIT	**IN-NETWORK ONLY**	**IN-NETWORK ONLY**	**IN-NETWORK**	**OUT-OF-NETWORK**
Deductible Individual/Family	$2,000/$4,000*	$1,500/$3,000	$0/$0	$1,500/$3,000
Out-of-Pocket Maximum Individual/Family	$4,000/$6,750**	$4,000/$8,000	$3,000/$6,000	$6,000/$12,000
Preventive Care Services	$0 NO deductible	$0	$0	40% deductible waived
Primary Care Physician (PCP) Required?	No	No	No	
PCP Office Visit	10% after deductible	$20 copay	$20 copay	40% after deductible
Specialist Office Visit	10% after deductible	$40 copay	$40 copay	40% after deductible
Diagnostic Laboratory Freestanding Hospital Based	0% after deductible 30% after deductible	30% after deductible	$0	40% after deductible
Diagnostic X-Ray/Imaging (MRI, CT-Scan) Freestanding Hospital Based	0% after deductible 30% after deductible	30% after deductible	$0	40% after deductible
Emergency Room	30% after deductible (same for out-of-network)	$100 copay & 30% after deductible (same for out-of-network)	$100 copay	
Inpatient Hospital	30% after deductible	30% after deductible	$250 copay	40% after deductible
Urgent Care Center	10% after deductible	$40 copay	$40 copay	40% after deductible
Outpatient Surgery Ambulatory Surgical Center Hospital Setting	30% after deductible	30% after deductible $100 copay & 30% after deductible	$0 copay $200 copay	40% after deductible
Teladoc	$49 copay per consult	$0 copay	$0 copay	
Vision Care Exam Hardware - Lenses/Frames/Contacts (every 2 years)	$40 copay $100 reimbursement	$40 copay $100 reimbursement	$40 copay $100 reimbursement	

* The entire family deductible must be satisfied if you cover any dependent child(ren) or spouse before the plan begins to pay.

** The entire family out-of-pocket maximum must be met (by any combination of one or more family members) before the plan will pay 100% for covered services.

TO FIND A NETWORK PROVIDER:

- Visit **www.umr.com**
- Click on "Find a Provider"
- Select "UnitedHealthcare Choice Plus Network"
- Click "View Providers"

Prescription Drug Plan:
SmithRx

The prescription drug plan is administered by SmithRx. When you enroll in one of the medical plans you are automatically enrolled in the corresponding prescription drug plan.

	EPO HSA PLAN	EPO PLAN	PPO PLAN
RETAIL (UP TO A 30-DAY SUPPLY)			
Generic	30% after deductible	$15 copay	$15 copay
Preferred Brand	30% after deductible	$35 copay	$35 copay
Non-Preferred Brand	30% after deductible	$70 copay	$70 copay
MAIL ORDER (UP TO A 90-DAY SUPPLY)			
Generic	30% after deductible	$30 copay	$30 copay
Preferred Brand	30% after deductible	$70 copay	$70 copay
Non-Preferred Brand	30% after deductible	$140 copay	$140 copay

Prescription Drug Cost Savings

Insurance programs are changing. Even the best programs only cover a few medications within a specific therapeutic class; other medications in the same class may not even be covered.

As consumers, we should treat prescription drugs like any other product we might purchase and shop for the best deal. In some cases you might find a better price for your medication outside of your insurance program.

Here are a few resources you can use to help find the best prices and deals:

- **Low Cost Generics:** Your local Walmart or Target may have generic medications available for a lower cost when compared to your plan. Many other retailers such as CVS, Walgreens, and Sam's Club offer similar programs. Be sure to check online for the most up-to-date list of medications and **DO NOT** use your insurance card when using one of these programs.
- **Take Advantage of Technology:** Websites and mobile apps such as GoodRx and OneRx help you find the lowest cost for prescriptions in your area. They often provide you with access to coupons to save even more on your medications.

Care Coordination & Concierge:
Quantum Health

"One Experience"

Quantum Health provides employees and dependents with a simplified **"One"** experience:

- **One** ID card with **one** phone number to call: **877.559.2155**.
- **One** digital user experience via the Quantum Health mobile app.
- **One** dedicated team equipped with tools and resources needed to provide a better healthcare experience.

MyQHealth

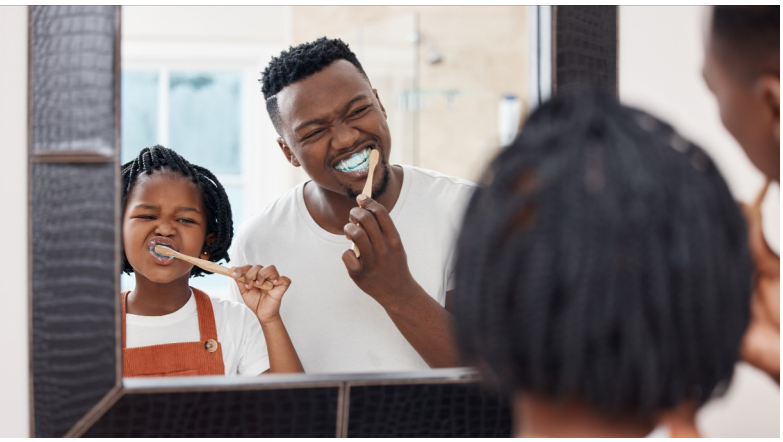
Care Coordinators

Whether members are experiencing a complex healthcare journey or managing a chronic condition, such as diabetes or high blood pressure, MyQHealth Care Coordinators are available for expert and caring help.

Nurse Care Coordinators

The Nurse Care Coordinators are there to help you reach your health goals, while making accessing care and maximizing your benefits easier and less stressful.

Dental Plan:
Delta Dental



The dental benefits are administered by Delta Dental. The following is a general description of the two dental plans offered, Delta Dental PPO/Premier and Delta Dental DMO. To view more detailed information or to locate a network provider, visit **www.deltadental.com** and select the appropriate network for your plan.

	PPO/PREMIER PLAN	DMO PLAN*	
BENEFIT	**IN AND OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Network	PPO & Premier	DeltaCare USA	
Calendar Year Deductible Individual/Family	$50/$150	None	N/A
Calendar Year Maximum (per patient)	$1,500	None	N/A
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)	$0	$0	N/A
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	20% after deductible	Fee Schedule	N/A
Major Services Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	50% after deductible	Fee Schedule	N/A
Orthodontia Benefits (children age 19 and below)	50%	Fee Schedule	N/A
Orthodontia Lifetime Maximum (per patient)	$1,000	Fee Schedule	N/A

Please Note: Members must enroll at the initial date of eligibility or late entrant waiting periods may apply
* Only available to employees in PA, NY, NJ, and FL

Vision Plan:
VSP

The vision benefits are administered by VSP. Detailed information can be viewed on **www.vsp.com**.

VISION PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Exam	$20 copay	Up to $45 reimbursement
Frames	$130 allowance	Up to $70 reimbursement
Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses	 $20 copay $20 copay $20 copay $20 copay	 Up to $30 reimbursement Up to $50 reimbursement Up to $65 reimbursement Up to $65 reimbursement
Contact Lenses (in lieu of eyeglasses)	Up to $60 copay for fitting exam $130 allowance	Up to $105 reimbursement
Frequency Vision Exam Lenses Frames	 Every 12 months Every 12 months Every 24 months	

Employee Payroll Contributions

MEDICAL/PRESCRIPTION DRUG PLAN CONTRIBUTIONS

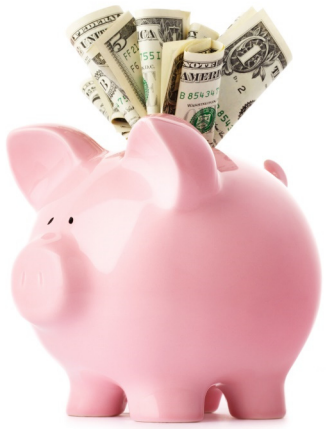
COVERAGE TIER	MED 1: EPO HSA		MED 2: EPO		MED 3: PPO	
	EE COST/MONTH	EE COST/24 PAY	EE COST/MONTH	EE COST/24 PAY	EE COST/MONTH	EE COST/24 PAY
Employee Only	$210.66	$105.33	$409.53	$204.77	$689.04	$344.52
Employee + Spouse	$325.96	$162.98	$649.90	$324.95	$1,175.32	$587.66
Employee + Child(ren)	$246.87	$123.44	$517.11	$258.56	$937.53	$468.77
Family	$465.09	$232.55	$902.88	$451.44	$1,612.90	$806.45

DENTAL PLAN CONTRIBUTIONS

COVERAGE TIER	DELTA DENTAL PPO PREMIER		DELTA DENTAL DMO (PA/NJ/NY ONLY)	
	EE COST/MONTH	EE COST/24 PAY	EE COST/MONTH	EE COST/24 PAY
Employee Only	$30.86	$15.43	$13.82	$6.91
Employee + Spouse	$55.09	$27.55	$24.26	$12.13
Employee + Child(ren)	$55.09	$27.55	$24.34	$12.17
Family	$95.10	$47.55	$36.00	$18.00

VISION PLAN CONTRIBUTIONS

COVERAGE TIER	VSP VISION	
	EE COST/MONTH	EE COST/24 PAY
Employee Only	$6.04	$3.02
Employee + Spouse	$9.66	$4.83
Employee + Child(ren)	$9.86	$4.93
Family	$15.90	$7.95



Telemedicine:
Teladoc

If you are enrolled in an EMM Loans medical plan, you and your dependents have access to a telemedicine benefit through Teladoc.

Teladoc is a national network of U.S. board-certified doctors available on-demand 24/7/365 to diagnose, treat and prescribe medication, if necessary, for many of your medical issues. It's quality care when you need it.

You may access your Telehealth Benefit in One of Three Ways:

- Call **1.800.TELADOC (835.2362)**
- Download the free Teladoc mobile phone app
- Visit **www.teladoc.com**

How Much Does Teladoc Cost?

- Med 1 (EPO HSA): $49 per consult (applied to the deductible)
- Med 2 (EPO): $0 per consult
- Med 3 (PPO): $0 per consult

Talk to a Doctor Anytime

With Teladoc, plan members can conveniently consult with board-certified physicians through phone or video consults. A wide range of common non-emergency conditions may be treated, including:

- Allergies or allergic reactions
- Cold and flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Headaches
- Insect bites
- Pink eye
- Rashes and other skin irritations
- Respiratory problems
- Sore throat
- Urinary tract infections
- Vomiting

Behavioral Health:
Array

Get the behavioral health support you need from the comfort of your home. Array makes it easy to access psychiatry and therapy clinicians through convenient, online video calls. Need to talk? Array can help.

Array Services Include:

- Providers available to treat both adolescents and adults.
- Psychiatric Assessments - Use if you have a difficult or lengthy history of mental illness, need a diagnoses, or are referred by your primary doctor or therapist.
- Medication Management - Use if your psychiatry clinician includes medication as a part of your treatment plan; these are check-ins to find the right medication dose.
- Talk Therapy - Use if you are experiencing stress, worry, sadness, relationship issues, an inability to focus, or other potentially long-term problems.

To get started, visit **https://arraybc.com** or contact the Array Care Navigation Team at **800.442.8938**.

Health Savings Account

If you participate in the HSA-Qualified HDHP, you may be eligible to participate in a Health Savings Account (HSA). An HSA is a tax-exempt savings account that can be used for contributions, earnings, and withdrawals for eligible expenses.

HSA Highlights

An HSA is portable, meaning that if you leave your employer, you can take your HSA funds with you. There is no "use it or lose it" provision with an HSA. If you don't use the money in your account by the end of the year, it just stays there and collects interest on a tax-deferred basis.

HSA Eligibility

You may contribute to an HSA if you:

- Are covered under an HSA Qualified High Deductible Health Plan (HDHP)
- Do not have disqualifying coverage such as other "first dollar" medical coverage etc.
- Are not entitled to (eligible and enrolled) Medicare
- Cannot be claimed as a dependent on someone else's tax return

HSA Eligible Expenses Include:

- Medical and prescription drug deductibles, coinsurance, and copayments
- Dental deductibles, coinsurance, and copayments
- Orthodontia or other dental care
- Eye exams, contact lenses, and glasses

HSA Contributions

The maximum amount that can be contributed to an HSA in a tax year is established by the IRS and is dependent on whether you have single or family coverage. For 2023, the contribution limits are: **$3,850** for individual coverage and **$7,750** for family coverage. The annual catch-up contribution for individuals age 55 and older is $1,000.

Getting Started is Easy!

If you elect the HSA-Qualified HDHP for 2023 and wish to participate in the HSA, you need to make your election via the ADP enrollment site. If you are turning 65 or older, please see **www.medicare.gov** for restrictions on HSA accounts.

For more information on eligible expenses, please visit **www.irs.gov/publications/p502**

Flexible Spending Accounts:
Clarity

EMM Loans provides you with the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts (FSA).

Healthcare FSA

The Healthcare FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. The maximum you can contribute to the Healthcare FSA is **$3,050**. You may carry over **$610** of unused funds to the next plan year.

Eligible Expenses Include:

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

Please note: You cannot participate in both the Health Savings Account (HSA) and Healthcare Flexible Spending Account (FSA).

Dependent Care FSA

The Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents. The maximum that you can contribute to the Dependent Care FSA is **$5,000** if you are a single employee or married filing jointly. If you are a married employee filing separately the maximum you can contribute is **$2,500**.

Eligible Expenses Include:

- Au Pair
- After school programs
- Baby-sitting/dependent care to allow you to work or actively seek employment
- Day camps and preschool
- Adult/eldercare for adult dependents

Limited Purpose FSA

For those enrolled in Med 1 with a Health Savings Account, you may participate in a Limited Purpose FSA. The maximum you can contribute to the Limited Purpose FSA is **$3,050**. **Eligible expenses under the Limited Purpose FSA include dental and vision expenses only.** You may carry over **$610** of unused funds to the next plan year.

How Much Should I Contribute?

You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period. If you do not use the money you contributed, it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule.

Commuter Benefits:
Clarity

Emm Loans 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.

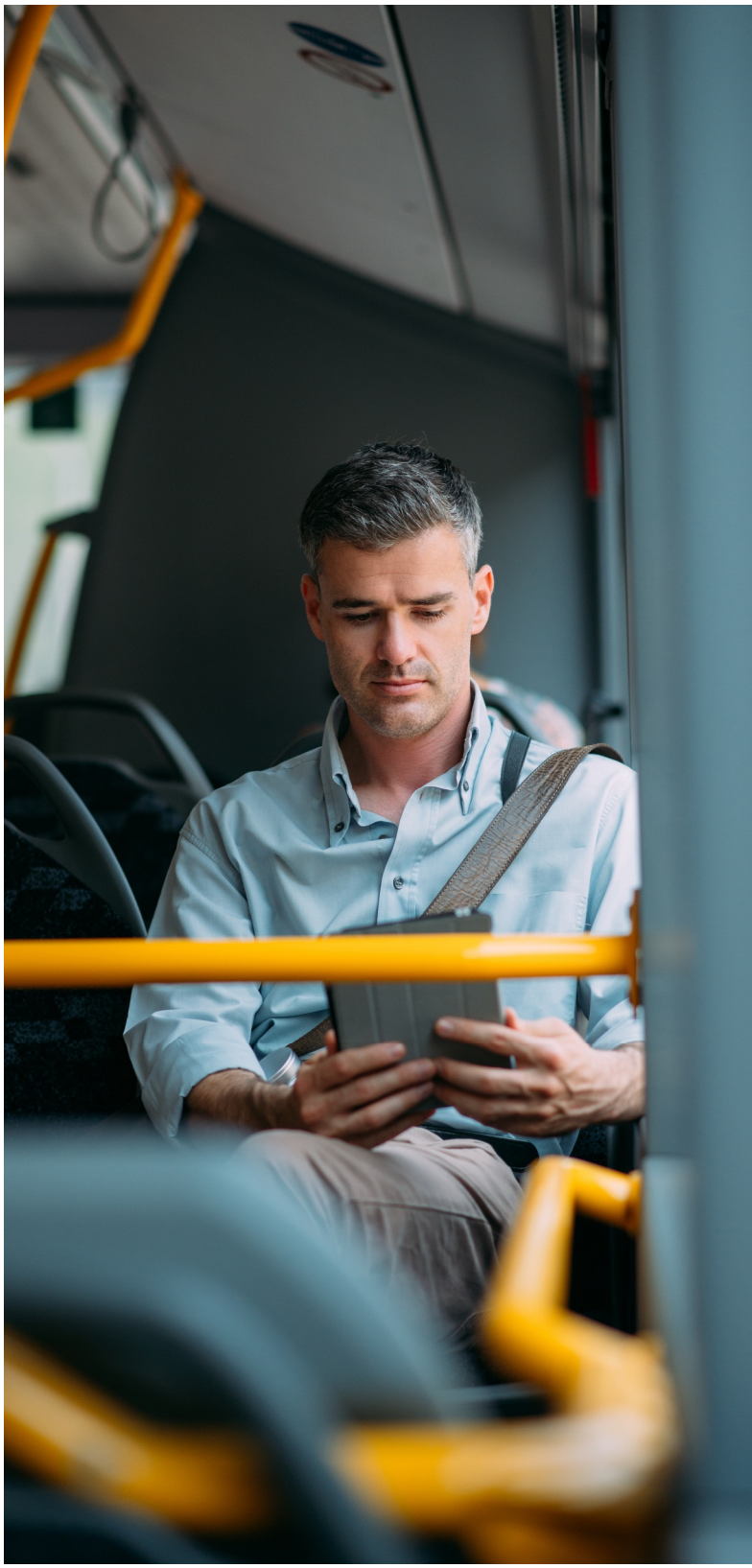
For the 2023 plan year you may contribute:

- **TRANSIT:** up to $300 per month for transportation (mass transit, train, subway, bus fares, ferry rides). Transit requires payment with the EMM FSA debit card only.
- **PARKING:** up to $300 per month for parking expenses incurred at or near your work location or near a location from which you commute using mass transit.

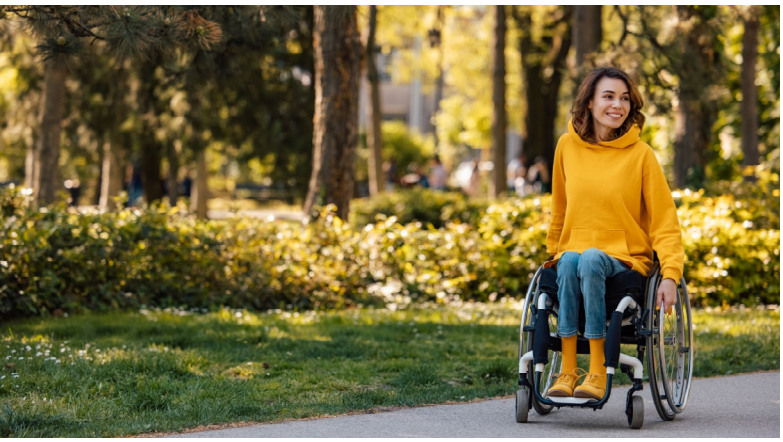
At the end of the plan year, any balances in either account will remain in your account and be available for your use in the next plan year, unless your employment with EMM Loans is terminated.

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.



Life/AD&D and Long-Term Disability:
Guardian



Life Insurance

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

All active, full-time employees working at least 30 hours per week are eligible for the basic life and AD&D plan. This plan is available at no cost - **EMM Loans pays 100% of the basic life and AD&D premium.**

BASIC TERM LIFE AND AD&D PLAN	
Benefit Amount	$25,000

Disability Insurance

Long-Term Disability (LTD) Plan - Non-Contributory

All active, full-time employees regularly working at least 30 hours per week are eligible for the long-term disability (LTD) plan. **This plan is available to employees at no cost - EMM Loans pays 100% of the LTD premium.**

LONG-TERM DISABILITY (LTD) NON-CONTRIBUTORY PLAN	
Benefits Percent	50%
Benefit Maximum	$1,300 per month
Duration	To SSNRA
Elimination Period	180 days

Disability Insurance

Long-Term Disability (LTD) Plan - Voluntary Buy-Up

All active, full-time employees regularly working at least 30 hours per week are eligible for the voluntary long-term disability (LTD) buy-up plan. **Employees pay 100% of the cost for this plan.**

LONG-TERM DISABILITY (LTD) VOLUNTARY BUY-UP PLAN	
Benefits Percent	60%
Maximum Benefit	$5,000 per month
Duration	To SSNRA
Elimination Period	180 days

Disability Insurance

Short-Term Disability (STD) Plan - Voluntary

All active, full-time employees regularly working at least 30 hours per week (excluding those working in New Jersey or California) are eligible for the voluntary short-term disability (STD) plan. **Employees pay 100% of the cost for this plan**. For more detailed information please refer to your plan

SHORT-TERM DISABILITY (STD) VOLUNTARY PLAN	
Benefits Percent	60%
Maximum Benefit	$1,000 per week
Duration	26 weeks
Elimination Period	Accident: 0 days Sickness: 7 days

Supplemental Life Insurance:
Guardian

Supplemental Life Insurance - Employee

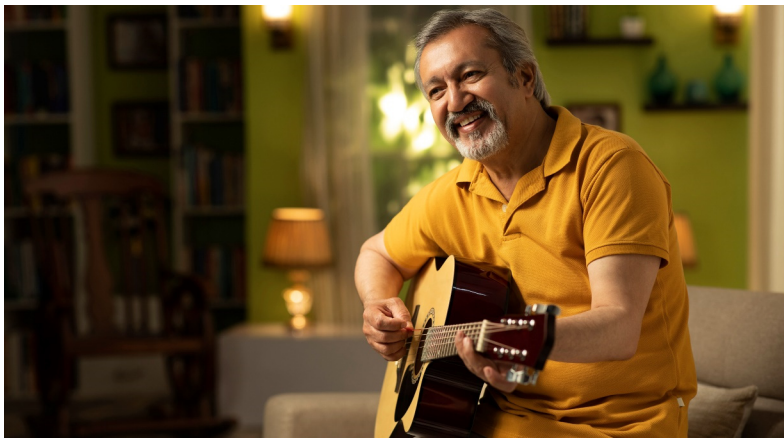
Supplemental Employee Term Life and AD&D
All active, full-time employees working at least 30 hours per week are eligible to participate in the supplementary employee term life plan. **Since this plan is optional, the employee is responsible for 100% of the premium**.

SUPPLEMENTAL EMPLOYEE TERM LIFE	
Benefit Increments	$10,000
Maximum Amount	$500,000
Guarantee Issue	$200,000

Supplemental Life Insurance - Spouse

Supplemental Spousal Term Life and AD&D
You have the option of purchasing life insurance, for your spouse, at your own expense. Since this plan is optional, the employee is responsible for 100% of the premium. **NOTE:** You must purchase Supplemental Employee Term Life Insurance to participate in Supplemental Spousal and/or Child(ren) Term Life plans.

SUPPLEMENTAL SPOUSAL TERM LIFE	
Benefit Increments	$5,000
Maximum Amount	Lesser of $250,000 or 100% of the Employee's elected amount
Guarantee Issue	$25,000



Supplemental Life Insurance - Child(ren)

Supplemental Child(ren) Term Life and AD&D
You have the option of purchasing life insurance, for your child(ren), at your own expense. Since this plan is optional, the employee is responsible for 100% of the premium. **NOTE:** You must purchase Supplemental Employee Term Life Insurance to participate in Supplemental Spousal and/or Child(ren) Term Life plans.

SUPPLEMENTAL CHILD(REN)TERM LIFE	
Benefit Increments	$1,000
Maximum	$10,000

Voluntary Benefits:
Guardian

Accident Insurance

If you and your family are active, chances are, you're no stranger to a hospital emergency room. Even with medical insurance, a fall while bicycle riding or your child's sprained ankle at soccer practice can cost you a bundle in out-of-pocket expenses.

Financial Support to Help You Get Back on Your Feet

- No matter what kind of medical coverage you have, you may have out-of-pocket costs that could really set you back financially.
- Guardian pays you cash benefits on covered injuries, treatments and services.
- Payments go directly to you, and can help pay for other expenses, like traveling to the hospital, childcare and lost income from missed work.
- "Child Organized Sport" benefit pays you an extra 25% cash benefit for each accident when the dependent child is injured while playing an organized sport.

An Example of How Accident Insurance Works

While Sue was hiking in a local park, she fell and tore cartilage in her knee. She went to the hospital emergency room for treatment and stayed overnight. The doctor gave her a brace and scheduled her for a follow up visit. See how Accident Insurance offset Sue's Expenses:

Ambulance	**$200**	**Knee Brace**	**$100**
Hospital Admission	**$1,000**	**X-Ray**	**$40**
Emergency Room Visit	**$200**	**Knee Cartilage Tear**	**$500**
Hospital Confinement (1 Day)	**$250**	**6 Follow-Up Visits**	**$300**
MRI	**$200**		
TOTAL CASH BENEFIT PAID FOR COVERED SERVICES: $2,790			

Critical Illness Insurance

Health care costs are on the rise. Even with medical insurance, you're often still responsible for both medical and non-medical expenses related to your recovery from a serious illness. The cost you pay for copays and deductibles, as well as other expenses such as child care, transportation to the doctor and loss of income when you are unable to work, could really set you back financially.

Help Protect Your Savings

- Guardian Critical Illness Insurance complements your medical plan - no matter what type of coverage you have.
- The plan pays you cash benefits based on each eligible diagnoses such as heart attack, stroke or cancer.
- Pays a benefit for up to 33 covered illnesses, as well as offers a benefit for a reoccurring condition.
- The cash benefits are paid directly to you, so you decide how to use them.

Wellness Benefit

If you or a covered individual complete any of the following routine wellness screenings and procedures designed to promote health, you'll receive a benefit payment once a year as part of your insurance plan:

- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Completion of a smoking cessation program
- Completion of weight reduction program
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL

Additional Benefits

401(k)

Employees are auto-enrolled in the 401(k) plan at 4% following 60 days of employment. Employees do have the option of opting out.

EMM Loans has a "Contributory Plan" where the company will contribute 0.25% for each 1% that an eligible full-time employee contributes to their respective 401(k) account, to a maximum of 1% for the first 4% of employee contributions. For example, if an employee makes $50,000 per year and contributes the maximum of 4% to their 401(k), they will receive the employer match of $500.

More information related to the SPD, vesting requirements, available funds, and enrollment are available from the Human Resources Department.

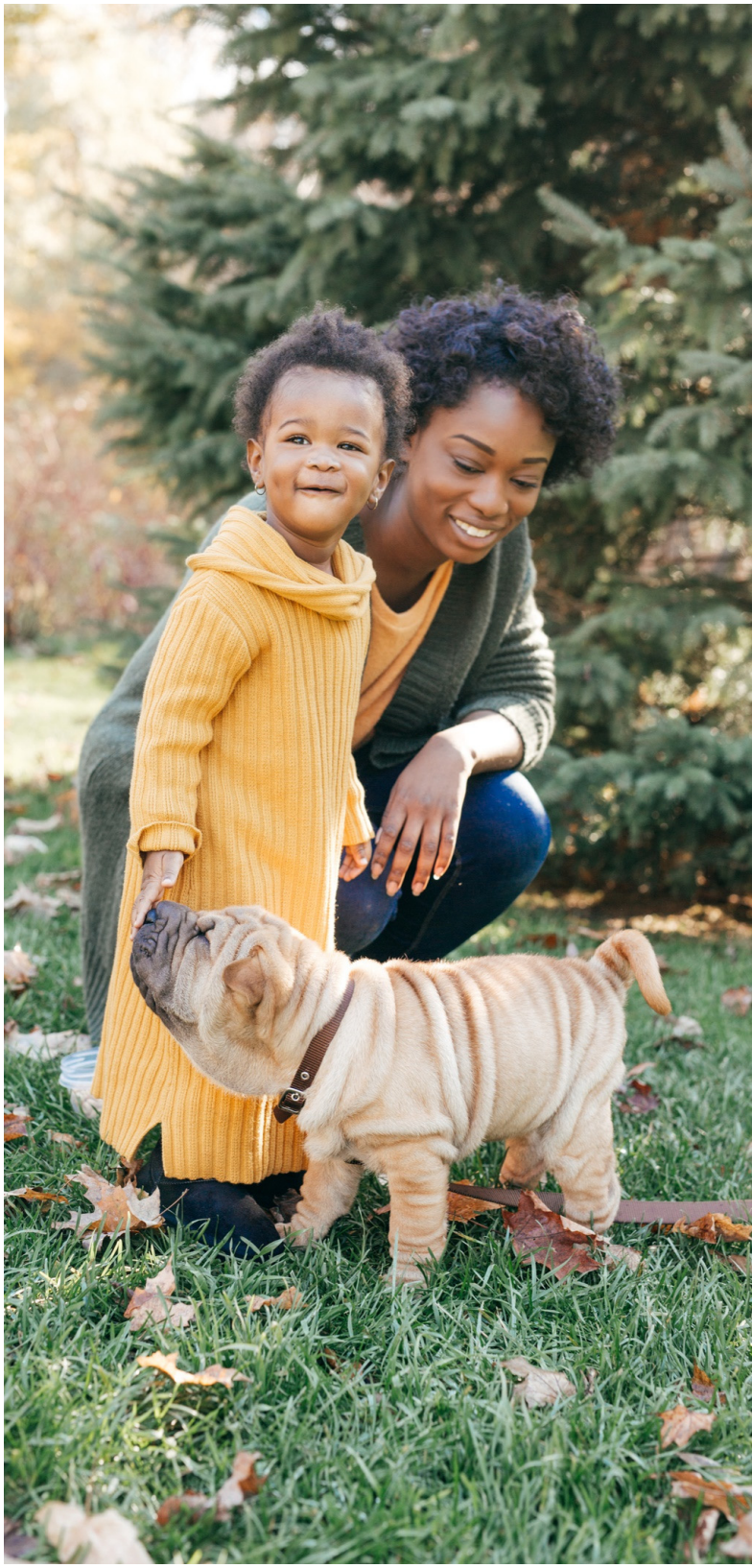
Pet Insurance

Pets Best Health Insurance offers a flexible, customizable insurance plan for a wide range of breeds with up to 90% reimbursement to cover accidents and illness with no annual limits and routine care included. Additional benefits and convenient options include:

- Direct-to-vet pay or direct deposit reimbursement
- Pre-authorization of claims
- Online and mobile app claim submission
- 24/7 vet helpline

Premiums are based on your pet's specific information. Discounted premiums are available through LifeMart in ADP. Visit LifeMart in ADP for more information, to obtain a quote, and to enroll.

If elected, this benefit program is not processed via payroll deduction and you will be billed directory by Pets Best.



Wellness Resources:
Conner Strong & Buckelew

GoodRx

This service offers an easy way to compare prices for all FDA-approved prescription drugs at virtually every pharmacy in America. You can find pharmacy coupons, manufacturer discounts, generics, comparable drug choices and savings tips all in one place. GoodRx can often beat the copay amount or help with drugs that are not covered by the plan. For more information, visit **https://connerstrong.goodrx.com**

HealthyLearn

This resource covers over a thousand health and wellness topics in a simple, straight-forward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well. Learn more at: **www.healthylearn.com/connerstrong**

Please note: You do not have to be enrolled in benefits to take advantage of these programs!

GlobalFit

Save money and achieve your fitness goals! Choose from over 10,000 gyms including national chains, regional chains and local gyms.

- Save with GlobalFit's Lowest Price Guarantee
- Enrolling is easy! GlobalFit handles all inquiries, enrollments, etc. No paperwork, no payroll deductions, and no hassle!
- Start moving! Once you enroll, you can start by noon the next day!
- And much more...

You can learn more about GlobalFit by visiting **www.globalfit.com/connerstrong**

Benefit Perks Discount Program

Benefit Perks is a discount and rewards program provided by Conner Strong & Buckelew that is available to all employees at no additional cost. The program allows consumers to receive discounts and cash back for hand-selected shopping online at major retailers.

Use the Benefit Perks website to browse through categories such as: Automotive, Beauty, Computer & Electronics, Gifts & Flowers, Health & Wellness and much more! Consumers can also print coupons to present at local retailers and merchants for in-person savings, including movie theatres and other services.

Start saving today by registering online at: **https://connerstrong.corestream.com**

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Benefit Resources:
Conner Strong & Buckelew

Benefits Member Advocacy Center

Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!

The Benefits Member Advocacy Center ("Benefits MAC"), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider of your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide you through the enrollment process or how you can add or delete coverage for a dependent
- Discover all that your benefit plans have to offer!

Member Advocates are available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

You may contact Member Advocacy in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web: **www.connerstrong.com/memberadvocacy**
- Via e-mail: **cssteam@connerstrong.com**
- Via fax: **856.685.2253**

BenePortal

BenePortal is a valuable online resource that houses all of our benefit program information. It's your One-Stop-Shop for:

- All benefits-related information and downloads, including benefit summaries and detailed plan documents
- Quick links to carrier websites
- Enrollment forms and wellness forms
- And much more!

You and your family can access BenePortal anytime at **www.emmloansbenefits.com**

Carrier Contacts:
Benefit Questions

BENEFIT PLAN	CARRIER NAME/CONTACT	PHONE NUMBER	WEBSITE/EMAIL
Medical	Quantum Health/UMR	877-559-2155	www.umr.com https://quantum-health.com
Prescription Drug	Quantum Health/SmithRx	877-559-2155	www.smithrx.com https://quantum-health.com/
Dental	Delta Dental	PPO: 800-452-9310 DHMO: 800-422-4234	www.deltadental.com
Telemedicine	Teladoc	800-835-2362	www.teladoc.com
Mental/Behavioral Health Resources	Array	800-442-8938	https://arraybc.com
Vision	VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts	Clarity Benefit Solutions	888-423-6359	www.flexaccount.com
Life & Disability and Voluntary Benefits	Guardian	888-600-1600	www.guardiananytime.com
Assistance With Claims	Benefits Member Advocacy Center ("Benefits MAC")	800-563-9929	www.connerstrong.com/memberadvocacy
Assistance With Medicare	Karen Carella/The Assurance Group	856-533-0213	kacarella@assuregrp.com
HR Questions/Enrollment Changes	Amy Mallon	800-793-9633 x 117	amallon@emmloans.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 is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

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

New dependent by marriage, birth, adoption, or placement for adoption

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

Eligibility for Medicaid or a State Children's Health Insurance Program

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

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

Newborns' and Mothers' 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 Act

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

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

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. 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
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

Legal Notices

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

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

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health 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://www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
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: 678-561-1162 Press 2

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

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

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://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

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

MAINE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: -800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 617-886-8102

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

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 1-573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

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

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

Legal Notices

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

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: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462

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: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/hipp/
https://www.coverva.org/en/famis-select
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/
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, 2022, or for more information on special enrollment rights, contact either:

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

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

Legal Notices

Important Notice From EMM Loans About Your Prescription Drug Coverage and Medicare

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

When Can You Join a Medicare Drug Plan?

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

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current EMM LOANS coverage will not be affected. If you elect Part D coverage, the plan will coordinate with Part D.

If you do decide to join a Medicare drug plan and drop your current EMM LOANS coverage, be aware that you and your dependents may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with EMM LOANS 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 Human Resources for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through EMM LOANS changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	**October 2022**
Name of Entity/Sender:	**EMM Loans**
Contact-Position/Office:	**Amy Mallon, VP of Human Resources**
Address:	**1950 Route 70 East, 3rd Floor Cherry Hill, NJ 08003**
Phone Number:	**800-793-9633 x 117**

Insurance Marketplace Notice

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

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

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

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

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

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

PART B: Information about Health Coverage Offered by Your Employer
This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Emm Loans LLC		4. Employer Identification Number (EIN) 54-2070914
5. Employer Address 1950 Route 70 East, 3rd Floor		6. Employer phone number 856-581-2017
7. City Cherry Hill	8. State New Jersey	9. Zip Code 08003
10. Who can we contact about employee health coverage at this job? Amy Mallon, VP Human Resources		
11. Phone number (if different from above)	12. Email address HR@emmloans.com	

[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.

emmloans