

# 2021/2022 Gunstock Mountain Resort **Employee Benefit Summary** Benefit Group 1

Booklet provided compliments of CGI Business Solutions

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Welcome to Gunstock Mountain Resort, the official sponsor of your employee benefits program! This summary of benefits is provided to give you a general overview of the benefit choices you have as a Gunstock Mountain Resort employee. Group 1 employees are eligible for benefits at the start of the

month following their date of eligibility. We have attempted to make this summary as current and as thorough as possible. However, if there are any discrepancies between this summary and the plan documents, the plan documents will supersede this summary. Employee benefit



plans and policies may be changed at the sole discretion of the company. Please make sure that you read all benefits information provided to you.

Once you make benefit elections they will be in effect for the Plan Year, which runs from October 1<sup>st</sup> through September 30<sup>th</sup>. **The only time you may change your benefits during the Plan Year is in the event of a qualified life change.** A qualified life change is defined as the birth or adoption of a dependent, death of a dependent, marriage, divorce or loss of other coverage. **In order to change, you must notify the Human Resources Department within 30 days of the qualifying event.** Gunstock Mountain Resort has an open enrollment period once a year for each benefits option. Anyone who wants to change their personal benefits package can make changes at that time.

## Medical Insurance (Core Plan)

Gunstock Mountain Resort offers medical insurance through Anthem. The plans offered to eligible employees are the choice of either **HMO Access Blue New England** plan.

4RYH - \$5,000 Plan						
Deductible		\$5,000 per Member per Calendar Year \$12,000 per Family per Calendar Year				
Out of Pocket Maximum includes and copays you pay during the Ca		\$7,150 p	er Member per Calendar Year per Family per Calendar Year			
Preventive Care Immunization, lead screening, PS, Routine physical exams, including Routine hearing exams Outpatient care	family planning	Covered in full				
Medical exams, injections, allergy anesthesia	Injections, office surgery &		/ \$60 Specialist or Network Walk-in-Center			
Surgery and anesthesia in an inde center (ASC)	ependent ambulatory surgery	\$250 per	admission			
X-rays and ultrasounds at a free s excludes high cost diagnostics (C		\$125 per	visit			
Lab tests furnished by an indepen		Covered i	n full			
Physical, Occupational, or Speech up to 20 visits per therapy per mer		\$30 per visit				
Lab tests furnished by a hospital fa X-ray, CT Scan, MRI, outpatient fa Surgery in Outpatient dept. of hos ambulatory surgery center	acility acility fee	Subject to deductible				
Inpatient Care Physician in-hospital care, surgery X-ray, CT scan, MRI, medical sup Physical, Occupational, & Speech	plies, medication and	Subject to deductible				
Durable Medical Equipment		\$100 DME deductible, then 20% coinsurance				
Mental Health & Substance Abuse	9	Outpatient- \$30 per visit, unlimited visits per member, per calendar year Inpatient- Subject to deductible				
Emergency Room Care ER Charge Urgent Care Facility Copay ER/Urgent Care Physician fee, CT		\$100 per	o deductible			
<ul> <li>Prescription Drug Copays</li> <li>* There is a separate Rx Deductible of \$500 per Member/ \$1,000 per Family. Deductible does not apply to Tier 1.</li> </ul>	Retail 30 day supply: * Tier 1a: \$5 Tier 1b: \$25 Tier 2: \$40 Tier 3: \$60 copay per script or 30 coinsurance whichever is greater \$300.	up to	Mail Order 90 day supply: * Tier 1a: \$13 Tier 1b: \$63 Tier 2: \$120 Tier 3: \$180 copay per script or 30% coinsurance whichever is greater up to \$900.			
	Tier 4: 40% Coinsurance up to \$4 script	400 per	Tier 4: 40% Coinsurance up to \$1,200 per script			

Your medical plan is fully insured with: Anthem Blue Cross & Blue Shield of New Hampshire. For more detailed information on benefits, limitations and exclusions refer to the Summary of Benefits and Subscriber Certificate provided by the carrier. Please contact Anthem Customer Service at 1-800-870-3122 with questions regarding coverage, claims, or to change your Primary Care Physician. For an online provider directory visit <u>www.anthem.com</u>. Please be advised this is a brief overview. Refer to your Summary Plan Description for complete benefit information.

# Medical Insurance (Buy Up Plan)

Gunstock Mountain Resort offers medical insurance through Anthem. The plans offered to eligible employees are the choice of either **HMO Access Blue New England** plan.

4RXV- \$3,000 Plan						
Deductible		Member per Calendar Year Family per Calendar Year				
Out of Pocket Maximum includes all of and copays you pay during the Calend		\$7,150 per Member per Calendar Year \$14,300 per Family per Calendar Year				
<b>Preventive Care</b> Immunization, lead screening, PSA, Routine physical exams, including fami Routine hearing exams	Covered in full					
Outpatient care Medical exams, injections, allergy injections anesthesia	tions, office surgery &	\$30 PCP / \$6	60 Specialist or Network Walk-in-Center			
Surgery and anesthesia in an independ surgery center (ASC)	lent ambulatory	\$250 per adr	nission			
X-rays and ultrasounds at a free standi excludes high cost diagnostics (CT sca		\$125 per visi	t			
Lab tests furnished by an independent	laboratory provider	Covered in full				
Physical, Occupational, or Speech The up to 20 visits per therapy per member		\$30 per visit				
Lab tests furnished by a hospital facility X-ray, CT Scan, MRI, outpatient facility Surgery in Outpatient dept. of hospital ambulatory surgery center	fee	Subject to deductible				
Inpatient Care Physician in-hospital care, surgery, del X-ray, CT scan, MRI, medical supplies Physical, Occupational, & Speech The	medication and	Subject to deductible				
Durable Medical Equipment		\$100 DME deductible, then 20% coinsurance				
Mental Health & Substance Abuse		member, pe	\$30 per visit, unlimited visits per er calendar year ubject to deductible			
Emergency Room Care ER Charge Urgent Care Facility Copay ER/Urgent Care Physician fee, CT Sca			then \$300 per visit (waived if admitted) sit leductible			
Prescription Drug Copays * There is a separate Rx Deductible of \$500 per Member/ \$1,000 per Family. Deductible does not apply to Tier 1.	Retail 30 day supply: * Tier 1a: \$5 Tier 1b: \$25 Tier 2: \$40 Tier 3: \$60 copay per script coinsurance whichever is g \$300. Tier 4: 40% Coinsurance up script	reater up to	Mail Order 90 day supply: * Tier 1a: \$13 Tier 1b: \$63 Tier 2: \$120 Tier 3: \$180 copay per script or 30% coinsurance whichever is greater up to \$900. Tier 4: 40% Coinsurance up to \$1,200 per script			

Your medical plan is fully insured with: Anthem Blue Cross & Blue Shield of New Hampshire. For more detailed information on benefits, limitations and exclusions refer to the Summary of Benefits and Subscriber Certificate provided by the carrier. Please contact Anthem Customer Service at 1-800-870-3122 with questions regarding coverage, claims, or to change your Primary Care Physician. For an online provider directory visit <u>www.anthem.com</u>. Please be advised this is a brief overview. Refer to your Summary Plan Description for complete benefit information.

### **Medical Rates**

	20	020/21 Core	Pla	an			202	20/	'21 Buy l	Jp	Plan	
	Total Monthly Premium	GMR Contribution		Monthly remium	E Weekly remium		al Monthly Premium	Со	GMR ntribution		Monthly remium	EE Weekly Premium
EE Only	\$ 575.56	402.892	\$	172.67	\$ 39.85	EE Only	\$ 645.41	\$	402.89	\$	242.52	\$ 55.97
EE+S	\$ 1,277.14	894.00	\$	383.14	\$ 88.42	EE+S	\$ 1,432.14	\$	894.00	\$	538.14	\$ 124.19
EE+C	\$ 1,162.61	813.827	\$	348.78	\$ 80.49	EE+C	\$ 1,303.71	\$	813.83	\$	489.88	\$ 113.05
Family	\$ 1,749.67	1224.769	\$	524.90	\$ 121.13	Family	\$ 1,962.00	\$	1,224.77	\$	737.23	\$ 170.13

Annual Deductible: \$5,000/\$12,000

Annual Deductible: \$3,000/\$9,000

### Anthem Site of Service

Anthem's Site of Service benefit option saves you money on lab tests and outpatient surgery. Here's how the Site of Service benefit option works:

Your doctor wants you to get a **lab test**. If you use one of the labs located on Anthem's Provider Finder, you pay \$0 for services. Whether you need a blood, urine or strep test, nothing comes out of your pocket. No deductible or coinsurance.

*Labs:* To find a lab near you, use the Provider Finder feature on **anthem.com** by clicking "Find a Doctor". Then select "New Hampshire" and choose your plan and provider type. Under Select Provider Type, click on "Hospitals, Facilities, Services and Equipment" for lab options.

All independent labs in New Hampshire, including Quest Diagnostics, LabCorp and Converge Diagnostic Services LLC, are part of Anthem's Site of Service benefit.

Your doctor asks you to get a **routine outpatient procedure**, like knee arthroscopy. If you use an ambulatory surgery center (ASC) found on Anthem.com/siteofservicenh for outpatient services, you pay only \$250. From appendectomies to tonsillectomies, Site of Service can save you thousands of dollars in out-of-pocket expenses.

**ASC:** To locate a convenient ASC and find out which services it provides, visit our microsite at **anthem.com/siteofservicenh**. Or you may call the customer service number on your member ID card.

### Anthem LiveHealth Online

Gunstock Mountain Resort employees who are enrolled in Anthem for medical benefits are eligible for Anthem's telemedicine benefits through LiveHealth Online.

LiveHealth Online allows members to talk face-to-face with a doctor using your mobile device or computer that has a webcam. Members can get care without having to travel to their doctor's office or urgent care. Members can use the tool for most common health concerns like colds, the flu, fevers, rashes, infections and allergies just to name a few. The board-certified physicians can also write prescriptions and have them sent to your pharmacy if necessary.

Visit www.livehealthonline.com to learn more.

The price per online visit is the same as your PCP copay, just \$30.

Download the LiveHealth Online mobile app and get started today!

www.apple.com



Available for any smartphone or computer. **Download now!** 

www.play.google.com/store

Live**Health** 



### Health Reimbursement Arrangement (HRA)

Gunstock Mountain Resort is excited to offer a Health Reimbursement Arrangement (HRA) as part of your benefits package. The HRA is an employer benefit plan that reimburses a portion of your plan's annual deductible. Employees and dependents enrolled in Anthem's HMO Blue New England Site of Service Plan are eligible for this benefit.

#### Buy Up Plan

You and your dependents are subject to a \$3,000 deductible per member at a maximum of \$9,000 per family per calendar year. Gunstock Mountain Resort will reimburse you up to a maximum \$2,000 total per family, per calendar year for deductible expenses, including prescription deductible expenses, and outpatient service charges. You are responsible for the remaining deductible/RX/outpatient deductible amounts that exceed \$2,000 per calendar year.

In addition, the outpatient care admission copay of \$250 at an Anthem Independent Ambulatory Surgery Center is included as a qualified expense for reimbursement. Dental expenses and other medical copays are not eligible for reimbursement.

There is no carry-over provision for this HRA plan.

#### Core Plan

You and your dependents are subject to a \$5,000 deductible per member at a maximum of \$12,000 per family per calendar year. Gunstock Mountain Resort will reimburse you up to a maximum \$2,000 total per family, per calendar year for deductible expenses, including prescription deductible expenses, and outpatient service charges. You are responsible for the remaining deductible/RX/outpatient deductible amounts that exceed \$2,000 per calendar year.

In addition, the outpatient care admission copay of \$250 at an Anthem Independent Ambulatory Surgery Center is included as a qualified expense for reimbursement. Dental expenses and other medical copays are not eligible for reimbursement.

There is no carry-over provision for this HRA plan.

*Employees may access their HRA available funds through the WealthCare portal.* <u>*cgi.wealthcareportal.com</u></u>* 

*Employee ID: social security number without dashes. Employer ID: CGIGMR* 

### **Dental Insurance**

Gunstock Mountain Resort offers employees two dental benefits through Anthem. Employees may choose to enroll in either the **High Dental Plan** or the **Low Dental Plan**.

	High Dental Plan									
Type 1 Preventive & Diagnostic	Type 2 Basic Services	Type 3 Major Services	Type 4 Orthodontia							
Evaluations, X-rays, bitewing, cleanings, fluoride through age 18, sealant application through age 18	Filings, Extractions, Oral Surgery Simple, Endodontics, Space maintainers through age 18	Bridges, Dentures, Oral Surgery Complex, Periodontics, Crowns, Inlays, Onlays, Implants	Orthodontia coverage for children to age 19							
No waiting period	No waiting period	No waiting period	No waiting period							
Covered 100%	Covered 80%	Covered 50%	Covered 50%							
	Calendar Year Deductible ( \$25/\$50 Calendar y									
Annual Maximum Benefit \$1,500 for additional information	Includes Carry-over* See page 8	Lifetime Ortho Maxin	num Deductible \$1,000							

	Low Dental Plan									
Type 1 Preventive & Diagnostic	Type 2 Basic Services	Type 3 Major Services	Type 4 Orthodontia							
Evaluations, X-rays, bitewing, cleanings, fluoride through age 18, sealant application through age 18	Filings, Extractions, Oral Surgery Simple, Endodontics, Periodontics, Space maintainers through age 18	Bridges, Dentures, Oral Surgery Complex, Crowns, Inlays, Onlays, Implants	Orthodontia coverage for children to age 19							
No waiting period	No waiting period	No waiting period	No waiting period							
Covered 100%	Covered 80%	Covered 50%	Covered 50%							
	Calendar Year Deductible (	Annual) Waived for Type 1								
	\$25/\$50 Calendar	year for Type 2 & 3								
Annual Maximum Benefit \$1,000 I	ncludes Carry-over* See page 8	De	ductible \$1,000							
for additional information										

Your Dental Plan is fully insured with Anthem. Please direct inquiries to Anthem at 1-800-371-6561. For an online provider directory please visit: <u>www.anthem.com/mydentalvision</u> \*Additional search details on page 8. Please be advised this is a brief overview. Please refer to your Summary Plan Description for complete benefit information.



#### \* How to Find a Dental Provider

- Go to <u>www.anthem.com/mydentalvision</u>
- Select "Find Dental Providers" in the middle of the page
- Click on Anthem Dental complete (the plan name is located on your member ID card)
- Select a Specialty (if needed); click "Next"
- Enter your criteria for the provider search and click on "View Results"
- To look up a provider by name, click on "Lookup by Name" at the top of the page
- On the Search Results page, you can: Download Results; print a PDF of the results; and start a new search

### **Dental Rates**

	2020/21 Core Plan								 202	20/	21 Buy I	Jp	Plan		
		Total ⁄Ionthly remium	Cor	GMR tribution		Monthly emium		Weekly emium		al Monthly remium	Со	GMR ntribution		Monthly remium	E Weekly Premium
EE Only	\$	34.92	\$	24.44	\$	10.48	\$	2.42	EE Only	\$ 37.66	\$	24.44	\$	13.22	\$ 3.0
EE+S	\$	71.44	\$	50.01	\$	21.43	\$	4.95	EE+S	\$ 77.10	\$	50.01	\$	27.09	\$ 6.2
EE+C	\$	84.02	\$	58.81	\$	25.21	\$	5.82	EE+C	\$ 88.23	\$	58.81	\$	29.42	\$ 6.7
Family	\$	129.62	\$	90.73	\$	38.89	\$	8.97	Family	\$ 137.02	\$	90.73	\$	46.29	\$ 10.6

### Vision Coverage (included with Anthem Medical)

Vision coverage is available with enrollment in Anthem's HMO Blue New England plan, at no additional cost. Anthem Blue View Vision Plan offers a national network of providers and provider locations. To find a provider visit <u>www.anthem.com</u> and select View National Vision Directory or call customer service at 866-723-0515.

Blue View Vision	In-Network	Out-of-Network
Routine Eye Exam (once every 12 months from last day of service)	\$20 copay, then covered in full	\$48 allowance
<b>Eyeglass Frames</b> (once every 24 months after last date of purchase)	Plan allowance: \$100 retail frame Frame discount: 20% off remaining balance after plan allowance	\$52 allowance
<b>Eyeglass Lenses</b> (Once every 24 months from last date of purchase)	\$20 copay, then covered in full for standard lenses: plastic lenses with factory scratch coating. These include the following:	
Factory scratch coating Polycarb Lenses and or Transitions lenses included for children under 19 years old. See additional discounts for lens upgrade	Single Vision Bifocal Trifocal Lenticular	\$32 allowance \$47 allowance \$66 allowance \$88 allowance
<b>Contact Lenses - Elective</b> (once every 24 months from last date of service)	Plan allowance: \$100 elective lenses Lens discount: 15% off remaining balance on conventional (non-disposable)	\$84 allowance
Contact Lenses - Non-elective (once every 24 months from last date of service)	Covered in full	\$210 allowance
Eyeglass Lens Upgrades	Member cost for upgrades UV Coating \$15 Tint (solid and gradient) \$15 Standard Polycarbonate (adults) \$40 Transitions Lenses (adults) \$75 Progressive lenses	Discounts on lens upgrades are not
	standard \$65 premium tier 1 \$91 premium tier 2 \$97 premium tier 3 \$103 <b>Anti-reflective coating</b> Standard \$45 premium tier 1 \$57 premium tier 2 \$68 <b>Other add-ons and services</b> 20% off retail price	available out-of-network
Additional Benefits	40% off additional pair of complete eyeglasses	



### Life and AD&D Insurance

Gunstock Mountain Resort provides employees with Group Life and Accidental Disability and Dismemberment (AD&D) Insurance and pays the full cost of this benefit.

#### Life Insurance Accidental Death & Dismemberment

1 times salary to a maximum of \$100,000 1 times salary to a maximum of \$100,000

Group Term Life Insurance includes a Conversion or Portability feature. Please see Human Resources to update your beneficiary information. Your group Term Life & AD&D Benefits are fully insured through Anthem Life.

#### Supplemental Life and AD&D Insurance

Employees are able to purchase Supplemental Life and AD&D insurance up to 5 times salary in increments of \$10,000 not to exceed \$500,000\*.

Spousal coverage may be purchased in increments of \$5,000 not to exceed \$500,000. Guarantee Issue amount of \$15,000\*.



Supplemental Life and AD&D insurance coverage for dependent children may be purchased in increments of \$2,000 not to exceed \$10,000.

\* Note: If you and your eligible dependents enroll before 9/17/2020, you may apply for any amount of Life Insurance coverage up to \$50,000 for yourself and any amount of coverage up to \$15,000 for your spouse. Any amount over the Guaranteed Issue amounts will be subject to evidence of insurability. If you and your eligible dependents do not enroll on or before 10/09/2017, you can apply for coverage only during an annual enrollment period and will be required to furnish evidence of insurability for the entire amount of Life insurance coverage. AD&D coverage does not require evidence of insurability.

Optional Supplemental Life Insurance includes a Conversion or Portability feature. Please be advised this is a brief overview. Please refer to your Summary of Benefits and Subscriber Certificate for complete benefit information.

### **Disability Insurance**

Gunstock Mountain Resort provides employees with Short-Term Disability income benefits at no cost to the employee. Employees may purchase Voluntary Long-Term Disability Insurance. In the event you become disabled from an injury or sickness, disability income benefits are provided. You are not eligible to receive Short-Term disability benefits if you are receiving workers' compensation benefits. These benefits are offered though Unum to help replace lost income.

	SHORT-TERM DISABILITY Gunstock Provided	LONG-TERM DISABILITY Voluntary			
Benefits begin	1 <sup>st</sup> day of injury, 8 <sup>th</sup> day of illness	180 days			
Benefit duration	26 weeks	To normal retirement age, then age reducing table applies			
Percentage of Income Replaced	66.67% of weekly earnings	60% of monthly earnings			
Maximum Benefit	\$1,000 per week	\$5,000 per month			

Your STD & Voluntary LTD insurance plans are fully insured through Anthem Life. Please be advised this is a brief overview. Please refer to your Summary Plan Description for complete benefit information.



### Flexible Spending Accounts (FSA)

Employees are eligible to enroll in the flexible spending accounts upon date of benefit eligibility. FSAs provide employees with an important tax advantage that can help you pay health care and dependent care costs on a pre-tax basis. Your Health Care Reimbursement FSA and Dependent Care FSA plans are administered through: CGI Business Solutions.

CGI's WealthCare Portal is available 24/7 to access your FSA account information for health care and dependent care funds. Employees are able to use the CGI benefit debit card for health care and dependent care transactions. Both features allow for more simplified claims processing.

To access your FSA account information please visit: cgi.wealthcareportal.com

- Click "register" located on the top right side of the main screen and fill in the required questions.
- Employee ID: social security number without dashes.
- Employer ID: CGIGMR
- Upon accepting the terms and conditions you will need to setup a secure authentication

Go Mobile! Download the free app "CGI WealthCare Mobile" from the Apple Store or Android Marketplace. Gain instant access by entering the same username and password you created by registering at: <u>cgi.wealthcareportal.com</u>

- View account balances and transactions
- Attach receipts by taking a picture with your smartphone
- Add or edit text message alerts
- Contact CGI Business Solutions' Benefits Administration Department for assistance

Health Care Reimbursement FSA	Dependent Care FSA
\$2,750 Annual Maximum	\$5,000 Annual Maximum

Your plan allows for a 2 ½ month grace period following the end of the plan year during which unused amounts may be used to reimburse eligible medical expenses incurred up to December 15, 2019.

Over-the-Counter (OTC) medications now require a doctor's prescription to be eligible for FSA reimbursement. Please see your FSA brochure for additional details.

Please direct inquiries to CGI Benefit Administration Department at 1-888-383-0088. For more information visit: <u>www.cgibusinesssolutions.com</u>. Please be advised this is a brief overview. Please refer to your Summary Plan Description for complete benefit information.

## 457(b) Retirement Plan

The Gunstock Mountain Resort 457(b) Retirement Plan has been designed to provide you with many valuable advantages – advantages that can save you money today as well as provide for a financially secure future. You are eligible to participate in the plans if you are at least 21 years of age and have completed one (1) year of service with at least 1,000 hours worked.

The 457(b) Retirement Plan allows eligible employees to make pre-tax contributions through automatic payroll deductions between 1% and 100% of your income (up to \$19,500). Gunstock Mountain Resort will match your contributions dollar for dollar, up to 5%.



### Paid Time Off

Here at Gunstock Mountain Resort, we believe that play is sometimes just as important as work. Striking a healthy work/life balance is essential in helping our employees maintain a fun and productive work environment. That's why we've developed a PTO policy that is flexible and rewarding. Weekly PTO accrual rates are based upon an employee's length of service as follows:

	Group 1 PTO Accrual Schedule								
PTO Accrual Tiers	Years of Service	Weekly PTO Accrual Rate	Approximate Annual PTO Accrual	Carryover Limit					
Tier 1	0-2 years	1.85 hours	96 hours	120 hours					
Tier 2	3-5 years	2.31 hours	120 hours	120 hours					
Tier 3	6-7 years	2.71 hours	140 hours	120 hours					
Tier 4	8+	3.12 hours	162 hours	120 hours					

All Group 1 employees begin accruing PTO immediately; however eligible employees are prohibited from using PTO until they have been employed by the company for a minimum of six (6) months. PTO may be used for vacations, illness or disability, personal emergencies or other personal needs requiring time off.

# Paid Holidays

Let's celebrate! We're happy to have any reason for a celebration, from family reunions and weddings to snow days and holidays. Fortunately for us, our guests often choose to celebrate their special occasions with us, especially holidays. Our Paid Holidays policy is intended to give year-round staff flexibility in planning their holidays while continuing to meet the needs of our guests.

Gunstock Mountain Resort recognizes the following five (5) holidays: Memorial Day, Independence Day, Labor Day, Columbus Day, and Thanksgiving Day. In addition to PTO and the company-observed holidays, Group 1 employees are eligible for a maximum of four (4) paid Floating Holidays. Eligible employees **in their first year of service** are credited with two (2) or four (4) Floating Holidays depending upon their eligibility date as follows:

Date of Eligibility	Floating Holidays
May 1 – Oct 31	4 per year
Nov 1 – Apr 30	2 per year

Eligible employees are required to use paid holidays within two (2) pay periods prior to or after the actual holiday. If an eligible employee is required to work on a company holiday, they will be compensated for their hours worked on that holiday and permitted to use the holiday within the allotted timeframe. Holidays that are not taken within the five (5) week usage period will be forfeited. Eligible employees are required to use all floating holidays prior to the end of Gunstock's fiscal year. Floating holidays that are not taken prior to the end of the fiscal year will be forfeited. Please refer to the Employee Handbook for complete details of our policies covering time away from work.

### **Customer Service Numbers**

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

#### Anthem Medical Benefits

HMO Blue New England Plans 800-870-3122 www.anthem.com

#### Health Reimbursement Arrangement Flexible Spending Accounts CGI Business Solutions 888-383-0088 www.cgibusinesssolutions.com claims@cgibusinesssolutions.com

Dental Benefits Anthem 800-371-6561 www.anthem.com/mydentalvision

#### Life & AD&D

Anthem Life 800-552-2137 www.anthem.com

#### Short and Voluntary Long Term Disability Insurance

Anthem Life 800-552-2137 www.anthem.com

### Additional Information for Eligible Employees

#### **COBRA Information:**

COBRA continuation coverage is a temporary extension of coverage under the group health plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**Health Insurance Marketplace:** You may have other options available to you when you lose group health coverage. You may be eligible to buy an individual plan through the Health Insurance Marketplace (<u>www.healthcare.gov</u>). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

**HIPAA Information:** - Special Enrollment Right Mandated by the Health Insurance Portability and Accountability Act of 1996

Group health plans and health insurance insurers are required to provide special enrollment periods during which individuals who previously declined coverage for themselves and their dependents may be allowed to enroll without having to wait for the plan's next open enrollment period. A special enrollment period can occur if a person with other health coverage loses that coverage or if a person becomes a new dependent through marriage, birth, adoption or placement for adoption. If you refuse enrollment for yourself or your dependents for medical coverage, you may later enroll within 30 days of a change in family status or loss of health coverage.

Individuals may not be denied eligibility or continued eligibility to enroll for benefits under the terms of the plan based on specified health factors. In addition, an individual may not be charged more for coverage than similarly situated individuals based on these specific health factors.

Effective April 1, 2009, the Children's Health Insurance Reauthorization Act of 2009 (CHIPRA) created a new 60 day special enrollment period for eligible employees and dependents to immediately enroll in the plan if they become ineligible for Medicaid or any state's Children's Health Insurance Program (CHIP) and lose coverage or become eligible for that state's premium assistance program. The employee must request coverage within 60 days after the termination of coverage or the determination of subsidy eligibility.

Women's Health and Cancer Rights Act of 1998 (WHCRA): WHCRA requires a group health plan to notify you, as a participant or a beneficiary, of your potential rights related to coverage in connection with a mastectomy. Your plan may provide medical and surgical benefits in connection with a mastectomy and reconstructive surgery. If it does, coverage will be provided in a manner determined in consultation with your attending physician and the patient for a) all stages of reconstruction on the breast on which the mastectomy was performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance; c) prostheses; and d) treatment of physical complications of the mastectomy, including lymphedema. The coverage, if available under your group health plan, is subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. For specific information, please refer to your summary plan description or benefits booklet, or contact Human Resources.

#### THIS IS ONLY A SUMMARY, NOT A CERTIFICATE OF INSURANCE.

The information contained in this Employee Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various certificates of insurance supplied by the insurance carrier and benefit information. This Summary has been produced by CGI Business Solutions, Gunstock Mountain Resort's insurance broker, to assist employees in understanding their company's health plan. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail.

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