

# 2026

## Annual Notices

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**BENJAMIN F. EDWARDS®**  
INVESTMENTS *for* GENERATIONS®

# Medicare Part D Notice

## Important Notice from Benjamin F. Edwards 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 Benjamin F. Edwards 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. Benjamin F. Edwards has determined that the prescription drug coverage offered by the Benjamin F. Edwards Health & Welfare 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.

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### 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 Benjamin F. Edwards coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Benjamin F. Edwards Health & Welfare Plan is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Benjamin F. Edwards prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

### 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 Benjamin F. Edwards and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below 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 Benjamin F. Edwards 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 [medicare.gov](https://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 800-MEDICARE (800-633-4227). TTY users should call 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 [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 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:** 01/01/2026  
**Name of Entity/Sender:** Benjamin F. Edwards  
**Contact-Position/Office:** Sudha Smith/Sr. Total Rewards Specialist  
**Address:** 1 N Brentwood Blvd, Suite 850, St. Louis, MO 63105  
**Phone Number:** 314-696-6290

## 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 medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: PPO Plan Option DNIA Flex Point: \$5,000 deductible, 80% coinsurance; Gold HSA Option DNLD HSA: \$3,300 deductible, 90% coinsurance; Silver HSA Option DNKI HSA: \$6,000 deductible, 80% coinsurance. If you would like more information on WHCRA benefits, call your plan administrator 314-696-6290.

## 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 314-696-6290.

## HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Benjamin F. Edwards health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Benjamin F. Edwards health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

- Lose Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day 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. In addition, you may enroll in Benjamin F. Edwards health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

## Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Benjamin F. Edwards describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Benjamin F. Edwards Human Resources Department.

## Michelle’s Law

The Benjamin F. Edwards plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child’s eligibility would end earlier for another reason.

Extended coverage is available if a child’s leave of absence from school—or change in school enrollment status (for example, switching from full-time to part-time status)—starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child’s physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, Human Resources / Sudha Smith, 314-696-6290 as soon as the need for the leave is recognized. In addition, contact your child’s health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

## 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](http://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](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

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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—

### ALABAMA – Medicaid

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

### **ALASKA – Medicaid**

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

### **ARKANSAS – Medicaid**

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

### **CALIFORNIA – Medicaid**

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

### **COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)**

Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943 | State Relay 711  
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991 | State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/> | HIBI Customer Service: 1-855-692-6442

### **FLORIDA – Medicaid**

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

### **GEORGIA – Medicaid**

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra> | Phone: 678-564-1162, press 2

### **INDIANA – Medicaid**

Health Insurance Premium Payment Program All other Medicaid Website: <https://www.in.gov/medicaid/> |  
<http://www.in.gov/fssa/dfr/> | Family and Social Services Administration Phone: (800) 403-0864 | Member Services  
Phone: (800) 457-4584

### **IOWA – Medicaid and CHIP (Hawki)**

Medicaid Website: [Iowa Medicaid | Health & Human Services](#) | Medicaid Phone: 1-800-338-8366  
Hawki Website: [Hawki - Healthy and Well Kids in Iowa | Health & Human Services](#) | Hawki Phone: 1-800-257-8563  
HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](#)  
HIPP Phone: 1-888-346-9562

### **KANSAS – Medicaid**

Website: <https://www.kancare.ks.gov/> | Phone: 1-800-792-4884 | HIPP Phone: 1-800-967-4660

### **KENTUCKY – Medicaid**

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)  
Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx> | Phone: 1-855-459-6328  
Email: [KIHIPP.PROGRAM@ky.gov](mailto: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.medicicaid.la.gov](http://www.medicicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

### **MAINE – Medicaid**

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003 | TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 800-977-6740 | TTY: Maine relay 711

#### **MASSACHUSETTS – Medicaid and CHIP**

Website: <https://www.mass.gov/masshealth/pa> | Phone: 1-800-862-4840 | TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

#### **MINNESOTA – Medicaid**

Website: <https://mn.gov/dhs/health-care-coverage/> | Phone: 1-800-657-3672

#### **MISSOURI – Medicaid**

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

#### **MONTANA – Medicaid**

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084 | email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

#### **NEBRASKA – Medicaid**

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178

#### **NEVADA – Medicaid**

Medicaid Website: <http://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](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

#### **NEW JERSEY – Medicaid and CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/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/](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: 1-866-614-6005

#### **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: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](#) | CHIP Phone: 1-800-986-KIDS (5437)

#### **RHODE ISLAND – Medicaid and CHIP**

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

#### **SOUTH CAROLINA – Medicaid**

|   |
|---|
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>   Phone: 1-888-549-0820  |
| <b>SOUTH DAKOTA – Medicaid</b>  |
| Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>   Phone: 1-888-828-0059  |
| <b>TEXAS – Medicaid</b>   |
| Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br>Phone: 1-800-440-0493   |
| <b>UTAH – Medicaid and CHIP</b>   |
| Utah’s Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a><br>Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>   Phone: 1-888-222-2542  <br>Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a><br>Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a><br>CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a> |
| <b>VERMONT – Medicaid</b>   |
| Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br>Phone: 1-800-250-8427   |
| <b>VIRGINIA – Medicaid and CHIP</b>   |
| Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> or<br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br>Medicaid/CHIP Phone: 1-800-432-5924   |
| <b>WASHINGTON – Medicaid</b>  |
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>   Phone: 1-800-562-3022  |
| <b>WEST VIRGINIA – Medicaid and CHIP</b>  |
| Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700   CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)   |
| <b>WISCONSIN – Medicaid and CHIP</b>  |
| Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>   Phone: 1-800-362-3002  |
| <b>WYOMING – Medicaid</b>   |
| Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>   Phone: 1-800-251-1269  |

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](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 8.39% in 2024 (9.02% in 2025) of your modified adjusted household income.

# Illinois Consumer Coverage Disclosure Act

The Consumer Coverage Disclosure Act requires employers to notify Illinois employees which of the Essential Health Benefits listed below are and are not covered by their employer-provided group health insurance coverage. Refer to the [Access to Care and Treatment Benchmark Plan](#) and the [Pediatric Dental Plan](#) to reference the pages listed below.

|                                 |   |
|---------------------------------|---|
| <b>Employer Name:</b>           | Benjamin F. Edwards Health & Welfare Plan           |
| <b>Employer State of Situs:</b> | Missouri  |
| <b>Name of Issuer:</b>          | United Healthcare                                   |
| <b>Plan Marketing Name:</b>     | PPO Plan Option, Gold HSA Option, Silver HSA Option |
| <b>Plan Year:</b>               | 1/1/2026-12/31/2026                                 |

|  |  |
|--|--|
| <b>Ten (10) Essential Health Benefit (EHB) Categories:</b>   |  |
| <ul style="list-style-type: none"> <li>• Ambulatory patient services (outpatient care you get without being admitted to a hospital)</li> <li>• Emergency services</li> <li>• Hospitalization (like surgery and overnight stays)</li> <li>• Laboratory services</li> <li>• Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)</li> <li>• Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)</li> <li>• Pregnancy, maternity, and newborn care (both before and after birth)</li> <li>• Prescription drugs</li> <li>• Preventive and wellness services and chronic disease management</li> <li>• Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)</li> </ul> |  |

| <b>2020-2025 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)</b> |  |                     |                                   | <b>Employer Plan Covered Benefit?</b> |
|--|--|---------------------|-----------------------------------|---------------------------------------|
| <b>Item</b>  | <b>EHB Benefit</b>   | <b>EHB Category</b> | <b>Benchmark Page # Reference</b> |                                       |
| 1  | Accidental Injury—Dental   | Ambulatory          | Pgs. 10 & 17                      | Yes                                   |
| 2  | Allergy Injections and Testing   | Ambulatory          | Pg. 11                            | Yes                                   |
| 3  | Bone anchored hearing aids   | Ambulatory          | Pgs. 17 & 35                      | Yes                                   |
| 4  | Durable Medical Equipment  | Ambulatory          | Pg. 13                            | Yes                                   |
| 5  | Hospice  | Ambulatory          | Pg. 28                            | Yes                                   |
| 6  | Infertility (Fertility) Treatment  | Ambulatory          | Pgs. 23–24                        | No                                    |
| 7  | Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                    | Ambulatory          | Pg. 21                            | Yes                                   |
| 8  | Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services) | Ambulatory          | Pgs. 15–16                        | Yes                                   |
| 9  | Private-Duty Nursing   | Ambulatory          | Pgs. 17 & 34                      | No                                    |
| 10   | Prosthetics/Orthotics  | Ambulatory          | Pg. 13                            | Yes                                   |
| 11   | Sterilization (vasectomy men)  | Ambulatory          | Pg. 10                            | Yes                                   |
| 12   | Temporomandibular Joint Disorder (TMJ)                                       | Ambulatory          | Pgs. 13 & 24                      | Yes                                   |
| 13   | Emergency Room Services (Includes MH/SUD Emergency)                          | Emergency services  | Pg. 7                             | Yes                                   |
| 14   | Emergency Transportation/ Ambulance  | Emergency services  | Pgs. 4 & 17                       | Yes                                   |
| 15   | Bariatric Surgery (Obesity)  | Hospitalization     | Pg. 21                            | No                                    |
| 16   | Breast Reconstruction After Mastectomy                                       | Hospitalization     | Pgs. 24–25                        | Yes                                   |

|   |  |  |                                       |     |
|---|--|--|---------------------------------------|-----|
| 17  | Reconstructive Surgery   | Hospitalization                                      | Pgs. 25–26 & 35                       | Yes |
| 18  | Inpatient Hospital Services (e.g., Hospital Stay)                            | Hospitalization                                      | Pg. 15                                | Yes |
| 19  | Skilled Nursing Facility   | Hospitalization                                      | Pg. 21                                | Yes |
| 20  | Transplants—Human Organ Transplants (Including transportation & lodging)     | Hospitalization                                      | Pgs. 18 & 31                          | Yes |
| 21  | Diagnostic Services  | Laboratory services                                  | Pgs. 6 & 12                           | Yes |
| 22  | Intranasal opioid reversal agent associated with opioid prescriptions        | MH/SUD   | Pg. 32                                | Yes |
| 23  | Mental (Behavioral) Health Treatment (Including Inpatient Treatment)         | MH/SUD   | Pgs. 8–9, 21                          | Yes |
| 24  | Opioid Medically Assisted Treatment (MAT)                                    | MH/SUD   | Pg. 21                                | Yes |
| 25  | Substance Use Disorders (Including Inpatient Treatment)                      | MH/SUD   | Pgs. 9 & 21                           | Yes |
| 26  | Tele-Psychiatry  | MH/SUD   | Pg. 11                                | Yes |
| 27  | Topical Anti-Inflammatory acute and chronic pain medication                  | MH/SUD   | Pg. 32                                | Yes |
| 28  | Pediatric Dental Care  | Pediatric Oral and Vision Care                       | See AllKids Pediatric Dental Document | Yes |
| 29  | Pediatric Vision Coverage  | Pediatric Oral and Vision Care                       | Pgs. 26–27                            | Yes |
| 30  | Maternity Service  | Pregnancy, Maternity, and Newborn Care               | Pgs. 8 & 22                           | Yes |
| 31  | Outpatient Prescription Drugs  | Prescription drugs                                   | Pgs. 29–34                            | Yes |
| 32  | Colorectal Cancer Examination and Screening                                  | Preventive and Wellness Services                     | Pgs. 12 & 16                          | Yes |
| 33  | Contraceptive/Birth Control Services   | Preventive and Wellness Services                     | Pgs. 13 & 16                          | Yes |
| 34  | Diabetes Self-Management Training and Education                              | Preventive and Wellness Services                     | Pgs. 11 & 35                          | Yes |
| 35  | Diabetic Supplies for Treatment of Diabetes                                  | Preventive and Wellness Services                     | Pgs. 31–32                            | Yes |
| 36  | Mammography—Screening  | Preventive and Wellness Services                     | Pgs. 12, 15 & 24                      | Yes |
| 37  | Osteoporosis—Bone Mass Measurement   | Preventive and Wellness Services                     | Pgs. 12 & 16                          | Yes |
| 38  | Pap Tests/ Prostate—Specific Antigen Tests/ Ovarian Cancer Surveillance Test | Preventive and Wellness Services                     | Pg. 16                                | Yes |
| 39  | Preventive Care Services   | Preventive and Wellness Services                     | Pg. 18                                | Yes |
| 40  | Sterilization (women)  | Preventive and Wellness Services                     | Pgs. 10 & 19                          | Yes |
| 41  | Chiropractic & Osteopathic Manipulation                                      | Rehabilitative and Habilitative Services and Devices | Pgs. 12–13                            | Yes |
| 42  | Habilitative and Rehabilitative Services                                     | Rehabilitative and Habilitative Services and Devices | Pgs. 8, 9, 11, 12, 22 & 35            | Yes |
| <i>Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.</i> |  |  |                                       |     |

## The ‘No Surprises’ Rules

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

[View a sample notice and consent form](#) (PDF).

This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.



# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace (“Marketplace”). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### 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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn’t meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee’s cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee’s household income.<sup>12</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

## When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact the Benefits team. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

# 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<br><b>Benjamin F. Edwards</b>   | 4. Employer Identification Number (EIN)<br><b>263472087</b>   |                             |
| 5. Employer Address<br><b>1 N Brentwood Blvd, Suite 850, MO 63105</b>                    | 6. Employer phone number  |                             |
| 7. City<br><b>St. Louis</b>  | 8. State<br><b>MO</b>   | 9. Zip code<br><b>63105</b> |
| 10. Who can we contact about employee health coverage at this job?<br><b>Sudha Smith</b> |   |                             |
| 11. Phone number (if different from above)<br><b>314-696-6290</b>                        | 12. Email address<br><a href="mailto:Sudha.smith@benjaminfedwards.com">Sudha.smith@benjaminfedwards.com</a> |                             |

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

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

All employees. Eligible employees are:

Some employees. Eligible employees are:

Full-time employees are those who work 32 or more hours per week.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Eligible employees may enroll their lawful spouse, their eligible domestic partner, or children and those of your properly established domestic partner through the end of the month in which they turn age 26.

We do not offer coverage.

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

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

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



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