

CHAMPLAIN
HOUSING TRUST



Benefits Overview

At Champlain Housing Trust, we believe our staff members are our greatest assets. We place tremendous value on each team member's contributions, and to reinforce that, we strive to offer only the highest-quality benefits, compensation, and organizational culture.



Paid Leave

Our generous paid leave program promotes a healthy work/life balance, allowing ample time to focus on friends, family, fun, and overall well-being.

Vacation and sick time are accumulated on the first of each month, according to the accrual rates listed in the chart on page 2. Vacation and sick time balances are capped at 192 hours to encourage the responsible use of paid leave. Personal time and floating holidays must be used in the calendar year accumulated, or they will be forfeited.

Staff who work at least 18 hours weekly are eligible for pro-rated sick time. Staff who work at least 20 hours weekly are eligible for all types of paid leave—including sick time—on a pro-rated basis.

Paid Holidays (14 Total)

New Year's Day
 Martin Luther King, Jr. Day
 Memorial Day
 Juneteenth
 Independence Day
 Labor Day
 Indigenous People's Day
 Veterans' Day
 Thanksgiving Day
 Day after Thanksgiving
 Christmas Day

3 Floating Holidays (*must be used by 12/31. For those hired between the dates of 10/1 and 11/1, this is pro-rated to 16 hrs. For those hired after 12/1, this is pro-rated to 8 hours.*)

Vacation Time

Tenure	Days Per Year	Monthly Accrual Rate (<i>hours</i>)
1 - 4 years	15	10
5 - 9 years	20	13.33
10+ years	24	16

Other Paid Leave

Sick	12 Days per year (<i>accrued at 8 hours per month</i>)
Personal	2 Days per year (<i>after 2 years of service; prorated on 2-year anniversary. Must use by 12/31</i>)
Bereavement	Up to 3 days (<i>death/serious illness of immediate family member</i>)
Jury Duty	Up to 5 days



Health and Wellness Benefits

Health Insurance

We designed our health and wellness benefits to provide the most comprehensive coverage possible, while keeping costs affordable for employees and reasonable for the organization.

Allied using Cigna PPO Network
Customer Service (800)-288-2078
Website: www.alliedbenefit.com



	Cigna PPO	Out of Network
Annual deductible (The amount you must pay before the plan will pay benefits for non-preventive care. Amounts you pay toward the deductible count toward your out-of-pocket maximum.)		
Deductible (Single/Family)	\$300/\$600	\$5,000/ \$10,000
Out of pocket maximum (Single/Family)	\$300/\$600	\$10,000/ \$20,000
Preventive Care		
Preventive Care	No Charge	40% after deductible
Office Visit (primary care and specialists)	0% after deductible	40% after deductible
Mental Health Office visit	0% after \$300/\$600 deductible	
Outpatient Lab	0% after deductible	40% after deductible
Outpatient X-ray	0% after deductible	40% after deductible
Advanced Imaging	0% after deductible	40% after deductible
Urgent Care	0% after deductible	40% after deductible
Emergency Room	0% after deductible	
Inpatient Hospital	0% after deductible	40% after deductible
Outpatient Surgery/hospital	0% after deductible	40% after deductible
Ambulatory surgical center	0% after deductible	40% after deductible
Prescription Drugs		
Retail Pharmacy (30-day supply) Mail Order (90-day supply)	Expanded preventive list – no charge Generic/Brand/Specialty 0% after deductible Retail or Mail Order	No coverage

2025 Medical Rates

Cost Per Bi-Weekly Pay Period	Employee Cost (pre-tax deduction)	CHT's Cost	Annual Plan Deductible*
Single	\$ 44.88	\$421.60	\$ 2,700.00
Double	\$ 89.75	\$ 776.16	\$ 5,400.00
Employee & Children	\$ 89.75	\$ 661.39	\$ 5,400.00
Family	\$ 120.00	\$ 1,185.35	\$ 5,400.00



*After an employee has contributed \$300 for single coverage or \$600 for double, children or family coverage, the remainder of the medical/prescription deductible will be paid through a Health Reimbursement Arrangement administered by Allied.

In Lieu of Medical: Eligible employees who elect not to participate in CHT's Health Plan will receive \$2,500 paid in bi-weekly installments of \$96.15.

Prescription Drugs Mobile App

Prime Therapeutics offers PrimeCentral, a mobile app offers cost saving opportunities, pricing and coverage checks, and full access to your Rx benefits card. It also offers an optional notification setting to get alerts for prescription changes and refills.

Dental Insurance



CHT offers dental coverage through Northeast Delta Dental, via their Premium Plus/PPO Plus Premier Network. If you enroll in this benefit, premiums will continue to deduct from your paycheck on a pre-tax basis. The basic coverages are below. Full coverage information is available in the Summary Plan Description.

Northeast Delta Dental
Customer Service (800)-832-5700
Email: nedelta@nedelta.com
Website: <https://www.nedelta.com>

Plan Coverages/Out of Pocket Costs	
Individual	\$100 (<i>One-Time Deductible</i>)
Family	\$300 (<i>One-Time Deductible</i>)
Annual Maximum (<i>per person: Class A, B, & C</i>)	\$2,000
Class A Diagnostic & Preventative	100% Covered (<i>No Deductible</i>)
Class B Basic Restorative Services	80% Covered (<i>After Deductible</i>)
Class C Major Services	50% (<i>After Deductible</i>) / Six Month Waiting Period
Orthodontics	50% (<i>No Deductible</i>) / Six Month Waiting Period
Lifetime Maximum	\$1,500

	Monthly Rates	Biweekly Rates
Employee	\$49.22	\$22.72
Employee + Dependant	\$90.16	\$41.62
Family	\$157.53	\$72.71



Extra Benefits—No Additional Charge—For Those Who Need Them

Your Northeast Delta Dental plan includes our industry-leading Health *through* Oral Wellness® (HOW®) program at no additional charge in premium. HOW® provides additional preventive benefits to members who are at risk for oral disease, helping them to achieve better oral health.

Simple and free, HOW® works like this:



STEP 1:

The dentist or hygienist performs a clinical oral health risk assessment and submits it to Northeast Delta Dental electronically and receives a score.



STEP 2:

Members scoring between 3 and 5 on a five-point scale are immediately eligible for enhanced benefits.*



STEP 3:

Everyone deserves a healthy smile. For tips on oral wellness and to take a free risk assessment, please visit [HealthThroughOralWellness.com](https://www.healththroughoralwellness.com).

*Additional preventive benefits apply toward the annual maximum and are subject to the provisions of your Northeast Delta Dental policy. Only the clinical risk assessment performed in your dental office can determine your eligibility for additional preventive benefits.

Additional Benefits May Include:

- Extra cleanings
- Fluoride varnish or topical fluoride
- Oral hygiene instruction
- Sealants
- Nutritional counseling
- Tobacco cessation counseling



Vision Insurance



CHT offers a vision plan through VSP, via their VSP Choice Network. If you decide to enroll, premiums will continue to be deducted from your paycheck on a pre-tax basis. The basic coverage outlines are below. Full coverage information is available in the Summary Plan Description.

VSP
Customer Service (800)877-7195
Website: <https://www.vsp.com/>

Plan Coverages/Out of Pocket Costs	
Vision Exams (<i>Once Every 12 Months</i>)	\$10 Copay
Lenses (<i>Once Every 12 Months</i>)	\$25 Copay
Frames (<i>Once Every 24 Months</i>)	\$25 Copay / Covered up to \$130
Contact Lenses (<i>Once Every 12 Months/Medically Necessary Only</i>)	Up to \$60 Copay
▪ Elective	Up to \$60 Copay/Covered up to \$130

	Monthly Rates	Biweekly Rates
Employee	\$7.06	\$3.26
Employee + Dependant	\$10.23	\$4.72
Family	\$18.35	\$8.47



403(b) Retirement Plan

CHT offers a retirement plan through Empower. The basic coverage outlines are below.



Eligibility	All employees who work 20+ hours weekly.
Employee Contributions	All eligible employees may contribute up to \$23,000 annually (or \$30,500 if 50+ years old). Option to make traditional pre-tax or Roth contributions.
CHT Contributions	CHT contributes 4% of gross earnings on behalf of each full-time employee after 1 year, regardless of the employee's contribution. (Part-time employees who work at least 1,000 hours are also eligible after 1 year.)

Flexible Spending and Dependent Care Accounts

CHT offers flex spending and dependant care accounts through Healthy Dollars. The basic coverage outlines are below.



Flexible Spending Account (FSA)	Employees may contribute up to the maximum IRS allowable amount (\$3,300 in 2025) to this account on a pre-tax basis for eligible medical, dental, or vision expenses. All expenses used with this account must be incurred during the calendar year, and reimbursement must be requested by March 15 th of the following year. <i>Any funds not used in the calendar year will be forfeited.</i>
Dependent Care Account (DCA)	Employees may contribute up to the maximum IRS allowable amount (\$5,000 per family) to this account on a pre-tax basis to pay for daycare, nanny, pre-school, after school care, camps, or adult daycare for dependents. Continual reimbursement options are available for eligible expenses. <i>Any funds not used in the calendar year will be forfeited.</i>



Short-Term, Long-Term Disability, & Life Insurance



CHT offers short term/long disability and life insurance through Mutual of Omaha. All premiums are paid by CHT. All employees who work 20 or more hours per week are eligible & automatically enrolled.

Short Term Disability Insurance	Elimination Period: 30 calendar days for illness or injury. Replaces 60% of wages—up to \$1,000 per week.
---------------------------------	---

Long Term Disability Insurance	Elimination Period: 90 calendar days for illness or injury. Replaces 60% of wages—up to \$6,000 maximum.
--------------------------------	--

Life Insurance	Term coverage begins on the 1 st of the month following employee hire date, and continues until the last day of employment. Plan value is twice the annual wage up to \$50,000. (See the summary plan description for additional details.)
----------------	---

Employee Assistance Program



This program offers a variety of support and services for employees. These services may be accessed confidentially via phone or through a web portal. All options are included below.

✓ **Counseling Benefits**

Help from experienced Masters or Ph.D. level counselors for personal issues such as: relationships/ family, depression/anxiety, grief and more. Multiple counseling options include in-the-moment telephonic, live therapy through text messaging, chat, audio, and video, and in-person therapy.

✓ **Peak Performance Coaching**

Personal and professional coaching is available from senior-level ESI coaches. Get one-to-one telephonic coaching and support, as well as online self-help resources and trainings.

✓ **Training And Personal Development Benefits**

Access to our extensive library of online personal and professional development trainings in a variety of easy-to-use formats. Some training topics include: debt, budgeting, communication, business skills, working remotely, stress management, and emotional intelligence.

✓ **Talkspace Go App**

A mobile app with 400+ self-guided, interactive programs, live weekly therapist-led anonymous classes, on demand sessions and more. The App empowers couples, individuals, and parents to improve their mental health in as little as five minutes a day.

✓ **Self-Help Resources**

Access to thousands of tools, videos, webinars, self-assessments, financial calculators and informative articles covering virtually every issue you might face, such as adoption, relationships, legal and financial matters, cancer and other illnesses, and more.

✓ **Work/Life Benefits**

Assistance for financial and legal issues, child & elder care, LGBTQIA+ issues, military life, and more.

✓ **Personal Assistant**

Help for everyday issues, including finding a local medical or dental provider, summer camp options, pet care, and more.

✓ **Wellness Benefits**

Videos and resources to improve you and your family's overall health, including fitness, nutrition, diet, tobacco cessation, sleep health, and information on illnesses.

✓ **Lifestyle Savings Benefit**

Thousands of discounts, rewards, and perks in a variety of categories: Health & Wellness, Auto, Electronics, Apparel, Restaurants, Beauty & Spa, Flowers & Gifts, Sports & Fitness and more! Benefits are accessible from ESI's Member website.

Now you can enjoy thousands of discounts and cash back offers as one of your EAP benefits. Just log in to your EAP website. Explore deals and discounts from your favorite national brands. Here are just a few of the many areas where you can find savings:

- Health and Wellness
- Auto
- Electronics
- Apparel
- Restaurants
- Entertainment & Tickets
- Beauty and Spa
- Flowers & Gifts
- Insurance & Protection
- Sports & Fitness
- Food
- And many more!

New EAP Benefit: Talkspace Go

Talkspace Go is a new, free EAP benefit for you and eligible family members aged 13+. It's a mobile app you can use to improve your mental health and wellbeing in just 5 minutes a day! Get help for relationships, parenting, depression, and much more.

Features included

Self-guided programs for individuals, couples, and parents. Build mental well-being through personalized courses, daily journaling, and weekly live classes with therapists.

- 400+ self-guided, interactive courses
- Live weekly therapist-led anonymous group classes
- Assessments, meditation exercises, journaling, & reminders
- Address anxiety, stress, burnout, trust, & more

How it works

First, you answer a series of questions to get to the root of your issues. Based on your responses, you'll get a personalized, self-paced course from our library of counseling programs.

Self-Help Resources

A vital benefit to help with everyday issues!

Access 25,000+ trustworthy articles, videos and tools in our updated Self-Help Resources, with easier navigation and search, new content, and Learning Centers on popular topics such as gratitude, goal setting, communication, sleep, building resilience, and more.

Other topics include:

- Mindfulness
- Adoption & Child Care
- Personal Finance & Budgeting
- Emotional Wellbeing
- Parenting & Relationships
- Pets
- Physical Health & Wellness
- Legal Issues
- Loss and Grief
- Stress, Anger, Anxiety & Depression
- Elder Care & Child Care Locators
- Workplace & Family Violence
- Work-Life Balance
- Wills and Other Legal Forms
- Training & Development
- Digital Wellness
- Disaster Prep and Response



AFLAC Insurance Options



This benefit helps you take care of the expenses that normal health insurance doesn't cover.

AFLAC
Customer Service (800) 922-3522
Website: [Aflac.com](https://www.aflac.com)

Benefits

Accident	Helps pay for emergency treatment
Cancer	Assistance coping with financial and emotional effects
Critical Illness	Helps with cost of treating covered conditions



Other Benefits

CHT also offers company-specific benefits, in the form of clubs, athletic teams, events, and more. Additional team suggestions are always welcome, and come with CHT-provided t-shirts.

Descriptions

Discounted membership at the Edge, \$23.07 per pay period (\$49.99/month)

Softball Team

Pond Hockey Team

CHT MC (*Motorcycle Club*)

Annual Corporate Cup Participation

Burlington City Marathon Relay Team

Wellness Team

Chair massages, hypnosis, Reiki, and Tarot at 88 King Street twice per month (\$17 per 15 minutes, rates subject to change)

Summer picnic

Quarterly all-staff meetings (*breakfast and lunch provided*)

Fun, engaging coworkers

Free coffee (*drip and Nespresso*)



ANNUAL HEALTH PLAN IMPORTANT NOTICES

TABLE OF CONTENTS

CMS Part D Notice of Creditable or Non-Creditable Prescription Drug Coverage 3

 Informs the individual as to whether their current prescription drug coverage is creditable, which means that the coverage is expected to pay on average as much as standard Medicare prescription drug coverage. Accordingly, this information is essential to an individual’s decision whether to enroll in a Medicare Part D prescription drug plan.

Special Enrollment Rights 4

 Describes how an employee eligible for the group health plan may be entitled to special enrollment rights outside of the Company’s open enrollment period, such as for certain losses of prior coverage or the addition of a new dependent.

HIPAA Notice of Privacy Practices 4

 Describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

General Information about How to Continue Health Coverage 7

 Informs the individual of the right to purchase temporary extension of group health coverage when coverage is lost due to a qualifying event, and other available coverage options such as through the Marketplace.

Women’s Health and Cancer Rights Act 10

 Informs participants about benefits covering mastectomies and related services and how to get detailed information on available benefits.

HMO Notices about Designating a Primary Care Physician, Pediatrician, OB/GYN 10

 Informs the individual enrolled in an HMO plan they can designate their own primary care physician (which can be a pediatrician) and see an OB/GYN provider without a referral from their PCP.

Grandfathered Health Plan 10

 Informs the individual the health plan is grandfathered, making it exempt from certain requirements of the Affordable Care Act (ACA).

Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP) 11

 Informs employees about possible State financial assistance for health insurance coverage.

If you (and/or your dependents) have Medicare or will be eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 3 for more details.

NOTICE: SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance, 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 employer stopped contributing towards the other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, see the contact information at the end of these notices.

A special enrollment right also arises for employees and their dependents who lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. The employee or dependent must request enrollment within 60 days of the loss of coverage or the determination of eligibility for premium assistance.

NOTICE: HIPAA NOTICE OF PRIVACY PRACTICE

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

Your Rights	You have the right to: <ul style="list-style-type: none">❖ Get a copy of your health and claims records❖ Correct your health and claims records❖ Request confidential communication❖ Ask us to limit the information we share❖ Get a list of those with whom we've shared your information❖ Choose someone to act for you❖ File a complaint if you believe your privacy rights have been violated
Your Choices	You have some choices in the way that we use and share information as we: <ul style="list-style-type: none">❖ Answer coverage questions from your family and friends❖ Provide disaster relief❖ Market our services and sell your information
Our Uses and Disclosures	We may use and share your information as we: <ul style="list-style-type: none">❖ Help manage the health care treatment you receive❖ Run our organization❖ Pay for your health services❖ Help with public health and safety issues❖ Do research❖ Comply with the law❖ Respond to organ and tissue donation requests and work with a medical examiner or funeral director❖ Address workers' compensation, law enforcement and other government requests❖ Respond to lawsuits and legal action



Your Rights	When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.
Get a copy of health and claims records	<ul style="list-style-type: none"> ❖ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. ❖ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	<ul style="list-style-type: none"> ❖ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. ❖ We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none"> ❖ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. ❖ We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	<ul style="list-style-type: none"> ❖ You can ask us not to use or share certain health information for treatment, payment or our operations. ❖ We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"> ❖ You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why. ❖ We will include all the disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none"> ❖ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none"> ❖ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. ❖ We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> ❖ You can complain if you feel we have violated your rights by contacting us using the information on page 9. ❖ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. ❖ We will not retaliate against you for filing a complaint.

Your Choices	For certain health information, you can tell us your choices about what to share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right	<ul style="list-style-type: none"> ❖ Share information with your family, close friends, or others involved in payment for your care

and choice to tell us to:	<ul style="list-style-type: none"> ❖ Share information in a disaster relief situation <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>	
In these cases, we never share your information unless you give us written permission:	<ul style="list-style-type: none"> ❖ Marketing purposes ❖ Sale of your information 	
Our Uses and Disclosures	How do we typically use or share your health information. We typically use or share your health information in the following ways.	
Help manage the health care treatment you receive	<ul style="list-style-type: none"> ❖ We can use your health information and share it with professionals who are treating you. 	Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization	<ul style="list-style-type: none"> ❖ We can use and disclose your information to run our organization and contact you when necessary. ❖ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. 	Example: We use health information about you to develop better services for you.
Pay for your health services	<ul style="list-style-type: none"> ❖ We can use and disclose your health information as we pay for your health services. 	Example: We share information about you with your dental plan to coordinate payment for your dental work.
Administer your Plan	<ul style="list-style-type: none"> ❖ We may disclose your health information to your health plan sponsor for plan administration. 	Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [Your Rights Under HIPAA | HHS.gov](#).

Help with public health and safety issues	We can share health information about you for certain situations such as: <ul style="list-style-type: none"> ❖ Preventing disease ❖ Helping with product recalls ❖ Reporting adverse reactions to medications ❖ Reporting suspected abuse, neglect or domestic partner violence ❖ Preventing or reducing a serious threat to anyone's health or safety
Do research	<ul style="list-style-type: none"> ❖ We can use or share your information for health research

Comply with the law	<ul style="list-style-type: none"> ❖ We will share information about you if State or Federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with Federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none"> ❖ We can share health information about you with organ procurement organizations. ❖ We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Address workers' compensation, law enforcement and other government requests	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> ❖ For workers' compensation claims ❖ For law enforcement purposes or with a law enforcement official ❖ With health oversight agencies for activities authorized by law ❖ For special government functions such as military, national security and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> ❖ We can share health information about you in response to a court or administrative order or in response to a subpoena.

Our Responsibilities

- ❖ We are required by law to maintain the privacy and security of your protected health information.
- ❖ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ❖ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ❖ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [Your Rights Under HIPAA | HHS.gov](https://www.hhs.gov/hipaa/for-individuals/guidance-on-your-rights/discoverside.cfm).

NOTICE: CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

Introduction

If you recently gained coverage under a group health plan (the Plan), this notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 and other members of your family when group health coverage would otherwise end. For more 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.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. 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.

[What is COBRA Continuation Coverage?](#)

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the contact person shown at the end of these notices.

How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work (for fully insured plans issued in California, coverage generally last for 36 months). Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.



There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact information at the end of these notices. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or

visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

NOTICE: WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? For more information, see the contact information at the end of these notices.

NOTICE (ONLY APPLICABLE TO HMO GROUP HEALTH PLANS): PATIENT PROTECTION – PRIMARY CARE DESIGNATION (HMO)

Your group health plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, your health insurer designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, see the contact information at the end of these notices.

NOTICE (ONLY APPLICABLE TO HMO GROUP HEALTH PLANS): PATIENT PROTECTION – OBSTETRICS & GYNECOLOGICAL CARE (HMO)

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

NOTICE: GRANDFATHERED HEALTH PLAN

This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.



NOTICE: CMS PART D NOTICE OF CREDITABLE OR NON-CREDITABLE COVERAGE

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Creditable Coverage	Non-Creditable Coverage
CHT Health Plan	Creditable

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.shiphelp.org>.

REMEMBER: If you have creditable coverage through our plan, keep this Notice as proof. 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 you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

DATE:	11/1/2025
NAME OF ENTITY/SENDER:	Becca Cloutier
CONTACT-- POSITION/OFFICE:	Human Resources Manager
ADDRESS:	88 King St, Burlington, VT 05401
PHONE NUMBER:	802-862-6244

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, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	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
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
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	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>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</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dftr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>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</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: 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/ofa/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – 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)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

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

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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

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

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and posted electronically.

For more information, contact:

NAME: Becca Cloutier

TITLE: Human Resources Manager

ADDRESS: 88 King St, Burlington, VT 05401

PHONE NUMBER: 802-862-6244

OTHER CONTACT INFORMATION: 802-861-7330

Effective date of this Notice:

January 1, 2025 (amended 7/1/2025)