



2025-2026

EMPLOYEE BENEFITS GUIDE

Welcome to Durand!

Durand, Inc. (Durand) strives to offer you and your dependents a competitive and comprehensive benefits package. This year is no exception. We encourage you to take the time to educate yourself about the benefit options available to you.

The medical, prescription drug, dental, vision, and voluntary benefits will be effective July 1, 2025 through June 30, 2026.

Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualified change in status (see page 3 of this guide for more information).

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Enrolling in Benefits

What You Need to Know

Who is Eligible to Elect Benefits

If you are a Durand full-time employee (working 21 or more hours per week) you are eligible to enroll in the benefits described in this Guide. Please remember that only eligible dependents can be enrolled. Eligible dependents include all of the following:

- Your legal spouse (with proof of marriage)/Civil Union Partner.
- An unmarried dependent child(ren) (including natural, foster, step), legally adopted child(ren), proposed adoptive child(ren), and child(ren) under court order.

If you are enrolling any dependent(s) for the first time, you will need to provide proof of your dependent's eligibility (i.e. birth certificate, marriage certificate, proof of full-time student status, etc.).

How to Enroll

You must visit www.paycom.com if:

- You are adding, changing, or terminating coverage
- Adding or removing dependents

Any questions related to enrolling in coverage, please contact HR. Payroll related questions should be sent to payroll@durandac.org.



Making Plan Changes

IRS Section 125 prohibits you from changing your enrollment during the plan year unless you experience a qualifying life event, such as: marriage, divorce, death of a spouse, civil union partner or a dependent, birth or adoption of a child, termination or commencement of employment for your spouse/civil union partner, a change in employment status (full-time to part-time or part-time to full-time) for you or your spouse/civil union partner that affects benefits eligibility, or taking an unpaid, medical leave of absence by either you or your spouse/civil union partner.

If an eligible dependent had other coverage and such coverage is lost, the eligible dependent may be eligible for enrollment during a "special enrollment period", which is usually the 31-day period following the date that other coverage was lost, due to a qualified change in status.

You must notify Human Resources within 31 days of experiencing a qualified status change.

Medical Plan

Cigna

Below is a summary of the medical plans available for eligible employees and their eligible family members. These plans provide you with access to Cigna's national network.

	EPO Plan	HSA 8 Plan
BENEFIT DESCRIPTION	IN-NETWORK ONLY	IN-NETWORK ONLY
Deductible	\$1,000 (single) / \$2,000 (family)**	\$1,750 (single) / \$3,500 (family)***
Out-of-Pocket Maximum	\$2,500 (single) / \$5,000 (family)**	\$3,000 (single) / \$6,000 (family)***
Preventive Services	Plan pays 100%	Plan pays 100%
PCP Office Visit	\$20 copay	Plan pays 80%*
Specialist Office Visit	\$40 copay	Plan pays 80%*
Laboratory	100% covered, Quest or Lab Corp	Plan pays 80%*
X-Ray	100% covered,	Plan pays 80%*
Inpatient Hospital	Plan pays 70%*	Plan pays 80%*
Outpatient Surgery	Plan pays 70%*	Plan pays 80%*
Emergency Room	\$100 copay per visit (waived if admitted)	Plan pays 80%*
Adult & Pediatric Vision - Exam	\$30 copay once per year	\$30 copay once per year
Adult & Pediatric Vision - Hardware	Plan \$100 every 2 years; Separate \$20 copay for hardware	Plan \$100 every 2 years; Separate \$20 copay for hardware

* After deductible

** No one person in a family will exceed the individual deductible or out-of-pocket maximum; Once the family deductible or out-of-pocket maximum is met by any combination of members, all covered family members are considered to have met their respective deductible or out-of-pocket maximum

*** The entire family deductible and out-of-pocket maximum must be satisfied before it is considered met. The deductible and out-of-pocket maximum may be met by one family member or by any combination of family members.

Blood pressure
Cholesterol
Diabetes
Breast cancer
Colorectal cancer
Prostate cancer
Thyroid disease
Glaucoma

Don't Forget: Preventive Care and Wellness Services are covered 100% in-network—no copays or coinsurance!

The screenings to the left represent just some of the preventive care screenings available through our medical plans. Don't guess when it comes to your health—make the most of your healthcare investment and take advantage of the preventive care services that are covered 100% in-network.

Prescription Benefits

Cigna

If you are enrolled in one of the medical plans, you are automatically enrolled in the prescription drug plan through Cigna.

PRESCRIPTION TYPE	EPO PLAN	HSA 8 PLAN
Retail Pharmacy (up to a 30-day supply)		
Generic	\$20 copay	\$20 copay*
Preferred Brand	\$50 copay	\$50 copay*
Non-Preferred Brand	\$75 copay	\$70 copay*
Mail Order (up to a 90-day supply)		
Generic	\$50 copay	\$60 copay*
Preferred Brand	\$125 copay	\$150 copay*
Non-Preferred Brand	\$188 copay	\$210 copay*

* After deductible

Prescription Program

The prescription program has a "Dispense as Written" provision. This means when you request a brand name drug, you pay the brand cost plus the cost difference between the brand and generic drugs up to the cost of the brand drug unless the physician indicates "Dispense as Written" (DAW) on the prescription.

The prescription program also includes a Prior Authorization Provision. This means certain medications that have medical utility for only a select group of patients require Prior Authorization before coverage is approved.

How Much Can You Save When You Use Mail Order? *Compare for yourself...*

EPO PLAN RETAIL PHARMACY	EPO PLAN MAIL ORDER	ANNUAL SAVINGS
Preferred Brand-Name Copay \$50 Annual cost (\$50 per month x 12 fills) \$600	Preferred Brand-Name Copay \$125 Annual cost (\$125 per order x 4 fills per year) \$500	\$100
Non-Preferred Brand-Name Copay \$75 Annual cost (\$75 per month x 12 fills) \$900	Non-Preferred Brand-Name Copay \$188 Annual cost (\$188 per order x 4 fills per year) \$752	\$148



Dental Benefits

Guardian

Eligible employees their eligible dependents have the option to enroll in the Guardian Dental plan.

Guardian Dental Guard Preferred Plan

	IN-NETWORK	OUT-OF-NETWORK
Annual Plan Deductible	\$50 per person \$150 family aggregate	\$50 per person \$150 family aggregate
Annual Maximum	\$2,000	\$2,000
Preventive and Diagnostic* Cleaning, Oral Exams, Bitewing & Full Mouth X-rays, Sealants	Plan pays 100%	Plan pays 80%
Basic Services Fillings, Scaling & Root Planning, Simple Extractions	Plan pays 80%	Plan pays 70%
Major Services Single Crowns, Dentures	Plan pays 50%	Plan pays 40%
Lifetime Orthodontia Maximum	\$2,000	\$2,000
Orthodontia Benefits	Plan pays 50%	Plan pays 50%

*The deductible is waived.



Employee Assistance Program

ComPsych

Employees and their family members have access to the ComPsych Guidance Resources program called EAPComplete.

Often a simple telephone consultation with an Employee Assistance Program (EAP) counselor can help determine appropriate next steps in resolving a problem or concern.

Difficulties with relationships, coping with difficult life circumstances, managing grief and loss, and communicating and dealing more effectively with stress are all issues that short-term counseling can address.

Benefits:

- Five face-to-face visits with experienced clinicians (per occurrence)
- Service for you and your entire household
- Legal and financial resources
- Content to assist with personal and family concerns
- Discount programs

Website Programs:

- Work/Life Resources such as child care, elder care, adoption information and referrals
- Online health risk assessments
- GuidanceResources Online
- Online Will Preparation

You can contact EAPComplete anytime by phone at **877.595.5284**, online at guidanceresources.com or you may download the **GuidanceResources Now** app from the App Store or Google Play.

Web ID: EAPComplete



Commuter Benefits

Optum Financial

Durand is pleased to provide our employees with the opportunity to enroll in a spending account specific to work-related transit expenses, administered by Optum Financial.

Transit pre-tax reimbursement accounts allow you to pay for eligible work-related transit commuter expenses through pre-tax payroll deductions from your paycheck.

You are able to make a monthly pre-tax election **up to \$325**. You are able to make changes to your pre-tax election amount on a month to month basis. Once you make your election, you will receive a debit card that can be used to pay for work-related transit expenses.

Your debit card is loaded with your pre-tax deductions each time a deduction is taken from your paycheck. Each time you use your debit card to pay for transit purchases, the funds are automatically debited from your transit account.

Carryover & Eligible Expenses

Any unused funds from your transit account may be carried over to subsequent years. There is no annual "use it or lose it" rule.

While unused amounts cannot be cashed out, they do not need to be forfeited, and can be carried over to provide transit benefits in subsequent years.

Eligible work-related transit expenses include vouchers, passes, tokens for buses, trains, rail, subway, ferries, and vanpooling costs.



If you need additional information or have questions please contact:

- Optum Financial at 800.235.9232
- Conner Strong & Buckelew Member Advocacy Team at 800.563.9929, Monday-Friday, 8:30 am to 5:00 pm

Basic Life, AD&D and Long-Term Disability

Sun Life

Basic Life and AD&D Insurance

BASIC LIFE AND AD&D PLAN	
Benefit Amount	1x your annual base salary up to a maximum of \$100,000

OPTIONAL EMPLOYEE LIFE	
Benefit Amount	Increments of \$10,000 up to \$250,000; Not to exceed 5x salary
Guaranteed Issue Amount	\$50,000

OPTIONAL SPOUSAL LIFE	
Benefit Amount	Increments of \$5,000 up to \$125,000; Not to exceed 50% of employee salary
Guaranteed Issue Amount	\$25,000

OPTIONAL CHILDREN LIFE	
Benefit Amount	\$1,000, \$5,000 or \$10,000
Guaranteed Issue Amount	\$10,000

Long-Term Disability

LTD BENEFITS	
Monthly Benefit Maximum	60% to \$6,000
Monthly Benefit Minimum	\$100
Elimination Period	180 days
Definition of Disability	2 years own occupation, then any occupation
Rehabilitation Services Incentive	110% benefit



Health Savings Account (HSA)

Cigna/HSA Bank

HSA Overview

If you participate in a qualified High Deductible Health Plan (HDHP) you may be eligible to participate in a Health Savings Account (HSA). An HSA is a great way to save money by allowing you to fund a tax-preferred account for qualified healthcare expenses. The funds in your HSA never expire; you may utilize the money you accumulate in your account for future healthcare expenses, even if you change jobs or retire.

HSA Eligibility

To qualify for an HSA, you must be an adult who meets the following qualifications:

- You have coverage under an HSA-qualified plan (including the HSA 8 Plan)
- You (or your spouse, if applicable) have no other health coverage (excluding other types of insurance, such as dental, vision, disability, or long-term care coverage)
- Are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else's tax return

For more details on eligibility requirements, visit:
www.irs.gov/publications/p969#en_US_2019_p ublink1000204025

Managing Your HSA

Once enrolled, you will receive a kit with your debit card. An HSA is a personal banking account, subject to banking fees. A schedule of fees will be included in the welcome kit. Members can access and manage their accounts online at www.myCigna.com.

HSA Advantages

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

HSA Contributions

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

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

HSA Qualified Healthcare Expenses

You can use the funds in your HSA to pay for qualified healthcare expenses such as:

- Doctor visits
- Dental care
- Vision care
- Prescription medications
- Over-the-counter medications
- Menstrual care products

IMPORTANT: If you are enrolling in the High Deductible Plan (HDHP) and elect the HSA, you (or your spouse, if applicable) may not participate in the Healthcare FSA.

Flexible Spending Accounts (FSA)

Ameriflex

Durand provides you with the opportunity to pay for out-of-pocket healthcare and dependent care expenses with pre-tax dollars through Flexible Spending Accounts (FSA).

Healthcare FSA

For those enrolled in the EPO option, the healthcare FSA The maximum you can contribute to the Healthcare FSA is **\$3,300**.

Eligible expenses include:

- Prescriptions
- Over-the-counter medicine
- Glasses, contacts, and LASIK
- Dental services and procedures
- Copays and deductibles
- Flu shots

Limited Purpose FSA

For those only enrolled in the HSA option, the Limited Purpose Flexible Spending Account (LPFSA) is a tax-advantaged savings account that lets you set aside pre-tax money to pay for eligible dental and vision expenses. The maximum you can contribute to the Limited Purpose FSA is **\$3,300**.

Dependent Care Account

Dependent Care Accounts are used to reimburse expenses related to the care of eligible dependents under age 13 and adult dependents who are unable to care for themselves. The maximum that you can contribute to the Dependent Care FSA is **\$5,000** if you are a single employee or married filing jointly. If you are a married employee filing separately, the maximum you can contribute is **\$2,500**.

Eligible expenses include:

- Tuition for licensed daycare facility
- Preschool
- After-school programs
- Elder care
- Summer day camps
- In-home dependent care services

Grace Period

There is a 2.5 month period that immediately follows the end of the plan year in which you can incur an submit claims for reimbursement using remaining FSA funds from the previous plan year.



Additional Benefits



Short-Term Disability

Provides you with a source of income if you are disabled due to an accident or illness.

Life

Helps your family through the tough times with funds to help pay the bills if something happens to you.

Hospital Confinement Indemnity

Eases the financial burden of hospital stays due to an accident or illness by providing a cash benefit.

Dental

Provides benefits for periodic checkups and cleanings, X-rays, fillings, crowns, and much more.

Accident

Reduces the financial impact of an accident by provided cash benefits.

Cancer/Specified Disease

Helps with the costs associated with cancer treatment.

Critical Illness (Specified Health Event)

Helps with the costs of treatment if you experience a covered health event, such as a heart attack, stroke, or paralysis.

Lump Sum Critical Illness

Provides a lump sum cash benefit if you are diagnosed or treated for a covered critical illness event, such as a heart attack, stroke, or paralysis.



Aflac Contact

Rose M. Sudano
District Sales Coordinator
AFLAC District Sales Coordinator
1901 Route 71 Suite 3B
Wall, NJ 07719
Cell: **917.626.4780**
Fax: **732.523.2302**
Rose_Sudano@US.Aflac.com

Additional Benefits

First Harvest Credit Union

Savings

First Harvest Credit Union deposits are insured up to \$500,000 via a combination of coverage provided through the National Credit Union Share Insurance Fund (NCUSIF) and the Excess Share Insurance Corporation (ESI). In addition, First Harvest Credit Union IRA accounts are separately insured up to \$500,000. That's far greater protection than offered by most financial institutions. Here is a sampling of deposit and investment options:

- Totally Free Checking With Interest - no minimum balance, no per-check charge
- Statement Savings
- Certificates of Deposit - great rates, convenient terms
- Basic, Super, and Mega Money Markets - with minimums of \$1,500, \$25,000 and \$100,000 respectively
- Individual Retirement Accounts - Traditional, Roth or Coverdell IRA
- Holiday Club, Vacation Club, Teacher's Club
- First Harvest Financial Network - offers financial planning such as retirement, 401(k) roll-overs, and investment options.



Loans

First Harvest Credit Union features some of the most competitive rates and terms in the market today. For your convenience, loan applications are available online, by phone, as well as in person, so you can apply any time, day or night at your convenience. You will usually receive an answer on your application in 30 minutes - that's fast! Here's a sampling of loan options:

- First Mortgage - fixed, adjustable, balloon, etc.
- Home Equity Loan - Up to 20 year repayment terms. Use for home improvement, investment property, vacations or almost anything.
- Auto Loans - finance new or used vehicles, for up to seven years.
- Recreation Loans - boats, motorcycles, and RVs
- Platinum Visa Credit Card
- Personal Loans

Carrier Contacts

Benefit	Carrier	Phone Number	Website/Email
Medical / Prescription Drug	Cigna	866-494-2111	www.mycigna.com
Employee Assistance Program	ComPsych	877-595-5284	www.guidanceresources.com App: GuidanceResources® Now Web ID: EAPComplete
Commuter Benefits	Optum Financial	800-235-9223	www.optumbank.com
Dental	Guardian	800-541-7846	www.guardiananytime.com
Vision	Cigna	877-478-7557	www.mycigna.com
Basic Life and AD&D	Sun Life	800-451-4531	www.slfserviceresources.com
Health Savings Account	Cigna/HSA Bank	800-357-6246	www.hsabank.com
Flexible Spending Accounts	Ameriflex	888-868-3539	service@myameriflex.com
Benefits Member Advocacy Center	Conner Strong & Buckelew	800-563-9929	www.connerstrong.com/memberadvocacy
Savings & Loans	First Harvest Credit Union	856-232-9000	www.firstharvestcu.com



Benefit Resources

Conner Strong & Buckelew

BenePortal

At Durand, you have access to a full-range of valuable employee benefit programs. You are able to review your current employee benefit plan options, online, 24 hours a day, 7 days a week!

By using BenePortal, Durand's online tool that houses our benefit program information, you can:

- Review and compare medical, prescription drug, dental and vision plan options
- Explore additional voluntary employee benefit programs available to you
- Find links to Durand's carriers' websites
- Download the Summary of Benefits, Summary Plan Descriptions, etc.

Logging into Durand's BenePortal site is easy! Just follow the link below to access your benefit program information.

Go to: www.durandbenefits.com

Benefit Perks

Benefit Perks a discount and rewards program, provided by Conner Strong & Buckelew (CSB), is available to all employees at no additional cost. The program allows consumers to receive discounts and cash back for hand-selected shopping online at major retailers. Use the Benefit Perks website to browse through categories such as: Automotive, Beauty, Computer & Electronics, Gifts & Flowers, Health & Wellness and much more! Consumers can also print coupons to present at local retailers and merchants for in-person savings, including movie theatres and other services.

Start saving today by registering online at connerstrong.corestream.com



Benefits Member Advocacy Center

AVAILABLE MONDAY-FRIDAY, 8:30 AM - 5:00 PM EST

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

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

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer

You can contact a Member Advocate in any of the following ways:

- Call **800.563.9929** Mon-Fri, 8:30 am-5:00 pm EST
- Submit a request online at www.connerstrong.com/memberadvocacy and complete the fields.
- Or email cssteam@connerstrong.com

Notice Regarding Special Enrollment

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program)

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

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

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

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

Important Notice From Durand, Inc. 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 Durand, Inc 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. Durand, Inc. has determined that the prescription drug coverage offered by Cigna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Durand, Inc. coverage will not be affected.

PRESCRIPTION TYPE	EPO PLAN	HSA 8 PLAN
Retail Pharmacy (up to a 30-day supply)		
Generic	\$20 copay	\$20 copay*
Preferred Brand	\$50 copay	\$50 copay*
Non-Preferred Brand	\$75 copay	\$70 copay*
Mail Order (up to a 90-day supply)		
Generic	\$50 copay	\$60 copay*
Preferred Brand	\$125 copay	\$150 copay*
Non-Preferred Brand	\$188 copay	\$210 copay*

If you do decide to join a Medicare drug plan and drop your current Durand, Inc. coverage, be aware that you and your dependents will be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Durand, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact Human Resources for further information **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Durand, Inc. changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov

Legal Notices

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

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

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

Date:	August 7, 2024
Name of Entity/Sender:	Durand, Inc.
Contact – Position/Office:	Human Resources
Address:	304 Birchfield Drive, Mt. Laurel, NJ 08054
Phone Number:	856.235.3540 ext 105

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Durand, Inc. offers a series of health coverage options. A Summary of Benefits and Coverage (SBC) can be found on the Beneportal website or by requesting a hard copy from Human Resources. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions.

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 March 17, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid

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

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <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

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.flmedicaidtprerecovery.com/flmedicaidtprerecovery.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: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Medicaid Phone: 1-800-338-8366
Hawki Website:
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee->

Legal Notices

service/hipp
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: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp
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
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
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

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

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

NEW JERSEY – Medicaid and CHIP
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)

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

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

OREGON – Medicaid and CHIP
Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
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: <https://www.scdhhs.gov>
Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059
TEXAS – Medicaid
Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid
Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select> and <https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WISCONSIN – Medicaid and CHIP
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 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

Insurance Marketplace Notice

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

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

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

How Can I Get More Information?

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

PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Durand, Inc.		4. Employer Identification Number (EIN) 22-2460736	
5. Employer Address 304 Birchfield Drive		6. Employer phone number 856-235-3540	
7. City Mt. Laurel	8. State NJ	9. Zip Code 08054	
10. Who can we contact about employee health coverage at this job? Rosemary Smith			
11. Phone number (if different from above) 856-235-3540 x 105		12. Email address r.smith@durandac.org	

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



Durand reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.