



welcome To  
**YOUR 2024**  
**BENEFITS GUIDE**

**YOUR HEALTH. YOUR WEALTH.  
OUR COMMITMENT.**





## WELCOME LETTER

As we look forward to 2024, and in connection with your personal “Good to Great Journey,” we encourage you and your families to take some time to focus on your personal health and well-being. To help support that focus, Carriage has introduced several new resources and tools over the past couple of years that we hope you are either already taking advantage of or will take some time to learn more about.

Here are just a few areas that we would like to highlight for you as you begin planning for the new year:

- Explore how our new concierge service, Collective Health, can make your benefits experience easier to navigate;
- Learn how our third-party partners can help you or your loved one manage everything from weight loss to diabetes to back pain; and
- Enhance your focus on personal wealth through financial planning tools offered by our 401K provider, learning more about our Employee Stock Purchase Plan, taking advantage of a Health Savings Account and various Company matches.

As you take the time to plan for you and your family, please use this guide to help with the process and know that your Benefits Team is available to answer questions, assist with planning, and direct you to our various partners and resources who can assist with your specific journey. Thank you for all that you do for the families that we serve as we finish 2023 strong and look forward to a promising 2024!

Steve Metzger  
**PRESIDENT**



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# PROVIDER CONTACTS

BENEFITS RESOURCES	POLICY NUMBER	WEBSITE	CONTACT INFORMATION
<b>Collective Health</b> Medical BCBSIL Rx Prime Therapeutics Specialty Pharmacy Accredo Vision EyeMed	PPO: 563223 HDHP: 563224  1014094	<a href="http://Join.collectivehealth.com/carriageservices">Join.collectivehealth.com/carriageservices</a>	Member Advocate Support: (855) 635-7278
MDLIVE	N/A	<a href="http://Mdlive.com/bcbsil">Mdlive.com/bcbsil</a>	(888) 680-8646
<b>Kaiser Permanente</b> California Medical	North Group ID: 606035 South Group ID: 234163	<a href="http://Kp.org">Kp.org</a>	(800) 464-4000
Delta Dental	PPO Group Number: 18571 DHMO Group Number: 78790	<a href="http://Deltadentalins.com">Deltadentalins.com</a>	Delta Dental PPO: (800) 521-2651 Delta Care DHMO: (800) 422-4234
WEX HSA/FSA/COBRA	HSA/FSA: 16661 COBRA: 17103	<a href="http://Wexinc.com">Wexinc.com</a>	(866) 451-3399
<b>The Hartford</b> Life/AD&D/Disability/ Critical Illness/Accident	STD Policy Number: 697260 LTD Policy Number: 681019 Critical Illness/Accident Policy Number: 681019	<a href="http://Thehartford.com/Mybenefits">Thehartford.com/Mybenefits</a>	STD/LTD: (800) 549-6514 Life/AD&D: (888) 563-1124 Critical Illness/ Accident: (866) 547-4205
Empower Retirement 401(K)	N/A	<a href="http://Empowermyretirement.com">Empowermyretirement.com</a>	(844) 465-4455
E*Trade Employee Stock Purchase Plan	Qk6289600001	<a href="http://Etrade.com">Etrade.com</a>	(800) 838-0908
Charles Nechtem Associates, Inc. Employee Assistance Program(EAP)	N/A	<a href="http://Charlesnechtem.com">Charlesnechtem.com</a>	(800) 531-0200
Legal Shield Legal Services	Group Number: 143581	<a href="http://shieldbenefits.com/carriageservices">shieldbenefits.com/carriageservices</a>	(713) 545-2222
Europe Assistance USA Travel Assistance/ ID Protection Services	N/A	<a href="http://Thehartford.com/Mybenefits">Thehartford.com/Mybenefits</a>	(800) 243-6108
Pet Assure Pet Insurance	N/A	<a href="http://petbenefits.com/land/carriageservicesinc">petbenefits.com/land/carriageservicesinc</a>	(800) 891-2565





## EMPLOYEE ELIGIBILITY & ENROLLMENT

Full-time employees working 30 hours or more are eligible to participate in the 2024 Carriage benefits program. Active part-time employees are eligible to participate in 401(K) and Employee Stock Purchase Plan benefits.

### ELIGIBLE DEPENDENTS

Eligible dependents include:

- Legal spouse including common-law spouse.
- Children up to age 26 (including birth children, stepchildren, legally adopted children, foster children, and children for whom you have legal guardianship).
- Dependent children, regardless of age, who are fully dependent on you due to a mental or physical disability as indicated on your federal tax return and approved by your medical plan.

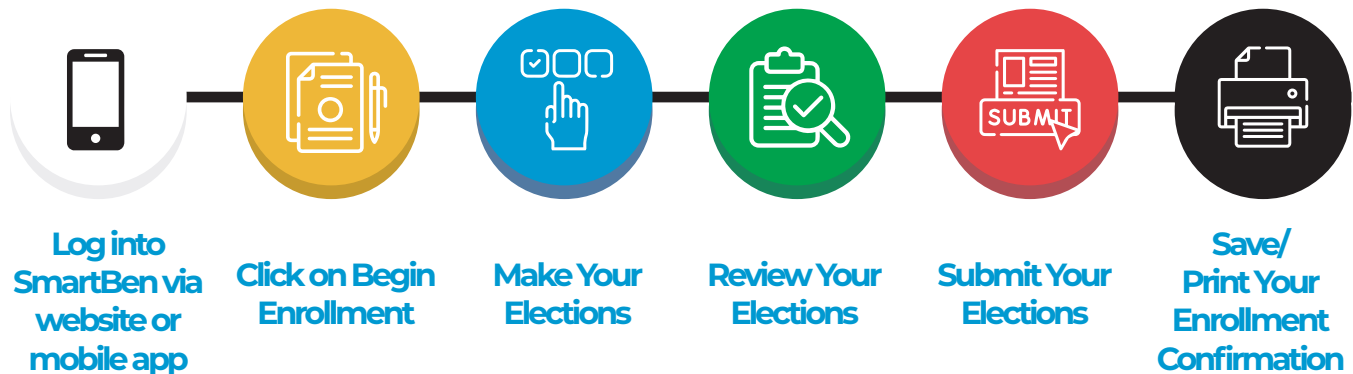
### ENROLLMENT PERIOD

Benefit-eligible employees have two opportunities to enroll in the benefits program:

- **NEW HIRE ENROLLMENT PERIOD** - New hires have thirty days from their hire date to enroll for benefit coverages. Most plans become effective the first day of the month following your date of hire.
  - ◇ Employees not enrolling or missed the enrollment window during this period must wait until the next open enrollment to elect coverage (Evidence of Insurability forms may be required for certain coverages).
- **OPEN ENROLLMENT PERIOD** - Employees can change their benefit elections during our Annual Open Enrollment Period which is usually held during the first two weeks in November. These changes will be effective for the next benefit plan year.



## HOW TO ENROLL



### BENEFIT CHANGES: QUALIFYING LIFE EVENT

Due to IRS regulations, once you have made your elections, you cannot change your benefits until the next Open Enrollment Period. The only exception is if you have a qualified change in family status. Election changes must be consistent with your status change.

If you experience one of the following qualified events, you will have the option of changing your benefits.

#### QUALIFYING EVENTS:

- Marriage, legal separation, or divorce
- Birth or adoption of child
- Change in employment status (including spouse)
- Gain or Loss of Coverage
- Change in a dependent's benefits eligibility status (e.g., a dependent child exceeding the maximum age for coverage)
- A significant change in the cost or coverage of your spouse's benefits
- Loss of a dependent (death)

If you have a life event change, you have 31 days from the date of the event to make election changes in SmartBen. Depending on the type of change, you will need to provide at least two legal documents for your life event to be approved.

For example: If your life event is due to marriage, you will need to submit your Marriage License and a joint document with both you and your spouse's names.

# WHAT TO CONSIDER WHEN SELECTING YOUR PLAN

It is important to consider your options when selecting your medical plan. Deciding on a plan is a personal decision for you and your family and there are several variables you should keep in mind:

**TOTAL COST** - When selecting the plan that is right for you, it's important to think about your total costs: Fixed Cost (annual premium contributions) + Variable Costs (out-of-pocket expenses) = Total Cost

**PLAN USAGE** - How often do you and your family use your health care?

- Consider the number of office visits you and your family will make in a year.
- What is the frequency and cost of the prescription drugs you and your family will use in a year?
- What is the number of foreseeable urgent care or hospital visits you anticipate in a year?

## SELECT A PLAN THAT FITS YOUR LIFESTYLE

**BCBSIL HDHP:** On the HDHP all services, excluding preventive care, must first go toward satisfying the deductible (this includes prescriptions) before the plan starts to pay a portion of the claims. However, this plan has a lower monthly premium, and you have access to a Health Savings Account (HSA). Carriage will match your HSA contributions, \$500 to \$1,000, based on tier level.

**HEALTH SAVINGS ACCOUNT (HSA):** You can use HSA dollars for qualified health care expenses, including vision and dental. Rollover your HSA dollars year-to-year with the ability to make contributions up to the IRS maximum: \$4,150 for a single individual and up to \$8,300 for a family. You can also make an additional \$1,000 "catch-up" contribution if you are over the age of 55+.

**BCBSIL PPO:** The PPO plan offers a set dollar amount, or copay, for routine services like office visits and prescriptions. The PPO plan offers a lower individual and family deductible. For coverage, the plan contains two components: an individual deductible and a family deductible. For families, once a family member meets their individual deductible the plan begins paying benefits for that person.

**KAISER PERMANENTE - FOR CALIFORNIA RESIDENTS ONLY:** Combined care and coverage means your Kaiser Permanente doctors, hospitals, and health plan are connected and committed to providing you with exceptional care tailored to your needs. Experience health care designed with you in mind:

- Access to top specialists and the latest treatments
- Lower deductible amount
- Predictable costs and less paperwork



## BCBS HDHP

### IN-NETWORK

### OUT-OF-NETWORK

Deductible	\$1,600	\$4,000
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Out-Of-Pocket Limit	\$4,500	\$12,000
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### COVERAGE LEVEL: FAMILY

Deductible	\$3,200	\$8,000
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Out-Of-Pocket Limit	\$9,000	\$24,000
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### PREVENTIVE CARE

Preventive Care Visit	0% deductible does not apply	50%
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### DIAGNOSTIC CARE

PCP Office Visit	20%	50%
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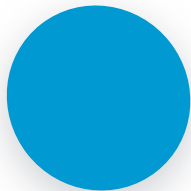
Virtual Visit	20%	50%
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Specialist Office Visit	20%	50%
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Urgent Care Facility	20%	50%
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Emergency Room Services <sup>3</sup>	20%	20%
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Outpatient Lab And X-Ray Services	20%	50%
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## PRESCRIPTION DRUG COVERAGE

### BCBS HDHP

#### IN-NETWORK

Deductible

Combined with  
medical deductible

Out-Of-Pocket Limit

Combined with  
medical out-of-pocket limit

#### RETAIL: UP TO A 30-DAY SUPPLY<sup>1</sup>

Generic

20%  
after deductible

Preferred Brand

20%  
after deductible

Non-Preferred Brand

20%  
after deductible

Specialty

20%  
after deductible

#### MAIL ORDER: UP TO A 90-DAY SUPPLY<sup>1</sup>

Generic

20%  
after deductible

Preferred Brand

20%  
after deductible

Non-Preferred Brand

20%  
after deductible



## BCBS PPO

<b>IN-NETWORK</b>	<b>OUT-OF NETWORK</b>
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Deductible	\$1,200	\$4,000
Out-Of-Pocket Limit	\$5,000	\$12,000
<b>COVERAGE LEVEL: FAMILY</b>		
Deductible	\$2,400	\$8,000
Out-Of-Pocket Limit	\$10,000	\$24,000
<b>PREVENTIVE CARE</b>		
Preventive Care Visit	0% deductible does not apply	50%
<b>DIAGNOSTIC CARE</b>		
PCP Office Visit	\$35 deductible does not apply	50%
Virtual Visit	\$35 deductible does not apply	50%
Specialist Office Visit	\$50 deductible does not apply	50%
Urgent Care Facility	\$75 deductible does not apply	50%
Emergency Room Services	\$250 plus 20%	\$250 plus 20%
Outpatient Lab And X-Ray Services	20%	50%





## PRESCRIPTION DRUG COVERAGE

### BCBS PPO

#### IN-NETWORK

Deductible

Combined with medical deductible

Out-Of-Pocket Limit

Combined with medical out-of-pocket limit

#### RETAIL: UP TO A 30-DAY SUPPLY

Generic

\$20

Preferred Brand

\$60

Non-Preferred Brand

\$100

Specialty

\$150 after deductible

#### MAIL ORDER: UP TO A 90-DAY SUPPLY

Generic

\$40

Preferred Brand

\$120

Non-Preferred Brand

\$200

## KAISER HMO

### IN-NETWORK

Deductible \$1,000

Out-Of-Pocket Limit \$3,000

#### COVERAGE LEVEL: FAMILY

Deductible \$2,000

Out-Of-Pocket Limit \$6,000

#### PREVENTIVE CARE

Preventive Care Visit 0%  
deductible does not apply

#### DIAGNOSTIC CARE

PCP Office Visit \$20  
deductible does not apply

Virtual Visit \$20  
deductible does not apply

Specialist Office Visit \$20  
deductible does not apply

Urgent Care Facility \$20  
deductible does not apply

Emergency Room Services 20%

Outpatient Lab And X-Ray Services 20%

## KAISER PERMANENTE HMO

If you live in California, you can enroll in a BCBS plan or the Kaiser HMO plan. This plan has no out-of-network coverage for most care.

With the Kaiser HMO, you and your covered dependents must select an in-network primary care doctor who will be your first point of contact for all health care.





## PRESCRIPTION DRUG COVERAGE

### KAISER HMO

#### IN-NETWORK

Deductible

Deductible waived

Out-Of-Pocket Limit

Combined with medical out-of-pocket limit

#### RETAIL: UP TO A 30-DAY SUPPLY

Generic

\$10

Preferred Brand

\$30

Non-Preferred Brand

N/A

Specialty

20% up to \$200

#### MAIL ORDER: UP TO A 90-DAY SUPPLY

Generic

\$20

Preferred Brand

\$60

Non-Preferred Brand

N/A

# PAYCHECK CONTRIBUTIONS

What you pay biweekly (out of your paycheck) for medical and prescription drug coverage<sup>1</sup>.

WHAT YOU PAY	<\$150K	>\$150K
<b>HDHP</b>		
You Only	\$71.75	\$91.23
You + Spouse	\$154.78	\$184.50
You + Child(ren)	\$135.30	\$160.93
You + Family	\$213.20	\$258.30
<b>PPO PLAN</b>		
You Only	\$152.73	\$176.30
You + Spouse	\$311.60	\$363.88
You + Child(ren)	\$273.68	\$316.73
You + Family	\$445.88	\$518.65
<b>KAISER HMO PLAN</b>		
You Only	\$119.07	\$145.53
You + Spouse	\$244.76	\$284.45
You + Child(ren)	\$213.89	\$249.17
You + Family	\$341.78	\$396.90

<sup>1</sup>Premiums listed do not include the wellness credit

## MEDICAL RESOURCES



**LIVONGO:** With Livongo, you can manage your chronic conditions and live better. BCBS members get Livongo for free diabetes and hypertension management. Kaiser members can enroll in Kaiser's Complex Chronic Condition (CCC) Case Management Program.



**AIRROSTI:** Whether you have chronic pain or recently experienced an injury, Airrosti works with you to find the root of your pain and provide long-lasting relief — quickly. Airrosti can help treat a wide range of injuries — from tension headaches to arthritis pain to heel spurs — in person or virtually.



**WONDR HEALTH:** Want to lose weight? Improve your sleep? Up your energy? Clear your mind? You and your eligible dependents can improve your health through our partnership with Wondr Health.



### EMPLOYEE ASSISTANCE PROGRAM (EAP)

EAP is there as a 24/7 confidential resource if you or your family needs help with mental, emotional, psychological, interpersonal and social well-being issues. The EAP can also provide referrals for work-life stressors, such as child and elder care, legal referrals, financial assistance and more. Call 800-531-0200 or email [inquiries@charlesnechtem.com](mailto:inquiries@charlesnechtem.com) for assistance.



# BLUE CROSS AND BLUE SHIELD OF ILLINOIS, IN COLLABORATION WITH COLLECTIVE HEALTH, IS BRINGING YOU A BETTER HEALTHCARE EXPERIENCE.

*Together, we make it easy to understand, navigate, and access health benefits for you and your family*

## HERE ARE JUST A FEW WAYS WE CAN HELP:

### HEALTH BENEFITS, MADE EASY

Want a detailed breakdown of your plan's coverage or cost-sharing info? Just want to know what "cost-sharing" means? That's where we come in.

### FIND YOUR DOCTOR

Search for in-network providers by name, specialty, and location through [my.collectivehealth.com](http://my.collectivehealth.com), or the Collective Health mobile app.

### DO IT ALL FROM THE APP

Almost everything Collective Health offers (including your benefits cards!) are on the app. Download on Google Play or the App store to get started.

### WE'RE HERE TO HELP

If for some reason our site or app can't help, our Member Advocates are just one secure message or phone call away.

### Ready to dive in?

Learn the details about your plans and more at:

[Join.collectivehealth.com/carriageservices](http://Join.collectivehealth.com/carriageservices)

To access your Collective Health account: [bcbsil.collectivehealth.com](http://bcbsil.collectivehealth.com)

### Need more help?

Call a Member Advocate at (855) 635-7278





# DENTAL

As a benefits-eligible employee, you have two dental plans through Delta Dental to choose from: the PPO and DHMO. Compare plan highlights using the chart below. Whichever one you choose, make sure to take advantage of covered preventive care services such as dental checkups and cleanings. You save money when you see in-network dentists.

WHAT YOU PAY:	PPO	DHMO
	IN-NETWORK/OUT-OF-NETWORK	IN-NETWORK ONLY
Deductible	\$50 per person	\$0 per person
Annual Maximum Benefit	\$1,500 per person	No limit
<b>SERVICES</b>		
Preventive Care	0% Deductible does not apply	See Fee Schedule On <a href="http://Carriageservices.smartben.net">Carriageservices.smartben.net</a> .
Basic Care	20%	
Major Care	50%	
Orthodontia	50% For adults and children up to age 26	
<b>WHAT YOU PAY BIWEEKLY OUT OF YOUR PAYCHECK</b>		
You Only	\$13.71	\$7.00
You + Spouse	\$23.93	\$15.00
You + Child(ren)	\$25.65	\$17.00
You + Family	\$36.76	\$25.00



# VISION

Take good care of your eyes with vision coverage through EyeMed and managed by Collective Health. Get affordable coverage for one comprehensive eye exam and one pair of glasses (or contacts) every 12 months. Review the highlights below.

WHAT YOU PAY:		
	IN-NETWORK	OUT-OF-NETWORK
Comprehensive Exam	\$10 copay	Up to \$40 reimbursement
Frames	\$0 copay \$175 allowance 20% off balance over \$175	Up to \$91 reimbursement
Single Vision Lenses	\$25 copay	Up to \$30 reimbursement
Bifocal Lenses	\$25 copay	Up to \$50 reimbursement
Trifocal Lenses	\$25 copay	Up to \$70 reimbursement
Contact Lenses <sup>1</sup> Conventional/Disposable	\$0 copay \$175 allowance 15% off balance over \$175	Up to \$130 reimbursement
WHAT YOU PAY BIWEEKLY OUT OF YOUR PAYCHECK		
You Only		\$4.08
You + Spouse		\$7.75
You + Child(ren)		\$8.16
You + Family		\$11.99

## COLLECTIVE HEALTH CAN HELP.

If you enroll in the Carriage Services vision coverage through EyeMed, you get free access to Collective Health for support with understanding, navigating and finding cost-effective network care.



# MONEY SMART ACCOUNTS

## HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is similar to a 401(k) savings account for your health care expenses. You can deposit tax-free dollars into your account and use these funds to pay eligible healthcare expenses now or accumulate balances for future expenses. The money rolls over from year to year and is yours to keep, even if you leave the company.

This account comes with a Company match of \$500 (you only), \$750 (you+spouse), \$750 (you+children), or \$1,000 (family coverage), with 50% deposited in January and the remaining 50% deposited in June.

## FLEXIBLE SPENDING ACCOUNT (FSA)

When you establish a Flexible Spending Account (FSA), you choose the annual amount you wish to contribute, up to certain plan limits. This amount is deducted from your paycheck in equal installments before Federal and Social Security taxes are withheld. If you experience a qualified life event, you are eligible to change your FSA election during the year.

## HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFSA)

The Health Care FSA provides a way to pay for your family's eligible medical, vision, and dental expenses with pre-tax money that is deducted from your paycheck. You are not eligible to contribute if you enroll in the HDHP.

You may make pre-tax contributions of up to \$3,050 per year to your Health Care FSA. If you have money left over at the end of the calendar year, you will be able to roll over up to \$610 of your balance to the following calendar year.

## LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA)

An LPFSA can be a good idea if you are enrolling in the HDHP and plan on incurring eligible dental or vision expenses early in the plan year, you want to save your HSA contributions for future expenses, or your medical expenses are high enough that you want to take advantage of setting aside additional pre-tax dollars for dental and vision expenses.

You may make pre-tax contributions of up to \$3,050 per year to your Limited Purpose FSA. If you have money left over at the end of the calendar year, you will be able to roll over up to \$610 of your balance to the following calendar year.

## COMMUTER FLEXIBLE SPENDING ACCOUNT (CFSA)

Employees who incur work-related commuter expenses, including transportation or parking, may participate in this benefit. You are able to contribute up to \$300 per month pre-tax from your paycheck for transit expenses and \$300 per month for parking expenses. Ineligible expenses include gas and toll road fees.



## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

You may contribute up to \$5,000 per year, per family household on a pre-tax basis to the Dependent Care FSA. This annual maximum applies to all contributions made by your and your spouse to a dependent care account.

### DCFSA ELIGIBLE DEPENDENTS

You can be reimbursed for dependent care expenses if they are necessary to allow you or your spouse to work. These services may be provided inside or outside your home by babysitters, companions, or eligible daycare centers. Services may not, however, be provided by someone you claim as a dependent on your tax return. Your dependent care expenses must be for:

- Your dependent under age 13 who lives with you for more than half the year and for whom you can claim an exemption.
- Your dependent under age 13 for whom you have custody if you are divorced or legally separated.
- Your spouse who is physically or mentally incapable of self-care.
- Your dependent of any age, such as an elderly parent or another adult dependent, who meets all the following criteria:
  - ◇ Is physically or mentally incapable of caring for themselves,
  - ◇ Receives over half of their support from you,
  - ◇ Lives with you for more than half the year, and
  - ◇ If your sibling, step-sibling, or any of their descendants; a parent or step-parent or any of their ancestors; an aunt, uncle, niece, or nephew; children or parents-in-law; or an unrelated individual who shares your residence as a member of the household.



# LIFE AND AD&D INSURANCE

Life insurance pays a benefit if you or a covered family member dies. Accidental Death & Dismemberment (AD&D) insurance pays a benefit if you or a covered family member dies accidentally or suffers a certain injury in an accident.

## BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Carriage provides Basic Life and AD&D coverage at no cost to you. For each employee, you automatically receive a benefit of 1.5 times your annual base pay up to \$300,000. Age reduction does not apply to Basic Life Insurance, but it does impact other benefit coverage provided by Carriage.

## OPTIONAL LIFE AND AD&D

You can elect coverage for yourself up to 5 times your annual salary in increments of \$10,000 to a maximum of \$550,000. You can cover your spouse and or children only if you elect coverage for yourself. For your spouse, you can elect up to 50% of your coverage in increments of \$5,000 up to \$100,000.

## EVIDENCE OF INSURABILITY (EOI)

An EOI is required for any amounts above the guaranteed issue amount of \$270,000 for employee, \$35,000 for your spouse.

## OPTIONAL LIFE BENEFIT AGE REDUCTION

Employee and spousal coverages will reduce beginning at 65 years of age. Age Reduction does not apply to Basic Life Insurance coverage provided by the Company.

YOUR AGE	YOUR REDUCTION%
65	40%
70	65%
75	75%
80	85%
85	90%
90	95%



## DISABILITY BENEFITS

Carriage provides disability coverage to protect you against an unfortunate or debilitating injury or illness. This insurance through The Hartford protects a portion of your income until you can return to work, become totally disabled, or until you reach retirement age.

### SHORT TERM DISABILITY (STD) PLAN

- **BENEFITS:** 60% of weekly earnings up to \$2,000 per week
- **ELIMINATION PERIOD:** 14 days
- **BENEFIT DURATION:** up to 24 weeks
- **PRE-EXISTING CONDITIONS LIMITATIONS:** a disability caused by a condition treated less than three months before coverage is effective, will not be covered until you've been covered under than plan for at least 12 months

You must contact your Benefits Team and notify them of your absence and how you would like to utilize your accrued hours while you are on a leave of absence.

### STATE-MANDATED DISABILITY PROGRAMS

If you are located in the following states, you may be eligible for state-mandated disability:

- California • New Jersey • New York • Rhode Island • Washington
- Carriage will coordinate with the state-mandated plans.

### LONG TERM DISABILITY (LTD) PLAN

Long term disability (LTD) insurance is designed to help you meet your financial needs if your disability extends beyond the STD Period.

- **BENEFITS:** 60% of monthly earnings up to \$10,000 per month
- **ELIMINATIONS PERIOD:** 180 days
- **BENEFIT DURATION:** Social Security normal retirement age
- **PRE-EXISTING CONDITIONS LIMITATIONS:** a disability caused by a condition treated less than three months before coverage is effective, will not be covered until you've been covered under than plan for at least 12 months

# PROTECTION BENEFITS



**CRITICAL ILLNESS INSURANCE:** If you're diagnosed with a critical illness, such as cancer, or suffer a heart attack or stroke, this coverage pays a lump-sum payment to you or a covered dependent.



**ACCIDENT INSURANCE:** If you or a covered dependent is injured in an accident, this insurance can help pay for everything from your medical costs to everyday expenses.



**TRAVEL ASSISTANCE:** Feel safe and secure on long-distance travel with Europe Assistance USA. Get help with currency and exchange rates, visa, passport, immunization requirements, medical emergencies and more.



**LEGALSHIELD:** Get direct access to a dedicated law firm for legal advice on unlimited personal issues, contract and document review, will preparation, trial defense and more.



**IDSHIELD PLUS:** This benefit offers you continuous credit report monitoring and personal information protection across the dark web, in addition to identity theft and credit theft alerts and unlimited consultation on cybersecurity issues.

## LEARN HOW VOLUNTARY BENEFITS ADD TO YOUR FINANCIAL WELLNESS!

Visit [mytomorrowbenefits.com/carriageservices/00072](https://mytomorrowbenefits.com/carriageservices/00072) to access your personalized enrollment education experience.



## 401(K) RETIREMENT PLAN

If you're a full- or part-time employee 18 years or older, you're automatically enrolled in the plan with a 3% contribution rate on the first of the month following 30 days of employment. Your contribution rate will then automatically increase by 1% each year, up to a maximum of 10%, unless you make an election change.

### COMPANY MATCH

Carriage will match 100% on the first 1% contributed plus 50% on the next 5%, for a maximum match of 3.5% of earnings.

### CONTRIBUTIONS AND VESTING

- You make your contributions through pre-tax payroll deductions.
- Your maximum contribution is 92% of pay, each pay period, up to the 2023 IRS limit of \$22,500.
- If you're 50 or older, you're allowed to contribute up to the 2023 IRS limit of \$30,000 (which includes \$7,500 in catch-up contributions).
- Funds from a previous employer's qualified 401(k) plan may be rolled over into the Carriage plan at any time. Contact Empower Retirement for assistance.
- Your contributions are always 100% vested in the plan — including any rollover funds. Carriage's contributions are 100% vested after two years of service.
- You determine how to invest the contributions in your account.

### DID YOU KNOW?

The Company match is calculated and deposited on a per-paycheck basis. And, spreading out your 401(k) contributions throughout the year is the best way to get the largest amount of Company-match dollars. "Front-loading" your contributions usually results in a smaller number of Company-match dollars.

*Reach your retirement goals with a Roth account!*

*In addition to a 401(k), you can use a Roth account to invest post-tax dollars that grow tax-deferred — and, if you hold the account for more than five years and don't withdraw the money until you're at least age 59½, you won't pay taxes on your earnings (Federal and most state taxes).*



# EMPLOYEE STOCK PURCHASE PLAN (ESPP)

Managed by E\*TRADE, the ESPP is a great way to share in Carriage’s success. By purchasing Carriage stock through the ESPP, you become a Company shareholder and benefit from a discounted purchase price of at least 15% off of the fair market value (FMV).

## ELIGIBILITY

Full- and part-time employees are eligible to participate in the ESPP. You must be employed as of the Offering Date (first trading day) of a given Offering Period (January 1 of every year) to be eligible to participate under the plan. Those who first become eligible after the Offering Date may enter the plan on the first of every quarter called “entry dates” or “entry periods.”

## YOUR CONTRIBUTION

You may contribute 1% – 15% of your compensation, in whole percentages, on a post-tax basis. There are four “entry periods” every quarter during which you can elect to contribute a percentage of your eligible pay to the ESPP.

## HOW IT WORKS

When it’s time to purchase shares on your behalf, you will be guaranteed a purchase price that never exceeds 85% of the market value on the final day of a purchase period.

ENROLLMENT PERIOD	PAYCHECK DEDUCTION PERIOD	PURCHASE DATE
January through March	April 1 through last paycheck of the quarter	June 30
April through June	July 1 through last paycheck of the quarter	September 30
July through September	October 1 through last paycheck of the quarter	December 31
October through December	January 1 through last paycheck of the quarter	March 31



## MYLO, YOUR MEDICARE ADVISOR

Is a licensed, independent insurance broker who can recommend the right type of Medicare — and the best rate — based on your unique needs, like how often you use medical services, your regular prescriptions, your preferred doctors and more.

## PERKS AT WORK



Lets you save money and live a healthier life with over 30,000 national and local discounts in more than 20 different categories, free online classes and personal development — to help you get the support you need to do your job and live well. Sign up for free at [perksatwork.com](https://perksatwork.com).



## PET ASSURE

- Enroll in Total Pet Plan from Pet Benefit Solutions and receive access to all of the below benefits and more for one low monthly rate!
- Up to 40% off prescriptions, preventatives, food, toys, treats, and more
- Free shipping on all orders with no minimum purchase or same day pick-up from your local participating pharmacy
- Instant 25% savings on in-house medical services at participating veterinarians
- 24/7 access to real-time support from veterinarians, even when your vet's office is closed
- ID tag and lost pet recovery service for peace of mind that your pet(s) will return home if they go missing

Visit <https://www.petbenefits.com/land/carriageservicesinc> to learn more!

# REQUIRED NOTICES

## **IMPORTANT NOTICE FROM CARRIAGE SERVICES, INC. ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE UNDER THE COLLECTIVE HEALTH HDHP, COLLECTIVE HEALTH PPO AND KAISER HMO PLAN(S)**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Carriage Services, 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.** Carriage Services, Inc. has determined that the prescription drug coverage

offered by the Collective Health HDHP, Collective Health PPO and Kaiser HMO plan(s) 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 Carriage Services, Inc. coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan

and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

## WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Carriage Services, 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 the person listed at the end of these notices 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 Carriage Services, 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](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

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

**Remember: Keep this Medicare Part D 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).**

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Date: January 1, 2024

Name of Entity/Sender: Carriage Services, Inc.

Contact—Position/Office: Human Resources

Address: 3040 Post Oak Blvd. Suite 300, Houston, TX 77056

Phone Number: 713-332-4604

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## WOMEN'S HEALTH AND CANCER RIGHTS ACT

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 713-332-4604.

## HIPAA PRIVACY AND SECURITY THE HEALTH INSURANCE

Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected

health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 713-332-4604.

## HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);

Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;

Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;

Failing to return from an FMLA leave of absence; and

Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request

enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 713-332-8602.





**YOUR HEALTH.  
YOUR WEALTH.  
OUR COMMITMENT.**



**3040 Post Oak Blvd. Suite 300, Houston, Texas 77056**

*If there are any differences between this mailer and the plan document, the plan document will govern. The Company reserves the right to amend, suspend or terminate the plan or level of benefits provided under the plan at any time. If a change is made, benefits for claims incurred after the date the change takes effect will be paid according to the revised plan provision. In other words, once a change is made, there are no rights to benefits based on earlier plan provisions.*