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Commitment
Growth
Leadership
Safety

2021 Employee Benefits OPEN ENROLLMENT GUIDE

Sustainability
Diversity
Solutions
Strength
Team
Service
Performance
Community
Value
Energy

If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please refer to the Medicare D notice in this benefits guide for more details.

CHESAPEAKE UTILITIES CORPORATION

Chesapeake Team Members,

I am pleased to share with you our 2021 Employee Benefits Guide. This Guide is prepared especially for you to help you make informed decisions on this year's open enrollment/new hire enrollment. This year's open enrollment for 2021 Benefit Year begins on November 11, 2020 and ends on November 25, 2020.

Each year, we review the overall healthcare trends in the marketplace and carefully design our medical plans to keep pace while continuing to offer a competitive program. Healthcare costs continue to rise and we have designed our plans to accommodate our employees' wide range of needs.

For 2021, we will continue to make adjustments to our plan design, copays, deductibles and coinsurance amounts. Our healthcare plans remain very competitive compared to the industry and our peer companies against whom we measure ourselves.

Additionally, please know that all Chesapeake medical options are fully compliant with the Affordable Care Act and offer benefits that are well in excess of all minimum requirements required under the law. We are very happy to report that the breadth of the Highmark Blue Cross and Blue Shield physician network and the strength and affordability of our Chesapeake plans represent excellent options for our employees when compared with plan and cost options available in the Marketplace.

Here are a few tips to help you make informed choices:

Become actively engaged in your open enrollment to make informed choices that best suit your needs. Assess your needs, analyze how you used your plan benefits in 2020 and consider adjustments that are most appropriate for your stage of life and that of your family. This will give you a view of how you are spending your benefit dollars.

Make sure you understand all of the benefits that are offered and how you and your family may use them; this can avoid confusion around different plan offerings. If you are unsure, meet with your HR Business Partner identified on page 27 of this Guide.

You will continue to see increased communication around benefits and wellness efforts, and we welcome your feedback and ideas. These comprehensive benefits are designed to help you meet your health and wellness needs over the coming calendar year. We genuinely care about your health and well-being and hope you use this important open enrollment period to put wellness to work for you and your family.

Continued Good Health and Well Being,

Lou Anatrella
Chief Human Resources Officer

Overview

Your health, financial and lifestyle benefits are key components of the total compensation you receive from Chesapeake. We encourage you to take the time to review this guide, and reflect on your personal situation to select the benefits that work best for you.

Employee annual benefits for the 2021 calendar year are effective from January 1 through December 31, 2021. New employees to the Chesapeake family are eligible to receive health care benefits on the first day of the month following their date of hire. Contact Human Resources to ensure new hire enrollment is completed in a timely manner.

Life Event Changes

Employees may make changes to their benefits when there is a qualifying change in status. There are certain circumstances where changes to elections made during open enrollment may be modified. These qualifying events are guided by the IRS Section 125 Rules.

- Marriage
- Divorce or legal separation
- Death
- Birth, adoption or legal custody of a dependent child
  Involuntary loss of other group insurance coverage
- Spouse's open enrollment

Please contact Human Resources within 30 days of a qualifying life event to make benefit changes or within 60 days if the event is due to a loss of a government program (i.e. Medicare Part A, Medicaid or CHIP.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 33-34 for more details.

Dependent Eligibility—Medical, Dental, Vision and Voluntary Term Life Insurance

A dependent is defined as a covered employee's legal spouse or dependent child of the employee or employee's spouse. Dependent children will be covered through the end of the month in which they turn age 26. A dependent child is defined as:

- A natural child.
- A stepchild.
- A legally adopted child.
- A child placed for adoption.
- A child for whom legal guardianship has been awarded to the covered employee or the employee's spouse.
- Unmarried children who are currently enrolled in a Chesapeake plan of any age become mentally or physically disabled before reaching the age limit of 26.

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2021 Employee Enrollment Checklist

Verify home address, martial status and emergency contact information. Addresses on file in UltiPro are where benefit ID plan cards and documents will be delivered. Incorrect information will cause delays.

If you make any changes to your marital status, you must provide HR proof of marriage or divorce for a change to be completed.

Confirm your eligible dependents. Verify each dependent's name, date of birth, and social security number. If adding a dependent (s), a copy of the dependent (s) birth certificate must be provided.

Confirm dependent children are eligible for and do not exceed age limit of 26 for medical, dental, and vision plans. (medical, dental, vision age out at the end of the month the dependents turns 26).

Reviewing Plan Options.

- *Review 2021 Employee Benefits Guide and any pertinent hand-outs prior to making any elections.*
- *Think about changes in your family that may impact your insurance needs: New baby on the way? Change in health? Marriage ? Pending Surgery ? Dental Needs (Braces, Dentures, etc.)? Compare Benefit Plan options. Pay attention to the difference in costs, provider network, etc.*
- *Consider a Health Savings Account, Health Care Flexible Spending Account (FSA), Limited Purpose Spending Account, Dependent Care Flexible Spending Account for any expected child care costs, health care, dental or vision expenses.*

Opting Out/Waiving Medical Benefits You must complete the Opt-out form and provide the necessary proof of other coverage to Human Resources for yourself and your eligible dependents. The "Opt-Out Option" annual credit is $500. The "opt-out" credit is available to employees who are covered by a group policy other than Chesapeake's plan or a government-sponsored plan, such as Medicare Part A, Medicaid, CHIP and some TRICARE plans. Your dependents must also have coverage. Proof of other valid coverage for all is needed before you receive the credit. The $500 annual credit will be added to your paycheck in either weekly or bi-weekly installments. Certain exclusions and restrictions may apply.

- The pre-tax benefit of Health Care FSA limit is $2,750 for 2021 The pre-tax Dependent Care limit remains unchanged at $5,000. Health Care and Dependent Care benefits stop if you don't make an election during Open Enrollment for 2021.
- Please remember to compare your first few payroll checks in January 2021 to your saved Open Enrollment Confirmation sheet to ensure that your deductions match your election choices.
- Visit our UltiPro web portal for additional information about your benefits under the **Benefits Information** link. *https://e12.ultipro.com/Login*
- For additional information and further assistance please contact Human Resources.

CHESAPEAKE UTILITIES CORPORATION

Benefit Cost For Coverage

Summary of 2021 Payroll Deductions

MEDICAL - HIGHMARK		Employee	Employee +1	Family
EPO HDHP HSA	Weekly	$25	$47	$69
	Bi-Weekly	$49	$93	$137
EPO LOW	Weekly	$32	$62	$91
	Bi-Weekly	$65	$123	$182
EPO HIGH	Weekly	$44	$84	$124
	Bi-Weekly	$89	$168	$248
PPO	Weekly	$67	$126	$186
	Bi-Weekly	$133	$253	$372

DENTAL - DELTA DENTAL		Employee	Employee +1	Family
PPO	Weekly	$6.17	$12.35	$18.53
	Bi-Weekly	$12.34	$24.69	$37.06
PPO BUY-UP	Weekly	$6.76	$13.52	$20.29
	Bi-Weekly	$13.52	$27.04	$40.58

VISION - EYEMED		Employee	Employee +1	Family
PPO	Weekly	$1.46	$2.77	$4.07
	Bi-Weekly	$2.91	$5.54	$8.13

Medical Coverage

We offer four medical plan options; two Exclusive Provider Organization (EPO) plans that offer medical coverage exclusively within the Highmark Blue Cross Blue Shield Delaware (Highmark BCBSDE) network, one Preferred Provider Organization (PPO) plan that offers medical coverage both inside and outside of the network and one High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) tied to the plan.

You may seek care from any provider you choose; however, if the provider is non-participating, and there is no agreement in place to allow for a discounted rate, you may have higher out of pocket costs.

All four plans are open-access. That means you are not required to obtain a referral to seek care from a specialist. This flexibility enables you to receive the care that you and your primary physician deem necessary to meet your health care needs.

Each year, we analyze available health care plans to offer a competitive, robust and tailored plan. This comprehensive coverage includes preventive care, office visits, hospitalization, prescription medication, and includes a vision discount program. Chesapeake pays most of the cost of your medical coverage. Your contribution varies depending upon the plan you choose and the number of dependents you enroll.

To locate a participating Highmark BCBSDE contracted provider,

1. Go to www.highmarkbcbsde.com
2. Click on “Find A Doctor OR Pharmacy” on the top of the home page
3. Select “Find a Doctor, Hospital or other Medical Provider” on the following page
4. Under “Plan name”, enter “BCBS EPO” if you are enrolled in one of the two EPO plans, HDHP or enter “BCBS PPO” if you are enrolled in the PPO plan
5. Type a name, hospital, clinic, specialty or condition
6. Enter a location and distance
7. Click on “Search” to display your search criteria

Medical Plan Comparison

Type of Plan	OPTION 1: EPO - Low	OPTION 2: EPO - High	OPTION 3: PPO		OPTION 4: EPO -HDHP HSA
Network Access	In Network	In Network	In Network	Out of Network	In Network
Calendar Year Deductibles (CYD)	Your Responsibility	Your Responsibility	Your Responsibility		Your Responsibility
Individual	$1,000	$750	$500	$2,000	$2,000
Family	$2,500	$1,500	$1,000	$4,000	$4,000
Out-of-Pocket and Maximum Benefit					
Individual Out-of-Pocket Maximum	$4,000	$2,500	$2,000	$5,000	$4,000
Family Out-of-Pocket Maximum	$8,000	$5,000	$4,000	$10,000	$8,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited		Unlimited
Physician Office Services					
Preventive Care Visits	No Charge	No Charge	No Charge	Limited Benefits	No Charge
Primary Care Physician (PCP) Office Visits	$30 Copay	$20 Copay	$20 Copay	30% After CYD	20% After CYD
Specialist Office Visits	$60 Copay	$40 Copay	$40 Copay	30% After CYD	20% After CYD
Urgent Care and Emergency Room					
Urgent Care Facility	$75 Copay	$75 Copay	$75 Copay	30% After CYD	20% After CYD
Emergency Room Facility Services *(waived if admitted)*	$50 + 25% After CYD	$50 + 15% After CYD	$50 + 10% After CYD		20% After CYD
Diagnostic Services					
Independent Lab (covered services*) / Independent X-Ray	$60 Copay	$40 Copay	No Charge	30% After CYD	20% After CYD
MRI, MRA, CT & PET Scans	25% After CYD	15% After CYD	10% After CYD	30% After CYD	20% After CYD
Hospital / Facility Services					
Inpatient Hospitalization	25% After CYD	15% After CYD	10% After CYD	30% After CYD	20% After CYD
Outpatient Hospitalization	25% After CYD	15% After CYD	10% After CYD	30% After CYD	20% After CYD
Outpatient Surgical Center	25% After CYD	15% After CYD	10% After CYD	30% After CYD	20% After CYD
Physician Services at Hospital & ER / Ambulatory Surgical	25% After CYD	15% After CYD	10% After CYD	30% After CYD	20% After CYD
Mental Health / Substance Abuse					
Inpatient	25% After CYD	15% After CYD	10% After CYD	30% After CYD	20% After CYD
Inpatient Detoxification/Rehabilitation	25% After CYD	15% After CYD	10% After CYD	30% After CYD	20% After CYD
Outpatient	$30 Copay	$20 Copay	$20 Copay	30% After CYD	20% After CYD

Prescription Coverage

All four medical plans include prescription medication coverage. Prescription prices are based on how drugs are classified on the Highmark BCBSDE preferred drug list. The formulary includes approved generic and brand-name prescription medications and may change periodically for a variety of reasons, such as brand-name drugs losing their patents and new generics becoming available, or the FDA approving new drugs.

To review the Highmark BCBSDE formulary for the medical plans, visit www.highmarkbcbsde.com :

1. Click on "Find A Doctor Or Pharmacy" on the top of the home page
2. Click on "Find a Drug" on the following page
3. Select "Comprehensive Formulary" under "You got your health plan through your employer"
4. Enter a name of a medication under Brand & Generic Name Search or search for a medication under Therapeutic Class Search

Pharmacy	Option 1: EPO Low	Option 2: EPO High	Option 3: PPO	Option 4: EPO HDHP HSA
Generic	$10 Copay	$10 Copay	$10 Copay	20% After CYD
Brand	$45 Copay	$45 Copay	$45 Copay	
Non-Preferred	$70 Copay	$70 Copay	$70 Copay	
Mail -Order Pharmacy (90-Day Supply)	2 Times Copay	2 Times Copay	2 Times Copay	

Express Scripts

The mail order process:

- Online: Register at **www.highmarkbcbsde.com.**
- By mail: Contact Human Resources for a Highmark BCBSDE mail order registration form. Mail the form along with your original prescription.
- By phone: Call Express Scripts Member Services; your insurance information is required.
- To start your mail order service, request two prescriptions from your care provider; one for an initial short-term supply that your local pharmacy can fill immediately and one for a 90-day supply with three refills to mail to Express Scripts.

Mail prescriptions to: Express Scripts Home Delivery Service
P.O. Box 6500, Cincinnati, OH 45273

Express Scripts Member Services: 1-800-903-6228
Available 24 hours a day, 7 days a week (except Thanksgiving and Christmas)

Davis Discount Vision Program

As offered last year, *employees enrolled in our medical plans* may participate in the Highmark BCBSDE Discount Vision Program at no additional cost. The Discount Vision Program offers covered members savings on vision expenses such as eye exams, contact lenses and frames. You may choose from a large network of optical centers, local optometrists, and ophthalmologists.

You may also use an ophthalmologist in the Highmark BCBSDE network for your examination. Then, you may use a Davis Vision contracted provider for your frames, lenses and contact lens purchases.

Davis Vision contracted providers

All Davis Vision contracted network providers are licensed providers who are extensively reviewed and credentialed to ensure stringent standards for quality service are maintained. To locate a provider, you may:

- Call Davis Vision at 1-888-235-3119 to access the Interactive Voice Response Unit, which will supply you with a list of network providers near you.
- Member Service Representatives are available Monday-Friday, 8:00 a.m. to 11:00 p.m. EST; Saturday, 9:00 a.m. to 4:00 p.m. EST; and Sunday, 12:00 p.m. to 4:00 p.m. EST.
- Go to www.davisvision.com and click "Open Enrollment" under the "Members" tab. You will be prompted to enter your Client Code Number, which is 2722.

	Service	Patient Price
Eye Examinations	Routine Eye Exam	15% off Usual & Customary[1]
	Refraction Only (when examination is covered by Medicare)	$20
	Retinal Imaging	$39
Frames[2]	Retail Frame	35% off Usual & Customary
Lenses (Uncoated Plastic)[2]	Single Vision	$45
	Bifocal	$65
	Trifocal	$95
	Lenticular	$120
Lens Options (Add to Lens Prices Above)[2]	Standard Progressive	$65
	Premium/Ultra Progressive	20% off Usual & Customary
	Polycarbonate Lenses	$35
	Scratch-Resistant Coating	$15
	Anti-Reflective (AR) Coating (Standard)	$45
	Anti-Reflective (AR) Coating (Premium/Ultra)	20% off Usual & Customary
	Ultraviolet Coating	$15
	Tinting of Plastic Lenses (Solid/Gradient)	$15
	Polarized Lenses	$75
	High-Index Lenses	$65
	Plastic Photochromic Lenses	$75
Contact Lenses	Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	15% off Usual & Customary
	Conventional Lenses	15% off Usual & Customary
	Disposable/Planned Replacement Lenses	15% off Usual & Customary
	Contact Lens Replacement Program[3]	Up to 15% off Retail Prices

Virtual Medicine

Highmark BCBSDE provides members with 24/7 access to virtual medicine. This program includes U.S. licensed, board-certified doctors that can diagnose and treat most non-emergency illnesses. They can also prescribe medications when appropriate. Virtual doctors can treat sinus infections, upper respiratory infection, bronchitis, flu, conjunctivitis, cough and sore throat. Visit **www.amwell.com** and follow the instructions to register and download the mobile apps. You can use either or both of these services, depending on the availability of virtual doctors in your area.

Medical Payroll Deductions

MEDICAL - HIGHMARK		Employee	Employee +1	Family
EPO HDHP HSA	Weekly	$25	$47	$69
	Bi-Weekly	$49	$93	$137
EPO LOW	Weekly	$32	$62	$91
	Bi-Weekly	$65	$123	$182
EPO HIGH	Weekly	$44	$84	$124
	Bi-Weekly	$89	$168	$248
PPO	Weekly	$67	$126	$186
	Bi-Weekly	$133	$253	$372

Employees are encouraged to review their pay stub to verify that all benefit selections and other deductions were made correctly during their open enrollment period.
https://e12.ultipro.com/Login Myself > Pay > Current Pay Statement

Health Savings Account (HSA)

What is a Health Savings Account (HSA)? HSAs were created to help eligible individuals save for qualified medical and retiree health expenses on a tax-advantaged basis. HSA contributions are tax-deductible and withdrawals are tax-free, provided they are used to pay for current and future "qualified medical expenses."

Who owns the HSA? The HSA is owned by you. It is a personal, portable, savings account that remains yours even if you are no longer enrolled in an HDHP. If an employee changes jobs, their HSA follows them. Unused funds remain in the account and automatically roll over every year.

Who administers the HSA? HSAs are opened and maintained at an HSA qualified bank or financial institution.

Who is eligible for an HSA?

An eligible individual is anyone who:

- Is covered by a qualified high deductible health plan on the first day of the qualifying month; Does not have coverage through an additional plan that is not a qualified HDHP; and
- Is not entitled to Medicare; and
- Is not eligible to be claimed as a dependent on another individual's tax return.

You are still eligible for an HSA if you have coverage for accidents, disability, dental care, vision care or long term care, in addition to a qualified HDHP.

When is an individual permitted to withdraw funds from an HSA? You are permitted to withdraw money from an HSA any time after the HSA is established, even if you are not currently enrolled in a qualified HDHP.

Can IRA, HRA or FSA funds be rolled into an HSA? You will be permitted to transfer specific amounts from a health FSA or an HRA via direct transfer to an HSA. The FSA or HRA rollover is limited to one distribution from each Health FSA and HRA.

What are "qualified medical expenses" that are eligible for tax-free distribution? A qualified medical expense is any health care cost for yourself, your spouse and your dependents as defined in the Internal Revenue Code (IRS Section 213 (d)), but only to the extent the expenses are not covered by insurance.

Are health insurance premiums qualified expenses?

Generally, no, except in the following instances:

- Qualified long-term care insurance
- COBRA health care continuation coverage
- Health care coverage while an individual is receiving unemployment compensation
- Medicare premiums for Parts A, B, D and Medicare HMO

Can HSA funds be used for non-medical expenses? Non-medical distributions from an HSA are included in gross income and are therefore taxed, as well as subject to a 20 percent penalty.

Health Savings Account (HSA)

Chesapeake employees who choose to *participate in the EPO - HDHP HSA medical plan* have the option to set aside pre -tax money in an HSA to pay for eligible medical, dental, and vision expenses. Any unused money in an HSA account is not forfeited at the end of the year and your HSA account is yours to keep. Which means you can take it with you if you change jobs or retire. To be HSA-eligible, you must be enrolled in the EPO - HDHP HSA medical plan and cannot be covered by another non-HSA compatible plan (i.e. through a spouse).

Chesapeake will make contributions into your HSA bank account up to an annual maximum of

- $600 for Employee Only coverage,
- $1,200 for Employee + One Dependent or
- $1,800 if you are covering two or more dependents.

Chesapeake's contributions will be prorated on a per pay basis once your Health Savings Account is opened through Employee Benefits Corporation (EBC). Any amount contributed by Chesapeake is your money and if unused, is not forfeited.

Chesapeake has engaged Employee Benefits Corporation as our HSA partner and all new HSA contributions will be facilitated through payroll deductions to your EBC personal account

Advantages of having a Health Savings Account:

- You can contribute pretax dollars through payroll deduction.
- You may contribute up to $3,600/individual and $7,200/family pre-tax dollars annually, including any Chesapeake contribution.
- If you are 55 or older you may put an additional $1,000 in your HSA, which the IRS allows as a catch up contribution.
- Funds are available for use as they are deposited into the account and may be used for all allowable IRS 213(d) expenses including medical, dental and vision
- Unused funds roll over from year to year.
- Your HSA stays with you, even if you switch employers, change health plans or retire.
- If you have an existing HSA with another bank, you can transfer the balance to your new HSA.
- Your money can earn tax free interest — plus, you can enjoy investment options.
- You will be issued a debit card to use at point-of-sale to pay for approved expenses.

Health Savings Account (HSA)

Eligible Expenses

You can use your HSA for expenses that you incur after you have established your HSA. You cannot use the funds for medical care that you had before you opened the HSA. There is no time limit for using your HSA funds once you open an account.

- You may use your HSA to pay for qualified medical care expenses. The medical care can be for you, your spouse, or your tax dependents. This is true even if you elect self-only coverage.
- You can use your HSA funds when you have to pay for eligible expenses out-of-pocket. This includes what you pay for deductibles, co-insurance, and copays.
- You can also use your HSA funds to pay for some insurance premiums such as:
  - COBRA health care continuation.
  - Health care coverage while receiving unemployment benefits.
  - Medicare and other health insurance if age 65 and older.

Limited Purpose Flexible Care Account (LPFSA)

Unlike the Heath Care FSA, you may participate in the Limited Purpose FSA if you enrolled in the **EPO - HDHP HSA medical plan** and open a Health Savings Account. A limited-purpose flexible spending account (referred to as a limited- purpose FSA) is much like a typical, general-purpose health FSA. However, under a limited-purpose FSA, eligible expenses are limited to qualifying dental and vision expenses for you, your spouse, and your eligible dependents. You may not use the LPFSA for medical or prescription expenses.

Flexible Spending Account (FSA)

We offer two types of Flexible Spending Accounts. These programs help you save money by using pre-tax dollars to pay for certain eligible health care and dependent care expenses. Pre-tax means that contributions are taken out before Federal, Social Security and most state and local income taxes are withheld. The money is reimbursed throughout the year as claims are submitted for eligible expenses.

You can contribute up to $2,750 per year in the Health Care FSA and you can contribute up to $5,000 per year in the Dependent Care FSA. The total amount you decide to contribute is deducted from your pay in equal amounts. Be sure to estimate your yearly expenses to determine your contribution amount.

FSA Rollover Expense Reimbursement Amounts

You may rollover up to $550 of any unused funds in 2021 to the new plan year of 2022. In addition to this rollover, you may still elect the full $2,750 for the 2021 plan year. This means you may have up to $3,250 available for reimbursement of eligible expenses for 2022.

Keep in mind that you will still be able to utilize the run-out period, which ends on March 31, 2021. This means that all FSA expenses for the plan year must be used by Dec. 31st but you have until March 31st of the following year to turn in receipts. The rollover amount (if applicable, up to $550) will be determined after all expenses have been reimbursed for the 2021 plan year after the end of the run-out period. Any unused amount in excess of $550 will be forfeited.

This program is regulated by the IRS and may be subject to change. Under current federal tax law, unless the person qualifies as a dependent as defined by the IRS, expenses for that dependent cannot be claimed.

Health Care Account | Annual Contribution Limit: $2,750

The Health Care Expense Account reimburses eligible healthcare expenses incurred by you or your eligible dependent(s). You can use money in your Health Care FSA to reimburse yourself for expenses that you or your eligible dependents incur for eligible medical, dental or vision services.

Dependent Care Account | Annual Contribution Limit: $5,000

The Dependent Care Account reimburses actual funds for expenses incurred for the care of a child under age 13, a disabled child or an elder. A paid receipt with the caregiver's name and dates of service is required. Eligible expenses include those for day care centers, elder care centers, nursery schools, summer day camps, and before-and-after school care.

To qualify, you are required to be at work during the time your eligible dependent receives care. In addition, you will need to meet one of the following guidelines :

- A single parent, a working spouse or a spouse looking for work
- Have a spouse who is a full-time student for at least five months during the year while you are working Have a spouse who is physically or mentally unable to provide for his/her own care
- Be divorced or legally separated and have custody of your child even though your former spouse may claim the child for income tax purposes

Flexible Spending Account (FSA)

FLEXIBLE SPENDING ACCOUNT REMINDERS

When determining your annual contribution amounts, take the following IRS rules into consideration:

- You may not change your annual election(s) unless you experience a related change in family status such as the birth of a child, marriage or divorce.
- You may rollover up to $550 of any unused funds you have in your 2021 Health Care FSA to the new plan year 2022. You may not use money set aside for health care expenses for dependent care expenses, or vice versa.
- You have until March 31, 2022 to submit claims for eligible expenses incurred during the 2021 calendar year. Expenses are incurred when the service is rendered, not when you are billed, charged or pay for the services.
- You need to decide each year whether you want to participate in either or both FSAs. Your participation does not rollover from one year to the next.

EBC FSA Debit Card

The Flexible Spending Account (FSA) debit card allows you to pay for FSA eligible expenses directly at the point-of-service. The FSA debit card looks like a regular credit card. Employees who participate in the FSA plan will receive a debit card, valid for three years.

- For security purposes, FSA debit cards are mailed to your home address in a plain white envelope.
- FSA debit cards are automatically activated upon the first physical swipe.
- When using the FSA debit card, select "credit" (instead of debit) since no PIN is assigned.

When You Use Your Card

Your EBC FSA debit card will work at most health care related merchants including doctors, dentists, vision care providers, chiropractors, and most pharmacies, grocery and discount stores. For most transactions, you will not be required to submit documentation. Grocery stores, discount stores and most pharmacies are required to maintain an inventory control system limiting transactions to FSA eligible items. Transactions at these merchants will not require documentation. For a complete list of merchants with the inventory control system, please visit **www.ebcflex.com.** Transactions that equal one of your employer's benefit plan copays (including multiples and combinations) will not require documentation. EBC takes every effort within IRS guidelines to request documentation as infrequently as possible. **However, it is recommended you maintain all your receipts.**

Traditional Reimbursement

If you choose not to use your FSA debit card, and pay out of pocket, you can submit a request for reimbursement. Complete a claim form and send it via fax, email or mail to EBC with a copy of your receipts as instructed. Please do not use the Debit Card Substantiation Form for these expenses as your expenses will not be reimbursed if the incorrect form is submitted.

Manage your benefits on-line using My Account Assistant

My Account Assistant is your source of account information for your BESTflex Plan including Benny information. You can review your account balances and claims, download information and forms, and manage your account information when you use My Account Assistant.

To activate your account:

1. Using a web browser, go to www.ebcflex.com.
2. Click Participants Log-in
3. Click "Register" under not a user yet and follow the activation instructions
4. You will receive your PIN via email
5. Login to securely access your account information
6. Hover over the "Account settings" link in the menu below the banner
7. Click "Security Info" in the drop down links
8. Enter a new User Name and Password

You can use your Android smartphone or Apple iPhone to send a claim or attach documentation.

To log into

My Mobile Account Assistant use your web account User ID and Password.

Dental Coverage

We offer a Preferred Provider Organization (PPO) dental plan and a Preferred Provider Organization (PPO) Buy-Up dental plan administered through Delta Dental. Your cost depends on the plan you choose and the number of eligible dependents you enroll. The PPO plans provide coverage for a wide range of services including preventive, basic and major dental care along with child and adult orthodontia. With the dental PPO plans, you have the freedom to choose any dentist. Selecting an in-network provider will maximize your cost savings.

The PPO plans cover 100% of preventive services. All remaining dental services require you to meet the annual deductible as shown below. To locate participating in-network dental providers visit the Delta Dental website at **www.deltadentalins.com**.

Network Access	In Network	Out of Network	In Network	Out of Network
Network	PPO		PPO	
Plan Name	PPO		PPO Buy-Up	
Calendar Year Maximum Benefit	$1,500		$2,500	
	Your Responsibility	**Your Responsibility**	**Your Responsibility**	**Your Responsibility**
Individual Calendar Year Deductible (CYD)	$50		$50	
Family Calendar Year Deductible (CYD)	$150		$150	
Dental Description	**In Network**	**Out Of Network**	**In Network**	**Out Of Network**
Preventive-Class I	No Charge	No Charge	No Charge	No Charge
Routine Exams **(2 times per year)**	No Charge	No Charge	No Charge	No Charge
Teeth Cleaning **(3 times per year)**	No Charge	No Charge	No Charge	No Charge
Full Mouth/Panoramic X-rays	No Charge	No Charge	No Charge	No Charge
Basic-Class II	20% After CYD	20% After CYD	20% After CYD	20% After CYD
Fillings	20% After CYD	20% After CYD	20% After CYD	20% After CYD
Endodontic	20% After CYD	20% After CYD	20% After CYD	20% After CYD
Periodontal scaling	20% After CYD	20% After CYD	20% After CYD	20% After CYD
Extractions - Routine and Surgical	20% After CYD	20% After CYD	20% After CYD	20% After CYD
Major-Class III	50% After CYD	50% After CYD	50% After CYD	50% After CYD
Full or partial dentures	50% After CYD	50% After CYD	50% After CYD	50% After CYD
Crowns	50% After CYD	50% After CYD	50% After CYD	50% After CYD
Child & Adult Orthodontia				
Benefit	50%		50%	
Lifetime Maximum Benefit	$1,500		$1,500	

Dental Payroll Deductions

DENTAL - DELTA DENTAL		Employee	Employee +1	Family
PPO	Weekly	$6.17	$12.35	$18.53
	Bi-Weekly	$12.34	$24.69	$37.06
PPO BUY-UP	Weekly	$6.76	$13.52	$20.29
	Bi-Weekly	$13.52	$27.04	$40.58

Vision Coverage

We offer a voluntary vision plan administered through EyeMed. The EyeMed vision program provides affordable, quality vision care, nationwide.

Carefully review the vision care program and take advantage of this very important benefit. To see a list of participating providers near you, go to www.eyemedvisioncare.com and choose "Insight" from the provider locator drop-down box. You can also call (866) 804-0982 with any questions you may have regarding contracted providers or coverage.

You do not need your ID card to use your EyeMed plan. If you have your card, it is recommended that you take it with you. If you need more ID cards, you can request one by registering online at www.eyemedvisioncare.com or call (866) 804-0982.

Plan	EyeMed Insight Plan H	
Network Access	**In Network**	**Out of Network**
Eye Care Wellness Co-pay		
Eye Exam	$10	Reimbursed Up To $40
Frequency Once Every 12 Months		
Materials Co-pay		
Lenses	$25	
Single Vision		Reimbursed Up To $30
Bifocals		Reimbursed Up To $50
Trifocals / Lenticular		Reimbursed Up To $70
Frequency Once Every 12 Months		
Frames		
Selected Frames (Provider Location)	$130 Retail Allowance + 20% Off	Reimbursed Up To $91
Frequency Once Every 12 Months		
Contacts		
Contact Exam & Fitting Standard / Premium	Up to $55 Allowed / 10% off Retail	N/A
Contact Allowance Conventional	$130 Retail Allowance then 15%	Reimbursed Up To $130
Contact Allowance Disposable	$130 Retail Allowance Only	Reimbursed Up To $130
Medically Necessary Contacts	Covered in Full	Reimbursed Up To $210
Frequency Once Every 12 Months		

Vision Payroll Deductions

VISION - EYEMED		Employee	Employee +1	Family
PPO	Weekly	$1.46	$2.77	$4.07
	Bi-Weekly	$2.91	$5.54	$8.13

Life and Accidental Death & Dismemberment Insurance

Life Insurance and AD&D

Chesapeake provides all eligible employees with basic life and accidental death & dismemberment (AD&D) insurance through Cigna. Eligible employees are automatically enrolled for this benefit at no cost. The basic life and AD&D benefit is two times your annual earnings up to $500,000. Existing employees are automatically enrolled in the basic life and AD&D insurance plan. Please ensure that Human Resources has updated Beneficiary Designation information on file. Coverage is effective the first of the month after hire.

Please note, the IRS requires that amounts of employer provided Life Insurance exceeding $50,000 be taxed using the Uniform Premium Table. Imputed income is the IRS term for the value of any benefit or service that should be considered income for the purposes of calculating federal taxes. Under current IRS provisions, imputed income applies to the value of employer-provided life insurance coverage greater than $50,000. If this applies to you, you will see a line item on your paycheck called GTL.

Voluntary Term Life Insurance

Additional term life insurance is available to supplement the basic life insurance coverage that is provided by Chesapeake. You may purchase voluntary term life insurance for yourself in increments of$10,000 up to the lesser of five times your base annual earnings or$500,000. You have a Guarantee Issue (GI) amount of $300,000 meaning you will be automatically approved without having to answer medical questions (for new hires only). Evidence of Insurability will be required if you are applying for any amount outside of your initial eligibility. You may also purchase spousal voluntary term life insurance in increments of $5,000 to a maximum of $250,000. Coverage cannot exceed 50% of the employee's coverage. The Guarantee Issue amount is $50,000. Evidence of Insurability will be required if you are applying after your initial eligibility. Employees and dependents electing any amount outside of their initial eligibility period will need to complete a medical questionnaire. You may cover your dependent children from birth to age 26 with a $5,000 benefit. One premium will insure all of your eligible child(ren), regardless of the number of eligible children. The monthly cost for your child(ren) is $0.06 per $1,000 of coverage.

In the event of a Family Status Change certain Evidence Of Insurability requirements may also be waived.

Voluntary Term Life Insurance Rates for Employee & Spouse

Age	Employee Rate Per $1,000/ Month
0-24	$0.10
25-29	$0.09
30-34	$0.10
35-39	$0.12
40-44	$0.16
45-49	$0.27
50-54	$0.42
55-59	$0.65
60-64	$0.98
65-69	$1.71
70-99	$3.96

The spouse rate is based on the employee's age and age reductions are based on the employee's age.

Life and Accidental Death & Dismemberment Insurance

Voluntary Accidental Death and Dismemberment (AD&D)

Voluntary AD&D Insurance for You: You may purchase Voluntary AD&D Insurance for yourself through Cigna in increments of $10,000 up to the lesser of 5 times your base annual earnings or $500,000. Benefits reduce to 65% at age 70 and 50% at age 75.

Voluntary AD&D Insurance for Your Spouse: You may purchase Voluntary AD&D Insurance for your spouse in $10,000 increments up to $250,000.

Voluntary AD&D Insurance for Your Child(ren): You may purchase Voluntary AD&D Insurance for your dependent children from birth to age 26 in increments of $5,000 to a maximum benefit of $50,000.

Employee, spouse & child Voluntary AD&D monthly cost per $1,000 of benefit is $0.035.

Disability Insurance

Disability insurance provides ongoing income replacement if you get sick or are hurt (off the job) and need to be out of work for a period of time. Chesapeake provides Long-Term Disability coverage at no cost to eligible employees and Short-Term Disability coverage is also provided at no cost to eligible employees.

Short-Term Disability (STD) Insurance coverage provides income replacement should you become ill or injured (off the job) and are unable to work. Coverage is paid by Chesapeake and you are automatically enrolled in the STD insurance plan on your date of hire. In the event of a claim, benefits begin after a fourteen-day elimination period and the plan pays 60% of your pre-disability earnings to a maximum benefit of **$1,500** per week up to the 90th day. The benefit will be paid directly to you from CIGNA.

Long-Term Disability (LTD) Benefits coverage provides income replacement should you become ill or injured (off the job) and need to be out of work for a long period of time. Coverage is paid by Chesapeake and you are automatically enrolled in the LTD insurance plan after satisfying a one-year new hire waiting period. In the event of a claim, benefits will begin after a 90-day elimination period and the plan will pay 60% of your pre-disability earnings to a maximum benefit of **$21,000** per month. Benefits will continue for as long as you are disabled or until you reach your Social Security Normal Retirement Age.

Employees have 2 options for their LTD benefit.

Option 1: You may elect NOT to pay taxes on the group LTD premium. Chesapeake Utilities will continue to pay 100% of the premium for this coverage. In the event of a Long-Term Disability claim, any disability benefits you receive under the plan will be considered taxable income.

Option 2: You may elect to PAY taxes on the group LTD premium paid by Chesapeake. Chesapeake Utilities will continue to pay 100% of the premium for this coverage. Because you will be paying taxes on the premium, any disability benefits that you receive under the plan will not be subject to Federal or FICA tax withholding.

Investing in your Future

401(k) Plan

The Chesapeake Utilities Corporation Retirement Savings Plan allows employees to easily save for retirement needs in a convenient and tax-advantageous manner; these saved funds will help provide a comfortable and enjoyable retirement.

Automatic Payroll Contributions: Often, the most difficult part about saving is doing it regularly and consistently. With the Plan, you decide how much to contribute, generally, between 1% and 80% of your eligible compensation, and no more than 15% of your eligible compensation for highly compensated employees. These contributions will be deducted from your gross pay on a pre-tax basis, meaning before income taxes are withheld.

Catch-Up Contributions: If you are age 50 and older, you may also be eligible to make additional "catch-up" elective deferral contributions to the plan. In order to make these contributions, an eligible employee must be contributing at the maximum deferral rate, 80%, or be expected to contribute the maximum dollar amount permitted under law to the Chesapeake Utilities Corporation Retirement Savings Plan. These contributions will also be deducted from your gross pay on a pre-tax basis. Catch- up Contributions are not matched by the Employer.

Employer Contributions: The Employer will match your contributions up to 6% of Compensation and also may make additional supplemental contributions to your Account.

Auto-Enrollment and Auto-Escalation Feature: Upon completion of your eligibility period you may enroll in the plan. However, if you do not make an election to contribute to the Plan and also do not opt out of contributing by electing to defer 0% of your pay, you will automatically be enrolled in the Plan. An automatic Pre-Tax Contribution rate of 3% will be withheld from your pay. Additionally, if you still don't make an election, the Auto-escalation feature kicks in and your contribution rate will automatically be increased by 1% each plan year up to a maximum of 10%.

Tax Advantages: The Plan offers savings on a pre-tax basis -- meaning your contributions are deducted from your pay before most taxes have been withheld, effectively lowering your taxes today. In addition, your investment earnings in your Plan Account are not taxed until withdrawn.

A Variety of Investments: Regardless of your goals or investment preferences, the funds offered through the Plan cater to a wide range of investment risk levels. You may choose your own combination of funds, including Employer stock, in which to invest your Account.

Flexibility: With the Plan, you are never locked into just one way of saving or investing. Recognizing that your needs change over time, the Plan allows you to frequently change your investment elections and contribution amounts.

Access before Retirement: Although the goal of the Plan is to help you save for retirement through long-term investment, there may be times before retirement when you need your money. Depending on your circumstances, you may be able to withdraw funds or borrow from your Account for those needs.

Personal Statements: Personal statements are mailed quarterly to show the current status of your Plan Account. This way, you can monitor your Account and judge whether your investment choices still reflect your personal financial objectives. You should thoroughly review your statement and report any errors within 30 days of receipt.

Annual IRS Limits*	2021
Annual Deferral Limit for 401(k) Plans	$19,500
Annual Catch-up Deferral Limit	$6,500

Roth 401(k) Plan

A Roth contribution is simply another way to save money through your retirement plan. Instead of having all of your contributions deducted from your paycheck before taxes, you may decide to make Roth contributions on an after-tax basis. Roth contributions give you the opportunity to invest after-tax dollars for retirement, let your investments grow tax- deferred during your working years and withdraw the money federal income tax-free at retirement.

Investing in your Future

Dividend Reinvestment & Direct Stock Purchase Plan DR/DSPP

We offer employees the opportunity to purchase CPK common stock through payroll deductions without incurring brokerage fees. Employees can join the Company's DR/DSPP by having payroll deductions each pay period. Minimum deductions depend on the frequency of your pay - $5 per week for weekly; $9 per pay for bi-weekly. These are only minimums – you may elect to have a higher amount deducted if you prefer, and you can change payroll deductions or stop at any time.

Your payroll dollars are invested monthly on the investment date (typically the 5th of each month or on the next business day if the 5th falls on a weekend or a holiday). Shares are either issued from a designated Company reserve or on the open market. If the shares are issued from the reserve, the cost basis of the shares is the average of the high and low trading prices on the investment date; if purchased on the open market, the cost basis of the shares is the weighted average market price of all shares purchase for the Plan for that month. For each month that you have activity in your account, you will receive a Plan statement from Computershare showing the number of shares purchased and the associated cost basis of those shares.

The payment of a dividend is determined by our Board of Directors each quarter. Upon their approval, dividends are typically paid quarterly on the 5th day of January, April, July and October (or next business day if the 5th falls on a weekend or a holiday). If you wish to have your dividend reinvested into additional common stock, you may notify Computershare as follows:

Computershare Trust Company, N.A.
c/o Chesapeake Utilities Corporation
P.O. Box 30170, College Station, TX 77842-3170
Telephone: (877) 498-8865 (U.S. and Canada)
(781) 575-2879 (outside of the U.S. and Canada)
Internet: www.computershare.com/investor

To join, you can contact your local payroll department for the "Payroll Deduction Authorization Form". You may also go to the HR Gateway and select "Benefits & Employee Directory." Select the first item in the list, "Benefit Information," and at the bottom left side of the screen you will see the "Stock Purchase Plan" section, with a link to the "Payroll Deduction Authorization Form". Print the form, complete it and forward it on to Heidi Watkins (Investor Relations) in the Corporate Office. Your payroll deductions will start within approximately two weeks of returning the completed form. Changes and cancellations can be made by submitting an updates version of this form.

For further information on the DR/DSPP or if you have any questions regarding the Plan, please contact Heidi Watkins (Investor Relations), at (302) 734-6716 or **hwatkins@chpk.com.**

*For Officers, employees of Silver Lake and other designated employees who may have access to material non-public information based on their job function, there are set times when payroll deductions can and cannot be changed or stopped in conjunction with the Insider Trading Policy and the trading window. Please check with Heidi Watkins if you have any questions.

CHESAPEAKE UTILITIES CORPORATION

Employee Assistance Program

Life | Work Balance

As working professionals, we are faced with meeting both personal and professional commitments. At Chesapeake, we are aware of the many demands on our employees; after all, life is a balancing act. We are committed to fostering a productive and healthy workforce. We recognize the importance of life work balance and how it relates to your total health and well being.

Our wellness program provides tools and resources to help you achieve and maintain a healthy Life - Work balance.

Employee Assistance Program

Employee Assistance Program (EAP)
Life can present complex challenges. You and your family have access to simple solutions to help you cope with stress and life challenges through the Employee Assistance Program. Chesapeake offers two EAP services at no cost to you.

Wood & Associates' Employee Assistance Program offers confidential support at no-cost to you or your family members, regardless of benefit elections. The program includes emotional or work-life counseling with up to three face-to-face visits, financial information and resources, and legal support and resources.

Cigna's Life Assistance Program is a confidential, no-cost telephonic resource available to you and your family regardless of benefit elections. The program includes emotional or work-life counseling with up to three face-to-face visits, financial information and resources, and legal support and resources.

Emotional or Work-Life Counseling helps address stress, relationship or other personal issues you or your family members may face including: job pressures, stress, anxiety and depression, substance abuse, relationship/marital conflicts, work/school disagreements, and child/elder care referral services.

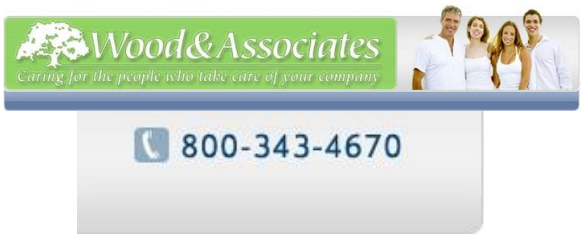
Financial Information and Resources provides support for the complicated financial decisions you or your family members may face. Speak by phone with a Certified Public Accountant and Certified Financial Planners on a wide range of financial issues including: managing a budget, getting out of debt, saving for college, retirement, and tax questions.

Legal Support and Resources offers assistance if legal uncertainties arise. Talk to an attorney by phone about the issues that are important to you or your family members including: debt and bankruptcy, buying a home, divorce, guardianship, and power of attorney.

Cigna®

Life Assistance Program
– 24/7 support

Phone: 800.538.3543
website: www.cignalap.com



Lifestyle Benefits

Tuition Reimbursement Plan

We are committed to the development of our employees and encourage employees to obtain a higher education related to job function. The Tuition Reimbursement plan is designed to help employees obtain additional education or a degree program to include Associate, Bachelor or Master to increase their competence in the present position and prepare for potential opportunities with Chesapeake.

This benefit applies to employees with at least six months of continuous employment. It requires an employee's performance level to be evaluated at "meets expectations" or higher at the time of request. Employees on a Performance Improvement Plan (PIP) are not eligible to participate. An employee who is placed on a PIP during the completion of a previously approved course will receive reimbursement for the course, and will be ineligible to apply for further reimbursement until performance level has met the minimum "meets expectations". If a Master's Degree is sought, Employee must be in good standing, and Exceed Expectations on Performance Rating.

Chesapeake will reimburse for Books, Tuition, and Registration Fees up to the limit of $5,250 per calendar year (non- taxable limit). Courses must be taken at an accredited post-secondary institution by Council for Higher Education Accreditation (CHEA) or Middle States Commission on Higher Education (DE, MD, & PA) or the commission on Colleges of the Southern Association of Colleges and Schools (FL, VA, GA, and TX). Any exception to schools that are not listed in the above accreditation bodies must have signed approval from AVP of Human Resources.

Under-Graduate Courses must have a grade of a "C" or better to be reimbursed for eligible expenses within the degree program. Graduate Courses must have a grade of a "B" or better to be reimbursed for eligible expenses within the degree program.

Employees must continue their service with the company for an additional 12 months after their last class or graduation. If an employee voluntarily leaves the company within 12 months of graduation or their last class, they must reimburse the Company 50% of all tuition expenses that were paid on their behalf for the preceding 12 months.

Cigna Healthy Rewards Program

REWARDING PEOPLE FOR TAKING CHARGE OF THEIR OWN HEALTH

Instead of waiting to get sick before seeing a doctor, consumers are taking preventive health measures. And they are looking past conventional medicine to a growing number of alternative treatments. Natural supplements, acupuncture, therapeutic massage and laser vision correction are just a few of them.

The Cigna Healthy Rewards®* program includes discount offers on many products, programs and services designed to help your employees and their household members enhance their health and wellness. The Healthy Rewards program provides access to discounted products and services that normally may not be covered by insurance, but can still be important components to maintaining physical, mental and emotional health.

Easy access

- **No referrals. No claim forms.** All your employees need to do is show their ID card when paying for services.
- **No time limit. No maximum.** The Healthy Rewards program helps save your employees money from day one by providing discounts whenever they use the program's participating providers.
- **Brand-name providers.** The Healthy Rewards program includes a nationwide network of brand-name and smaller, local participating providers. By offering Healthy Rewards you're making it easier for your employees to take care of themselves, and helping them save money on alternative services and products they value.

Alternative health choices

Includes discounts on:

- Weight management and nutrition
- Vision and hearing care
- Complementary and alternative medicine
- Fitness club memberships
- Health and wellness products

The Healthy Rewards program is an easy choice to make – with savings between 10%–40%,** your employees can choose from a wide network of conveniently located participating providers.

Talk with your Cigna representative to learn more.

Together, all the way.®

Cigna®

*Healthy Rewards is a discount program. **A discount program is NOT insurance, and the member must pay the entire discounted charge.** Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their products and services. These programs are not available under policies insured by Cigna Life Insurance Company of New York.

**Based on Cigna Healthy Rewards program range of discount offerings as of 06/2018. Subject to change.

TRAVEL PROTECTION WHEN YOU TRAVEL

Emergencies can happen while traveling, but help is only a phone call away with Cigna Secure Travel.

Cigna Secure Travel® offers pre-trip planning, assistance while traveling and emergency medical transportation benefits for covered persons traveling 100 miles or more from home (see your plan for details). Service is a phone call away, 24/7/365 – in an emergency you can even call collect.

PRE-TRIP PLANNING	TRAVELING ASSISTANCE	EMERGENCY ASSISTANCE*
› Immunization requirements › Visa and passport requirements › Embassy/consular referrals › Foreign exchange rates › Travel advisories and weather conditions › Cultural information	› 24-hour multilingual assistance and referral to interpretation and translation services › Referrals to physicians, dentists, medical facilities and legal assistance providers › Arrangements for payment of medical expenses up to $10,000 if required prior to treatment** › Assistance with lost or stolen items, including luggage and prescription replacement services** › Emergency cash advances, up to $1,500** › Advancement of bail**	› Emergency evacuation and repatriation, when medically necessary; arrange and cover the cost of transportation to the nearest adequate medical facility*** › Travel arrangements for the return of a travel companion or children under age 18 who are left unattended due to the covered person's medical emergency › Cover round-trip transportation as well as accommodations, up to $150 per day for up to seven days, for a family member or friend to visit a covered person who is hospitalized more than 100 miles away from home for more than seven days › Arrange and cover the costs associated with returning a deceased covered person's remains to his or her place of residence for burial › Emergency message relay, toll-free › Assistance with making emergency travel arrangements**

Cigna Secure Travel

From the United States and Canada, call 888.226.4567
From other locations, call collect 202.331.7635
Fax: 202.331.1528 Email: Cigna@gga-usa.com

Emergency services must be coordinated through Cigna Secure Travel®. Services coordinated outside of this program may not be eligible for payment.

Policyholder name: Chesapeake Utilities

Policy # _____ Group# 57

To learn more call 888.226.4567

* Emergency Assistance services may be insured under a group or blanket insurance policy issued by Life Insurance Company of North America or Cigna Life Insurance Company of New York. All other Cigna Secure Travel services are NOT insurance and do not provide reimbursement of expenses or financial losses. Expenses for medical care are not covered.

** Covered person is responsible for any advances, payments, travel-related or replacement costs and must provide confirmation of reimbursement. Credit card(s) used to guarantee reimbursement must have sufficient available limit to cover the amount of the advance.

*** Initial transport by ambulance following a covered medical emergency is excluded.

Together, all the way.®

Cigna®

Contact Information

	Service Provider	Contact Source	Details
Health Benefits	Highmark Delaware (Medical Insurance)	Member Services Pharmacy Benefits Pharmacy Mail Order (Express Scripts) AllClear ID Theft Website	(800) 633-2563 (800)314-9674 (800)903-6228 (855)229-0079 www.highmarkbcbsde.com
	Delta Dental (Dental Insurance)	Member Services Website	(800) 932-0783 www.deltadentalins.com
	EyeMed (Voluntary Vision Insurance)	Member Services Website	(866) 804-0982 www.eyemedvisioncare.com
	Employee Benefits Corporation (Flexible Spending Account (FSA) & Health Savings Account (HSA))	Member Services Website	(800) 346-2126 www.ebcflex.com
Disability /Life Insurance	Cigna (Basic Life and AD&D, Supplemental Life, Supplemental AD&D, STD & LTD)	Member Services Website	(866) 562-8421 www.cigna.com
FMLA	FMLASource (FMLA claims)	Member Services Website	(877) 462-3652 www.fmlasource.com
Retirement	Prudential (401(k))	Member Services Website	(877) 778-2100 www.prudential.com/online/retirement
	Computershare Trust Company, N.A. (Dividend Reinvestment & Direct Stock Purchase Plan)	Member Services Website	(877) 498-8865 www.computershare.com/investor
	Heidi Watkins (Investor Relations Administrator)	Phone Number E-mail Address	(302) 734-6716 hwatkins@chpk.com
Employee Assistance	Cigna (Employee Assistance Program)	Member Services Website	(800) 538-3543 www.cignalap.com
	Wood & Associates (Employee Assistance Program)	Member Services Website E-mail Address	(800) 343-4670 www.woodassociates.net woodandassociates@woodassociates.net
Human Resource Team	Ruth Warner (Director, Human Resources Operations)	Phone Number E-mail Address	(302) 213-7301 rwarner@chpk.co
	Amanda McKinney (Benefits Specialist)	Phone Number E-mail Address	(302) 943-3681 amckinney@chpk.com
	Julie St. Clair (HR Business Partner)	Phone Number E-mail Address	(561) 723-3443 jstclair@chpk.com
	Tina Barrington (HR Business Partner)	Phone Number E-mail Address	(904) 430-4731 tbarrington@chpk.com
	Meredith Sebastian (HR Business Partner)	Phone Number E-mail Address	(302) 736-7649 msebastian@chpk.com
	Shaun Waller (HR Business Partner)	Phone Number E-mail Address	(302) 316-7035 swaller@chpk.com
	Lacey Priestly (HR Business Partner)	Phone Number E-mail Address	302-736-7875 lpriestley@chpk.com

Annual Disclosures

HIPAA Special Enrollment Rights – If you are declining enrollment for yourself and your dependents (including your spouse) because of other health insurance or group health coverage, 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 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 health 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, contact Human Resources.

Section 111 – Effective January 1, 2009 Group Health Plans are required by Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. The mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help establish who pays first. The mandate requires Group Health Plans to collect additional information, more specifically Social Security Numbers for all enrollees, including dependents six months of age or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

Women's Health and Cancer Rights Act of 1998 – 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
- 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.

The Newborn's and Mother's Health Protection Act **-** Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not more than 48 hours (or 96 hours).

Annual Disclosures

Patient Protection: If the 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 the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the carrier 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 the 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, or for information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator or refer to the carrier website.

It is your responsibility to ensure that the information provided on your application for coverage is accurate and complete. Any omissions or incorrect statements made by you on your application may invalidate your coverage. The carrier has the right to rescind coverage on the basis of fraud or misrepresentation.

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, 2020. Contact your State for more information on eligibility .

Annual Disclosures

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: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS - Medicaid

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

CALIFORNIA – Medicaid

Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone: 1-800-541-5555

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://www.colorado.gov/pacific/hcpf/child-health- plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711

FLORIDA - Medicaid

Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-877-357-3268

GEORGIA - Medicaid

Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext 2131

INDIANA - Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: http://www.indianamedicaid.com
Phone 1-800-403-0864

IOWA - Medicaid

Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563

KANSAS - Medicaid

Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884

KENTUCKY - Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA - Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE - Medicaid

Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS - Medicaid and CHIP

Website:
http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-862-4840

MINNESOTA - Medicaid

Website:
https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and- services/medical-assistance.jsp [Under ELIGIBILITY tab, see "what if I have other health insurance?"]
Phone: 1-800-657-3739

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

NEBRASKA - Medicaid

Website: http://www.ACCESSNebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA - Medicaid

Medicaid Website: https://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE - Medicaid

Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852- 3345, ext 5218

NEW JERSEY - Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

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

Annual Disclosures

NORTH DAKOTA - Medicaid

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA - Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON - Medicaid

Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA - Medicaid

Website:
http://www.dhs.pa.gov/provider/medicalassistance/he althinsur-ancepremiumpaymenthippprogram/index.ht m
Phone: 1-800-692-7462

RHODE ISLAND- Medicaid and CHIP

Website:
http://www.eohhs.ri.gov/
Phone: 855-697-4347, or 401-462-0311 (Direct Rite 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: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH - Medicaid and CHIP

Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT - Medicaid

Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA - Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON - Medicaid

Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA - Medicaid

Website: http://mywvhipp.com/
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN - Medicaid and CHIP

Website:
https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WYOMING - Medicaid

Website: https://health.wyo.gov/healthcarefin/medicaid/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2020, 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

Medicare D Notice

Important Notice from Chesapeake Utilities Corporation (CUC) 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 CUC 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 a 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. **CUC has determined that the prescription drug coverage offered by Highmark Blue Cross Blue Shield Delaware 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 through 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 CUC coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current CUC 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 CUC 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.

Medicare D Notice

Important Notice from Chesapeake Utilities Corporation (CUC) About Your Prescription Drug Coverage and Medicare (continued)

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 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through CUC 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**

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for the telephone numbers) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

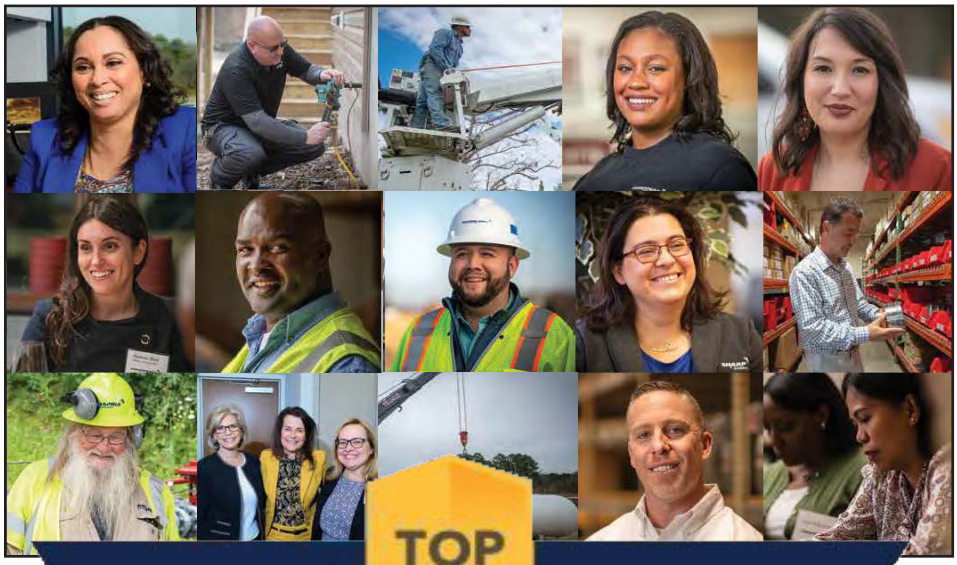
If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	January 1, 2021
Name of Entity/Sender:	Chesapeake Utilities Corporation
Office:	Human Resources
Address:	909 Silver Lake Boulevard Dover, Delaware 19904

Notes

The information in this guide is a summary of the benefits available to you and should not be intended to take the place of t he official carriers' Member Certificates or our plan's Summary Plan Descriptions (SPD). This guide contains a general description of the benefits to which you and your eligible dependents may be entitled as a full-time employee. This guide does not change or otherwise interpret the terms of the official plan documents. To the extent that any of the information contained in this guide is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases and the plan documents and carrier certificates will prevail.

Chesapeake Utilities Corporation reserves the right, in its sole and absolute discretion, to amend, modify or terminate, in whole or in part, any or all of the provisions of the benefit plans.



9 YEARS TOP WORK PLACES IN A ROW

PROUD TO BE NAMED A TOP WORKPLACE

CHESAPEAKE UTILITIES CORPORATION