# Simply Southern

# Guía de beneficios para empleados 2023-2024

**Proporcionado por: Marsh & McLennan Agency, LLC**

MARSH & McLENNAN AGENCY

simply southern® COLLECTION

# CONTENIDO

# ¡BIENVENIDO A SU INSCRIPCIÓN ABIERTA!

Nuestra Guía de Beneficios 2023-2024 le proporciona una descripción general del paquete de beneficios completo y gratificante que ofrece Simply Southern. Valoramos su servicio como empleado y nuestros beneficios competitivos son una forma de agradecerle por todo lo que aporta a nuestro equipo. Estamos orgullosos de ofrecerle un programa de beneficios diseñado para proteger la salud y la seguridad financiera de usted y su familia.

### Obtenga Ayuda Para Hacer Sus Elecciones de Beneficios

Si se está inscribiendo en beneficios con Simply Southern por la primera vez o está pensando en cambiar sus elecciones actuales, estamos aquí para ayudarle. Comuníquese con Recursos Humanos sobre cualquier pregunta que tenga.

# PUNTOS DESTACADOS PARA 2023-2024

Simply Southern evalúa cuidadosamente nuestras ofertas de beneficios para empleados cada año para garantizar que les proporcionamos a nuestros empleados un programa competitivo. Estos son los siguientes cambios para el 2023-2024:

- No hay cambios en las primas de seguro!
- No hay cambios en sus compañías de seguros!

# VÍDEO DE BENEFICIOS 2023-2024

Para ver una breve revisión en video de las ofertas de beneficios de su empresa, escanee el código QR:

# ELEGIBILIDAD E INSCRIPCIÓN

## Criterios de elegibilidad

Si usted es un empleado a tiempo completo y trabaja 30 horas o más por semana, puede inscribirse en los beneficios descritos en esta guía. Los dependientes elegibles pueden inscribirse en la cobertura médica, dental y oftalmológica. Los dependientes elegibles incluyen a las siguientes personas:

- Su cónyuge legal.
- Hijos dependientes hasta los 26 años de edad.
- Hijos solteros de más de 26 años que no pueden mantenerse a sí mismos.

## Cómo inscribirse

1. Revise sus elecciones de beneficios actuales. Verifique su información personal y realice los cambios necesarios.
2. Evalúe las opciones del plan y haga sus elecciones de beneficios en Workforce Go o la aplicación móvil HCMToGo, disponible en la tienda de Apple App o Google Play.
3. Haga todas sus selecciones antes del 12 de mayo.

## Cúando inscribirse o hacer cambios

Durante la inscripción abierta o con un cambio de vida calificado, se pueden hacer o elegir varios cambios. Simply Southern proporciona automáticamente otros beneficios.

| | Inscripción Abierta o Cambio Calificativo* | No Necesita Acción |
|---|---|---|
| Médico & Prescripciones | ● | |
| Odontología | ● | |
| Oftalmología | ● | |
| Discapacidad a largo plazo | | ● |
| Discapacidad a corto plazo | | ● |
| Seguro de vida básico y AD&D | | ● |
| Seguro de vida voluntario y AD&D | ● | |

**La inscripción abierta es desde el 1 de mayo al 12 de mayo y las elecciones se realizarán el 1 de junio del 2023**

*Un Cambio Calificativo de su estatus incluye: matrimonio, divorcio, separación legal, nacimiento o adopción de un niño, cambio en el estado de dependencia del niño, muerte del cónyuge, hijo u otro dependiente calificado, cambio de residencia, inicio o terminación de los procedimientos de adopción, cambio en el estado de empleo o cambio en la cobertura bajo otro plan patrocinado por el empleador.

# COBERTURA MÉDICA Y FARMACÉUTICA

Simply Southern ofrece 2 planes médicos de Blue Cross Blue Shield de Carolina del Norte para que los empleados elijan. Ambos planes incluyen cobertura médica integral y beneficios de medicamentos recetados. Tiene la flexibilidad de elegir el médico que desee, pero pagará menos de su bolsillo cuando visite a un proveedor de la red.

**Cosas a considerar al elegir un plan:**

- **¿Cuánto gasté el año pasado para atención médica?** Considere sus primas y gastos de bolsillo.
  → Elija un plan con límites que se ajusten a su presupuesto

- **¿Tengo eventos médicos importantes este año?** Esto puede incluir procedimientos médicos conocidos o eventos de vida como nacimiento de un hijo.
  → Compare los beneficios hospitalarios además de cuánto pagará en las primas del plan

## Plan de Deducible Alto (HDHP)

Este es un plan de salud con deducible alto que se combina con una cuenta de ahorros de salud (HSA) con ventajas impositivas. Con este plan, pagará una tarifa negociada por las visitas al médico y las recetas; llame a su médico con anticipación para ver cuánto cobran. Cada uno de estos costos satisfacen su deducible. Una vez que se haya alcanzado su deducible, el plan paga un coaseguro del 90% para los servicios siguientes.

Para ayudarle a pagar los costos del bolsillo, puede contribuir su dinero a una HSA antes de que se calculen los impuestos. **Su empleador también contribuye a su HSA.**

Dado que pagará más de su bolsillo al médico con este plan, pagará una prima más baja de su cheque de pago para inscribírselo.

## Plan PPO

Con este plan, pagará copagos, una cantidad estándar en dólares, por visitas al médico y recetas. Este plan paga un coaseguro del 70% después de que se haya alcanzado su deducible para servicios más graves, como quedarse en el hospital o cirugía.

A cambio de costos de bolsillo más bajos y copagos en la oficina del médico, pagará una prima más alta de su cheque de pago para inscribirse en este plan.

## Comparación de planes médicos dentro de la red

| | HDHP | Plan PPO |
|---|---|---|
| **Deducible**<br>Individual<br>Miembro de Familia<br>Familiar | <br>$5,000<br>$5,000<br>$10,000 | <br>$5,000<br>N/A<br>$10,000 |
| **Valor máximo de gasto imprevisto**<br>Individual<br>Miembro de Familia<br>Familiar | <br>$7,500<br>$7,500<br>$15,000 | <br>$9,100<br>NA<br>$18,200 |
| **Atención médica preventiva** | 0% (sin copago) | 0% (sin copago) |
| **Atención médica primaria** | 10 % después del deducible | Copago de $35 |
| **Especialista** | 10 % después del deducible | Copago de $70 |
| **Telemedicina** | Hasta $45 | Copago de $10 |
| **Hospitalización** | 10 % después del deducible | 30% después del Deducible |
| **Atención de emergencia** | 10 % después del deducible | Copago de $70 |
| **Sala de urgencias** | 10 % después del deducible | Copago de $500 |
| **Medicamentos recetados**<br>Nivel 1<br>Nivel 2<br>Nivel 3<br>Nivel 4<br>Nivel 5 | <br>10 % después del deducible | <br>Copago de $15<br>Copago de $25<br>Copago de $45<br>Copago de $85<br>25% hasta $200 |

** Beneficios fuera de la red disponibles; mire su resumen de beneficios para más detalles.*
*** Los empleados que vivan fuera del estado de Carolina del Norte deben asegurarse de que sus proveedores médicos aseguren las aprobaciones previas adecuadas, según lo descrito en la parte posterior de la tarjeta de identificación del beneficio.*
**** Los porcentajes mostrados son los que usted es responsable de pagar.*

### Consejos para reducir los costos:

- Elija proveedores dentro de la red
- Aproveche los servicios de atención preventiva
- Solicite prescripciones genéricas
- Utilice proveedores de atención de urgencia en lugar de salas de urgencias

## Cuenta de ahorros de salud

Si se inscribe en el plan con Deducible Alto (HDHP), usted puede abrir una Cuenta de Ahorros de Salud (HSA) con la compañía que se llama Health Equity para ayudarle pagar los gastos médicos elegibles.

**Simply Southern igualará su contribución HSA dólar por dólar hasta $500 con una contribución máxima de $100 por período de pago.**

### → ¿Qué es una HSA?

Una HSA es una cuenta de depósito que puede usar para pagar los gastos médicos calificados actuales y futuros, libres de impuestos. El dinero en su HSA genera intereses y puede invertirse para ayudarle a generar fondos más rápido.

### → ¿Quién es elegible para abrir una HSA?

Para abrir una HSA, debe estar inscrito en el plan HDHP. No puede ser dependiente de la declaración de impuestos de otra persona, estar inscrito en Medicare si tiene más de 65 años o haber recibido beneficios médicos de Asuntos de Veteranos en cualquier momento durante los últimos tres meses.

### → ¿Cuál es el beneficio fiscal asociado con una HSA?

El dinero que contribuye a su HSA es deducible de impuestos y puede usarse para gastos para usted y sus dependientes. Puede maximizar sus ahorros impositivos contribuyendo hasta el monto máximo anual permitido por el Servicio de Impuestos Internos (IRS). Su saldo de HSA más las ganancias de inversión se transfieren de un año a otro, sin impuestos.

**Además, sus fondos de la HSA son suyos, incluso si cambia de plan de salud, de trabajo o se jubila.**

| Límites de HSA del 2023 | Simply Southern Contribuye | Su Contribución Máxima | Total para el 2023 |
|---|---|---|---|
| Individual | Hasta $500 | $3,350 | $3,850 |
| Familiar | Hasta $500 | $7,250 | $7,750 |
| Adicional – 55 o mayor | No corresponde | $1,000 | $1,000 |

### → ¿Qué son los gastos médicos calificados?

El IRS mantiene una lista de todos los gastos médicos elegibles, los gastos calificados comunes incluyen:

- Acupuntura
- Servicios de ambulancia
- Tratamiento dental
- Lentes de contacto
- Cargos del Médico
- Audífonos

Vea la lista completa de gastos calificados en: https://www.irs.gov

# COBERTURA DENTAL

Simply Southern ofrece cobertura dental a través de Blue Cross Blue Shield de Carolina del Norte. Nuestro plan le permite a usted y a sus dependientes visitar
al dentista de su elección. El plan cubre los servicios preventivos en un 100 % y los otros servicios están cubiertos con coseguro. Si es nuevo en el plan dental, se aplica un período de espera de 6 meses a los servicios básicos y un período de espera de
12 meses a los servicios complejos y de ortodoncia. El período de espera comienza en el primer día de cobertura
en virtud del plan dental. Consulte una descripción general de la cobertura a continuación y vea todos los detalles en el resumen de beneficios odontológicos.

**Encuentre un dentista**

Visite www.bluecrossnc.com para una lista de proveedores cercanos a usted

| Servicios | Remuneraciones |
|---|---|
| **Deducible**<br>Se aplica a servicios preventivos, básicos y principales | $100 |
| **Servicios preventivos**<br>Exámenes, limpiezas, radiografías, sellantes y tratamiento de flúor | 100% después del Deducible |
| **Servicios básicos**<br>Tapaduras y extracciones simples | 80% después del Deducible |
| **Servicios complejos**<br>Cirugía oral, tratamientos de conducto, coronas, puentes | 50% después del Deducible |
| **Límite máximo anual** | $1,000 |
| **Ser[illegible]ios d[illegible]os hasta los 18 años)** | Cobertura de un 50%<br>Hasta un máximo de $1,000 de por vida |

# COBERTURA OFTALMOLÓGICA

Simply Southern ofrece la oportunidad de inscribirse en un plan de seguro de visión a través de Blue Cross Blue Shield de Carolina del Norte. Nuestro plan oftalmológico cubre exámenes de la vista y ayuda a compensar el costo de lentes correctivos. A continuación, se proporciona una descripción general del plan; consulte su resumen de beneficios para obtener detalles completos.

### Encuentre un oftalmólogo

Visite www.eyemedvisioncare.com/bcbsnc para una lista de proveedores cercanos a usted

| Servicios | Remuneraciones | Frecuencia |
|---|---|---|
| **Examen oftalmológico** | Copago de $20 | Una vez cada 12 meses |
| **Lentes** | Copago de $25 | Una vez cada 12 meses |
| **Marcos** | $150 asignación + 20% descuento sobre la cantidad que excede la asignación | Una vez cada 12 meses |
| **Lentes de contacto** | $150 asignación + 15% descuento sobre la cantidad que excede la asignación | Una vez cada 12 meses |

# LAS CONTRIBUCIONES DEL EMPLEADO 2023-2024

Su prima para los planes elegidos se deducirá antes de impuestos de cada cheque de pago.

## Cobertura médica

| Prima quincenal para empleado | | | | |
|---|---|---|---|---|
| | **Solo empleado** | **Empleado & Cónyuge** | **Empleado e hijos** | **Empleado y familia** |
| **HDHP** | $0.00 | $52.11 | $76.33 | $133.18 |
| **Plan PPO** | $37.07 | $122.64 | $143.91 | $209.74 |

## Cobertura dental

| Prima quincenal para empleado | | | | |
|---|---|---|---|---|
| | **Solo empleado** | **Empleado & Cónyuge** | **Empleado e hijos** | **Empleado y familia** |
| **BCBSNC** | $14.24 | $28.48 | $34.15 | $51.54 |

## Cobertura oftalmológica

| Prima quincenal para empleado | | | | |
|---|---|---|---|---|
| | **Solo empleado** | **Empleado & Cónyuge** | **Empleado e hijos** | **Empleado y familia** |
| **BCBSNC** | $4.08 | $7.76 | $8.17 | $12.01 |

### Términos Importantes

- Una **prima** es la cantidad que paga de su cheque de pago por cobertura de seguro
- Un **deducible** es la cantidad que usted paga antes que el seguro le ayuda pagar su parte
- Un **copago** es la cantidad que paga para servicios medicales o medicamentos recetados cada vez que necesita
- **Coaseguro** es el porcentaje que paga después de satisfacer el deducible hasta alcanza el desembolso máximo
- El **desembolso máximo** es el monto máximo que va a pagar durante el año para todos sus tratamientos médicos incluso sus copagos, coaseguro y deducible

# SEGURO DE VIDA Y DISCAPACIDAD

Simply Southern se compromete a proporcionar un programa integral de beneficios. Como parte de su paquete de beneficios, el seguro de vida básico y los beneficios de ingresos por discapacidad se le proporcionan sin costo a usted. También nos complace ofrecer cobertura voluntaria de vida y AD&D este año a fin de ofrecerle cobertura adicional a usted y su familia.

## Seguro de vida básico y AD&D

Los empleados están cubiertos automáticamente con un seguro básico de vida y AD&D de $25,000. Los beneficios de este plan se reducen por 35% a los 65 años y 50% adicional a los 70.

Asegúrese de que Recursos Humos tenga su beneficiario designado para este plan.

## Seguro de vida voluntario y AD&D

Nos complace ofrecer el seguro de vida complementario y de AD&D para usted y sus dependientes. Los empleados pagan el costo total de este plan; las primas se descontarán de su sueldo. Ingrese a Workforce Go para ver los montos de las primas.

**Cobertura del empleado**

- Elija incrementos de $10,000 en la cobertura hasta un máximo de $500,000.
- El beneficio mínimo es de $10,000
- Los empleados pueden elegir hasta $150,000 sobre una base de emisión garantizada para este año de plan

| Tramo de edad | Ejemplo de costo mensual solo para empleados | |
|---|---|---|
| | Beneficio de $50,000 | Beneficio de $150,000 |
| 29 años o menos | $4.90 | $14.70 |
| 30-34 | $5.55 | $16.65 |
| 35-39 | $8.10 | $24.30 |
| 40-44 | $11.65 | $34.95 |
| 45-49 | $17.25 | $51.75 |
| 50-54 | $27.60 | $82.80 |
| 55-59 | $43.75 | $131.25 |
| 60-64 | $66.20 | $198.60 |
| 65-69 | $111.75 | $335.25 |
| Mayor de 70 | $200.10 | $600.30 |

Los empleados que se inscriben en el plan voluntario también pueden elegir la cobertura para sus dependientes con los siguientes montos:

**Cobertura para cónyuges**

- Elija incrementos de $5,000 en la cobertura hasta un máximo de $200,000.
- La cobertura no puede ser mayor que el beneficio del empleado.
- El beneficio mínimo es de $5,000
- Se pueden elegir hasta $30,000 sobre una base de emisión garantizada

**Cobertura para niños**

- De 0 a 13 días de edad: Beneficio fijo de $1,000
- De 14 días a 19 años (26 si es estudiante): Beneficio fijo de $10,000

## Seguro de discapacidad

Si no puede trabajar debido a una enfermedad o lesión que no esté relacionada con el trabajo, la cobertura por discapacidad actúa como reemplazo de ingresos para protegerlo a usted y a su familia de dificultades económicas graves.

**Discapacidad a Corto Plazo (STD)**

Administrado por Principal, la cobertura de incapacidad a corto plazo paga 60% de su sueldo semanal hasta 25 semanas, después de un periodo de espera de 7 días.

| Plan para discapacidad a corto plazo | |
|---|---|
| Comienzo de los beneficios | Después de 7 días (accidente o enfermedad) |
| Duración/beneficios pagaderos | Hasta 25 semanas |
| Porcentaje de ingresos reemplazados | 60% |
| Beneficio máximo | $1,500 por semana |

**Discapacidad a Largo Plazo (LTD)**

También administrado por Principal, la cobertura de incapacidad a largo plazo paga 60% de su ingreso mensual hasta la edad normal de jubilación por Seguridad Social después de un periodo de espera de 180 días

| Plan para discapacidad a largo plazo | |
|---|---|
| Comienzo de los beneficios | Después de 180 días |
| Duración/beneficios pagaderos | Hasta la edad normal de jubilación por Seguridad Social |
| Porcentaje de ingresos reemplazados | 60% |
| Beneficio máximo | $7,000 por mes |

### Términos importantes

- El monto de **emisión garantizada** es el monto mínimo que pagará una póliza en la reclamación de una persona asegurada, independientemente del estado de salud
- La **evidencia de asegurabilidad** es un proceso de solicitud que detalla la condición de salud que se requiere para ciertos tipos de cobertura de seguros
- Un plan de seguro que es **bajo titularidad** le da al asegurado el derecho de conservar su cobertura si cambia de empleador

## Programas de asistencia al empleado

El Programa de asistencia al empleados (EAP) ofrece recursos confidenciales y servicios de referencia a través de Magellan Health. Le proporcionamos este programa sin costo.

El EAP le proporciona asistencia a usted y a sus dependientes en una variedad de problemas, entre los que se incluyen:

- Asesoramiento de relaciones
- Asesoramiento financiero y legal
- Recursos de equilibrio entre el trabajo y la vida personal
- Asistencia en línea con el cuidado de adultos mayores, cuidado infantil y otros recursos para la vida familiar
- Consultas telefónicas 24/7 con profesionales de la salud mental y referencias a recursos de apoyo
- Sesiones de entrenamiento personal continuas con citas telefónicas programadas
- Centro de descuentos LifeMart, con ahorros en una variedad de productos y servicios
- Autoevaluaciones para identificar problemas de estrés, depresión o uso de sustancias
- Artículos de salud y bienestar, guías, seminarios web, podcasts y calculadoras

Los empleados o los miembros de su hogar pueden aprovechar este recurso con plena confianza de que toda la información que compartan con Principal se mantendrá confidencial. Para obtener más información, visite http://www.magellanhealth.com/member (nombre: “Principal Core”) o llame al 800-662-4504.

# INFORMACIÓN DE CONTACTO

| Remuneraciones | Proveedor | Teléfono | Sitio web |
|---|---|---|---|
| Medicina y farmacia | BCBSNC | 888-206-4697 | www.bluecrossnc.com |
| Odontología | BCBSNC | 888-471-2738 | www.bluecrossnc.com |
| Oftalmología | BCBSNC | 855-400-3641 | www.eyemedvisioncare.com/bcbsnc |
| Cuenta de ahorros para la salud | Health Equity | 866-346-5800 | www.healthequity.com |
| Seguro de vida básico y AD&D<br>Seguro de vida voluntario<br>Cobertura por discapacidad a corto plazo<br>Cobertura por discapacidad a largo plazo | Principal | 800-986-3343 | www.principal.com |
| Programa de Asistencia al Empleado | Magellan | 800-662-4504 | www.magellanhealth.com/member |

# PREGUNTAS FRECUENTES

1. ¿Qué cambios puedo hacer efectivos el 1 junio del 2023?
    - Elegir o cambiar su cobertura, o la de los dependientes para seguro médico, dental y visión.
    - Agregue el nuevo plan de seguro de vida voluntario para usted y sus dependientes

2. ¿Dónde hago mis elecciones del plan?
    - Se puede inscribirse en Workforce Go o la aplicación móvil HCMToGo, disponible en la tiende de Apple App o Google Play.

3. ¿Con quién puedo hablar con preguntas?
    - Si tiene alguna pregunta, comuníquese con Recursos Humanos enviando un correo electrónico a HR@simplysouthern.com

*La información incluida en esta Guía de inscripción se presenta con fines ilustrativos y se basa en la información proporcionada por el empleador. El texto incluido en esta Guía fue tomado de diversas descripciones de planes e información sobre beneficios. Si bien se tomaron todas las precauciones necesarias para brindar información precisa sobre los beneficios, siempre es posible que existan discrepancias o errores. En caso de discrepancias entre la Guía y los documentos reales del plan, dichos documentos prevalecerán. Toda la información es confidencial, de conformidad con la Ley de Responsabilidad y Portabilidad del Seguro Médico de 1996. Si tiene alguna pregunta acerca de esta Guía, comuníquese con el Departamento de Recursos Humanos.*

# Health and Welfare Benefits Annual Notices

Enclosed is a packet of notices and disclosures that pertain to your employer-sponsored health and welfare plans, as required by federal law for the 2023-2024 plan year.

Enclosures:

- Medicare Part D Creditable Coverage Notice
- HIPAA Special Enrollment Rights Notice
- HIPAA Notice of Privacy Practices
- Children's Health Insurance Program (CHIP) Notice
- Women's Health and Cancer Rights Act (WHCRA) Notice
- Newborns' Mothers Health Protection Act (NMHPA) Notice
- General Notice of COBRA Continuation Rights

**Simply Southern** will herein be referred to as "Employer"

**BCBSNC HDHP and PPO Plans** will herein be referred to as "Medical Plan(s)"

**Human Resources** will herein be referred to as "Plan Administrator"

You can contact your Plan Administrator at HR@simplysouthern.com.

*The attached legal notices packet includes certain legal notices applicable to most employers that offer health and welfare benefit plans. We have prepared this packet for you based on our knowledge of your benefits as our client and our understanding of the notices requirements as a broker in the insurance industry and not as legal or tax advice. These notices may require certain modifications to fit your exact circumstances in order to fulfill your legal obligations. There may also be other legal notices applicable to you that are not included within this packet. We recommend you review these notices with your legal counsel prior to distributing them to your employees and plan participants, and we are happy to assist you and/or your legal counsel with this review process.*

## IMPORTANT NOTICE FROM YOUR EMPLOYER 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 your Employer 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. Your employer has determined that the prescription drug coverage offered by the Medical 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.

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### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan while enrolled in the Employer's coverage as an active employee, please note that your Employer coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits may be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in your Employer's coverage as a former employee.

You may also choose to drop your Employer's coverage. If you do decide to join a Medicare drug plan and drop your current Employer's coverage, be aware that you and your dependents may not be able to get this coverage back.

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

If you decide to join a Medicare drug plan while enrolled in the Employer's coverage as an active employee, please note that your Employer coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits may be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in your Employer's coverage as a former employee.

You may also choose to drop your Employer's coverage. If you do decide to join a Medicare drug plan and drop your current Employer's 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?

Since the coverage under the Medical Plan(s) is not creditable you may pay a penalty to join a Medicare drug plan depending on how long you go without creditable prescription drug coverage. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (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 will 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 your Employer 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 their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Date: [06/01/2023]

## 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, 2022. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | CALIFORNIA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br><br>Phone: 1-855-692-5447 | Website:<br><br>Health Insurance Premium Payment (HIPP) Program<br><br>http://dhcs.ca.gov/hipp<br><br>Phone: 916-445-8322 |

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|---|---|
| | Fax: 916-440-5676<br><br>Email: hipp@dhcs.ca.gov |
| **ALASKA – Medicaid** | **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** |
| The AK Health Insurance Premium Payment Program<br><br>Website: http://myakhipp.com/<br><br>Phone: 1-866-251-4861<br><br>Email: CustomerService@MyAKHIPP.com<br><br>Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx | Health First Colorado Website: https://www.healthfirstcolorado.com/<br><br>Health First Colorado Member Contact Center:<br><br>1-800-221-3943/ State Relay 711<br><br>CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus<br><br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br><br>Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program<br>HIBI Customer Service: 1-855-692-6442 |
| **ARKANSAS – Medicaid** | **FLORIDA – Medicaid** |
| Website: http://myarhipp.com/<br><br>Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br><br>Phone: 1-877-357-3268 |
| **GEORGIA – Medicaid** | **MASSACHUSETTS – Medicaid and CHIP** |
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br><br>Phone: 678-564-1162, Press 1<br><br>GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra<br><br>Phone: (678) 564-1162, Press 2 | Website: https://www.mass.gov/masshealth/pa<br><br>Phone: 1-800-862-4840<br><br>TTY: (617) 886-8102 |
| **INDIANA – Medicaid** | **MINNESOTA – Medicaid** |

| | |
|---|---|
| Healthy Indiana Plan for low-income adults 19-64<br><br>Website: http://www.in.gov/fssa/hip/<br><br>Phone: 1-877-438-4479<br><br>All other Medicaid<br><br>Website: https://www.in.gov/medicaid/<br><br>Phone 1-800-457-4584 | Website:<br><br>https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br><br>Phone: 1-800-657-3739 |
| **IOWA – Medicaid and CHIP (Hawki)** | **MISSOURI – Medicaid** |
| Medicaid Website:<br><br>https://dhs.iowa.gov/ime/members<br>Medicaid Phone: 1-800-338-8366<br><br>Hawki Website:<br><br>http://dhs.iowa.gov/Hawki<br><br>Hawki Phone: 1-800-257-8563<br><br>HIPP Website:<br>https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp<br><br>HIPP Phone: 1-888-346-9562 | Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br><br>Phone: 573-751-2005 |
| **KANSAS – Medicaid** | **MONTANA – Medicaid** |
| Website: https://www.kancare.ks.gov/<br><br>Phone: 1-800-792-4884 | Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br><br>Phone: 1-800-694-3084<br><br>Email: HHSHIPPProgram@mt.gov |
| **KENTUCKY – Medicaid** | **NEBRASKA – Medicaid** |

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|---|---|
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br><br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br><br>Phone: 1-855-459-6328<br><br>Email: KIHIPP.PROGRAM@ky.gov<br><br>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx<br><br>Phone: 1-877-524-4718<br><br>Kentucky Medicaid Website: https://chfs.ky.gov | Website: http://www.ACCESSNebraska.ne.gov<br><br>Phone: 1-855-632-7633<br><br>Lincoln: 402-473-7000<br><br>Omaha: 402-595-1178 |
| **LOUISIANA – Medicaid** | **NEVADA – Medicaid** |
| Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br><br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) | Medicaid Website: http://dhcfp.nv.gov<br><br>Medicaid Phone: 1-800-992-0900 |
| **MAINE – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms<br><br>Phone: 1-800-442-6003<br><br>TTY: Maine relay 711<br><br>Private Health Insurance Premium Webpage:<br><br>https://www.maine.gov/dhhs/ofi/applications-forms<br><br>Phone: -800-977-6740.<br><br>TTY: Maine relay 711 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program<br><br>Phone: 603-271-5218<br><br>Toll free number for the HIPP program: 1-800-852-3345, ext 5218 |
| **NEW JERSEY – Medicaid and CHIP** | **SOUTH DAKOTA - Medicaid** |
| Medicaid Website:<br><br>http://www.state.nj.us/humanservices/<br><br>dmahs/clients/medicaid/<br><br>Medicaid Phone: 609-631-2392 | Website: http://dss.sd.gov<br><br>Phone: 1-888-828-0059 |

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|---|---|
| CHIP Website: http://www.njfamilycare.org/index.html<br><br>CHIP Phone: 1-800-701-0710 | |
| **NEW YORK – Medicaid** | **TEXAS – Medicaid** |
| Website:<br>https://www.health.ny.gov/health_care/medicaid/<br><br>Phone: 1-800-541-2831 | Website: http://gethipptexas.com/<br><br>Phone: 1-800-440-0493 |
| **NORTH CAROLINA – Medicaid** | **UTAH – Medicaid and CHIP** |
| Website: https://medicaid.ncdhhs.gov/<br><br>Phone: 919-855-4100 | Medicaid Website: https://medicaid.utah.gov/<br><br>CHIP Website: http://health.utah.gov/chip<br><br>Phone: 1-877-543-7669 |
| **NORTH DAKOTA – Medicaid** | **VERMONT– Medicaid** |
| Website:<br>http://www.nd.gov/dhs/services/medicalserv/medicaid/<br><br>Phone: 1-844-854-4825 | Website: http://www.greenmountaincare.org/<br><br>Phone: 1-800-250-8427 |
| **OKLAHOMA – Medicaid and CHIP** | **VIRGINIA – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org<br><br>Phone: 1-888-365-3742 | Website: https://www.coverva.org/en/famis-select<br><br>https://www.coverva.org/en/hipp<br><br>Medicaid Phone: 1-800-432-5924<br><br>CHIP Phone: 1-800-432-5924 |
| **OREGON – Medicaid** | **WASHINGTON – Medicaid** |
| Website:<br>http://healthcare.oregon.gov/Pages/index.aspx<br><br>http://www.oregonhealthcare.gov/index-es.html<br><br>Phone: 1-800-699-9075 | Website: https://www.hca.wa.gov/<br><br>Phone: 1-800-562-3022 |
| **PENNSYLVANIA – Medicaid** | **WEST VIRGINIA – Medicaid and CHIP** |

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|---|---|
| Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx<br><br>Phone: 1-800-692-7462 | Website: https://dhhr.wv.gov/bms/<br><br>http://mywvhipp.com/<br><br>Medicaid Phone: 304-558-1700<br><br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **RHODE ISLAND – Medicaid and CHIP** | **WISCONSIN – Medicaid and CHIP** |
| Website: http://www.eohhs.ri.gov/<br><br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) | Website:<br><br>https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br><br>Phone: 1-800-362-3002 |
| **SOUTH CAROLINA – Medicaid** | **WYOMING – Medicaid** |
| Website: https://www.scdhhs.gov<br><br>Phone: 1-888-549-0820 | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br><br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

**www.dol.gov/agencies/ebsa**

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

**www.cms.hhs.gov**

1-877-267-2323, Menu Option 4, Ext. 61565

## PAPERWORK REDUCTION ACT STATEMENT

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)

## HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

If you are declining enrollment in your Employer's group health coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan 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 other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

## HIPAA NOTICE OF AVAILABILITY OF NOTICE OF PRIVACY PRACTICES

The Employer's Group Health Plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact your Plan Administrator.

## WOMEN'S HEALTH CANCER RIGHTS ACT (WHCRA) NOTICE

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a 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. If you would like more information on WHCRA benefits, contact your plan administrator.

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA) NOTICE

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 vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## HIPAA NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Employer sponsors certain group health plan(s) (collectively, the "Plan" or "We") to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the "Notice") describes the legal obligations of the Employer, the Plan and your legal rights regarding your protected health information held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

(1) your past, present or future physical or mental health or condition;
(2) the provision of health care to you; or
(3) the past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully-insured group health plans offered by they Employer, you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

### Contact Information

If you have any questions about this Notice or about our privacy practices, please contact the Employer's HIPAA Privacy Officer or the Plan Administrator.

### Effective Date

This Notice as revised is effective June 1st, 2023.

### Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided above. Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

**How We May Use and Disclose Your Protected Health Information**

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

**For Treatment**

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.

**For Payment**

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**For Health Care Operations**

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

**To Business Associates**

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as

utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

**As Required by Law**

We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

**To Avert a Serious Threat to Health or Safety**

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

**To Plan Sponsors**

For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

**Special Situations**

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Organ and Tissue Donation**

If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans**

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation**

We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks**

We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;

- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

**Health Oversight Activities**

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement**

We may disclose your protected health information if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors**

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities**

We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates**

If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Research**

We may disclose your protected health information to researchers when:

(1) the individual identifiers have been removed; or
(2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

**Required Disclosures**

The following is a description of disclosures of your protected health information we are required to make.

**Government Audits**

We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

**Disclosures to You**

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

**Notification of a Breach**.

We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

**Other Disclosures**

**Personal Representatives**

We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

(1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
(2) treating such person as your personal representative could endanger you; or
(3) in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

**Spouses and Other Family Members**

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's

spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

**Authorizations**

Other uses or disclosures of your protected health information not described above, including the use and disclosure of psychotherapy notes and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

**Your Rights**

You have the following rights with respect to your protected health information:

**Right to Inspect and Copy**

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

**Right to Amend**

If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

**Right to an Accounting of Disclosures**

You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years (three years for electronic health records) or the period ABC Company has been subject to the HIPAA Privacy rules, if shorter.

Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions**

You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

**Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

**Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, telephone or write the Privacy Officer as provided above under Contact Information.

For more information, please see Your Rights Under HIPAA**.**

**Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

## Model General Notice of COBRA Continuation Coverage Rights

**** Continuation Coverage Rights Under COBRA****

***Introduction***

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

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

***What is COBRA continuation coverage?***

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

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

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

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

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

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

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

***When is COBRA continuation coverage available?***

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

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

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.**

***How is COBRA continuation coverage provided?***

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

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

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

*Disability extension of 18-month period of COBRA continuation coverage*

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA

continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

*Second qualifying event extension of 18-month period of continuation coverage*

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

***Are there other coverage options besides COBRA Continuation Coverage?***

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

***Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?***

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of:

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

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

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

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

[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.

***If you have questions***

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/agencies/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.HealthCare.gov**.

***Keep your Plan informed of address changes***

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

## Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

**What is "balance billing" (sometimes called "surprise billing")?**

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

**You are protected from balance billing for:**

**Emergency services**

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

**Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or

intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

**When balance billing isn't allowed, you also have the following protections:**

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, the following information and resources are available to help you understand your rights:

Assistance by telephone – You may contact the U.S. Department of Health & Human Services at (800) 985-3059 to discuss whether you may have any surprise billing protection rights for your situation.

Available online assistance – You can also visit the U.S. Centers for Medicare & Medicaid Services website to learn more about protections from surprise medical bills and for contact information for the state department of insurance or other similar agency/resource in your state to learn if you have any rights under applicable state law. Please click on your state in the map for contact information to appear.