

YMCA of Greater Charlotte Annual Open Enrollment August 17th - 28th 2020



2020-2021 Full-Time Team Member Open Enrollment Benefit Guide

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Welcome to Your Benefits Open Enrollment!

The Open Enrollment Benefit Guide will provide you with an overview of the comprehensive benefits package offered by the YMCA of Greater Charlotte. We know our team members are our greatest asset and we strive to offer benefits to support and protect the health and wellbeing of you and your family. Thank you for being a valuable team member and part of the YMCA of Greater Charlotte.

Benefit Resources

View a short presentation on our 2020-2021 benefits:

- Visit <https://www.brainshark.com/marshmma/YMCACharlotte2020OE>
- Or scan the QR code to the right



Access your benefits on-the-go with our iBenefits mobile app:

You can easily view plan options, benefit summaries, and contact information for our insurance carriers.

Follow these steps to download the app and access your benefits information on your phone:

1. Download the iBenefits app in the iOS App Store or Android Google Play
2. Enter the Login Code: ymcacharlotte



You can also view all plan summary documents in the PlanSource Library.

Highlights for 2020-2021

The YMCA of Greater Charlotte carefully evaluates our employee benefits every year to ensure we are providing comprehensive benefit package. We are pleased to share the following highlights for the plan year October 1, 2020-September 30, 2021:

- There are no increases to your benefit plan premiums for the 2020-2021 plan year!
- You now have access to telehealth services through MDLIVE with our BCBSNC medical plans

If you are not making changes to your current elections during the annual open enrollment period scheduled for August 17 – August 28, 2020, your benefit elections from the 2019-2020 plan year will carry over to the new plan year starting October 1, 2020. If you are newly eligible for benefits or are making benefit changes you must log in to PlanSource to make your elections. Login instructions for enrolling via PlanSource are on page 4 of this guide.

Please be aware that you **MUST** make your medical flexible spending account elections and your dependent care flexible spending account elections in PlanSource each year as these plans **DO NOT** roll over. Your annual open enrollment window will close in PlanSource on August 28, 2020 at 11:59 pm.

Eligibility & Enrollment

Benefits Eligibility

If you are a full-time team member and have satisfied the applicable waiting periods, you are eligible to enroll in the benefits in this guide. Effective dates of coverage are as follows:

- Medical, Dental & Vision: 1st of the month following your date of hire
- Life: 1st of the month following your date of hire
- Short-Term Disability: 1st of the month following 6 months of full-time employment
- Long-Term Disability: 1st of the month following 36 months of full-time employment

The following family members are also eligible for coverage:

- Your legal spouse
- Dependent children up to age 26

The YMCA of Greater Charlotte shares the cost of many benefits with you, below is an overview of available plans:

	Employer Paid	Team Member Paid
Medical & Pharmacy	✓	✓
Dental	✓	✓
Base Vision	✓	
Buy up Vision	✓	✓
FSA's		✓
Disability	✓	
Basic Life, AD&D	✓	
Voluntary Life, AD&D		✓
Employee Assistance Program	✓	

Mid-Year Benefit Changes

Several benefits may only be elected or changed during open enrollment or with a qualifying life event. Qualifying life events include, for example: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence, commencement or termination of adoption proceedings, change in employment status or change in coverage under another employer-sponsored plan.



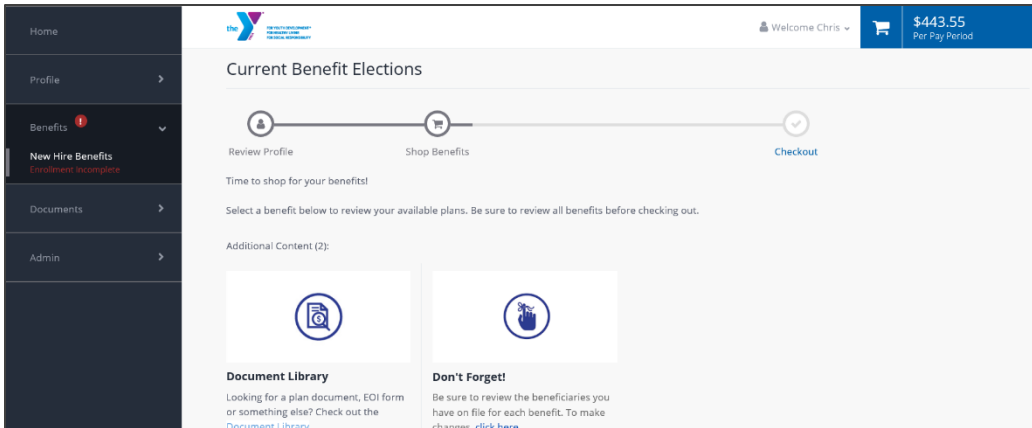
Open Enrollment is August 17th to August 28th
Elections will take effect on October 1, 2020

PlanSource Enrollment Instructions

Login to PlanSource at <https://benefits.plansource.com>

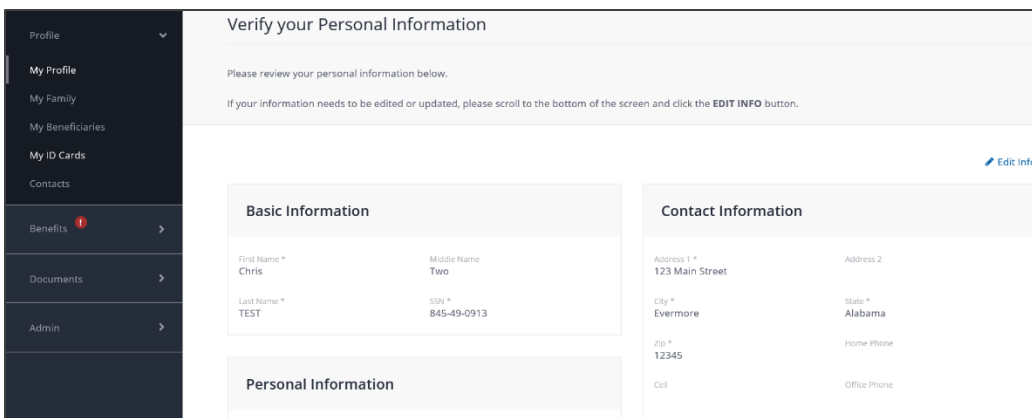
- Your username will be the first initial of your first name, the first 6 characters of your last name, and the last 4 digits of your SSN.
 - For Example: Taylor Williams, XXX-XX-1234 would be twillia1234
- Your default password will be set to your date of birth in the YYYYMMDD format.

Complete the following steps to elect the desired coverage for you and your family.



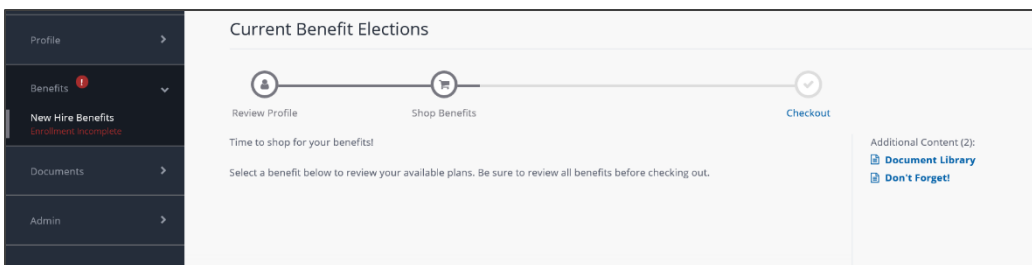
Launch Enrollment

On the homepage, click “Get Started” to begin your enrollment.



Profile

First, you'll be asked to review and update your profile and ensure that all information is correct. You will also be asked to review your dependent information.



Shop for Benefits

All of the benefits available for you to enroll in will be listed on this page. Click each benefit plan to review and make your elections.

Medical: BCBSNC Base Plan

< To Available Plans

Family Covered + Add Family Member

<input checked="" type="checkbox"/> Yourself	<input checked="" type="checkbox"/> Spouse One	<input checked="" type="checkbox"/> Kid One
Employee Only \$51.21 Per Pay Period		
Employee + Spouse \$232.25 Per Pay Period		
Employee + Children \$178.11 Per Pay Period		
Employee + Family \$360.42 Per Pay Period		

Current Benefit Coverage effective from 10/01/2019 to 09/30/2020

	BCBSNC Base Plan	\$360.42 Per Pay Period
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\$443.55
Per Pay Period

[Update Cart](#)

[Decline Medical Benefits](#)

Plan Details

The plan detail page will give you information about each plan.

Select a Plan

Click “Edit Family Covered” and select the card for each family member you would like to cover. Then “Update Cart”

Home Profile Benefits **New Hire Benefits** Documents Admin

Dental

	BCBSNC Dental Plan	\$21.80 Per Pay Period
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Vision

	BCBSNC Exam Plus Vision Plan	\$7.50 Per Pay Period
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Basic Employee Life

	Voya Basic Employee Life	
You are changing from: Voya Basic Employee Life		

\$413.55
Per Pay Period

Plans to Review

- Employee Assistance Program: Voya EAP
- Medical: BCBSNC Base Plan
- Spouse Critical Illness: Decline
- Child Critical Illness: Decline
- Dental: BCBSNC Dental Plan
- Vision: BCBSNC Exam Plus Vision Plan
- Basic Short Term Disability: Voya Short Term Disability - Leadership Team
- Basic Long Term Disability: Voya Long Term Disability

20 of 20 In Cart

[Review & Checkout](#)

You must select or decline all e

Shopping Cart

The cart displays a running total of your combined benefits cost. You will need to select or decline each benefit.

Checkout

To finalize your choices, click “Review and checkout”. You **MUST** complete checkout and submit in order to enroll.

Medical & Pharmacy Coverage

Blue Cross Blue Shield (BCBS) of North Carolina | 877-258-3334 | www.bluecrossnc.com

The YMCA offers 2 medical plans from BCBS for team members to choose from. Both plans include comprehensive medical coverage and prescription drug benefits. You have the flexibility to choose any doctor you like, but you will pay less out-of-pocket when visiting an in-network provider.

BCBS Base

This is a traditional PPO plan offering copays for doctor visits and prescriptions.

- This plan has a higher deductible and annual out-of-pocket maximum.
- In exchange for higher out-of-pocket costs and standard fees at the doctor, you will pay a lower premium out of your paycheck to enroll in this plan.

BCBS Buy-Up

This is also a traditional PPO plan offering copays for doctor visits and prescriptions.

- This buy-up plan does not have an annual deductible and includes lower out-of-pocket maximum than the BCBS Base plan.
- In exchange for lower out-of-pocket costs and standard fees at the doctor, you will pay a higher premium out of your paycheck to enroll in this plan.



YMCA of Greater Charlotte is excited to offer MDLIVE telehealth services to you this year!

- Take advantage of **24/7 access** to doctors over the phone or video chat.
- Doctors can help with many conditions including: allergies, colds, stomachaches, skin rashes and more
- **There's just a \$10 copay to use this service with either medical plan**
- Register online at www.mdlive.com/ncvideodoc

Medical Plan Comparison

	BCBS Base In-Network	BCBS Buy up In-Network
Deductible Individual Family	\$2,000 \$4,000	\$0 \$0
Out of Pocket Max Individual Family	\$5,500 \$11,000	\$3,000 \$6,000
Preventive Care	100%	100%
MDLIVE	\$10 copay	\$10 copay
Primary Care	\$30 copay	\$25 copay
Specialist	\$40 copay	\$35 copay
Inpatient Hospital	20% coinsurance after deductible	20% coinsurance after deductible
Urgent Care	\$50 copay	\$50 copay
Emergency Room	\$175 copay	\$175 copay
Prescription Drugs Tier 1 Tier 2 Tier 3 Tier 4	\$10 copay \$30 copay \$50 copay 25% up to \$100 max	\$10 copay \$30 copay \$50 copay 25% up to \$100 max

Out-of-Network benefits are available; see your summary of benefits for coverage details



Tips for Keeping Costs Down:

- Choose in-network providers
- Take advantage of preventive care services
- Request generic prescriptions
- Use Urgent Care providers instead of the Emergency Room
- Try a Virtual Visit for non-emergent health consultations

Supplemental Health Benefits

Voya | 877-236-7564 | www.voya.com

The YMCA of Greater Charlotte knows that team members value the opportunity to customize their insurance coverage to best fit their individual needs. We are pleased to offer all full-time team members the ability to add-on any of the following supplemental health benefits from Voya to complement your medical plan coverage.

Critical Illness Insurance

Critical Illness insurance helps guard against financial hardship if you or a dependent is diagnosed with a covered condition. Some of the expenses this benefit can help pay include initial diagnosis, treatment, and follow-up care. You can choose a benefit amount of \$10,000 or \$20,000 and a \$5,000 or \$10,000 benefit for spouses and children. Covered Illnesses Include:

- Invasive cancer
- Heart attack
- Stroke
- Paralysis
- End-stage kidney failure
- Major organ transplant

See benefit summary for all covered conditions. This plan also features a \$50 annual health screening benefit per covered member.

Premium varies by age and benefit amount, see rates below:

Semi-Monthly Contribution (Rate is same for Employee & Spouse)		
	\$10,000 Benefit	\$20,000 Benefit
Below 30	\$3.23	\$6.45
30-39	\$3.88	\$7.75
40-49	\$7.03	\$14.05
50-59	\$17.28	\$34.55
60-69	\$30.63	\$61.25
70-79	\$57.38	\$114.75
Child	\$1.90 for \$5,000 \$3.80 for \$10,000	



Accident Insurance

Accident insurance can help protect you, your spouse, or your children from the unexpected expense of an accident. Some of the common reasons for claims under this plan include broken bones, burns, and sports related injuries – including kids organized sports.

This plan includes a \$50 annual health screening benefit per covered member.

Benefit Highlights	
ER treatment	\$200
Ambulance	\$300
Fracture	Up to \$5,600
Concussion	\$175
ER treatment	\$200

Team Member Semi-Monthly Premium			
Team Member Only	Team Member & Spouse	Team Member & Children	Team Member & Family
\$6.42	\$10.68	\$12.44	\$16.70

Hospital Indemnity

The Hospital Indemnity plan provides a benefit for hospital admission and confinement for an illness or injury. Benefit is paid directly to you and can be used however you need. Plan includes benefit for initial admission, intensive care stay, and hospital confinement – including for maternity stays.

This plan also includes a \$50 annual health screening benefit per covered member.

	Plan 1	Plan 2	Plan 3
Hospital Admission	\$1,000	\$2,000	\$3,000
Hospital Stay	\$100 per day	\$200 per day	\$300 per day
ICU Stay	\$200 per day	\$400 per day	\$600 per day

Team Member Semi-Monthly Premium				
	Team Member Only	Team Member & Spouse	Team Member & Children	Team Member & Family
Plan 1	\$9.52	\$19.62	\$14.96	\$25.06
Plan 2	\$19.03	\$39.24	\$29.92	\$50.12
Plan 3	\$28.55	\$58.86	\$44.88	\$75.19

Dental

BCBS | 800-305-6638 | www.bluecrossnc.com

The dental plan allows you and your dependents to visit the dentist of your choice. The BCBS Dental Plan uses the Blue Options provider network. You can search for a provider using the website above.

Preventive services are covered by the plan at 100% and other services are covered with coinsurance.

See an overview of the coverage below and view full details in your dental summary of benefits.

Services	In Network Benefit
Deductible Applies to basic and major services	\$50/\$150
Preventive Services Exams (2 per period), cleanings (2 per period), x-rays	Covered 100%, deductible does not apply
Basic Services Fillings, simple extractions	15% coinsurance after deductible
Major Services Oral surgery, root canal, crowns	50% after deductible
Orthodontia Services For children through age 18	50% to a lifetime maximum of \$1,500
Annual Maximum	\$1,500 per covered member



Vision

BCBS | 855-400-3641 | www.bluecrossnc.com

The vision plan covers eye exams and helps offset the cost of corrective eyewear. If you enroll in the medical plan, you receive the Exam Only Vision Plan at the same tier at no cost to you. You can elect a Buy-Up Vision Plan for more benefits and coverage.

The Blue Cross Vision plan utilizes the EyeMed network. You can access provider listings using the link below:

<http://www.eyemedvisioncare.com/bcbsnc/>

Plan Highlights	Exam Only Plan Benefit In-Network	Buy-Up Plan Benefit In-Network
Vision Exam Once every 12 months	\$10 Copay	\$10 Copay
Materials Once every 12 months	20% discount	\$25 Copay
Frames & Lenses Once every 12 months	20% discount	\$130 Allowance, then 20% discount on balance
Contacts Once every 12 months	15% discount	Conventional: \$130 Allowance, then 20% discount on balance Disposable: \$130 allowance, then 15% discount on balance Medically necessary: \$0 copay



Semi-Monthly Contributions 2020-2021

Your premium for elected plans will be deducted pre-tax, 24 pay periods each year.

Medical Coverage

	BSBCNC Base	BCBSNC Buy-Up
Team Member Only	\$51.21	\$84.84
Team Member & Spouse	\$232.25	\$291.98
Team Member & Children	\$178.11	\$227.11
Team Member & Family	\$360.41	\$446.41

Dental Coverage

	BCBSNC Dental
Team Member Only	\$3.53
Team Member & Spouse	\$14.23
Team Member & Children	\$10.38
Team Member & Family	\$21.80

Vision Coverage

	BCBSNC Exam Only Vision	BCBSNC Buy-Up Vision
Team Member Only	Included with Medical	\$2.55
Team Member & Spouse	Included with Medical	\$4.85
Team Member & Children	Included with Medical	\$5.10
Team Member & Family	Included with Medical	\$7.50



Key Terms

- A **premium** is the amount you pay out of your paycheck for insurance coverage
- A **deductible** is the amount you pay before the plan helps pay for the cost of services
- A **copay** is the dollar amount you pay for medical services or prescription drugs
- **Coinsurance** is the percent of charges you pay after you reach the deductible until you reach the plan's out-of-pocket maximum
- The **out-of-pocket maximum** is the most you will pay during the plan year for health care expenses, including your deductible, copays, and coinsurance

Flexible Spending Accounts

Ameriflex | 888-868-3539 | www.myameriflex.com

The YMCA provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through a Flexible Spending Account (FSA) with Ameriflex.

The Ameriflex FSA renews yearly on October 1st. Contributions to your FSA are deducted from your paycheck 26 times per year before any taxes are taken out. You should contribute the amount of money you expect to spend on eligible expenses for the plan year. This year, the Health Care FSA plan allows for a \$550 rollover.

Health Care FSA

The maximum you can contribute to a health care FSA for 2020 is \$2,750. The full amount you elect is available at the beginning of the plan year.

Examples of qualified expenses include:

- Prescriptions
- Doctor visit copays
- Contact lenses
- Dental care
- Flu shots

Dependent Care FSA

The maximum you can contribute to the dependent care FSA is \$5,000 if you are a single team member or married filing jointly, or \$2,500 if you are married and filing separately. Funds are available only after they are deducted from your paycheck. Please note that there are no rollover options for your dependent care FSA dollars from the previous plan year.

Examples of qualified expenses include:

- Child care
- Before or after school program
- Elder care

Health Care Tax Savings Example

Prescription drugs	\$225
Doctor co-pays	\$80
Orthodontia (braces)	\$1,500
Suggested Plan Year Election	\$1,805
Taxes (30%)	x 0.30
Estimated Annual Savings	\$541.50

Dependent Care Tax Savings Example

Day care for child	\$3,500
Summer child care	\$1,500
Suggested Plan Year Election	\$5,000
Taxes (30%)	x 0.30
Estimated Annual Savings	\$1,500

*Tax savings examples are for illustrative purposes only and are not intended to reflect actual costs of care. 30% tax rate is used for illustration only and may be different from your rate.

Disability Income Benefits

Voya | 888-305-0602 | www.voya.com

Should you become unable to work due to a non-work related illness or injury, disability coverage acts as income replacement to protect you and your family from serious financial hardship. Payments are based on your base salary and benefits are taxable.

Short-Term Disability Coverage

The YMCA of Greater Charlotte provides all full-time team members short-term disability coverage at no cost to you.

Short-Term Disability	
Eligibility	1 st of the month following 6 months of full-time employment
Benefits Begin	After 14 days of disability. During that two-week period, paid sick or vacation time must be used if available.
Benefits Duration	11 weeks
Maternity coverage	Standard delivery pays 4 weeks C-Section delivery pays 6 weeks
Percentage of Income Replaced	70%
Maximum Benefit	\$1,000 per week

Benefits begin after 14 days of disability. During that two-week period, paid sick or vacation time **MUST** be used if available. If no sick or vacation time is available, then that two-week elimination period will be unpaid.

Long-Term Disability Coverage

The YMCA of Greater Charlotte provides all full-time team members long-term disability coverage at no cost to you.

Long-Term Disability	
Eligibility	1st of the month following 36 months of full-time employment
Benefits Begin	After 90 days of disability
Benefits Payable / Duration	To Social Security Normal Retirement Age
Percentage of Income Replaced	60%
Maximum Benefit	\$8,500 per month

Medical conditions treated within 3 months prior to plan effective date may not be covered for the first 12 months of coverage initial effective date. If you have been enrolled for 12 months, including under our current LTD plan, the pre-existing condition limit does not apply to you. Refer to your plan documents for more information.

Life Insurance

Voya | 888-238-4840 | www.voya.com

Basic Life and AD&D Insurance

The YMCA of Greater Charlotte provides all full-time team members with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance at no cost to you. Team members are automatically covered at 1.5 x your annual base salary up to \$500,000.

Please make sure your beneficiary information is up to date in PlanSource.

Voluntary Life and AD&D Insurance

You are also eligible to elect Voluntary Life and AD&D Insurance for yourself and your dependents. Team members pay the full cost for this plan; premiums will be deducted 24 times per year via payroll deduction.

Team member Coverage

- \$10,000 increments of coverage up to a maximum of \$100,000

Team members who enroll in the voluntary plan can also elect coverage for their dependents in the following amounts:

Spousal Coverage

- \$5,000 increments of coverage up to a maximum of \$100,000
- Coverage may not be greater than 50% of team member's benefit.

Child Coverage

- \$10,000 in coverage



Key Terms

- The **guarantee issue** amount is the minimum amount a policy will pay on an insured person's claim regardless of health status
- **Evidence of insurability** is an application process detailing your health condition that is required for certain types of insurance coverage
- An insurance plan that is **portable** gives the insured person the right to retain their coverage when switching employers

Wellness Program

BCBS / www.BlueConnectNC.com

The YMCA of Greater Charlotte is committed to being your partner in health. All team members are encouraged to participate in the Blue Rewards Wellness Program from BCBS.

For each activity completed, you will earn a gift card!

- Registering at BlueConnectNC.com \$10
- Completing the Blue Connect Checklist \$10
- Updating your contact preferences \$10
- Complete the wellbeing assessment \$25
- Complete a biometric screening \$50

Identified team members also have the opportunity to participate in lifestyle coaching, case management and more to earn additional rewards.

Wellness Benefit Included with the Supplemental Health Plans

If you enroll in the Critical Illness, Accident, or Hospital Indemnity plan with Voya, you are eligible for a **\$50** annual wellness benefit. Each plan member is eligible for this incentive one time per year.

You can earn your wellness benefit for getting a routine health screening – you are probably getting some of these tests already!

Common screenings include:

- Blood test
- Mammogram
- Chest x-ray
- Colonoscopy
- Serum cholesterol test for HDL & LDL
- Stress test
- Pap smear
- Fasting blood glucose test
- Skin cancer biopsy



Employee Assistance Program (EAP)

ComPsych Guidance Resources | guidanceresources.com (Web ID: My 5848i) | 877-533-2363

The Employee Assistance Program (EAP) offers confidential resources and referral services through ComPsych. This program is provided to you at no cost by the YMCA of Greater Charlotte.

The EAP assists you and your dependents on a variety of issues including:

- 3 face-to-face visits per incident
- Relationship counseling
- Financial and legal counseling
- Mental health counseling including depression and anxiety
- Work/life balance resources
- Family assistance including help finding childcare or elder care

Team members can take advantage of this resource with the full confidence that all information discussed with ComPsych will be kept confidential.



Contact Information

Benefit	Provider	Phone	Website
Medical and Pharmacy	Blue Cross Blue Shield	877-258-3334	www.bluecrossnc.com
Telemedicine	MDLIVE		www.mdlive.com/ncvideodoc
Dental	Blue Cross Blue Shield	800-305-6638	www.bluecrossnc.com
Vision	Blue Cross Blue Shield	855-400-3641	www.bluecrossnc.com
Supplemental Health Critical Illness Accident Hospital Indemnity	Voya	877-236-7564	www.voya.com
Flexible Spending Account	AmeriFlex	888-868-3539	www.myameriflex.com
Basic Life and AD&D Voluntary Life and AD&D	Voya Financial	888-238-4840	www.voya.com
Short-Term Disability Long-Term Disability	Voya Financial	888-305-0602	www.voya.com
Employee Assistance Program	ComPsych Guidance Resources	877-533-2363	guidanceresources.com (Web ID: My5848i)

The information in this Open Enrollment Benefit Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Benefit Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefit Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Benefit Guide, contact Brenda Davis at brenda.davis@ymcacharlotte.org or 704-716-6261



Required Notices

For the October 2020 - September 2021 Plan Year

Dear Valued Employee,

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

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
- HIPAA Wellness Program Reasonable Alternative Standards (RAS) Notice – Medical plans with wellness programs that offer health contingent incentives
- ADA Wellness Program Notice

The Young Men’s Christian Association of Greater Charlotte will herein be referred to as “Employer”

BCBS Base and BCBS Buy Up will herein be referred to as “Medical Plan(s)”

The Young Men’s Christian Association of Greater Charlotte will herein be referred to as “Plan Administrator”

October 1, 2020 – September 30, 2021 will herein be referred to as “Plan Year”

Should you have any questions regarding the content of the notices, please contact Brenda Davis at brenda.davis@ymcacharlotte.org or 704-716-6261.

Medicare Part D Creditable Coverage Notice

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. Entity 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.**

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 Entity's coverage as an active employee, please note that your Entity 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 will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Entity's coverage as a former employee.

You may also choose to drop your Entity coverage. If you do decide to join a Medicare drug plan and drop your current Entity 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 Entity and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed above 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 Entity 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).

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

Date: October 1, 2020

HIPAA Special Enrollment Rights Notice

If you are declining enrollment in Employer 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.

To request special enrollment or obtain more information, contact the Plan Administrator.

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.

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 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 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 HIPAA Privacy Officer at the contact information provided at the beginning of the Required Notes.

Effective Date

This Notice as revised is effective October 1, 2020.

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 and may not include dates prior to your request. 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.

HIPAA Notice of Availability of Notice of Privacy Practices

The Employer Medical Plan(s) (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 the Plan Administrator.

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 January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ALASKA – Medicaid	FLORIDA – 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	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhhip.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCont.aspx Phone: 1-800-541-5555	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 and CHIP (Hawki)	MONTANA – 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	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084

KANSAS – Medicaid	NEBRASKA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihip.p.aspx Phone: 1-855-459-6328 Email: KIHIP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – 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)	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
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	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
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – 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	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669

OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 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

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, 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? Contact your plan administrator for more information.

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).

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."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to [*enter name of employer sponsoring the Plan*], and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified

beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

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;
- Commencement of a proceeding in bankruptcy with respect to the employer;]; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

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

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 period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or

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

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

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

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

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

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact 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.

Plan contact information

Please contact the Plan Administrator using the contact information provided at the beginning of the Required Notices.

HIPAA Wellness Program Reasonable Alternative Standards Notice

Your group health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Plan Administrator and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

ADA Wellness Program Notice

Notice Regarding Wellness Program

Your Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol and triglycerides. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive a Wellness Incentive for completion of the HRA, on-site biometric screening and annual age/gender specific exam. Although you are not

required to complete the HRA or participate in the biometric screening, only employees who do so will receive the Wellness Incentive.

Additional incentives of up to \$450 may be available for employees who participate in certain health-related activities outlined in the Blue Rewards Program. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting your Plan Administrator.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your Employer may use aggregate information it collects to design a program based on identified health risks in the workplace, your Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) within BCBSNC in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. The YMCA of Greater Charlotte will only receive a participation report of those individuals who completed the HRA. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your Plan Administrator.