

# EMPLOYEE Benefits Guide

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Plan Year:  
January 1, 2025 - December 31, 2025



**GEARHEART  
COMMUNICATIONS**  
*one source...many resources*



Prepared by:

**FOUNDATION**  
RISK PARTNERS



# Welcome to Gearheart Communications



On behalf of the management team, let me say that we're glad you're here and we look forward to your contribution to our continued growth. In exchange for your effort, we will always strive to provide you with a safe and pleasant workplace and a competitive compensation package.

Gearheart Communications knows that our employees have different needs, so we offer employees a wide range of comprehensive benefit plans to let you choose the benefits that best suit your particular situation.

This booklet provides you with a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you and your dependents.

## A QUICK LOOK AT THE COST OF YOUR BENEFITS

Gearheart Communications pays the full cost of many of your benefits; you share the cost for others. You pay the full cost for any voluntary benefits you elect.

| Benefit  | Tax Treatment | Who Pays      |
|--|---------------|---------------|
| Medical Insurance  | Pre-tax       | Company & You |
| Medical Expense Reimbursement  |               | Company       |
| Flexible Spending Account (FSA)                                      | Pre-tax       | You           |
| Dental Insurance   |               | Company       |
| Vision Insurance   |               | Company       |
| Basic Life and Accidental Death & Dismemberment (AD&D) Insurance     |               | Company       |
| Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance | After tax     | You           |
| Disability Coverage  |               | Company       |
| MASA Coverage  |               | Company       |



*The following information is a quick overview of the benefits plans currently provided and is not to be interpreted as a complete disclosure of plans entitlement to any of the benefits described. The company reserves the right to adjust, amend and revise benefits plans. In all cases of specific plan interpretations, receipt of benefits or entitlements, the actual plan document shall rule. You can contact your HR department for the actual plan documents.*

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**Compliance Notices**

# Carrier Contact Information



| Benefit   | Carrier                 | Phone Number   | Carrier Website   |
|---|-------------------------|----------------|---|
| Medical Insurance   | Anthem                  | 1-888-650-4047 | <a href="http://www.anthem.com">www.anthem.com</a>  |
| Medical Expense Reimbursement & Flexible Spending Account (FSA) | Difference Card         | 1-888-343-2110 | <a href="http://www.differencecard.com">www.differencecard.com</a>                        |
| Dental Insurance  | Delta Dental of KY      | 1-800-955-2030 | <a href="http://www.deltadentalky.com">www.deltadentalky.com</a>                          |
| Vision Insurance  | Anthem                  | 1-866-723-0515 | <a href="http://www.anthem.com">www.anthem.com</a>  |
| Basic Life/AD&D and Voluntary Life Insurance                    | Lincoln Financial Group | 1-800-423-2765 | <a href="http://www.lfg.com">www.lfg.com</a>  |
| Short and Long Term Disability Insurance                        | Lincoln Financial Group | 1-800-423-2765 | <a href="http://www.lfg.com">www.lfg.com</a>  |
| Lincoln EAP Lifekeys  | Lincoln Financial Group | 1-855-891-3684 | <a href="http://www.lincoln4benefits.com">www.lincoln4benefits.com</a>                    |
| Anthem EAP  | Anthem EAP              | 1-800-999-7222 | <a href="http://www.anthemead.com">www.anthemead.com</a><br>Company Code: Anthem Kentucky |
| Air & Ground Ambulance Transportation                           | MASA                    |                |   |

# MEET YOUR FRP TEAM

Your contacts for employee benefits questions include:

## Your Main Contact



**Pamela Murphy**  
**Sr. Account Manager**  
PMurphy@FoundationRP.com  
502.371.4039

**Your account manager is here to:**

- Be your day-to-day contact
- Assist with claims and enrollment
- Answer questions about eligibility and billing

## Additional Contacts



**Dena Van Atta**  
**Client Executive**  
DVanatta@FoundationRP.com  
502.468.3485



**Diane Sousan**  
**Account Advisor, VP**  
DSousan@FoundationRP.com  
502.371.4034



www.FoundationRP.com | Office: 502.805.3742 | Fax: 502.805.2626

# Eligibility & How To Enroll



## ELIGIBILITY

The eligibility period for enrollment in medical, dental, vision and life is 1st day following ninety (90) days from date of hire. The eligibility period for enrollment in short & long term disability, and flexible spending is one (1) year from date of hire. Employees working thirty (30) hours a week or more are eligible for all benefits outlined in this summary. Eligible employees may elect to cover a spouse and/or dependents.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your legal spouse
- Your children up to age 26

Once your benefit elections become effective, they remain in effect until the end of the plan year. You may only change coverage within 30 days of a qualified life event. Pre-tax benefits are in effect until the end of the year.

## QUALIFIED LIFE EVENT

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or change in spouse's benefits.

You must notify Human Resources within 30 days of the qualified life event. Depending on the type of event, you may be asked to provide proof of the event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event).

For more information, please contact **Angela Hall at (606) 479-6355**.

## HOW TO ENROLL

Everyone must complete their benefit elections in the Benetrac online enrollment system. Please see Angela Hall, HR Manager, for assistance.



We are very excited about our benefit providers. Each provider, Anthem, Delta Dental, Lincoln EAP and GoodRx have their own app for your smartphone which gives you access to plan benefits at your fingertips 24/7. We even have access to a website that ho uses all our benefit plan information; plan documents, claim forms, etc.

### **Anthem-Please see page 19**

Anthem's Sydney app gives you access to:

- find a doctor or hospital - gives turn by turn directions to get you there;
- view your ID Card - email or fax your card directly to your provider;
- manage prescription benefits - check the cost, get refills, or switch to the home delivery system through Carelon; and
- view your Health Record - share this info with your doctors whenever you go.

Go to <https://www.sydneyhealth.com/> for information on how to download the app. You will need your Anthem ID # and the group number (located on your card) to register online.



### **Anthem Virtual Visits (formerly Live Health Online)- Please see page 21**

Anthem Virtual Visits allow you to:

- Talk to a doctor in a few minutes via web, phone or mobile app
- Visit cost will be your PCP Copay OR \$59 if covered on an HDHP/HSA Plan
- Choose a board-certified doctor at the time of your visit
- Have your visit 24/7, 365 days a year!

When to use Anthem Virtual Visits:

Always call 911 in an emergency. Otherwise, you can see a doctor online whenever you have concerns and you can't speak to your own doctor. Common visits include: cold and flu symptoms, allergies, rashes, etc..

Sign up for free through the Anthem Sydney App and be ready for your first visit. Please note - if you have used LiveHealth Online App previously, you may continue to do so & it is available on Apple and Google Play devices.

### **Delta Dental -Please see page 37**

The Delta Dental app lets you:

- search for a dentist in network (Delta Dental PPO and Delta Dental Premier are our networks);
- see claims and coverage information;
- see your mobile ID card;
- register or log in to your account at <https://www.deltadental.com/Public/index.jsp> (be sure to choose your state at the top of the screen).

## Additional Resources at your fingertips

**The log in for the Consumer Portal and Mobile App are the same. The participant will need to register their online account before being able to log into the mobile app.**



### **Lincoln Financial (EAP) -LFG begins on page 44**

Employee Assistance Programs (EAP) provides professional help to full-time employees and their household members who are struggling with issues such as:

- emotional difficulties
- stress
- relationship problems
- parent/child/family conflicts
- marital distress
- alcohol/drug problems
- financial & legal

This benefit is administered by Lincoln Financial, the vendor for Gearhart's Life & Disability Policies. This service is free of charge and completely confidential to all employees of Gearhart and their household members. Call 1-855-891-3684 or visit their website [Lincoln4Benefits.com](http://Lincoln4Benefits.com) (Web ID = LifeKeys) anytime, 24/7.

### **GoodRx -Please see page 36**

GoodRx is a website and mobile app that tracks prescription drug prices and offers drug coupons at over 75,000 US pharmacies. GoodRx even shows the cost variance between different pharmacies. For example, in some cases Walgreens and CVS will be more expensive than a big box store such as Walmart or Costco.

# SUMMARY OF BENEFITS

Gearheart Communications

Anthem - Kentucky

1/1/2025

to

12/31/2025

6500 Plan



Swipe card for benefit listed under the "Difference Card Pays" column.

| TYPE OF VISIT                                      | YOU PAY                            | DIFFERENCE CARD PAYS | ANTHEM BENEFIT   |
|--|------------------------------------|----------------------|------------------|
| <b>PHYSICIAN SERVICES</b>                          |                                    |                      |                  |
| Primary Care Office Visit Copay                    | \$0                                | \$6,500/\$13,000     | Deductible       |
| Specialist Office Visit Copay                      | \$0                                | \$6,500/\$13,000     | Deductible       |
| Preventive Care / Screening / Immunization         |                                    | No Charge            |                  |
| Urgent Care  | \$0                                | \$6,500/\$13,000     | Deductible       |
| <b>PHARMACY</b>                                    |                                    |                      |                  |
| Prescription Deductible Application                | Integrated with Medical Deductible |                      |                  |
| Prescription Individual Deductible                 |                                    |                      |                  |
| Prescription Family Deductible                     |                                    |                      |                  |
| Retail Prescriptions                               | \$0                                | \$6,500/\$13,000     | Deductible       |
| Mail Order Prescriptions                           | \$0                                | \$6,500/\$13,000     | Deductible       |
| <b>DIAGNOSTIC PROCEDURES</b>                       |                                    |                      |                  |
| Diagnostic Test- Lab Bloodwork                     | \$0                                | \$6,500/\$13,000     | Deductible       |
| Diagnostic Test X-Ray                              | \$0                                | \$6,500/\$13,000     | Deductible       |
| Complex Imaging (CT/Pet Scans, MRIs)               | \$0                                | \$6,500/\$13,000     | Deductible       |
| <b>Deductible</b>                                  |                                    |                      |                  |
| Emergency Room Care                                | \$0                                | \$6,500/\$13,000     | Deductible       |
| Outpatient Surgery                                 | \$0                                | \$6,500/\$13,000     | Deductible       |
| Inpatient Hospital                                 | \$0                                | \$6,500/\$13,000     | Deductible       |
| <b>IN NETWORK DEDUCTIBLE &amp; COINSURANCE</b>     |                                    |                      |                  |
| Qualified High Deductible Health Plan              | No                                 |                      |                  |
| Deductible Accumulation Period                     | Calendar year                      |                      |                  |
| Family Deductible Accumulation Type                | Family Total Accumulation          |                      |                  |
| In-Network Individual Deductible                   | \$0                                | \$6,500/\$13,000     | \$6,500          |
| In-Network Family Deductible                       |                                    |                      | \$13,000         |
| Maximum Out of Pocket                              | \$0                                | \$6,500/\$13,000     | \$6,500/\$13,000 |
| <b>OUT OF NETWORK DEDUCTIBLE &amp; COINSURANCE</b> |                                    |                      |                  |
| Out-of-Network Individual Deductible               | \$10,000                           | \$0                  | \$10,000         |
| Out-of-Network Family Deductible                   | \$20,000                           | \$0                  | \$20,000         |
| Out-of-Network Individual Coinsurance Limit        | \$5,000                            | \$0                  | 50% to \$5,000   |
| Out-of-Network Family Coinsurance Limit            | \$10,000                           | \$0                  | 50% to \$10,000  |

In-Network Family Multiplier 2

Out-of-Network Family Multiplier 2

Mail Order Multiplier 2.5

All claims must be submitted within 3 months of the end of the deductible accumulation period.  
 Terminated members must submit claims within 3 months of the termination date.  
 All Out-of-Network Services are subject to the Deductible.  
 Information on this document based on carrier SBC.

Please have your provider swipe the Difference Card for the following amounts:

In-Network Medical & Pharmacy Swipe - \$6,500/\$13,000

10

Call 888.343.2110 with any questions.

Download the Mobile App to View and Submit Claims



SCAN THIS WITH YOUR CAMERA



## The Difference Card

# WELCOME TO YOUR DIFFERENCE CARD BENEFITS!

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The Difference Card is a benefit funded by your employer that helps you save money on your medical costs.



Hi I'm Danny! I'm here to help you understand how to use your Difference Card benefits with your health insurance.

# GETTING STARTED

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## MOBILE APP

Using your smart phone's camera, scan this to download mobile app.

With The Difference Card Smart Mobile App, you can:

- Snap a picture to easily submit your claim
- Find the cheapest place to buy your prescriptions
- Compare cost and search for providers
- View your account balance
- Check claim status
- Sign up for Direct Deposit



## LEARN MORE

Visit us online at [DifferenceCard.com](https://DifferenceCard.com).

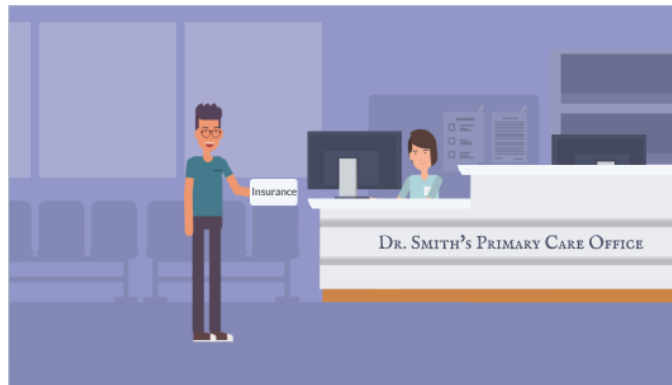
Questions? Our Customer Care Team is available Monday - Friday, from 8AM to 11PM ET.

**Call us at (888) 343-2110**

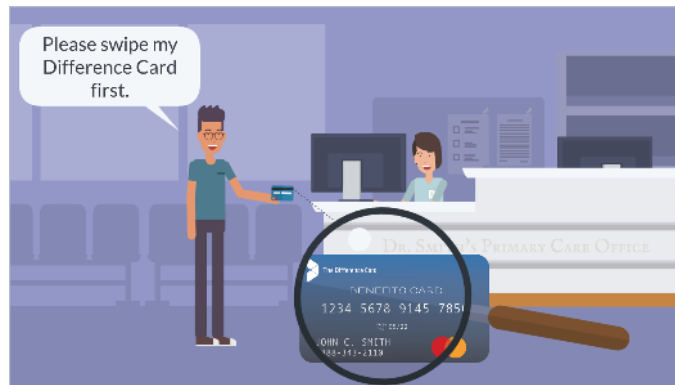


Below is an example of how to use your Difference Card Mastercard®. Refer to your Employer Plan for specific amounts.

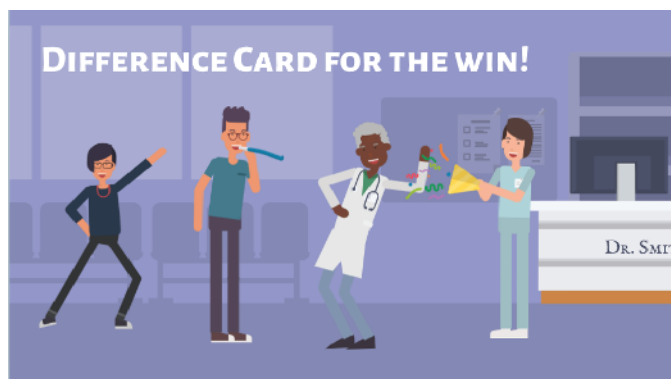
# HOW TO SWIPE YOUR DIFFERENCE CARD



1. When visiting his doctor or a pharmacy, Danny gives them his Insurance Card first.



2. Danny uses his Difference Card funded by his employer to pay for services.



3. The total amount requested is now satisfied using The Difference Card. It's that easy!

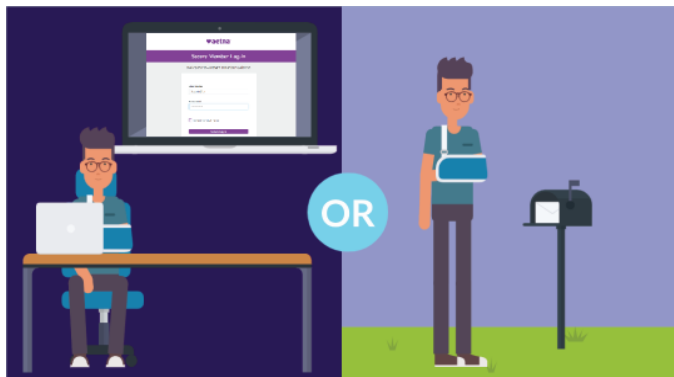
# HOW TO GET HELP WITH YOUR MEDICAL BILLS



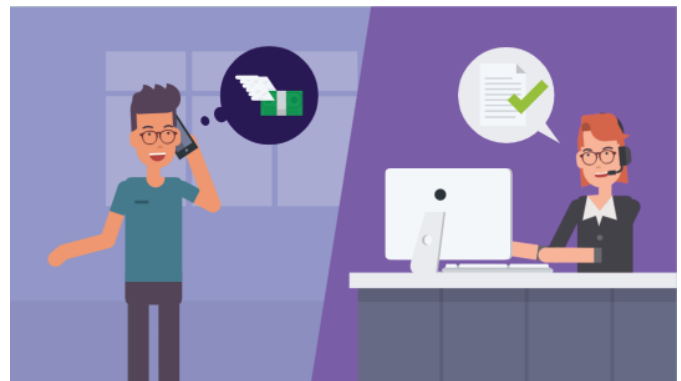
1. When Danny goes to the doctor, he does not pay for some services up front like major medical services.



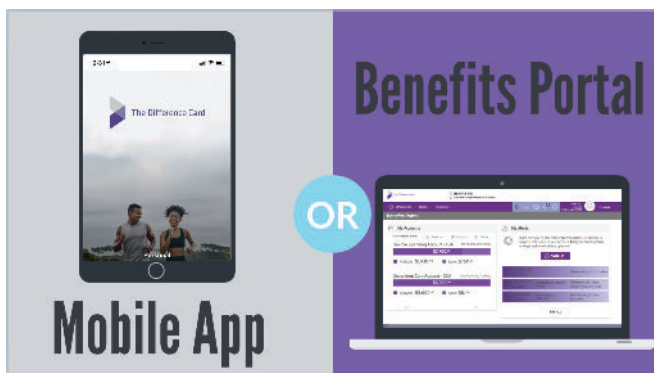
2. Instead, he will present his Insurance Card to the medical provider and will get a bill and an insurance statement\* later.



3. Danny will get his insurance statement\* either through the Insurance Provider's website or in the mail.



4. Danny compares the medical bill to the insurance statement and pays the amount he owes. Danny can use his Difference Card Mastercard to pay for his medical service.



5. Danny then logs into his account online or through the mobile app to upload his insurance statement\* to submit his substantiation if needed.



6. If Danny forgets to swipe his card, he submits a claim and it will be processed in approximately 2 business days. If Danny's claim is eligible for reimbursement, his funds will be direct deposited or mailed to his home.

Insurance Statement, sometimes called an Explanation of Benefits (EOB), describes what costs your Insurance Provider will cover for medical care.

# What do I do if a provider asks for money upfront?

If a facility or provider ask for payment up-front (*other than for a copay,*)

## **PLEASE DO NOT PAY**

### **INSTEAD, YOU SHOULD:**

- Contact our Customer Care Team immediately.
- We will request the provider contact information from member.
- We will contact the provider at the point of the initial call from the member.
- We will review member benefits and negotiate payment options with provider



### **You will need to provide the following information when you call:**

- Patient Name
- Name and Number of Facility
- Name and Number of Provider Performing the Service
- Contact Information for the Facility or Provider's Office
- Date of Service
- Amount the Facility or Provider is Requesting Up Front



The Difference Card

# WAYS TO SUBMIT A MISSED CARD SWIPE OR SUBSTANTIATION

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## MOBILE

Download the Difference Card Smart Mobile App to submit your claim with a picture.



## ONLINE

Login to your account at [DifferenceCard.com](http://DifferenceCard.com) to submit your claim online.



## MAIL

Fill out a Reimbursement Form and submit your documents via mail.



## FAX

Fill out a Reimbursement Form and submit your documents via fax.



## DIRECT DEPOSIT

*The fastest way to get your money.*

Money will come back to you via direct deposit if you select that as your Reimbursement Preference.

## TOOLS ON THE GO

Scan this code with your camera app to get helpful resources at your fingertips.



SCAN ME

# Medical Insurance

Anthem / Policy #L02608 –Difference Card Covers \$6,500



**ELIGIBILITY:** You are eligible to participate in the Anthem plan, the 1st day following 90 days from your date of hire. Dependent children are covered up to age 26.

| YOUR COST FOR SERVICES:  | BRONZE HDHP   |
|--|---|
| <b>MAJOR MEDICAL*</b>  |   |
| <b>Annual Deductible</b><br>(Individual / Family)              | \$6,500 / \$13,000<br><b>non-embedded deductible</b>        |
| <b>Annual Out-of-Pocket Limit</b><br>(Individual / Family)     | \$6,500 / \$13,000<br><b>non-embedded out of pocket</b>     |
| <b>Coinsurance</b>   | 0%  |
| <b>PHYSICIAN OFFICE VISITS</b>                                 |   |
| <b>Preferred PCP Office Visit</b><br>(EPHC Providers)          | 0% after deductible   |
| <b>Primary Care Office Visit</b>                               | 0% after deductible   |
| <b>Specialist Office Visit</b>                                 | 0% after deductible   |
| <b>Anthem Virtual Visits/Live Health Online (Telemedicine)</b> | \$59 copay before deductible;<br>No charge after deductible |
| <b>Urgent Care</b>   | 0% after deductible   |
| <b>Preventive Care</b>   | 0%  |
| <b>HOSPITAL BENEFITS</b>                                       |   |
| <b>Inpatient Hospitalization</b>                               | 0% after deductible   |
| <b>Outpatient Surgery / Facility</b>                           | 0% after deductible   |
| <b>Emergency Room</b>  | 0% after deductible   |
| <b>ADDITIONAL MEDICAL BENEFITS</b>                             |   |
| <b>Outpatient Home Health</b>                                  | 0% after deductible   |
| <b>Inpatient Skilled Nursing Facility</b>                      | 0% after deductible   |
| <b>PRESCRIPTION DRUG CARD</b>                                  |   |
| <b>RX Deductible</b><br>(Retail & Mail Order)                  | Combined with Medical                                       |
| <b>Retail (30 Day Supply)</b>                                  | 0% after deductible   |
| <b>Mail Order ( 90 Day Supply)</b>                             | 0% after deductible   |

\* These are in-network benefits. For out-of-network benefits please see the complete benefit summary.

| Plan Cost per Pay<br>(26 per Year) | Bronze HDHP |         |
|------------------------------------|-------------|---------|
|                                    | Rate        | 10%*    |
| Employee Only                      | \$20.00     | \$18.00 |
| Employee + One Dependent           | \$30.00     | \$27.00 |
| Family                             | \$40.00     | \$36.00 |

\* With completion of biometric screening and health risk assessment

All copays, coinsurance and deductible accumulates toward the out-of-pocket limit.



To locate a network provider in your area, go to: [www.anthem.com](http://www.anthem.com)

Select **Blue Access** network.

*This information is a quick overview of the benefits plans currently provided and is not to be interpreted as a complete disclosure of plans entitlement to any of the benefits described. The company reserves the right to adjust, amend and revise benefits plans. In all cases of specific plan interpretations, receipt of benefits or entitlements, the actual plan document shall rule. You can contact your HR department for the actual plan documents.*

**Employer Paid**

# Stay prepared with MASA<sup>®</sup> Access<sup>SM</sup>

Comprehensive coverage and care for emergency transport.

## Our Emergent Plus plan includes:

### Emergency Ground Ambulance Coverage<sup>1</sup>

Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

### Emergency Air Ambulance Coverage<sup>1</sup>

Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

### Hospital to Hospital Ambulance Coverage<sup>1</sup>

When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

### Repatriation Near Home Coverage<sup>1</sup>

Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.

#### Coverage territories

1: United States and Canada.

#### Disclaimers

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not guarantee coverage and do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums, benefits, and coverage vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, visit: <https://info.masamts.com/masa-mts-disclaimers>



## Did you know?

# 51.3 million

emergency responses occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.

Source: NEMSIS, National EMS Data Report, 2023

## About MASA

MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no “out-of-network” ambulance. Just send us the bill when it arrives and we’ll work to ensure charges are covered. Plus, we’ll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely.

Protect yourself, your family, and your family’s financial future with MASA.

# When you're not feeling well, Sydney Health can help

Check your symptoms and connect with a doctor through the app



The Sydney Health mobile app is a quick and convenient way to assess your symptoms when you're sick and connect with a doctor, wherever you are.



## Assess your symptoms

Start with the Symptom Checker and answer a few questions about how you are feeling. You'll receive information and advice tailored to your gender, age, and medical history. The Symptom Checker was built with doctors and medical professionals. It intuitively uses the information you provide to narrow down millions of medical data points and assess your specific symptoms before you even see a doctor.



## Connect with a doctor

The app can connect you to a board-certified doctor through a Virtual Text Visit or Video Visit right from your phone or tablet.

Virtual Text Visits offer the convenience and privacy of texting with a qualified doctor anytime, anywhere. Through a Virtual Video Visit, the doctor will be able to see what you're experiencing and diagnose your symptoms. They can talk about your treatment options and order prescriptions and labs, as needed. They can also let you know whether you need an in-person visit as a next step.



## Save money

The Sydney Health Symptom Checker is free. Virtual Text Visits cost less than most copays, at \$19 or less per visit depending on your plan. Virtual Video Visits through LiveHealth Online are \$59 or less, depending on your plan.




Sydney Health is offered through an arrangement with CareMarket, Inc. Sydney and Sydney Health are trademarks of CareMarket, Inc.


LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.


Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](http://anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association, Anthem is a registered trademark of Anthem Insurance Companies, Inc.


127937MUMENABS VPOD BY 10/20



Download the free Sydney Health mobile app today. You'll be able to check your symptoms when you're sick and connect to care directly from your mobile device.

GET IT ON  Google Play

Download on the  App Store





# Sydney™ Health makes healthcare easier

Access personalized health and wellness information wherever you are

The Sydney Health mobile app is the one place to keep track of your health and your benefits. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

## Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you such as gender, languages spoken, or location.

## My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals.

## Live Chat

Find answers quickly with the Live Chat tool in Sydney Health. You can use the interactive chat feature or talk to an Anthem representative when you have questions about your benefits or need information.

## Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker, then consult with a doctor through a video visit or text session.

## Community Resources

This resource center helps you connect with organizations offering free and reduced-cost programs to help with challenges such as food, transportation, and child care.

## My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.



Download Sydney Health today

Use the app anytime to:

- Find care and compare costs
- See what's covered and check claims
- View and use digital ID cards



Use your smartphone camera to scan this QR code



Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield. ©2020-2021.

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# Connect with virtual support using Sydney Health or anthem.com

Now you can connect to the care you need through the Sydney Health mobile app or **anthem.com**. Have a live video visit with a board-certified doctor, therapist, or psychiatrist on your smartphone, tablet, or computer with a camera.

## Visit with a doctor for common health conditions

Doctors that you see online can help you with common conditions such as the flu, a cold, fever, and rashes. Doctors are available 24/7 with no appointments or long wait times. During an online video visit, doctors can assess your condition, give medical advice, and send prescriptions to the pharmacy of your choice, if needed.<sup>1</sup>

## Connect with mental health support from home

If you're feeling anxious, depressed, or having trouble coping with problems at home or at work, you can talk with a therapist online. In most cases, you can set up a secure visit seven days a week.<sup>2</sup> You can also schedule a visit with a psychiatrist for support on managing your medication.<sup>3</sup>

**Download Sydney Health or sign up at anthem.com today to connect with support when you need it most.**

### What people say about online visits<sup>4</sup>



96%

Said the person they saw (provider) was professional and helpful



96%

Felt provider understood their concerns



94%

Were able to book a virtual visit sooner than an in-person visit

<sup>1</sup> Prescription availability is defined by physician judgment.

<sup>2</sup> Appointments subject to availability of a therapist.

<sup>3</sup> Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using Sydney Health. Psychiatrists on Sydney Health will not offer counseling or talk therapy.

<sup>4</sup> Based on Sydney Health utilization trends from top 10 national clients.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 800-273-8255 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Sydney Health does not offer emergency services.

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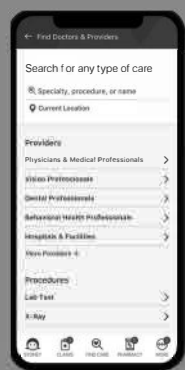
# Connect with the care that's right for you

The Find Care tool helps you search for doctors/dentists and compare costs

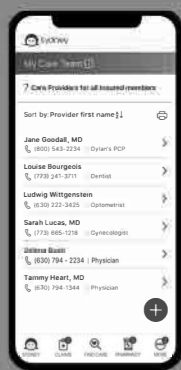
Choosing a provider you trust is important — and choosing one in your plan's network can help keep your costs down. Finding high-quality, cost-effective care is simple when you use the Find Care tool on the Sydney Health mobile app or [anthem.com](http://anthem.com).

## How to use Find Care

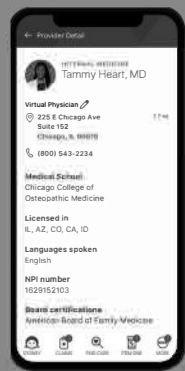
The Find Care tool brings together details about doctors, dentists, hospitals, labs, and healthcare facilities in your plan's network. You can easily compare information such as costs, location, and office hours. You can:



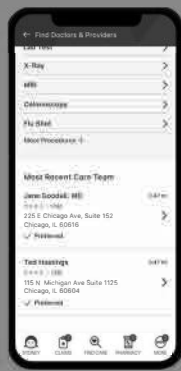
**1** Search for providers and facilities in your plan's network by name, specialty, or procedure.



**2** Customize the list of providers you see in your search based on factors that are most important to you, such as languages spoken, affiliated hospitals, and location.



**3** Review details about doctors/dentists such as their specialties, gender, educational background, and contact information.



**4** Choose a doctor/dentist from the list to review their patient ratings and compare costs for services.

## Choose with confidence

You can start using **Find Care** by downloading the Sydney Health app to your mobile device or logging in to [anthem.com](http://anthem.com). Select **Find Care** and the Find Care tool will guide you through the steps.

## We're ready to help you

The Find Care tool empowers you to take control of your healthcare by helping you connect with high-quality care options. If you have questions, you can reach us using the interactive chat feature on the Sydney Health app or through the Message Center on [anthem.com](http://anthem.com).



Download Sydney Health today to find a provider that's right for you



Use your smartphone camera to scan this QR code.



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# When you need care quickly

Knowing where to go can save you time and money

When you need care right away, the emergency room (ER) might be the first place that comes to your mind. However, the ER may not be the best choice in every situation. You have options when you have a sudden need for care, and knowing what they are can help you save time and money – and feel better sooner.

## Where to go for care

Going to the ER or calling 911 is always your best option for emergencies. If it's not an emergency, you can see your primary care physician (PCP), have a virtual visit with a doctor, or go to a retail health clinic or urgent care center. This chart compares those options:<sup>1</sup>

| <p><b>PCP</b></p> <p>Usually available during normal business hours and may also provide medical advice by phone after hours</p>  | <p><b>Virtual care</b></p> <p>24/7 access to doctors through the Sydney Health<sup>SM</sup> app, no appointment needed</p> | <p><b>Retail health clinic</b></p> <p>Walk-in care clinics located in certain drugstores and major retailers</p> | <p><b>Urgent care center</b></p> <p>Stand-alone facilities, open extended hours</p>   | <p><b>Emergency room</b></p> <p>Stand-alone facilities or part of hospitals, open 24/7</p>   |
|---|--|--|---|--|
|    |   |                               |    |   |
| <p>cost<sup>7</sup>   average wait<sup>2</sup></p> <p><b>\$\$</b>   <b>18 min</b></p>   | <p>cost   average wait<sup>3</sup></p> <p><b>\$</b>   <b>10 min</b></p>  | <p>cost   average wait<sup>4</sup></p> <p><b>\$\$</b>   <b>30 min</b></p>  | <p>cost   average wait<sup>5</sup></p> <p><b>\$\$\$</b>   <b>30 min</b></p>   | <p>cost   average wait<sup>6</sup></p> <p><b>\$\$\$\$</b>   <b>90 min</b></p>  |
| <p>Mild asthma, back pain, flu-like symptoms, allergies, fever, sprains, diarrhea, eye or sinus infection, rash, urinary tract infection (UTI), sore throat, earaches, bumps, minor cuts and scrapes, and other nonemergency symptoms</p> | <p>Flu-like symptoms, allergies, fever, sinus pain, diarrhea, eye infection, rash, UTI</p>                                 | <p>They help ensure tests<br/>Sore throat, earaches, bumps, minor cuts and scrapes, UTI</p>                      | <p>Sprain and strains, nausea, diarrhea, ear or sinus pain, minor allergic reactions, cough, sore throat, minor headache, UTI</p> | <p>Signs of a heart attack (chest pain) or stroke (sudden numbness and slurred speech), difficulty breathing, and severe burn or bleeding – and any other symptoms where it is reasonable to think you are having a life-threatening emergency or your health is in serious jeopardy</p> |



## How to find the care you need:

1. Go to [anthem.com](https://www.anthem.com) or download the Sydney Health mobile app from the App Store® or Google Play™. Then, log in to:
  - Find a doctor if you don't have a PCP.
  - Have a virtual visit with a doctor using the Sydney Health<sup>SM</sup> mobile app.
  - Find a retail health clinic, urgent care center, or ER.
2. Choose **Find Care** and follow the steps.



### Did you know?

The average total cost of an ER visit can be up to **10 times** more than an urgent care center visit. ER wait time is usually about **three times** more than at an urgent care center.<sup>8</sup>



### Learn more about your healthcare options

Use your phone's camera to scan this QR code.



Sources:  
1 The care options and list of symptoms are not all-inclusive. If possible, consult your PCP for more guidance.  
2 Business Wire: *9th Annual Vitals Wait Time Report Released* (accessed July 2021): [businesswire.com](https://www.businesswire.com).  
3 LiveHealth Online, internal data 2020.  
4 Healthcare Finance: *Patient wait times show notable impact on satisfaction scores, Vitals study shows* (accessed July 2021): [healthcarefinancenews.com](https://www.healthcarefinancenews.com).  
5 Urgent Care Association: *UCA 2019 Benchmarking Report* (accessed July 2021): [ucaaa.org](https://www.ucaaa.org).  
6 Harvard Business Review: *To Reduce Emergency Room Wait Times, Tie Them to Payments* (accessed July 2021): [hbr.org](https://www.hbr.org).  
7 Costs are ranked according to the member's estimated out-of-pocket costs and average health plan copays. Each plan may have different costs. Nonemergency care outside of your network may cost more out of pocket or may not be covered at all. \$ = lower cost, and \$\$\$ = higher cost.  
8 Call the Member Services number on your ID card if you have questions about your plan.  
8 Healthgrades: *Should You Go to the ER or Urgent Care? How to Decide* (accessed July 2021): [healthgrades.com](https://www.healthgrades.com).

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# Protecting your health and wellness

Discover no-cost programs that can help

Your health plan comes with programs to help you confidently care for your well-being. It doesn't matter what health issues you may be experiencing or even what stage of life you're in – there is a program for everyone.

## ConditionCare

Managing chronic conditions, such as asthma, diabetes, chronic obstructive pulmonary disease (COPD), or heart disease requires extra care and attention. To help you be at your best, the ConditionCare program offers free resources, including:

- 24/7 phone access to nurses who can address your health questions and concerns.
- Support from healthcare professionals to help you reach your health goals.
- Educational guides and useful tools to help you learn more about a certain condition.



## Connect with the support you need

- 24/7 NurseLine: **800-337-4770**
- ConditionCare: **866-962-1065**
- Find Building Healthy Families in your plan's mobile health app.



## Building Healthy Families

Whether trying to conceive, expecting a child, or in the thick of raising young children, Building Healthy Families offers personalized, digital support to help each family navigate their unique journey. You can find Building Healthy Families in your plan's mobile health app to do things like:

- Track baby's feedings, diaper changes, and developmental milestones.
- Monitor prenatal health risks and receive updates on your pregnancy progress.
- Explore a library with thousands of educational articles and videos.
- Connect with one-on-one pregnancy support in the app or over the phone.



## 24/7 NurseLine

When your allergies flare up on the weekend or your little one spikes a fever at 3 a.m., you can ask a registered nurse for advice by calling 24/7 NurseLine. Nurses are ready any time of the day or night to:

- Answer your questions.
- Recommend where to go for care when your doctor isn't available.
- Help you find healthcare professionals in your area.
- Enroll you and your dependents in health management programs.
- Remind you about important preventive screenings and exams.

# Enroll today

1. Visit [anthem.com](https://www.anthem.com) or log in to Sydney Health.
2. Find *Featured Programs* at the bottom of the homepage.
3. Select **View All** then choose the **Building Healthy Families** tile.



You can also scan this QR code with your phone's camera to get started.

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# You can take your benefits with you

with the BlueCard® PPO and Blue Cross Blue Shield Global® Core programs

If you are away from home and you need care right away, you're covered. As an Anthem Blue Cross and Blue Shield (Anthem) member, you have access to care across the country through the **BlueCard® PPO Program**. This includes **95% of doctors and 96% of hospitals in the U.S.**<sup>1</sup>

## To access care across the U.S., you can:



**Call 911 or go to the nearest hospital in an emergency.\***



**Go to [anthem.com](https://www.anthem.com)**, log in and use the **Find a Doctor** tool to search for a BlueCard PPO Program doctor or hospital.



**Use the Sydney Health mobile app** to search for a BlueCard PPO Program doctor or hospital. You can receive turn-by-turn directions to the nearest doctor, urgent care center or hospital.



**Call Member Services** at the number on your ID card. They can help you find a doctor or hospital.

\*You or a family member needs to call the Member Services number on your ID card within 24 hours (48 hours for members in Indiana) after going to the hospital or as soon as you can.

## General tips for traveling

### Here is what you need to know:

- Ask Member Services if your international benefits are different before leaving the country.
- Call Member Services to understand if you need to be preapproved for any type of care. The number is on your ID card.
- Save money by seeing a BlueCard program doctor or hospital. You only pay your usual out-of-pocket amounts (such as a deductible, your percentage of costs or copay). If you go to a doctor or hospital outside the program, you will need to pay the entire bill up front.
- Show your Anthem ID card so the doctor or hospital can check your benefits and send us a claim for processing.

### Your member ID card is always with you



The “PPO-in-a-suitcase” symbol shows you can receive care from BlueCard PPO Program doctors and hospitals. You can also carry a digital ID card wherever you go. Find it by logging on to [anthem.com](https://www.anthem.com) or the Sydney Health mobile app.

# Access care around the world

Use the **Blue Cross Blue Shield Global<sup>®</sup> Core Program**. It gives you access to preferred doctors and hospitals in 190 countries and territories around the world.<sup>2</sup>

## To access care outside the U.S.:



**Go straight to the nearest hospital in an emergency.**



**Go to [bcbsglobalcore.com](http://bcbsglobalcore.com)** to search for a doctor or hospital.



**Use the Blue Cross Blue Shield Global Core app** to find a doctor or hospital.



**Call the Blue Cross Blue Shield Global Core Service Center** 24/7 at **1-800-810-2583 (BLUE)** or call collect at **1-804-673-1177**. They can help you set up a doctor visit or hospital stay.

### Before you access care outside of the U.S.

Unless it's an emergency, please call the Global Core Service Center before accessing care outside the U.S. Global Core will work with the doctor and Anthem to approve and accept a Guarantee of Payment (GOP). If you receive care from a doctor or hospital that has not accepted a GOP:

1. You will need to pay up front in full for your care.
2. Download an international claim form at [bcbsglobalcore.com](http://bcbsglobalcore.com) or call Member Services at the number on your ID card for help.
3. Fill out the claim form and send it with the original bills to the Blue Cross Blue Shield Global Core Service Center. You can submit claims through the mobile app, email or postal mail.

Your health benefits are your travel companion. They go where you go, so you will never have to worry about coverage when you're away from home.

## You can download the Blue Cross Blue Shield Global Core app today

### With the app, you can:

- Search for a doctor or hospital.
- Submit claims.
- Find help with medical terms and phrases for many symptoms translated – and even use an audio feature to play the translation.
- Find a drug's generic name, local brand name and check whether it's available.
- Receive information about how to find and contact a U.S. embassy.




# Wellbeing Solutions





## Focus on your well-being and earn rewards up to \$500

### The more activities you complete, the greater your reward

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the activities listed below sponsored by your employer, you'll earn rewards to put toward electronic gift cards for select retailers. You choose the activities you'd like to complete to receive the maximum of \$500.

| Activity Type   | Activities  | Amount |
|---|---|--------|
| <br><b>Preventive care</b> | Have an annual preventive wellness exam or well-woman exam with your doctor | \$20   |
|   | Get an annual cholesterol test <sup>1</sup>                                 | \$5    |
|   | Have a colorectal cancer screening (ages 45 and older)                      | \$25   |
|   | Have a routine mammogram (women ages 40 to 74)                              | \$25   |
|   | Have an annual eye exam <sup>2</sup>  | \$20   |
|   | Get an annual flu shot  | \$10   |



| Activity Type   | Activities  | Amount                                    |
|---|---|---|
| <br><b>Condition management programs</b>     | ConditionCare: Work one on one with your health coach and earn rewards for participating in and completing the program <sup>3</sup>   | Up to \$100 (\$40/\$60)                   |
|   | Building Healthy Families: Support is available through the Sydney <sup>SM</sup> Health app wherever you are in your family planning process, such as trying to conceive or raising your toddler <sup>4</sup> | \$75 (\$15/\$20/\$20/\$20)                |
|   | Well-being Coach – Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward <sup>5</sup>  | \$50                                      |
|   | Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward <sup>6</sup>  | \$50                                      |
|   | Complete a diabetic foot exam   | \$25                                      |
|   | Have diabetic lab tests   | \$30                                      |
| <br><b>Digital &amp; wellness activities</b> | Log in to your Anthem account   | \$5                                       |
|   | Connect a fitness or lifestyle device   | \$5                                       |
|   | Complete a health assessment and receive tailored health recommendations  | \$20                                      |
|   | Complete action plans around eating healthy, weight management, and physical activity   | Up to \$20 (\$4 per action)               |
|   | Track your steps  | Up to \$60 (\$2 per 50,000 steps tracked) |
|   | Complete Well-being Coach digital daily check-ins <sup>7</sup>  | Up to \$20 (\$4 per milestone)            |
|   | Update your contact information   | \$15                                      |
|   | Participate in the Emotional Wellbeing Resources Program  | \$5                                       |
| Read five articles or watch five videos on Sydney Health or at <b>anthem.com</b>  | \$5   |   |

### Well-being Coach can help you meet your goals

The Well-being Coach digital coaching app from Lark offers you 24/7 personalized support. Well-being Coach can help you maintain a healthy weight, quit tobacco, and improve your nutrition, exercise habits, mindfulness, and sleep. If you need extra support with weight management or quitting tobacco, talk to a certified health coach.

Access Well-being Coach in the Sydney Health app or at **anthem.com**.

### Earn rewards

Here's how and when you'll earn rewards for completing the activities already mentioned.

**Preventive care:** Simply visit your doctor for any of the screenings or appointments listed in the chart. Your rewards are added to your account after your claim is processed, which may take up to 60 days

**Condition management:** Rewards are added to your account as you meet certain benchmarks or complete a program. Programs include: ConditionCare (for asthma, diabetes, and heart or lung conditions), Building Healthy Families, and Well-being Coach for weight management and tobacco cessation.

**Digital and wellness activities:** Log in to the Sydney Health app or **anthem.com** to complete available activities, such as taking a health assessment, participating in the Well-being Coach digital program, and tracking your steps. Rewards are added to your account as activities are completed.

## Use your rewards toward electronic gift cards for select retailers.

- 1 To view your rewards, open the Sydney Health app or go to **anthem.com**. Next, go to *My Health Dashboard*.
- 2 Select **My Rewards**.
- 3 Select **Redeem Rewards** to see how much you've earned. Use your rewards toward electronic gift cards from popular retailers, including Amazon, Uber, Gap Options (all brands), Apple, Target, The Home Depot, and TJ Maxx. The minimum gift card amount is set by each individual retailer.



Download the Sydney Health mobile app by scanning this QR code with your phone's camera.

## Do you have questions?

Log in at **anthem.com** or open the Sydney Health app. Then go to *My Health Dashboard* and select **My Rewards** to learn more. You can also call Member Services at the number on your ID card.

1 Annual cholesterol test eligibility: men 35 years and older, women 40 years and older with a full cholesterol (lipid) panel.

2 Annual eye exam reward is available if employer provides vision coverage through Anthem.

3 Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in 1 of 5 ConditionCare programs and completion for 1 of 5 ConditionCare programs: (chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), asthma, diabetes, and congestive heart failure (CHF). Rewards include: \$40 for program participation and \$60 for program completion.

4 Building Healthy Families milestone completion dates: BHF Pregnancy Screener must be completed in first trimester; at least 1 of 6 mini assessments must be completed by one day prior to delivery; postpartum assessment must be completed by 56 days after delivery. Building Healthy Families rewards include: \$15 for profile completion; \$20 for a BHF Pregnancy Screener; \$20 for completing at least 1 of 6 mini assessments; \$20 for a postpartum assessment.

5 Well-being Coach Weight Management program (telephonic) is available for members who are identified as high risk based on a body mass index (BMI) of 30 or higher.

6 Well-being Coach Tobacco Cessation program (telephonic) is available for members who are identified as high risk based on any tobacco usage.

7 Members may earn rewards for completing quarterly Well-being Coach digital milestones while logging daily check-in activities on the app. Daily check-in reward values: first check-in: \$4; next 15 check-ins during first quarter: \$4; 25 check-ins during second through fourth quarters: \$4 each quarter. Log in to Sydney Health or anthem.com to download the Well-being Coach digital app. Well-being Coach is provided by Lark Health.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023

We encourage you to actively participate in your rewards program. Rewards earned should be redeemed before the end of the current plan year. Unused rewards are forfeited three months after the end of your plan year. Make sure to redeem them before then.

All preventive care activities are claims-based, which means your completion is determined when a claim is processed. Medical waivers apply to claim-based activities.

Rewards eligibility applies only to subscribers and their enrolled spouse/domestic partner. Members must be active on the plan and their activity must take place during the plan year.

A subscriber and spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim.

The reward amount you receive may be considered income to you and subject to state and federal taxes in the tax year it is paid. You should consult a tax expert with any questions regarding tax obligations.

Electronic gift card availability may vary. The list of retailers available for electronic gift card rewards redemption is subject to change. Log on to anthem.com or open the Sydney Health app to explore the electronic gift card options available to you.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company, Inc. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



## A program focused on helping you improve your health Introducing digital diabetes prevention coaching

Roughly 88 million Americans are living with prediabetes but 84% aren't even aware they have it.<sup>1</sup> Prediabetes often doesn't cause symptoms, but it does increase the risk of developing type 2 diabetes, heart disease, and stroke. That's why Anthem partnered with Lark to offer a diabetes prevention program that can help determine if you're at risk for prediabetes and if needed, take steps to address it.

### This program can help you:



Lose  
weight



Eat  
healthier



Increase  
activity



Sleep  
better



Manage  
stress

### Better health is within reach

Participation in this program is at no extra cost as part of your health plan. Track progress, check in with a personalized coach, and learn more about prediabetes right in Lark's free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help make small changes that can improve health and decrease risk over time.



## Weight loss with Lark

Losing weight can make a difference in lowering risk for type 2 diabetes. Lark members lose an average of 4.2% of their body weight in 12 months on the diabetes prevention program.<sup>2</sup> Participants in the program receive a wireless scale at no extra cost to help track weight loss progress. The scale also syncs with the Lark app so participants can share updates with their coach.

## 24/7 coaching support

Losing weight and making lifestyle changes can feel intimidating even if it can lead to better health. Coaches can help you stay motivated. If you enroll in the program, you can send a message to a coach anytime from anywhere and receive an immediate response as well as extra support. During the course of the program, coaches will:

- Provide educational information on prediabetes and preventing type 2 diabetes.
- Be available 24/7 through the Lark mobile app to provide personalized coaching.
- Customize a program based on your food preferences and lifestyle.
- Provide information about how stress affects your health and how to cope with it.

**You are in control of your health. Prevent diabetes and start improving your overall health and well-being today.**



## Learn if you are at risk for prediabetes

Scan the QR code to download the Sydney<sup>SM</sup> Health mobile app and login using your existing health plan credentials. Once you login, you will find the Lark DPP screen under Programs in My Health Dashboard to take the one-minute survey.



<sup>1</sup> Centers for Disease Control and Prevention website: *Prediabetes - Your Chance to Prevent Type 2 Diabetes* (accessed October 2021): [cdc.gov](https://www.cdc.gov).

<sup>2</sup> Lark internal data

Diabetes Prevention Program is provided by Lark, an independent company.

Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield ©2021-2022.

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# Prescriptions made easier

## Your health is in your hands

Your prescription drug coverage is important to your health. With pharmacy benefits from Anthem, powered by CarelonRx, you can track and manage all of your prescriptions in one convenient place. Refill and renew prescriptions, find a pharmacy, and check the cost of medications.

To get started, log in to [anthem.com](http://anthem.com), go to My Plans, and then go to Pharmacy. You can also use the Sydney<sup>SM</sup> Health mobile app.

### All of your prescription information in one place

Think of this as a digital version of your medicine cabinet at home. It provides real-time information about your prescriptions, including dosage, days' supply, and the last fill date. You can view your prescription history, check the number of refills left, and request to switch eligible prescriptions to CarelonRx Mail.

### No-hassle refills and renewals

Refills and renewals are at your fingertips when you choose CarelonRx Mail. You can turn on automatic refills and renewals, check order status, get notices when your order ships or if something needs your attention, and manage your payments and account balance.



### Find ways to save

When you need prescriptions, you can check prices before you get them. See if a generic drug will save you money or if home delivery makes more sense than getting prescriptions at your retail pharmacy. We'll help you understand your options so you can make informed choices for you and your family. You can also save on your prescriptions with available refill pharmacy coupons.

### Choose how to stay in touch

When it's time for a refill or when you're due for a health screening, you decide if you'd like us to reach you through a call, email, or text. Opt in or out of alerts and set your payment preferences too.

Log in to [anthem.com](http://anthem.com) or download the Sydney Health app to find out how to get the most from your benefit plan.

CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022.

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# Employee Assistance Program Service Summary Kentucky EAP



Available 24/7, 365 days a year  
Everything you share is confidential\*

Life can be full of challenges. Your Anthem Employee Assistance Program (EAP) is here to help you and your household members. EAP offers a wide range of **no-cost** support services and resources, including:



### Counseling

- Up to 3 visits per issue
- In-person or online visits
- Call EAP or use the online Member Center to initiate services



### Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Free legal resources, forms, and seminars online



### Financial consultation

- Phone meeting with financial professionals
- Regular business hours; no appointment required
- Free financial resources and budgeting tools online



### ID recovery

- Help reporting to consumer credit agencies
- Assistance with paperwork and creditor negotiations



### Dependent care and daily living resources

- Online information about child care, adoption, elder care, and assisted living
- Phone consultation with a work-life specialist
- Help with pet sitting, moving, and other common needs



### Other anthemEAP.com resources

- Well-being articles, podcasts, and monthly webinars
- Self-assessment tools for emotional health issues



### Crisis consultation

- Toll-free emergency number; 24/7 support
- Online critical event support during crises

**We are ready to support you**

You can call us at **800-999-7222**, or go to **anthemEAP.com** and enter your company code: **Anthem Kentucky**

**When something unexpected happens, EAP can help you figure out your next steps. Contact us today.**

\* In accordance with federal and state law, and professional ethical standards.

This document is for general informational purposes. Check with your employer for specific information on the services available to you.

Language Access Services – (TTY/TDD: 711)

Spanish – Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.

Chinese – 您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。

Anthem complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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# GoodRx

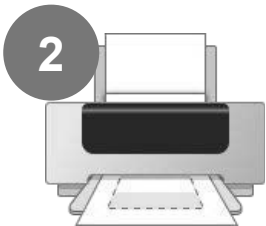
## Stop Paying Too Much for Your Prescriptions

### Follow these 3 steps for savings:



### Compare prices online GoodRX.com

GoodRx collects prices and discounts from over 70,000 U.S. pharmacies



### Print free coupons

Or send coupons to your phone by email or text message



### Save up to 80%

Show the coupon to your pharmacist for massive savings on your meds

GoodRx is a great resource to shop for prescriptions and compare pharmacy prices.

GoodRx is **NOT** associated with your company sponsored health insurance program. This is a free, web-based tool anyone can use for potential prescription savings. Your employer does not guarantee any information provided on GoodRx, this is for information purposes only.

#### How can GoodRx help me?

GoodRx gathers current prices and discounts to help you find the lowest cost pharmacy for your prescriptions. GoodRx is 100% free. No personal information required.

#### What are GoodRx coupons?

GoodRx coupons will help you pay less than the cash price for your prescription. They're free to use and are accepted at virtually every U.S. pharmacy. Your pharmacist will know how to enter the codes on the coupon to pull up the lowest discount available

#### How do I use a GoodRx coupon?

It's similar to using a coupon at a grocery store. Simply print the coupon and bring it with you to the pharmacy when you pick up your prescription. The pharmacist will enter the numbers on the coupon into their system to find the discount. If you can't print the coupon, you can download and share from your mobile device

#### Does GoodRx cost of Prescriptions count towards my Anthem BCBS Out-of-Pocket Annual Limit?

Not automatically! In order for you to obtain credit for money paid for prescriptions obtained through GoodRx, you must complete the **Anthem/Ingenio Rx** claim form as instructed and submit directly to **Anthem/Ingenio Rx** (mail or fax).

Please note the claim form is specific and will require the Pharmacists signature. Claims will not be processed without a complete form.

Information provided by:



## Delta Dental of Kentucky Delta Dental PPO plus Premier Summary of Dental Plan Benefits

**Group Name:** Gearheart Communications

**Group Number:** 712910

**Covered Services –**

|   | Delta Dental<br>PPO Dentist | Delta Dental<br>Premier Dentist | Non-<br>participating<br>Dentist |
|---|-----------------------------|---------------------------------|----------------------------------|
|   | Plan Pays                   | Plan Pays                       | Plan Pays*                       |
| <b>Diagnostic &amp; Preventive</b>  |                             |                                 |                                  |
| <b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers | 100%                        | 100%                            | 100%                             |
| <b>Emergency Palliative Treatment</b> – to temporarily relieve pain                           | 100%                        | 100%                            | 100%                             |
| <b>Sealants</b> – to prevent decay of permanent teeth   | 100%                        | 100%                            | 100%                             |
| <b>Brush Biopsy</b> – to detect oral cancer   | 100%                        | 100%                            | 100%                             |
| <b>Radiographs</b> – X-rays   | 100%                        | 100%                            | 100%                             |
| <b>Basic Services</b>   |                             |                                 |                                  |
| <b>Minor Restorative Services</b> – fillings and crown repair                                 | 80%                         | 80%                             | 80%                              |
| <b>Endodontic Services</b> – root canals  | 80%                         | 80%                             | 80%                              |
| <b>Periodontic Services</b> – to treat gum disease  | 80%                         | 80%                             | 80%                              |
| <b>Oral Surgery Services</b> – extractions and dental surgery                                 | 80%                         | 80%                             | 80%                              |
| <b>Other Basic Services</b> – misc. services  | 80%                         | 80%                             | 80%                              |
| <b>Denture Repair</b> – repairs to complete or partial dentures                               | 80%                         | 80%                             | 80%                              |
| <b>Major Services</b>   |                             |                                 |                                  |
| <b>Major Restorative Services</b> – crowns  | 80%                         | 80%                             | 80%                              |
| <b>Fixed Prosthodontic Repair</b> – to bridges  | 80%                         | 80%                             | 80%                              |
| <b>Implant Repair</b> – implant maintenance, repair, and removal                              | 80%                         | 80%                             | 80%                              |
| <b>Relines and Rebase</b> – to dentures   | 80%                         | 80%                             | 80%                              |
| <b>Adjustments to Dentures</b> – adjustments to complete or partial dentures                  | 80%                         | 80%                             | 80%                              |
| <b>Prosthodontic Services</b> – bridges, implants, and dentures                               | 80%                         | 80%                             | 80%                              |
| <b>Orthodontic Services</b>   |                             |                                 |                                  |
| <b>Orthodontic Services</b> – braces  | 80%                         | 80%                             | 80%                              |
| <b>Orthodontic Age Limit</b> –  | No Age Limit                |                                 |                                  |

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year. Limited oral evaluations for a specific problem or complaint are also payable twice in the same calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in a lifetime.
- Fluoride treatments are payable once per calendar year for people up to age 19.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per five-year period for the occlusal surface of first and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on bridges are Covered Services on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

**Deductible** – \$75 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth).

**Maximum Payment** – \$2,000 per person total per Benefit Year on all services, except cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth). \$1,500 per person total per lifetime on cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth).

**Dependent Age Limit** – Unmarried dependent children are eligible to the end of the month in which they attain the age of 26.

**Eligible People** – The subscriber (you) is eligible for dental benefits when your employer or organization notifies Delta Dental.

Also eligible at your option are your legal spouse and your children who meet the age requirements noted above. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your spouse are both eligible under this Contract, you may be enrolled as both a Subscriber on your own application and as a dependent on your spouse's application. Your dependent children may be enrolled on both applications as well. Delta Dental will coordinate benefits.

Benefits will cease on the last day of the month in which the employee is terminated.

**This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflict with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages above are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.\***



# VSP® Vision Savings Pass™

VSP Vision Savings Pass is a discount vision program that offers immediate savings on eye care and eyewear. This is not an insurance plan.



### See the Savings

- Access to discounts through a trusted, private-practice VSP doctor
- One rate of \$50 for an eye exam<sup>1</sup>
- Special pricing on complete pairs of glasses and sunglasses
- 15% savings on a contact lens exam<sup>2</sup>
- Unlimited use on materials throughout the year
- Exclusive Member Extras, like rebates and special offers



### Unlimited Annual Material Use<sup>3</sup>

Your VSP Vision Savings Pass can be used as often as you like throughout the year. With the best choices in eyewear, we make it easy to find the perfect frame that's right for you, your family, and your budget. Choose from great brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more.<sup>4</sup>

### How to Use Your VSP Vision Savings Pass

1. Find a VSP doctor at **vsp.com** or call **800.877.7915**.
2. Save immediately on eye exam<sup>1</sup> and eyewear at the time of service.
3. Take advantage of your VSP Vision Savings Pass over and over - use is unlimited on materials.<sup>3</sup>

| Service                 | Reduced prices and savings  |
|-------------------------|---|
| Wellvision Exam®        | <ul style="list-style-type: none"> <li>• \$50 with purchase of a complete pair of prescription glasses.</li> <li>• 20% off without purchase.</li> <li>• Once every calendar year.</li> </ul>  |
| Retinal Screening       | <ul style="list-style-type: none"> <li>• Guaranteed pricing with Wellvision Exam, not to exceed \$39.</li> </ul>  |
| Lenses                  | With purchase of a complete pair of prescription glasses: <ul style="list-style-type: none"> <li>• Single Vision \$40</li> <li>• Lined trifocals \$75</li> <li>• Lined bifocals \$60</li> <li>• Polycarbonate for children \$0</li> </ul> |
| Lens Enhancements       | <ul style="list-style-type: none"> <li>• Average savings of 20-25% on lens enhancements such as progressive, scratch-resistant and anti-reflective coating.</li> </ul>  |
| Frames                  | <ul style="list-style-type: none"> <li>• 25% savings when a complete pair of prescription glasses is purchased.</li> </ul>  |
| Sunglasses              | <ul style="list-style-type: none"> <li>• 20% savings on unlimited non-prescription sunglasses from any VSP doctor within 12 months of your last Wellvision Exam.</li> </ul>   |
| Contact Lenses          | <ul style="list-style-type: none"> <li>• 15% savings on contact lens exam (fitting and evaluation).</li> </ul>  |
| Laser Vision Correction | <ul style="list-style-type: none"> <li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>   |

**SEE WHY WE'RE CONSUMERS' #1 CHOICE IN VISION CARE<sup>5</sup>**

**Contact us.  
vsp.com | 800.877.7195**

1. This cost is only available with the purchase of a complete pair of prescription glasses; otherwise, you'll receive 20% off an eye exam only.  
 2. Applies only to contact lens exam, not materials. You are responsible for 100% of the contact lens material cost.  
 3. Unlimited use is for materials only. An eye exam is limited to once a year per member.  
 4. Brands subject to change.  
 5. Blueocean Market Intelligence National Vision Plan Member Research, 2014.

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan is not a Qualified Health Plan under the Affordable Care Act. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN. There is no cost to join this discount program. The plan provides discounts at certain health care providers for services. The range of discounts will vary depending on the type of provider and service. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have agreed to provide discounts. The plan and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. This plan is not available in Washington. Void where prohibited.

# Hearing Health Care Program Brought to you by Delta Dental of Kentucky



**Listen Up!** 1 in 9 Americans are affected by hearing loss. If you think you may have hearing loss, rest easy. Delta Dental Of Kentucky has teamed up with Amplifon to offer you quality hearing health care.

## AMPLIFON HEARING HEALTH CARE PROGRAM

| Your Program        | Benefit Description  | Benefit Plan              |
|---------------------|--|---------------------------|
| Diagnostic Services | Hearing Exam   | Up to \$125*              |
| Hearing Devices     | Includes all major brands and technology levels  | Up to \$2,995* Per Device |
| Other Services**    | 1 year of free follow-up care<br>2 years of free batteries<br>3-year warranty for loss, repairs, or damage | Included                  |

\*The cost of a hearing exam may be as low as \$45. The cost per hearing aid through the Essential Plan may be as low as \$695.

Custom hearing solutions  
We find the solution that best fits your lifestyle and your budget from one of our 10 manufacturers.

Risk-free 60-day Trial  
100% money-back guarantee.

Continuous Care  
One year free follow-up care, two years free batteries, and a three-year warranty.

Hearing aid low price guarantee  
If you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5%!

## HEARING LOSS AFFECTS PEOPLE OF ALL AGES

*Percentage of hearing loss by age*

|           |            |           |             |            |            |
|-----------|------------|-----------|-------------|------------|------------|
| Age 75+   | <b>50%</b> | Age 45-60 | <b>18%</b>  | School Age | <b>3%</b>  |
| Age 65-74 | <b>33%</b> | Age 18-44 | <b>6.5%</b> | Newborn    | <b>.3%</b> |

**WHAT CAUSES HEARING LOSS**

- Excessive noise exposure is the leading cause of hearing loss in the United States in adults
- Ototoxic drugs can cause hearing loss, tinnitus or balance disorders. There are over 200 known medications including: NSAIDS, antibiotics, diuretics, some cardiac medicine, and more.
- Aging is also a cause of hearing loss. Over time, our ears change and the tiny hair cells that help us hear become damaged and cannot re-grow.
- Various illnesses and diseases can be associated with hearing loss. Some include Meningitis, Heart Disease, Diabetes, Ménière’s disease and Alzheimer’s, among others.
- Other factors can lead to a higher risk of hearing loss as well, such as obesity, birth defects, head injuries, family history, smoking, and more

**HOW CAN I PREVENT HEARING LOSS**

- Wear hearing protection and limit the time you’re exposed to noise
- Turn down the volume – keep music and TV volume at 50% or less
- Maintain a healthy lifestyle to avoid conditions such as high blood pressure and diabetes which contribute to hearing loss
- Avoid ototoxic medications – talk to your healthcare professional when drugs are prescribed

**WHEN SHOULD I GET MY HEARING CHECKED**

Hearing loss can come on gradually. You may not even notice it’s happening. As a rule of thumb, if your hearing test reports your hearing is OK, stick to once every three to five years. You should test your hearing annually if you are 55 or older or are experiencing any of the following:

- Consistent exposure to loud noises
- Difficulty understanding in noisy environments or in groups
- Hearing mumbling or feeling as though people are not speaking clearly
- Ringing in your ears

**DO I REALLY NEED HEARING AIDS?**

*My hearing isn’t THAT bad...*

Even mild hearing loss can negatively affect key areas of your life, including: mental health, physical health and income. Additionally, untreated hearing loss is usually more noticeable to other people than the actual hearing aids.

**ARE HEARING AIDS AFFORDABLE?**

Hearing aids are an investment, but don’t let the price tag scare you away from getting the treatment you deserve. A few ways to find cost savings while purchasing hearing aids, including:

|   |   |   |
|---|---|---|
| <p><b>The Amplifon Program</b><br/>With Amplifon, you have access to substantial savings on hearing devices and services.</p> | <p><b>Financing</b><br/>Amplifon offers interest free financing to those who qualify.</p> | <p><b>HSA, HRA, FSA</b><br/>You can use your pre-tax dollars from your health savings account to help pay for hearing aids.</p> |
|---|---|---|

[www.amplifonusa.com/deltadentalky](http://www.amplifonusa.com/deltadentalky)

\*\*Batteries - Maximum of 80 cells/ear per year. Risk-free trial - 100% money-back guarantee if not completely satisfied. No restocking or return fees. Warranty - Some exclusions apply. Limited to one-time claim for loss and damage. Manufacturer deductible may apply.  
 1 Source: <https://www.asha.org/articles/untreated-hearing-loss-in-adults/>  
 Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental Of Kentucky and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any 3rd party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.

**Welcome to your Blue View Vision plan!**

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at [anthem.com](http://anthem.com), or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at **1-866-723-0515**.

**Out-of-Network** – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

| YOUR BLUE VIEW VISION PLAN BENEFITS   | IN-NETWORK   | OUT-OF-NETWORK   | FREQUENCY                       |
|---|--|--|---------------------------------|
| <b>Routine Eye Exam</b>   |  |  |                                 |
| A comprehensive eye examination   | \$0 Copay  | Reimbursed Up To \$42  | Once every calendar year        |
| <b>Eyeglass Frames</b>  |  |  |                                 |
| One pair of eyeglass frames   | \$150 Allowance, then 20% off any remaining balance  | Reimbursed Up To \$45  | Once every calendar year        |
| <b>Eyeglass Lenses (instead of contact lenses)</b>  |  |  |                                 |
| One pair of standard plastic prescription lenses <ul style="list-style-type: none"> <li>• Single vision lenses</li> <li>• Bifocal lenses</li> <li>• Trifocal lenses</li> </ul>  | \$0 Copay<br>\$0 Copay<br>\$0 Copay  | Reimbursed Up To \$40<br>Reimbursed Up To \$60<br>Reimbursed Up To \$80            | Once every calendar year        |
| <b>Eyeglass Lens Enhancements</b>   |  |  |                                 |
| <i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i>   |  |  |                                 |
| <ul style="list-style-type: none"> <li>• Transitions Lenses (for a child under age 21)</li> <li>• Standard polycarbonate (for a child under age 21)</li> <li>• Factory Scratch Coating</li> </ul>   | \$0 Copay<br>\$0 Copay<br>\$0 Copay  | No allowance when obtained out-of-network  | Same as covered eyeglass lenses |
| <b>Contact Lenses (instead of eyeglass lenses)</b>  |  |  |                                 |
| <i>Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.</i> |  |  |                                 |
| <ul style="list-style-type: none"> <li>• Elective conventional (non-disposable)<br/>OR</li> <li>• Elective disposable<br/>OR</li> <li>• Non-elective (medically necessary)</li> </ul>   | \$150 Allowance, then 15% off any remaining balance<br><br>\$150 Allowance (no additional discount)<br><br>Covered in full | Reimbursed Up To \$105<br><br>Reimbursed Up To \$105<br><br>Reimbursed Up To \$210 | Once every calendar year        |

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

**EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)**

**Combined Offers.** Not to be combined with any offer, coupon, or in-store advertisement.

**Excess Amounts.** Amounts in excess of covered vision expense.

**Sunglasses.** Plano sunglasses and accompanying frames.

**Safety Glasses.** Safety glasses and accompanying frames.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

**Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

**Orthoptics.** Orthoptics or vision training and any associated supplemental testing

| OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY  |   | In-Network Member Cost<br>(after any applicable copay) |
|---|---|--|
| <b>Retinal Imaging</b> – at member’s option, can be performed a time of eye exam  |   | Not more than \$39                                     |
| <b>Eyeglass lens upgrades</b><br>When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies. | <ul style="list-style-type: none"> <li>○ Transitions lenses (Adults)</li> <li>○ Standard Polycarbonate (Adults)</li> <li>○ Tint (Solid and Gradient)</li> <li>○ UV Coating</li> <li>○ Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>○ Standard \$55</li> <li>○ Premium Tier 1 \$85</li> <li>○ Premium Tier 2 \$95</li> <li>○ Premium Tier 3 \$110</li> <li>○ Premium Tier 4 \$175</li> </ul> </li> <li>○ Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>○ Standard \$45</li> <li>○ Premium Tier 1 \$57</li> <li>○ Premium Tier 2 \$68</li> <li>○ Premium Tier 3 \$85</li> </ul> </li> <li>○ Other Add-ons 20% off retail price</li> </ul> |  |
| <b>Additional Pairs of Eyeglasses</b><br>Anytime from any Blue View Vision network provider   | <ul style="list-style-type: none"> <li>○ Complete Pair 40% off retail price</li> <li>○ Eyeglass materials purchased separately 20% off retail price</li> </ul>  |  |
| <b>Eyewear Accessories</b>  | Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.   | 20% off retail   |
| <b>Contact lens fit and follow-up</b><br>A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.                               | <ul style="list-style-type: none"> <li>○ Standard contact lens fitting<sup>3</sup></li> <li>○ Premium contact lens fitting<sup>4</sup></li> </ul>   | Up to \$55<br>10% off retail price                     |
| <b>Conventional Contact Lenses</b>  | <ul style="list-style-type: none"> <li>○ Discount applies to materials only</li> </ul>  | 15% off retail price                                   |

<sup>1</sup> Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

<sup>2</sup> Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.

<sup>3</sup> Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

<sup>4</sup> Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations.

Some of our in-network providers include:



| ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM   |
|--|
| Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at <a href="http://anthem.com">anthem.com</a> , select discounts, then Vision, Hearing & Dental. |

\* Discounts cannot be used in conjunction with your covered benefits.

**OUT-OF-NETWORK**

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at [anthem.com](http://anthem.com), or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

**TO FAX:** 866-293-7373  
**TO EMAIL:** [oonclaims@eyewearspecialoffers.com](mailto:oonclaims@eyewearspecialoffers.com)  
**TO MAIL:** Blue View Vision  
 Attn: OON Claims  
 P.O. Box 8504  
 Mason, OH 45040-7111

## Basic Life and AD&D Insurance

Lincoln Financial / Policy #000010184876



Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment. Our company provides Basic Life and AD&D insurance to all eligible employees at no cost to you.

This benefit includes:

- **Basic Life:** 300% of Annual Salary rounded to the next higher \$1,000 up to a maximum of \$500,000.
- **AD&D:** 100% of annual salary rounded to the next higher \$1,000, plus an additional \$50,000 up to \$200,000.
- **Guarantee Issue:** Insurance amounts in excess of \$425,000, including any increases more than \$25,000 over the GI, over a 12-month period based on the month of the policy anniversary date will require the submission and the approval of satisfactory evidence of insurability.
- **Basic Dependent Life:** Spouse: \$1,000, Children (14 days but less than 6 months): \$500, Children (6 months to age 26): \$1,000
- **REDUCTION SCHEDULE:** 35% at age 65; additional 25% of original amount at age 70; an additional 15% of the original amount at age 75; benefits terminate at retirement. Spouse benefits ends at age 70.
- **Conversion of basic life is available after leaving. Contact Lincoln within 31 days of term date at 1-800-423-2765.**

## Voluntary Life and Accidental Death & Dismemberment Insurance Coverage

Lincoln Financial / Policy # GL 000400001000-17833



Employees may purchase additional Life and AD&D insurance. Any amounts elected over the guaranteed issue require evidence of insurability. Up to 5x's the Employee's Salary.

- Employees may elect \$10,000 - \$300,000.
- The guaranteed issue for employees under age 65 is \$150,000.
- Employees may elect Spousal Life at \$5,000 - \$150,000 up to 50% of the employee amount.
- The guaranteed issue for spouses under age 65 is \$30,000.
- Employees may elect up to \$10,000 for each dependent child.
- Employee and spouse rates are based on the insurance you choose and the applicable age band (**these premiums will be reflected in your online enrollment system**).
- **REDUCTION SCHEDULE:** Employee 35% at age 65; additional 25% at age 70, additional 15% at age 75, additional 15% at age 80. Benefits terminate at employee retirement. Spouse: 35% at age 65, ends at age 70 or retirement whichever occurs first.
- **Conversion/Portability is available after leaving. Contact Lincoln within 31 days of term date at 1-800-423-2765.**
- **NOTE:** You must be an active employee to elect coverage for a spouse and/or dependent children. To be eligible for coverage, a spouse or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a health person of the same age or gender.

## Disability Insurance Coverage

Lincoln Financial / Policy # 10195891 / # 10184877



The goal of the company's Disability Insurance Plan is to provide you with income replacement should you become disabled and unable to work due to a non-work-related illness or injury. Our company provides eligible employees with disability income at no cost to you.

### Short-Term Disability (STD):

- 70% of covered weekly earnings, up to \$1500
- Elimination period before benefits begin:  
7 days accident / 7 days illness
- Payable to 13 weeks
- Pre-existing - None

### Long-Term Disability (LTD):

- 70% of base monthly earnings up to \$10,000 less other income sources.
- Elimination period before benefits begin: 90 days
- Payable the later of age 65 or your Social Security Normal Retirement Age.
- Pre-existing-3/12. This means you may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.

*The following information is a quick overview of the benefits plans currently provided and is not to be interpreted as a complete disclosure of plans entitlement to any of the benefits described. The company reserves the right to adjust, amend and revise benefits plans. In all cases of specific plan interpretations, receipt of benefits or entitlements, the actual plan document shall rule. You can contact your HR department for the actual plan documents.*

# Voluntary Only Life Rates

Lincoln Financial Group / Policy # 000400001000-17833



## Voluntary Term Life Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from amounts provided on your enrollment form, due to rounding.

### Employee Bi-Weekly Premium Life Premium for sample benefit amounts

Employee and Spouse Premiums are calculated separately.  
Refer to Program Specifications for your maximum benefit amounts.

**Employee Premium Table (26 Payroll Deductions Per Year)**

|               | Bi-weekly Rate | \$10,000       | \$20,000        | \$30,000        | \$40,000        | \$50,000        | \$60,000        | \$70,000        | \$80,000        | \$90,000        | \$100,000       |
|---------------|----------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 0 - 29        | \$0.0323       | \$0.32         | \$0.65          | \$0.97          | \$1.29          | \$1.62          | \$1.94          | \$2.26          | \$2.58          | \$2.91          | \$3.23          |
| 30 - 34       | \$0.0369       | \$0.37         | \$0.74          | \$1.11          | \$1.48          | \$1.85          | \$2.22          | \$2.58          | \$2.95          | \$3.32          | \$3.69          |
| 35 - 39       | \$0.0462       | \$0.46         | \$0.92          | \$1.38          | \$1.85          | \$2.31          | \$2.77          | \$3.23          | \$3.69          | \$4.15          | \$4.62          |
| 40 - 44       | \$0.0738       | \$0.74         | \$1.48          | \$2.22          | \$2.95          | \$3.69          | \$4.43          | \$5.17          | \$5.91          | \$6.65          | \$7.38          |
| 45 - 49       | \$0.1200       | \$1.20         | \$2.40          | \$3.60          | \$4.80          | \$6.00          | \$7.20          | \$8.40          | \$9.60          | \$10.80         | \$12.00         |
| 50 - 54       | \$0.2040       | \$2.04         | \$4.08          | \$6.12          | \$8.16          | \$10.20         | \$12.24         | \$14.28         | \$16.32         | \$18.36         | \$20.40         |
| 55 - 59       | \$0.3295       | \$3.30         | \$6.59          | \$9.89          | \$13.18         | \$16.48         | \$19.77         | \$23.07         | \$26.36         | \$29.66         | \$32.95         |
| 60 - 64       | \$0.4200       | \$4.20         | \$8.40          | \$12.60         | \$16.80         | \$21.00         | \$25.20         | \$29.40         | \$33.60         | \$37.80         | \$42.00         |
| Age Reduction |                | <b>\$6,500</b> | <b>\$13,000</b> | <b>\$19,500</b> | <b>\$26,000</b> | <b>\$32,500</b> | <b>\$39,000</b> | <b>\$45,500</b> | <b>\$52,000</b> | <b>\$58,500</b> | <b>\$65,000</b> |
| 65 - 69       | \$0.7569       | \$4.92         | \$9.84          | \$14.76         | \$19.68         | \$24.60         | \$29.52         | \$34.44         | \$39.36         | \$44.28         | \$49.20         |
| Age Reduction |                | <b>\$4,000</b> | <b>\$8,000</b>  | <b>\$12,000</b> | <b>\$16,000</b> | <b>\$20,000</b> | <b>N/A</b>      | <b>N/A</b>      | <b>N/A</b>      | <b>N/A</b>      | <b>N/A</b>      |
| 70 - 74       | \$1.4211       | \$5.68         | \$11.37         | \$17.05         | \$22.74         | \$28.42         | N/A             | N/A             | N/A             | N/A             | N/A             |
| Age Reduction |                | <b>\$2,500</b> | <b>\$5,000</b>  | <b>\$7,500</b>  | <b>\$10,000</b> | <b>\$12,500</b> | <b>N/A</b>      | <b>N/A</b>      | <b>N/A</b>      | <b>N/A</b>      | <b>N/A</b>      |
| 75 - 79       | \$2.4863       | \$6.22         | \$12.43         | \$18.65         | \$24.86         | \$31.08         | N/A             | N/A             | N/A             | N/A             | N/A             |
| Age Reduction |                | <b>\$1,000</b> | <b>\$2,000</b>  | <b>\$3,000</b>  | <b>\$4,000</b>  | <b>\$5,000</b>  | <b>N/A</b>      | <b>N/A</b>      | <b>N/A</b>      | <b>N/A</b>      | <b>N/A</b>      |
| 80+           | \$4.7635       | \$4.76         | \$9.53          | \$14.29         | \$19.05         | \$23.82         | N/A             | N/A             | N/A             | N/A             | N/A             |

Your spouse's rate is based on your age.

**Spouse Premium Table (26 Payroll Deductions Per Year)**

|               | Bi-weekly Rate | \$5,000        | \$10,000       | \$15,000       | \$20,000        | \$25,000        | \$30,000        | \$35,000        | \$40,000        | \$45,000        | \$50,000        |
|---------------|----------------|----------------|----------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 0 - 29        | \$0.0323       | \$0.16         | \$0.32         | \$0.48         | \$0.65          | \$0.81          | \$0.97          | \$1.13          | \$1.29          | \$1.45          | \$1.62          |
| 30 - 34       | \$0.0369       | \$0.18         | \$0.37         | \$0.55         | \$0.74          | \$0.92          | \$1.11          | \$1.29          | \$1.48          | \$1.66          | \$1.85          |
| 35 - 39       | \$0.0462       | \$0.23         | \$0.46         | \$0.69         | \$0.92          | \$1.15          | \$1.38          | \$1.62          | \$1.85          | \$2.08          | \$2.31          |
| 40 - 44       | \$0.0738       | \$0.37         | \$0.74         | \$1.11         | \$1.48          | \$1.85          | \$2.22          | \$2.58          | \$2.95          | \$3.32          | \$3.69          |
| 45 - 49       | \$0.1200       | \$0.60         | \$1.20         | \$1.80         | \$2.40          | \$3.00          | \$3.60          | \$4.20          | \$4.80          | \$5.40          | \$6.00          |
| 50 - 54       | \$0.2040       | \$1.02         | \$2.04         | \$3.06         | \$4.08          | \$5.10          | \$6.12          | \$7.14          | \$8.16          | \$9.18          | \$10.20         |
| 55 - 59       | \$0.3295       | \$1.65         | \$3.30         | \$4.94         | \$6.59          | \$8.24          | \$9.89          | \$11.53         | \$13.18         | \$14.83         | \$16.48         |
| 60 - 64       | \$0.4200       | \$2.10         | \$4.20         | \$6.30         | \$8.40          | \$10.50         | \$12.60         | \$14.70         | \$16.80         | \$18.90         | \$21.00         |
| Age Reduction |                | <b>\$3,250</b> | <b>\$6,500</b> | <b>\$9,750</b> | <b>\$13,000</b> | <b>\$16,250</b> | <b>\$19,500</b> | <b>\$22,750</b> | <b>\$26,000</b> | <b>\$29,250</b> | <b>\$32,500</b> |
| 65 - 69       | \$0.7569       | \$2.46         | \$4.92         | \$7.38         | \$9.84          | \$12.30         | \$14.76         | \$17.22         | \$19.68         | \$22.14         | \$24.60         |
| 70+           |                | N/A            | N/A            | N/A            | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             | N/A             |

Example: Use this formula to calculate premium for benefit amounts over \$100,000.

| Age | Bi-Weekly Rate Per \$1,000 | X | Benefit In \$1,000's | = | Bi-Weekly Cost |
|-----|----------------------------|---|----------------------|---|----------------|
| 35  | \$0.0462                   | X | 150                  | = | \$6.93         |

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.**

The following information is a quick overview of the benefits plans currently provided and is not to be interpreted as a complete disclosure of plans entitlement to any of the benefits described. The company reserves the right to adjust, amend and revise benefits plans. In all cases of specific plan interpretations, receipt of benefits or entitlements, the actual plan document shall rule. You can contact your HR department for the actual plan documents.

# Voluntary Life and Accidental Death & Dismemberment Insurance Rates

Lincoln Financial Group / Policy # 000400001000-17833



## AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from amounts provided on your enrollment form, due to rounding. You have the ability to select the amount of AD&D coverage you feel is appropriate for yourself and your eligible dependents. However, there are some guidelines you need to consider when choosing this coverage.

### Employee Bi-Weekly Premium

Life and Accidental Death and Dismemberment Premium for sample benefit amounts

Employee and Spouse Premiums are calculated separately.  
Refer to Program Specifications for your maximum benefit amounts.

| Employee Premium Table (26 Payroll Deductions Per Year) |                |          |          |          |          |          |          |          |          |          |           |
|---|----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
|   | Bi-weekly Rate | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 | \$70,000 | \$80,000 | \$90,000 | \$100,000 |
| 0 - 29  | \$0.0462       | \$0.46   | \$0.92   | \$1.38   | \$1.85   | \$2.31   | \$2.77   | \$3.23   | \$3.69   | \$4.15   | \$4.62    |
| 30 - 34   | \$0.0508       | \$0.51   | \$1.02   | \$1.52   | \$2.03   | \$2.54   | \$3.05   | \$3.55   | \$4.06   | \$4.57   | \$5.08    |
| 35 - 39   | \$0.0600       | \$0.60   | \$1.20   | \$1.80   | \$2.40   | \$3.00   | \$3.60   | \$4.20   | \$4.80   | \$5.40   | \$6.00    |
| 40 - 44   | \$0.0877       | \$0.88   | \$1.75   | \$2.63   | \$3.51   | \$4.38   | \$5.26   | \$6.14   | \$7.02   | \$7.89   | \$8.77    |
| 45 - 49   | \$0.1338       | \$1.34   | \$2.68   | \$4.02   | \$5.35   | \$6.69   | \$8.03   | \$9.37   | \$10.71  | \$12.05  | \$13.38   |
| 50 - 54   | \$0.2178       | \$2.18   | \$4.36   | \$6.54   | \$8.71   | \$10.89  | \$13.07  | \$15.25  | \$17.43  | \$19.61  | \$21.78   |
| 55 - 59   | \$0.3434       | \$3.43   | \$6.87   | \$10.30  | \$13.74  | \$17.17  | \$20.60  | \$24.04  | \$27.47  | \$30.90  | \$34.34   |
| 60 - 64   | \$0.4338       | \$4.34   | \$8.68   | \$13.02  | \$17.35  | \$21.69  | \$26.03  | \$30.37  | \$34.71  | \$39.05  | \$43.38   |
| Age Reduction   |                | \$6,500  | \$13,000 | \$19,500 | \$26,000 | \$32,500 | \$39,000 | \$45,500 | \$52,000 | \$58,500 | \$65,000  |
| 65 - 69   | \$0.7708       | \$5.01   | \$10.02  | \$15.03  | \$20.04  | \$25.05  | \$30.06  | \$35.07  | \$40.08  | \$45.09  | \$50.10   |
| Age Reduction   |                | \$4,000  | \$8,000  | \$12,000 | \$16,000 | \$20,000 | N/A      | N/A      | N/A      | N/A      | N/A       |
| 70 - 74   | \$1.4349       | \$5.74   | \$11.48  | \$17.22  | \$22.96  | \$28.70  | N/A      | N/A      | N/A      | N/A      | N/A       |
| Age Reduction   |                | \$2,500  | \$5,000  | \$7,500  | \$10,000 | \$12,500 | N/A      | N/A      | N/A      | N/A      | N/A       |
| 75 - 79   | \$2.5002       | \$6.25   | \$12.50  | \$18.75  | \$25.00  | \$31.25  | N/A      | N/A      | N/A      | N/A      | N/A       |
| Age Reduction   |                | \$1,000  | \$2,000  | \$3,000  | \$4,000  | \$5,000  | N/A      | N/A      | N/A      | N/A      | N/A       |
| 80+   | \$4.7774       | \$4.78   | \$9.55   | \$14.33  | \$19.11  | \$23.89  | N/A      | N/A      | N/A      | N/A      | N/A       |

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse's benefit amount must be in an increment of \$1,000. Dependent benefit amounts cannot be more than 100% of the employee benefit amount.

| Spouse Premium Table (26 Payroll Deductions Per Year) |                |         |          |          |          |          |          |          |          |          |          |
|---|----------------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
|   | Bi-weekly Rate | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 |
| 0 - 29  | \$0.0462       | \$0.23  | \$0.46   | \$0.69   | \$0.92   | \$1.15   | \$1.38   | \$1.62   | \$1.85   | \$2.08   | \$2.31   |
| 30 - 34   | \$0.0508       | \$0.25  | \$0.51   | \$0.76   | \$1.02   | \$1.27   | \$1.52   | \$1.78   | \$2.03   | \$2.28   | \$2.54   |
| 35 - 39   | \$0.0600       | \$0.30  | \$0.60   | \$0.90   | \$1.20   | \$1.50   | \$1.80   | \$2.10   | \$2.40   | \$2.70   | \$3.00   |
| 40 - 44   | \$0.0877       | \$0.44  | \$0.88   | \$1.32   | \$1.75   | \$2.19   | \$2.63   | \$3.07   | \$3.51   | \$3.95   | \$4.38   |
| 45 - 49   | \$0.1338       | \$0.67  | \$1.34   | \$2.01   | \$2.68   | \$3.35   | \$4.02   | \$4.68   | \$5.35   | \$6.02   | \$6.69   |
| 50 - 54   | \$0.2178       | \$1.09  | \$2.18   | \$3.27   | \$4.36   | \$5.45   | \$6.54   | \$7.62   | \$8.71   | \$9.80   | \$10.89  |
| 55 - 59   | \$0.3434       | \$1.72  | \$3.43   | \$5.15   | \$6.87   | \$8.58   | \$10.30  | \$12.02  | \$13.74  | \$15.45  | \$17.17  |
| 60 - 64   | \$0.4338       | \$2.17  | \$4.34   | \$6.51   | \$8.68   | \$10.85  | \$13.02  | \$15.18  | \$17.35  | \$19.52  | \$21.69  |
| Age Reduction   |                | \$3,250 | \$6,500  | \$9,750  | \$13,000 | \$16,250 | \$19,500 | \$22,750 | \$26,000 | \$29,250 | \$32,500 |
| 65 - 69   | \$0.7708       | \$2.51  | \$5.01   | \$7.52   | \$10.02  | \$12.53  | \$15.03  | \$17.54  | \$20.04  | \$22.55  | \$25.05  |
| 70+   |                | N/A     | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      | N/A      |

Example: Use this formula to calculate premium for benefit amounts over \$100,000.

|     |                            |   |                      |   |                |
|-----|----------------------------|---|----------------------|---|----------------|
| Age | Bi-Weekly Rate Per \$1,000 | X | Benefit In \$1,000's | = | Bi-Weekly Cost |
| 35  | \$0.0600                   | X | 150                  | = | \$9.00         |

### Dependent Children Rate = \$0.92 Bi-Weekly

Premium covers all dependent children regardless of the number of children.

The following information is a quick overview of the benefits plans currently provided and is not to be interpreted as a complete disclosure of plans entitlement to any of the benefits described. The company reserves the right to adjust, amend and revise benefits plans. In all cases of specific plan interpretations, receipt of benefits or entitlements, the actual plan document shall rule. You can contact your HR department for the actual plan documents.



# Evidence of insurability

## Instructions for online submission



### What is EOI and when is it needed?

EOI is the information we use to verify your good health when you're purchasing life, disability, or critical illness insurance. We require EOI if you are:

- Buying an insurance amount higher than the guaranteed amount for your plan
- Already enrolled and want to increase coverage



### Get started now

1. Log in to my [MyLincolnPortal.com](https://mylincolnportal.com). First time user? Register using: PMRCO
2. Click "Complete Evidence of Insurability."
3. Answer the questions about you and other applicants. You'll be asked:
  - General applicant information, such as date of birth, height, and weight
  - Qualifying questions, including if you or other applicants have been diagnosed with a disease or are prescribed medications for a condition
  - Medical questions—if you or other applicants have a condition, we may need to know a little more about it, such as the name, diagnosis date, and treatments
4. Review your responses, then electronically sign and submit your application.
5. Save your confirmation report.



### What happens next?

In some cases, you may be auto-approved for coverage. If not, we'll review your application and contact you if more information is required. In all cases, we'll notify you of your application outcome.

### Submitting EOI made easy

- Minimal questions**  
The online questionnaire adjusts to your responses, so you only answer questions that are relevant to you.
- Guided support**  
Quick tips and search-as-you-type features help you provide quick and appropriate responses.
- Instant confirmation**  
You'll receive email acknowledgment that we've received your application. In some cases, you may be automatically approved.



### Questions

For more information, contact your human resources department.

GROUP BENEFITS

# HANDLING LIFE, HANDLING LOSS

*LifeKeys<sup>SM</sup> services  
help you meet life's  
challenges*

When you choose life insurance, you're planning for your family's future—assuring their comfort and securing their plans. With Lincoln Term Life Insurance, you can also access services that make a real difference now as well as in the future. *LifeKeys* services, included at no additional cost with all Lincoln Term Life and Accidental Death and Dismemberment Insurance policies, provide assistance to you, your family and your beneficiaries.

## FOR YOU AND YOUR FAMILY...

### EstateGuidance® will preparation

Create your will online—easily and economically. Follow a step-by-step guide through the entire process, and then use online instructions to execute your will. You can:

Name an executor to manage your estate

Choose a guardian for your children

Specify wishes for your property

Provide funeral and burial instructions

### GuidanceResources® Online

GuidanceResources® Online is the place to go for articles, tutorials, streaming videos and "Ask the Expert" personal responses on topics such as:

- Law and regulations
- Money and investments
- Family and relationships
- Health and wellness
- Work and education
- Leisure and home

Insurance products issued by:  
The Lincoln National Life Insurance Company  
Lincoln Life & Annuity Company of New York

### Identity theft

Identity theft is one of the fastest-growing crimes in the U.S. Be sure you have the information you need to recognize and prevent it. Our online resource helps you:

Spot the warning signs

Take steps to protect your cell phone, computer and tax records from fraud

Lessen the damage and repair your credit if identity theft occurs

Link to essential resources such as credit reporting bureaus, the FBI Internet Crime Complaint Center, ID Theft Resource Center, and more.

## You may also be eligible for beneficiary services

If you develop a terminal illness and access your Accelerated Death Benefit, you will be able to use beneficiary services shown on the other side of this flier.

To access *LifeKeys* services: Call 1-855-891-3684 or visit [Lincoln4Benefits.com](http://Lincoln4Benefits.com) (Web ID = LifeKeys)

## FOR YOUR BENEFICIARIES...

Services are available for up to one year after a loss, and include:

A combination totaling six in-person sessions for grief counseling, or legal or financial information

and

Unlimited phone counseling

### Assistance at a difficult time

Make sure your loved ones have the support they need, should you pass away. Unlimited phone contact with master's-level grief counselors lets your beneficiaries access information, advice and referrals for topics such as:

Grief and loss

Stress, anxiety and depression

Memorial planning information

Concerns about children and teens

### Financial services

Your beneficiaries can call one of our certified financial specialists or use online tools and resources whenever they need help with essential topics such as:

- Estate planning
- Budgeting
- Debt
- Bankruptcy
- Investments

### Legal support

If your beneficiaries need quick legal information, they can call one of our in-house attorneys. Or, if they need in-depth information, guidance or representation, we'll refer them to a qualified attorney in their area. They will be eligible for a free 30-minute consultation as well as a 25% reduction in customary legal fees thereafter. They'll get expert guidance on areas such as:

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents beneficiaries need

### Support with day-to-day concerns

Through good times and bad, everyone can use assistance. *LifeKeys*<sup>SM</sup> services provide in-depth information and guidance—on virtually any topic you can name. Your beneficiaries can call for a quick answer or take advantage of specialists who will do the research for them and provide a comprehensive, customized booklet of information. Topics include:

- Planning a memorial service
- Finding child care or elder care
- Selecting a mortgage
- Moving and relocation
- Making major purchases

To access *LifeKeys* beneficiary services: Call 1-855-891-3684 or visit [guidanceresources.com](http://guidanceresources.com) (First-time user: Web ID = LifeKeys)

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BP 3/13 Z01

Order code: LFE-SERV-FLI002



You're In Charge<sup>®</sup>

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Affiliates are separately responsible for their own financial and contractual obligations.

# Difference Card Guide: Flexible Spending Accounts



## What is an FSA?

A healthcare flexible spending account (FSA) is an employer-sponsored benefit that allows you to set aside pre-tax dollars into an account to be used for eligible medical expenses.

## Why should I participate in an FSA?

Contributions to the FSA are deducted from your paycheck on a pre-tax basis, reducing your taxable income. You can increase your spendable income by an average of 30% of your annual contribution with the tax savings.

## How do I contribute money to my FSA?

Your annual election will be divided by the number of pay periods in your plan year. This amount will be deducted from your paycheck before taxes are assessed.

## Who is eligible under an FSA?

An FSA covers eligible expenses for you and all of your dependents, even if they are not covered under your primary health plan.

## What expenses are eligible for reimbursement?

Health plan co-pays, deductibles, co-insurance, eyeglasses, dental care, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. (See IRS Publication 502). [Visit FSAStore.com to see a list of eligible items.](http://www.irs.gov/efsa)

## How do I determine the date my expenses were incurred?

Expenses are incurred at the time the medical care was provided, not when you are invoiced or pay the bill.

## How do I get the funds out of my FSA?

If you have a Difference Card, simply swipe it at the register. If you do not have your card on hand, you can submit for a reimbursement against your FSA for eligible out of pocket expenses via Mobile App or on the Difference Card site. Once approved, your reimbursement check will be mailed or deposited into your bank account.

## How much can I contribute?

You can find the max contribution rates for the year here: [DifferenceCard.com/Services/Products/Fsa/](http://DifferenceCard.com/Services/Products/Fsa/)

## What happens if I don't spend all of my FSA by the end of the plan year?

Funds remaining after the claim submission deadline will be forfeited.

## How soon can I start spending my FSA funds?

With a healthcare FSA, your entire annual election amount is available on the first day of the plan year even though you have not yet contributed that amount.

## Can I change my election amount mid-year?

Elections can only be altered if you experience a change in status as defined by IRS regulations, such as marriage, divorce, birth, or death in your immediate family.

## What happens to my FSA if my employment is terminated?

Participation in your FSA is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

## What is the deadline for submitting claims?

Check in on your Mobile App or DC account for exact deadline dates. Generally, you have 90 days after your plan ends to submit a claim for reimbursement. You can also submit claims at any time during the same plan year that you incur the expense.

## Can I still deduct healthcare expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed from your FSA.

## Are Over-the-Counter (OTC) medications eligible for reimbursement?

Yes. OTC medicines like Tylenol®, Zyrtec® and more will now be available for purchase with an FSA without a prescription.

## What is another new change for eligible expenses?

Menstrual care products, such as tampons and pads, are now considered qualified health expenses with your FSA.

# Employee FAQ: Dependent Care FSA



## What is a Dependent Care FSA (DCA)?

A DCA is a flexible spending account that allows you to contribute a portion of your paycheck before taxes are taken out to pay for qualified dependent care expenses so that you can work or look for work.

## Why should I participate?

Since contributions to the account are deducted from your paycheck before income taxes are assessed, your taxable income is reduced. Participants enjoy a 30% average tax savings on the total amount they contribute to the account.

## How do I contribute money to my DCA?

Once you make your annual election during open enrollment, your employer will deduct this amount from your paycheck before taxes are assessed in equal amounts throughout the year.

## How much can I contribute?

The IRS limits annual contributions to \$5,000 on income tax returns for single or married filing jointly, and \$2,500 for married filing separately.

## Who qualifies as a dependent?

You can use your DCA to pay for care for children 12 and under that you claim as dependents, as well as adults or other relatives that are incapable of caring for themselves (if you provide more than 50% of their support).

## What type of care is eligible?

Eligible expenses must be for the purpose of allowing you to work or look for work. Services may be provided at a child or adult care center, nursery, preschool, after-school, summer day camp, or a nanny in your home. The person providing the service must claim it as taxable income.

## What type of care is not eligible?

Care expenses that are not eligible to be paid with DCA funds include care for a child over age 13, overnight camp, babysitting that is not work related, school fees for kindergarten and higher grades, and long-term care services.

## Do I have access to my entire DCA election amount at the beginning of the year?

No, you will only have access to DCA funds that have already been deducted from your paycheck.

## Are there any rules about who can care for my dependents?

Yes. You can not use funds to pay for care provided by a spouse, a person you list as a dependent for income tax purposes, or one of your children under the age of 19.

## How do I use the funds in my account?

If you have a benefits debit card and your care provider accepts credit cards, you may pay directly from your account. Otherwise, pay out of pocket and then file a reimbursement claim with your expense documentation.

## What happens if I don't spend all of my DCA funds by the end of the plan year?

It is essential to estimate conservatively during elections. Funds remaining after the claim submission deadline will be forfeited.

## Can I change my election amount mid-year?

Typically, you cannot change your contribution mid-year. However, if you experience a qualifying event, such as the birth of a new child, or if your child care provider significantly increases their rates, you may be eligible to adjust your contribution.

## What happens to my account if my employment is terminated?

Participation in the plan is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

Visit [DifferenceCard.com/services/products/dependent-care/](http://DifferenceCard.com/services/products/dependent-care/) for more info.



**Finally, the most important part of the Medicare Puzzle**



**Effct. 1/1/2025 and after  
Contact us to schedule a personal one on one consultation.**

**Scan QR Code to View our Website**

**800-933-8129**

**[answers@malloymedicare.com](mailto:answers@malloymedicare.com)**

**670 Exton Commons**

**Exton, PA 19341**



# Parts and Plans of Medicare



## **Part A:**

Hospital Coverage

*Who do I call to activate Part A?*

## **Part B:**

Inpatient/Outpatient Medical Services

*How much will I pay for Part B?*

## **Part C or Supplement (MediGap) Plans**

Medicare Advantage (Part C) or  
Medicare Supplement

*What's a Medicare Advantage plan?*

*What's a Medicare Supplemental Plan?*

## **Part D:**

Prescription Coverage

*Are my prescriptions covered?*

*Are there deductibles and coinsurance?*



# Exchange Notice



## Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

### PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

#### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> (8.39% adjusted for 2024) of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>12</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

#### When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15. Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either-submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

#### What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/gettingmedicaid-chip/> for more details.

#### How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact [Angela Hall](#).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup>Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023

<sup>2</sup>An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient and hospital services and physician services.

# Exchange Notice, continued



## Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

### PART B: Information About Health Coverage Offered by Your Employer

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

|   |                |   |  |
|---|----------------|---|--|
| 3. Employer name<br>Gearheart Communications  |                | 4. Employer Identification Number (EIN)<br>61-0513429 |  |
| 5. Employer address<br>20 Laynesville Road  |                | 6. Employer phone number<br>606-479-6355              |  |
| 7. City<br>Harold   | 8. State<br>KY | 9. Zip code<br>41635                                  |  |
| 10. Who can we contact about employee health coverage at this job?<br>Angela Hall, HR Manager |                |   |  |
| 11. Phone number (if different from above)  |                | 12. Email address<br>angelahall@gearheart.com         |  |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

[Redacted]

Some employees. Eligible employees are:

Any employee who works 30 hours or more per week

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouse and dependent children

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

|  |
|--|
| 13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?<br><input type="checkbox"/> Yes (Continue)<br>13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage _____ (mm/dd/yyyy) (Continue)<br><input type="checkbox"/> No (STOP and return this form to the employee)  |
| 14. Does the employer offer a health plan that meets the minimum value standard*?<br><input type="checkbox"/> Yes (Go to question 15)<br><input type="checkbox"/> No (STOP and return form to employee)  |
| 15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans):<br>If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.<br>15a. How much would the employee have to pay in premiums for this plan? \$ _____<br>15b. How often <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

|   |
|---|
| 16. What change will the employer make for the new plan year? _____<br><input type="checkbox"/> Employer won't offer health coverage<br><input type="checkbox"/> Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)<br>16a. How much would the employee have to pay in premiums for this plan? \$ _____<br>16b. How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
|---|

**If you believe you are eligible and decide to shop for coverage in the Marketplace, please refer to your employer.**

\*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

This information is an abbreviation of the compliance notices currently in place by the Department of Labor and should not be interpreted as a complete disclosure of notices. Contact your HR department for questions pertaining to any notices.

# 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](http://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](http://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](http://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, 2024. Contact your State for more information on eligibility –**

| INDIANA - Medicaid  | KENTUCKY - Medicaid  |
|---|--|
| Healthy Indiana Plan for low-income adults 19-64<br>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br>Phone 1-800-457-4584 | Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)<br>Website: <a href="https://www.chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://www.chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br>KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a><br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a> |

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration

[www.dol.gov/agencies/ebsa](http://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](http://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, and displays 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 person shall 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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

# Federal Requirement Notices



## **Newborns' and Mothers' Health Protection Act of 1996 (Newborn's Act)**

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

## **The Women's Health and Cancer Rights Act of 1998 (WHCRA, also known as Janet's Law)**

Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas. Call your Plan Administrator for more information.

## **Qualified Medical Support Order (QMCSO)**

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

## **Special Enrollment Rights (HIPAA)**

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. 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, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

## **Coverage Extension Rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA)**

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

## **Michelle's Law**

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:

1. One year from the start of the medically necessary leave of absence, or
2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

## **Mental Health Parity and Addiction Equity Act of 2008**

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: The financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

## **Genetic Information Non-Discrimination Act (GINA)**

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual. GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited situations.

## **Consolidated Omnibus Budget Reconciliation Act (COBRA)**

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B] This benefit, known as "continuation coverage," applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

## **Children's Health Insurance Program Reauthorization Act (CHIPRA)**

Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- The employee's or dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminates because the individual cease to be eligible.
  - The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).
- Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

## **Women's Preventive Care**

The Affordable Care Act requires insurance companies to cover additional preventive health benefits for women. Health plans must cover the guidelines on women's preventive services with no cost sharing in plan years starting on or after August 1, 2012. The eight additional services for women that will be covered are:

- Annual Well-Woman Preventive Care Visit
- Gestational Diabetes Screening
- High-Risk Human Papillomavirus DNA Testing
- Sexually Transmitted Infections Counseling
- HIV Screening and Counseling
- Contraception and Contraceptive Counseling
- Breastfeeding Support, Supplies and Counseling
- Interpersonal and Domestic Violence Screening and Counseling

## **Patient Protection and Affordable Care Act ("PPACA") - Patient Protection Notices**

The Claims Administrator generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the Claims Administrator's Network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Claims Administrator at the number on the back of your ID card.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from the Claims Administrator or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the Claims Administrator's Network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Claims Administrator at the number on the back of your ID card.

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# FEDERAL REQUIREMENT NOTICES



## Important Notice from Gearheart Communications About Your Creditable 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 Gearheart Communications 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. Gearheart Communications has determined that the prescription drug coverage offered by the Anthem 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 15 to December 7.

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

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

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

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will 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 Gearheart Communications 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 Entity/Sender listed below for further information]. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Gearheart Communications changes. You also may request a copy of this notice at any time.

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

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

### For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Date: 01/01/2025

Name of Entity/Sender: Gearheart Communications/Angela Hall

**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).**

# 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 THIS NOTICE CAREFULLY.**

The Plan is required to provide this Notice to you by the privacy rules (the "Privacy Rules") issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Notice describes the practices of the group health plan components of the Gearheart Communications's Group Benefit Plan (the "Plan") which is a hybrid entity. The Plan can revise this Notice at any time. If the Plan makes any material change to this Notice, you will be provided with a revised Notice. If you have any questions, please contact: Angela Hall.

**Your Protected Health Information** - The Privacy Rules only protect certain medical information, which is known as "protected health information" (or "PHI"). Generally, PHI is individually identifiable health information created or received in connection with the Plan that relates to: (1) your past, present or future physical or mental health; (2) providing you with health care; or (3) the past, present or future payment for your care. This Notice only applies to the Plan's PHI.

**Our Pledge Regarding Medical Information** - The Plan understands that medical information about you and your health is personal. The Plan is committed to protecting medical information about you. A record of the health care claims reimbursed under the Plan is created for purposes of the administration of the Plan. This notice applies to all of the medical records maintained by the Plan. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which your medical information may be used or disclosed. It also describes the Plan's obligations and your rights regarding the use and disclosure of medical information.

The Plan is required by law to make sure that medical information that identifies you is kept private; give you this notice of the Plan's legal duties and privacy practices with respect to medical information about you; and follow the terms of this notice.

**The Plan's Use and Disclosure of PHI** - In certain circumstances, the Plan can use or disclose your PHI without your permission. However, most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI, require an authorization. The following categories describe the different ways that your PHI can be used.

**For Payment.** The Plan can use or disclose your PHI in connection with: (1) determining your eligibility benefits; (2) facilitating payment for treatment and services that you received from health care providers; (3) determining the Plan's benefit responsibility; and (4) coordinating coverage. For example, the Plan may tell your health care provider about your medical history so he or she can determine whether a treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. The Plan can also disclose your PHI to a utilization review provider, precertification provider, or to another entity (or health plan) to assist with the adjudication, subrogation or coordination of payment for health claims.

**For Health Care Operations.** The Plan can use or disclose your PHI in connection with other operations that are necessary to run the Plan. For example, PHI may be used in connection with: (1) quality assessment and improvement activities; (2) underwriting, premium rating and other similar activities (however, genetic information cannot be used or disclosed for underwriting purposes); (3) submitting stop-loss (or excess loss) claims; (4) conducting medical review, legal services, audit services, and fraud and abuse detection; (4) business planning, management, and development; and (5) the Plan's general administrative activities.

**For Treatment.** The Plan can use or disclose your PHI to facilitate medical treatment or services by health care providers, including doctors, nurses, technicians, medical students, or other medical personnel who are taking care of you. For example, information about your prior prescriptions can be disclosed to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions.

**To Business Associates.** The Plan can contract with individuals or entities known as "Business Associates" to perform various functions or services on its behalf. To perform these functions or services, a Business Associate will have access to, and may use and disclose, your PHI, but only after they enter into an agreement with the Plan to implement appropriate safeguards intended to protect your PHI (i.e., a "Business Associate Agreement"). For example, after entering into a Business Associate Agreement the Plan may disclose your PHI to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation.

**As Required by Law.** The Plan can disclose your PHI when it is required by federal, state or local law. For example, the Plan can disclose your PHI when required to do so by federal or public health disclosure laws.

**To Avert a Serious Threat to Health or Safety.** The Plan can use or disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. However, disclosures can only be made to those able to help prevent the threat.

**To the Company.** For the purposes of administering the Plan, your PHI may be disclosed to certain employees who will generally only use or disclose your PHI to perform administration functions for the Plan or as required by the Privacy Rules. Your PHI cannot be used for employment purposes without your authorization.

**More Stringent State Laws.** In certain situations, the Plan may be required to comply with state laws that have requirements that are more stringent than those described in this Notice.

## Special Situations

**Organ and Tissue Donation.** If you are an organ donor, the Plan can disclose your PHI 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 U.S., armed forces or a foreign military, the Plan may disclose your PHI as required by military authorities.

**Workers' Compensation.** The Plan can disclose your PHI in connection with workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Public Health Risks.** The Plan can disclose your PHI for public health activities, such as those which involve: (1) preventing or controlling disease, injury or disability; (2) reporting births and deaths; (3) reporting child abuse or neglect; (4) reporting reactions to medications or problems with products; (5) notifying people of recalls of products; (6) notifying people who may have been exposed to a disease or may be at risk for contracting or spreading a disease; and (7) notifying the appropriate government authority if it is believed you have been the victim of abuse, neglect or domestic violence, and if you agree to the disclosure or it is required or authorized by law.

**Health Oversight Activities.** The Plan can disclose your PHI to a health oversight agency for activities, authorized by law, that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. These activities include audits, investigations, inspections, and licensure.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, the Plan can disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the dispute. However, efforts must have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** The Plan can disclose your PHI if requested by a law enforcement official: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, the Plan are unable to obtain the victim's authorization; (4) about a death that is believed to be the result of criminal conduct; or (5) about certain criminal conduct.

**Coroners, Medical Examiners and Funeral Directors.** The Plan can disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Plan can also disclose your PHI to a funeral director if necessary to carry out his or her duties.

**National Security and Intelligence Activities.** The Plan can disclose your PHI 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 under the custody of a law enforcement official, the Plan can disclose your PHI to the correctional institution or law enforcement official if necessary for the institution: (1) 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.** The Plan can disclose your PHI to researchers when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

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# NOTICE OF PRIVACY PRACTICES



## Other Disclosures

**Legal Representatives.** The Plan will generally disclose your PHI to individuals authorized by you, or to your legal representative if you provide the Plan with written notice/authorization and supporting documents (e.g., power of attorney). However, the Plan is not required to disclose your PHI to your legal representative if the Plan reasonably believes that: (1) you have been, or may be, subjected to domestic violence, abuse or neglect by this person, or treating this person as your legal representative could endanger you; and (2) in the Plan's professional judgment, it is not in your best interest to treat this person as your legal representative.

**Spouses/Family Members.** The Plan will generally send all mail to the employee covered under the Plan, including mail relating to his or her family members covered under the Plan (e.g. use and denial of benefits). If someone covered under the Plan requested restrictions or confidential Communications (described later in this Notice), and if the HIPAA Privacy Officer agreed to the request, the Plan will send mail as provided by the request.

**Authorizations.** Uses or disclosures of your PHI that are not described in this Notice will only be made with your written authorization. You can revoke a written authorization at any time if the revocation is in writing. Written revocations are only effective for future uses and disclosures and will not be effective for PHI that may have been used or disclosed (in reliance upon your written authorization) prior to receiving your revocation.

## Your Rights

**Inspecting and Copying PHI.** You have the right to inspect and copy certain PHI that may be used to make decisions about your benefits under the Plans. To inspect and copy this PHI, you must submit your request in writing to the HIPAA Privacy Officer. If you request a copy of the information, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. The Plan can deny your request to inspect and copy PHI in certain limited circumstances. If you are denied access to your PHI, you can request that the denial be reviewed by submitting a request in writing to the HIPAA Privacy Officer.

**Amending PHI.** If you believe that certain PHI that is maintained by the Plan is incorrect or incomplete, you have the right to request an amendment as long as the PHI is maintained by the Plan. You can request an amendment, by submitting a written request in writing (along with the reason for your request) to the HIPAA Privacy Officer. Your request may be denied if: (1) it is not in writing; (2) it does not include a valid reason to support the request; (3) it requests an amendment to PHI that is not maintained by the Plan, was not created by the Plan (unless the person or entity that created the PHI is no longer available to make the amendment, or is not PHI that you are permitted to inspect and copy; or (4) it requests an amendment to PHI that is accurate and complete. If your request is denied, you can file a statement of disagreement in writing with the HIPAA Privacy Officer, and then any future disclosures of the disputed PHI will include your statement.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting" of certain disclosures of your PHI. However, an accounting will not include: (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures that you authorized; (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 an accounting of disclosures, you must submit your request in writing to the HIPAA Privacy Officer. Your request must provide for a time period for the disclosures of not longer than 6 years and may not request disclosures made more than six years before the date you make your request. Your request must indicate the form in which you would like to receive the disclosures (e.g., paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, you may be charged for the costs of providing the disclosures to you. You will be notified of the cost involved and may choose to withdraw or modify your request at that time before any costs are incurred.

**Requesting Restrictions.** You have the right to request a restriction on uses and disclosures of your PHI that the Plan normally would use or disclose for treatment, payment, or health care operations, or would disclose to someone involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that the Plan not to disclose PHI about a surgery. The Plan is generally not required to agree to your request. However, if your request is denied, the Plan will honor the restriction until you revoke your request or you are notified of the denial. You must send a written request for restrictions to the HIPAA Privacy Officer. Your request must contain: (1) the PHI you want to limit; (2) whether you want to limit the Plan use, disclosure, or both; and (3) to whom you want the limits to apply (e.g., disclosures should not be made to your spouse).

**Requesting Confidential Communications.** You have the right to request that the Plan communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the Plan only contact you at work or by mail. The Plan will accommodate reasonable requests if you provide clear information that the disclosure of all or part of your PHI could endanger you. You must send a written request for confidential communications to the HIPAA Privacy Officer. Your request must specify how or where you wish to be contacted. You will not be asked the reason for your request.

**Breach Notification.** You have the right to be notified in the event that we (or a Business Associate) discover a breach of your "unsecured" PHI.

**Paper Copy of This Notice.** You can ask the Plan for a paper copy of this Notice any time.

**Complaints.** If you believe your privacy rights have been violated, you can file a complaint with the Plan or the Secretary of the Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201. You will not be penalized for filing a complaint.

## Changes to This Notice

**The Plan reserves the right to change this notice.** The Plan reserves the right to make the revised or changed notice effective for medical information the Plan already has about you, as well as any information the Plan receives in the future. A copy of the current notice will be posted on the website where other information about the Plan is located. The notice will contain on the first page, in the title section, the effective date.

## Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to the Plan will be made only with your written permission. If you provide permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that the Plan is unable to take back any disclosures already made with your permission, and that the Plan is required to retain our records of the care that the Plan provided to you.

## Conclusion

The use and disclosure of medical information by the Plans is regulated by a federal law known as HIPAA and the Privacy Rules under HIPAA. You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This notice attempts to summarize the Privacy Rules. The Privacy Rules will supersede any discrepancy between the information in this notice and the Privacy Rules.

*This information is an abbreviation of the compliance notices currently in place by the Department of Labor and should not be interpreted as a complete disclosure of notices. Contact your HR department for questions pertaining to any notices.*





**Offices in:**

Kentucky | Ohio

**502-805-3742**

**[www.FoundationRP.com](http://www.FoundationRP.com)**