Sampson Regional Medical Center, Inc.

2020 Employee Benefits Guide

SAMPSON
REGIONAL MEDICAL CENTER

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 19 for more details.

Welcome to Your Benefits Open Enrollment!

Our 2020 Benefits Guide will provide you with an overview of the comprehensive and rewarding benefits package offered by Sampson Regional Medical Center. We value your service as an employee and our competitive benefits are one way that we thank you for all that you bring to our team. We are proud to offer you a benefits program designed to protect the health and financial security of you and your family.

Employee Benefit Resources

View a short presentation on our 2020 benefits:

- Visit https://www.brainshark.com/marshmma/SRMC_OE2020
- Or scan the QR code to the right

Highlights for 2020

Sampson Regional Medical Center carefully evaluates our employee benefit offerings each year to ensure we are providing our employees a competitive program. We are pleased to share the following for 2020:

- Lincoln Financial will be the **NEW** carrier for our dental plan
- No plan design changes
- No employee contribution changes

Please refer to Page 6 for additional details.

Eligibility & Enrollment

Benefits Eligibility

If you are a full-time employee, working 30 or more hours per week, you are eligible to enroll in the benefits described in this guide.

Sampson Regional Medical Center shares the cost of many benefits with you, below is an overview of available plans:

	Employer Paid	Employee Paid
Medical & Pharmacy	✔	✔
Dental		✔
Vision		✔
FSAs		✔
Long Term Disability	✔	✔
Voluntary Short Term Disability		✔
Basic Life, AD&D	✔	
Voluntary Life, AD&D		✔
403(b) Plan		✔
Employee Assistance Program	✔	

Eligible dependents may enroll in medical, dental, vision, critical illness, accident, and voluntary life coverage. Eligible dependents include:

- Your legal spouse
- Dependent children up to age 26

Please note: if your spouse has access to an employer-sponsored health plan, they are not eligible to enroll in SRMC's medical plan with UMR.

How to Enroll

1. Log in to SRMC HR In-Touch (www.srmc.hrintouch.com) to begin your enrollment. Your password has been reset to your date of birth (ex. 01JAN1980).
2. Verify your personal information and make changes as needed.
3. Evaluate plan options and submit your benefit elections through the site.

When to Enroll or Make Changes

Several benefits may only be elected or changed during open enrollment or with a qualified change in status. Qualified changes in status include, for example: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence, commencement or termination of adoption proceedings, change in employment status.

Open Enrollment is November 12th to November 22nd

Elections will take effect on January 1, 2020

Medical & Pharmacy Coverage

***UMR** | www.umr.com | 800-826-9781*

Sampson Regional Medical Center offers two medical plans from UMR for employees to choose from. Both plans include comprehensive medical coverage and prescription drug benefits. You have the flexibility to choose any doctor you like, but you will pay less out-of-pocket when visiting an in-network provider.

PPO Plan

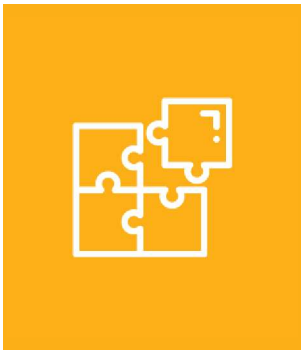
This is a traditional plan offering copays for doctor visits and prescriptions.

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

High Deductible Health Plan (HDHP)

This is a high deductible health plan that is paired with a tax-advantaged health savings account (HSA).

- You will pay a negotiated rate for doctor visits and prescriptions. Each of these costs count toward your deductible.
- Once your deductible has been met, the plan will pay 90% / 80% / 70% / 50% for future service.
- To help you pay for out-of-pocket costs, you can contribute money to a HSA before taxes are taken out.
- Since you will pay more out-of-pocket at the doctor with this plan, you will pay a lower premium out of your paycheck to enroll in this plan.



Things to Consider When Choosing a Plan:

- **How much did I spend on health care last year?** Consider your premiums and out-of-pocket expenses.
  → Choose a plan with limits that fit your budget.
- **Do I have major events coming up this year?** This may include planned medical procedures or life events like having a baby.
  → Compare hospital benefits in addition to what you'll pay in plan premiums

PPO Plan Overview

	In-Network: SRMC Providers Tier 1	In-Network: Service not offered at SRMC Tier 2	In-Network: Service are offered at SRMC Tier 3	Out-of-Network Tier 4
Deductible Individual Family	 $500 $1,000	 $3,750 $7,500	 $6,850 $13,700	 $7,500 $15,000
Out of Pocket Max Individual Family	 $2,750 $5,000	 $7,500 $15,000	 $7,500 $15,000	 $10,000 $20,000
Preventive Care	Covered 100%	Covered 100%	Covered 100%	50% after Deductible
Primary Care	$0 Copay	$40 Copay	$40 Copay	50% after Deductible
Specialist	$0 Copay	$80 Copay	$80 Copay	50% after Deductible
Inpatient Member Cost	Covered 100%	$600 Copay + 30% Coinsurance Deductible Applies	$750 Copay + 40% Coinsurance Deductible Applies	$1,000 Copay + 50% Coinsurance Deductible Applies
Outpatient Member Cost	Covered 100%	$250 Copay + 30% Coinsurance Deductible Applies	$500 Copay + 40% Coinsurance Deductible Applies	$500 Copay + 50% Coinsurance Deductible Applies
Urgent Care	$25 Copay	$100 Copay	$100 Copay	50% after Deductible
Emergency Room	$250 Copay Deductible Applies	$500 Copay + 35% Coinsurance Deductible Applies	$500 Copay + 35% Coinsurance Deductible Applies	$500 Copay + 35% Coinsurance Deductible Applies
Outpatient Lab & X-Ray	Covered 100%	30% Coinsurance Deductible Applies	40% Coinsurance Deductible Applies	50% Coinsurance Deductible Applies
Outpatient Imaging (Advanced) -CT Scans, MRI, PET	$0 Copay Deductible Applies	30% Coinsurance Deductible Applies	40% Coinsurance Deductible Applies	50% Coinsurance Deductible Applies
PT, OT, Speech Therapy	Covered 100%	30% Coinsurance Deductible Applies	40% Coinsurance Deductible Applies	50% Coinsurance Deductible Applies
Prescription Drugs Tier 1 Tier 2 Tier 3 Tier 4	 $10 Copay $45 Copay $100 Copay $250 Copay			

- Where you see “deductible applies” you will be responsible for meeting that deductible amount.
- Your deductible, coinsurance and copay amounts will count towards your Out-of-Pocket Maximum.
- Your deductible and Out-of-Pocket Max will cross apply for Tiers 1, 2 and 3.

Tips for Keeping Costs Down:

- Choose SRMC providers
- Take advantage of preventive care services
- Request generic prescriptions
- Use Urgent Care providers instead of the Emergency Room

HDHP Plan Overview

	In-Network: SRMC Providers Tier 1	In-Network: Service not offered at SRMC Tier 2	In-Network: Service are offered at SRMC Tier 3	Out-of-Network Tier 4
Deductible Individual Family	 $1,500 $3,000	 $2,500 $5,000	 $3,500 $7,000	 $4,500 $9,000
Out of Pocket Max Individual Family	 $3,500 $5,000	 $5,000 $10,000	 $6,350 $12,700	 $10,000 $20,000
Preventive Care	Covered 100%	Covered 100%	Covered 100%	50% after deductible
Primary Care Specialist	10% coinsurance (Deductible applies)	20% coinsurance (Deductible applies)	30% coinsurance (Deductible applies)	50% coinsurance (Deductible applies)
Inpatient Member Cost	10% coinsurance (Deductible applies)	20% coinsurance (Deductible applies)	30% coinsurance (Deductible applies)	50% coinsurance (Deductible applies)
Outpatient Member Cost	10% coinsurance (Deductible applies)	20% coinsurance (Deductible applies)	30% coinsurance (Deductible applies)	50% coinsurance (Deductible applies)
Urgent Care	10% coinsurance (Deductible applies)	20% coinsurance (Deductible applies)	30% coinsurance (Deductible applies)	50% coinsurance (Deductible applies)
Emergency Room	10% coinsurance (Deductible applies)	20% coinsurance (Deductible applies)	20% coinsurance (Deductible applies)	20% coinsurance (Deductible applies)
Outpatient Lab & X-Ray	10% coinsurance (Deductible applies)	20% coinsurance (Deductible applies)	30% coinsurance (Deductible applies)	50% coinsurance (Deductible applies)
Outpatient Imaging (Advanced) -CT Scans, MRI, PET	10% coinsurance (Deductible applies)	20% coinsurance (Deductible applies)	30% coinsurance (Deductible applies)	50% coinsurance (Deductible applies)
PT, OT, Speech Therapy	10% coinsurance (Deductible applies)	20% coinsurance (Deductible applies)	30% coinsurance (Deductible applies)	50% coinsurance (Deductible applies)
Prescription Drugs Tier 1 Tier 2 Tier 3 Tier 4	20% after deductible 20% after deductible 20% after deductible 20% after deductible			

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

STEP THERAPY & QUANTITY LIMITS

SRMC includes step therapy in our pharmacy benefits. Step Therapy is trying other medications first before stepping up to drugs that cost more. It is important for the cost of our health plan that we identify that a less expensive (generic) options doesn't work, prior to our plan covering a more expensive script. If this applies to you, you will be receiving notification in the mail from our pharmacy partner, RxBenefits. SRMC will also be placing quantity limits on certain medications. Quantity limits are in place to ensure your medication is being used correctly and that you are getting the most appropriate treatment. You will receive a notification in the mail if your prescription is one that may be impacted by the new quantity limits set forth by the plan.

Employee Bi-Weekly Contributions in 2020

Your premium for elected plans will be deducted pre-tax from each paycheck.

Medical Coverage

The rates illustrated below are your cost if you do not participate in the Healthy Lifestyle Assessment program. If you participate in the Healthy Lifestyle Assessments program, you will receive a lower bi-weekly premium. If you are enrolling your spouse in the medical plan, and he/she participates in the Healthy Lifestyle Assessments, your bi-weekly contributions will decrease by an additional $26. If you are a non-tobacco user, your bi-weekly contribution will also decrease by $26. And if enrolling your spouse in the medical plan and they are a non-tobacco user, your bi-weekly contribution will decrease an additional $26.

Qualified High Deductible Plan		
Tier	**SRMC Pays Monthly**	**Employee Bi-weekly Deduction**
Employee	$563.06	$56.62
Employee & Spouse	$608.20	$234.00
Employee & Child(ren)	$564.26	$156.00
Employee & Family	$853.58	$314.00

PPO Plan		
Tier	**SRMC Pays Monthly**	**Employee Bi-weekly Deduction**
Employee	$621.87	$86.62
Employee & Spouse	$764.66	$304.00
Employee & Child(ren)	$771.55	$226.00
Employee & Family	$1,037.96	$404.00

Formula to help calculate your medical cost:

Base Non-Healthy Lifestyles Rate:	$ determined above
Employee is a Healthy Lifestyles participant:	subtract $26
Spouse is a Healthy Lifestyles participant:	subtract $26
Employee is a non-tobacco user	subtract $26
Spouse is a non-tobacco user	subtract $26
Your bi-weekly medical contribution:	$_____

Dental

***Lincoln**| www.lfg.com | 800-423-2765*

Starting January 1st, 2020 Dental coverage will be offered through **Lincoln Financial Group**.

Our dental plan allows you and your dependents to visit the dentist of your choice and provides you with access to a larger national provider network.

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

Services	Low Plan	High Plan
Deductible Applies to basic and major services	$75 Individual / $225 Family	$75 Individual / $225 Family
Preventive Services Exams, cleanings, x-rays	100%	100%
Basic Services Fillings, simple extractions	80%	100%
Major Services Oral surgery, root canal, crowns	Not Covered	60%
Orthodontia for Children (up to age 19)	Not covered	50% to a lifetime max of $1,000
Annual Maximum	$1,000	$1,500
Bi-Weekly Premiums - Employee Only - Employee + Spouse - Employee + Children - Employee + Family	 $7.93 $15.36 $21.30 $28.73	 $14.19 $27.34 $33.65 $46.79

**Note: The High Plan includes a $1,250 rollover feature.*

Follow the instructions below to find a participating Lincoln provider:

1. Visit LincolnFinancial.com
2. Click “Find a Dentist” located under the Need Help box
3. A new tab will appear where you can search for a dentist by location, dentist name or office, distance, specialty, etc.

Vision

Community Eye Care | *www.communityeyecare.com* | *888-254-4290*

Our vision plan covers eye exams and helps offset the cost of corrective eyewear.

An overview of the plan is provided below; please see your summary of benefits for complete details.

Services	Benefit
Vision Exam	$10 Copay
Eyewear Allowance	$150 per person after a $15 Copay The allowance may be applied to frames, spectacle lenses, contact lenses, special lens options, or any combination. As long as you select eyewear having a retail price that's less than or equal to your allowance, the only out-of-pocket expense you incur for the eyewear is the $15 copay.
Bi-Weekly Premiums	Employee Only: $3.98 Employee + Spouse: $7.74 Employee + Children: $6.93 Employee + Family: $11.82

Health Savings Account

Flores | *www.flores247.com* | *800-532-3327*

If you enroll in the High Deductible Health Plan (HDHP), you can also open a Health Savings Account (HSA) to help pay for eligible medical expenses.

A HSA is a deposit account that you can use to pay for qualified medical expenses – tax-free. Plus, the account is yours to keep – the money you save will roll over year to year.

→ **How can I use a HSA?**

A HSA is a great way to save money for future medical expenses like having a baby, planned surgeries, or unexpected hospital visits. Many people also save money in a HSA for medical expenses during retirement.

→ **Who is eligible to open a HSA?**

To open a HSA, you must be enrolled in a qualified HDHP plan. You cannot be a dependent on another person's tax return, be enrolled in Medicare if you're over 65, or have received Veterans Affairs medical benefits at any time over the past three months.

→ **What is the tax benefit associated with a HSA?**

The money you contribute to your HSA is tax-deductible and can be used for expenses for yourself and your dependents. You can maximize your tax savings by contributing up to the maximum annual amount allowed by the Internal Revenue Service (IRS). Your HSA balance plus investment earnings carry over from year to year – tax-free.

Plus – your HSA funds are yours to keep – even if you switch health plans, change jobs, or retire.

Maximum HSA Contributions	2020
Individual	$3,550
Family	$7,100
Catch-up – 55 or older	$1,000

→ **What are qualified medical expenses?**

The IRS maintains a list of all eligible medical expenses, common qualified expenses include:

- Acupuncture
- Ambulance services
- Dental treatment
- Contact lenses
- Doctor's fees
- Hearing aids

View the complete list of qualified expenses at: https://www.flores-associates.com/EligibilityList.html

Flexible Spending Accounts

Flores *| www.flores247.com | 800-532-3327*

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

Contributions to your FSA are deducted from your paycheck before any taxes are taken out. You should contribute the amount of money you expect to spend on eligible expenses for the year. Any leftover money will not be refunded per IRS regulations. Starting January 1, 2020 a maximum of $500 can be rolled over to the next year

Health Care FSA

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

Examples of qualified expenses include:

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

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

Dependent Care FSA

The maximum you can contribute to the dependent care FSA is $5,000 if you are a single employee or married filing jointly, or $2,500 if you are married and filing separately. Funds are available only after they are deducted from your paycheck.

Examples of qualified expenses include:

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

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

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

Lincoln | *www.lfg.com* | *800-423-2765*

SRMC is committed to providing a comprehensive benefits program. Should you become unable to work due to a non-work related illness or injury, disability coverage acts as income replacement to protect you and your family from serious financial hardship.

Short-Term Disability Coverage

Administered by Lincoln, short-term disability coverage pays 60% of your salary for up to 24 weeks, after a waiting period of 15 days. During open enrollment you can enroll in this benefit with no medical questions (EOI).

Short-Term Disability	
Benefits Begin	After 15 days
Benefits Payable / Duration	Up to 24 weeks
Percentage of Income Replaced	60%
Maximum Benefit	$2,500 per week

Long-Term Disability Coverage

Also administered by Lincoln, long-term disability coverage pays a portion of your salary based on your employee class. Benefits are paid up to Social Security Normal Retirement Age as long as you meet to the definition of disability.

Long-Term Disability		
	Class 1	Class 2
Benefits Begin	After 180 days	After 180 days
Benefits Payable / Duration	Up to Normal Retirement Age	Up to Normal Retirement Age
Percentage of Income Replaced	66%	60%
Maximum Benefit	$11,000 per month	$10,000 per month

Important Note: Both the short and long term disability products have a pre-existing condition limitation. This means if you were treated for a medical condition three months prior to the effective date that specific condition will be considered a pre-existing condition and will not be covered for twelve months after the effective date of coverage. Refer to the benefit plan summary for more details.

Life Insurance

Lincoln | *www.lfg.com* | *800-423-2765*

Basic Life and AD&D Insurance

Sampson Regional Medical Center provides all full-time employees with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance at no cost to you. Employees are automatically covered with the following benefits：

- **Class 1**: One times base annual salary, rounded up to the next highest $1,000, to a maximum of $200,000
- **Class 2**: One times base annual salary, rounded up to the next highest $1,000, to a maximum of $162,000

Please make sure that you have a beneficiary selected for your life insurance plan by completing the beneficiary information during Open Enrollment.

Voluntary Life and AD&D Insurance

You are also eligible to elect Voluntary Life and AD&D Insurance for yourself and your dependents. Employees pay the full cost for this plan; premiums will be deducted for your paycheck.

Employee Coverage

- Elect $10,000 increments of coverage up to a maximum of $300,000.
- New Hires can elect up to $100,000 without answering health questions.
- If you elect coverage after your initial eligibility, you can elect $10,000 without answering health questions

During Open Enrollment you can increase your elected amount by one increment ($10,000) with no medical questions (EOI). Employees who enroll in the voluntary plan can also elect coverage for their dependents in the following amounts:

Spousal Coverage

- Elect $5,000 increments of coverage up to the employee elected amount.
- New Hires can elect up to $25,000 for their spouse without answering health questions
- If you elect coverage for your spouse after your initial eligibility, you can elect $5,000 without answering health questions

During Open Enrollment you can increase your elected amount by one increment ($5,000) for your spouse with no medical questions (EOI).

Child Coverage

- Elect $2,000 increments of coverage up to a maximum of $10,000 (depending on age).

Supplemental Health Benefits

Sampson Regional Medical Center knows that employees value the opportunity to customize their insurance coverage to best fit their individual needs. We are pleased to offer all full-time employees the ability to add-on any of the following supplemental health programs to complement your medical plan coverage.

Critical Illness Insurance

AFLAC| *www.aflacgroupinsurance.com | 800-433-3036*

Critical Illness insurance helps guard against financial hardship if you or a dependent is diagnosed with a covered condition. Some of the expenses this benefit can help pay include initial diagnosis, treatment, and follow-up care. You can choose from a $5,000 to $50,000 benefit for employees and a $30,000 benefit for spouses. Children under 26 are automatically covered at 25% of employee benefit.

Covered Illnesses Include:

- Invasive cancer
- Heart attack
- Stroke
- Paralysis
- End-stage kidney failure
- Major organ transplant
- Cancer
- Heart attack
- Stroke
- Coronary artery bypass surgery
- Kidney failure
- Major organ transplant

See benefit summary for all covered conditions. This plan also features a **$100 wellness benefit** per covered member.

Accident Insurance

Allstate | *www.allstateatwork.com* | *800-521-5353*

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

Accident Benefit Highlights	
Hospital Admission	$500.00
Dislocations	$4,000 - $6,000
Magnetic Resonance Imaging	$50.00
Brain Injury Diagnosis	$150.00
Accident follow-up treatment	$50.00 / day
Ground ambulance	$200 - $900
Eye injury	$100.00
Laceration requiring stiches	$50.00
Paralysis	$7,500

Additional Benefits

Group Universal Life and AD&D Insurance

Allstate | *www.allstateatwork.com| 800-521-5353*

Group Universal Life and Accidental Death & Dismemberment coverage, offered by Allstate Benefits, is designed to provide death benefits to your beneficiaries if you pass away, but it also allows you to build up a cash value. As long as you have enough cash value to pay for your policy's insurance charges, your coverage stays in force.

Family coverage options are available for your spouse, children and grandchildren.

- Premium rates are based on age and tobacco usage
- You may take the coverage with you if employment ends as long as premiums are paid to the insurance company

The following riders are included with your plans:

- Premium Waiver
- Accidental Death Benefit

Employee Assistance Program

Lincoln | *www.GuidanceResources.com| 888-628-4824*

The Employee Assistance Program (EAP) offers confidential resources and referral services through Lincoln. This program is provided to you at no cost by Sampson Regional Medical Center.

The EAP provides assistance to you and your dependents on a variety of issues including:

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

Access the EAP online at www.GuidanceResources.com

- Username: LFGSupport
- Password: LFGSupport1

Access the EAP by phone at 888-628-4824

Employees can take advantage of this resource with the full confidence that all information discussed with Lincoln will be kept confidential.

Contact Information

SRMC Human Resources Department

Open Monday – Friday 8:30AM to 5:00PM

Benefit	Provider	Phone	Website
Medical and Pharmacy	UMR	800-826-9781	www.umr.com
Dental	Lincoln Financial Group	800-423-2765	www.lfg.com
Vision	Community EyeCare	888-254-4290	www.communityeyecare.com
Health Savings Account	Flores	800-532-3327	www.flores247.com
Flexible Spending Account	Flores	800-532-3327	www.flores247.com
Basic Life and AD&D Voluntary Life and AD&D Short-Term Disability Long-Term Disability	Lincoln Financial Group	800-423-2765	www.lfg.com
Accident Insurance Universal Life Insurance	Allstate	800-521-5353	www.allstateatwork.com
Critical Illness	Aflac	800-433-3036	www.aflacgroupinsurance.com

Frequently Asked Questions

1. What changes can be made effective January 1, 2020?
    - Elect or change individual and/or dependent coverage in medical and dental plans
    - Enrollment in a Flexible Spending Account or Health Savings Account
    - Add voluntary life and AD&D coverage
    - Elect supplemental health benefits

2. Where can I submit my plan elections?
    - Log-in to HR In-Touch to elect or change your plans

3. Who can I talk to if I have questions?
    - Contact Human Resources with any questions you may have

4. What will happen if I miss the enrollment deadline?
    - If you do not enroll or re-enroll in the Medical Plan or Flexible Spending Account, you will not be able to participate this plan year unless you experience a qualified life event
    - If you do not make changes to your current elections will remain in place for the coming plan year, with the exception of:
        - Medical, Dental
        - Flexible Spending Account
        - Health Savings Account

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

Required notices

Dear Valued Employee,

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

Enclosures:

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

Sampson Regional Medical Center will herein be referred to as "Employer"

Summary charts showing tiered deductible on pages 6 & 7 will herein be referred to as "Deductible"

Summary charts showing tiered coinsurance on pages 6 & 7 will herein be referred to as "Coinsurance"

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

HR Department will herein be referred to as "Plan Administrator"

January 1, 2020 to December 31, 2020 will herein be referred to as "Plan Year"

Should you have any questions regarding the content of the notices, please contact us at dboone@sampsonrmc.org.

MEDICARE PART D
CREDITABLE COVERAGE NOTICE

Important Notice from your Employer
About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your Employer and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **Entity has determined that the prescription drug coverage offered by the Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

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

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

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

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

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with [Insert Name of Entity] and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed 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 Employer changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

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

For more information about Medicare prescription drug coverage:

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

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

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).

HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

If you are declining enrollment in [insert name of employer] group health coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

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

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

HIPAA NOTICE OF PRIVACY PRACTICES

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

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

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

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

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

Contact Information

If you have any questions about this Notice or about our privacy practices, please contact the Plan Administrator.

Effective Date

This Notice as revised is effective October 15, 2019.

Our Responsibilities

We are required by law to:

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

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

How We May Use and Disclose Your Protected Health Information

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

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

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

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

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

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

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

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

Special Situations

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

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

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

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

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

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

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

Lawsuits and Disputes
If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request,

or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

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

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

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

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

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

Research
We may disclose your protected health information to researchers when:

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

Required Disclosures

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

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

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

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

Other Disclosures

Personal Representatives
We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any

supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

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

Spouses and Other Family Members
With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

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

Your Rights

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

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

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

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

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

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

at the address provided above under Contact Information. Your request must state a time period of no longer than six years and may not include dates prior to your request. Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions
You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

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

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

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

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

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

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your child(ren) 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 child(ren) aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or

www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**FLORIDA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563
KANSAS – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710

LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid and CHIP**
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**

Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

WOMEN'S HEALTH CANCER RIGHTS ACT (WHCRA) NOTICE

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at [insert phone number] for more information.

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

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

MODEL GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

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

Introduction

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

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

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

What is COBRA continuation coverage?

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

coverage.

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

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

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

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

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

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

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

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

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

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

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

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

Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

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

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

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

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

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