# 2021

# Enrollment Guide

Comfort Keepers
a sodexo brand

| Medical Carrier Contact | Vision Carrier Contact | Dental Carrier Contact |
|---|---|---|
| United Healthcare – HMO | Beam/VSP | Beam |
| Member Service | Member Services | Member Services |
| (866) 414-1959 | (800) 877-7195 | (800) 648-1179 |
| **Policy # 01F5710** | **Policy # MI02183** | **Policy # MI02183** |
| www.myhuc.com | www.vsp.com | www.beam.dental |

**Karl J. Ruth Jr • kruth@ajmassoc.com • (248) 778-6070 • www.ajmassoc.com**

Dear Employee:

At Comfort Keepers we value your service and contributions and we care about the health of you and your family members. Our goal for the upcoming benefit plan year is to provide you with options, based on your healthcare needs, as well as access to participating network medical doctors and hospitals and to provide coverage for the most frequently used services such as office visits and prescription drugs. Therefore, we have worked diligently with our Benefits Administrator, AJM Associates, Inc., to develop medical, prescription drug plans and ancillary coverage that incorporate National and Local network access while providing popular options at an affordable price.

You will have the opportunity, each year, during open enrollment to review you benefit plan options and to make any necessary changes for the upcoming benefit plan year. At this time, you can change your benefit elections or add / delete eligible dependents under the plan. Your elections will be effective **January 1, 2021 through December 31, 2021.** This Enrollment Guide is your regular full-time employee benefits manual. The purpose of this guide is to give you information and answer questions regarding your **2021** benefit package. Your benefits are an important part of your total compensation, so we invite you to familiarize yourself with the details of these plans and encourage you to seek clarification when necessary.

## HOW TO ENROLL

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

## HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. See **Open Enrollment** in this Enrollment Guide for details regarding IRS approved Qualifying Life Events.

We are excited and proud of this year's employee benefit offering and feel it is among the most competitive in our industry. As we continue to review employee satisfaction surveys, we intend to respond with further benefit package offering and refinements. Please feel free to contact Karl Ruth from our benefits administration company, Karl J. Ruth Jr., at AJM Associates, Inc. (248) 778-6070 with any questions or concerns you may have.

Open enrollment is the time of year when you can make any necessary changes to your current health election. The elections that you choose may be changed only at the next Open Enrollment Period, unless you have a Qualified Change of Status which would allow a Special Open Enrollment.

In accordance with federal regulations, the benefits you choose in your benefits package will remain in effect through the next plan year. However, you may be allowed to make changes in certain benefits if you have a **Qualified Change of Status Event**. Examples of qualified change of status events are listed below:

- Change in Status
- Change in employee's legal marital status
- Change in number of dependents
- Change in employment status (including change in work site location)
- Dependent satisfies (or ceases to satisfy) eligibility requirements
- Change in residence
- Commencement or termination of adoption proceedings
- Significant Cost Increase
- Significant Curtailment of Coverage
- Change in Coverage of Spouse or Dependent Under Other Employer's Plan
- FMLA Leave*
- COBRA Event
- Judgment, Decree, or Court Order
- Medicare or Medicaid Entitlement
- Employee/dependent loss of Medicaid or Children's Health Insurance Program (CHIP) or employee/dependent entitlement for a premium assistance program through Medicaid or CHIP. Please note that these qualifying events have a special 60 day enrollment period rather than the typical 30 day enrollment period.

**Note that there are certain limitations and/or exclusions within <u>each</u> qualifying event. For more information please contact AJM Associates, Inc at (248) 778-6070.**

The Internal Revenue Service requires that the change in benefits must be consistent with the change of status. If you have a change, you must complete a new Enrollment Form within 30 days of the event. These forms are available from Human Resources. **Changes made after 30 days will not be accepted.**

**Notice of HIPAA Special Open Enrollment Rights** – If you are declining enrollment for yourself or your dependents (including your spouse) because other health insurance coverage, you may in the future be able to enroll yourself or your dependents in these plans if you request enrollment within 30 days after your other coverage ends. In addition, if you acquire a new dependent, because of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself, your spouse and your newly acquired dependents if you request enrollment within 30 days after the marriage, birth, adoption and placement for adoption.

**PLEASE LET US KNOW ABOUT:**

| | |
|---|---|
| Weddings | Within 30 days of marriage |
| New Babies | Within 30 days of birth |
| Adoptions | Within 30 days of the date of petition or adoption |
| Change of Name or Address | Immediately |
| Death | Within 30 days |
| Divorce | Within30 days |
| Military Service | Within 30 days of induction or when dependent is discharged |
| Dependent Children | Any change in status of dependent children |
| 65th Birthday | When you or your dependent become eligible for Medicare. |

This is intended as an easy-to-read-summary. It is not a contract. For complete detail of benefits, limitations and exclusions please see your benefits contract.

### Women's Health and Cancer Rights Act of 1998

Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). These benefits are subject to applicable terms and conditions under your health plan, including copayments, deductible, and coinsurance provisions. They are also subject to medical insurance limitations and exclusions. This notification is a requirement of the act.

The Women's Health and Cancer Rights Act (Women's Health Act) was signed into law on October 21, 1998. The law includes important new protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy. The Women's Health Act amended the Employee Retirement Income Security Act of 1974 (ERISA) and the Public Health Service Act (PHS Act) and is administered by the Departments of Labor and Health and Human Services.

### Newborn's and Mothers' Health Protection Act

The Newborns' Act is a federal law that prohibits group health plans and insurance companies (including HMOs) that cover hospitalization in connection with childbirth from restricting a mother's or newborn's benefits from such hospital stays to less than 48 hours following a natural delivery or 96 hours following delivery by cesarean section, unless the attending doctor, nurse midwife or other licensed health care provider, in consultation with the mother, discharges the mother or newborn child earlier.

### Genetic Information Nondiscrimination Act of 2008

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of disease or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members. Genetic information cannot be requested, required or purchased for underwriting purposes or before enrollment, participants and covered dependents cannot be required to undergo a genetic test, and genetic information cannot be used to adjust premiums or contributions for the group. However, a plan is permitted to use the minimum necessary amount of genetic testing results to decide about claim payment.

### Notice of HIPAA Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires employer health plans to maintain the privacy of your health information and to provide you with a notice of the Plan's legal duties and privacy practices with respect to your health information. A copy of the HIPPA Privacy Notice is included within this enrollment guide.

### Tell Us When You're Medicare Eligible

Please notify Human Resources when you or your dependents become eligible for Medicare. We are required to contact the insurer to inform them of your Medicare status. Federal law determines whether Medicare or the health plan pays primary. You must also contact Medicare directly to notify them that you have health coverage through an employer group. Privacy laws prohibit anyone other than the Medicare beneficiary, or their legal guardian, to update or change Medicare records. The toll-free number to contact Medicare Coordination of Benefits Contractor is 1-800-999-1118.

### HIPAA Notice of Special Enrollment Rights

If you are declining enrollment 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 towards your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).

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

The Children's Health Insurance Program Reauthorization

Act of 2009 added the following two special enrollment opportunities.

- The employee or dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated because of loss of eligibility; or
- The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

It is your responsibility to notify Human Resources within 60 days of the loss of Medicaid or CHIP coverage, or within 60 days of when eligibility for premium assistance under Medicaid or CHIP is determined. More information on CHIP is provided later in this guide.

### Michelle's Law

Michelle's Law is an act that requires health plans to allow college students who take a leave of absence or reduce their class load because of illness to retain their dependent status under their parent's health plan for up to one year. Student's eligibility for dependent coverage will continue for one year (unless the student would otherwise lose eligibility within the year). To qualify for protection under Michelle's Law, the following requirements must be met; the student must have written certification from a treating physician that the leave of absence or reduced schedule is necessary due to a severe illness or injury, and the leave or reduced schedule must have triggered the loss of student status under the health plan. If the plan sponsor changes group health plans during a medically necessary leave and the new health plan offers coverage of dependent children, the new plan will be subject to the same rules.

### Summary of Material Modification

The information in this guide applies to the Comfort Keepers Benefit Plan Information. This information meets the requirements for a Summary of Material Modification as required by the Employee Retirement Income Security Act (ERISA).

### Summary of Benefits and Coverage (SBC)

For group health plan coverage, the regulations provide that, for disclosures with respect to participants and beneficiaries who enroll or re-enroll through an open enrollment period (including late enrollees and re-enrollees), the SBC must be provided beginning on the first day of the first open enrollment period that begins on or after September 23, 2012. For disclosures with respect to participants and beneficiaries who enroll in coverage other than through an open enrollment period (including individuals who are newly eligible for coverage and special enrollees), the SBC must be provided beginning on the first day of the first plan year that begins on or after September 23, 2012.

### Disclosure About The Benefit Enrollment Communications

The benefit enrollment communications (Enrollment Guide) contains only a summary of your benefits. We have worked to ensure the accuracy of these materials, but if there is any discrepancy between the benefits discussed in these materials and the official plan documents, the official plan documents will rule. Actual benefits will be paid in accordance with the carrier contracts and any amendments to those contracts in place at the time of the claim. Please refer to the carrier booklets for details regarding your coverage, including benefit limitation and exclusions. Comfort Keepers reserves the right to amend, modify or terminate any plan at any time and in any manner.

In addition, please be aware that information contained in these materials is based on the current understanding of the federal health care reform legislation signed into law in March 2010. The interpretation of this complex legislation continues to evolve, as additional regulatory guidance is provided by the U.S. Government. Therefore, we defer to the actual carrier contracts, processes, and the law itself as the governing documents.

# MEDICAL INSURANCE COVERAGE

Deductibles and Out of Pocket Maximum reset on a Calendar Year Basis

**NOTES:**

This is intended as an easy-to-read-summary. It is not a contract. For complete detail of benefits, limitations and exclusions please see your benefits contract.

# Choice plan details, all in one place.

Use this benefit summary to learn more about this plan's benefits, ways you can get help managing costs and how you may get more out of this health plan.

| Check out what's included in the plan | Choice |
|---|---|
| **Network coverage only**<br>You can usually save money when you receive care for covered health care services from network providers. | ☑ |
| **Network and out-of-network benefits**<br>You may receive care and services from network and out-of-network providers and facilities — but staying in the network can help lower your costs. | ☐ |
| **Primary care physician (PCP) required**<br>With this plan, you need to select a PCP — the doctor who plays a key role in helping manage your care. Each enrolled person on your plan will need to choose a PCP. | ☐ |
| **Referrals required**<br>You'll need referrals from your PCP before seeing a specialist or getting certain health care services. | ☐ |
| **Preventive care covered at 100%**<br>There is no additional cost to you for seeing a network provider for preventive care. | ☑ |
| **Pharmacy benefits**<br>With this plan, you have coverage that helps pay for prescription drugs and medications. | ☑ |
| **Tier 1 providers**<br>Using Tier 1 providers may bring you the greatest value from your health care benefits. These PCPs and medical specialists meet national standard benchmarks for quality care and cost savings. | ☐ |
| **Freestanding centers**<br>You may pay less when you use certain freestanding centers — health care facilities that do not bill for services as part of a hospital, such as MRI or surgery centers. | ☐ |
| **Health savings account (HSA)**<br>With an HSA, you've got a personal bank account that lets you put money aside, tax-free. Use it to save and pay for qualified medical expenses. | ☑ |

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

# Here's a more in-depth look at how Choice works.

## Medical Benefits

| | In Network |
|---|---|
| **Annual Medical Deductible** | |
| Individual | $5,000 |
| Family | $10,000 |

*All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.*

*You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.*

| | |
|---|---|
| **Annual Out-of-Pocket Limit** | |
| Individual | $5,500 |
| Family | $11,000 |

*All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.*

*Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.*

| | What You Pay for Services |
|---|---|
| **Copays ($) and Coinsurance (%) for Covered Health Care Services** | **Network** |
| **Preventive Care Services** | |
| Preventive Care<br><br>*Includes services such as Routine Wellness Checkups, Immunizations, and Lab and X-ray services for Mammogram, Pap Smear, Prostate and Colorectal Cancer screenings.*<br><br>*Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.* | No copay |
| **Office Services - Sickness & Injury** | |
| Primary Care Physician<br><br>*Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.* | No copay* |
| Specialist<br><br>*Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.* | No copay* |
| Urgent Care<br><br>*Additional copays, deductible, or co-insurance may apply when you receive other services at the urgent care facility. For example, surgery and lab work.* | No copay* |

*After the Annual Medical Deductible has been met.

[1]Prior Authorization Required. Refer to COC/SBN.

## What You Pay for Services

| Copays ($) and Coinsurance (%) for Covered Health Care Services | Network |
|---|---|
| Virtual Visits<br><br>*Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Visit Network Provider by contacting us at myuhc.com® or the telephone number on your ID card. Access to Virtual Visits and prescription services may not be available in all states or for all groups.* | No copay* |
| **Emergency Care** | |
| Accidental Dental | No copay* |
| Emergency Ambulance | No copay* |
| Emergency Room[1] | No copay* |
| Non-Emergency Ambulance | No copay* |
| **Inpatient Care** | |
| Congenital Heart Disease Surgeries | No copay* |
| Hospital Inpatient Stays | No copay* |
| Inpatient Habilitative Services<br><br>*Limited to 60 days per year.* | The amount you pay is based on where the covered health care service is provided. |
| Skilled Nursing Facility & Inpatient Rehabilitation Facility Services<br><br>*Limited to 60 days per year.* | No copay* |
| **Outpatient Care** | |
| Habilitative Services<br><br>*Limited to 20 visits of cognitive rehabilitation therapy per year.*<br><br>*Limited to 30 visits of post-cochlear implant aural therapy per year.*<br><br>*Limited to 30 visits of speech therapy per year.*<br><br>*Please note there are no visit limits for physical, speech or occupational therapy relating to Autism Spectrum Disorder for Enrolled Dependent children through 18 years of age.*<br><br>*Limited to 30 visits for any combination of physical therapy, occupational therapy and Manipulative Treatments.* | No copay* |
| Home Health Care and Private Duty Nursing | No copay* |
| Lab Testing<br><br>*Limited to 18 Presumptive Drug Tests per year.*<br><br>*Limited to 18 Definitive Drug Tests per year.* | No copay* |
| Major Diagnostic and Imaging | No copay* |

*After the Annual Medical Deductible has been met.

[1]Prior Authorization Required. Refer to COC/SBN.

| Copays ($) and Coinsurance (%) for Covered Health Care Services | Network |
|---|---|
| Physician Fees for Surgical and Medical Services | No copay* |
| Rehabilitation Services<br><br>*Limited to 20 visits of cognitive rehabilitation therapy per year.*<br><br>*Limited to 30 visits of post-cochlear implant aural therapy per year.*<br><br>*Limited to 30 visits of speech therapy per year.*<br><br>*Limited to 30 combined visits of pulmonary rehabilitation therapy and cardiac rehabilitation therapy.*<br><br>*Note: The first three network visits for any combination of physical therapy and Manipulative Treatment for new low back pain are not subject to any copay, co-insurance or deductible and subject to the annual visit limits.*<br><br>*Limited to 30 combined visits of physical therapy, occupational therapy and Manipulative Treatments (includes osteopathic manipulations).*<br><br>*Please note there are no visit limits for physical, speech or occupational therapy relating to Autism Spectrum Disorders for Enrolled Dependent children through 18 years of age.* | No copay* |
| Scopic Procedures<br><br>*Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.*<br><br>*Benefits that apply to certain preventive screenings are described under Preventive Care Services.* | No copay* |
| Surgery | No copay* |
| Therapeutic Treatments<br><br>*Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.* | No copay* |
| X-ray and other Diagnostic Testing | No copay* |
| **Supplies and Services** | |
| Diabetes Self-Management Items | The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Prescription Drug Benefits Section. |
| Diabetes Self-Management and Training | The amount you pay is based on where the covered health care service is provided. |
| Durable Medical Equipment, Orthotics and Supplies | No copay* |
| Enteral Nutrition and Parenteral Nutrition | No copay* |
| Hearing Aids<br><br>*Benefits are limited to a single purchase per hearing impaired ear every 36 months. Repair and/or replacement of a hearing aid would apply to this limit in the same manner as a purchase.* | No copay* |
| Ostomy Supplies | No copay* |

*After the Annual Medical Deductible has been met.

[1]Prior Authorization Required. Refer to COC/SBN.

| Copays ($) and Coinsurance (%) for Covered Health Care Services | Network |
|---|---|
| Pharmaceutical Products<br><br>*This includes medications given at a doctor's office, or in a covered person's home. It does not apply to outpatient Prescription Medications for which Benefits are described in the Outpatient Prescription Drug Rider.* | No copay* |
| Prosthetic Devices | No copay* |
| Urinary Catheters | No copay* |
| **Pregnancy** | |
| Maternity Services | The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay. |
| **Mental Health Care & Substance Related and Addictive Disorder Services** | |
| Inpatient (including Residential Treatment) | No copay* |
| Outpatient | No copay* |
| Partial Hospitalization | No copay* |
| **Other Services** | |
| Antineoplastic Therapy | The amount you pay is based on where the covered health care service is provided. |
| Breast Cancer Diagnostic, Treatment and Rehabilitative Services | The amount you pay is based on where the covered health care service is provided. |
| Cellular or Gene Therapy<br><br>*Cellular or Gene Therapy services must be received from a Designated Provider.* | The amount you pay is based on where the covered health care service is provided. |
| Clinical Trials | The amount you pay is based on where the covered health care service is provided. |
| Dietician Services<br><br>*Limited to six visits per year.* | The amount you pay is based on where the covered health care service is provided. |
| Gender Dysphoria | The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section. |
| Hospice Care | No copay* |
| Orthognathic Surgery[1] | The amount you pay is based on where the covered health care service is provided. |
| Pain-Evaluation and Treatment | The amount you pay is based on where the covered health care service is provided. |
| Pediatric Dental Anesthesia | The amount you pay is based on where the covered health care service is provided. |
| Reconstructive Procedures | The amount you pay is based on where the covered health care service is provided. |
| Temporomandibular Joint (TMJ) Services | The amount you pay is based on where the covered health care service is provided. |

*After the Annual Medical Deductible has been met.

[1]Prior Authorization Required. Refer to COC/SBN.

| Copays ($) and Coinsurance (%) for Covered Health Care Services | Network |
|---|---|
| Transplantation Services<br><br>*Network Benefits must be received from a Designated Provider.* | The amount you pay is based on where the covered health care service is provided. |
| Weight Loss Services | The amount you pay is based on where the covered health care service is provided. |
| Weight Loss Surgery<br><br>*For Network Benefits, obesity - weight loss surgery must be received from a Designated Provider.*<br><br>*Limited to one bariatric surgery per lifetime unless determined to be Medically Necessary to correct or reverse complications from a previous bariatric procedure.* | The amount you pay is based on where the covered health care service is provided. |
| **Pediatric Services - Vision** | |
| All Pediatric Vision - Benefits Covered up to age 19 | |
| Contact Lenses/Necessary Contact Lenses<br><br>*Limited to a 12 month supply.*<br><br>*Limited to one fitting and evaluation every 12 months.*<br><br>*We will pay benefits for only one vision care service. You may choose either eyeglasses (eyeglass lenses and/or eyeglass frames) or contact lenses.* | No copay* |
| Eyeglass Frames | |
| Eyeglass frames with a retail cost below $130. | No copay* |
| Eyeglass frames with a retail cost between $130-$160. | No copay* |
| Eyeglass frames with a retail cost between $160-$200. | No copay* |
| Eyeglass frames with a retail cost between $200-$250. | No copay* |
| Eyeglass frames with a retail cost greater than $250.<br><br>*Limited once every 12 months.* | No copay* |
| Eyeglass Lenses<br><br>*Limited to once every 12 months.* | No copay* |
| Lens Extras<br><br>*Coverage includes polycarbonate lenses and standard scratch-resistant coating.*<br><br>*Limited to once every 12 months.* | No copay* |
| Low Vision Testing<br><br>*Limited to once every 24 months.* | No copay |

*After the Annual Medical Deductible has been met.
[1]Prior Authorization Required. Refer to COC/SBN.

| Copays ($) and Coinsurance (%) for Covered Health Care Services | Network |
|---|---|
| Low Vision Therapy<br><br>*Limited to once every 24 months.* | 25% |
| Routine Vision Exam<br><br>*Limited to once every 12 months.* | No copay |
| **Pediatric Services - Dental** | |
| All Pediatric Dental - Benefits covered up to age 19<br><br>*Additional limits may apply. Refer to your plan documents for more information.* | |
| Basic Dental Services<br><br>*Palliative (Emergency) treatment is covered as a separate Benefit only if no other services (other than the exam and radiographs) were done on the tooth during the visit. General anesthesia is covered only when clinically Necessary. Occlusal guards are limited to one guard every 12 months. Periodontal surgery is limited to one every 36 months per surgical area. Scaling and root planing are limited to one time per quadrant every 24 months. Periodontal maintenance is limited to four times every 12 months in combination with prophylaxis. Simple extractions (simple tooth removal) is limited to one time per tooth per lifetime.* | 20%* |
| Diagnostic Services<br><br>*Limited to 2 evaluations (checkup exams) every 12 months.*<br><br>*Limited to 2 series of films every 12 months of Bitewing x-rays.*<br><br>*Limited to 1 time every 36 months for Panoramic x-rays.* | No copay* |
| Major Restorative Services | 50%* |
| Medically Necessary Orthodontics[1]<br><br>*All orthodontic treatment must be prior authorized.* | 50%* |
| Preventive Services<br><br>*Limited to 2 dental prophylaxis cleanings every 12 months.* | No copay* |

*After the Annual Medical Deductible has been met.

[1]Prior Authorization Required. Refer to COC/SBN.

# Pharmacy Benefits

| | In Network |
|---|---|
| **Annual Pharmacy Deductible** | |
| Individual | See the Annual Medical Deductible section |
| Family | See the Annual Medical Deductible section |

*The Pharmacy Deductible is the amount you pay for pharmacy expenses per year before you begin to receive Pharmacy Benefits.*

*Annual Deductible - Network and Out-of-Network*

| Prescription Drug Product Tier Level | Up to a 31-day supply | Up to a 90-day supply |
|---|---|---|
| | **Retail Network** | **Mail Order Network Pharmacy**** |
| **Tier 1 $** | $10* | $25* |
| **Tier 2 $$** | $50* | $125* |
| **Tier 3 $$$** | $125* | $312.50* |
| **Tier 4 $$$$** | $300* | $750* |

* After the Annual Medical Deductible has been met.

** Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. If you choose to opt out of Mail Order Network Pharmacy but do not inform us, you will be subject to the Out-of-Network Benefit for that Prescription Drug Product after the allowed number of fills at the Retail Network Pharmacy. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills.

For Specialty Drugs from a Non-Preferred Pharmacy, you will be required to pay 2 times the Preferred Specialty Network Pharmacy Co-payment and/or 2 times the Preferred Specialty Network Pharmacy Co-insurance (up to 50% of the Prescription Drug Charge) based on the applicable Tier.

Your Copayment and/or Coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2, Tier 3 or Tier 4.

If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcometouhc.com > Benefits > Pharmacy Benefits.

# Here's an example of how the plan's costs come into play.

### 1 At the start of your plan year...

You're responsible for paying 100% of your covered health services until you reach your **deductible**, which is the amount you pay before your health plan pays a portion.

**YOU PAY 100%**

### 2 Once you reach your deductible...

Your health plan starts to share a percentage of costs (the allowed amounts, excluding copays) for covered health care services with you—this is your **coinsurance**.*

**YOU PAY 20%***

**YOUR PLAN PAYS 80%**

### 3 When you reach your out-of-pocket limit...

Your plan covers your costs (the allowed amount) at 100%. Your **out-of-pocket limit** is the most you'll pay for covered health services in a plan year—copays and coinsurance count toward this.

**YOUR PLAN PAYS 100%**

Along the way, you may also be required to pay a fixed amount (for example, $15)—or **copay**—for covered health care services, such as seeing a provider or purchasing a prescription. You pay 100% of the copay, usually when you receive the service.

* Your coinsurance may vary by service. This example is for illustrative purposes only.

# More ways to help manage your health plan and stay in the loop.

## Search the network to find doctors.

You can go to providers in and out of our network — but when you stay in network, you'll likely pay less for care. To get started:

- Go to welcometouhc.com **> Benefits > Find a Doctor or Facility.**
- Choose **Search for a health plan.**
- Choose to view providers in the health plan's network.

## Manage your meds.

Look up your prescriptions using the Prescription Drug List (PDL). It places medications in tiers that represent what you'll pay, which may make it easier for you and your doctor to find options to help you save money.

- Go to welcometouhc.com **> Benefits > Pharmacy Benefits.**
- Select **Essential** to view the medications that are covered under your plan.

## Access your plan online.

With myuhc.com®, you've got a personalized health hub to help you find a doctor, manage your claims, estimate costs and more.

## Get on-the-go access.

When you're out and about, the UnitedHealthcare® app puts your health plan at your fingertips. Download to find nearby care, video chat with a doctor 24/7, access your health plan ID card and more.

# Other important information about your benefits.

### Medical Exclusions

Services your plan generally does NOT cover. It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

- 
- Acupuncture
- Cosmetic Surgery
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Routine Foot Care
- Dental Care (Adult)
- Routine Eye Care (Adult)

### Outpatient Prescription Drug Benefits

For Prescription Drug Products dispensed at a retail Network Pharmacy, you are responsible for paying the lowest of the following: 1) The applicable Copayment and/or Coinsurance; 2) The Network Pharmacy's Usual and Customary Charge for the Prescription Drug Product; and 3) The Prescription Drug Charge for that Prescription Drug Product. For Prescription Drug Products from a mail order Network Pharmacy, you are responsible for paying the lower of the following: 1) The applicable Copayment and/or Coinsurance; and 2) The Prescription Drug Charge for that Prescription Drug Product. For an out-of-Network Pharmacy, your reimbursement is based on the Out-of-Network Reimbursement Rate, and you are responsible for the difference between the Out-of-Network Reimbursement Rate and the out-of-Network Pharmacy's Usual and Customary Charge.

See the Copayment and/or Coinsurance stated in the Benefit Information table for amounts. We will not reimburse you for any non-covered drug product.

For a single Copayment and/or Coinsurance, you may receive a Prescription Drug Product up to the stated supply limit. Some products are subject to additional supply limits based on criteria that we have developed. Supply limits are subject, from time to time, to our review and change.

Specialty Prescription Drug Products supply limits are as written by the provider, up to a consecutive 31-day supply of the Specialty Prescription Drug Product, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits, or as allowed under the Smart Fill Program. Supply limits apply to Specialty Prescription Drug Products obtained at a Preferred Specialty Network Pharmacy, a Non-Preferred Specialty Network Pharmacy, an out-of-Network Pharmacy, a mail order Network Pharmacy or a Designated Pharmacy.

Certain Prescription Drug Products for which Benefits are described under the Prescription Drug Rider are subject to step therapy requirements. In order to receive Benefits for such Prescription Drug Products you must use a different Prescription Drug Product(s) first. You may find out whether a Prescription Drug Product is subject to step therapy requirements by contacting us at myuhc.com or the telephone number on your ID card.

Before certain Prescription Drug Products are dispensed to you, your Physician, your pharmacist or you are required to obtain prior authorization from us or our designee to determine whether the Prescription Drug Product is in accordance with our approved guidelines and it meets the definition of a Covered Health Care Service and is not an Experimental or Investigational or Unproven Service. We may also require you to obtain prior authorization from us or our designee so we can determine whether the Prescription Drug Product, in accordance with our approved guidelines, was prescribed by a Specialist.

If you require certain Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products. If you are directed to a Designated Pharmacy and you choose not to obtain your Prescription Drug Product from the Designated Pharmacy, you will be subject to the Out-of-Network Benefit for that Prescription Drug Product.

Certain Preventative Care Medications may be covered at zero costshare. You can get more information by contacting us at myuhc.com or the telephone number on your ID card.

Benefits are provided for certain Prescription Drug Products dispensed by a mail order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy. The Outpatient Prescription Drug Schedule of Benefits will tell you how mail order Network Pharmacy and Preferred 90 Day Retail Network Pharmacy supply limits apply. Please contact us at myuhc.com or the telephone number on your ID card to find out if Benefits are provided for your Prescription Drug Product and for information on how to obtain your Prescription Drug Product through a mail order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy.

# Other important information about your benefits.

### Pharmacy Exclusions

The following exclusions apply. In addition see your Pharmacy Rider and SBN for additional exclusions and limitations that may apply.

- Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare).
- Prescription Drug Products when prescribed to treat infertility unless required by state law. This exclusion does not include drugs for treatment of the underlying causes of infertility.
- Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, and prescription medical food products even when used for the treatment of Sickness or Injury. This exclusion would not apply to formulas for enteral feedings administered via tube as described in Section 1 of the Certificate under Enteral Nutrition and Parenteral Nutrition.
- Drugs available over-the-counter. This exclusion does not apply to over-the-counter drugs covered under the PPACA Zero Cost Share Preventive Care Medications list.
- Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.
- Drugs which are prescribed, dispensed or intended for use during an Inpatient Stay.
- Experimental or Investigational or Unproven Services and medications.
- Any product dispensed for the purpose of appetite suppression or weight loss.
- A Pharmaceutical Product for which Benefits are provided in your Certificate.
- Durable Medical Equipment, including insulin pumps and related supplies for the management and treatment of diabetes, for which Benefits are provided in your Certificate. Prescribed and non-prescribed outpatient supplies. This does not apply to diabetic supplies and inhaler spacers specifically stated as covered.
- General vitamins, except Prenatal vitamins, vitamins with fluoride, and single entity vitamins when accompanied by a Prescription Order or Refill.
- Medications used for cosmetic purposes.
- Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that we determine do not meet the definition of a Covered Health Care Service.
- Certain Prescription Drug Products for tobacco cessation.
- Certain compounded drugs.
- Certain New Prescription Drug Products and/or new dosage forms until the date they are reviewed and placed on a tier by our PDL Management Committee.
- Growth hormone therapy unless required by state law.
- Any medication that is used for the treatment of erectile dysfunction or sexual dysfunction.
- Prescription Drug Products designed to adjust sleep schedules, such as for jet lag or shift work.
- Prescription Drug Products when prescribed as sleep aids.
- Certain Prescription Drug Products for which there are Therapeutically Equivalent alternatives available.
- A Prescription Drug Product with either: an approved biosimilar, a biosimilar and Therapeutically Equivalent to another covered Prescription Drug Product.
- Diagnostic kits and products.
- Publicly available software applications and/or monitors that may be available with or without a Prescription Order or Refill.
- Certain Prescription Drug Products that are FDA approved as a package with a device or application, including smart package sensors and/or embedded drug sensors.

UnitedHealthcare does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

**Online: UHC_Civil_Rights@uhc.com**

**Mail:** Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Complaint forms are available at:
**http://www.hhs.gov/ocr/office/file/index.html.**

**Phone:** Toll-free **1-800-368-1019**, **1-800-537-7697** (TDD)

**Mail:** U.S. Dept. of Health and Human Services,
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in others languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المدرج على بطاقة العضوية الخاصة بك.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (**Italian**), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (**Hmong**), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ΠΡΟΣΟΧΗ : Αν μιλάτε Ελληνικά **(Greek)**, υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το δωρεάν αριθμό που θα βρείτε στην κάρτα ταυτότητας μέλους.

PAKDAAR: Nu saritaem ti Ilocano (**Ilocano**), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (**Somali**), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

ગુજરાતી **(Gujarati)**: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વવના મૂલ્યે પરાપ્ય છે. મહેરબાની કરી તમારા આઇડી કાડડની સૂચિપર આપેલો સેભ્યે માટેના ટોલ-ફ્રી નંબર ઉપર કોલ કરો.

Underwritten by UHC Community Plan, Inc.

Administrative services provided by United HealthCare Services, Inc. and their affiliates.

## Affordable Prescription Programs

Many drug store chains offer significant savings by utilizing their prescription drug programs. Drug store chains are using the strengths of their business to drive down the cost of health care and bring their customers the lowest prices on the products and services they need to stay healthy. Eligible drugs differ for each company and many of the drugs in these programs are generic. Generic drugs contain the same high quality active ingredients as their brand-name counterparts and are equally effective but cost significantly less. Generic medicines generally cost between 30 percent to 60 percent less than equivalent brand-name products.

**Interested in saving money on prescriptions?** Ask your doctor if a generic is available and is right for you.

### Available Retail Programs May Include:

- $4 for up to a 30-day supply (Wal-mart,Kroger, Sam's Club)
- $10 for up to a 90-day supply (Wal-mart, Kroger, Sam's Club)
- $9.99 for up to a 30-day supply (Walgreens)
- $12 for up to a 90-day supply (Walgreens)
- Cash Back Rewards – Extracare Program (CVS/Pharmacy)

### Get Free Antibiotics and Pre-Natal Vitamins at your Meijer Pharmacy!

The Meijer antibiotic pharmacy program covers leading, oral generic antibiotics with a special focus on the prescriptions most often filled for children. The following are **FREE** with your doctor's prescription, regardless of insurance or co-pay:

- Amoxicillin
- SMZ-TMP
- Ampicillin
- Cephalexin
- Ciprofloxacin
- Penicillin VK

The **FREE** pre-natal vitamin program features several leading brands of pre-natal vitamins. See a Meijer pharmacist for details.

Prescribed Metformin? Meijer offers **FREE** Metformin Immediate Release as prescribed by your doctor. See a Meijer pharmacist for details.

Please contact your local retail pharmacy or visit their website for current and specific drug coverage programs.

### Did You Know?

- **Goodrx.com** provides prescription drug coupons, comparison shopping and a convenient mobile application to help you save on your prescription drug cost?
- **Rx Pharmacy Coupons. Com** (www.rxpharmacycoupons.com) provides script savings on your medications through the pharmacy manufactures and vendors? The Prescription Assistance Program, RxPharmacyCoupons, is partnered with companies that negotiate discounts directly with the pharmacies on over 20,000 name and generic brand drugs. Because their program is able to send such a high volume of cash-paying customers to pharmacies, they can provide group rate prescription discounts. These wholesale prices are passed directly on to patients.

### How do I use the Prescription Discount Coupons?

1. Select a pharmacy: RxPharmacyCoupons is valid at over 68,000 network pharmacy locations nationwide. In most cases, your current pharmacy will be part of our network. Use their Pharmacy Locator Service if you need help finding a participating pharmacy.
2. Submit your prescription: Present your prescription to the pharmacist. If you need to transfer a prescription, bring your empty prescription bottle or label with you to the pharmacy.
3. Present RxPharmacyCoupons: Your coupon/card's unique code provides the pharmacist with the appropriately discounted prescription price. The price on the prescription is based on the pharmacy's contracted agreement with RxPharmacyCoupons and their partners.
4. You Save: Your savings will be clear once the pharmacist enters your filled prescription into the register.

# DENTAL INSURANCE COVERAGE

Plan Year – January 1st – December 31st.

**NOTES:**

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This is intended as an easy-to-read-summary. It is not a contract. For complete detail of benefits, limitations and exclusions please see your benefits contract.

DENTAL BENEFITS SUMMARY

# Comfort Keepers

**PLAN:** SmartPremium 100/80/50/50-1000-1000

**POLICY EFFECTIVE DATE:** **01/01/2021**

**GROUP #:** MI02183

## WHY BEAM

Beam is the future of group dental insurance for employers large and small. We're pairing innovative tech with personal service to deliver an insurance experience unlike any other.

- **No waiting period**
- **90th Percentile UCR OON**
- Digital implementation and admin
- **No downgrades on composites**
- Nationwide network (337,890 access points)
- Beam Perks included

## BEAM PERKS INCLUDED

Everything needed for great dental care delivered right to member's doors every 6 months.

- **Beam Brush**
  Sonic powered, smart, electric toothbrush.
- **Replacement heads**
  Soft bristle brush heads made specifically for your brush.
- **Beam Paste**
  High-quality, custom formulated toothpaste.
- **Beam Floss**
  50 yards of high quality ribbon floss.


### QUESTIONS?

If you have questions, call us at (800) 648-1179. We'd love to help! Or visit app.beam.dental and login to view more info. Please check your Certificate of Insurance for a description of coverage, limitations, and exclusions under the plan. Some Services require prior authorization.

## PLAN COVERAGE

| | IN-NETWORK (PPO FEE) | OUT-OF-NETWORK (90TH PERCENTILE UCR) |
|---|---|---|
| **PREVENTIVE & DIAGNOSTIC**<br>**Diagnostic and preventive:** exams, cleanings, fluoride, space maintainers, x-rays, and sealants | 100% | 100% |
| **BASIC**<br>**Minor restorative:** fillings<br>**Prosthetic maintenance:** relines and repairs to bridges, implants, and dentures<br>**Emergency palliative treatment:** to temporarily relieve pain | 80% | 80% |
| **MAJOR**<br>**Major restorative:** crowns, inlays, and onlays<br>**Endodontics:** root canals<br>**Periodontics:** to treat gum disease<br>**Prosthodontics:** dentures<br>**Prosthetics:** bridges<br>**Implants:**<br>**Oral surgery:** extractions and dental surgery | 50% | 50% |
| **ORTHODONTIA**<br>**Child Orthodontics:** braces with age limit of 19 | 50% | 50% |

## PLAN MAXES

Annual maximum applies to diagnostic & preventive, basic services, and major services. Lifetime maximum applies to orthodontic services.
**Annual Max based on Calendar Year.**

| | |
|---|---|
| **ANNUAL MAX**<br>**Benefit Period:** Calendar Year | $1,000 /yr |
| **ORTHO LIFETIME MAX** | $1,000 /lifetime |

## PLAN DEDUCTIBLE

The deductible is waived for diagnostic & preventive services.

| | |
|---|---|
| **INDIVIDUAL** | $50.00 /yr |
| **FAMILY** | $150.00 /yr |

## CLAIMS INFORMATION

| Beam Insurance Administrators | Electronic payer ID | NEA ID | Fax number | Phone number | Claim form accepted |
|---|---|---|---|---|---|
| PO Box 75372<br>Cincinnati, OH 45275 | BEAM1 | BEAM1 | (844) 688 - 4821 | (800) 648 - 1179 | ADA form 2006 or later |

Beam Dental PPO Standard coverages, as of August 1, 2019

# FREQUENCIES & LIMITATIONS

## COVERAGE RULES

| CODE | PROCEDURE | COVERED UNDER | FREQUENCY | NOTES |
|---|---|---|---|---|
| D1110 | Prophylaxis | Preventive | Two per benefit period | Shared freq with D4910 |
| D0120 | Periodic oral exam | Preventive | Two per benefit period* | No shared freq with D0140 |
| D0140 | Limited oral exam | Emergency Palliative | Two per 12 months | Can do treatment on same day; no shared freq with D0120 |
| D0150 | Comprehensive oral exam | Preventive | One per 60 months* | Shared freq with D0160, D0180 |
| D0210 | Radiographs–FMX | Preventive | One per 60 months | Shared freq with D0330, D0274 |
| D0220, 0230 | Radiographs–periapical | Preventive | One set per 3 months | Should not exceed 4 images when done on same day as D0274; not covered on same day as D0210, D0330 |
| D0270 - 0277 | Radiographs–bitewings | Preventive | Every 6 months | Can perform 6 months after D0210 |
| D0330 | Radiographs–panoramic | Preventive | One per 60 months | Shared freq with D0210 |
| D0431 | Cancer screening | Preventive | One per benefit period | No age limit |
| D1206, 1208 | Fluoride | Preventive | One per 12 months | Covered through age 16 |
| D1351 | Sealants | Preventive | One per 36 months | Covered through age 16, 1st & 2nd permanent molars |
| D1516, 1517 | Space maintainers | Preventive | One per lifetime per arch | Covered through age 16 |
| D2390 - 2394 | Fillings | Minor Restorative | One per 24 months, per tooth | No downgrades on posterior composite |
| D3330 | Root canal (N, X2) | Endodontics | One per lifetime, same tooth | |
| D4341, 4342 | Periodontal root planing (N, P, X) | Periodontics | One per 24 months, per quadrant | Can perform all 4 quads in one day, shared freq with D1110 |
| D4355 | Full mouth debridement (N) | Periodontics | Once per lifetime | No exams on same day; healing period required |
| D4381 | Localized antimicrobial delivery (P, H) | Periodontics | One per 24 months, per tooth | Can perform 6 weeks after D4341 |
| D4910 | Periodontal maintenance (H) | Periodontics | One per 3 months | Shared freq with D1110; covered 90 days after D4341; previous periodontal treatement required |
| D5110, 5120… | Dentures (N, X, A) | Major | One per 60 months | Paid on seat date, not prep date |
| D6010, 6056… | Implants (N, X) | Major | One per 60 months | Paid on seat date, not prep date; covered for single tooth replacement instead of 2 or 3 unit bridge; must abut natural tooth and not abut another implant |
| D2740, 2950… | Crowns (N, X, A) | Major | One per 60 months | No downgrades; build-up is covered separately |
| D7140 | Simple extractions | Minor Restorative | No frequency restrictions | |
| D7210 - 7240 | Extractions (N, X) | Oral Surgery | One per lifetime per tooth | |
| D7953 | Bone replacement graft (N, X) | Oral Surgery | One per lifetime per tooth | Only covered in conjunction with an implant |
| D9110 | Emergency palliative treatment (N) | Emergency Palliative | One per 12 months | Only medically necessary x-rays same day |
| D9223, 9243 | General anesthesia (N) | Oral Surgery | No frequency restrictions | Only covered in conjunction with major oral surgery |
| D9310 | Consultation | Preventive | One per 12 months per location* | Can do treatment same day; upon referral from dentist to specialist |
| D9944 | Occlusal mouthguards (N) | Periodontics | One per 60 months | For bruxism only |

**Not covered:** D0350, D0364, D0470, D1330, D2962, D3110, D3120, D8093, D9230, D9248

*For exams, there is a limit of 3 (D0120, D0150, D9310) per 12 months

## FREQUENTLY ASKED QUESTIONS

| | |
|---|---|
| **Continuation of service?** | Covered starting on patient's effective date |
| **Coordination of benefits?** | Standard – earlier effective date is primary |
| **Wisdom tooth coverage?** | Send to medical first, then covered by Beam |
| **Frequency of ortho payments?** | Monthly – submit claims for on-going treatment |
| **Are prior extractions covered?** | Yes – no missing tooth clause |
| **Timely filling limit?** | Yes – 12 months from date of service |
| **Is pre-authorization mandatory?** | No – but estimates recommended for $300+ services |

## REQUIRED DOCUMENTATION

**N =** Narrative of medical necessity

**P =** Perio charting

**X =** Dated, pre-op x-rays

**X2 =** Dated, pre-op and post-op x-rays

**H =** Periodontal history

**A =** Age of existing prosthetics, if possible

# VISION INSURANCE COVERAGE

Plan Year – January 1st – December 31st.

**NOTES:**

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This is intended as an easy-to-read-summary. It is not a contract. For complete detail of benefits, limitations and exclusions please see your benefits contract.

VISION BENEFITS SUMMARY

# VSP Choice Plan #1

**CHOICE NETWORK:** 31,000 preferred providers | 57,000 access points

**Policy Effective Date:** 01/01/2021 **GROUP #:** MI02183

## FREQUENCY

| | |
|---|---|
| EXAMS | 12 months |
| LENSES | 12 months |
| FRAMES | 24 months |
| CONTACTS (IN LIEU OF GLASSES) | 12 months |

## COPAYMENTS

| | |
|---|---|
| EXAM | $10 |
| MATERIALS | $25 |
| CONTACT LENS FITTING & EVALUATION | 15% discount (not to exceed $60) |

## IN NETWORK ALLOWANCES

| | |
|---|---|
| RETAIL FRAME VALUE[1,2,3] | $150 / 20% off coverage |
| ELECTIVE CONTACT LENSES | $150 |
| COVERED LENS OPTIONS | Low Vision and Polycarbonate for Children |

[1]Extra $20 Allowance on featured brands like bebe®, Calvin Klein, Flexon, Lacoste, Nike, Nine West and more. Featured frame brands and promotion subject to change.

[2]Frame allowance backed by a wholesale guarantee, meaning VSP fully covers more frames than retail allowance plans.

[3]Allowance may differ at Wal-Mart, Sams and Costco® Optical, however it is of equivalent value.

VSP QUESTIONS? (800) 877 7195

VSP OUT-OF-NETWORK REIMBURSEMENT CLAIMS PO BOX 385018, Birmingham, AL 35238-5018

BM-SOB-0002-201709

## VALUE ADDED PROGRAMS

| | |
|---|---|
| **DIABETIC EYECARE PLUS PROGRAM** | Included |
| **HEARING AID DISCOUNTS** | Included |
| **EYE HEALTH MANAGEMENT** | Included |
| **DIABETIC EXAM REMINDER LETTERS** | Included |

## OUT-OF-NETWORK ALLOWANCES

| | |
|---|---|
| **EXAMINATION,** up to | $45 |
| **SINGLE VISION LENSES,** up to | $30 |
| **BIFOCAL LENSES,** up to | $50 |
| **TRIFOCAL LENSES,** up to | $65 |
| **LENTICULAR LENSES,** up to | $100 |
| **FRAME,** up to | $70 |
| **ELECTIVE CONTACT LENSES,** up to | $105 |
| **NECESSARY CONTACT LENSES,** up to | $210 |

## EXTRA DISCOUNTS & SAVINGS

| | |
|---|---|
| **LENS ENHANCEMENTS** | Most popular are covered with a copay, saving 20-25% avg. |
| **ADDITIONAL PAIRS OF GLASSES** | 20% off |
| **SUNGLASSES** | 20% off |
| **LASER VISION CORRECTION (LVC)** | Average 15% discount |

# Important Notice from Comfort Keepers 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 Comfort Keepers 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. Comfort Keepers has determined that the prescription drug coverage offered by the United Healthcare 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.

CMS Form 10182-CC

## 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 Comfort Keepers coverage may be affected based on Medicare Secondary Payor rules. Medicare eligible individuals can keep this coverage if they elect Part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Comfort Keepers 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 Comfort Keepers 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 Justina Maisano at (586) 231-0526 for further information or email at Justinamaisano@comfortkeepers.com. 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 Comfort Keepers 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).

**Comfort Keepers**

*42621 Garfield Road, Suite 101B*
*Clinton Township, MI 48038*
*Justina Maisano*
*586-231-0526*

# Your Information. Your Rights. Our Responsibilities.

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.**

## Your Rights

**You have the right to:**

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ ***See page 2*** *for more information on these rights and how to exercise them*

## Your Choices

**You have some choices in the way that we use and share information as we:**

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ ***See page 3*** *for more information on these choices and how to exercise them*

## Our Uses and Disclosures

**We may use and share your information as we:**

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ ***See pages 3 and 4*** *for more information on these uses and disclosures*

## Your Rights

**When it comes to your health information, you have certain rights.**
This section explains your rights and some of our responsibilities to help you.

| | |
|---|---|
| **Get an electronic or paper copy of your medical record** | • You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.<br>• We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. |
| **Ask us to correct your medical record** | • You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.<br>• We may say "no" to your request, but we'll tell you why in writing within 60 days. |
| **Request confidential communications** | • You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.<br>• We will say "yes" to all reasonable requests. |
| **Ask us to limit what we use or share** | • You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.<br>• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information. |
| **Get a list of those with whom we've shared information** | • You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.<br>• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. |
| **Get a copy of this privacy notice** | • You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. |
| **Choose someone to act for you** | • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.<br>• We will make sure the person has this authority and can act for you before we take any action. |
| **File a complaint if you feel your rights are violated** | • You can complain if you feel we have violated your rights by contacting us using the information on page 1.<br>• 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/.**<br>• We will not retaliate against you for filing a complaint. |

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

| | |
|---|---|
| **In these cases, you have both the right and choice to tell us to:** | • Share information with your family, close friends, or others involved in your care<br>• Share information in a disaster relief situation<br>• Include your information in a hospital directory<br>*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.* |
| **In these cases we *never* share your information unless you give us written permission:** | • Marketing purposes<br>• Sale of your information<br>• Most sharing of psychotherapy notes |
| **In the case of fundraising:** | • We may contact you for fundraising efforts, but you can tell us not to contact you again. |

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

| | | |
|---|---|---|
| **Treat you** | • We can use your health information and share it with other professionals who are treating you. | ***Example:*** *A doctor treating you for an injury asks another doctor about your overall health condition.* |
| **Run our organization** | • We can use and share your health information to run our practice, improve your care, and contact you when necessary. | ***Example:*** *We use health information about you to manage your treatment and services.* |
| **Bill for your services** | • We can use and share your health information to bill and get payment from health plans or other entities. | ***Example:*** *We give information about you to your health insurance plan so it will pay for your services.* |

*continued on next page*

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.**

| | |
|---|---|
| **Help with public health and safety issues** | • We can share health information about you for certain situations such as:<br>  • Preventing disease<br>  • Helping with product recalls<br>  • Reporting adverse reactions to medications<br>  • Reporting suspected abuse, neglect, or domestic violence<br>  • Preventing or reducing a serious threat to anyone's health or safety |
| **Do research** | • We can use or share your information for health research. |
| **Comply with the law** | • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. |
| **Respond to organ and tissue donation requests** | • We can share health information about you with organ procurement organizations. |
| **Work with a medical examiner or funeral director** | • We can share health information with a coroner, medical examiner, or funeral director when an individual dies. |
| **Address workers' compensation, law enforcement, and other government requests** | • We can use or share health information about you:<br>  • For workers' compensation claims<br>  • For law enforcement purposes or with a law enforcement official<br>  • With health oversight agencies for activities authorized by law<br>  • For special government functions such as military, national security, and presidential protective services |
| **Respond to lawsuits and legal actions** | • We can share health information about you in response to a court or administrative order, or in response to a subpoena. |

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

*January 1, 2018*

**This Notice of Privacy Practices applies to the following organizations.**

*Creative Care Partners, Inc.  DBA Comfort Keepers 799*

*Justina Maisano • 586-231-0526 • Justinamaisano@comfortkeepers.com*

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

---

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Health First Colorado Website: https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711<br>CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711 |
| **ALASKA – Medicaid** | **FLORIDA – Medicaid** |
| The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website: http://flmedicaidtplrecovery.com/hipp/<br>Phone: 1-877-357-3268 |
| **ARKANSAS – Medicaid** | **GEORGIA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162 ext 2131 |
| **CALIFORNIA – Medicaid** | **INDIANA – Medicaid** |
| Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx<br>Phone: 1-800-541-5555 | Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: http://www.indianamedicaid.com<br>Phone 1-800-403-0864 |

| IOWA – Medicaid and CHIP (Hawki) | MONTANA – Medicaid |
|---|---|
| Medicaid Website:<br>https://dhs.iowa.gov/ime/members<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>http://dhs.iowa.gov/Hawki<br>Hawki Phone: 1-800-257-8563 | Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 |
| **KANSAS – Medicaid** | **NEBRASKA – Medicaid** |
| Website: http://www.kdheks.gov/hcf/default.htm<br>Phone: 1-800-792-4884 | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **KENTUCKY – Medicaid** | **NEVADA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br><br>KCHIP Website:<br>https://kidshealth.ky.gov/Pages/index.aspx<br>Phone: 1-877-524-4718<br><br>Kentucky Medicaid Website: https://chfs.ky.gov | Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 |
| **LOUISIANA – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) | Website: https://www.dhhs.nh.gov/oii/hipp.htm<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext 5218 |
| **MAINE – Medicaid** | **NEW JERSEY – Medicaid and CHIP** |
| Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711 | Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website:<br>http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 |
| **MASSACHUSETTS – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Website:<br>http://www.mass.gov/eohhs/gov/departments/masshealth/<br>Phone: 1-800-862-4840 | Website:<br>https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **MINNESOTA – Medicaid** | **NORTH CAROLINA – Medicaid** |
| Website:<br>https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see "what if I have other health insurance?"]<br>Phone: 1-800-657-3739 | Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 |
| **MISSOURI – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 | Website:<br>http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 |

| OKLAHOMA – Medicaid and CHIP | UTAH – Medicaid and CHIP |
|---|---|
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |
| **OREGON – Medicaid** | **VERMONT– Medicaid** |
| Website:<br>http://healthcare.oregon.gov/Pages/index.aspx<br>http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 | Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 |
| **PENNSYLVANIA – Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website:<br>https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx<br>Phone: 1-800-692-7462 | Website: https://www.coverva.org/hipp/<br>Medicaid Phone: 1-800-432-5924<br>CHIP Phone: 1-855-242-8282 |
| **RHODE ISLAND – Medicaid and CHIP** | **WASHINGTON – Medicaid** |
| Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) | Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 |
| **SOUTH CAROLINA – Medicaid** | **WEST VIRGINIA – Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: http://mywvhipp.com/<br>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **SOUTH DAKOTA - Medicaid** | **WISCONSIN – Medicaid and CHIP** |
| Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 | Website:<br>https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf<br>Phone: 1-800-362-3002 |
| **TEXAS – Medicaid** | **WYOMING – Medicaid** |
| Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 | Website: https://wyequalitycare.acs-inc.com/<br>Phone: 307-777-7531 |

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

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

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

## 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 and reference the OMB Control Number 1210-0137.

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

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by 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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Justina Maisano 586-231-0526.

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.

[1] 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.

# 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 | 4. Employer Identification Number (EIN) |
|---|---|
| Comfort Keepers | 45-2675830 |
| **5. Employer address** | **6. Employer phone number** |
| 42621 Garfield Road, Suite 101B | 586-231-0526 |

| 7. City | 8. State | 9. ZIP code |
|---|---|---|
| Clinton Township | MICHIGAN | 48038 |

| 10. Who can we contact about employee health coverage at this job? | |
|---|---|
| Justina Maisano | |
| **11. Phone number (if different from above)** | **12. Email address** |
| | Justinamaisano@comfortkeepers.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:

⊡ Some employees. Eligible employees are:

Each active, Full-Time employee, except any person employed on a temporary or seasonal basis.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Spouse - Must be legally married. Verification may be required including, but not limited to, a marriage certificate. Dependent Child - Birth through age 25 (up to the end of the calendar year of the 26th birthday). Dependent Children must meet the IRS definition of a "Qualified Child".

☐ 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 will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

Phone (248) 778-6070 • Email: kruth@ajmassoc.com • Website: www.ajmassoc.com

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