To view a short presentation on your benefits, scan the QR code or visit brainshark.com/hilbgroup/ASM2022
The benefits plan year runs April 1 through March 31. Unless you have a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, you cannot make changes to your benefits until the next Open Enrollment period.

Benefit changes must be consistent with your qualified change-in-status event. Changes must be submitted to Human Resources within 30 days of the event; documentation supporting the change will be required.

Don’t understand what a qualified change-in-status event is? Scan the QR code below or visit https://bit.ly/Change-in-status to watch a short video.

Who is eligible for benefits?
All full-time employees who work a minimum of 30 hours per week are eligible for medical, dental, and vision benefits. All full-time employees who work a minimum of 37.5 hours per week are also eligible for life, disability, FSAs, and voluntary benefits. For new hires, benefits are effective on the first of the month following your date of hire. If hired on the first of the month, your benefits will be effective that day.

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined below:

- **Spouse**: a person to whom you are legally married by ceremony
- **Child(ren)**: Your biological, adopted, or legal dependents up to age 26 regardless of student, financial, and marital status; coverage for a dependent child will terminate at the end of the month in which the child turns age 26

Change-in-Status Events
Unless you have a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, you cannot make changes to the benefits you elect until the next Open Enrollment period. Some examples of qualified change-in-status events are highlighted below:

- Marriage or divorce
- Birth, adoption, or death
- Change in employment, or employment status for you, your spouse, or your dependent child
- Change in coverage under another employer plan, such as a change made during your spouse’s open enrollment

ASM strives to offer benefit options to provide for the well-being of employees and their families. ASM continues to monitor and balance our employees’ needs against the difficult marketplace trends and recent legislation impacting the cost and level of coverage offered to our employees.

Important Notice about Your Prescription Drug Coverage and Medicare—see pages 16–17.
Please read the notice and share it with any of your Medicare-eligible dependents.
### EMPLOYEE RESOURCES

<table>
<thead>
<tr>
<th>Plan</th>
<th>Phone Number and Website/ Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA Benefits Hotline</td>
<td>1-877-716-6618 <a href="mailto:benefitshotline@psafinancial.com">benefitshotline@psafinancial.com</a></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
</tr>
<tr>
<td>Cigna</td>
<td></td>
</tr>
<tr>
<td>Group Number: 3335844</td>
<td>1-800-244-6224 <a href="http://www.mycigna.com">www.mycigna.com</a></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>Cigna</td>
<td></td>
</tr>
<tr>
<td>Group Number: 3335844</td>
<td>1-800-244-6224 <a href="http://www.mycigna.com">www.mycigna.com</a></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
</tr>
<tr>
<td>Cigna</td>
<td></td>
</tr>
<tr>
<td>Group Number: 3335844</td>
<td>1-877-478-7557 <a href="http://www.mycigna.com">www.mycigna.com</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td></td>
</tr>
<tr>
<td>WEX</td>
<td>1-800-492-0669 <a href="http://www.wexinc.com">www.wexinc.com</a></td>
</tr>
<tr>
<td>Life and Disability Insurance</td>
<td></td>
</tr>
<tr>
<td>New York Life</td>
<td></td>
</tr>
<tr>
<td>Basic Life Group Number: SGM-601881</td>
<td>1-800-225-5695 <a href="http://www.nylife.com">www.nylife.com</a></td>
</tr>
<tr>
<td>Vol. Life Group Number: SGM-601882</td>
<td></td>
</tr>
<tr>
<td>STD Group Number: VDT-600310</td>
<td></td>
</tr>
<tr>
<td>LTD Group Number: VDT-600311</td>
<td></td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td></td>
</tr>
<tr>
<td>New York Life Group Benefit Solutions</td>
<td>1-800-538-3543 <a href="http://www.nylgbss-lap.com">www.nylgbss-lap.com</a></td>
</tr>
<tr>
<td>Legal Insurance</td>
<td></td>
</tr>
<tr>
<td>Legal Shield</td>
<td>1-800-654-7757 <a href="http://www.legalshield.com">www.legalshield.com</a></td>
</tr>
<tr>
<td>403(B)</td>
<td></td>
</tr>
<tr>
<td>TIAAA</td>
<td>1-800-842-2252 <a href="http://www.tiaa.org">www.tiaa.org</a></td>
</tr>
</tbody>
</table>

**Employee Assistance Program (EAP)**

1-800-538-3543 www.nylgbss-lap.com

Life. Just when you think you’ve got it figured out, along comes a challenge. Whether your needs are big or small, New York Life Group Benefit Solutions (NYL GBS) is there for you with our NYL GBS Life Assistance Program. It can help you and your family find solutions and restore your peace of mind.

The EAP includes:

- Unlimited telephone consultations
- Up to three face-to-face sessions per issue per year
- Monthly webinars
- Achieving work/life balance
  - Legal consultation and referrals*
  - Financial consultations

*Legal consultations and discounts are excluded for employment-related issues.

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**PSA Benefits Hotline**

The Benefits Hotline at PSA features a team of Client Advocates who can help you and your eligible family members with your benefit needs such as the below:

- Questions regarding eligibility and benefits
- Claims questions and issue resolution
- Enrollment support during Open Enrollment and for new hires
- Qualified change-in-status events

The PSA Benefits Hotline is available Monday–Friday, 8:30 a.m. to 5 p.m. ET.

Please provide your Member ID (this can be found on your ID card) and date of birth when submitting an email and/or have that information handy when calling the Benefits Hotline. You may be required to complete a HIPAA Authorization Form.
ENROLLMENT INSTRUCTIONS

You will complete your enrollment through the UKG HR Portal. You will be able to access information on all of the benefit programs offered by ASM. It enables you to view information about your currently elected benefits anytime throughout the year.

How Do I Enroll?

• Log into the UKG portal (https://ew45.ultipro.com)
• From Menu in the upper left corner, select Myself > Open Enrollment. The Open Enrollment selection page will appear.
• Select the Description link of the applicable open enrollment session to select “Passive Enrollment” or “Make New Election.”
  • If you select Make New Election, it will direct you to the “About Open Enrollment” page, carefully review the important open enrollment session information. However, If you select Passive Enrollment, it will direct you to a confirmation page to review and confirm current elections. Please see more information below.
• If you are making new elections, Select Next to review and verify Beneficiary and Dependent Information.

*Please Note: A contact appearing on this page does not mean they are automatically enrolled in your plans. Please continue through the session to add your dependents to your plans. If you are adding a new dependent that has not been covered before, please contact HR.

Passive Open Enrollment:

• UKG Passive Open Enrollment feature is available to all employees and will allow you to keep your existing benefits selections from one year to the next.

*Please Note: You cannot choose passive enrollment if you would like to elect FSA for the next plan year.

PAYROLL CONTRIBUTIONS

Based on 26 pays per year

<table>
<thead>
<tr>
<th></th>
<th>Medical</th>
<th>Dental</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$58.84</td>
<td>$4.83</td>
<td>$0.67</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$73.15</td>
<td>$4.67</td>
<td>$0.83</td>
</tr>
<tr>
<td>Family</td>
<td>$89.62</td>
<td>$6.71</td>
<td>$1.01</td>
</tr>
</tbody>
</table>
ASM offers medical and prescription drug coverage through Cigna to keep you and your family in good health.

Cigna
www.mycigna.com

ASM is pleased to offer medical coverage for you and your family through Cigna.

Choosing the right type of care

Your Doctor Knows Best
- Your personal physician best understands your health.
- Having a personal physician can result in overall better care.

But what if you get sick or injured when your doctor’s office is closed?

Cigna Members: 24/7 Medical Advice
- The Health Information Line (see page seven) provides advice on a diagnosis or where to receive care.
- Cigna Telehealth Connection (see page seven) gives you access to virtual doctor visits for common, uncomplicated, non-emergency health issues.

Urgent Care Centers
- Urgent care centers are usually open after normal business hours, including evenings and weekends.
- Many urgent care centers offer on-site diagnostic tests and x-rays.
- In most situations, you’ll find that you save time and money by going to urgent care instead of the Emergency Room.
- To locate the urgent care center nearest you, visit www.mycigna.com or check the myCigna mobile app.

Emergency Room (ER)
- This is the best place for treating severe and life-threatening conditions.
- ERs provide the most expensive type of care.

NOTE: The information provided herein regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.

Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important benefit information in a standard format, is available for review.

SBCs for each plan option will be provided to you with your enrollment materials.

Want to learn more about ways to save?
Scan the QR code with your smartphone or tablet, or visit https://bit.ly/PlanSavings to view a short presentation on ways to save money on your medical expenses.
MEDICAL AND PRESCRIPTION PLAN HIGHLIGHTS

Your medical plan option is administered by **Cigna** and include prescription drug coverage. To locate a participating, in-network provider, visit [www.cigna.com](http://www.cigna.com).

### Cigna Open Access Plus

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>In-Network YOU PAY</th>
<th>Out-of-Network* YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount you must pay before the plan will begin to pay for certain services</td>
<td>$750 individual</td>
<td>$1,500 individual</td>
</tr>
<tr>
<td></td>
<td>$1,500 family</td>
<td>$3,000 family</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum amount you pay per year for covered expenses</td>
<td>$2,000 individual</td>
<td>$4,000 individual</td>
</tr>
<tr>
<td></td>
<td>$4,000 family</td>
<td>$8,000 family</td>
</tr>
<tr>
<td><strong>PREVENTIVE SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well child visits and immunizations, routine GYN visit, annual adult physical, and other age/gender appropriate screenings as outlined in the Affordable Care Act</td>
<td>No charge</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td><strong>OFFICE VISITS, LABS, AND TESTING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCP/Specialist Office Visits</td>
<td>$25/$40</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td>Diagnostic Test (x-ray, blood work)</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td><strong>HOSPITAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>$250 copay, plus 10%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td>Outpatient Physician Services</td>
<td>$125 copay per admission, plus 10%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td><strong>URGENT AND EMERGENCY CARE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care Facility</td>
<td>$50 copay</td>
<td></td>
</tr>
<tr>
<td>Hospital Emergency Room</td>
<td>$100 copay</td>
<td></td>
</tr>
<tr>
<td><strong>MENTAL HEALTH/SUBSTANCE ABUSE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>$250 copay, plus 10%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>$40 copay per office visit, 10% for all other services</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td><strong>PRESCRIPTION DRUGS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Pharmacy, up to 30-day supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10 copay</td>
<td></td>
</tr>
<tr>
<td>Preferred</td>
<td>$50 copay</td>
<td></td>
</tr>
<tr>
<td>Non-Preferred</td>
<td>$70 copay</td>
<td></td>
</tr>
<tr>
<td>Mail Order*, 90-day supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$20 copay</td>
<td></td>
</tr>
<tr>
<td>Preferred</td>
<td>$100 copay</td>
<td></td>
</tr>
<tr>
<td>Non-Preferred</td>
<td>$140 copay</td>
<td></td>
</tr>
</tbody>
</table>

This chart is intended for comparison purposes only. If there are any discrepancies, the official plan documents will govern. Pre-certification is required for certain services.

*Out-of-network providers and facilities may balance bill you for any charges in excess of the amount paid by the plan.
CIGNA MEMBER RESOURCES

24/7 Medical Advice

24-Hour Health Information Line
The 24-Hour Health Information Line (HIL) assists individuals in understanding the right level of treatment at the right time. Trained nurses are available 24 hours a day, seven days a week, 365 days a year to provide health and medical information and direction to the most appropriate resource. To speak with a nurse, call 1-866-494-2111.

Cigna Virtual Care
Life is demanding. It’s hard to find time to take care of yourself and your family members as it is, never mind when one of you isn’t feeling well. That’s why your health plan through Cigna includes access to medical and behavioral/mental health virtual care. With Cigna Virtual Care, you can get the care you need—including most prescriptions—for a wide range of minor conditions. Visit www.mycigna.com and log in to get started.

You can connect with a board-certified doctor when, where, and how it works best for you—via video or phone—without having to leave home or work. MDLIVE televisits can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. Members will see their appropriate cost share when they access MDLIVE through myCigna.

Whether it’s late at night and your doctor or therapist isn’t available, or you just don’t have the time or energy to leave the house, you can:
- Access care from anywhere via video or phone
- Get medical virtual care 24/7/365—even on weekends and holidays
- Schedule a behavioral/mental health virtual care appointment online in minutes
- Connect with quality board-certified doctors and pediatricians, as well as licensed counselors and psychiatrists
- Have a prescription sent directly to your local pharmacy, if appropriate

Now, you can even have virtual wellness/preventive screenings at no cost through MDLIVE. Simply make a virtual visit appointment online and then visit a lab for your blood work and biometrics. You will receive a notification when the results are available in the MDLIVE customer portal. Prior to your virtual appointment, your results must be shared with the MDLIVE provider so that your visit will be more focused and informative.

You have options
- MDLIVE: medical and behavioral/mental health virtual care: 1-888-726-3171
- Cigna Behavioral Health also provides access to video-based counseling through Cigna’s network of providers. To find a provider:
  - Visit myCigna.com, go to “Find Care & Costs” and enter “Virtual counselor” under “Doctor by Type”
  - Call the number on the back of your Cigna ID card 24/7

Healthy Rewards
Healthy Rewards provides discounts up to 60% on health programs and services at participating providers, such as weight management and nutrition, vision and health care, tobacco cessation, alternative medicine, mind/body, fitness, vitamins, and other health and wellness products. To learn more about Healthy Rewards, visit www.cigna.com/rewards (password: savings) or call 1-800-258-3312.

Your Health First
Your Health First provides comprehensive health management to those who suffer from a chronic condition. A dedicated health advocate will help you manage your condition and create a personal care plan. For more information, call 1-866-494-2111.

Healthy Babies
Healthy Babies is designed to keep you and your baby healthy through all stages of pregnancy and in the days and weeks following birth. Employees who enroll in this program will receive a pregnancy journal that includes information, charts, and tools for you to reference during your pregnancy. To enroll in Healthy Babies, call 1-800-615-2906.

myCigna.com
Cigna’s personalized website, www.myCigna.com, provides access to your plan information, as well as many online tools with information to help you make more informed health decisions. Want to find out how to improve your fitness or eat better? Cigna’s online tools can help you stay active and take care of your health.

Cigna Mobile app
The myCigna mobile app gives you an easy way to organize and access your important health information—anytime, anywhere. Download the free app and gain instant access to multiple services.

myCigna.com
Cigna’s personalized website, www.myCigna.com, provides access to your plan information, as well as many online tools with information to help you make more informed health decisions. Want to find out how to improve your fitness or eat better? Cigna’s online tools can help you stay active and take care of your health.

myCigna.com
Cigna’s personalized website, www.myCigna.com, provides access to your plan information, as well as many online tools with information to help you make more informed health decisions. Want to find out how to improve your fitness or eat better? Cigna’s online tools can help you stay active and take care of your health.
ASM offers dental coverage through Cigna. The Cigna PPO Dental plan includes a progressive annual maximum benefit. The allowed annual maximum will increase each year when members receive their once annual preventive oral examinations. Under this plan, employees may choose to seek coverage in-network or out-of-network. Members have the choice to seek care from a DPO Advantage provider, with the deepest discounts, a DPPO provider, with lower discounts or an out-of-network provider without any discounts and potential balance billing. The DPPO Advantage network includes over 20,000 new providers. Preventive care is covered at 100%. To receive the highest level of benefit, employees must see an in-network provider.

The features of your dental plan are highlighted in the table below. Please refer to your plan description for full details.

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Cigna DPPO Advantage</th>
<th>Cigna DPPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network YOU PAY</td>
<td>Out-of-Network YOU PAY</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$50 individual</td>
<td>$150 family</td>
</tr>
<tr>
<td>Annual Benefit Maximum</td>
<td>Year 1: $1,500</td>
<td>Year 2: $1,700</td>
</tr>
<tr>
<td>Preventive and Diagnostic Services</td>
<td>No charge—no deductible</td>
<td>No charge—no deductible</td>
</tr>
<tr>
<td>Basic Services</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 20%*</td>
</tr>
<tr>
<td>Major Services</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 50%*</td>
</tr>
<tr>
<td>Orthodontia Services</td>
<td>Dependent children up to age 19 $1,500 lifetime maximum per person</td>
<td>50%—no deductible</td>
</tr>
</tbody>
</table>

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

*Reimbursement is based on the maximum contract allowances and not necessarily each dentist’s submitted fees.
Your vision coverage provides a full range of vision care services provided through Cigna. You may receive care from any provider you choose, but your benefits are greater when you see a participating provider in-network. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form to Cigna for reimbursement.

### Plan Features

<table>
<thead>
<tr>
<th>Vision Exam</th>
<th>In-Network</th>
<th>Out-of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Exam</td>
<td>$10 copay</td>
<td>Up to $45</td>
</tr>
<tr>
<td>Eyeglass Frames</td>
<td>Up to $150; 20% off remaining balance</td>
<td>Up to $83</td>
</tr>
<tr>
<td>Eyeglass Lenses</td>
<td>$25 copay</td>
<td>Up to $32</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>Covered up to $120</td>
<td>Up to $100</td>
</tr>
</tbody>
</table>

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Limitations and exclusions may apply.

Did you know your eyes can tell an eye care provider a lot about you?

Vision insurance can make routine eye care more affordable, especially if you are among the majority of people who wear prescription eyeglasses or contact lenses.

In addition to getting a vision screening, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won’t always notice the symptoms yourself and since some of these diseases cause early and irreversible damage.

Need to locate a participating, in-network provider?

To locate a participating provider, visit www.cigna.com, click “Find a Doctor, Dentist or Facility” and choose “Employer or School.” Enter your location and search by doctor type.
Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses for you and your family.

There are two types of FSAs: Health Care FSAs and Dependent Care FSAs. You can elect to participate in one or both of these accounts. The FSAs are administered by WEX.

**Health Care FSA**

Health Care FSAs help you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to $2,850 annually, which is deducted out of your pay throughout the year on a pre-tax basis. Funds can be used to pay for qualified health expenses such as deductibles, medical and prescription copays, dental expenses, and vision expenses. You can use the FSA for expenses for yourself, your spouse, and your dependent children—even if they are not covered under your medical or dental plan!

Your annual contribution amount is credited to your account and is available to you at the beginning of the plan year. As you incur expenses, simply use your debit card to pay for your expenses or submit a claim to be reimbursed.

**Dependent Care FSA**

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars. You may set aside up to $5,000 annually in pre-tax dollars, or $2,500 if you are married and file taxes separately from your spouse.

Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work, look for work, or attend school full-time. Eligible expenses include daycare (center or individual daycare), before/after school care, summer day camp, and elder care.

Eligible expenses are listed below:
- Care for your dependent child who is under the age of 13 that you can claim as a dependent for tax purposes
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- Care for your spouse or parent who is physically or mentally incapable of caring for him/herself

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses for you and your family.

There are two types of FSAs: Health Care FSAs and Dependent Care FSAs. You can elect to participate in one or both of these accounts. The FSAs are administered by WEX.

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Your annual contribution amount is credited to your account and is available to you at the beginning of the plan year. As you incur expenses, simply use your debit card to pay for your expenses or submit a claim to be reimbursed.

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Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work, look for work, or attend school full-time. Eligible expenses include daycare (center or individual daycare), before/after school care, summer day camp, and elder care.

Eligible expenses are listed below:
- Care for your dependent child who is under the age of 13 that you can claim as a dependent for tax purposes
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- Care for your spouse or parent who is physically or mentally incapable of caring for him/herself
Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or limbs in an accident. Coverage is provided through New York Life.

**Basic Life and AD&D Insurance**
ASM provides you with basic life insurance in the amount of 2 times your annual salary up to a maximum benefit of $600,000. If you die as a result of an accident, your beneficiary will receive an additional benefit equal to the basic life insurance. For other covered losses, the amount of the benefit is a percentage of the AD&D insurance coverage amount. Evidence of good health is required for coverage over $300,000. Benefits begin to reduce at age 70, and coverage terminates at retirement.

**Short-Term Disability (STD)**
All full-time employees are eligible to enroll in the STD plan through New York Life. Participation is voluntary, and you pay 100% of the premiums.

- The benefit is 60% of your weekly base salary (income you are receiving at the time of disability), up to a maximum benefit of $500 per week.
- Benefits begin on day one for accidents or hospitalization, or after seven days due to illness, and continue for up to 13 weeks.
- Pre-existing condition limitations apply.

**Long-Term Disability (LTD)**
All full-time employees are eligible to enroll in the LTD plan through New York Life. Participation is voluntary, and you pay 100% of the premiums.

- The benefit is 60% of your monthly earnings, up to a maximum benefit of $10,000 per month.
- Benefits begin after you have been disabled for 90 days and will continue as long as you meet New York Life’s definition of disability until Social Security Normal Retirement Age.
- Pre-existing condition limitations apply.

During your benefits enrollment, don’t forget to designate a beneficiary!

Pre-existing condition limitations may apply
A pre-existing condition is a sickness or an injury for which you received medical treatment, advice or consultation, care or services including diagnostic measures, or took prescribed drugs or medications prior to your effective date of coverage. If you suffer from a disability caused by, contributed to, or resulting from a pre-existing condition, your disability may not be covered.
You may purchase additional life and AD&D insurance for yourself, your spouse, and/or your dependent children through New York Life. Participation is voluntary, and premiums are 100% paid by you. You must elect coverage for yourself in order to elect coverage for your spouse or dependent children.

**Employees**
- $50,000 increments up to a maximum benefit of five times your annual salary up to $200,000 (benefits begin to reduce at age 70)
- Evidence of insurability required if you elect a benefit greater than $100,000 when first eligible or any amount after your initial eligibility period

**Spouse**
- 50% of the employee’s amounts up to a maximum of $100,000
- Evidence of insurability required if you elect a benefit greater than $50,000 when first eligible or any amount after your initial eligibility period

**Dependent Child(ren)**
- Children age 14 days to age 20 (26 if full-time student) are eligible
- $1,000 increments with a minimum benefit of $1,000 and up to a maximum benefit of $10,000
- Evidence of insurability not required

**Evidence of Insurability (EOI)**
New York Life requires you to show that you are in good health before they will agree to provide certain levels of coverage. This is called “Evidence of Insurability.” You will need to provide evidence of insurability when you do any of the below:

- Waive coverage when you are initially eligible and enroll for the first time during a future enrollment period.
- Select life and AD&D insurance coverage of any amount over the guaranteed issue amount
  - Employee: $100,000
  - Spouse: $50,000

Coverage that requires evidence of insurability will not be in effect until you receive approval from New York Life.
Voluntary Critical Illness Insurance

A serious illness can have serious financial consequences, even if you have health insurance. If you suffer a critical illness such as cancer, heart attack, or stroke, your financial burden may include many expenses not covered by medical insurance. Everyday bills such as rent or mortgage will have to be paid, even though your income may be compromised. You may have to travel to a treatment center in another city. Even with the best medical insurance, you’ll still be responsible for copays and more.

Cigna Critical Illness coverage is an affordable way to protect yourself from these unaffordable expenses. Your benefits go directly to you and can be used for any purpose—from buying groceries to covering deductibles.

Critical Illness Insurance pays you a lump-sum benefit upon first diagnosis of a specified critical illness and often upon second diagnosis—money that can be used however you deem fit.

Employee coverage
You can choose to purchase coverage in the amounts of $5,000, $10,000, $20,000.

Spouse coverage
You can choose to purchase 50% of employee coverage.

Children coverage
You can choose to purchase 25% of employee coverage.

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Covered Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALS (Lou Gehrig's Disease)</td>
<td>25%</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>25%</td>
</tr>
<tr>
<td>Cancer/Invasive</td>
<td>100%</td>
</tr>
<tr>
<td>Coma</td>
<td>25%</td>
</tr>
<tr>
<td>Cancer/Carcinoma in situ</td>
<td>25%</td>
</tr>
<tr>
<td>Cancer/Skin</td>
<td>$250</td>
</tr>
<tr>
<td>Coronary Artery Bypass Surgery</td>
<td>25%</td>
</tr>
<tr>
<td>Advanced Parkinson's Disease</td>
<td>25%</td>
</tr>
<tr>
<td>End Stage Renal Disease/Kidney Failure</td>
<td>100%</td>
</tr>
<tr>
<td>Heart Attack</td>
<td>100%</td>
</tr>
<tr>
<td>Stroke</td>
<td>100%</td>
</tr>
<tr>
<td>Paralysis</td>
<td>100%</td>
</tr>
</tbody>
</table>

$50 (1 per year) wellness benefit
Examples includes (but are not limited to) routine gynecological exams, general health exams, mammography, and certain blood tests. The benefit amount shown will be paid regardless of the actual expenses incurred and is paid on a per day basis. Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.
**ASM BENEFITS GUIDE 2022**

**LegalShield**
ASM offers eligible employees the option of enrolling in a legal plan.

**Legal Services**
- Preventative legal services
- Motor vehicle legal services
- Trial defense
- IRS audit services
- Preferred member discount
- Legal shield—Emergency legal access

**Identity Theft Services**
- Up-to-date credit reports
- Continuous monitoring
- Credit restoration services
- Children's identity theft

Your family benefits take effect immediately. You are always welcome to contact our LegalShield representative, Terry Solimeo at (877) 235-0638, email terry@solimeo.com.

**Member perks**
As a LegalShield plan member, you have access to over 500+ merchants that provide discounts for everyday items such as movie tickets, computers, cellular services and much more. For more information, make sure you activate your LegalShield online account and Free Mobile App. Information and directions will be sent to you via a Welcome email once you are enrolled in your benefits.

**Voluntary Hospital Indemnity Insurance**
Would a trip to the hospital leave your finances in serious condition? Hospital Indemnity insurance from Cigna can help. Hospital Indemnity Insurance helps protect you from the financial costs of unexpected health events that result in hospitalization or other treatment. This coverage is an essential part of a total financial protection plan. No medical questions asked!

The rising costs of health care means one trip to the hospital could cause a serious financial setback. Hospital visits are often accompanied by out-of-pocket costs that are not covered by your medical plan. In the event of a major illness or injury that results in hospitalization, the plan pays out a lump sum regardless of the cost of care, which can be used for any purpose, including to help pay the out-of-pocket expenses your medical plan may not cover, such as deductibles, coinsurance, and copays.

You must be actively at work to enroll. You can choose coverage for yourself and your family members (spouse; children up to age 26). Pre-existing condition limitations apply.

**Plan Features**

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Plan Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Admission</td>
<td>$1,000 once per insured per year</td>
</tr>
<tr>
<td>Intensive Care Unit</td>
<td>$200 up to 30 days per insured per year</td>
</tr>
<tr>
<td>Hospital Confinement</td>
<td>$100 up to 30 days per insured per year</td>
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</tbody>
</table>

**LegalShield Rates**
Your payroll deduction: $10 enrollment fee is waived

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Only</td>
<td>$3.68</td>
</tr>
<tr>
<td>Legal &amp; Identity Theft</td>
<td>$5.98</td>
</tr>
</tbody>
</table>
**Leave Benefits**

Annual leave accrues at 13 days for the first three years of service, 20 days for years three through fifteen; and 26 days after fifteen years. One year’s accrual can be carried over each calendar year, any excess is forfeited. Annual leave balances are paid in full upon departure from ASM. For hours accrued per pay, please see the chart to the right.

Sick leave accrues regardless of years of service at 12 days a year. Sick leave accrues unlimited. Sick leave accrues at 3.46 hours per pay. Sick leave balance is NOT paid upon departure from ASM.

**Holiday Schedule**

ASM observes the following schedule:
- New Year’s Day
- Martin Luther King’s Birthday
- Presidents’ Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Week of Christmas thru New Years Day

**Pay Schedule**

Payroll is processed on a bi-weekly basis with a period ending on a Friday. All employees are paid on the Wednesday following the close of the pay period.

**403(B) Pension Plan**

ASM offers a 403(B) pension plan administered by TIAA-CREF. In addition to allowing eligible employees to contribute pre-tax dollars into a retirement account, ASM will contribute 10% of annual base salary, after two years of service. The total amount an employee may contribute is determined by rules established by the International Revenue Service (IRS). For more information call 1-800-842-2252 or visit [www.tiaa.org](http://www.tiaa.org). For questions on payroll deductions, please contact hr@asmusa.org.

**Calm App Subscription**

When we cultivate meaningful relationships in our lives, we’re supported enough to truly thrive, both at work and at home. ASM employees are eligible for a free Calm subscription for up to 5 devices with your email. To register:
- Visit this link [https://www.calm.com/b2b/american-society-for-microbiology/subscribe](https://www.calm.com/b2b/american-society-for-microbiology/subscribe)
- Sign up with your personal email address (or log in to an existing account)
- Validate your work email address or Employee ID

**Tuition Assistance Program**

ASM wants you to grow within our family, not just from a work standpoint but also for your own personal development. One of the best ways for you to develop your abilities is to continue your education. Yet the cost of higher education can be prohibitive. With that in mind, ASM is implementing a Tuition Assistance program to help offset some of the costs of your continuing education. The Tuition Assistance Program gives employees the option to undertake courses that maintain or improve current career skills at approved educational institutions by utilizing grant funds provided by ASM. ASM will offer up to five (5) grants each for the Fall and Spring semesters to help offset the cost of classes to be used towards a degree. Grants will be capped at the maximum tax-free limit set by the IRS of $5,250.

Employees are eligible to apply for the assistance after one (1) year of regular full-time service or two (2) years of permanent part-time service. Employees must meet acceptable levels of performance and not have any disciplinary actions pending or within the prior twelve months. Employees must be enrolled in a degree program or be starting a degree program to be eligible for the assistance.

Human Resources will send out a notice at the start of each semester’s application period. Contact them for additional information.

**Additional Benefits**

- Job relevant tuition reimbursement
- Flexible work location and schedule
- Signal Financial Credit Union Access
- Metro accessible
- Janney Retirement Investment Advisory Services
Important Notice About Your Prescription Drug Coverage and Medicare—please read this notice and share it with any of your Medicare-eligible dependents.

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). If you and your covered dependents are not currently covered by Medicare and will not become covered by Medicare within the next 12 months, this Notice is for informational purposes only.

This notice has information about your current prescription drug coverage with Sample Company 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 included in 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. Sample Company has determined that the prescription drug coverage offered by Sample Company is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7.

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

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

If you decide to join a Medicare drug plan, your current coverage with Sample Company will not be affected. You can keep this coverage if you join a Medicare drug plan and this plan will coordinate with your Medicare drug coverage. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your medical and prescription drug coverage through Sample Company, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.
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 Sample Company and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed on this notice for further information.

NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Sample Company changes. You also may request a copy of this notice at any time.

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

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

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

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

Contact:
[hr@asmusa.org](mailto:hr@asmusa.org)
See your Human Resources Partner
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, 2021. Contact your State for more information on eligibility.

**ALABAMA** – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

**ALASKA** – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

**ARKANSAS** – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

**CALIFORNIA** - Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov

**COLORADO** - Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHIP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHIP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus
Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

**FLORIDA** – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

**GEORGIA** – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext 2131

**INDIANA** – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone 1-800-457-4584

**IOWA** – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/
Medicaid Phone: 1-800-338-8366
Hawki Website: https://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HiPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HiPP Phone: 1-888-346-9562

**KANSAS** – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

**KENTUCKY** – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

**LOUISIANA** – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHiPP)
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid and CHIP Website</th>
<th>Medicaid Phone</th>
<th>CHIP Phone</th>
<th>District Office Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAINE</td>
<td><a href="https://www.main.gov/dhhs/ofi/applications-forms">https://www.main.gov/dhhs/ofi/applications-forms</a></td>
<td>1-800-442-6003</td>
<td>1-800-977-6740</td>
<td>Maine relay 711</td>
</tr>
<tr>
<td>MASSACHUSETTS</td>
<td><a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a></td>
<td>1-800-862-4840</td>
<td>1-800-432-5924</td>
<td>1-855-242-8282</td>
</tr>
<tr>
<td>MONTANA</td>
<td><a href="http://daphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://daphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></td>
<td>1-800-694-3084</td>
<td>1-800-699-9075</td>
<td>1-800-251-1269</td>
</tr>
<tr>
<td>NEBRASKA</td>
<td><a href="http://www.ACCESSnebraska.ne.gov">http://www.ACCESSnebraska.ne.gov</a></td>
<td>1-855-632-7633</td>
<td>1-855-697-4347, or 1-855-462-0311 (Direct Right Share Line)</td>
<td>1-888-541-2392</td>
</tr>
<tr>
<td>NEW JERSEY</td>
<td><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></td>
<td>609-631-2392</td>
<td>1-800-701-0710</td>
<td>1-800-541-2831</td>
</tr>
<tr>
<td>NEW YORK</td>
<td><a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></td>
<td>1-800-541-2831</td>
<td>1-800-365-3742</td>
<td>1-888-365-3742</td>
</tr>
<tr>
<td>NORTH CAROLINA</td>
<td><a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a></td>
<td>919-855-4100</td>
<td>1-888-365-3742</td>
<td>1-800-251-1269</td>
</tr>
<tr>
<td>NORTH DAKOTA</td>
<td><a href="https://www.nd.gov/dhs/services/medicalserv/medicaid/">https://www.nd.gov/dhs/services/medicalserv/medicaid/</a></td>
<td>1-844-854-4825</td>
<td>1-888-365-3742</td>
<td>1-800-251-1269</td>
</tr>
<tr>
<td>OKLAHOMA</td>
<td><a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>1-888-365-3742</td>
<td>1-888-365-3742</td>
<td>1-800-251-1269</td>
</tr>
<tr>
<td>OREGON</td>
<td><a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a></td>
<td>1-800-699-9075</td>
<td>1-888-541-2392</td>
<td>1-888-541-2392</td>
</tr>
<tr>
<td>PENNSYLVANIA</td>
<td><a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a></td>
<td>1-800-692-7462</td>
<td>1-855-242-8282</td>
<td>1-888-549-0820</td>
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<tr>
<td>SOUTH CAROLINA</td>
<td><a href="https://www.sc.dhhs.gov">https://www.sc.dhhs.gov</a></td>
<td>1-855-697-4347, or 401-462-0311 (Direct Right Share Line)</td>
<td>1-800-362-3002</td>
<td>1-800-251-1269</td>
</tr>
<tr>
<td>TEXAS</td>
<td><a href="http://gethipptexas.com/">http://gethipptexas.com/</a></td>
<td>1-800-440-0493</td>
<td>1-877-543-7669</td>
<td>1-888-541-2392</td>
</tr>
<tr>
<td>VERMONT</td>
<td><a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a></td>
<td>1-800-250-8427</td>
<td>1-855-242-8282</td>
<td>1-800-250-8427</td>
</tr>
<tr>
<td>VIRGINIA</td>
<td><a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a></td>
<td>1-800-250-8427</td>
<td>1-855-242-8282</td>
<td>1-800-250-8427</td>
</tr>
<tr>
<td>WASHINGTON</td>
<td><a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a></td>
<td>1-800-562-3022</td>
<td>1-855-242-8282</td>
<td>1-800-250-8427</td>
</tr>
<tr>
<td>WISCONSIN</td>
<td><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a></td>
<td>1-800-362-3002</td>
<td>1-800-362-3002</td>
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<td>WYOMING</td>
<td><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a></td>
<td>1-800-251-1269</td>
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</table>

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

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

**U.S. Department of Health and Human Services**
Centers for Medicare & Medicaid Services
[www.cms.hhs.gov](http://www.cms.hhs.gov)
1-877-267-2323, Menu Option 4, Ext. 61565
REQUIRED NOTICES

**Women’s Health and Cancer Rights Act of 1998**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). WHCRA requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those established for medical and surgical benefits under the plan.

**Health Insurance Portability and Accountability Act (HIPAA)**

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Notice of Privacy Practices is available from the insurance carriers for medical and vision insurance. A copy of the Notice of Privacy Practices for dental coverage and the Health Care Flexible Spending Account is available from Human Resources.

**Newborns’ and Mothers’ Health Protection Act**

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

**Special Enrollment Rights**

If you are declining enrollment for yourself, or your dependents (including your spouse) because of other health insurance or other group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ coverage). However, you must request enrollment within 30 days after your previous coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this plan, provided that you request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.