



# Employee Benefits Guide

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2025

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**This guide is an overview** and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.



# Getting Started

## 2025 Benefits

Effective July 1<sup>st</sup>, 2025 through June 30<sup>th</sup>, 2026

No matter where you are in your career, your employer supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

## Medicare Part D Notice

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

This guide provides an overview of your healthcare coverage, as well as life, disability, retirement, and more benefits. For more detailed information, refer to plan documents.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Take a look at what's available to make the most of your benefits package.

# Who's eligible for benefits?



## Employees

You are eligible if you are full-time employee working 30 hours per week (130 hours per month).

Employees with variable hours and seasonal schedules may be considered eligible for benefits. If you have questions, please talk to your human resource representative for more information.

## Eligible dependents

- Legally married spouse
- Biological, adopted, foster or stepchildren up to age 26
- Children over age 26 who are disabled and depend on you for support
- Children named in a qualified medical child support order (QMCSO)

For additional coverage information, please refer to the benefit booklets for each benefit.

If you're a new employee, you are eligible to enroll on your date of hire, and you must enroll within 30 days of becoming eligible. Existing employees can enroll during the annual open enrollment period.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment.



# Enrolling for benefits



## ADP

ADP is an online system that enables you to make all your benefit decisions in one place. If you don't have access to a computer, you can access ADP from a tablet or smartphone.

### Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

## Getting started

### Log In to the ADP Self-Service Portal

1. Access the [ADP Self-Service Portal](#).
  - If this is your first time logging in, or you need help getting started, click “Help Getting Started” for instructions and assistance.
2. Click User Login.
3. Enter your User ID and Password.
  - To retrieve a lost User ID or Password, click “Forgot Your User ID/Password?” for help.
4. Click Log In.
5. Click Start Enrollment on Enrollment Splash Page or go to [Myself > Benefits > Enrollments](#).

# Changing your benefits

Click to play video



## Life happens

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in your or a dependent's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit any changes within **30 days** after the event.



# Healthcare

## Make time for health

### Our Commitment

We believe our employees should have access to healthcare coverage that promotes preventive care and helps cover the cost of illness.

Eligible employees and their eligible dependents can enroll in medical, dental, and vision coverage through your employer benefits program.

### Medical

We offer 3 comprehensive medical plans so you can choose the best fit for your health concerns and budget. Our medical carrier is **Regence Group Administrators (RGA)** and our network is **BPO**.

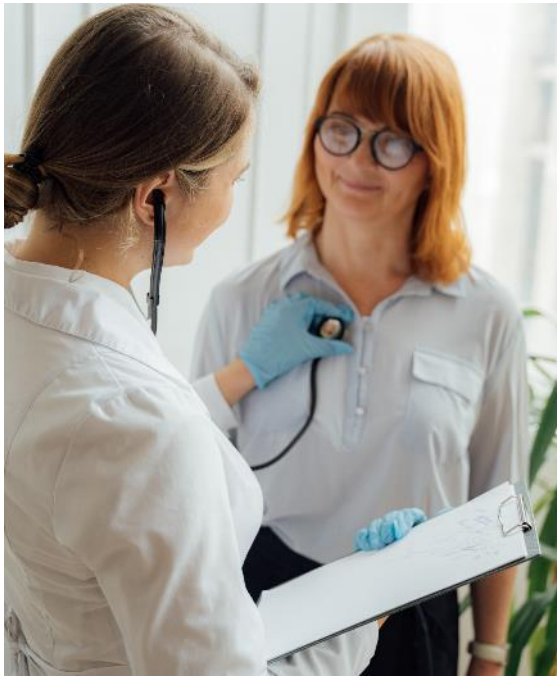
### Dental

Regular checkups and cleanings are fully covered. If you do need more care, insurance helps cover the cost for fillings, gum disease, orthodontia, and more. Our dental carrier is **Guardian**.

### Vision

Our vision plan helps cover the cost of eye exams, eyeglasses, and contact lenses to ensure you're seeing and feeling your best. Our vision carrier is **Guardian** and our network is **VSP**.

# Which plan is right for you?



## Plan type definitions

- **HDHP:** high-deductible health plan
- **PPO:** preferred provider organization

## Consider an HDHP if:

- You want to be able to see any provider, even a specialist, without a referral.
- You want coverage for out-of-network providers (at a higher cost).
- You want tax-free savings on your healthcare costs.
- You want to build a savings account for future healthcare costs for you and your eligible family members.
- You want an extra way to add to your retirement savings.

### Plans to consider:

RGA Base HDHP \$5,500

RGA Buy-Up HDHP \$3,500

## Consider a PPO if:

- You want to be able to see any provider, even a specialist, without a referral.
- You want coverage for out-of-network providers (at a higher cost).
- You don't mind paying a slightly higher premiums, for a known flat dollar copayment for select services.

### Plan to consider:

RGA Traditional \$3,500



*Watch the video to learn more about the differences between the HDHP and the PPO plans.*



# RGA Medical Plans: HDHP

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

	Base \$5,500 HDHP		Buy-Up \$3,500 HDHP	
NETWORK: BPO	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	EMBEDDED		AGGREGATE	
INDIVIDUAL	\$5,500	\$7,500	\$3,500	\$5,000
FAMILY	\$11,000	\$15,000	\$7,000	\$10,000
Calendar Year Out-of-Pocket Maximum (Embedded)				
INDIVIDUAL	\$7,500	\$14,000	\$5,500	\$10,000
FAMILY	\$15,000	\$28,000	\$11,000	\$20,000
	If any family member reaches \$7,500 of the in-network out-of-pocket maximum, then the OOP is satisfied for that individual family member.		If any family member reaches \$9,200 of the in-network out-of-pocket maximum, then the OOP is satisfied for that individual family member.	
Physician Services				
PRIMARY CARE	20% AD	40% AD	20% AD	40% AD
SPECIALIST VISIT	20% AD	40% AD	20% AD	40% AD
PREVENTIVE EXAM	Covered 100%	Not Covered	Covered 100%	Not Covered
Virtual Care (MDLIVE)				
URGENT VIRTUAL CARE	20% AD		20% AD	
Emergency Services				
URGENT CARE	20% AD	20% AD	20% AD	20% AD
EMERGENCY ROOM	20% AD		20% AD	
Hospital Services				
INPATIENT	20% AD	40% AD	20% AD	40% AD
OUTPATIENT	20% AD	40% AD	20% AD	40% AD
PHARMACY DRUGS				
	30-day Retail		90-day Mail Order	
PREFERRED GENERIC	\$10 copay AD		\$25 AD	
PREFERRED BRAND	\$35 copay AD		\$88 AD	
NON-PREFERRED	\$60 copay AD		\$150 AD	
SPECIALTY	\$100 copay AD		N/A	

\*AD = After Deductible

# RGA Medical Plan: Co-Pay

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

NETWORK: BPO	IN-NETWORK	OUT-OF-NETWORK
Deductible (Embedded)		
INDIVIDUAL	\$3,500	\$5,000
FAMILY	\$7,000	\$10,000
Calendar Year Out-of-Pocket Maximum (Embedded)		
INDIVIDUAL	\$5,500	\$10,000
FAMILY	\$11,000	\$20,000
If any family member reaches \$5,500 of the in-network out-of-pocket maximum, then the OOP is satisfied for that individual family member.		
Physician Services		
PRIMARY CARE	\$25 copay	40% AD
SPECIALIST VISIT	\$45 copay	40% AD
PREVENTIVE EXAM	Covered 100%	No Covered
Virtual Care (MDLIVE Only)		
URGENT VIRTUAL CARE	\$10 copay	
Emergency Services		
URGENT CARE	\$45 copay	\$45 copay
EMERGENCY ROOM	\$300 copay	
Hospital Services		
INPATIENT	20% AD	40% AD
OUTPATIENT	20% AD	40% AD
PHARMACY DRUGS		
	30-day Retail	90-day Mail Order
PREFERRED GENERIC	\$10 copay	\$25
PREFERRED BRAND	\$35 copay	\$88
NON-PREFERRED	\$60 copay	\$150
SPECIALTY	\$100 copay	N/A

\*AD = After Deductible

# Nationwide Coverage for Members

When you're an RGA member, you have the peace of mind knowing that wherever you are, you can access your health plan benefits.

## BlueCard Program

No matter where you are in the United States, you will be covered under your RGA Plan. If you are temporarily in or reside outside of Washington, Oregon, Idaho, or Utah, you will have access to the network and savings discounts negotiated with healthcare providers in each state through the BlueCard Program.

### How to access your national coverage:

**01.**

Find in-network doctors and hospitals by logging in to the RGA member portal at [accessrga.com](https://accessrga.com).

**02.**

Once in, select "Find a doctor or hospital".

**03.**

Enter the city, state, or zip code where you would like to search

### Helpful reminders:

- ✓ Show your RGA member ID card when you check in.
- ✓ If you're acceding care outside of WA, ID, OR, or UT, it is best to communicate that coverage is by the "local Blue". Your network in UT is located on the bottom left corner of your ID card.
- ✓ Your provider can find coverage and claim information on the back of your member ID card.

For any required pre-certification or pre-authorization, call RGA's customer care team at: 1-866-738-3924. Available M-F 5 am – 6 pm PT.

**In an emergency, go directly to the nearest hospital.**

# Navigating your medical benefits

## Member Portal

To get started, create an account on the RGA website to easily and securely manage your health benefits.

Create your account at [accessrga.com](https://accessrga.com) and select **Utah**.

Through the member portal, you can:

- View claims status
- View benefits and coverage
- Get help with questions
- Connect to RGA programs and resources

## Stay connected with the mobile app.

Once you register for your account on the web, you can access your account using the mobile app.

## Get Started

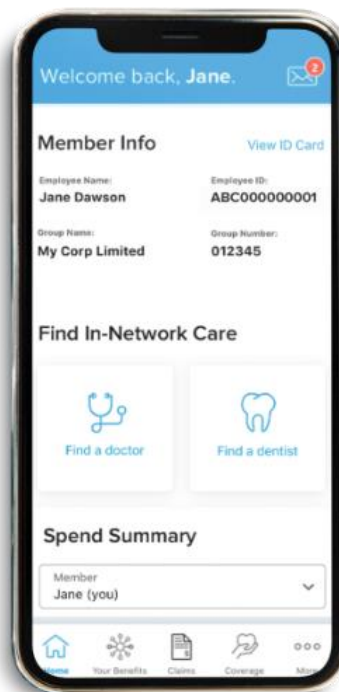
Download the free Mobile App in the Apple or Google Play Stores. Just search for myRGA.

## Price Comparison Tool

Get cost estimates and find the best in-network medical care! Your Plan provides you access to Healthcare Bluebook's Price Comparison Tool to find savings for all shoppable procedures. This tool makes it easy to search for the Fair Price and compare estimated procedure costs between facilities including what your personal deductible and out-of-pocket cost share will look like.

Healthcare Bluebook can also be accessed from the RGA member app. For support contact Customer Care at 1-866-738-3924 Monday through Friday, between 8:00 a.m. – 9:00 p.m. ET.

## Through the app you can:



View your digital member ID cards

Find an in-network provider or hospital

Securely access your claims and benefits at home or on the go

Get connected to our Customer Care team at the touch of a button



# Telehealth with MDLIVE

## Medical Urgent Care

## Mental Health & Psychiatry

## Virtual Dermatology

When you're not feeling well, making your way into a doctor's office can be a real pain...from missing work or getting off the couch, to getting stuck in a waiting room. With your telehealth benefit, you can save time and money by seeing an MDLIVE doctor for non-emergency conditions. MDLIVE doctors can even send a prescription to your nearest pharmacy (if needed). Below are some of the conditions that MDLIVE doctors can treat.

**MDLIVE**



## Talk to a doctor anytime

MDLIVE Virtual Care gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone, video or mobile app. It's an affordable alternative to costly urgent care and ER visits when you need care now.

## Get Started with MDLIVE

### Register with the RGA Member Portal

1. Visit [accessrga.com](https://accessrga.com) and select Utah
2. Select the RGA Member Login button at the top of your screen.
3. Log in to the member portal or create an account by selecting "Create an account" on the bottom of the login page.
4. Once logged in, scroll down your home dashboard to "Explore Your Benefits" and select the tile labeled "See a doctor now" to access MDLIVE.

## Register with a Virtual Health Assistant



Meet Sophie, your virtual health assistant! Sophie makes creating an account quick and easy using your smartphone. See a doctor in minutes – anytime, anywhere!

To access Sophie, text "**RGA**" to **635483** and follow the link to register or call **1-877-596-8826**.

### Common conditions include:

- Allergies
- Cold/Flu/Cough
- Constipation
- Diarrhea
- Pink Eye
- Sore Throat
- Sinus Infections
- Urinary Problems

### Dermatology:

- Acne
- Rashes
- Cold sores
- Dandruff
- Eczema
- Nail concerns
- Rosacea/Psoriasis

### Mental Health & Psychiatry:

- Addictions
- Anxiety
- Child and Adolescent Issues
- Depression
- Coping with Loss & Grief
- Parenting Counseling & Advice
- Panic Disorders

# Additional RGA Resources

Get the most out of your healthcare by taking advantage of these resources:



## Virtual Physical Therapy

Omada for Muscle & Joint Health is personalized, science-backed physical therapy that you can do from anywhere, when it works for you. Explore programs for: chronic pain, surgery navigation, women's health, and more!



## Care Navigator

Healthcare can be confusing, Care Navigator is here to help! Care Navigators will show you where and how to make the most of your benefits, coordinate your care with internal teams and providers, and serve as your partner throughout your health journey.



## MommyTrax Maternity Program

One-on-one education and counseling from an experienced maternity nurse coach. Get Answers to any pregnancy or post-delivery questions, find help for common symptoms, and support for postpartum, infant care, and return to work. Receive gifts for moms-to-be at enrollment and upon completion of the program!



## Disease Management

Personalized guidance and support to manage common chronic conditions. Nurse advocates are here to assist you in understanding and managing chronic conditions including:

- High blood pressure & cholesterol
- COPD, CHF, and CAD
- Diabetes
- Asthma, and more!

Get started today by logging into your RGA member portal at **[accessrga.com](https://accessrga.com)** and selecting “**Utah**”

# Your guide to better health



Rightway helps you get the right medication at the lowest cost. As your pharmacy benefits provider, Rightway gives you unlimited access to a trusted expert who can answer your pharmacy questions and take care of actions for you.

Scan the QR code to  
download the mobile app.



## A better way to manage your prescriptions.

Rightway is your pharmacy benefits provider. That means they are the service that covers your prescription medication. Rightway is not a pharmacy, but you should use your Rightway ID card when filling your prescriptions at your pharmacy.

## HOW RIGHTWAY WORKS

Your health guide is always available to answer questions and provide ongoing support. Your health guide can:

- + Explain your coverage and help you find the most affordable option.
- + Discuss your medications and advise on how to manage any possible side effects.
- + Help with prior authorizations, specialty medications, refills, or mail delivery.
- + Contact your provider's office to request an alternate medication on your behalf.
- + Connect you with a Rightway pharmacist, who can perform a comprehensive medication review and answer your questions.

You can activate your Rightway account in two ways:

1. Follow the prompts in your web browser to complete your account set up.
2. Download the Rightway mobile app by scanning the QR code below or download directly from the App Store or Google Play.

# How does Rightway help?

Rightway gives you a better way to manage your prescription medications. Whenever you have a prescription, make sure to check the Rightway app first.

Here are some ways that Rightway helps you:

	Low Cost Generics	Rightway searches for clinically appropriate generic alternatives to brand-name drugs to lower your out-of-pocket costs.
	Mail Order	Helps you access the lowest cost mail-order services for convenient home delivery of maintenance meds.
	Specialty Medications	Manages access to high-cost specialty drugs through accredited specialty pharmacies with clinical support to ensure safety and effectiveness.
	Pharmacist Support	Members can speak with a licensed pharmacist through the app or by phone to get medication advice, review side effects, and discuss cost-saving options.
	Prior Authorizations	Rightway coordinates with your doctor and insurer for prior authorizations and assists with appeals and denials.
	Drug Pricing	They show you the real-time cost of medications, including what you'll pay at different pharmacies, so you can make informed decisions.
	Medication Adherence	Rightway sends refill reminders, checks in on usage, and helps resolve barriers like cost or side effects to ensure you stick to your treatment plan.
	Copay Assistance Programs	Rightway proactively flags medications that may qualify for manufacturer copay assistance programs and helps you enroll if eligible.



Scan the QR code to download the mobile app.



# Guardian Dental Plan

When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than you expected.

*Click to play video*



## Maximum Rollover

If you have at least one **paid** dental claim (not just a visit) during the year and your total paid claims stay below the threshold, you can roll over extra money to use in future years. There's a limit on how much you can roll over. This rollover money can help pay for dental care if you use up your yearly benefit.

To find an in-network provider, visit:  
[www.guardiananytime.com/fpapp/search](http://www.guardiananytime.com/fpapp/search)

	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible (calendar year)</b>	<b>Individual: \$50 Family: \$150</b>	<b>Individual: \$50 Family: \$150</b>
<b>Annual plan maximum</b>	\$1,500 plus Maximum Rollover	\$1,500 plus Maximum Rollover
<b>Maximum Rollover</b>		
Threshold	\$700	\$700
Annual Max Rollover Amount	\$500	\$350
Maximum Rollover Account Limit	\$1,250	\$1,250
<b>Dental Services</b>		
<b>Diagnostic &amp; preventive</b>	100% covered	100% covered
<b>Basic</b>	20% AD	20% AD of Fee Schedule
<b>Major</b>	50% AD	50%AD of Fee Schedule
<b>Endodontic</b>	20% AD	20% AD of Fee Schedule
<b>Periodontic</b>	20% AD	20% AD of Fee Schedule
<b>Implants</b>	50% AD	50% AD of Fee Schedule
<b>Orthodontia</b>		
<b>Covered for</b>	Children 19 and under	
<b>Coverage</b>	50%	
<b>Lifetime maximum</b>	\$1,500 per person	

# Guardian Vision Plan



Even if you have 20/20 vision, an annual eye exam checks the health of your eyes and can detect other health issues. If you do need glasses or contacts, vision coverage helps with the cost.

To find an in-network provider visit:  
[www.guardiananytime.com/fpapp/vision](http://www.guardiananytime.com/fpapp/vision)

We access the VSP Network.

Click to play video



	IN-NETWORK BENEFIT	OUT-OF-NETWORK REIMBURSEMENT
Exam	\$10 copay	Up to \$39
Retinal Screening	Up to \$39	Not Covered
Single Lenses	\$25 copay	Up to \$23
Bifocal Lenses		Up to \$37
Trifocal Lenses		Up to \$49
Lenticular Lenses		Up to \$64
Frames	Up to \$150, 20% off remaining balance	Up to \$46
<b>Contact Lenses</b>		
Medically Necessary	\$25 copay	Up to \$210
Elective	Up to \$150	Up to \$100
<b>Benefit Frequency (calendar year basis)</b>		
Exams	Once every 12 months	
Lenses	Once every 12 months	
Contacts	Once every 12 months	
Frames	Once every 24 months	

# Health savings account (HSA)

Click to play videos



## A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today, and save for expenses you may have in the future.

## Are you eligible?

The HSA is not for everyone. You're eligible only if you are:

- Enrolled in one of our RGA high-deductible medical plans.
- Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
- Not a tax dependent.
- Not enrolled in a healthcare flexible spending account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

## How the HealthEquity HSA works:

- Your HSA account is set up automatically after you enroll.
- You can contribute up to the limit set by the IRS (includes your employer's contribution).

**Individual:** \$4,300 per year

**Family:** \$8,550 per year

**Age 55+:** \$1,000 extra per year

- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

## Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save the money to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free. You can also use it for regular living expenses, which will be taxable but without penalties.

To help you get started, your employer contributes to your HSA:

**Individual:** \$62.50 quarterly

**Two or more:** \$125 quarterly

# Flexible Spending Accounts (FSA)

## Two Options

### Healthcare FSA

For employees enrolled in the **RGA Traditional plan**, you have access to a Flexible Spending Account (FSA). An FSA allows you to deduct money from your paycheck pre-tax to pay for certain qualified medical, dental, and vision expenses. You are not eligible for the healthcare FSA if you are enrolled on an HDHP plan. You don't have to enroll in one of our medical plans to participate in the healthcare FSA.

### Dependent Care FSA (DCFSA)

If you pay for childcare, you may be eligible to enroll in the Dependent Care FSA. Contribute up to \$5,000 per year (\$2,500 if married and filing separate tax returns), pretax, to pay for day care expenses for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.

## Potential tax savings

Because FSA contributions are pre-tax, they reduce the total amount of your income the government makes you pay taxes on. Tax savings vary depending on filing status and other variables

## How the Healthcare FSA works:

- You estimate what your and your dependents' out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, and certain drugstore items.
- You can contribute up to \$3,300, the annual limit set by the IRS. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.

### USE IT OR LOSE IT!

Estimate carefully. You can't change your contribution amount mid-year without a qualifying reason. You have 90 days from the last day of the plan year to submit claims. Any unused funds over \$500 at the end of the year will be forfeited after the 90-day run out period.





# Your no-cost Medicare team



## What's next?

Let's start talking  
When you're ready,  
let's work through this  
together

801-523-6081

[www.srbenco.com](http://www.srbenco.com)



## The Medicare Maze

When you approach Medicare eligibility, you will find that there is a mountain of decisions waiting for you.

Senior Benefits simplifies that process by turning that mountain of confusion into a smooth and easy transition.

You get a free Medicare resource for any and all questions.

You get the coverage you want that fits with your financial plan.

Finally, you get to sleep easy at night knowing that you do not have to worry about Medicare decisions.

## How Senior Benefits helps:

We help with your overall healthcare strategy once Medicare becomes a reality for you. This includes:

- How Medicare works and strategies
- Medicare Supplement Plans
- Medicare Advantage plans
- Part D: Prescription Drugs Plan
- Senior Dental & Vision
- Long Term Care plans

# Cost Comparisons

## Medical

	Total Monthly Cost	Your Employer's Cost	Your Cost Per Month	Per Pay Period (26)
<b>\$3,500 Traditional Copay Plan</b>				
EMPLOYEE ONLY	\$818.76	\$409.38	\$409.38	\$188.94
EMPLOYEE & SPOUSE	\$1,718.74	\$859.37	\$859.37	\$396.63
EMPLOYEE & CHILD(REN)	\$1,636.99	\$818.49	\$818.50	\$377.76
EMPLOYEE & FAMILY	\$3,274.43	\$1,637.22	\$1,637.21	\$755.64
<b>\$5,500 Base HDHP Plan</b>				
EMPLOYEE ONLY	\$617.80	\$418.46	\$199.34	\$92.00
EMPLOYEE & SPOUSE	\$1,297.39	\$648.70	\$648.69	\$299.40
EMPLOYEE & CHILD(REN)	\$1,235.64	\$617.81	\$617.82	\$285.15
EMPLOYEE & FAMILY	\$2,471.25	\$1,235.63	\$1,235.62	\$570.29
<b>\$3,500 Buy-Up HDHP Plan</b>				
EMPLOYEE ONLY	\$650.76	\$325.38	\$325.38	\$150.18
EMPLOYEE & SPOUSE	\$1,366.60	\$683.30	\$683.30	\$315.37
EMPLOYEE & CHILD(REN)	\$1,301.52	\$650.76	\$650.76	\$300.35
EMPLOYEE & FAMILY	\$2,603.07	\$1,301.54	\$1,301.53	\$600.71

## Dental

	Total Monthly Cost	Your Employer's Cost	Your Monthly Cost	Per Pay Period (26)
<b>Guardian Dental</b>				
EMPLOYEE ONLY	\$28.38	\$14.19	\$14.19	\$6.55
EMPLOYEE & SPOUSE	\$56.75	\$28.37	\$28.38	\$13.10
EMPLOYEE & CHILD(REN)	\$56.75	\$28.37	\$28.38	\$13.10
EMPLOYEE & FAMILY	\$109.79	\$54.89	\$54.90	\$25.34

## Vision

	Total Monthly Cost	Your Employer's Cost	Your Monthly Cost	Per Pay Period (26)
<b>Guardian Vision</b>				
EMPLOYEE ONLY	\$5.63	\$2.82	\$2.81	\$1.30
EMPLOYEE & SPOUSE	\$10.02	\$5.01	\$5.01	\$2.31
EMPLOYEE & CHILD(REN)	\$10.02	\$5.01	\$5.01	\$2.31
EMPLOYEE & FAMILY	\$14.26	\$7.13	\$7.13	\$3.29



# Additional Coverages

## Name Your Beneficiaries

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and make sure your beneficiary is up to date

## Guardian

Life insurance, AD&D, short-term and long-term disability are offered through Guardian

## Company-Paid

Life, AD&D, and disability insurance can fill financial gaps due to a loss or loss of income. Consider your day-to-day costs and bills during a pregnancy or illness-related disability leave; how would you manage large expenses (housing, education, loans, credit cards, etc.) after the death of a spouse or partner or if you are unable to work.

## Voluntary Plans

In addition to company-provided coverage, we offer voluntary life insurance coverage that you can purchase for yourself, your spouse, and your children.

You also have the option to purchase additional coverages. You have the freedom and flexibility to choose the benefits that make sense for you and your family. You can also choose not to sign up for voluntary benefits at all—it's up to you.



# Company-paid life and AD&D insurance



## Basic Life and AD&D

Basic life insurance pays your beneficiary a lump sum if you die. AD&D (accidental death & dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. The cost of coverage is paid in full by your employer.

## A note about taxes

Company-provided life insurance coverage over \$50,000 is considered a taxable benefit. The value of the benefit over \$50,000 will be reported as taxable income on your annual W-2 form.

## Guardian Life and AD&D

<b>Employee</b>	Guaranteed issue of \$100,000
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*The benefit amounts above will be reduced if you are age 65 or older. Refer to the plan document for details.*

# Voluntary life insurance

## Evidence of Insurability

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit evidence of insurability with additional information about your health for the insurance company to approve the amount of coverage.

## Annual Increase

At open enrollment, you may increase your voluntary life insurance coverage by two increments of \$10,000, without providing evidence of insurability. This annual increase option is only available to employees that are currently insured with an amount below the guaranteed issue amount.

## Protecting those you leave behind

Voluntary life insurance allows you to purchase additional life insurance to protect your family's financial security.

## Guardian Voluntary Life

<b>Employee</b>	Increments of \$10,000 up to \$500,000. Guaranteed issue of \$300,000.
<b>Spouse</b>	Increments of \$5,000 up to \$250,000, not to exceed 100% of employee amount. Guaranteed issue of \$50,000.
<b>Children</b>	Live birth to 26 year of age: \$10,000.

*The benefit amounts above will be reduced if you are age 65 or older. Refer to the plan document for details.*

*Note: tobacco users will pay non-preferred rates.*



# Your Costs

## Voluntary Life Insurance - Preferred

	Voluntary Life Employee	Voluntary Life Spouse
Age	Per \$1,000 of coverage*	Per \$1,000 of coverage*
18-24	\$0.072	\$0.072
25-29	\$0.072	\$0.072
30-34	\$0.080	\$0.080
35-39	\$0.093	\$0.093
40-44	\$0.130	\$0.130
45-49	\$0.210	\$0.210
50-54	\$0.345	\$0.345
55-59	\$0.553	\$0.553
60-64	\$0.811	\$0.811
65-69	\$1.502	\$1.502
70-99	\$3.062	\$3.062
Voluntary Child Life		*rates shown as monthly premium
Per \$1,000 of Coverage*		
\$0.152		

## Voluntary Life Insurance – Non-Preferred

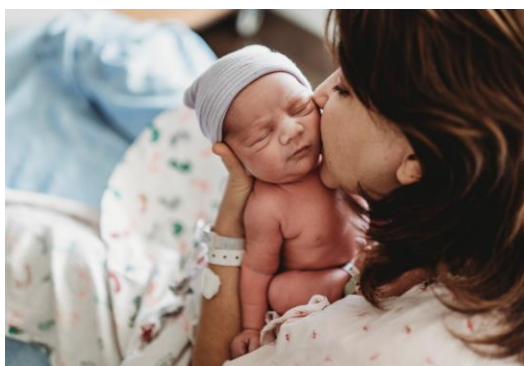
	Voluntary Life Employee	Voluntary Life Spouse
Age	Per \$1,000 of coverage*	Per \$1,000 of coverage*
18-24	\$0.109	\$0.109
25-29	\$0.109	\$0.109
30-34	\$0.130	\$0.130
35-39	\$0.174	\$0.174
40-44	\$0.258	\$0.258
45-49	\$0.413	\$0.413
50-54	\$0.664	\$0.664
55-59	\$1.000	\$1.000
60-64	\$1.418	\$1.418
65-69	\$2.409	\$2.409
70-99	\$4.258	\$4.258
Voluntary Child Life		*rates shown as monthly premium
Per \$1,000 of Coverage*		
\$0.152		

# Company-paid disability insurance

## Short-term disability insurance (STD)

### Expect the unexpected

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.



### STD Benefits

Short-term disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability.

**your employer pays the cost of this coverage.**

<b>Amount</b>	60% of earnings, up to a weekly maximum of \$1,000
<b>Begins</b>	after 14 days of disability due to accident, sickness, or maternity.
<b>Duration</b>	11 weeks
<b>Pre-Existing Conditions</b>	No waiting period.

## Long-term disability insurance



### LTD Benefits

Long-term disability (LTD) insurance replaces part of your income for longer term issues such as: Debilitating illness (cancer, heart disease, etc.), heart attack, stroke, serious injuries (accident, etc.), and mental disorders

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled.

**your employer pays the cost of this coverage.**

<b>Amount</b>	60% of earnings, up to a monthly maximum of \$15,000.
<b>Begins</b>	after 90 days of disability due to accident, sickness, or maternity.
<b>Duration</b>	Social Security Normal retirement Age
<b>Pre-Existing Conditions</b>	3/12. Pre-existing conditions apply for 3-months prior, and that condition is ineligible until you have been covered by the plan for at least 12 months.

# Hospital Indemnity

Hospital indemnity insurance can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide.

HOSPITAL BENEFITS	AMOUNT
Hospital Admission	\$1,000
Hospital Confinement (31 days)	\$100 per day
Hospital ICU Admission	\$2,000
Hospital ICU Confinement (31 days)	\$200 per day
PLAN PROVISIONS	
Portability	Included
Pre-Existing Condition Limitation	None

*Note: not a complete summary. See plan documents for full benefit details.*

**IMPORTANT:** This is a fixed indemnity policy, NOT Health Insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You are still responsible for paying the cost of your care.

- The Payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

**Looking for comprehensive health insurance?**

- Visit [HealthCare.gov](https://www.healthcare.gov) online or call 1-800\*-318-2596 (TTY:1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

**Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

## Hospital Indemnity: Your Costs

	Your Monthly Cost	Per Pay Period (26)
Voluntary Hospital Indemnity		
EMPLOYEE ONLY	\$15.73	\$7.26
EMPLOYEE & SPOUSE	\$39.82	\$18.38
EMPLOYEE & CHILD(REN)	\$25.88	\$11.94
EMPLOYEE & FAMILY	\$49.97	\$23.06

# Accident Insurance



Accident insurance from Guardian helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, as well as physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose.

COVERAGE	BENEFIT
<b>Death Benefit</b>	Employee: \$20,000 Spouse: \$10,000 Child: \$5,000
<b>Ambulance: Air   Ground</b>	\$1,740   \$400
<b>Emergency Room Treatment</b>	\$200
<b>Child Organized Sport Benefit</b>	25% increase to child benefit
<b>Concussion</b>	\$150
<b>Dislocation</b>	Up to \$8,000
<b>Eye Injury</b>	\$300
<b>Lodging</b>	\$150 per day, up to 30 days
<b>Physician Follow-up Treatment</b>	\$75 up to 6 visits
<b>Fracture</b>	Up to \$8,000
<b>Hospital Admission</b>	\$1,000
<b>Hospital Confinement</b>	\$250 per day, up to 1 year
<b>Hospital ICU Admission</b>	\$2,000
<b>Hospital ICU Confinement</b>	\$500 per day, up to 15 days
<b>Initial Physician Visit/Urgent Care</b>	\$100
<b>X-Ray</b>	\$50
<b>Transportation</b>	\$0.50 per mile, up to \$400 per trip
ADDITIONAL BENEFITS / NOTES	
<b>Coverage Type</b>	24 Hour
<b>Health Screening Benefit</b>	\$75
<b>Portability</b>	Included without evidence

*Note: not complete summaries. See plan documents for full benefit details.*

## Accident Insurance: Your Costs

	Your Monthly Cost	Per Pay Period (26)
Voluntary Accident		
<b>EMPLOYEE ONLY</b>	\$8.93	\$4.12
<b>EMPLOYEE &amp; SPOUSE</b>	\$14.67	\$6.77
<b>EMPLOYEE &amp; CHILD(REN)</b>	\$18.55	\$8.56
<b>EMPLOYEE &amp; FAMILY</b>	\$24.29	\$11.21



## Wellbeing & Balance

“The key to keeping your balance is knowing when you've lost it.”

### A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

Taking care of yourself helps you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.



# Employee Assistance Program (EAP)



## Contact the EAP

**Phone:** 1-800-386-7055

**Website:**

[worklife.uprisehealth.com](http://worklife.uprisehealth.com)

**Access Code:** worklife

## Help for you and your household

There are times when everyone needs a little help or advice, or assistance with a serious concern. The Guardian Uprise EAP can help you handle a wide variety of personal issues, such as emotional health, substance use disorder, parenting and childcare needs, financial coaching, legal consultation, and elder care resources.

Best of all, contacting the EAP is completely confidential and free for any member of your immediate household.

## No-cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 3 sessions per issue
- Unlimited web access to helpful articles, resources, and self-assessment tools.
- Legal services, including referrals to local attorneys

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## WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family, including a library of online planning documents and access to experienced professionals that can help you with more complicated details.

## How to Access

**Visit:** [willprep.uprisehealth.com](http://willprep.uprisehealth.com)

**Username:** WillPrep

**Password:** GLIC09

**Call:** 1-877-433-6789



Access simple documents including wills and power of attorney letters.








Speak with consultants to discuss estate planning



Prepare your will with an attorney

# Mental health resources with RGA

Access digital behavioral health providers when you are enrolled on any of the RGA medical plans as an extension of your provider network

Providers	Focus	Availability	Get Started
	General Mental Health*	Talkspace offers a range of virtual mental health treatment options to choose from, including online therapy, coaching, self-help tools, psychotherapy, and medication management. For members ages 13 and older.	Register at <a href="http://www.talkspace.com/partnerinsurance">www.talkspace.com/partnerinsurance</a> State(s) Available: All 50 States
	OCD	NOCD provides therapy for OCD through live sessions with a licensed, specialized therapist. For members ages 6 and older.	Visit: <a href="http://nocd.com">nocd.com</a> Call: (312) 766-6780 State(s) Available: WA, OR, ID, UT
	Alcohol and Opioid Use Disorders	Boulder care offers virtual treatment for substance use disorders, including medication-assisted treatment, peer coaching, care coordination, and other recovery tools for members 18 and older.	Visit: <a href="http://start.boulder.care">start.boulder.care</a> Call: (866) 347-9635 State(s) Available: WA, OR, ID, UT
	General Mental Health*	AbleTo Therapy+ provides mental health care through an eight-week online therapy program. Sessions are one-to-one with a licensed therapist, and digital tools give you extra support. For members ages 18 and older.	Visit: <a href="http://ableto.com">ableto.com</a> Call: (866) 287-1802 State(s) Available: WA, OR, ID, UT
	Trauma, substance use, LGBTQ support	Charlie Health offers virtual and in-person intensive outpatient treatment. For members ages 12-30.	Call 1-866-540-1828 or Visit <a href="http://charliehealth.com">charliehealth.com</a> State(s) Available: WA, OR, ID, UT

\*General mental health may include stress, anxiety, depression, eating disorders, substance use, sleep, identity struggles, chronic issues, trauma and grief, relationships, healthy living.

# RGA Member Deals & Discounts

If you enroll on any of the RGA medical plans offered by your employer, you have access to many discounts on programs, products, and services to help support you and your family's health and well-being.

- 1** Log in to the RGA Member Portal
- 2** Select "Explore Your Benefits"
- 3** Select "Health & Wellness Discounts"

## Allergy Relief Products

20% off products for nondrug allergy relief (such as pillows, air filters, cleaning products, and personal care products) from National Allergy Supply.

## Fitbit Product Store

Save on Fitbit devices, accessories, and Fitbit Premium.

## Fitness Discounts

Access a gym membership for as low as \$28 per month through Active&Fit Direct that includes digital on demand workouts too.

## Funeral Planning Service

\$50 off the enrollment fee for Everest suite of funeral planning services

## Hearing Aids

Discounts on hearing aids through TruHearing and Amplifon.

## Meal Planning Services

Complimentary shipping (\$14.95 value), fresh-made meals prepared for yourself or your loved one with Mom's Meals NourishCare®.

## Pet Wellness Plans

No enrollment fee for Optimum Wellness Plans at Banfield Pet Hospitals (inside PetSmart).

## Student Loan Refinancing

Comprehensive solution to help borrowers reduce their debt by refinancing and consolidating their student loans.

## Vision Care & LASIK

Save on laser vision correction, contact lenses, and eyeglasses with QualSight LASIK, and Zenni Optical.

## Walgreens Smart Saving

Access 20% smart saver discount on eligible Walgreens brand over-the-counter health and wellness products.



## Important Plan Information

In this section, you'll find important plan information, including:

- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them
- A Benefits Glossary to help you understand important insurance terms.

# Plan contacts and resources

Coverage	Contact	Phone	Website or Email
<b>Medical</b>	RGA Member Support	1-866-738-3924	<a href="http://www.accessrga.com">www.accessrga.com</a> Select "Utah"
<b>Pharmacy (Rx)</b>	Rightway	1-888-665-1678	<a href="http://www.rightwayhealthcare.com">www.rightwayhealthcare.com</a>
<b>Health Savings Account</b>	HealthEquity	1-866-346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
<b>Flexible Spending Accounts</b>	NBS	1-855-399-3035	<a href="mailto:service@nbsbenefits.com">service@nbsbenefits.com</a>
<b>Dental</b>	Guardian Dental Member Services	1-800-541-7846	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
<b>Vision</b>	Guardian Group Vision Insurance	1-877-814-8970	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
<b>Voluntary Life</b>	Guardian	1-800-525-4542	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
<b>Short-Term Disability</b>	Guardian Short-Term Member Services	1-800-268-2525	<a href="http://www.guardiananytime.com/submitclaim/">www.guardiananytime.com/submitclaim/</a>
<b>Long-Term Disability</b>	Guardian Long-Term Member Services	1-800-538-4583	<a href="http://www.guardiananytime.com/submitclaim/">www.guardiananytime.com/submitclaim/</a>
<b>Employee Assistance Program (EAP)</b>	Uprise via Guardian	1-800-386-7055	<a href="http://worklife.uprisehealth.com">worklife.uprisehealth.com</a> Access code: worklife
<b>Accident, Critical Illness, Hospital Indemnity</b>	Guardian	1-800-541-7846	<a href="http://www.guardiananytime.com/submitclaim/">www.guardiananytime.com/submitclaim/</a>
<b>Medicare Support</b>	Senior Benefits	1-801-523-6081	<a href="http://www.srbenco.com">www.srbenco.com</a>
<b>COBRA</b>	NBS	1-800-274-0503	<a href="http://nbs.wealthcarecobra.com">nbs.wealthcarecobra.com</a> <a href="mailto:cobra@nbsbenefits.com">cobra@nbsbenefits.com</a>
<b>Human Resources</b>	Katie Tremblay	1-802-327-2183	<a href="mailto:ktremblay@jaypeakresort.com">ktremblay@jaypeakresort.com</a>
	Sirena Pimenta	1-802-327-2101	<a href="mailto:spimenta@jaypeakresort.com">spimenta@jaypeakresort.com</a>



# Glossary

## Accumulation Period

The **period of time** during which you can incur eligible expenses toward your deductible, out-of-pocket maximum, and visit limitations. The accumulation period for your deductible and OOP maximum may differ from the period for visit limitations.

## Aggregate Deductible

A type of family deductible in which a family must meet the entire family deductible before the plan covers eligible expenses for any individual.

## Aggregate Out-of-Pocket Max

A type of family out-of-pocket maximum in which a family must meet the entire family out-of-pocket maximum before the plan pays 100% of eligible expenses for any individual.

## Allowed Amount

The maximum amount your insurance plan will pay for an eligible expense. In-network providers cannot bill you for more than the allowed amount.

## Ambulatory Surgery Center

A healthcare facility that specializes in same-day surgical procedures.

## Annual Limit

The maximum dollar amount or number of visits your plan will cover for a specific service during a plan year. If you reach an annual limit, you must pay all associated costs for that service for the rest of the plan year.

## Balance Billing

Balance billing is when an out-of-network provider bills you for more than your plan's allowed amount. For example, if the provider charges \$100 but the plan's allowed amount is only \$70, an out-of-network provider can bill you for the \$30 difference. Balance billing may not be allowed for all services; consult your insurance plan documents for details.

## Beneficiary

The people or entities you select to receive a benefit if you die. You must name beneficiaries for life, AD&D, and retirement plans to ensure the money is distributed according to your wishes.

## Brand-Name Drug

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. Your coinsurance for brand-name drugs may be higher if there is a generic equivalent available.

## Claim

A **request for payment that you or your provider submits to your insurance plan after you receive services.**

## COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that allows you to temporarily keep your health insurance after your employment ends, based on certain qualifying events. If you elect COBRA coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

## Coinsurance

The percentage of the allowed amount you must pay for an eligible expense. Coinsurance will always add up to 100%. For example, if the plan pays 70% of the allowed amount, your coinsurance is 30%. If your plan has a deductible, you pay 100% of most costs until you have paid the deductible amount.

## Copayment (Copay)

A flat fee you pay for some services, such as a doctor's office visit. You pay the copayment at the time you receive care. In most cases, copays do not count toward your deductible.

## Deductible

The dollar amount you must pay for eligible expenses before your insurance starts covering a portion. The deductible does not apply to preventive care or certain other services.

## Dental Basic Services

Services such as fillings, routine extractions, and some oral surgery procedures.

## Dental Diagnostic & Preventive

Generally includes routine cleanings, oral exams, X-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to twice a year.

## Dental Major Services

Complex or restorative dental work such as crowns, bridges, dentures, inlays, and onlays.

## Eligible Expense

Also referred to as a covered service, this is a service or product for which your insurance plan will pay a portion of the allowed amount. Your plan will not cover any portion of the cost if the expense is not eligible, and the amount you pay will not count toward your deductible.

## Embedded Deductible

A type of family deductible in which the plan covers eligible expenses for each person as soon as they reach their individual deductible.

## Embedded Out-of-Pocket Max

A type of family out-of-pocket maximum in which the plan pays 100% of eligible expenses for a person as soon as they reach their individual out-of-pocket maximum.

## Excluded Service

A service for which your insurance will not pay any portion of the cost. These services may also be referred to as "ineligible," "not covered," or "not allowed."

# Glossary

## Formulary

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a preferred drug list.

## Generic Drug

A drug that has the same active ingredients as a brand-name drug but is sold under a different name. For example, atorvastatin is the generic name for medicines with the same formula as the brand-name drug Lipitor.

## Grandfathered

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

## In Network

Also known as participating providers, in-network providers have a contract with your insurance plan. They are usually the lowest-cost option because they have agreed not to charge you more than the allowed amount, and your insurance will cover a bigger portion of eligible expenses than with out-of-network providers.

## Mail Order

A medical or prescription drug plan feature allowing a 90-day supply of medicines you take routinely to be delivered by mail.

## Out of Network

Also known as nonparticipating providers, out-of-network providers do not have a contract with your insurance plan. They are typically a higher-cost option because they can charge you more than your plan's allowed amount, and your insurance will cover a smaller portion of eligible expenses than with in-network providers. Some plans do not cover out-of-network services at all.

## Out-of-Pocket Costs

Healthcare expenses you are responsible for paying, whether from your bank account, credit card, or from a health savings account such as an HSA, FSA or HRA. These costs include any deductibles, copays, and coinsurance you pay for eligible expenses, along with the cost of any services your insurance does not cover.

## Out-of-Pocket Maximum

The maximum amount of money you will have to spend on eligible expenses during a plan year. Once you spend this amount, your plan covers 100% of eligible expenses for the rest of the plan year.

## Outpatient Care

Care from a hospital or clinic that doesn't require you to stay overnight.

## Participating Pharmacy

Also known as an in-network pharmacy, a participating pharmacy has a contract with your medical or prescription drug plan. You will typically pay lower prescription costs at a participating pharmacy.

## Plan Year

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

## Preferred Drug

A list of prescription drugs your insurance will cover at the highest benefit level. The list, also known as a "formulary," is based on an evaluation of effectiveness and cost. Your coinsurance may be higher for drugs that are not on this list, or your insurance may not cover them at all.

## Preventive Care

Routine healthcare services that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems.

## Primary Care Provider (PCP)

Your main doctor. Some insurance plans require you to name a PCP, who will direct or approve all of your healthcare and referrals.

## Provider

A doctor, dentist, physician's assistant, nurse, hospital, lab, or other healthcare professional or facility that provides healthcare services.

## Telehealth/Telemedicine

A virtual visit with a provider using video chat on a computer, tablet or smartphone.

## Usual, Customary, and Reasonable (UCR)

The cost of a medical service in a geographic area based on what providers in the area usually charge for the same or a similar medical service. Your plan may use the UCR amount as the allowed amount.

## Urgent Care

Care for an illness, injury, or condition that needs attention right away but is not severe enough to require the emergency room. Treatment at an urgent care center generally costs less than an emergency room visit.

## Vaccinations

Also known as "immunizations," vaccinations are biological preparations that help prevent or reduce the severity of specific diseases.

## Voluntary Benefit

An optional benefit offered by your employer for which you pay the entire premium, usually through payroll deduction.

2025

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# Medicare Part D Notice

## Important Notice from Pacific Group Resorts, Inc. 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 Pacific Group Resorts, Inc. 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. Pacific Group Resorts, Inc. has determined that the prescription drug coverage offered by the Pacific Group Resorts, Inc 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.

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### When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your Pacific Group Resorts, Inc. coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Pacific Group Resorts, Inc. is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Pacific Group Resorts, Inc. prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

## 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 Pacific Group Resorts, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Pacific Group Resorts, Inc. 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 [medicare.gov](https://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 800-MEDICARE (800-633-4227). TTY users should call 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 [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

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

**Date:** June 2, 2025  
**Name of Entity/Sender:** Pacific Group Resorts, Inc.  
**Contact-Position/Office:** Trace Hubbard  
**Address:** 1794 Olympic Parkway, Suite 250, Park City, UT 84098  
**Phone Number:** 801-518-0020



## Women's Health and Cancer Rights Act

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). 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.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: Traditional \$3,500/individual and \$7,000 family, HDHP \$3,500/individual and \$7,000 family, and HDHP \$5,500/individual and \$11,000 family, with 80/20% coinsurance. If you would like more information on WHCRA benefits, call your plan administrator 801-518-0020.

## 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 cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 801-518-0020

## HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Pacific Group Resorts, Inc. health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Pacific Group Resorts, Inc. health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Pacific

Group Resorts, Inc. health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

## Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Pacific Group Resorts, Inc. describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Trace Hubbard.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. 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](mailto:CustomerService@MyAKHIPP.com) | Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

## ARKANSAS – Medicaid

Website: <http://myarhipp.com/> | Phone: 1-855-MyARHIPP (855-692-7447)

## CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program website: <http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322 | Fax: 916-440-5676 | Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

## COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943 | State Relay 711  
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991 | State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/> | HIBI Customer Service: 1-855-692-6442

## FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

<b>GEORGIA – Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>   Phone: 678-564-1162, press 2
<b>INDIANA – Medicaid</b>
Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>   <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>   Family and Social Services Administration Phone: (800) 403-0864   Member Services Phone: (800) 457-4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>
Medicaid Website: <a href="#">Iowa Medicaid   Health &amp; Human Services</a>   Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>   Hawki Phone: 1-800-257-8563 HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a> HIPP Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>   Phone: 1-800-792-4884   HIPP Phone: 1-800-967-4660
<b>KENTUCKY – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>   Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>   Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>
<b>LOUISIANA – Medicaid</b>
Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<b>MAINE – Medicaid</b>
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003   TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 800-977-6740   TTY: Maine relay 711
<b>MASSACHUSETTS – Medicaid and CHIP</b>
Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>   Phone: 1-800-862-4840   TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
<b>MINNESOTA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>   Phone: 1-800-657-3672
<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>   Phone: 573-751-2005
<b>MONTANA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084   email: <a href="mailto:HSHSHIPPPProgram@mt.gov">HSHSHIPPPProgram@mt.gov</a>
<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633   Lincoln: 402-473-7000   Omaha: 402-595-1178
<b>NEVADA – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>   Medicaid Phone: 1-800-992-0900

<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218   Toll-free number for the HIPPA program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>   Phone: 800-356-1561 CHIP Premium Assistance Phone: 609-631-2392   CHIP Website: <a href="http://www.nifamilycare.org/index.html">http://www.nifamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)
<b>NEW YORK – Medicaid</b>
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>   Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>   Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>   Phone: 1-866-614-6005
<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>   Phone: 1-888-365-3742
<b>OREGON – Medicaid and CHIP</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>   Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a>   Phone: 1-800-692-7462 CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a>   CHIP Phone: 1-800-986-KIDS (5437)
<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>   Phone: 1-855-697-4347 or 401-462-0311 (Direct RlTe Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>   Phone: 1-888-549-0820
<b>SOUTH DAKOTA – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>   Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>
Website: <a href="#">Health Insurance Premium Payment (HIPPA) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493
<b>UTAH – Medicaid and CHIP</b>
Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>   Phone: 1-888-222-2542   Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
<b>VERMONT – Medicaid</b>
Website: <a href="#">Health Insurance Premium Payment (HIPPA) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427
<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> or <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924



<b>WASHINGTON – Medicaid</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>   Phone: 1-800-562-3022
<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700   CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>   Phone: 1-800-362-3002
<b>WYOMING – Medicaid</b>
Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>   Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, 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

# ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.02% in 2025 of your modified adjusted household income.

## The ‘No Surprises’ Rules

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

[View a sample notice and consent form](#) (PDF).

This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.



Rev. June 1, 2025

