Visit https://www.brainshark.com/wisdom/Adfinitas2021 or scan the QR code with your smartphone to view a short presentation about your benefits.
Message from our Partners:

Adfinitas Health was founded in 2007 by Douglas Mitchell, MD, MBA, and Hung Davis, MD, CMD, both board-certified internal medicine hospitalist physicians. Their strong hospitalist backgrounds enable Adfinitas Health to strategically assign lead physicians, hospitalist physicians, and advanced practice providers to each client hospital and post-acute care center based on their experience, credentials, and match to the individual needs, goals, and culture of each facility. We have developed a reputation of compassionate care delivered effectively and efficiently.

Our first hospital partner was established in 2007 with Anne Arundel Medical Center, where we began providing consultative inpatient and co-management services for medical and surgical specialists. Since then, we have grown to provide care at 15 more hospitals throughout Maryland, Pennsylvania, Ohio, Virginia, Michigan, and Massachusetts at 54 Post-Acute facilities. Adfinitas Health employs 375 providers, and we treat over 1,200 patients per day through our Partner Hospitals and Post-Acute Facilities.

Adfinitas Health is committed to the health and well-being of its employees and believes in providing a coverage option that is free to you and very low cost to your family members, which we continue to provide this year with our HSA option. While the industry trend is to increase premiums and cut back on benefits, Adfinitas Health continues to significantly cover premium costs on high-quality plans and will strive to keep this option available to you as part of our core values.

We are pleased to present you with the Adfinitas Health Benefits Guide, which outlines your various options to assist you with understanding the available coverage and selecting the benefits that best fit your needs. Benefits enrollment is important, so make sure that you don’t miss your opportunity to enroll during your eligibility period. Our annual Open Enrollment is November 25, 2020 to December 9, 2020. If you have any questions, please contact our office at 443-949-0814.

Thank you for your hard work and dedication to Adfinitas Health and our important mission.
The information in this benefit guide is intended for overview purposes only. Details on any company-sponsored plans are reflected in the applicable plan document. If there are any discrepancies between this summary guidebook and the plan document, the plan documents govern.

Questions?

Who to contact when you have questions about your benefits

Our benefits consultant, PSA Insurance & Financial Services, provides a Benefits Hotline to help with managing questions and issues with your benefits plan.

Representatives are available Monday through Friday from 8:30 a.m. to 5 p.m. ET. You can also obtain information by contacting your Human Resources Department at 443-949-0814 or by calling our benefit providers directly. Please provide your Member ID and date of birth when submitting an email and/or have that information handy when calling the Benefits Hotline.

Benefits Hotline
Toll-free phone: 1-877-716-6618
Email: benefitshotline@psafinancial.com

Important Notice about Your Prescription Drug Coverage and Medicare—see pages 18 and 19
Please read the notice and share it with any of your Medicare-eligible dependents.

Adfinitas Health continually strives to offer you a comprehensive benefits program to help you and your family live healthier lives. Selecting benefits that match your lifestyle, family needs and family obligations is a very important task. This guide will provide you with an overview of the benefits offered, as well as important resource information. Please read this guide and keep it handy throughout the year.
Eligibility and Enrollment

Employees
If you are a full-time Adfinitas Health employee, you are eligible to participate in the benefit programs on the first day of the month following the start of active employment except if hired on first of the month, then benefits are effective date of hire. You may enroll yourself and your eligible dependents.

Eligible Dependents
In addition to enrolling yourself, you may also cover your legal spouse and your dependent children up to age 26.

Want to learn more about qualified change-in-status events?
Visit [https://bit.ly/ChangeInStatus](https://bit.ly/ChangeInStatus) or scan the QR code with your smart phone or tablet to view a short presentation.

In general, you can only change your benefits coverage outside of the Open Enrollment period if you have a qualified change-in-status event. Examples of qualified change-in-status events are changes in legal marital status, number of dependents, employment status, and eligibility. You must notify HR directly within 30 days of the event in order to request a change to your benefit elections. Documentation will be required.

Carrier Resources

<table>
<thead>
<tr>
<th>Benefit/Contact</th>
<th>Phone Number</th>
<th>Website or Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Prescription</td>
<td>1-866-633-2446</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>1-800-332-0366</td>
<td><a href="http://www.ucci.com">www.ucci.com</a></td>
</tr>
<tr>
<td>United Concordia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>1-800-638-3120</td>
<td><a href="http://www.myuhcvision.com">www.myuhcvision.com</a></td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>1-866-451-3399</td>
<td><a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a></td>
</tr>
<tr>
<td>Discovery Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life and Disability Insurance</td>
<td>1-888-937-4783</td>
<td><a href="http://www.standard.com">www.standard.com</a></td>
</tr>
<tr>
<td>The Standard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>401(k) Savings Plan</td>
<td>1-800-433-1685</td>
<td><a href="mailto:admin@alerusmail.com">admin@alerusmail.com</a></td>
</tr>
<tr>
<td>Alerus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>1-888-293-6948</td>
<td><a href="http://www.workhealthlife.com/standard3">www.workhealthlife.com/standard3</a></td>
</tr>
<tr>
<td>The Standard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID Theft</td>
<td>1-800-654-7757</td>
<td><a href="http://www.legalshield.com">www.legalshield.com</a></td>
</tr>
<tr>
<td>LegalShield</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits Hotline</td>
<td>1-877-716-6618</td>
<td><a href="mailto:benefitshotline@PSAFinancial.com">benefitshotline@PSAFinancial.com</a></td>
</tr>
<tr>
<td>PSA Insurance &amp; Financial Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Want to learn more about qualified change-in-status events?
Visit [https://bit.ly/ChangeInStatus](https://bit.ly/ChangeInStatus) or scan the QR code with your smart phone or tablet to view a short presentation.

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**Benefit options to meet your needs**

**Payroll Contributions**

**Your bi-weekly cost for medical, dental, and vision coverage**

**Pre-tax Contributions**
Contributions for medical/prescription drug, dental, vision, and the retirement savings plan will be deducted from your paycheck on a pre-tax basis. This means that you do not pay federal or Social Security taxes on your contributions.

<table>
<thead>
<tr>
<th>Tier</th>
<th>MEDICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Choice HSA Plan</td>
</tr>
<tr>
<td>Employee</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$26.78</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$26.78</td>
</tr>
<tr>
<td>Family</td>
<td>$53.55</td>
</tr>
</tbody>
</table>

**Adfinitas Health pays 100% of the medical plan premium for the Choice HSA Plan for the employee only option!**

**Plus, you can enjoy tax savings by opening a Health Savings Account!**

**UnitedHealthcare Virtual Visits**

**Get access to care online, at any time**
You can connect with a doctor from your mobile device or computer 24/7 through UnitedHealthcare Virtual Visits. Doctors can diagnose and treat a wide range of non-emergency medical conditions and even write a prescription. And, the cost of a Virtual Visit is typically lower than being treated at a doctor’s office, urgent care center, or emergency room. Employees and covered dependents enrolled in one of the UnitedHealthcare medical plans are eligible for Virtual Visits. The cost for a Virtual Visit is dependent upon which UnitedHealthcare plan you choose. For the Choice Plan and Choice Plus Plan, Virtual Visits are covered at 100% with no copay. For the Choice HSA plan, Virtual Visits are covered at 100% after the deductible is met.

**Virtual Visit doctors can help you with non-emergency issues such as those listed below:**
- Bladder infection/urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat

**Telemental health**
Behavioral health virtual visits provide quick and easy access to behavioral health professionals from the comfort of your home via your mobile device, tablet or computer. You can use a behavioral health virtual visit for needs such as depression, anxiety, ADD/ADHD, addiction, mental health disorders and counseling.

Telemental Health may be a good solution—and it’s already part of your health care benefits. This service uses video-calling technology to provide real-time access to a behavioral health professional, with no travel and less wait time for appointments.

To schedule a behavioral health virtual visit:
1. Visit myuhc.com and sign in or register for an account.
2. Click Find a Doctor > Mental Health Directory > People > Provider Type > Telemental Health Providers.
3. Refine search as needed, and choose a provider with the “telemental health provider” designation.
4. Call the provider to set up a time.

**Connecting with a doctor is simple!**
Most visits take about 10-15 minutes, and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. Get started by registering at www.myuhc.com.
Medical and Prescription Drugs

The health benefits available to you represent a significant component of your compensation package, and they provide important protection for you and your family in the event of an illness or injury. Adfinitas Health offers a choice among three medical plan options through UnitedHealthcare. To find a doctor, visit www.myuhc.com.

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Choice HSA Plan</th>
<th>Choice Plan $1,000 Ded.</th>
<th>Choice Plus Plan $250 Ded.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network Only</td>
<td>In-Network Only</td>
<td>In-Network</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>YOU PAY</td>
<td>YOU PAY</td>
<td>YOU PAY</td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$3,000/$6,000</td>
<td>$1,000/$2,000*</td>
<td>$250/$500*</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Limit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$4,000/$8,000</td>
<td>$4,000/$8,000</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td>Preventive Care Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-child care, adult physical, routine GYN visits, mammograms, cancer screenings, and other age/gender appropriate ACA services</td>
<td>No charge</td>
<td>No charge</td>
<td>No charge</td>
</tr>
<tr>
<td>Office Visits, Labs, and Testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits</td>
<td>10%, after deductible</td>
<td>Primary: $30 copay</td>
<td>Primary: $20 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Specialist: $50 copay</td>
<td>Specialist: $40 copay</td>
</tr>
<tr>
<td>Lab, X-ray, and Diagnostics</td>
<td>10%, after deductible</td>
<td>10%, after deductible</td>
<td>No charge, after deductible</td>
</tr>
<tr>
<td>Major Diagnostics—CT, PET, MRI, MRA and Nuclear Medicine</td>
<td>10%, after deductible</td>
<td>10%, after deductible</td>
<td>$250, after deductible</td>
</tr>
<tr>
<td>Urgent Care and Emergency Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>10%, after deductible</td>
<td>$75 copay per visit</td>
<td>$75 copay per visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20% of AB, after deductible</td>
</tr>
<tr>
<td>Hospital Emergency Room</td>
<td>10%, after deductible</td>
<td>$150 copay per visit</td>
<td>$150 copay per visit</td>
</tr>
<tr>
<td>waived if admitted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Stay</td>
<td>10%, after deductible</td>
<td>10%, after deductible</td>
<td>$500 copay per admission</td>
</tr>
<tr>
<td>prior authorization required</td>
<td></td>
<td></td>
<td>20% of AB, after deductible</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>10%, after deductible</td>
<td>10%, after deductible</td>
<td>$250 copay per date of service</td>
</tr>
<tr>
<td>prior authorization required</td>
<td></td>
<td></td>
<td>20% of AB, after deductible</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail (up to 31-day supply)</td>
<td>Deductible applies</td>
<td>No deductible applies</td>
<td>No deductible applies</td>
</tr>
<tr>
<td>Generic</td>
<td>$10 copay</td>
<td>$10 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Preferred Brand Name</td>
<td>$30 copay</td>
<td>$35 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Non-Preferred Brand Name</td>
<td>$50 copay</td>
<td>$60 copay</td>
<td>$60 copay</td>
</tr>
<tr>
<td>Maintenance (90-day supply)</td>
<td>2.5 x retail copay</td>
<td>2.5 x retail copay</td>
<td>2.5 x retail copay</td>
</tr>
</tbody>
</table>

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

*No one person in a family will be required to meet more than the individual deductible amount before the plan begins to pay for their services.

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 information in a standard format, is available for review. The SBC is located on the enrollment website at www.ktbsonline.com, under the document library in the Resource Center or Employee Portal at www.AdfinitasHealth.com. A paper copy is also available on the Employee Portal.
UnitedHealthcare Resources

Your UnitedHealthcare medical benefits provide you with access to people, resources, and tools to help you when you aren’t feeling your best. You also have access to programs that may help you improve or maintain your health and wellness.

Access your account online at myuhc.com

Register on myuhc.com and start getting more from your benefits. myuhc.com is an online portal that provides you and your family with the tools and resources to help you manage your health care as well as a healthier lifestyle.

- Review plan details and locate an in-network provider
- Estimate costs using the Treatment Cost Estimator
- View claims status
- Build a health improvement program by completing an online health assessment
- Keep a Personal Health Record
- Get health product discounts

How to save money when you need care

Here are some things to know when you need health care from a doctor or hospital. Knowing how your plan works can prevent surprises and save you money.

Make sure doctors, hospitals, and other health care professionals are in the plan’s network.

Use the doctor search tool on myuhc.com or call Customer Care using the number on the back of your health plan ID card.

Know how much of your care is covered before you visit.

Health plans vary in their coverage of brand-name drugs, emergency care, and different types of surgery. Check your benefit plan documents to see what your plan covers and what it doesn’t cover.

Estimate and compare costs and quality for upcoming treatments.

UHC’s online tool, myHealthcare Cost Estimator, helps you understand and manage your health care costs by helping you estimate physician and facility costs for services you wish to receive. It covers the most common treatments and conditions. This helps you easily understand how your benefits apply and the estimated out-of-pocket costs you may expect. It’s available 24/7, at no additional cost, to help you increase your savings while you improve your health.

UnitedHealthcare Health4Me Mobile App

Download UnitedHealthcare’s Health4Me mobile app to your Apple® or Android™ smartphone or tablet and see how easy it is to find nearby physicians, check the status of a claim, see your account balance, or speak directly with a nurse. You can even pull up an image of your health plan ID card if it’s not in your wallet.
Health Savings Account

If you enroll in the Choice HSA Plan, you are eligible to open a Health Savings Account (HSA). An HSA can help you save money by allowing you to pay for eligible health care expenses with tax-free dollars. You can use the funds to pay for qualified health care expenses, including dental and vision expenses, for you and your tax dependents—even if they are not covered under your medical plan!

Funds you withdraw from your HSA are tax-free when used to pay for qualified health care expenses, including dental and vision expenses. The Internal Revenue Service defines qualified medical expenses within IRS Section 213(d). For more detailed information, refer to IRS Publication 502 or contact a tax professional. Note: if you elect the HSA medical plan and open a Health Savings Account, you are prohibited from contributing to a Health Care Flexible Spending Account (FSA).

How the HSA Works with your Medical Plan

An HSA combines traditional medical coverage with a tax-free savings account.

You can contribute tax-free dollars into your HSA to pay for services covered under the plan (tax-free), including expenses you must pay until you meet your annual deductible. You decide how and when to use the funds in your account—you can use the funds to pay for your health care expenses or save them for future health care costs. Whatever you do not use during the plan year earns interest and rolls over to the next year.

The IRS establishes limits that you can contribute per year which are based on whether you have the individual or family coverage under the qualifying medical plan. Please note the limits are based on a calendar year and subject to change each year based on IRS regulations. The annual contribution limits set forth by the IRS for 2021 are below:

- Individual—$3,600
- Family—$7,200

Individuals age 55 and over may make an additional “catch-up” contribution of $1,000 per year.

Using the HSA

Once the account is funded, you can access your funds at any time to pay for qualified expenses. You can pay for eligible expenses using your debit card, or you can pay out-of-pocket and then pay yourself back out of your HSA.

Your Deductible

A deductible is the amount you must pay for eligible health expenses before your medical plan pays for the covered services. Only services covered by the medical plan count toward the deductible. Refer to the Summary of Benefits for details.

Once you meet your deductible, you pay a portion of the allowed amount for certain expenses, called coinsurance, or copays for prescription medications.

Opening and Funding an HSA

UHC Optum Bank HSA

It only takes minutes to enroll in the Health Savings Account from Optum Bank. Go to https://enrollhsa.optumbank.com/hsaAppWeb/WelcomeAction.do?is_partner_post=Y&group_num=901607. Be sure to have your Social Security Number, a valid e-mail address, and your Medical ID card containing your group/employer number handy.

The online enrollment process takes approximately ten minutes to complete. Once you begin the enrollment process, you must complete it before you log off. If you log off before you complete the enrollment process, none of your information will be saved.

Once you have applied, you will hear from Optum Bank via mail within ten business days. It is possible that you will be required to submit proof of identity (social security card, driver’s license, and a copy of a utility bill). Once you have submitted any and all necessary proof, you will receive a welcome kit with information about your Optum Bank HSA and debit card(s). If you elected to receive your welcome materials electronically, you will receive an email notifying you when your welcome kit is available online.

Remember to submit authorization to deduct your HSA contribution from your paycheck to HR@adfinitashealth.com. The form can be found on the Kelly Portal or Employee Portal at www.AdfinitasHealth.com (Username: Adfinitas Work PW: Teamwork2019)
Dental

Adfinitas Health offers employee paid dental coverage to you through United Concordia. You have the freedom to select the dentist of your choice; however, when you visit a participating, in-network dentist, you will have lower out-of-pocket costs, no balance billing, and claims will be submitted by your dentist on your behalf. You have access to United Concordia’s Elite Plus Network.

Your 2021 dental plan will include a Preventive Incentive feature to help stretch your benefit dollars. With Preventive Incentive all covered diagnostic and preventive dental services do not count toward your annual plan maximum.

<table>
<thead>
<tr>
<th>UCCI Preferred PPO Dental Plan Features</th>
<th>In-Network YOU PAY</th>
<th>Out-of-Network* YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible applies to Class II and III only</td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td>Individual/Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Maximum (per person)</td>
<td>Plan Pays $1,500 per person per calendar year</td>
<td></td>
</tr>
<tr>
<td>Preventive and Diagnostic (Class I) deductible waived</td>
<td>No charge no deductible</td>
<td>20%* no deductible</td>
</tr>
<tr>
<td>Oral exams, cleanings, x-rays, sealants, space maintainers, fluoride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services (Class II)</td>
<td>20% after deductible</td>
<td>40%* after deductible</td>
</tr>
<tr>
<td>Fillings, simple extractions, periodontics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services (Class III and IV)</td>
<td>50% after deductible</td>
<td>65%* after deductible</td>
</tr>
<tr>
<td>Recementation of crowns/inlays/bridgework, dentures, implants, endodontics, oral surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia Services deductible waived</td>
<td>50% no deductible</td>
<td>65%* no deductible</td>
</tr>
<tr>
<td>All ages (adult and children)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime Orthodontic Maximum (per person)</td>
<td>Plan pays $1,500 per person per lifetime</td>
<td></td>
</tr>
</tbody>
</table>

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

*Out-of-network benefits are based off of the Maximum Allowable Charge (MAC). Out-of-network dentists may balance bill you for the difference between the MAC paid by the plan and their usual fees.

Vision

Vision coverage is employee paid through UnitedHealthcare. Using an in-network provider gives you the best benefit, but the plan also offers an out-of-network allowance. If you go out-of-network, you will be responsible for payments up front and filing your claim with UnitedHealthcare.

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>In-Network YOU PAY</th>
<th>Out-of-Network PLAN REIMBURSEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once every 12 months</td>
<td>No copay</td>
<td>Reimbursed up to $40</td>
</tr>
<tr>
<td>Frames</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once every 12 months</td>
<td>$130 retail allowance, 30% off balance</td>
<td>Reimbursed up to $45</td>
</tr>
<tr>
<td>Standard Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once every 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>No copay</td>
<td>Reimbursed up to $40</td>
</tr>
<tr>
<td>Lined Bifocal</td>
<td>No copay</td>
<td>Reimbursed up to $60</td>
</tr>
<tr>
<td>Lined Trifocal</td>
<td>No copay</td>
<td>Reimbursed up to $80</td>
</tr>
<tr>
<td>Standard Lenticular</td>
<td>No copay</td>
<td>Reimbursed up to $80</td>
</tr>
<tr>
<td>Elective Contact Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once every 12 months in lieu of glasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selection</td>
<td>Up to 4 boxes</td>
<td>Reimbursed up to $105</td>
</tr>
<tr>
<td>Non-Selection</td>
<td>$105 allowance</td>
<td>Reimbursed up to $105</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>No copay</td>
<td>Reimbursed up to $210</td>
</tr>
<tr>
<td>Laser Vision Correction</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Up to 15% off standard price or 5% off promotional price</td>
<td>No discounts available</td>
</tr>
</tbody>
</table>

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.
Flexible Spending Account

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay yourself back for eligible health care and dependent care expenses. Your FSAs are administered through Discovery Benefits. There are two types of FSAs: Health Care FSAs and Dependent Care FSAs.

Health Care FSA (NOT Compatible with HSA)

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 $2,750 annually in pre-tax dollars, which is deducted out of your pay throughout the year. Funds can be used to pay for qualified health expenses such as deductibles, medical and prescription copays, dental and vision expenses for yourself, your spouse, and your dependent children.

The Health Care FSA has a grace period of 2 1/2 months (until March 15, 2022) for you to incur claims for the 2021 plan year. You will have until May 30, 2022 to submit claims for reimbursement for the 2021 plan year, including claims incurred during the grace period. Any funds remaining in your Health Care FSA as of May 30, 2022 will be forfeited.

Dependent Care FSA (Compatible with HSA)

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 day care, before/after school care, summer day camp, and elder care. When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements.

For further information regarding your Flexible Spending Account, visit www.discoverybenefits.com.

Examples of FSA-Eligible Expenses

- Acupuncture
- Alcoholism treatment
- Bandages
- Birth control
- Chiropractors
- Contact lenses
- Contact solution
- Copays
- Crutches
- Deductibles
- And more!


If you enroll in the Health Care FSA, you are not eligible to contribute to a Health Savings Account (HSA). You can still enroll in the Dependent Care FSA, even if you do not enroll in the Health Care FSA.

Tools to manage your account on the go

Manage your FSA online at www.discoverybenefits.com.

The free Discovery Benefits app will help you manage your benefits right from your mobile device. Use it at your convenience to check account balances, upload photos of receipts, file claims, view account activity and contact customer service.

Please note that any money left in your account at the end of the plan year will have a 2 1/2 month grace period to incur expenses and until May 30, 2022 to submit for reimbursement before it is forfeited.
Life and AD&D Insurance

Life and AD&D 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.

Basic Life and AD&D

Adfinitas Health provides you with basic life insurance in the amount of $100,000—at no cost to you through The Standard. If you die as a result of an accident, your beneficiary will receive an additional $100,000. Evidence of insurability/proof of good health is not required.

The benefit reduces to 65% at age 70 and to 50% at age 75.

Supplemental Life and AD&D

You may purchase additional life and AD&D insurance coverage for yourself, your spouse, and your dependent children. The AD&D benefit amount will equal the life benefit amount.

The benefit reduces to 65% at age 70 for employee, and to 50% at employee’s age 75.

- You: increments of $10,000 up to $500,000. Evidence of insurability will be required if you elect an amount over $150,000.
- Spouse: increments of $5,000 up to 100% of your elected amount or $250,000, whichever is less. Evidence of insurability will be required if you elect an amount over $50,000.
- Children: 14 days to six months: $250; six months to age 19 (or 25 if unmarried and full-time student): $10,000. Evidence of insurability is not required.

Your cost per month for Voluntary Life and AD&D

After-tax Contributions

Contributions for voluntary life and AD&D are made after taxes. Please note that the rates shown below are monthly. If you are a smoker, you will pay more for coverage.

<table>
<thead>
<tr>
<th>Age as of 1/1/2017</th>
<th>Monthly Rate per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee &amp; Spouse Non-Smoker</td>
</tr>
<tr>
<td>Under 25</td>
<td>$0.060</td>
</tr>
<tr>
<td>25–29</td>
<td>$0.060</td>
</tr>
<tr>
<td>30–34</td>
<td>$0.080</td>
</tr>
<tr>
<td>35–39</td>
<td>$0.094</td>
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<td>40–44</td>
<td>$0.130</td>
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<tr>
<td>55–59</td>
<td>$0.516</td>
</tr>
<tr>
<td>60–64</td>
<td>$0.825</td>
</tr>
<tr>
<td>65–69</td>
<td>$1.447</td>
</tr>
<tr>
<td>70–74</td>
<td>$2.612</td>
</tr>
<tr>
<td>75+</td>
<td>$5.288</td>
</tr>
<tr>
<td></td>
<td>$2.00 for $10,000</td>
</tr>
</tbody>
</table>

Spouse rate based on age of employee.
Disability Insurance

To protect your income in case you are unable to work due to non-work related illness or injury, Adfinitas Health provides disability coverage at no cost to you through The Standard. Full-time employees are eligible for STD and LTD after six months of employment. Part-time and PRN employees are not eligible for this benefit.

Short-Term Disability (STD)

Once you have been unable to work for fourteen days due to illness or injury, the STD plan pays you a percentage of your weekly earnings for up to 76 days while you are unable to work due to a non-work-related illness or injury. The schedule of benefit amounts is below:

- Six months–2 years of service: 60% of salary up to a maximum of $1,500 per week
- 2–3 years of service: 60% of salary up to a maximum of $2,000 per week
- 3+ years of service: 60% of salary up to a maximum of $2,500 per week

Long-Term Disability (LTD)

The LTD plan provides income protection in the event of an extended illness or injury. The plan pays 60% of your monthly earnings up to a maximum benefit amount of $12,500 for employees earning over $100,000 a year and $5,000 for all other employees, for each month you are unable to work due to a disabling condition. Benefits begin after 90 days of disability and may be reduced by income you receive from other sources, such as workers' compensation, Social Security or other disability coverage. Benefits continue as long as you meet the insurance company's definition of disability until you reach age 65 or Social Security Normal Retirement Age (SSNRA).

Pre-existing condition limitations apply. Long-term disability payments are not payable for a disability caused by a pre-existing condition, which is an injury or illness for which you have consulted a doctor or received treatment during the three months prior to the effective date of coverage. A condition will no longer be considered pre-existing after you have been enrolled in the long-term disability plan for at least 12 consecutive months, or if you have been enrolled in the plan and treatment-free for six consecutive months.

Please note: employees do not accrue paid time off or time in service with Adfinitas Health during periods of extended absence, short or long-term disability.

If you need assistance with a disability claim, please contact The Standard at 1-888-937-4783 or visit www.standard.com.

ID Theft

Adfinitas Health provides employees the ability to purchase voluntary legal and/or identity theft protection through LegalShield.

LegalShield’s Identity Theft Protection service will provide a credit report, detailed evaluation, daily monitoring, identity restoration, proactive searches, and fraud alert notifications. LegalShield provides five areas of identity theft protection, including: driver's license, social security, medical, character and criminal, and financial.

<table>
<thead>
<tr>
<th>Tier</th>
<th>PER MONTH</th>
<th>PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$8.45</td>
<td>$1.95</td>
</tr>
<tr>
<td>Family</td>
<td>$15.95</td>
<td>$3.68</td>
</tr>
</tbody>
</table>

For more information call 1-800-654-7757 or visit www.legalsheild.com.
Employee Assistance Program

You don’t have to face your problems alone!

Our Employee Assistance Program (EAP) through The Standard offers you and your family members confidential and professional counselling at no cost to you. The program is completely confidential—only your EAP professional will know you have called. Staff members are highly trained, master’s level professionals, and are available 24 hours a day, seven days a week to assist with a variety of personal and professional issues, including stress, depression, addiction, parenting, financial issues, relationship issues, mental health, grief, balancing work and home, and drug/alcohol abuse. You have access to three face-to-face sessions of assessment, consulting and referral, per presenting problem, per individual, per year. Don’t delay if you need help. EAP professionals are available 24/7 at 1-888-293-6948 or visit www.workhealthlife.com/Standard3.

401(k) Retirement Savings Plan

Adfinitas Health provides employees with a retirement plan to help employees save for the future. Employees can contribute up to the IRS annual pre-tax limit. In order to be eligible to participate, you must be 21 years of age. An eligible employee who has satisfied the eligibility requirements will become a participant in the plan as of their date of hire. Employees may enroll or make changes in any payroll period. The plan allows Adfinitas Health to make a discretionary matching contribution each year. The amount and/or percentage of the company match is at the discretion of the company. In the event a match is made, the company match will be 100% vested after four years of service. Please refer to the Adfinitas Health 401(k) Retirement Plan Summary Plan Description for more detail on this benefit plan.

To make changes to your existing investments (trade or move money), call Alerus customer service at 1-800-795-2697 or visit Alerus online at www.alerusretirementsolutions.com. You will receive your user ID in the mail. If you do not have your user ID, you can enter your Social Security Number or contact our call center at 1-800-433-1685. If you did not receive your PIN in the mail, you can click “Forgot PIN?” You will be asked for your personal information, and will be able to register for your user ID and password.

Travel Assistance

The Standard includes Travel Assistance with our group insurance policies through an arrangement with Generali Global Assistance. There is no enrollment process—insured employees are automatically covered.

A single phone call helps employees and their families with emergencies that may arise while traveling, including a wide range of medical, legal, and travel-related issues. Travel Assistance can also help them with non-emergencies, such as trip planning.

Key services of Travel Assistance

- Pre-trip assistance
- Trip assistance
- Medical assistance
- Emergency transportation services
- Companion transportation services
- Personal security services
How to Enroll

With our online benefits system, selecting your benefits is fast, easy, and convenient. You will be able to view your benefits information and make decisions and changes online.

Need assistance or have questions?

Contact the PSA Benefits Hotline at 1-877-716-6618. Benefit specialists who know your benefits are standing by to assist you Monday through Friday, 8:30 a.m.–5 p.m. ET.

Benefits information can also be found online at www.ktbsonline.com.

www.ktbsonline.com

Logging in for the first time

Click on “Register” located on the bottom right-hand side of the screen. When prompted, enter your last name, date of birth (MM/DD/YYYY), social security number, and the security code located in the box. Confirm your identity and complete the registration process by creating your online profile. Once you have created a profile, you can proceed to the enrollment.

Returning Users

If you already have a login for your account, you will be asked the “Security Question” that you created when the login was initially set up. Answer the question and click “Next.” You can now update/change your username and password information and access the site.

Enroll Online Step-by-Step

Enrolling online is a three-step process.

1. **Step 1: Confirm your demographic information.** Please review your personal information and update if needed. Address changes, phone numbers, and email addresses can be updated on this screen.

2. **Step 2: Enter your dependent information.** To add a new dependent, click the “Add Dependent” link to add a spouse or child. To view or edit the dependent information once it has been entered, click the pencil toward the right of an existing dependent.

3. **Step 3: Elect your benefits.** This page will show you all of the benefits offered, including any company-paid options. Follow the on-screen instructions to enroll in each benefit. A total contribution calculation per pay will be provided at the bottom of the page once all benefits have been elected or waived. The next screen will allow you to review and update your beneficiary elections before submitting your enrollment. This is a chance to update any information that was missed or to change any benefit elections before submitting your enrollment.

Once all information has been reviewed, click “Continue” to further attest to the online enrollment process. Click “Complete Online Enrollment” to finalize your enrollment. You will be prompted to print a copy of your online enrollment election for your personal records.
Required Federal 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 for dental and vision insurance is available from the insurance carriers. A copy of the Notice of Privacy Practices for the medical and health care flexible spending account plans is available from the Human Resources Department.

**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 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.

**Availability of Notice of Privacy Practices**
Adfinitas Health maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact our office directly.
CHIP Notice

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 July 31, 2020. 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: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Fax: 916-440-5676
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+ Website: https://www.colorado.gov/pacific/hcpf/child-health-plan-plusCHP+
State Relay: 711
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.flmedicaidptrecovery.com/
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://dhss.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm
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@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)

If you or your children 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).
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Options</th>
</tr>
</thead>
</table>
| MAINE | Medicaid Website: https://www.maine.gov/dhhs/oofi/applications-forms  
Enrollment Website: https://www.maine.gov/dhhs/oofi/applications-forms  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Phone: 1-800-977-6740.  
TTY: Maine relay 711 |
| MASSACHUSETTS | Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/  
Phone: 1-800-862-4840 |
| MINNESOTA | Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programsand-services/other-insurance.jsp  
Phone: 1-800-657-3739 |
| MISSOURI | Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm  
Phone: 573-751-2005 |
| MONTANA | Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP  
Phone: 1-800-694-3084 |
| NEBRASKA | Medicaid Website: http://www.ACCESSNebraska.ne.gov  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178 |
| NEVADA | Medicaid Website: http://dhcfp.nv.gov  
Medicaid Phone: 1-800-992-0900 |
| NEW HAMPSHIRE | Medicaid Website: https://www.dhhs.nh.gov/oii/hipp.htm  
Phone: 603-271-5218  
Alternate phone: 603-271-8063 |
| NEW JERSEY | Medicaid and CHIP Website: http://www.state.nj.us/humanservices/dmays/clients/medicaid/  
Medicaid Phone: 609-631-2392  
CHIP Website: http://www.njfamilycare.org/index.html  
CHIP Phone: 1-800-701-0710 |
| NORTH CAROLINA | Medicaid Website: https://medicaid.ncdhhs.gov  
Phone: 919-855-4100 |
| NORTH DAKOTA | Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/  
Phone: 1-844-854-4825 |
| OKLAHOMA | Medicaid and CHIP Website: http://www.insureoklahoma.org  
Phone: 1-888-365-3742 |
| OREGON | Medicaid and CHIP Website: http://healthcare.oregon.gov/Pages/index.aspx  
http://www.oregonhealthcare.gov/index-es.html  
Phone: 1-800-699-9075 |
| PENNSYLVANIA | Medicaid Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx  
Phone: 1-800-692-7462 |
| RHODE ISLAND | Medicaid Website: http://www.eohhs.ri.gov/  
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line) |
| SOUTH CAROLINA | Medicaid Website: https://www.scdhhs.gov  
Phone: 1-888-549-0820 |
| SOUTH DAKOTA | Medicaid Website: http://dss.sd.gov  
Phone: 1-888-828-0059 |
| TEXAS | Medicaid Website: http://gethipptexas.com/  
Phone: 1-800-440-0493 |
| UTAH | Medicaid and CHIP Website: https://medicaid.utah.gov/  
CHIP Website: http://health.utah.gov/chip  
Phone: 1-877-543-7669 |
| VERMONT | Medicaid Website: http://www.greenmountaincare.org/  
Phone: 1-800-250-8427 |
| VIRGINIA | Medicaid and CHIP Website: https://www.coverva.org/hipp/  
Medicaid Phone: 1-800-432-5924  
CHIP Phone: 1-855-242-8282 |
| WASHINGTON | Medicaid Website: https://www.hca.wa.gov/  
Phone: 1-800-562-3022 |
| WEST VIRGINIA | Medicaid Website: http://mywvhipp.com/  
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| WISCONSIN | Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm  
Phone: 1-800-362-3002 |
| WYOMING | Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-andeligibility/  
Phone: 1-800-251-1269 |

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

**U.S. Department of Labor**
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](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
Medicare Notice

Important Notice 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 Adfinitas Health 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. Adfinitas Health has determined that the prescription drug coverage offered by Adfinitas Health 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 Adfinitas Health 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 Adfinitas Health, 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 Adfinitas Health 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 Adfinitas Health changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

Date: January 1, 2021
Sender: Adfinitas Health
Contact: Karen Walsh
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Phone Number: 410-999-1132
This communication highlights some of the benefit plans available at Adfinitas Health. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the official plan documents will always govern. Adfinitas Health reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.