

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS APPLICABLE TO YOUR COVERAGE NEEDS within 30 DAYS OF YOUR ORIGINAL DATE OF HIRE. PLEASE SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM).**

**\*SIGNING THIS PAGE NOT ENROLL YOU IN COVERAGE\***

**Offer of Coverage**

We are pleased to provide you with information about the BANKW Staffing Medical Plan. This notice describes eligibility requirements for the Medical Plan and explains our procedures for electing coverage. Please review this information carefully. The Affordable Care Act and IRS require us to make an offer of coverage to all employees who may be eligible for medical benefits. A contract employee will be eligible to participate in the Medical Plan if the employee is a common law employee of BANKW Staffing, LLC (the "Company"), and its affiliated companies, KBW Financial Staffing & Recruiting, Alexander Technology Group, The Nagler Group, Sales Search Partners and /or KNF&T (together with the Company, the Companies") and is considered to be "full-time". We determine whether a contract employee is full-time using the rules set forth in the Eligibility Policy for Contract Employees. [To view the Policy and all other plan documents please click here.](#)

At the time of hire, we will provide each contract employee, electronically, with a notice describing the coverage available under our Medical & Dental Plan, as well as enrollment instructions.

**Contract employees must notify the Company within 30 calendar days of the original date-of-hire** (whether or not the employee is employed with the Company for the entire 30-day period) **as to whether or not the contract employee will choose to enroll in or waive coverage under our Medical Plan for the Initial Measurement Period.** If the contract employee does not respond within that period, the Company will assume the contract employee has chosen to waive coverage for the Initial Measurement Period. Otherwise, your next opportunity to elect coverage will be during the Standard Stability Period, under the look-back measurement method for Ongoing Employees as outlined in the Eligibility Policy for Contract Employees, unless you have a qualifying special enrollment or status change event under applicable law.

**To elect coverage, please print, complete and return the medical plan election form(s) on the following pages with your intention to enroll, within 30 calendar days of your original date-of-hire. Please send the form(s) via email [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) or fax 1-866-313- 4798.**

If the contract employee elects coverage under our Medical Plan within the 30-calendar day period, the coverage will begin on the 90th day following the commencement of employment, so long as the employee is determined to be a **full-time** employee as of the 90th day and will continue for the duration of the Initial Measurement Period, provided the employee remains employed at the Companies. A contract employee who is not determined to be "full time" as of the 90th day following commencement of employment will not be eligible for coverage during the employee's Initial Measurement Period. Please carefully review the below policies and information carefully. In the event of any conflict between the content of this notice and the policy, the policy controls.

Once election forms are received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current medical enrollment is correct. Your online enrollment in medical plan must be completed by your eligibility date.

Additionally, the Affordable Care Act created an online marketplace to find, compare and purchasing health insurance coverage, referred to as a Health Insurance Marketplace, or Exchange. Please view the Healthcare Exchange Notice to review details. If you purchase coverage through the Marketplace, you may be eligible for a federal subsidy that lowers your monthly premiums or reduces your cost sharing. However, to receive these federal savings, you cannot be eligible for health plan coverage through the Company that is affordable and provides "minimum value." More information on the health care reform law and the Marketplaces is available at [www.healthcare.gov](http://www.healthcare.gov).

**Employee Acknowledgement: I acknowledge I have received the BANKW Staffing Offer of Coverage, policies and information about eligibility and election process described above.**

<b>Employee Signature:</b>	
<b>Printed Name:</b>	
<b>Date:</b>	

**\*SIGNING THIS DOCUMENT DOES NOT ENROLL YOU IN COVERAGE\***

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS ON THE FOLLOWING PAGES AS APPLICABLE BASED ON YOUR COVERAGE NEEDS. PLEASE AND SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM)**

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS  
APPLICABLE TO YOUR COVERAGE NEEDS. PLEASE AND SEND COMPLETED FORMS TO  
[HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM)**

**BANKW Staffing Harvard Pilgrim Health Care HMO HSA | Summary & Election Form  
Effective December 1, 2022 – November 30, 2023**

*The HMO HSA plan is only available to employees who reside inside the Harvard Pilgrim Health Care New England Service Area*

Provider Name Harvard Pilgrim Health Care of New England  
 Provider Phone Number 1-888-333-4742  
 Provider Web Address [www.harvardpilgrim.org](http://www.harvardpilgrim.org)

Plan Feature	Harvard Pilgrim Best Buy HMO HSA (3974/Rx1337)
Are Referrals Required?	Yes
Preventative Care	Covered in full
Office Visit	Deductible, then no charge
Specialist Visit	Deductible, then no charge
Plan Year Deductible	\$6,000 individual / \$12,000 family
Out-of-Pocket Maximum (includes all cost sharing)	\$6,500 individual / \$13,000 family
Inpatient/Outpatient Facility Services	Deductible, then no charge
Outpatient Speech/Physical/ Occupational Therapies	Deductible, then no charge – maximum of 60 visits combined
Lab X-ray and Ultrasound	Deductible, then no charge
High Cost Diagnostics (MRI, MRA, CTA, CT, PET, SPECT)	Deductible, then no charge
Chiropractic Coverage	Deductible, then no charge - maximum of 12 visits
Emergency Room / Urgent Care	Deductible, then no charge
*ER copay waived if admitted	Deductible, then no charge
Prescription Drug Coverage	Deductible, then \$5 / \$20 / 20% / 30%

**MEDICAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES**

Coverage Enrollment Options:	Employee	EE&Spouse	EE&Child(ren)	Family
Your Pay Rate \$14.99/hour or under	\$40.15	\$219.79	\$190.47	\$340.78
Your Pay Rate \$15.00/hour-\$18.49/hour	\$43.15	\$222.79	\$193.47	\$343.78
Your Pay Rate \$18.50/hour & above	\$53.31	\$232.94	\$203.62	\$353.93

**HPHC HMO HSA MEDICAL PLAN ELECTION FORM**

To elect coverage, please complete and return this medical plan election form with your intention to enroll within 30 calendar days of the original date-of-hire. You may send the form via email [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) or fax 1-866-313-4798. Once received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current benefit enrollment is correct. Your online enrollment in benefits must be completed by your benefit eligibility date.

**Employee Acknowledgement:**

I acknowledge that the documents describing the terms and conditions of coverage, coverage options, and costs of coverage under the BANKW Staffing, LLC Medical Plan – Harvard Pilgrim Best Buy HSA HMO (the "Medical Plan"), were provided to me electronically via email, prior to my eligibility to join the plan. I acknowledge that all relevant Medical Plan documents for contractor employees are posted on the Company's website [www.bankwstaffing.com](http://www.bankwstaffing.com) and that I may request a paper copy of any relevant plan document(s), free of charge, by contacting Human Resources at 603-637-4510. I have had the opportunity to review these documents in advance of my election, and I understand that if I have any questions about the Medical Plan, I may contact Human Resources at 603-637-4510. I understand that if I enroll in Medical Benefits, I am making a binding election concerning my benefits and authorizing payroll deductions on a pre-tax basis for the medical plans elected through my employer-sponsored Section 125 Cafeteria Plan.

Employee Signature:	
Printed Name:	
Date:	

Human Resources Department [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) | 603-637-4510

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS APPLICABLE TO YOUR COVERAGE NEEDS. PLEASE AND SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM)**

**BANKW Staffing Harvard Pilgrim Health Care PPO HSA | Summary & Election Form  
Effective December 1, 2022 – November 30, 2023**

*The PPO HSA plan is only available to employees who reside outside of the Harvard Pilgrim Health Care New England Service Area. The New England Service area includes Maine, New Hampshire, Massachusetts, Vermont, Rhode Island and Connecticut.*

Provider Name: Harvard Pilgrim Health Care of New England  
 Provider Phone Number: 1-888-333-4742  
 Provider Web Address: [www.harvardpilgrim.org](http://www.harvardpilgrim.org)

Plan Feature (In-Network)	Harvard Pilgrim Best Buy PPO HSA (3981/Rx1337)
Are Referrals Required?	No
Preventative Care	Covered in full
Office Visit	Deductible, then no charge
Specialist Visit	Deductible, then no charge
Plan Year Deductible	\$6,000 individual / \$12,000 family
Out-of-Pocket Maximum (includes all cost sharing)	\$6,500 individual / \$13,000 family
Inpatient/Outpatient Facility Services	Deductible, then no charge
Outpatient Speech/Physical/ Occupational Therapies	Deductible, then no charge – maximum of 60 visits combined
Lab X-ray and Ultrasound	Deductible, then no charge
High Cost Diagnostics (MRI,MRA,CTA,CT,PET,SPECT)	Deductible, then no charge
Chiropractic Coverage	Deductible, then no charge - maximum of 12 visits
Emergency Room / Urgent Care	Deductible, then no charge
*ER copay waived if admitted	Deductible, then no charge
Prescription Drug Coverage	Deductible, then \$5 / \$20 / 20% / 30%

MEDICAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES				
Coverage Enrollment Options:	Employee	EE&Spouse	EE&Child(ren)	Family
Your Pay Rate \$14.99/hour or under	\$40.15	\$234.41	\$202.70	\$365.24
Your Pay Rate \$15.00/hour-18.49/hour	\$43.15	\$237.41	\$205.70	\$368.24
Your Pay Rate \$18.50/hour & above	\$53.31	\$247.56	\$215.85	\$378.39

**HPHC PPO HSA MEDICAL PLAN ELECTION FORM**

To elect coverage, please complete and return this medical plan election form with your intention to enroll within 30 calendar days of the original date-of-hire. You may send the form via email [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) or fax 1-866-313- 4798. Once received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current benefit enrollment is correct. Your online enrollment in benefits must be completed by your benefit eligibility date.

Human Resources Department [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) | 603-637-4510

**Employee Acknowledgement:**

I acknowledge that the documents describing the terms and conditions of coverage, coverage options, and costs of coverage under the BANKW Staffing, LLC Medical Plan – Harvard Pilgrim Best Buy HSA PPO (the "Medical Plan"), were provided to me electronically via email, prior to my eligibility to join the plan. I acknowledge that all relevant Medical Plan documents for contractor employees are posted on the Company's website [www.bankwstaffing.com](http://www.bankwstaffing.com) and that I may request a paper copy of any relevant plan document(s), free of charge, by contacting Human Resources at 603-637-4510. I have had the opportunity to review these documents in advance of my election, and I understand that if I have any questions about the Medical Plan, I may contact Human Resources at 603-637-4510. I understand that if I enroll in Medical Benefits, I am making a binding election concerning my benefits and authorizing payroll deductions on a pre-tax basis for the medical plans elected through my employer-sponsored Section 125 Cafeteria Plan.

Employee Signature:	
Printed Name:	
Date:	

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS APPLICABLE TO YOUR COVERAGE NEEDS.**

**PLEASE AND SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM)**

**BANKW Staffing Northeast Delta Dental | Summary & Election Form**

Effective December 1, 2022 – November 30, 2023

**Dental Summary Guide & Election Form**

Provider Name

Northeast Delta Dental

Provider Phone Number

800-832-5700

Provider Web Address

[www.nedelta.com/Home](http://www.nedelta.com/Home)

**DENTAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES**

<u>Coverage Enrollment Options:</u>	<u>Employee</u>	<u>EE&amp;Spouse</u>	<u>EE+ Child</u>	<u>EE&amp;Child(ren)</u>	<u>Family</u>
Rates	\$12.99	\$23.79	\$23.79	\$41.39	\$41.39

**Dental Type of Service**

**PPO plus Premier**

Plans Pay	In & Out of Network
Diagnostic & Preventive Services	100% (no waiting period)
Basic Services	80% (no waiting period)
Major Services	50% (6 month waiting period)
Orthodontics (Child & Adult) \$1,500 per member lifetime maximum	50% (6 month waiting period)
One-time Deductible	\$100 per person / \$300 per family
Calendar Year Maximum	\$2,000 per person
Carryover	Yes
Carryover Threshold	\$500
Carryover Amount	\$250
Double-Up Max Limit	\$2000

If this Northeast Delta Dental plan is replacing an existing group dental plan that covers the services to which the waiting periods apply, the waiting periods will be waived for enrollees whose effective date of coverage coincides with the original effective date of this plan.

**DENTAL PLAN ELECTION FORM**

To elect coverage, please complete and return this dental plan election form with your intention to enroll within 30 calendar days of the original date-of-hire. You may send the form via email [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) or fax 1-866-313-4798. Once received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current benefit enrollment is correct. Your online enrollment in benefits must be completed by your benefit eligibility date.

**Employee Acknowledgement:**

I acknowledge that the documents describing the terms and conditions of coverage, coverage options, and costs of coverage under the BANKW Staffing, LLC Dental Plan, were provided to me electronically via email, prior to my eligibility to join the plan. I acknowledge that all relevant Dental Plan documents for contractor employees are posted on the Company's website [www.bankwstaffing.com](http://www.bankwstaffing.com) and that I may request a paper copy of any relevant plan document(s), free of charge, by contacting Human Resources at 603-637-4510. I have had the opportunity to review these documents in advance of my election, and I understand that if I have any questions about the Medical Plan, I may contact Human Resources at 603-637-4510. I understand that if I enroll in Medical Benefits, I am making a binding election concerning my benefits and authorizing payroll deductions on a pre-tax basis for the medical plans elected through my employer-sponsored Section 125 Cafeteria Plan.

Employee Signature:	
Printed Name:	
Date:	

Human Resources Department [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) | 603-637-4510



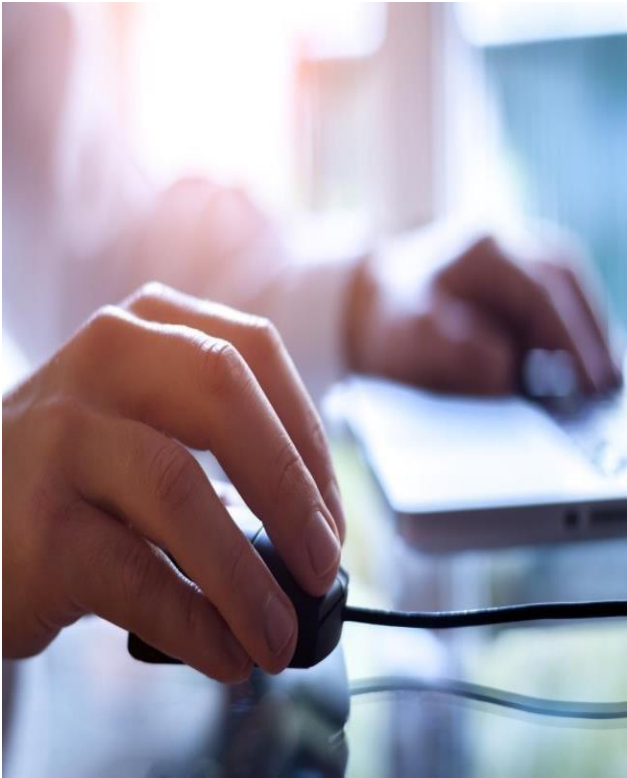
# Benefits Enrollment Guide For Contract Employees



**BANKW Staffing For  
Plan Year  
December 1, 2022 to  
November 30, 2023**

## WHAT'S INSIDE THIS GUIDE?

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As a contract employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare your options.

The information provided in this Guide is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added, or terminated at any time, at BANKW Staffing's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal or tax advice or legal or tax opinion on any specific facts or circumstances. Readers and participants are urged to consult their legal counsel and tax advisor concerning any legal or tax questions that may arise. Any tax advice contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U. S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter.

# WELCOME

Welcome to BANKW Staffing! As an active full-time contract employee, you are eligible to participate in our competitive benefits program. This summary of benefits is provided to give you a general overview of the benefit choices you have as a contract employee. Employee benefit plans and policies may be changed at the sole discretion of the company at any time. Please be sure to review this information carefully.

Contract employees must notify the Company within 30 calendar days of the original date-of-hire (whether or not the employee is employed with the Company for the entire 30-day period) as to whether or not the contract employee will choose to enroll in or waive coverage under our Medical Plan for the Initial Measurement Period. If the contract employee does not respond within that period, the Company will assume the contract employee has chosen to waive coverage for the Initial Measurement Period. Otherwise, your next opportunity to elect coverage will be during the Standard Stability Period, under the look-back measurement method for Ongoing Employees as outlined in the Eligibility Policy for Contract Employees, unless you have a qualifying special enrollment or status change event under applicable law.

If you elect coverage in the first 30 calendar days of the original date-of-hire, your coverage will take effect on the 90<sup>th</sup> day following your date of hire. Once you have elected your benefits, they will be in effect for the plan period. The only time you may change your benefits during the plan year is in the event of a qualifying life event. Changes to your benefits due to a qualifying life event must be processed within 30 days of the event- for additional details on qualifying events, please see Page 4. Please notify Human Resources if you would like to request a change. Otherwise, those who wish to change their benefits, but have not had a qualifying event, may do so during our annual open enrollment period. Our plan year currently runs December 1<sup>st</sup> – November 30<sup>th</sup>.

To elect coverage, you must complete and return the medical plan election form(s) found on Pages 11-14 with your intention to enroll, within 30 calendar days of your original date-of-hire. Please send the form(s) via email [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) or fax 1-866-313- 4798.



*Please note, the contents of this Benefits Summary Guide are presented for illustrative purposes only, and is based on information on certificates and policies. BANKW Staffing has created this Summary in an effort to assist employees in a general overview of company benefits. We have been careful to describe benefits accurately; however, discrepancies or errors are possible. We encourage employees to read actual plan documents when researching information. If there is a discrepancy found, the actual plan documents will prevail. If you have any questions, please contact Human Resources.*

# Qualifying Events

The decisions you make regarding your benefits deserves your careful consideration. Your choices will be in effect for the plan year. You will be able to make changes during the plan year only in the event of an IRS qualified family status change. Be sure to review the plan's covered and non-covered services and any restrictions on your choice of providers.

Benefits are elected on an annual basis and can only be changed during Open Enrollment. However, certain life events qualify you for changes to your benefits during the year. All benefit changes require two conditions to be met before they can be approved. All changes must be requested and appropriate documented proof must be provided within 30 days of the event. If both conditions are not met within the 30 days, the life event will not be approved and the next opportunity to make changes will be at Open Enrollment.

LIFE EVENT	CHANGES ALLOWED	ACCEPTED DOCUMENTATION
<b>Birth</b>	Add New Child	Birth Certificate, Vanity Birth Certificate (feet print), crib card, hospital discharge papers, letter from Doctor or midwife
<b>Adoption</b>	Add New Child	Final Adoption Papers, or placement for adoption papers
<b>Marriage</b>	Add Spouse	Marriage Certificate
<b>Divorce, Annulment or Legal Separation</b>	Drop Ex-Spouse	Divorce Decree or Court Order
<b>Death</b>	Drop deceased dependent	Death Certificate or Letter from officiate
<b>Gain Coverage Elsewhere</b>	Drop coverage for yourself and any dependents also gaining other coverage	Letter from new carrier or enrollment documentation for each person
<b>Loss of Coverage Elsewhere</b>	Add coverage under the Plans for yourself and any dependents that have also lost coverage	Creditable Coverage Certificate, Letter from Prior Carrier, or Letter from Sponsor of prior plan (employer) for each person



# EMPLOYEE CONTRIBUTIONS

Effective December 1, 2022 – November 30, 2023

For your reference we have listed your employee contributions per pay period below:

Medical - HSA HMO Plan	Employee Weekly
<b>Contract Employee Pay Rate \$14.99 &amp; under</b>	
Employee	\$40.15
EE & Child(ren)	\$219.79
EE & Spouse	\$190.47
Family	\$340.78
<b>Contract Employee Pay Rate \$15.00 to \$18.49</b>	
Employee	\$43.15
EE & Child(ren)	\$222.79
EE & Spouse	\$193.47
Family	\$343.78
<b>Contract Employee Pay Rate \$18.50 and over</b>	
Employee	\$53.31
EE & Child(ren)	\$232.94
EE & Spouse	\$203.62
Family	\$353.93
Medical - HSA PPO Plan	Employee Weekly
<b>Contract Employee Pay Rate \$14.99 &amp; under</b>	
Employee	\$40.15
EE & Child(ren)	\$234.41
EE & Spouse	\$202.70
Family	\$365.24
<b>Contract Employee Pay Rate \$15.00 to \$18.49</b>	
Employee	\$43.15
EE & Child(ren)	\$237.41
EE & Spouse	\$205.70
Family	\$368.24
<b>Contract Employee Pay Rate \$18.50 and over</b>	
Employee	\$53.31
EE & Child(ren)	\$247.56
EE & Spouse	\$215.85
Family	\$378.39
Dental	Employee Weekly
Employee	\$12.99
Employee + One	\$23.79
Family	\$41.39

*For domestic partners that do not qualify as dependents under Section 152 of the Internal Revenue Code, premium associated with domestic partner coverage will be paid by the employee with after-tax dollars and the fair market value of any employer contributions made on behalf of your domestic partner will be imputed as income to the employee.*

*Unless otherwise requested, premiums will automatically be deducted on a pre-tax basis.*



# MEDICAL BENEFITS

Everyone has different medical benefit needs. BANKW Staffing offers medical benefits through Harvard Pilgrim Health Care. Coverage for this benefit will begin on the 90<sup>th</sup> day following date of employment for full-time employees.

## Harvard Pilgrim Health Care Best Buy HSA HMO Plan

HMO: Everyone must choose a primary care physician (PCP) to deliver or refer your care. Choose a PCP from within the Harvard Pilgrim Health Care Plan Network. There is no coverage for health care services delivered by health care providers outside the network.

Benefits Design	In Network
Plan Year Deductible (Single / Family)	\$6,000/\$12,000
Out-of-Pocket Maximum	\$6,500/\$13,000
Office Visit (Primary Care / Specialist)	100% covered after deductible
Preventive Care	100% covered
Inpatient Care	100% covered after deductible
Outpatient Care/Surgery	100% covered after deductible
Diagnostic x-rays, lab tests	100% covered after deductible
Imaging (CT/PET scans, MRI's)	100% covered after deductible
Chiropractic Services (12 visits per calendar year)	100% covered after deductible
Urgent Care	100% covered after deductible
Emergency Room	100% covered after deductible
Rx - Retail Supply (Generic / Preferred / Non-Preferred)	\$5/\$20/20%/30% (30 day)
Rx - Mail-Order Supply (Generic / Preferred / Non-Preferred)	\$10/\$40/20%/30% (90 day)
Rx - Specialty Supply (30 Days)	All Drugs covered in tiers 1 - 4
Rx - Specialty Supply (90 Days)	N/A



# MEDICAL BENEFITS (CONTINUED)

Everyone has different medical benefit needs. BANKW Staffing offers medical benefits through Harvard Pilgrim Health Care. Coverage for this benefit will begin on the 90<sup>th</sup> day following date of employment for full-time employees.

## Harvard Pilgrim Health Care Best Buy HSA PPO Plan

***The PPO HSA plan is only available to employees who reside outside of the Harvard Pilgrim Health Care New England Service Area. The New England Service area includes Maine, New Hampshire, Massachusetts, Vermont, Rhode Island and Connecticut.***

PPO: In order to receive the highest benefit level and reduce your potential out-of-pocket expenses, please be sure to use an in-network provider whenever possible. If you choose to use an out-of-network provider, you may be responsible for balance billing.

Benefits Design	In Network	Out of Network
Plan Year Deductible (Single / Family)	\$6,000/\$12,000	\$6,250/\$12,500
Out-of-Pocket Maximum	\$6,500/\$13,000	\$10,000/\$20,000
Office Visit (Primary Care / Specialist)	100% covered after deductible	80% covered after deductible
Preventive Care	100% covered	80% covered after deductible
Inpatient Care	100% covered after deductible	80% covered after deductible
Outpatient Care/Surgery	100% covered after deductible	80% covered after deductible
Diagnostic x-rays, lab tests	100% covered after deductible	80% covered after deductible
Imaging (CT/PET scans, MRI's)	100% covered after deductible	80% covered after deductible
Chiropractic Services (12 visits per calendar year)	100% covered after deductible	80% covered after deductible
Urgent Care	100% covered after deductible	80% covered after deductible
Emergency Room	100% covered after deductible	
Rx - Retail Supply (Generic / Preferred / Non-Preferred)	\$5/\$20/20%/30% (30 day)	N/A
Rx - Mail-Order Supply (Generic / Preferred / Non-Preferred)	\$10/\$40/20%/30% (90 day)	N/A
Rx - Specialty Supply (30 Days)	All Drugs covered in tiers 1 - 4	N/A
Rx - Specialty Supply (90 Days)	N/A	

# MAXIMIZING YOUR COVERAGE WHILE SPENDING LESS OUT OF POCKET

Here are a few key points to help you get the most value out of your health plan:

Minimize your out-of-pocket expenses

**There are many options of places to receive care when you are not feeling well and cannot get to your PCP. Each option has a co-pay which is based on the type of venue you receive the care from. Below is information on the different places you can receive care when you cannot see your PCP:**

Use the Emergency Room ONLY for emergencies

**Emergency Room:** Emergency Rooms are open 24 hours a day for potentially life-threatening emergencies. The plan will cover emergency care no matter where you are, even out of your network area. Once your condition is stable, you will generally be moved to an in-network provider for follow-up care. The copay for an Emergency Room visit is higher than the co-pay for an Office Visit or Urgent or Convenience Care Center visit.

**Urgent Care Centers:** Urgent Care Centers are intended to provide treatment for less serious conditions after regular office hours or when your Primary Care Physician is not available. Urgent care centers may be attached to a hospital, or may be separate facilities. They are not equipped to deal with life-threatening conditions. The copay for an Urgent Care visit is lower than the co-pay for an ER visit.

**Convenience Care/Walk-In Clinics:** Convenience Care Clinics treat most minor medical by a nurse practitioner or physician's assistant. Patients are seen without appointment for low-level aches and pains such as stomachache, cold/flu symptoms, and fevers. The copay to a Convenience Care/Walk-In Clinic is the same as the copay to an Urgent Care Center.

**Telehealth:** Telehealth providers can treat illnesses and injuries, chronic conditions, general health and wellness issues as well as behavioral health issues. Services are provided via a mobile phone or computer via skype. The copay for telehealth services is the same as a visit to your PCP.



# DENTAL BENEFITS

Regular dental care is essential to good health. BANKW Staffing provides you with an opportunity to purchase Dental coverage with Northeast Delta Dental. You are eligible for this benefit the first of the month following 60 days of employment.

## SUMMARY OF DENTAL BENEFITS

### In-network vs. out-of-network

The BANKW Staffing’s Dental Plan is designed to provide the dental coverage you need with the features you want. Take advantage of what this plan has to offer without compromising what matters most - including the freedom to visit the dentist of your choice, in- or out-of-network.



### Be prepared and plan ahead

For the best savings, use a Northeast Delta Dental participating dentist or specialist. You can find a dentist by visiting the Northeast Delta Dental website, [www.nedelta.com](http://www.nedelta.com). You can also call Northeast Delta Dental at 603-233-1000 or toll-free at 800-832-5700. Just show your dental plan card when you visit the dentist. If you choose a dentist who does not participate in our dental plan, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist’s fee and the plan’s payment for the approved service.

Before you get any major dental work, you should talk to your dentist about getting a pre-treatment estimate. That’s when your dentist sends the plan for your care to Northeast Delta Dental. For most procedures, you and your dentist will receive the estimate – online or by fax – during your visit. The statement shows amounts for what your plan covers. Then you and your dentist can talk about your care and costs before your treatment. It’s a great way to be prepared and plan ahead.

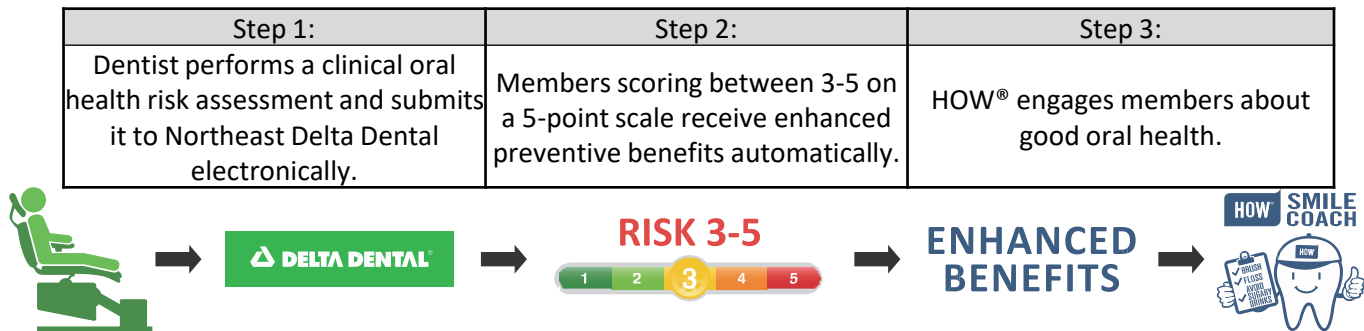
Delta Dental PPO Plus Premier		
	In Network	Out of Network
Calendar Year Deductible	\$100/\$300 (Basic & Major Services)	
Calendar Year Maximum:	\$2,000	
Rollover Max	Included	
Payment Rate for:		
Diagnostic & Preventive	100%	100%
Basic Services	80%	80%
Major Services*	50%	50%
Orthodontia (Child & Adult)*	50%	
Orthodontia Lifetime Maximum	\$1,500	
Services		
Cleanings	Preventive	
Fillings	Basic	
Root Canals	Basic	
Crowns	Major	

**\*There is a six month waiting period for Major and Orthodontia services unless moving from one Northeast Delta Dental plan to this Northeast Delta Dental plan with no more than one month gap in coverage.**

Extra Benefits—at No Extra Charge—for Those Who Need Them

All of Northeast Delta Dental’s group plans include our industry-leading Health *through* Oral Wellness® (HOW®) program at no additional charge. Based on the concept of patient-centered oral health, HOW® provides additional preventive benefits to members who are at risk for oral disease, thereby helping them achieve better oral and overall health.

At-risk members are identified through the use of a clinical risk assessment tool that we have provided to dentists at no charge. Eligible members who receive a score of 3 to 5 on a 5-point scale automatically receive additional benefits based on their oral health condition. HOW® is simple and free and it works like this:



### Summary of Enhanced Benefits

Oral Health Condition	Benefits	Frequency
Caries (Tooth Decay)	Caries Susceptibility Test Child or Adult Cleaning Fluoride Varnish or Topical Fluoride Nutritional Counseling or Oral Hygiene Instruction Sealants	Once per 12 months Combination up to 4 per 12 months Combination up to 4 per 12 months Once per 12 months <sup>1</sup> Once per 12 months <sup>1</sup> Once per 3 years <sup>2</sup>
Periodontal (Gum) Disease	Adult Cleaning Nutritional Counseling or Tobacco Cessation Counseling or Oral Hygiene Instruction Full Mouth Debridement Periodontal Maintenance	Up to 4 per 12 months <sup>3</sup> Once per 12 months <sup>4</sup> Once per 12 months <sup>4</sup> Once per 12 months <sup>4</sup> Once in a lifetime <sup>3</sup> Up to 4 per 12 months <sup>3</sup>

Members can register for HOW® at [www.HealthThroughOralWellness.com](http://www.HealthThroughOralWellness.com) to receive information about the oral health topics of their choosing. Enhanced benefits are subject to change and are subject to standard policy provisions, including, but not limited to, coinsurance percentages, copayments, and plan maximums. As with all benefits, eligibility confirmation should be obtained via Northeast Delta Dental’s Benefit Lookup site at [www.nedelta.com](http://www.nedelta.com) or from customer service at 1-800-832-5700.

<sup>1</sup> Either one nutritional counseling or one oral hygiene instruction is covered in a 12-month period.  
<sup>2</sup> Sealants are a covered benefit based on caries risk assessment for unrestored primary molars and for unrestored permanent premolars, and molars—one sealant per tooth every three years.  
<sup>3</sup> Combination of prophylaxis, periodontal maintenance, or full mouth debridement (once in a lifetime benefit) not to exceed four in a 12-month period.  
<sup>4</sup> Either one nutritional counseling, or one oral hygiene instruction, or one tobacco cessation counseling is covered in a 12-month period.

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS APPLICABLE TO YOUR COVERAGE NEEDS within 30 DAYS OF YOUR ORIGINAL DATE OF HIRE. PLEASE SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM).**

**\*SIGNING THIS PAGE NOT ENROLL YOU IN COVERAGE\***

**Offer of Coverage**

We are pleased to provide you with information about the BANKW Staffing Medical Plan. This notice describes eligibility requirements for the Medical Plan and explains our procedures for electing coverage. Please review this information carefully. The Affordable Care Act and IRS require us to make an offer of coverage to all employees who may be eligible for medical benefits. A contract employee will be eligible to participate in the Medical Plan if the employee is a common law employee of BANKW Staffing, LLC (the "Company"), and its affiliated companies, KBW Financial Staffing & Recruiting, Alexander Technology Group, The Nagler Group, Sales Search Partners and /or KNF&T (together with the Company, the Companies") and is considered to be "full-time". We determine whether a contract employee is full-time using the rules set forth in the Eligibility Policy for Contract Employees. [To view the Policy and all other plan documents please click here.](#)

At the time of hire, we will provide each contract employee, electronically, with a notice describing the coverage available under our Medical & Dental Plan, as well as enrollment instructions.

**Contract employees must notify the Company within 30 calendar days of the original date-of-hire** (whether or not the employee is employed with the Company for the entire 30-day period) **as to whether or not the contract employee will choose to enroll in or waive coverage under our Medical Plan for the Initial Measurement Period.** If the contract employee does not respond within that period, the Company will assume the contract employee has chosen to waive coverage for the Initial Measurement Period. Otherwise, your next opportunity to elect coverage will be during the Standard Stability Period, under the look-back measurement method for Ongoing Employees as outlined in the Eligibility Policy for Contract Employees, unless you have a qualifying special enrollment or status change event under applicable law.

**To elect coverage, please print, complete and return the medical plan election form(s) on the following pages with your intention to enroll, within 30 calendar days of your original date-of-hire. Please send the form(s) via email [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) or fax 1-866-313- 4798.**

If the contract employee elects coverage under our Medical Plan within the 30-calendar day period, the coverage will begin on the 90th day following the commencement of employment, so long as the employee is determined to be a **full-time** employee as of the 90th day and will continue for the duration of the Initial Measurement Period, provided the employee remains employed at the Companies. A contract employee who is not determined to be "full time" as of the 90th day following commencement of employment will not be eligible for coverage during the employee's Initial Measurement Period. Please carefully review the below policies and information carefully. In the event of any conflict between the content of this notice and the policy, the policy controls.

Once election forms are received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current medical enrollment is correct. Your online enrollment in medical plan must be completed by your eligibility date.

Additionally, the Affordable Care Act created an online marketplace to find, compare and purchasing health insurance coverage, referred to as a Health Insurance Marketplace, or Exchange. Please view the Healthcare Exchange Notice to review details. If you purchase coverage through the Marketplace, you may be eligible for a federal subsidy that lowers your monthly premiums or reduces your cost sharing. However, to receive these federal savings, you cannot be eligible for health plan coverage through the Company that is affordable and provides "minimum value." More information on the health care reform law and the Marketplaces is available at [www.healthcare.gov](http://www.healthcare.gov).

**Employee Acknowledgement: I acknowledge I have received the BANKW Staffing Offer of Coverage, policies and information about eligibility and election process described above.**

<b>Employee Signature:</b>	
<b>Printed Name:</b>	
<b>Date:</b>	

**\*SIGNING THIS DOCUMENT DOES NOT ENROLL YOU IN COVERAGE\***

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS ON THE FOLLOWING PAGES AS APPLICABLE BASED ON YOUR COVERAGE NEEDS. PLEASE AND SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM)**

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS APPLICABLE TO YOUR COVERAGE NEEDS. PLEASE AND SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM)**

**BANKW Staffing Harvard Pilgrim Health Care HMO HSA | Summary & Election Form  
Effective December 1, 2022 – November 30, 2023**

*The HMO HSA plan is only available to employees who reside inside the Harvard Pilgrim Health Care New England Service Area*

Provider Name                      Harvard Pilgrim Health Care of New England  
 Provider Phone Number        1-888-333-4742  
 Provider Web Address         [www.harvardpilgrim.org](http://www.harvardpilgrim.org)

Plan Feature	Harvard Pilgrim Best Buy HMO HSA (3974/Rx1337)
Are Referrals Required?	Yes
Preventative Care	Covered in full
Office Visit	Deductible, then no charge
Specialist Visit	Deductible, then no charge
Plan Year Deductible	\$6,000 individual / \$12,000 family
Out-of-Pocket Maximum (includes all cost sharing)	\$6,500 individual / \$13,000 family
Inpatient/Outpatient Facility Services	Deductible, then no charge
Outpatient Speech/Physical/ Occupational Therapies	Deductible, then no charge – maximum of 60 visits combined
Lab X-ray and Ultrasound	Deductible, then no charge
High Cost Diagnostics (MRI,MRA,CTA,CT,PET,SPECT)	Deductible, then no charge
Chiropractic Coverage	Deductible, then no charge - maximum of 12 visits
Emergency Room / Urgent Care	Deductible, then no charge
*ER copay waived if admitted	Deductible, then no charge
Prescription Drug Coverage	Deductible, then \$5 / \$20 / 20% / 30%

**MEDICAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES**

Coverage Enrollment Options:	Employee	EE&Spouse	EE&Child(ren)	Family
Your Pay Rate \$14.99/hour or under	\$40.15	\$219.79	\$190.47	\$340.78
Your Pay Rate \$15.00/hour-\$18.49/hour	\$43.15	\$222.79	\$193.47	\$343.78
Your Pay Rate \$18.50/hour & above	\$53.31	\$232.94	\$203.62	\$353.93

**HPHC HMO HSA MEDICAL PLAN ELECTION FORM**

To elect coverage, please complete and return this medical plan election form with your intention to enroll within 30 calendar days of the original date-of-hire. You may send the form via email [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) or fax 1-866-313-4798. Once received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current benefit enrollment is correct. Your online enrollment in benefits must be completed by your benefit eligibility date.

**Employee Acknowledgement:**

I acknowledge that the documents describing the terms and conditions of coverage, coverage options, and costs of coverage under the BANKW Staffing, LLC Medical Plan – Harvard Pilgrim Best Buy HSA HMO (the "Medical Plan"), were provided to me electronically via email, prior to my eligibility to join the plan. I acknowledge that all relevant Medical Plan documents for contractor employees are posted on the Company's website [www.bankwstaffing.com](http://www.bankwstaffing.com) and that I may request a paper copy of any relevant plan document(s), free of charge, by contacting Human Resources at 603-637-4510. I have had the opportunity to review these documents in advance of my election, and I understand that if I have any questions about the Medical Plan, I may contact Human Resources at 603-637-4510. I understand that if I enroll in Medical Benefits, I am making a binding election concerning my benefits and authorizing payroll deductions on a pre-tax basis for the medical plans elected through my employer-sponsored Section 125 Cafeteria Plan.

Employee Signature:	
Printed Name:	
Date:	

Human Resources Department [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) | 603-637-4510



**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS APPLICABLE TO YOUR COVERAGE NEEDS. PLEASE AND SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM)**

**BANKW Staffing Harvard Pilgrim Health Care PPO HSA | Summary & Election Form  
Effective December 1, 2022 – November 30, 2023**

*The PPO HSA plan is only available to employees who reside outside of the Harvard Pilgrim Health Care New England Service Area. The New England Service area includes Maine, New Hampshire, Massachusetts, Vermont, Rhode Island and Connecticut.*

Provider Name: Harvard Pilgrim Health Care of New England  
 Provider Phone Number: 1-888-333-4742  
 Provider Web Address: [www.harvardpilgrim.org](http://www.harvardpilgrim.org)

Plan Feature (In-Network)	Harvard Pilgrim Best Buy PPO HSA (3981/Rx1337)
Are Referrals Required?	No
Preventative Care	Covered in full
Office Visit	Deductible, then no charge
Specialist Visit	Deductible, then no charge
Plan Year Deductible	\$6,000 individual / \$12,000 family
Out-of-Pocket Maximum (includes all cost sharing)	\$6,500 individual / \$13,000 family
Inpatient/Outpatient Facility Services	Deductible, then no charge
Outpatient Speech/Physical/ Occupational Therapies	Deductible, then no charge – maximum of 60 visits combined
Lab X-ray and Ultrasound	Deductible, then no charge
High Cost Diagnostics (MRI,MRA,CTA,CT,PET,SPECT)	Deductible, then no charge
Chiropractic Coverage	Deductible, then no charge - maximum of 12 visits
Emergency Room / Urgent Care	Deductible, then no charge
*ER copay waived if admitted	Deductible, then no charge
Prescription Drug Coverage	Deductible, then \$5 / \$20 / 20% / 30%

MEDICAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES				
Coverage Enrollment Options:	Employee	EE&Spouse	EE&Child(ren)	Family
Your Pay Rate \$14.99/hour or under	\$40.15	\$234.41	\$202.70	\$365.24
Your Pay Rate \$15.00/hour-18.49/hour	\$43.15	\$237.41	\$205.70	\$368.24
Your Pay Rate \$18.50/hour & above	\$53.31	\$247.56	\$215.85	\$378.39

**HPHC PPO HSA MEDICAL PLAN ELECTION FORM**

To elect coverage, please complete and return this medical plan election form with your intention to enroll within 30 calendar days of the original date-of-hire. You may send the form via email [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) or fax 1-866-313- 4798. Once received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current benefit enrollment is correct. Your online enrollment in benefits must be completed by your benefit eligibility date.

Human Resources Department [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) | 603-637-4510

**Employee Acknowledgement:**

I acknowledge that the documents describing the terms and conditions of coverage, coverage options, and costs of coverage under the BANKW Staffing, LLC Medical Plan – Harvard Pilgrim Best Buy HSA PPO (the "Medical Plan"), were provided to me electronically via email, prior to my eligibility to join the plan. I acknowledge that all relevant Medical Plan documents for contractor employees are posted on the Company's website [www.bankwstaffing.com](http://www.bankwstaffing.com) and that I may request a paper copy of any relevant plan document(s), free of charge, by contacting Human Resources at 603-637-4510. I have had the opportunity to review these documents in advance of my election, and I understand that if I have any questions about the Medical Plan, I may contact Human Resources at 603-637-4510. I understand that if I enroll in Medical Benefits, I am making a binding election concerning my benefits and authorizing payroll deductions on a pre-tax basis for the medical plans elected through my employer-sponsored Section 125 Cafeteria Plan.

Employee Signature:	
Printed Name:	
Date:	

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS APPLICABLE TO YOUR COVERAGE NEEDS.**

**PLEASE AND SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM)**

**BANKW Staffing Northeast Delta Dental | Summary & Election Form**

Effective December 1, 2022 – November 30, 2023

**Dental Summary Guide & Election Form**

Provider Name

Northeast Delta Dental

Provider Phone Number

800-832-5700

Provider Web Address

[www.nedelta.com/Home](http://www.nedelta.com/Home)

**DENTAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES**

<u>Coverage Enrollment Options:</u>	<u>Employee</u>	<u>EE&amp;Spouse</u>	<u>EE+ Child</u>	<u>EE&amp;Child(ren)</u>	<u>Family</u>
Rates	\$12.99	\$23.79	\$23.79	\$41.39	\$41.39

Dental Type of Service	PPO plus Premier
Plans Pay	In & Out of Network
Diagnostic & Preventive Services	100% (no waiting period)
Basic Services	80% (no waiting period)
Major Services	50% (6 month waiting period)
Orthodontics (Child & Adult) \$1,500 per member lifetime maximum	50% (6 month waiting period)
One-time Deductible	\$100 per person / \$300 per family
Calendar Year Maximum	\$2,000 per person
Carryover	Yes
Carryover Threshold	\$500
Carryover Amount	\$250
Double-Up Max Limit	\$2000

If this Northeast Delta Dental plan is replacing an existing group dental plan that covers the services to which the waiting periods apply, the waiting periods will be waived for enrollees whose effective date of coverage coincides with the original effective date of this plan.

**DENTAL PLAN ELECTION FORM**

To elect coverage, please complete and return this dental plan election form with your intention to enroll within 30 calendar days of the original date-of-hire. You may send the form via email [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) or fax 1-866-313-4798. Once received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current benefit enrollment is correct. Your online enrollment in benefits must be completed by your benefit eligibility date.

**Employee Acknowledgement:**

I acknowledge that the documents describing the terms and conditions of coverage, coverage options, and costs of coverage under the BANKW Staffing, LLC Dental Plan, were provided to me electronically via email, prior to my eligibility to join the plan. I acknowledge that all relevant Dental Plan documents for contractor employees are posted on the Company's website [www.bankwstaffing.com](http://www.bankwstaffing.com) and that I may request a paper copy of any relevant plan document(s), free of charge, by contacting Human Resources at 603-637-4510. I have had the opportunity to review these documents in advance of my election, and I understand that if I have any questions about the Medical Plan, I may contact Human Resources at 603-637-4510. I understand that if I enroll in Medical Benefits, I am making a binding election concerning my benefits and authorizing payroll deductions on a pre-tax basis for the medical plans elected through my employer-sponsored Section 125 Cafeteria Plan.

Employee Signature:	
Printed Name:	
Date:	

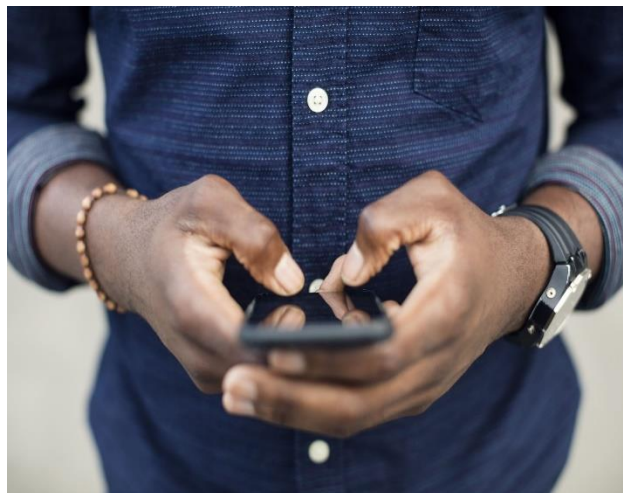
Human Resources Department [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) | 603-637-4510

# CONTACT NUMBERS & WEBSITE LINKS

We encourage all of our employees and their families to become familiar with and use the resources offered.

Below is a list of websites and telephone numbers where you can obtain information about your benefit plan coverage. In most cases, you can register to securely access your benefit information online. This will enable you to review important information about your coverage, locate a doctor, view your claims history and research various health related topics.

Plan Type:	Carrier Name:	Contact Information:
Medical	Harvard Pilgrim Health Care	<a href="http://www.harvardpilgrim.org">Website: www.harvardpilgrim.org</a> Phone Number: 1-888-333-4742
Dental	Northeast Delta Dental	<a href="http://www.nedelta.com">Website: www.nedelta.com</a> Phone Number: 1-800-832-5700
Human Resources	BANKW Staffing, LLC	Email: <a href="mailto:hr@bankwstaffing.com">hr@bankwstaffing.com</a> Phone Number: 1-603-637-4510



**Virtual Visits:**  
get care using your smart  
phone, tablet or computer

**“It’s convenient  
to get care  
without leaving  
the house.”**

We all have minor illnesses and accidents. There are times when a PCP visit isn’t available and we need care right away, but it’s not life threatening. Visiting the ER can be time consuming and expensive.

**56%** OF ALL ER VISITS ARE AVOIDABLE, ACCORDING  
TO NEHI, THE NEW ENGLAND HEALTH INSTITUTE

Harvard Pilgrim offers a variety of options for you to get care in a different setting than the ER\*, no matter where you live or work, that can save you time and money.

**As a Harvard Pilgrim member, you are covered to receive virtual visits**, or telemedicine/telemental health: urgent medical care and routine behavioral health care using live video on a smartphone, tablet or computer. Visits are typically subject to the applicable outpatient office visit cost sharing based on your plan.

\*If you are experiencing a life-threatening emergency such as choking, severe head trauma, loss of consciousness, heart attack or stroke, call 911 or go to the nearest ER immediately.



The individual shown is representative only. The comment is a composite of sentiments often expressed by our members.

FORM NO: NH\_CC7049\_0620

**Learn about our options for both  
urgent medical care and behavioral health.**

# “After one call, I saved \$150.”

Pay less in out-of-pocket expenses for procedures and tests. *And* get cash rewards.

At Harvard Pilgrim, we help you save money, like with our voluntary **Reduce My Costs** program.

If you're scheduled to receive elective, outpatient medical procedures or diagnostic tests, this program can help you find lower-cost providers. Plus, we'll reward you for choosing to save money.

**Read on for more details.**

The individual shown is representative only. The comment is a composite of sentiments often expressed by our members.



## How Reduce My Costs<sup>1</sup> works

1. Contact a Reduce My Costs nurse at (855) 772-8366 or use the chat feature by logging into your member account whenever your doctor recommends elective outpatient medical procedures or diagnostic tests.<sup>2</sup> The phone line and chat feature are available Monday through Friday from 8 a.m. to 6 p.m. ET.
2. You'll speak with an experienced nurse who will:
  - Compare provider costs and inform you of the lower-cost providers in your area
  - Assist with scheduling or rescheduling your appointment and help with any paperwork
3. If you're already seeing a lower-cost provider, you'll receive a reward just for calling.<sup>3</sup>
4. If you decide to receive care from a lower-cost provider, you'll earn a cash reward, depending on the service and the associated cost savings.

## Potential savings per service

Colonoscopy	Average range: \$1,780-\$4,660 Average savings: \$2,880
MRI	Average range: \$780-\$2,230 Average savings: \$1,450
Labs	Average range: \$120-\$550 Average savings: \$420

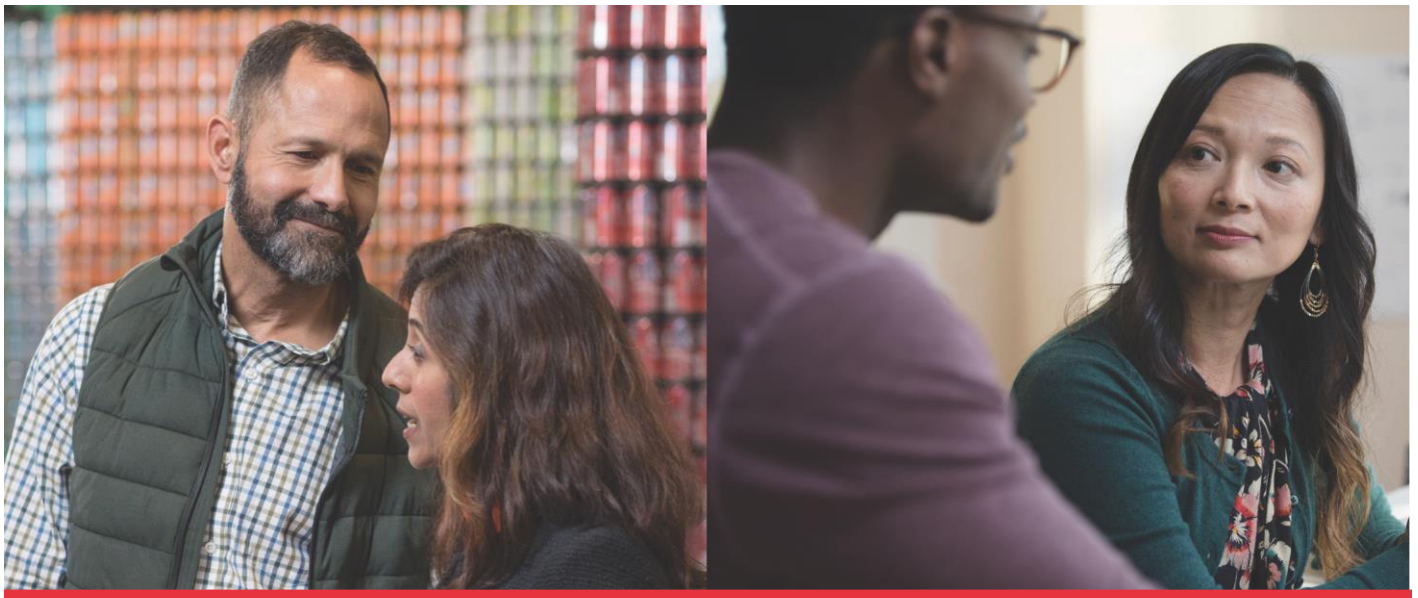
Ranges are based on Harvard Pilgrim's data.  
Actual service prices vary by provider type and location.  
The figures represent Q1 2021.

<sup>1</sup> To ensure the services will be covered, please refer to your plan documents or contact Harvard Pilgrim at (888) 333-4742.

<sup>2</sup> For Maine-based members of a small group employer whose plans include a Health Savings Account (HSA), these additional services are included in the Reduce My Costs program: physical therapy, occupational therapy and infusion therapy. For more information, please visit [www.harvardpilgrim.org/reducemycosts/maine](http://www.harvardpilgrim.org/reducemycosts/maine).

<sup>3</sup> Rewards are considered taxable income, so please consult with your tax advisor. Massachusetts members may receive a maximum of five Reduce My Costs rewards per calendar year.

The Reduce My Costs program currently is not offered with the Littleton Options HMO. Please check with your sales executive.




Make a quick phone call and start cashing in on your smart health care decisions. [www.harvardpilgrim.org](http://www.harvardpilgrim.org)



Download the Limeade app

## Check your wellness wherever you are!

### To get started:

- 1** Download the Limeade app  in the Google Play Store or App Store
- 2** Open the Limeade app and enter the mobile program code **HPHC**
- 3** Log in using your Harvard Pilgrim online member or guest account\*

\* If you do not have a Harvard Pilgrim online account, go to [www.harvardpilgrim.org/wellnessaccount](http://www.harvardpilgrim.org/wellnessaccount) to create an account. May take up to 24 hours for your guest account to be activated



### Need assistance?

Email [HPWellness@harvardpilgrim.org](mailto:HPWellness@harvardpilgrim.org) or call (877) 594-7183, Monday-Friday, 9am-5pm EST

[www.harvardpilgrim.org/wellnessaccount](http://www.harvardpilgrim.org/wellnessaccount)

# Connecting with behavioral health resources

Your behavioral health journey is personal, but you're not alone. Through our partners, we deliver the support you and your family need. We encourage you to check out our menu of apps, digital tools and 24/7 support, so you can choose the path that's right for you. Here are the resources available to you as a Harvard Pilgrim member.

For more details about these and other resources, go to [www.harvardpilgrim.org/behavioralhealth](http://www.harvardpilgrim.org/behavioralhealth).



## 24/7 support: Behavioral Health Access Center

If you have questions about behavioral health and substance use treatment options, including finding a provider, call **(888) 777-4742** — licensed care advocates answer calls and can:

- Help you find an available behavioral health provider, including those who offer virtual visits
- Help you find Express Access providers, who offer routine appointments within five business days<sup>1</sup>
- Provide information about local behavioral health resources and plan benefits
- Help you create an individualized plan of care
- Connect you with digital self-management assessments, tools and other educational materials

If you are experiencing a crisis or emergency, you should always call **911** or go to the nearest emergency facility right away.



## Live and Work Well

At [www.liveandworkwell.com](http://www.liveandworkwell.com), you get 24/7, confidential access to professional care, self-help programs and information, wherever you are. Best of all, these resources are available at no cost to you and your family.

### Learn how you can:

- Deal with major life changes
- Balance work and life
- Manage stress, depression, anxiety and other conditions
- Connect with behavioral health and substance use disorder resources, plus you'll have the added convenience of:
  - Online scheduling with virtual visit (telehealth) providers
  - Submitting and viewing claims
  - Accessing self-assessments, educational resources and digital tools

### How to get started

Log in as a guest at [www.liveandworkwell.com](http://www.liveandworkwell.com) using company code **HPHC**.

Or, for a more personalized experience, including access to your plan benefits:<sup>2</sup>

- Go to [www.harvardpilgrim.org/behavioralhealth](http://www.harvardpilgrim.org/behavioralhealth)
- Click on "Optum's Live and Work Well member website"
- Log in using your Harvard Pilgrim user ID and password

<sup>1</sup> Member cost sharing may apply.

<sup>2</sup> You must log in through your Harvard Pilgrim account to access online appointment scheduling, claims, your Explanation of Benefits (EOB) and other personalized plan information.



## Behavioral Health Care Options

**Optum:** Optum offers a behavioral health network of approximately 4,000 contracted providers in all 50 states. Providers can evaluate and treat general mental health conditions, such as depression and anxiety. They can also provide therapy, and when appropriate prescribe medications (subject to state licensure and regulatory requirements).

**Doctor On Demand:** Doctor On Demand also offers behavioral health care. The most common conditions that Doctor On Demand treats are depression, relationship issues, workplace stress, social anxiety, addiction, trauma and loss. The service is not meant for crisis or emergency situations. Anyone experiencing a crisis or emergency should call 911 or go to the nearest emergency room.

To get started, download the free Doctor On Demand app or create an account at [doctorondemand.com](https://doctorondemand.com).

## Easily access behavioral health services

- 1 Go to [harvardpilgrim.org](https://harvardpilgrim.org) and click “**Find a provider**” at the top of the page
- 2 If you have created a Harvard Pilgrim member account, click “**Login to search,**” or click “**Select a plan**” and then the link for your plan.
- 3 Click “**Behavioral Health**” on the right.
- 4 Choose your Behavioral Health provider type, then “**Virtual Visits/Telemedicine**” on the left.

### Filter Your Results

---

▼ **Virtual Visits/Telemedicine**

Show only those offering Virtual Visits/Telemedicine (119)

**APPLY**



Doctor On Demand and Optum are not affiliated with Harvard Pilgrim Health Care; however, they offer participating Harvard Pilgrim Health Care network providers.

Virtual visits allow you to get care from where you are with just a device and an internet connection.



Get care from licensed medical doctors, psychologists and psychiatrists



You won't need to find a babysitter



No need to travel to an office location



You receive convenient and private care from your home or any location



### Urgent Medical Care Options

#### Doctor On Demand:

Using the Doctor On Demand app or website, members can receive treatment for common medical conditions such as cold & flu, asthma & allergies, bronchitis & sinus issues, upset stomach, rashes & skin issues, UTIs and eye issues. Physicians can send prescriptions directly for pick-up at your local pharmacy.<sup>1</sup> After each video visit, you can rate your experience and write a doctor review. Urgent care virtual visits are available to Harvard Pilgrim members traveling internationally.<sup>2</sup>

#### Harvard Pilgrim's provider network:

Some providers may offer telemedicine services to patients. We recommend that you consult with your PCP office and/or the offices of other providers you see to learn about any offerings they have.

## Connect with Doctor On Demand providers

Download the free Doctor On Demand app or create an account at [doctorondemand.com](https://www.doctorondemand.com).



These images are of actors who portray a dramatization of a Doctor On Demand virtual visit.

<sup>1</sup> Doctor On Demand physicians do not prescribe Schedule I-IV DEA controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.

<sup>2</sup> This excludes U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List). Physicians will not order prescriptions for patients calling from outside the U.S.



## Digital tools and apps

### Sanvello mobile app: on-demand stress management

Through our partnership with Optum<sup>3</sup>, you have access to the Sanvello mobile app.<sup>4</sup> This easy-to-use online tool can help you dial down the symptoms of stress, anxiety and depression — anywhere, anytime.

Get started by downloading the app from **Google Play** or the **Apple App Store**. Once downloaded, enter your Harvard Pilgrim ID number for complimentary access to the premium version.

- You can also access the app at [www.liveandworkwell.com](http://www.liveandworkwell.com). To browse as a guest, use access code **HPHC**.

### Talkspace: Behavioral therapy with digital messaging

This digital therapy service lets you connect to licensed therapists and medication management providers via secure digital messaging on your computer, smartphone or tablet. Talkspace<sup>3</sup> offers a convenient way to access outpatient therapy.

- To get started, visit [www.talkspace.com/connect](http://www.talkspace.com/connect).
- Enter your insurance information, including member ID number.
- After filling out a brief assessment, you'll immediately be matched with three prospective therapists, based on your treatment preferences. No prior authorization or referral is necessary.
- Instructions for downloading the Talkspace app will be provided during the registration process.
- Cost sharing for outpatient behavioral health services may apply.



## Confidential support 24/7

### Emotional Support Helpline

(866) 342-6892

- Help with managing anxiety or stress
- Staffed by behavioral health clinicians
- Interpreter service available

### Substance Use Treatment Helpline

(855) 780-5955

- Connect with an in-network provider within 24 hours
- Staffed by recovery advocates and licensed clinicians
- Interpreter service available

### National Suicide Prevention Lifeline

(800) 273-TALK (8255);  
TTY: (800) 273-8255

- Prevention and crisis resources for you or your loved ones
- Available in English and Spanish

If you are experiencing a crisis or emergency, you should always call **911** or go to the nearest emergency facility right away.

<sup>3</sup>Harvard Pilgrim's behavioral health services are managed through an arrangement with Optum, a national leader in managing high-quality behavioral health care programs.

<sup>4</sup>Sanvello and Talkspace are not affiliated with Harvard Pilgrim Health Care. Harvard Pilgrim has an arrangement with Sanvello and Talkspace to offer their respective services to current Harvard Pilgrim members.



# LIVING WELL PROGRAM


Earn up to \$120 in Rewards

### Here's How it Works<sup>1</sup>

Enroll in Harvard Pilgrim's Living Well<sup>SM</sup> program and start earning rewards for participating in a variety of informative, fun and interactive activities including:

- Stress management
- Healthy eating
- Financial literacy
- Environmental wellness
- Self-care
- Volunteerism
- Physical activity
- Health plan literacy

### How Rewarding is it?

 Earn up to \$120 in gift cards.

You'll earn rewards incrementally, so the longer you participate in the program, the more rewards you earn. Reach all three levels to earn a total of \$120 in gift cards.

### Subscriber Rewards

Level 1

 \$20 Gift card

Level 2

 \$40 Gift card

Level 3

 \$60 Gift card

Covered dependents or employees who are not Harvard Pilgrim members can participate in a separate program where they can earn points towards monthly gift card drawings.

### Wellbeing as You Define it. A Community, at Your Fingertips.

Our program is packed with tools that let you define your own vision of wellbeing. Here are some of the features:



Customize to suit your goals



Sync to your wearable device



Connect with others for tips and advice



Connect with a personal health coach

Our digital engagement platform is easily accessible from most devices so you can stay on top of your goals wherever you are.

**Get Started Today and Enjoy the Rewards of Feeling Your Best.**

Visit [harvardpilgrim.org/livingwelleveryday](http://harvardpilgrim.org/livingwelleveryday)

<sup>1</sup> Rewards are available for fully-insured commercial accounts rated as large group, with 51-999 eligible employees. Rewards may be taxable, please consult with your tax adviser.

# Get up to \$300 in fitness reimbursement

We'll reimburse you for fees you pay toward a fitness facility or other qualified membership, including virtual fitness subscriptions!



## What qualifies for reimbursement?

Fitness reimbursement applies to monthly fees paid to a facility that provides cardiovascular and strength-training equipment for exercising and improving physical fitness (such as health clubs and community fitness centers). Monthly fees for a virtual subscription also qualify for reimbursement (i.e., OmPractice and Peloton memberships).

Qualified facilities also include fitness studios and facilities that offer:

- Yoga
- Pilates
- Zumba
- Aerobic/group classes
- Indoor cycling/spinning classes
- Kickboxing
- CrossFit
- Strength training
- Tennis
- Indoor rock climbing
- Personal training (taught by a certified instructor)

Up to two covered members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150 per calendar year.\*



Available on plans sold to fully-insured large employer groups.

## Getting reimbursed is simple.

1. Pay your monthly membership or subscription fees
2. After four months of membership, you may complete the Fitness Reimbursement Form; go to [harvardpilgrim.org/fitnessreimbursement](https://harvardpilgrim.org/fitnessreimbursement) and pick one of these options:



### Online

Click on the link to submit your request online.



### Mail

Complete the paper form and mail to the address on the form, along with a copy of your fitness membership receipt.

Read on for details ▶

## What does not qualify for reimbursement?

The following are not eligible for reimbursement:

- Fees you pay for some group classes or personal training outside of a fitness facility/studio
- Health club initiation fees for instructional dance studios, country clubs, social clubs (such as ski, riding or hiking clubs), spas, gymnastics facilities, martial arts schools, pool-only facilities
- Road race fees, sport camps, ski passes, sports teams or leagues, and school sports athletic user fees

## When can I submit my request?

You can request reimbursement:

- Starting May 1 of the current calendar year, and after you've been enrolled in a Harvard Pilgrim plan for four continuous months
- After four months of fitness club membership or virtual fitness subscription
- One per calendar year, submitted by March 31 of the following year

## How long will it take to be reimbursed?

Once you submit your request, reimbursement takes up to eight weeks. We'll send a check to the subscriber's address of record, made payable to the subscriber.

## For complete guidelines:



Go to

[www.harvardpilgrim.org/fitnessreimbursement](http://www.harvardpilgrim.org/fitnessreimbursement)



Call Member Services at  
**(888) 333-4742**

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Must be currently enrolled in Harvard Pilgrim at the time of reimbursement and active fitness club members for at least four months within a calendar year. Restrictions apply. Fitness reimbursement may be considered taxable income. Members should consult your employer or tax advisor.

# Live well. Pay less.

Healthy discounts for Harvard Pilgrim members.  
Now that's a great deal!

## Being healthy is a way of life.

So, we're making it easier — and less expensive — for members to put health and happiness first. From eyeglasses to weight management to virtual fitness, we have discounts and savings on products and services for your body and mind.

Get started today at [www.harvardpilgrim.org/discounts](http://www.harvardpilgrim.org/discounts).



## Vision | SEE THINGS MORE CLEARLY

Need a new pair of eyeglasses? Take advantage of:

- Free eyewear and other discounts at participating Visionworks locations<sup>1</sup>
- 40% off frames at Harvard Vanguard Medical Associates Optical shop locations
- 35% off frames with purchase of a complete pair of glasses at participating EyeMed affiliated providers<sup>2</sup>

Interested in LASIK?

- Save up to 50% off national average price of traditional LASIK, and get special pricing for other laser procedures with QualSight
- Save 15% on regular pricing and 5% on promotional pricing for LASIK, PRK or e-LASIK with US Laser Vision Network
- Save up to 25% on provider's usual and customary fees for PRK or LASIK through Davis Vision

<sup>1</sup>Free eyewear program is available only at select participating Visionworks locations in Massachusetts, Rhode Island, New Hampshire and New York. You must have an eye exam and choose eyeglasses during the same visit. Additional restrictions apply.

<sup>2</sup>Participating eyewear providers offer special savings on items such as eyeglasses and contact lenses. Not all are contracted with Harvard Pilgrim to provide covered eye exams. Before making an appointment, refer to the most up-to-date listing of contracted eye exam providers online or call Member Services at the number on the back of your member ID card.

## Ready to reach your healthy goals?

We're right by your side! Stay healthy while saving money with these valuable perks for Harvard Pilgrim members. Log in to your account at [www.harvardpilgrim.org/discounts](http://www.harvardpilgrim.org/discounts) for all the details.



### Healthy eating | A RECIPE FOR SUCCESS

Sink your teeth into discounts that can help you manage your weight or eat healthier! Choose from a host of offerings, including:

- Save 25% and try the first session for free with Savory Living, an online healthy eating lifestyle program
- Save 25% on The Dinner Daily meal planning service, which provides personalized weekly dinner plans based on your needs
- Save 25% on a subscription to Eat Right Now, a mindful eating app that combines neuroscience and mindfulness to reduce craving-related eating



### Holistic wellness | A WHOLE-PERSON APPROACH

Well-being is more than healthy eating and exercise. No matter what stage of life you're in, we have discounts that focus on the whole person. Dive head-first into mindfulness and virtual meditation programs, take a balanced approach with complementary and alternative medicine services, or uncover discounted wellness products. Your savings include:

- Up to 40% off complementary and alternative medicine services through our partnership with WholeHealth Living Choices: acupuncture, chiropractic, massage therapy, natural healing, tai chi, qigong and more
- Save 15% on Mighty Well wearable wellness products
- 25% off Magic Weighted Blanket
- Get the first month free and savings on Ten Percent Happier, and learn how to meditate with this clear, easy-to-use, step-by-step guide



### Quit smoking | BREATHE IN, BREATHE OUT

Are you or a family member trying to quit smoking or tobacco use? Don't give up! Get some extra support with discounted resources:

- 25% off Craving to Quit, a 21-day app-based program
- 30% off QuitSmart's Stop Smoking Kit and Stop Smoking Classes





## Fitness | GO THE DISTANCE

Whether you work out from home or seek the thrill of outdoor adventures, we help make it more affordable for you to reach new heights. Choose what works for YOU:

- Up to 40% off Ompractise virtual yoga
- 20% off in-person and virtual personal fitness training with SplitFit
- Savings on footwear and workout gear
- Save 20% on your entire order of fitness products at ProsourceFit



## Hearing | THE SOUND OF SAVINGS

You and your loved ones don't have to miss a thing. Our partnership with trusted vendors gives you access to discounted state-of-the-art hearing aids and follow-up. Savings include:

- Up to \$200 on each hearing aid purchase, free quarterly cleanings and adjustments from Massachusetts-based Flynn Associates and Speech-Language & Hearing Associates of Greater Boston, PC
- 30%-60% off hearing aids from TruHearing
- Low-price guarantee on hearing aids, a 60-day trial period with money-back guarantee, a one-year free follow-up, a three-year warranty, and two years of free batteries, from Amplifon Hearing Health Care



## Dental | SOMETHING TO SMILE ABOUT

Available to residents of Maine and Massachusetts, Universal Dental Plan can help take the sting out of dental costs with savings of up to 50% on procedures from a network of participating dentists.<sup>4</sup>



## Family care | PUTTING FAMILY FIRST

Caring for a loved one can be overwhelming. Get the extra support you need at a discounted price:

- Save 20% on all GreatCall products
- Help your family assess needs and find care through CareScout® Elder Advocacy Program and Home Instead Senior Care
- Get \$15 off each week of menu plans or prepared meals from Savor Health; they offer fresh, nutritious and delicious meals designed for people with cancer and their caregivers

<sup>4</sup> Universal Dental Plan is not dental insurance and does not meet minimum creditable coverage under applicable state law. The plan provides discounts at specific dental providers for dental services. The plan does not make payments directly to the providers of dental services. The plan member is obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount dental plan organization. The range of discounts will vary depending on the services provided.

Log in to your account at [www.harvardpilgrim.org/discounts](http://www.harvardpilgrim.org/discounts) for all the details on these and other savings opportunities, and to find out how to redeem your discounts.



Log in to your account at [www.harvardpilgrim.org/discounts](http://www.harvardpilgrim.org/discounts) for all the details on these and other savings opportunities, and to find out how to redeem your discounts.



Questions? Call us.

- Member Services:  
**(888) 333-4742**
- Medicare Advantage:  
**(888) 609-0692**

The savings featured are not insurance products. They are discounts for programs and services designed to help keep members healthy and active. All programs are subject to change without advance notice. Harvard Pilgrim Health Care does not specifically endorse or recommend, and makes no warranties expressed or implied with respect to, the programs and services offered.



# Say hello to Sanvello



SANVELLO

## On-demand help with stress, anxiety and depression.

Sanvello is an app that offers clinical techniques to help dial down the symptoms of stress, anxiety and depression – anytime. Connect with powerful tools that are there for you right as symptoms come up. Stay engaged each day for benefits you can feel. Escape to Sanvello whenever you need to, track your progress and stay until you feel better.

The Sanvello app is available to you at no extra cost as part of your plan's behavioral health benefits.

More information on [Sanvello.com](https://www.sanvello.com)



### Daily mood tracking

Answer simple questions each day to capture your current mood, identify patterns and self-assess your progress.



### Coping tools

Reach for just the right tool to relax, be in the moment or manage stressful situations, like test-taking, public speaking or morning dread.



### Guided journeys

Designed by experts for a range of needs, journeys use clinical techniques to help you feel more in control and build long-term life skills.



### Personalized progress

Through weekly check-ins, Sanvello creates a roadmap for improvement. Track where you are, set goals and make strides week by week.



### Community support

Connect with one of the largest peer communities in the field and share advice, stories and insights – anonymously, anytime.

Get the Sanvello app on [liveandworkwell.com](https://www.liveandworkwell.com). To browse as a guest, use access code: **HPHC**. Or get the app on Google Play or iTunes using your medical insurance ID for free access to the premium version. Questions? Email [info@sanvello.com](mailto:info@sanvello.com).



To access the Premium version of Sanvello, use the Upgrade via **INSURANCE/Check Coverage** link and enter your Member ID. Then, enter the first two letters of your Member ID in the Group ID field.



The Sanvello mobile application should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The information contained in the Sanvello mobile application is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used as a substitute for your provider's care. The Sanvello mobile application is available at no out-of-pocket cost to you through your health plan membership. Participation in the program is voluntary and subject to the terms of use contained in the application.

# REQUIRED NOTIFICATIONS

## HIPAA Privacy Rights

The Health Insurance Portability and Accountability Act (HIPAA) provides you certain rights to privacy concerning your health information. The regulations designate certain types of information as Protected Health Information (PHI).

Healthcare providers (medical professionals) and health plans, including BANKW Staffing, LLC health plan representatives, are restricted in their use of PHI to purposes of treatment, payment, and healthcare operations and as required by national public health activities. Written authorization is required to use or disclose your PHI pertaining to your medical, dental, prescription drug, employee assistance program and healthcare spending accounts outside of these purposes.

You may receive a form requesting your authorization to use your PHI for another purpose. Should you grant this authorization, your PHI is still protected from use and disclosure by any party other than the one(s) to whom you grant written authorization, and from use and disclosure by authorized parties for any purpose other than the one you specifically authorized.

## Protected Health Information

PHI includes information that could be used to identify you as an individual in electronic, printed or spoken forms that relates to (1) past, present or future health, physical or mental condition, (2) provision of healthcare, or (3) past, present or future payment for the provision of healthcare.

## HIPAA gives you the right to:

- Receive notice of the health plan's uses and disclosures of your PHI, your privacy rights and the health plan's legal duties regarding your PHI;
- Obtain access to your own PHI; Amend your PHI;
- Request restriction of the uses and disclosures of your PHI;
- Receive an accounting of non-exempt uses and disclosures of your PHI over the past six years upon request; and
- Receive communications by an alternative means or at an alternate location upon request.

For more information regarding the HIPAA privacy rules, refer to your Summary Plan Description.

## HIPAA Privacy Notice Update

HIPAA requires BANKW Staffing, LLC to notify you that a Privacy Notice is available from the Benefits Department. To request a copy of BANKW Staffing, LLC's Privacy Notice or for additional information, please contact your Human Resources Team.

## Newborns and Mothers Health Protection Act Rights

Under federal law, group health plans offering group health coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse, midwife, or physician assistant), after consultation with the mother discharges the mother or newborn earlier. Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that you, your physician, or other healthcare provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, you may be required to obtain pre-certification for any days of confinement that exceeded 48 hours (or 96 hours). For information on pre-certification, please refer to your Summary Plan Description.

## Women's Health and Cancer Rights Act of 1998 (WHCRA)

BANKW Staffing, LLC's medical plans cover mastectomy-related services. In the case of a participant or beneficiary who receives benefits in connection with a mastectomy, coverage will be provided in a manner determined by 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 services are subject to the same copay/deductible provisions that apply to other benefits under BANKW Staffing, LLC's medical plan (as described in this guide).

## Summary Plan Description (SPD) Access

This guide does not provide all of the details about the benefits programs. More information is available in each program's Summary Plan Description (SPD). In addition to receiving your SPDs after enrolling, they are available from your Human Resources Department.

## Summary of Benefits and Coverage (SBC)

Effective for plan renewals after January 1, 2012, the Patient Protection and Affordable Care Act requires employers that offer health coverage to provide a uniform Summary of Benefits and Coverage (SBC) to people who apply for and enroll in the health plan. This document contains the following:

- Four-page overview of plan benefits, cost sharing and limitations
- Required set of examples of how the plan works
- Phone number and internet address for obtaining copies of plan documents
- A Standard glossary of medical and insurance terms must also be available

The SBC will be updated each plan renewal to reflect applicable plan changes.

## Individual Coverage Mandate

Effective January 1, 2014, Federal law requires that you have Health Care coverage or you may be subject to an income tax penalty. You can enroll in BANKW Staffing, LLC's health plan, or you may want to consider visiting [www.healthcare.gov](http://www.healthcare.gov) for information on health plans available through the Healthcare Marketplace in your area.

## COBRA Information

COBRA continuation coverage is a temporary extension of coverage under the group health plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage.

MODEL INDIVIDUAL NON-CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE  
FOR USE ON OR AFTER APRIL 1, 2011

## Important Notice from BANKW Staffing LLC 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 BANKW Staffing LLC 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three 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. BANKW Staffing LLC has determined that the prescription drug coverage offered by the Harvard Pilgrim Health Care plans is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Harvard Pilgrim Health Care HMO HSA or PPO HSA. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from Harvard Pilgrim Health Care. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

### 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<sup>TH</sup> to December 7<sup>th</sup>.

CMS Form 10182-CC

Updated April 1, [2011](#)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**MODEL INDIVIDUAL NON-CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE  
FOR USE ON OR AFTER APRIL 1, 2011**

However, if you decide to drop your current coverage with BANKW Staffing LLC since it is employer/union sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under Harvard Pilgrim Health Care.

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

Since the coverage under Harvard Pilgrim Health Care is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **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 BANKW Staffing LLC coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage.

If you do decide to join a Medicare Part D drug plan and drop your current BANKW Staffing LLC coverage, be aware that you and your dependents will be able to get this coverage back.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**MODEL INDIVIDUAL NON-CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE  
FOR USE ON OR AFTER APRIL 1, 2011**

### **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 BANKW Staffing LLC changes. You also may request a copy of this notice at any time.

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

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

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

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

Date: 12/01/2022

Name of Entity/Sender: BANKW Staffing LLC

Contact--Position/Office: Human Resources

Address: 5 Bedford Farms Dr. Suite 103 Bedford, NH 03110

Phone Number: 603-637-4510

**CMS Form 10182-CC**

**Updated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## 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 January 31, 2022. Contact your State for more information on eligibility –**

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: <a href="http://myalhipp.com">http://myalhipp.com</a> / Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268



GEORGIA-Medicaid	MAINE-Medicaid
<p>A 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</p>	<p>Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>            Phone: 1-800-442-6003            TTY: Maine relay 711</p> <p>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</p>
INDIANA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
<p>Healthy Indiana Plan for low-income adults 19-64            Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479            All other Medicaid            Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>            Phone: 1-800-862-4840</p>
IOWA-Medicaid and CHIP (Hawki)	MINNESOTA-Medicaid
<p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366            Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>            Hawki Phone: 1-800-257-8563            HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>            HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>            Phone: 1-800-657-3739</p>
KANSAS-Medicaid	MISSOURI-Medicaid
<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>            Phone: 1-800-792-4884</p>	<p>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</p>
KENTUCKY-Medicaid	MONTANA-Medicaid
<p>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:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>            Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084</p>
LOUISIANA-Medicaid	NEBRASKA-Medicaid
<p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>            Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>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</p>

<p align="center"><b>NEVADA-Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a> Medicaid Phone: 1-800-992-0900</p>	<p align="center"><b>SOUTH CAROLINA-Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820</p>
<p align="center"><b>NEW HAMPSHIRE-Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>	<p align="center"><b>SOUTH DAKOTA-Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<p align="center"><b>NEW JERSEY-Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>	<p align="center"><b>TEXAS-Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>  Phone: 1-800-440-0493</p>
<p align="center"><b>NEW YORK-Medicaid</b></p> <p>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</p>	<p align="center"><b>UTAH-Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669</p>
<p align="center"><b>NORTH CAROLINA-Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p align="center"><b>VERMONT-Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427</p>
<p align="center"><b>NORTH DAKOTA-Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>	<p align="center"><b>VIRGINIA-Medicaid and CHIP</b></p> <p>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a>  <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a>  Medicaid Phone: 1-800-432-5924  CHIP Phone: 1-800-432-5924</p>
<p align="center"><b>OKLAHOMA-Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p align="center"><b>WASHINGTON-Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>
<p align="center"><b>OREGON-Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075</p>	<p align="center"><b>WEST VIRGINIA-Medicaid and CHIP</b></p> <p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <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)</p>
<p align="center"><b>PENNSYLVANIA-Medicaid</b></p> <p>Website:  <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>  Phone: 1-800-692-7462</p>	<p align="center"><b>WISCONSIN-Medicaid and CHIP</b></p> <p>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</p>
<p align="center"><b>RHODE ISLAND-Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>	<p align="center"><b>WYOMING-Medicaid</b></p> <p>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</p>

To see if any other states have added a premium assistance program since July 31, 2022, 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

### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

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

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

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources at 603-637-4510.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name BANKW Staffing		4. Employer Identification Number (EIN) 27-4348369
5. Employer address 5 Bedford Farms Drive, Suite 304		6. Employer phone number 603-637-4510
7. City Bedford	8. State NH	9. ZIP code 03110
10. Who can we contact about employee health coverage at this job? Human Resources		
11. Phone number (if different from above)	<a href="mailto:hr@bankwstaffing.com">hr@bankwstaffing.com</a>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Full-Time Employees working a minimum of 30 hours per week.

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouse, Domestic Partner  
Dependent Children of Employee or Domestic Partner to Age 26

We do not offer coverage.

If checked, this coverage meets the minimum value standard\*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

- \*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

