



Your 2021/2022 Benefit Guide

OPEN ENROLLMENT

Each employee MUST complete the enrollment in iSolved. You can elect to “Keep Current Selections” or review each coverage for enrollment changes individually.

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Zenith Home Loans is pleased to offer a comprehensive benefits package with choices and flexibility to meet your needs. We continuously review our benefit program to ensure we are offering the highest quality benefits that best meet your personal and financial needs.

During open enrollment you have the opportunity to elect or decline coverage, and add or delete dependents. If you are not making any changes or new elections, you can “Keep Current Elections” in iSolved. This is your only time during the year to make or change benefits unless you experience a Qualified Life Event.

Benefits Update

What's New?

- ⇒ We will continue coverage directly with United Healthcare as our medical carrier.
 - ◇ 2021 Medical updates — \$2,800 HDHP option has increased the deductible to \$2,850. The Out of Pocket max has increased from \$5,500 to \$6,250.
- ⇒ Voluntary Life & Critical Illness will remain with United Healthcare.
- ⇒ Dental, Vision, & Basic Life/AD&D will remain with Metlife.
- ⇒ Short and Long-Term disability will be moving to Lincoln Financial.
 - ◇ 2021 Short-Term Disability Benefit is increasing the covered benefit!

Benefit Basics

- ⇒ **As a Zenith Home Loans employee, you are eligible for benefits if you work at least 30 hours per week.**
- ⇒ **Benefits are effective on the first day of the month following 30 days of employment.**
- ⇒ You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include your legal spouse or domestic partner, and your children up to age 26.
- ⇒ Once you make your benefit elections, you are unable to make any changes during the year, unless you have a Qualified Life Event.
- ⇒ Your domestic partner is eligible for benefits if he or she has lived with you for at least 6 months in a committed relationship and is not a relative. For more information about domestic partner benefits, contact your HR Department.

QUALIFYING LIFE EVENT (QLE)

If you experience a Qualifying Life Event, you may add or discontinue coverage that is consistent with the status change. You must contact Human Resources and submit the proper paperwork within 30 days of the QLE event.

Events include:

- Marriage
- Divorce / Legal separation
- Birth / Adoption / Legal custody of a child
- Death of a spouse or dependent child
- Employee and/or dependents gain/loss of other coverage
- A change in work status that causes you to gain or lose eligibility.

Medical Benefits

Medical coverage is one of the most important benefits available to you. It protects you and your family from large, often unexpected medical expenses. Zenith Home Loans offers you two (2) medical options, through United Healthcare. All plans allow you to use any provider however, by utilizing In-Network providers and facilities you will have less out of pocket expenses and will not be subject to balance billing.

SUMMARY OF BENEFITS	UHC \$2,850 HSA In Network	UHC \$1,750 PPO In Network
Deductible Individual / Family	\$2,850 / \$5,700	\$1,750 / \$3,500
Out-of-Pocket Maximum ** Individual / Family	\$6,250 / \$12,500	\$8,150 / \$16,300
Coinsurance	80%	80%
Preventive Exams Well baby and child, adult physicals, routine well women exam visit plus additional age related screenings	100%	100%
Office Visit Primary Care Specialist	Deductible then 20% Deductible then 20%	\$25 Copay \$50 Copay
Lab and X-ray	Deductible then 20%	100%
Advanced Imaging (MRI, CAT, PET)	Deductible then 20%	Deductible then 20%
Inpatient Hospitalization	Deductible then 20%	Deductible then 20%
Outpatient Surgery	Deductible then 20%	Deductible then 20%
Emergency Room	Deductible then 20%	Deductible then 20%
Urgent Care	Deductible then 20%	\$25 Copay
<p>** Maximum Out-of-Pocket includes annual deductible. ***Mayo Clinic is in-network</p> <p>Out of Network Benefits are subject to higher Deductibles and Out of Pocket Maximums and the coinsurance is 50%. Refer to the Plan Summary for more information</p>		



Pharmacy Benefits

The following schedule represents the pharmacy schedules. If you are on a maintenance medication you can use mail order for 2.5x copays for a 3 month supply.

PRESCRIPTION DRUGS	UHC \$2,850 HSA In Network	UHC \$1,750 PPO In Network
Level 1	\$15 copay after Deductible	\$15 Copay
Level 2	\$55 copay after Deductible	\$35 Copay
Level 3	\$100 copay after Deductible	\$70 Copay
Level 4	\$400 copay after Deductible	\$350 Copay



Value-Added Programs and Services

QuickCare Finder™ skill by UnitedHealthcare® for Colorado Doctors Plan

Ask Amazon Alexa to help determine the care that best fits your situation — and even gives you directions to the nearest location.

UnitedHealthcare Mobile App

The mobile app provides secure, on-the-go access to personalized health information, helping members better understand and use their health plan effectively.

Virtual Visits – Access to care online at any time

A virtual visit lets members see and talk to a doctor from their mobile device* or computer. Most visits take about 10 – 15 minutes and doctors can write a prescription, if needed, that members can pick up at their pharmacy.** And, it's part of our health benefits. Members can visit myuhc.com® to register for a virtual visit.

Care24®

With a built-in **NurseLine** and Employee Assistance Program, Care24 resources assist members with health, personal or family-related concerns via a toll-free number 24 hours a day, seven days a week.

Helping to deliver a healthier pregnancy

The **UnitedHealthcare Healthy Pregnancy™ mobile app** is designed to help pregnant women take steps toward a healthier pregnancy and birth. Features include:

- Customized weekly updates based on week of pregnancy.
- Weight tracking and reminders for vitamins, health appointments and events.
- 24/7 access to a registered nurse.
- A "kick counter" to track baby's movements.

Estimating your costs

This powerful online tool gives members the opportunity to "shop" for health care services by viewing information about procedures, providers, price and place. The tool breaks down estimated costs so members get a better understanding of how their treatment decisions can affect their finances.

Rally®

Rally offers personalized recommendations and incentives to help members move more, eat better and feel great. They have access to information and tools to help them form healthy habits. This includes Missions — a simple activity tool to help improve diet, fitness and daily mood.

* Data rates may apply.

** Prescription services may not be available in all states.

Real Appeal®

A digital program that helps members meet their weight loss goals, and prevent weight-related health problems. Members have access to interactive weekly shows, videos, and live, online coaching. It's a fun way for members to challenge themselves while developing healthy habits.

UnitedHealthcare Motion®

With the walking program, members track their steps to potentially earn over \$1,000 a year to spend on health-related expenses (available on Choice, Choice Plus, Choice Plus HSA, Choice Plus Premier and Choice Direct only).

SimplyEngaged® UnitedHealthcare Wellness program

Biometric screenings and coaching

Through biometric health screenings and wellness coaching, we can help monitor members' health status and focus on preventive care, which may help to reduce the chances of future complicated health conditions.

Fitness reimbursement program

SimplyEngaged offers money back to members who go to a participating fitness center on a regular basis. Here is how this works:

- Members choose a participating fitness center including Anytime Fitness®, Curves®, Gold's Gym®, Life Time Fitness®, Snap Fitness®, YMCA® and more.
- Members present their fitness ID card each time they visit the fitness center and get reimbursed \$20 per month (to an annual maximum of \$240) for every month they visit the fitness center at least 12 times.

Health discount program

Our health discount program helps members and their families save 10 – 25% on non-covered health and wellness purchases from participating providers.

Preventive care services

We provide health screenings guidelines and recommended immunization schedules for children up to 18 years of age, as well as preventive care guidelines for adults 18 and older.

UnitedHealth Wellness®

UnitedHealth Wellness is a group of programs and services designed to help members make healthy lifestyle decisions.

UnitedHealthcare Benefit ServicesSM

There's no additional cost for these valuable services that are part of every UnitedHealthcare plan: Flexible Spending Account (FSA), Pre-Tax Premium Plan and COBRA/State Continuation Administration.

Health Savings Accounts

A Health Savings Account (HSA) can be an easy and smart way to pay for qualified medical expenses for you and your dependents. With its tax advantages and future growth potential, it's a unique savings vehicle that provides benefits today and into the future. When you enroll in the High Deductible Health Plan (HDHP), you will automatically be set up with an HSA bank account through **OptumBank**. You can elect to contribute dollars on a pre-tax basis through payroll deductions. Your maximum contributions are determined by the IRS, see limits below.

+ HSA Eligibility Rules

The IRS has set specific rules as to who is eligible to enroll in a Health Savings Account

- You must be enrolled in the UHC HDHP plan
- You cannot be covered by any other health plan that is not an HSA-eligible health plan
- You cannot currently be enrolled in Medicare
- You cannot be claimed as a dependent on another person's tax return

Plan Highlights

- ☞ Preventive Care covered at 100% - Get your annual wellness exams!
- ☞ You own your H.S.A. - You keep your funds when you change plans or retire.
- ☞ H.S.A.s save tax dollars - You do not pay taxes on contributions or withdrawals for qualified expenses.
- ☞ Funds roll over - At the end of the year, any funds you have not used remain in your account, "rolling over" for future expenses.

+ Eligible Expenses

Funds can be used to pay for qualified medical expenses for you, your spouse, and your dependents. Qualified reimbursements include:

- Deductible and Coinsurance on HDHP
- Most dental and vision services
- Prescription drugs
- Visit IRS publication 502 for a complete list of eligible expenses:
- <https://www.irs.gov/forms-pubs/about-publication-502>

+ 2021 HSA Contribution Limits

- Individual - \$3,600
- Family - \$7,200
- Additional \$1,000 catch up contribution (for age 55 and older)
- You are the owner of this account. All account balances are 100% vested with you.



Dental and Vision

Regular dental care does more than just improve your smile. Maintaining good oral health can help you and your family lower the chances of serious health problems. Our dental plan is offered through **Metlife** to meet the dental needs of you and your family. Participation is voluntary and premiums are 100% paid by the employee.



	Metlife
Annual Deductible (waived for Preventive)	\$50 Individual \$150 Family
Annual Maximum (Per covered Individual)	\$1,500
	Coinsurance In-Network / Out-of-Network
Preventive Services	100% / 100%
Basic Services	90% / 80%
Major Services	60% / 50%
Orthodontia Dependent children up to age 26	50%
Orthodontia Maximum	\$1,000

	MetLife
Vision Exam	\$20 copay
Lenses Single vision Bifocal Trifocal	\$20 copay
Frames	\$130 allowance
Contact Lenses	\$125 allowance
Frequency Exam Lenses Frames	12 months 12 months 24 months
Contact lenses in lieu of frames.	

VISION BENEFITS

Vision coverage provides a full range of vision care services and is provided through **Metlife**. You may receive care from any provider you choose, but your benefits are greater when you see an in-network provider. Participation is voluntary and premiums are 100% paid by the employee.

Life & Critical Illness

Zenith Home Loans is committed to helping employees and their families reach an additional level of financial security with Life Insurance & Critical Illness Offered through **MetLife & United Healthcare**. These benefits provide financial security in the event you pass away or get a severe illness.



BASIC LIFE w/MetLife

Zenith Home Loans covers **\$20,000 of Life and AD&D** insurance for all full-time employees at no cost to you.



Voluntary Life & AD&D & Critical Illness — UHC

You may also purchase additional life insurance on a voluntary basis for yourself, your spouse, or your children. You must enroll in Voluntary Employee Life to be eligible to purchase coverage for your spouse and/or child(ren). Newly Eligible employees can elect up to the guaranteed issue amount without answering medical questions.

Premiums are 100% paid by the employee and will be in iSolved.

VOLUNTARY BENEFITS	Employee	Spouse	Child(ren)
Benefit Amount	\$10,000 increments	\$5,000 increments	\$2,000 Increments
Maximum Benefit	\$500,000 or 5x annual salary	\$250,000 or 50% of employee amount	\$10,000
Guarantee Issue	\$150,000	\$50,000	\$10,000



Critical Illness

Critical Illness pays a lump-sum benefit to you upon your or your covered dependent's diagnosis for a covered critical illness. You can use the money for any expense while your quality of life while critically ill.

Premiums are 100% paid by the employee and will be in iSolved.

	Critical Illness Benefits			
Option	1	2	3	4
Employee	\$5,000	\$10,000	\$15,000	\$50,000
Spouse	\$2,500	\$5,000	\$7,500	\$25,000
Child	\$2,500	\$2,500	\$2,500	\$5,000

Disability Insurance

Zenith Home Loans is committed to helping employees and their families reach an additional level of financial security with income protection. For 2021 **Lincoln Financial** enhanced short term and long term disability benefits provide increased financial security in the event you become disabled.

VOLUNTARY DISABILITY INSURANCE — LINCOLN FINANCIAL

Disability coverage helps provide financial security for you and your family in the event you are unable to work due to a non-work related illness or injury. Participation is voluntary, and premiums are 100% paid by the employee. Premiums are collected on an after tax basis, which makes the benefit payment tax free. They will be in iSolved showing your personalized 2021 cost.

The benefits outlined below are the plan maximums, your benefit and cost will be determined by your income & age. The benefits paid are reviewed and determined by the carrier when approved.

	Short Term Disability
Benefit Amount	60% of base salary
Maximum Benefit	\$2,500 weekly
Waiting Period	0 / 7 days (Acc/Illness)
Benefit Duration	13 weeks

	Long Term Disability
Benefit Amount	60% of base salary
Maximum Benefit	\$7,500 monthly
Waiting Period	90 days
Benefit Duration	To Age 65



Employee Cost

Medical Premiums Per Paycheck		
Employee Cost *	UHC \$2,850 HSA	UHC \$1,750 PPO
Employee Only	\$61.97	\$130.15
Employee + Spouse	\$205.83	\$419.94
Employee + Child(ren)	\$161.74	\$324.59
Employee + Family	\$305.60	\$595.76

*Cost is per pay period (24 pay periods annually)

All medical, dental and vision premiums are deducted on a pre-tax basis under the Section 125 plan. If you do not want to pay for your coverage on a pre-tax basis, please contact HR. All Voluntary Life/AD&D, short term and long term disability are post tax deductions.

Dental Premiums Per Paycheck	
Employee Cost	PPO
Employee Only	\$22.80
Employee + Spouse	\$43.98
Employee + Child(ren)	\$49.86
Employee + Family	\$76.06

Vision Premiums Per Paycheck	
Employee Cost	PPO
Employee Only	\$4.20
Employee + Spouse	\$8.40
Employee + Child(ren)	\$7.11
Employee + Family	\$11.73

Additional Benefits

Voluntary Life, Short Term and Long Term Disability, and Critical Illness are based on a variety of factors, including age, salary, and/or benefit amount. If you enroll for those coverages, you will see your actual costs before you finalize your decision in iSolved.

Mandatory Notices

NOTICE OF PATIENT PROTECTION

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your group health plan or issuer or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your plan administrator or issuer.

WOMEN'S HEALTH & CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

SUMMARY OF BENEFITS AND COVERAGE

The 2020 Summary of Benefits and Coverage (SBC) is provided to our employees by our medical insurance carrier. The Affordable Care Act (ACA) requires health plans and health insurance issuers to provide applicants and enrollees with a concise document providing simple and consistent information about health plan benefits and coverage. The document, which is called a summary of benefits and coverage (SBC), is intended to help health plan consumers better understand the coverage that they have and to help them make easier comparisons when shopping for new coverage.

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 are 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 are not eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

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

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

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

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

OR

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

Mandatory Notices

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, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	FLORIDA – Medicaid Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	GEORGIA – Medicaid Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid Website: http://myarhapp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	IOWA – Medicaid Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
KANSAS – Medicaid Website: http://www.kdheks.gov/hcl/ Phone: 1-785-296-3512	NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oin/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/Medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid Website: http://www.maine.gov/dhhs/ohi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid Website: http://gethapptexas.com/ Phone: 1-800-440-0493	WEST VIRGINIA – Medicaid Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT – Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

Mandatory Notices

Making Changes

When you pay your share on a pre-tax basis, you cannot change your benefits coverage during the year unless you experience a special enrollment event or have a qualifying status change during the year.

Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information (PHI) from being inappropriately disclosed. They also give you additional rights concerning your healthcare information. The HIPAA Privacy Notice explains how the group health plan and your employer handles your PHI. You can request a copy of this Notice from the Risk Management Department.

Notice Lifetime Limit No Longer Applies and Enrollment Opportunity

The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information please contact the plan administrator or your employer group.

HIPAA Special Enrollment Notice

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

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.
- Note: The 60-day period for requesting enrollment applies only to state CHIP and/or Medicaid. As described above, a 30-day period applies to most special enrollments.

If you have a Qualifying Status change during the year, contact your Employee Benefits Department immediately. Changes become effective on the first of the month following the event and the approval of the change (except for birth or adoption of a child (ren), which are covered retroactive to the date of the event).

To request special enrollment or obtain more information, contact your Employee Benefits Department.

Important Contacts



Employee Benefit	Carrier	Contact
Medical	United Healthcare	www.myuhc.com 800.232.2345
Dental / Vision / Basic Life	MetLife	www.metlife.com 800.352.6132
Short Term & Long Term Disability	Lincoln Financial Group	www.lfg.com 800.487.1485
Voluntary Life & Critical Illness	United Healthcare	www.myuhc.com 888.299.2070
Health Spending Account	OptumBank	www.optumbank.com 866.346.5800
Benefit / Enrollment Questions	Human Resources & The Clear Group	benefits@vipmtginc.com