



2022
Open Enrollment
Benefits
FOR RETIREES



*This is a summary of your benefits. Please refer to the Plan booklets for detailed information.
Infineum reserves the right to modify and/or terminate benefits at any time.*

WELCOME TO YOUR BENEFITS



*Infineum Benefits:
Transforming to Grow*

Infineum offers a comprehensive, affordable benefits package to you and your family. Our benefits provide protection and support to help you achieve your health, financial, and wellness goals. This brochure outlines the benefits package and how you can take maximum advantage of all the benefits available. Please take the time to review your current coverage and to read the Open Enrollment materials. This will ensure that you can make an informed decision on the benefits and coverage levels that are best for you and your family. During our annual open enrollment period, retirees have the opportunity to enroll in, or make changes to their benefit plans.

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OPEN ENROLLMENT OVERVIEW

Medical Plans

- ◆ The Medical Plan carrier is Meritain Health, with the Aetna network.
- ◆ Monthly payments for medical and dental plans will continue to be made to Trion ("My Benefits Service Center").
- ◆ As of January 1, 2022, CVS Minute Clinic basic services will be offered at little or no cost to you! CVS Minute Clinics make it easy for you to get the care you need, when and where you need it. See page 12 for details or for more information call Meritain at the number located on the back of your ID card.
- ◆ As of January 1, 2022, changes will be made to the Medicare Part D Prescription Drug plan for retirees age 65 and older. The prescription drug provider will remain with Express Scripts and Benistar will continue to administer and service your benefits. The customer service phone number will remain the same. A Medicare Preferred Value Network of pharmacies will be added (see page 16). See pages 5 and 15 for increased retail Rx co-payments. Mail-order (home delivery) co-pays remain the same.

Dental Plan

- ◆ The Dental Plan carrier is Aetna.
- ◆ Dental Coverage for dependents to age 26, regardless of student status.
- ◆ Aetna's network strategy follows the industry standard – to recruit dentists with a larger average discount of 40% off dentist fees to provide a lower out of pocket cost for our members.
- ◆ 66% of Infineum employees match to Aetna's network – that means that Infineum employees will pay about 30% less in out of pocket costs when using an Aetna dentist.
- ◆ 34% of Infineum employees use dentists that are not in Aetna's network – these employees can continue to receive care from these dentists as Aetna will reimburse using a very high maximum allowance up to 90% of the highest dentist fee in their respective zip code areas.



A MESSAGE FROM HUMAN RESOURCES

In 2021, Infineum continues to face the challenges of the Covid-19 pandemic and seeks new ways to provide retirees with low cost, high quality health care options. As a self-funded medical plan sponsor, Infineum pays for actual medical costs rather than using an insured arrangement. This allows us to closely monitor and manage plan costs and design based on our own population's claims experience. As a result, the 2022 retiree contribution rates for Plan1, and Plan2 and the Dental plan will remain the same as 2021 with no increases. Rates for the Medicare Supplement Plan (which includes a Medicare Part D Plan) will increase by 8%. In addition, we are adding CVS Minute Clinic services to all medical plans at low or no cost for 2022 (see page 12 for details). Please continue to help us control Infineum healthcare costs by taking the following actions.

STAY WELL

- ◆ Enjoy a healthy lifestyle
- ◆ Avoid processed foods and maintain a healthy weight
- ◆ Get regular exercise (30 minutes/day, 3-5 days/week)
- ◆ Avoid smoking
- ◆ Limit alcohol consumption

USE PREVENTIVE CARE

- ◆ Choose a primary care physician (PCP) and get annual, no-cost well-visits
- ◆ Follow-up with age-appropriate diagnostic tests and vaccinations, as recommended by your PCP
- ◆ Maintain regular communication with your physician

AVOID THE EMERGENCY ROOM

- ◆ Use CVS Minute Clinics or Urgent Care centers (walk-in medical clinics) for non-life-threatening emergencies. These offer faster care at low or no-cost for basic services
- ◆ Use your PCP for general examinations and well-visits
- ◆ Continued access to telemedicine visits in 2022, with the same cost sharing as in-person visits

Retirees under age 65: You may be liable for charges from out-of-network providers (subject to deductible and co-insurance) related to an ER visit in a participating hospital, if the visit is not a true emergency.

UNDERSTAND THE COSTS OF YOUR MEDICAL CARE

Retirees under age 65:

- ◆ Use Aetna network providers whenever possible
- ◆ Use the provider directory at <http://www.aetna.com/docfind/custom/mymeritain/>
- ◆ Look for Aetna providers who meet quality and cost-efficiency measures
- ◆ Pay attention to Explanations of Benefits (EOBs) and associated provider statements

ALLOWABLE CHANGES DURING OPEN ENROLLMENT

Change	Action Required
Enroll in Medical Plan <i>(no previous coverage)</i>	Benefits Change Form
Change Medical Plan	Benefits Change Form
Add eligible dependents to Medical Plan	Benefits Change Form
Drop eligible dependents from Medical Plan	Benefits Change Form
Drop Medical Coverage	Benefits Change Form
Enroll in Dental Plan <i>(no previous coverage)</i>	Benefits Change Form
Add eligible dependents to Dental Plan	Benefits Change Form
Drop eligible dependents from Dental Plan	Benefits Change Form
Drop Dental Coverage	Benefits Change Form

NOTE: All changes will take effect on January 1, 2022.

Complete and mail Benefits Change Form to:

Hedy DiSimoni, Infineum USA Inc. 1900 E. Linden Ave. Linden, NJ 07036

or, scan and email to Hedy.DiSimoni@Infineum.com

Forms must be received no later than November 30, 2021.

NO ACTION IS REQUIRED IF YOU WISH TO CONTINUE WITH YOUR CURRENT ENROLLMENT.

MEDICARE SUPPLEMENT PLAN – REMINDER

The Infineum Medicare Supplement Plan is a medical plan for retirees, survivors and eligible family members who are eligible for Medicare. Currently, it is designed to work with Medicare in order to provide coverage similar to that provided to colleagues and retirees who are not yet eligible for Medicare.

You must meet several conditions to be eligible for the Infineum Medicare Supplement Plan. You must: 1) be eligible for Medicare, and you must have retired from Infineum with retiree status; or 2) be an eligible family member of an Infineum retiree or an eligible family member of a deceased Infineum colleague/retiree.

In either case, the Infineum Medical Plan must have covered you immediately prior to your Medicare Supplement Plan eligibility in order to qualify.

If you have not been contacted by the Plan Administrator regarding sign-up for the Medicare Supplement Plan before your 65th birthday, contact Infineum Human Resources at 908-474-2273 to start the process. You will also be provided with a revised coupon booklet from Infineum's Retiree Billing Administrator that includes the cost for the Medicare Supplement Plan.

Important Information: If you are a(n) Infineum Retiree, under age 65, and you receive disability benefits from Social Security for 24 months, you should automatically be enrolled in Medicare Part A and Part B effective on the 25th month of disability. While you are not required to enroll in Medicare Part B, your Infineum Medicare Supplement Plan will assume you are enrolled in Medicare Part B.

Things to Consider (when Medicare Disabled)...

1. Infineum, as well as your Medical Provider, will not be notified right away of your early Medicare Disability status. You MUST immediately notify Infineum Human Resources (908-474-2273) of your disability status to ensure that you are moved into the Infineum Medicare Supplement Plan on the date that coincides with your Medicare Part(s) A & B effective date.
2. If you decide to waive your Medicare Part B status upon disability, your Infineum Medicare Supplement Plan will still assume you are enrolled in Medicare Part B, and will process/pay claims as if Medicare is the "primary payer" and the Infineum Medicare Supplement Plan is the "secondary payer". Your out-of-pocket costs will increase if you make the decision to decline Medicare Part B.

MEDICAL PLAN COMPARISON CHART

MERITAIN HEALTH

Infinium offers employees medical plan(s) through Meritain Health. This chart shows a summary of those benefits. You will have lower out-of-pocket costs if you use in-network providers. Additional benefit information can be found in your Summary of Benefits (SBC).

Plan Name	Plan 1	Plan 2	Medicare Supplement
IN-NETWORK BENEFITS			
Deductible (Calendar year)	\$0	\$250/\$500	\$250/\$500
Out-of-Pocket Maximum (Calendar year)	\$5,000/\$10,000	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance (Patient pays)	100%	20%	20%
Physician Services Primary Care Physician (PCP) Specialist Preventive Care	\$25 copay \$40 copay Covered 100%	\$30 copay \$50 copay Covered 100%	Deductible & Coinsurance
Routine Labs	Office: PCP \$25, Specialist \$40 Outpatient/Independent Facility: Covered 100%	Office: PCP \$30, Specialist \$50 Outpatient/Independent Facility: 20% after deductible	Deductible & Coinsurance
Routine X-Rays	Office: PCP \$25 or Specialist \$40 Outpatient/Independent Facility: Covered 100%	Office: PCP \$30 or Specialist \$50 Outpatient/Independent Facility: 20% after deductible	Deductible & Coinsurance
Inpatient Hospital	Covered 100%	20% after deductible	Deductible & Coinsurance
Outpatient Surgery	Covered 100%	20% after deductible	Deductible & Coinsurance
Emergency Room	\$100 copay, waived if admitted	20% after deductible	Deductible & Coinsurance
Urgent Care	\$25 copay	20% after deductible	Deductible & Coinsurance
PRESCRIPTION BENEFITS			
Retail (31 day supply) Generic/Preferred Brand/ Non-Preferred Brand/Specialty	\$20/\$50/\$70/\$70	\$20/\$50/\$70/\$70	Refer to page 15 for co-payments
Mail Order (90 day supply) Generic/Preferred Brand/ Non-Preferred Brand/Specialty	\$20/\$60/\$100/\$100	\$20/\$60/\$100/\$100	Refer to page 15 for co-payments
OUT-OF-NETWORK BENEFITS			
Deductible (Calendar/Plan year)	\$1,000/\$2,000	\$1,000/\$2,000	\$250/\$500
Out-of-Pocket Maximum (Calendar/Plan year)	\$5,000/\$10,000	\$5,000/\$10,000	\$2,000/\$4,000
Coinsurance (Patient pays)	40%	30%	20%

DOC FINDER



Your DocFind® Online Directory

Aetna Choice® Point of Service (POS) II

It's easy to find doctors and hospitals in your network

When you and your family need care, you can look for doctors and hospitals in the Aetna Choice POS II network. It's easy when you use the online DocFind directory from Aetna.* With up-to-date listings, you can search for providers by name, specialty, gender, hospital affiliations and more.

Find Aetna providers online in just a few quick steps

You can use the DocFind directory anywhere you have Internet access. Just:

1. Visit <http://www.aetna.com/docfind/custom/mymeritain/>.
2. Key in the ZIP code, city, county or state of the desired geographical area in the *Enter location here* field. Click *Search*.
3. Key in *Aetna Choice® POS II (Open Access)* under *Select a Plan*. OR you can select *Aetna Choice® POS II (Open Access)* from the list of plans. Click *Continue*.
4. There are two options available to search for providers. The guided flow search uses some of our most commonly searched terms and easily organizes them for our users to find. To use the guided search flow choose and click on one of the categories under *Find what you need by category*.
Or
5. Use the search box, which includes type-ahead suggestions and will present provider, facility, specialty, and condition search options based on what is entered. These suggested options will present an exact match or relevant providers. To use the search box, key in the type of provider, provider name, specialty or condition in the search field under *What do you want to search for near* (will display your chosen location).
6. Choose your provider from the list of providers displayed on the results screen. You can learn more about each by clicking on the provider's name.
7. Narrow your search results by using the *Filter & Sort* option. Choices include *Gender, Languages, Hospital Affiliations, Office Detail, Individual Practice Association Affiliations, Group Affiliations, and Provider Type*.

DOC FINDER

Find providers by phone

Need a provider when you're not near a computer? No problem. Simply call the Aetna Provider Line at **1.800.343.3140** from 8:00 a.m.–9:00 p.m. ET, Monday through Friday.

If you need more information, we're here to help. Just call Meritain Health at 1.800.925.2272.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates.*

Providers are independent contractors and are not agents of Aetna or Meritain Health. Provider participation may change without notice. Neither Aetna nor Meritain Health provides care or guarantees access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

Additional questions?

Just call Meritain Health Customer Service at the number located on your ID Card.



MERITAIN HEALTH



A Quick Look at Your Health Plan

Infineum

Group #16985

When you enroll with Meritain Health[®], you're taking the next step towards a healthier, more balanced you.

It's important for you to understand how your health plan works. This way, you can make the changes you want in your health and in your life.

Get the support you need for a healthy balance

Chances are, you try every day to keep a healthy balance in your life. But time can get away from you, or you might put other details first. That's why we're here: to help you focus and to support you each step of the way. You can think of your healthcare benefits as your resource to protect your body, mind and spirit.

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www.meritain.com

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MERITAIN HEALTH

Benefit Highlights

Protecting your healthy balance with preventive care

Question: Which is better: Taking an hour or two out of your busy day to have your annual checkup—or missing hidden symptoms and paying the price in sick days, copays and missed events?

Answer: Nothing makes more sense in these busy times than preventing illness before it happens. That's why your plan offers excellent benefits for preventive services.

Early detection, proper nutrition, and routine exercise are the keys to living a long and healthy life, and will also help to control long-term healthcare costs. Your employer encourages you to take the necessary steps—available to you right now—to ensure early detection and treatment of diseases.

Built into your health plan are preventive benefits that cover:

- Well-child care
- Physical exams
- Mammogram
- Bone density test
- Prostate blood exam
- Pap smear
- Fecal occult screening

Nationwide provider access at a discount

When you and your family seek healthcare services, you have access to Aetna's broad national provider network of healthcare providers and facilities. Aetna's network contains more than 664,000 participating physicians and ancillary providers, with 5,667 hospitals.¹ When you visit providers in the Aetna network, you will receive services at strong, negotiated rates, helping you to save on the cost of healthcare.

¹ <https://www.aetna.com/about-us/aetna-facts-and-subsidiaries/aetna-facts.html>

Locate your preferred providers

With Aetna's comprehensive provider participation, many of your preferred doctors may already be in the Aetna network. To verify whether or not a doctor or healthcare facility participates, visit

<http://www.aetna.com/docfind/custom/mymeritain/>.

Support for your health journey

Your employer wants you to get the best, most appropriate care, when and where you need it. That's why your plan includes the extra expertise of **Meritain Health's Medical Management program**. The Medical Management nurses are like personal health consultants who can help you make decisions about certain types of care you and your doctor may be considering. Registered nurses review treatment plans, then help to assure that you get the right treatment in the right setting, when you need it.

Some of these services include:

- Before admission to the hospital for elective or non-emergency services
- Within 48 hours (two working days) after an emergency or urgent hospital admission.
- Before elective inpatient, outpatient or ambulatory surgery.
- Before inpatient substance-abuse treatment or treatment for a mental health disorder.
- Before entering an extended-care, rehabilitation or skilled-nursing facility.

Consult your Summary Plan Description for a complete listing of healthcare services that require precertification with a medical management nurse.

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Providers are independent contractors and are not agents of Meritain Health. Provider participation may change without notice. Meritain Health and Aetna do not provide care or guarantee access to health services.

MERITAIN HEALTH

Your ID Card Information

Helpful Tips


- Your healthcare plan includes a network of providers you can visit for healthcare services. When you visit providers in this network, you will receive the best service rate. Call the provider information number for participating providers.
- Your name, identification number, medical group number and your group name, are used to identify you and your covered dependents' benefits.
- Your medical copays are listed for you and your providers.
- Your pharmacy coverage information is listed on the front of your card, and includes the Express Scripts customer service number and prescription copays.
- Please ensure that you precertify with medical management, if required.
- All claims should be submitted to Meritain Health at the address listed on the back of your card.
- You or your provider can call Meritain Health to verify eligibility of benefits or check on your claims status.
- You can call for information on a doctor or specialist who is close to you and serves your specific needs.


The final step toward better balance and better living

After you've completed enrollment, your employer has approved it and after any waiting period has passed, your benefits will be effective.

Your Meritain Health ID Card will be on its way to you soon. The card shows Meritain Health as your health plan administrator. Keep it in your wallet and carry it with you.

Sample ID Card

 Customer Service and Eligibility Inquiries 800.925.2272 www.MERITAIN.com	
Member ABC Company Group #: 12345 Member: JOHN Q SAMPLE Member ID: 123456789123 Division: 003 Dependent(s): JANE W SAMPLE JOHN Q SAMPLE JR	Medical Plan Coverage: Network by aetna Plan: Aetna Choice POS II Pharmacy Plan RXBIN: 004336 RXPCN: ADV RXGRP: RX2736 Member: 866.475.7589 Pharmacy: 800.304.5331

Claims Submission Mail ALL Claims & Correspondence to: Meritain Health PO Box 853921 Richardson TX 75085-3921 EDI: WebMD/Emdeon 41124 or McKesson/Relay Health 1761 NY Electing Aetna participating Doctors and Hospitals are independent providers and are neither agents nor employees of Aetna. Contact 800.343.3140 for assistance in locating an In-Network Provider.	Eligibility Call 800.925.2272 or visit www.MERITAIN.com for inquiries regarding eligibility, claims and plan benefits. Precertification For Precertification call: 800.242.1199. Failure to comply with your plan's precertification requirements may result in a reduction of benefits. 24-Hour Automated Customer Service: 800.566.9311 or www.MERITAIN.com  Printed: INDEX #: 009
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MERITAIN HEALTH

Convenient Tools and Resources

Your personalized member website

Once enrolled as a Meritain Health member, you will have access to the **Meritain Health Member Portal**. When you log in, you'll find everything you need to know about your benefits—from eligibility, to enrollment, to what's covered. It's another way we're working with you to help you get the most from your benefits—so you can live a life that's balanced and informed.

Registration for the member website is easy

If you're already registered to access your online account, simply enter www.meritain.com into your browser and login from the homepage.

If you're not yet registered, it's OK. Registration is an easy three-step process.

1. Go to www.meritain.com.
Then, in the top right corner, click *Register*.
2. Next, select *Member* under *I am a* and enter your group ID. You can find your group ID on the front of your member ID Card. (If you are new to the plan, you will soon receive your member ID Card in the mail.) Then, click *Continue*.

Please note: you may set up a login for yourself, as well as any children under age 18 who are covered by your plan. For privacy purposes, your spouse and dependents over the age of 18, covered by the plan, must each establish logins to access their individual information.

3. You will need to fill in your:
 - Group ID (located on your member ID Card)
 - Member ID (located on your member ID Card)
 - Date of birth
 - Name
 - ZIP code
 - Email address

A username will be provided to you. After you create a password and confirm your email address—you're done! You'll automatically be logged into your new Meritain.com account. The next time you log in, just use the same username and password from Step 3.

Members have the right to ask their health plan to place restrictions on (i) the way the health plan uses or discloses their PHI for treatment, payment or healthcare operations; and (ii) the health plan's disclosure of their PHI to persons who may be involved in their healthcare or payment thereof (e.g., family members, close friends).

Important plan contacts

What do you need help with?

- My medical benefits
- In-network doctors or hospitals
Meritain Health Customer Service
1.800.925.2272 | www.meritain.com
- The Aetna Choice® POS II provider network
Aetna provider line
1.800.343.3140
www.aetna.com/docfind/custom/mymeritain
- My prescription drug benefits
Express Scripts
Customer Service
1.866.544.2891
- Precertification
Meritain Health Medical Management
1.800.242.1199
- My enrollment or benefit elections
Infineum
Human resources representative
1.908.474.2273

CVS MINUTE CLINIC



MinuteClinic®

Now offering access to MinuteClinic at little to no cost* to you

High-quality care that's affordable and reliable

MinuteClinic makes it easy for you to get the care you need, when and where you need it. And now you can get access to all covered MinuteClinic services at little to no cost—not just preventive care.*

- MinuteClinic is a walk-in clinic inside select CVS Pharmacy® and Target stores, and is the largest provider of retail health care in the United States—with over 1,100 locations in 33 states and the District of Columbia.
- It's open every day, including evenings. MinuteClinic offers both walk-in and scheduled appointment options.
- MinuteClinic health care providers treat a variety of illnesses, injuries and conditions. They can also write prescriptions, when medically appropriate.



*Visit [minuteclinic.com](https://www.minuteclinic.com) for age and service restrictions. Video visits are not a covered service under this benefit. This is for informational purposes only. It is not medical advice and is not intended to be a substitute for proper medical care provided by a physician. Information is believed to be accurate as of the production date; however, it is subject to change. Includes access to all covered services at MinuteClinic.

Eligible members enrolled in high-deductible plans must meet their deductible. However, such services would be subject to negotiated contract rates. Once the deductible has been met, members will be able to access MinuteClinic services at no cost-share. Members in Aetna Whole Health ACO, APCN Plus, HMO and indemnity plans may not be eligible for this benefit. Such members should refer to their benefit plan documents in order to determine coverage and applicable cost-share for walk-in clinic benefits and services, as applicable.

Meritain Health, Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are within the CVS Health family. Meritain Health is not responsible or liable in any manner for services received at CVS MinuteClinic locations.

Questions? We're here to help. Just call us at the number located on the back of your ID card.

COORDINATION OF BENEFITS



Coordination of Benefits

Primary and secondary coverage

Many families today carry more than one group health plan, often when both spouses are employed. If this is true in your case, the two plans will coordinate payment of your medical charges. This is based on a system that considers one of the plans to be the *primary plan* and the other the *secondary plan*.

Primary and secondary plans

A plan is primary if it covers the patient as an employee. A plan is secondary if it covers the patient as a dependent. This means that when you receive medical care, your Meritain Health plan is always primary and the other plan is always secondary. Also, when your covered spouse receives care, his or her employer's plan is always primary, and your Meritain Health plan is always secondary.

Birthday rule

But which plan is primary for your dependent children? The birthday rule makes the answer to this question simple.

Under the birthday rule, the parent who has the first birthday in the year carries the primary coverage for all dependent children. The parent whose birthday falls later in the year carries the secondary coverage.

So, if one parent's birthday is January 12 and the other parent's birthday is any date after January 12 (that is, a date between January 13 and December 31) the parent with the January 12 birthday will be the primary payer for the dependents. In the uncommon case that both parents have the same birthday, the policy that has been in effect the longest for the child will be primary.

Coordination of benefits under two plans

When you submit claims to your primary Meritain Health plan, it will pay benefits without considering benefits that may be provided by the secondary plan. Your Meritain Health plan then will send you an Explanation of Benefits (EOB), which you may submit with a claim form to your secondary plan.

In most cases, the secondary plan will pay an amount that, when combined with the amount paid by the primary plan, doesn't exceed the amount the secondary plan would have paid if it were primary.

For example, let's pretend that your employed spouse incurs a \$100 medical charge. His or her medical plan is primary since he or she is the employee. Your Meritain Health plan is secondary.

- Your spouse's plan will cover 70 percent of the \$100 charge, paying \$70 to your spouse's doctor.
- Assume your Meritain Health plan would have covered 80 percent of the expense if it was the primary plan.
- As the secondary plan, your Meritain Health plan will cover the difference between the 70 and 80 percents. This 10 percent difference would be paid out as \$10.

If you have questions, simply call Meritain Health Customer Service using the phone number on your member ID Card.

www.meritain.com

COORDINATION OF BENEFITS



Accessing Other Insurance Coverage Online

Your healthcare benefits plan includes a provision called coordination of benefits. This means if one person is covered by two benefit plans, both plans share responsibility for covering that person's healthcare expenses. This helps prevent duplicate payments and helps hold down healthcare costs.

Examples of other coverage include: Medicare (due to age or disability), group coverage through a family member's employer, association coverage through a group you or a family member belongs to, student health coverage, or coverage mandated by a divorce decree.

Meritain Health may sometimes ask you to update this information so we can keep our records current.

You can now complete your Coordination of Benefits (COB) online:

1. From the *Benefits and Coverage* dropdown, select *Coordination of Benefits*.
2. You'll be asked if you or any dependents have other coverage, other Medicare coverage and/or other Medicaid coverage. Simply answer *Yes* or *No* to report if you or anyone in your family has other health coverage.
3. If you answer *Yes*, you'll be asked for information about the other coverage like start date, carrier name, policy holder name and date of birth, etc. Just fill out the forms that open when you select *Yes*.
4. After you complete the form, click *Next* to see a summary of the information.
5. If you agree with the summary, click *Submit* in the bottom right corner. If you need to make changes, click *Edit* at the top of the summary.



If you have any questions, you can call Customer Service at the number on the back of your ID Card for assistance.

Other COB options are available

For your convenience, please [click here](#) for a copy of the Other Insurance Coverage Form.

- You can *email* it to:
Forms.Direct@meritain.com
- Or you can *mail* it to:
Meritain Health
Eligibility Department
P.O. Box 27810
Minneapolis, MN 55427-0810
- Or *fax* to **716.541.6672**.
You should keep a copy of the fax confirmation record if you plan to call to confirm receipt.



Advocates for Healthier Living

Meritain Health provides easy-to-use healthcare benefits you can use to stay healthy and productive. Contact us at the number on your ID Card if you have any questions about your plan.

PRESCRIPTION BENEFITS

EXPRESS SCRIPTS

The plan provides coverage for generic drugs, brand name drugs on a formulary, and brand name drugs not listed on the formulary. Please be sure to provide your Express Scripts Pharmacy ID card to your pharmacy when filling prescriptions.

If you are taking any maintenance medications, it's beneficial to fill a 90 day prescription through the Mail Order service with Express Scripts. You will save money! Refer to the table on this page for details.

To get setup with Mail Order, you may call the Express Scripts customer service number listed on the back of your ID card. You will need to mail your completed Mail Order form in with your prescription and applicable payment. Within a couple of weeks, you will be setup in the system and then able to later request refills either online or over the phone.

Plan Name	Rx Copays
Retail (31 day supply) <i>Generic / Preferred Brand / Non-Preferred Brand / Specialty</i>	Preferred \$20 / \$50 / \$70 / \$70 Standard \$25 / \$55 / \$75 / \$75
Retail (32-60 day supply) <i>Generic / Preferred Brand / Non-Preferred Brand / Specialty</i>	Preferred \$40 / \$100 / \$140 / \$140 Standard \$45 / \$105 / \$145 / \$145
Retail (90 day supply) <i>Generic / Preferred Brand / Non-Preferred Brand / Specialty</i>	Preferred \$60 / \$150 / \$210 / \$210 Standard \$65 / \$155 / \$215 / \$215
Mail Order (90 day supply) <i>Generic / Preferred Brand / Non-Preferred Brand / Specialty</i>	\$20 / \$60 / \$100 / \$100

It's easy to manage your medicine anytime, anywhere.
 Helpful information is just a tap away with the Express Scripts mobile app.

Scan this QR code to download the Express Scripts mobile app, or go to express-scripts.com/mobileapp to learn more.

EXPRESS SCRIPTS

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Express Scripts mobile app:

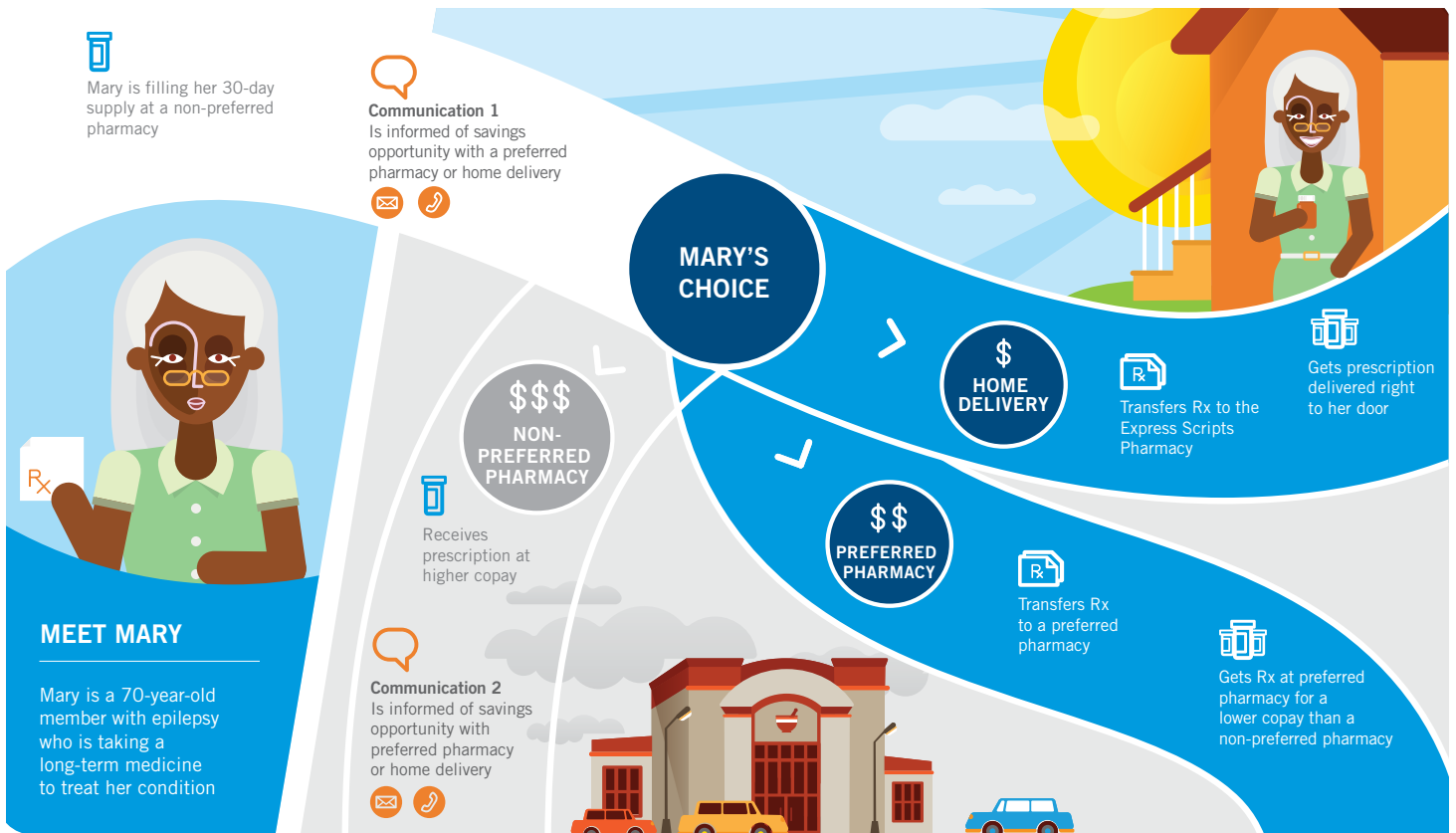
- Refill prescriptions
- See order status and claims
- Find and compare prices
- Access your ID card



MPVN CHAIN PHARMACIES

MEDICARE PREFERRED VALUE NETWORK

Comprehensive preferred provider network of 27k+ pharmacies. *Retail pharmacy participation is contracted and may be subject to change)*



- Offers convenience with choice of a preferred or non-preferred pharmacy, or home delivery from the Express Scripts PharmacySM
- Members are prompted to choose a preferred pharmacy or home delivery to increase savings

DENTAL PLAN

AETNA



Dental coverage is key to your overall health. Infineum offers you and your family a Dental plan through Aetna. This Dental plan offers coverage for the following expenses:

Network name: Dental PPO/PDN with PPO II and Extend		
Plan Features	In-Network*	Out-of-Network
Deductible (Calendar/Plan year) <i>Waived on Preventive Services</i>	\$25/\$75	\$25/\$75
Benefit Maximum (Calendar/Plan year)	\$1,250 ¹	\$1,250 ¹
Preventive Services Routine exams and cleanings, fluoride treatments, sealants, and X-rays	100%	100%
Basic Services Simple fillings and extractions, root canals, oral surgery, and gum disease treatment	80%	80%
Major Restorative Services Crowns and dentures	50%	50%
Orthodontia Services	50% \$1,000 maximum	50% \$1,000 maximum

* You will pay less for services when you use in-network providers. The plan's level of reimbursement is lower for services provided by out-of-network providers. For more information about the network go to aetna.com.

¹ Benefit Maximum increases to \$1,500 with at least one dental visit each year.

Aetna Dental® plans

You don't need a dental ID card to get dental care

We want to make doing business with us easier than ever.

How will my dentist know I'm an Aetna Dental member? When you visit your dentist, simply tell the office your name, date of birth or member ID number.

But what if I want a card?

Easy — use our mobile app or go online. Log in to your secure member website at aetna.com.

You can print out an ID card for you and your dependents by selecting "ID Card" and then selecting "View ID Card." If your electronic ID card says "**No Election**" or "**Invalid Choice**," then your plan requires you to choose a primary care dentist (PCD) who is in our network. Until you choose one, your benefits and claims may be affected.*

*California/Arizona DMO® plan participants: If you have not selected a PCD, one may have been selected for you. View your electronic ID card to determine if one was selected on your behalf.

Here's what else you can do online:

- Find or select a dentist
- View claims and claim address
- Manage your health care spending

aetna®

Aetna Dental® plans

Log in to your secure member website at aetna.com to explore the resources available to you. Call **1-877-238-6200** if you have any questions — 24 hours a day, 365 days a year.

aetna®

aetna.com

Aetna Mobile — find what you need, wherever, whenever

To learn how to download the free Aetna Mobile app to access your ID card or dental benefits information when you're on the go, visit us at aetna.com/mobile.

VISION BENEFITS

VSP

Infineum offers you and your family a Vision plan through VSP that includes coverage for eye exams and prescription eye wear or contact lenses. **The Vision plan is only available to retirees under age 65.**

VSP		
Plan Features	In-Network*	Out-of-Network
Routine Exam <i>(Once every 12 months)</i>	100% after \$15 copay	Up to \$45 reimbursement
Frames <i>(Once every 24 months)</i>	\$120 allowance plus 20% discount over allowance	Up to \$70 reimbursement
Lenses <i>(Once every 24 months)</i> Single Bifocal Trifocal Progressive	100% after \$30 copay	Up to \$32 reimbursement Up to \$55 reimbursement Up to \$65 reimbursement Up to \$50 reimbursement
Contact Lenses <i>(Once every 24 months)</i>	\$120 allowance	Up to \$105 reimbursement

**You will pay less for services when you use in-network providers. The plan's level of reimbursement is lower for services provided by out-of-network providers. For more information about the network go to www.vsp.com*

The ID number on your Meritain ID card = the “expanded” ID number for VSP.



COLLEAGUE ASSISTANCE

Infineum USA - Colleague Assistance Program

Call CAP at **800.554.6931** or visit us on the web at www.myCigna.com
Employer ID: infineum



Face-to-face assistance			
Service level	<ul style="list-style-type: none"> 24/7 telephonic access 	<ul style="list-style-type: none"> Network health care professional referrals 	
Participant services	<ul style="list-style-type: none"> Telephonic consultation Crisis intervention services Community resources 	<ul style="list-style-type: none"> Healthy Rewards® discount program Online assessment tools Online article library 	<ul style="list-style-type: none"> Online access and referrals Up to 8 sessions per issue, per member, per year
Organizational services	<ul style="list-style-type: none"> Account management Unlimited management consultation and referral 	<ul style="list-style-type: none"> Online management reporting 	<ul style="list-style-type: none"> 10 service hours annually per 1,000 employees for orientations, seminars or training, onsite crisis intervention
Full-service work/life support			
Telephone, click-to-chat, web mail	<ul style="list-style-type: none"> Child care – Child care centers, family child care homes, in-home care, babysitting agencies and options, nanny agencies and options, au pair agencies and options Senior care – Home health agencies, nursing homes, assisted living facilities, continuing care retirement communities, social and recreational programs Prenatal care – Birthing methods, nutrition, exercise, diet and child care pre-planning Adoption – State adoption specialist, adoption support groups, private adoption, national adoption organizations 	<ul style="list-style-type: none"> Parenting – Child development, sibling rivalry, separation anxiety, sleep and bedtime routines, toilet training Summer care – Residential camps, day camps, traditional camp programs, specialized camp programs Special needs – Common childhood illnesses, children with multiple disabilities, developmental delays Pet care – Veterinarians, insurance, pet sitting resources, obedience training, pet stores, pet supply catalogs Education – Kindergarten programs, public schools 	<ul style="list-style-type: none"> Legal – 30-minute free consultation, 25% discount on usual fees, referrals to local providers Identity theft – 60-minute free consultation with a fraud resolution specialist Financial services – 30-minute free phone consultation with a qualified specialist on issues such as tax preparation, debt counseling and planning for retirement. 25% off tax preparation.
Online resources and tools	<ul style="list-style-type: none"> Parenting – Adoption, child care, developmental stages, kid's well-being, education Aging – Adults with disabilities, aging well, planning for the future, U.S. systems for the elderly, housing options, home care, health, caregivers, grief and loss Balancing – Personal growth, communication, families, relationship, grief and loss, mental health, addiction and recovery 	<ul style="list-style-type: none"> Thriving – Health tools, live healthy, healthy eating, medical care, infant and toddler health, child health, adolescent health, women's health, men's health, senior health, health challenges Working – Accomplished employee, effective manager, career development, training and development, workplace productivity, workplace diversity, workplace safety Living – Consumer tips, home improvement, home buying or selling, moving, financial, legal, legal ready docs, errands online, safety, pets, travel and leisure time, fraud and theft 	<ul style="list-style-type: none"> Educational materials Personal assessments Interactive tools Self-search resource locators Email for consultant-assisted search Live messaging for consultant-assisted search Web seminars
Referrals and fulfillment	<ul style="list-style-type: none"> Up to three qualified referrals where available; if additional needed, participant calls back 	<ul style="list-style-type: none"> Turnaround Time: 12 business hours; emergency is six business hours 	<ul style="list-style-type: none"> Online and print fulfillment materials

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BENEFIT ADVOCATE CENTER

Ask Your Advocate

Helping you make the most of your healthcare benefits.



Insurance | Risk Management | Consulting



Gallagher is ready to help you get the most from your benefit programs by providing an advocate at no cost to assist you with:

- **Explanation of benefits.** Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?
- **Prescription/pharmacy problems.** Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting an authorization on a medication?
- **Benefits questions.** Are you unsure if the insurance will pay for a certain procedure?
- **Claim issues.** Did you receive a bill from a doctor but don't know why?
- **Difficult situations.** Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

You have a dedicated Advocate ready to handle any situation in a discreet and confidential manner.

CONTACT INFORMATION

Infineum USA LP
Toll Free: (833) 525-7102
bac.infineum@ajg.com

Hours of Operation:
Monday - Friday 8:00 a.m. – 6:00 p.m. EST

The services provided by an Advocate does not ensure or guarantee benefits. Applicable plan documents containing information regarding all terms, conditions and exclusions of coverages shall govern Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services." Neither Arthur J. Gallagher & Co., nor its affiliates provide accounting, legal or tax advice.

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CONTACTS

Contact Information			
Plan	Carrier	Phone Number	Email/Website
All Benefits	Gallagher Benefit Services	1-833-525-7102	bac.infineum@ajg.com
Medical	Meritain Health	1-800-925-2272	www.meritain.com
Prescription	Express Scripts	1-866-544-2891	www.express-scripts.com
Dental	Aetna	1-877-238-6200	www.aetna.com
Vision (Under age 65)	VSP	1-800-877-7195	www.vsp.com

MONTHLY PLAN RATES

No rate changes to Plan1, Plan2, or Dental Plan for 2022.

Monthly Plan Rates	Single		Individual + Adult		Individual + Child(ren)		Family	
	Retiree	Infineum	Retiree	Infineum	Retiree	Infineum	Retiree	Infineum
Plan 1	\$208	\$832	\$396	\$1,593	\$355	\$1,423	\$529	\$2,119
Plan 2	\$267	\$696	\$531	\$1,309	\$463	\$1,182	\$707	\$1,741
Medicare Supplement*	\$140	\$260	\$280	\$515	N/A	N/A	N/A	N/A
Dental Plan	\$26	\$26	\$47	\$39	\$47	\$39	\$75	\$57

*The rates for the Medicare Supplement Plan will increase by 8% in order to account for the increasing cost of the Medicare Part D Plan.

EXTENDED COVERAGE OF DEPENDENTS

UP TO AGE 26

You may recall that the Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform,” was signed into law by President Obama on March 23, 2010. One of the provisions of this law required health care plans to extend dependent care coverage to eligible individuals through age 26, beginning no later than March 23, 2011. As a result of this legislation, dependent children who are under age 26, unless other coverage is available through his/her employer or spouse, may remain on the Infineum Medical Plan. Beginning in 2014, children up to age 26 can stay on their parent’s employer plan even if they have another offer of coverage through an employer. Eligibility for this coverage does not depend on full time student status, marital status, financial dependency or residence in the parental home. Dependents with this new eligibility can be added to your Medical Plan option during the Open Enrollment period beginning on November 1, 2021 to start coverage on January 1, 2022. New Jersey retirees should note that, because the Infineum Medical Plan is self-funded, it is not subject to the expanded coverage provisions of the recently enacted N.J. Dependent Under 31 Law (DU31).

WOMEN'S PREVENTIVE CARE

WITH NO COST SHARING

On August 1, 2011, the Department of Health and Human Services (HHS) released an amendment to the Interim Final Regulations for preventive care under the Patient Protection and Affordable Care Act (PPACA). The amendment applies to non-grandfathered individual insurance policies as well as non-grandfathered insured and self-insured group health plans.

The amendment provides additional guidelines for women's preventive services. Health plans will need to cover women's preventive services, including birth control, without copayments or deductibles. The guidelines reflect the recommendations made in July 2011 by the independent Institute of Medicine.

For plan years beginning on or after August 1, 2012, non-grandfathered plans will be required to cover the following additional preventive care services for women with no cost sharing:

Plans may impose cost sharing on brand name preventive drugs if a generic version is available and is just as effective and safe for the patient to use. Cost sharing would not be permitted on the generic drug.

For more detail on the amendment and the additional preventive care services for women, visit:

www.hrsa.gov/womensguidelines/ or

<http://www.healthcare.gov/news/factsheets/2011/08/womensprevention08012011a.html>

For more information on the existing PPACA preventive care guidelines, visit:

<http://www.healthcare.gov/center/regulations/prevention/taskforce.html>

Services include:

- ◆ Annual well-woman visits
- ◆ Screening for gestational diabetes
- ◆ HPV DNA testing for women 30 years and older
- ◆ Sexually-transmitted infection counseling
- ◆ HIV screening and counseling
- ◆ FDA-approved contraception methods and contraceptive counseling
- ◆ Breastfeeding support, supplies, and counseling



LEGAL NOTICES



LEGAL NOTICES

Notice of Creditable Coverage

Important Notice from Infineum USA Inc. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it.

This notice has information about your current prescription drug coverage under the Infineum Medical Plan (IMP which includes PPO1 or PPO2) and your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan or not. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Infineum USA Inc. has determined that the prescription drug coverage offered by its IMP is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

If you are an active employee, and become eligible for Medicare, you remain eligible to participate in the IMP whether you enroll in Medicare or not. While you are working as an active employee, the IMP remains primary for you and most of your eligible family members. There is no expectation that you enroll in Medicare Parts A and B until after you are no longer an active employee.

If you are a retiree or survivor, and become Medicare eligible, you are no longer eligible for the IMP coverage and are expected to enroll in Medicare Parts A and B and move to the Infineum Medicare Supplement Plan (IMSP) as soon as you are eligible, even if you do not enroll in Medicare. Note that Medicare eligibility may be acquired on the basis of age or because of disability status under Social Security.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan while still retaining your IMP coverage, your current IMP coverage will not be affected. Prescription drug coverage plan provisions/options under the Infineum plans are described in detail in the respective Summary Plan Descriptions available via the USA Colleague Handbook page on Infinet (<http://infinet/Corporate/HR/HR-USA/Pages/USA-Colleague-Handbook.aspx>) or in Colleague Central under Local System Links. Medicare eligible participants can keep Infineum's coverage, if otherwise eligible; if they elect part D, the Infineum plan will coordinate with Part D coverage.

Your current IMP coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare drug plan, you and your eligible dependents will still be eligible to receive all your current health and prescription drug benefits.

Your IMSP coverage includes a Medicare Part D Plan. If you cancel or drop your IMSP coverage, be aware that you will not be able to reenroll in the IMSP at any later time even for coverage for health expenses other than prescription drugs. You should compare your current coverage provided under the IMSP, including which drugs are covered, with the coverage and cost of plans offering Medicare prescription drug coverage in your area before you make the decision to drop your IMSP coverage. If you enroll in another Medicare Part D Plan, your IMSP coverage will be terminated (both medical and prescription drug coverage). **If you cancel or drop your IMP coverage, without immediately enrolling in both the IMSP and Medicare, then you will not be eligible to enroll in the IMSP at a later date.**

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

You should also know that if you drop or lose your current coverage with Infineum USA Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

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

For more information about Medicare prescription drug coverage:

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

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty).

Date:	October, 2021
Name of Entity/Sender:	Infineum USA Inc. – HR Dept.
Contact-Position/Office:	Benefits Specialist
Address:	1900 E. Linden Ave. Linden, NJ 07036
Phone Number:	908-474-3159

LEGAL NOTICES

Health Insurance Marketplace Coverage Options and Your Health Coverage

Dear Infineum Retiree:

Key parts of the Affordable Care Act, also known as the healthcare reform law, that went into effect January 1, 2014. As of this date, the healthcare reform law will require almost all Americans to have healthcare coverage or be subject to a penalty tax. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace for buying health insurance and about health coverage at Infineum.

If you are eligible for health coverage through Infineum, your coverage will likely be more affordable through Infineum's health plans, or if applicable and available, through your spouse's or your parent's employer plan (if you are under the age of 26).

If you are not eligible for Infineum's health plans, you should consider other options available to you, such as coverage through your spouse's employer plan, your parent's employer plan (if you are under the age of 26), Medicaid, Medicare or your state's Marketplace. Enrollment in the Marketplace will begin in October. You may be eligible for a federal subsidy (in the form of a tax credit) in order to make buying insurance through the Marketplace more affordable. The subsidy you may be eligible for depends on your household income. If you are eligible for health coverage from Infineum you will not be eligible for the subsidy (tax credit) through the Marketplace. Therefore, you may wish to enroll in Infineum's health plan.

If you decide to enroll through the Marketplace, you should be prepared to provide the Marketplace with the following information about Infineum and our plans:

Employer name:	Infineum
Employer Identification Number (EIN):	74-2890923
Employer address:	1900 E. Linden Ave, Linden, NJ 07036
Employer telephone number:	908-474-2273
Contact for employee health coverage:	HR Department
Email address of contact:	hedy.disimoni@infineum.com

What Is The Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. It offers "one-stop shopping" to find and compare private health insurance options. All U.S. citizens and legal residents will have access to individual health insurance policies through their state's Marketplace.

Open enrollment for health insurance coverage through the Marketplace begins October 1, 2021 through November 15, 2021. To find out more about the Marketplace in the state where you live, visit www.healthcare.gov.

Can You Save Money On Health Insurance Premiums In The Marketplace?

If you are not eligible for benefits at Infineum, you may be eligible for a federal subsidy (in the form of a tax credit) that lowers your monthly premium for coverage purchased through the Marketplace.

Are There Situations When I Can Qualify For A Tax Credit Even Though I Am Eligible For Coverage Through My Or My Spouse/Parent's Employer's Health Plan?

Under the healthcare reform law, some people may be eligible for a tax credit that lowers their monthly premiums or deductibles if their employer does not offer coverage at all or does not offer coverage that meets certain standards. You may be eligible for a federal subsidy if the cost of a plan from an employer for employee-only coverage is more than 9.61% of your household income for the year, or if the coverage the employer provides does not meet the "minimum value" standard set by the healthcare reform law. Infineum's health coverage will meet the requirements (cost and "minimum value") of the healthcare reform law.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by Infineum, then you won't be eligible for Infineum's contribution to the Company-offered coverage. Also, this Company 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.

Why Are You Sending This Information?

Most U.S. employers are required to send this notice to employees to raise awareness of the new Marketplace and to help them understand how having access to their employer's healthcare plan may limit their eligibility for a subsidy in the Marketplace.

How Can I Get More Information?

Remember the healthcare reform law requires almost all Americans to have healthcare coverage or be subject to a penalty tax. Additional information is available by visiting the website www.healthcare.gov or following on this link: <https://www.healthcare.gov/fees/fee-for-not-being-covered/>.

Sincerely,

Infineum

LEGAL NOTICES

Protecting Your Health Information Privacy Rights

Infinium is committed to the privacy of your health information. The administrators of your benefits use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting your HR Department.

Women's Health and Cancer Rights Act (WHCRA)

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

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

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

Notice Regarding the Newborns' Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information, please visit www.dol.gov/EBSA.

HIPAA Special Enrollment Rights Notice

If you are declining enrollment for yourself or any of 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 toward your or your dependents' other coverage).

However, you must request enrollment within "30 days" or any longer period that applies under the plan after your or your dependents' 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 yourself and your dependents. However, you must request enrollment within "30 days" or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption. You also may be able to enroll if you or a dependent lose eligibility

for coverage under a State Medicaid or CHIP program, or become eligible for State premium assistance under a Medicaid or CHIP program.

However, you must request enrollment within "60 days" or any longer period that applies under the plan after losing eligibility for Medicaid or CHIP, or becoming eligible for premium assistance.

To request special enrollment or obtain more information, contact: HR Department.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

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

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

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

LEGAL NOTICES

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – 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	Website: http://fimedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD CAUCO nt.aspx Phone: 1-800-541-5555	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
IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	NEVADA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalsev/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA – Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT – Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531



This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.

2022 Open Enrollment Benefits for Retirees