BANKW Staffing Medical Plan Contract Employees

Medical Offer of Coverage

Effective January 1, 2027 – December 31, 2027

Offer of Coverage

Under the Affordable Care Act (ACA), applicable large employers (ALEs) must offer affordable, minimum essential coverage to full-time employees and their dependents who may be eligible. This notice describes eligibility requirements for the Medical Plan(s) and explains our procedures for electing coverage. A contract employee will be eligible to participate in the Medical Plan(s) if the employee is a common law employee of BANKW Staffing, LLC (the "Company"), and its affiliated companies, KBW Financial Staffing & Recruiting, Alexander Technology Group, The Nagler Group, Sales Search Partners and /or KNF&T (together with the Company, the Companies") and is considered to be "full-time". We determine whether a contract employee is full-time using the rules set in the Eligibility Policy for Contract Employees.

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

TO ELECT COVERAGE, BENEFIT ELECTION FORMS MUST BE RECEIEVED WITHIN 30 CALENDAR DAYS OF ORIGINAL DATE OF HIRE FOR THE INITIAL MEASUREMENT PERIOD

If the contract employee does not respond within 30 days, the Company will assume the contract employee has chosen to **waive** coverage for the Initial Measurement Period, which is a 12-month period beginning on the first day of the month following a contract employee's date of hire. Otherwise, the next opportunity to elect coverage will be during the Standard Stability Period if eligible as outlined in the Eligibility Policy for Contract Employees; or, if the employee experiences a qualifying special enrollment or status change event under applicable law.

PLEASE CLICK HERE TO VIEW ALL MEDICAL PLAN DOCUMENTS AND ELIGIBILITY POLICY

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

Rehires: Employees who are terminated and rehired during an Initial Measurement Period and had elected coverage for that period in accordance with this policy will resume or commence coverage either (1) beginning on the first day of the month following the date the employee resumes services or (2) the 90th day following the first day of his or her employment, whichever is later, and provided in either case that the employee is or was considered to be "full time" as of the 90th day following commencement of employment as determined under this policy. If the employee returns during an Initial Measurement Period with respect to which the employee had waived coverage, the Companies will not make another offer of coverage with respect to that period.

Enrollment: To elect coverage, please complete and send the medical and/or dental election form to HR@bankwstaffing.com . You will then receive an email from HR with further instructions to complete your enrollment, which must be completed by your eligibility date.

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

BANKW Staffing Medical Plan Contract Employees

Medical Offer of Coverage

Effective January 1, 2027 – December 31, 2027

Employee Acknowledgement: I have received the BANKW Staffing Offer of Coverage, policies, and all relevant plan documents regarding eligibility and the election process. These documents include the terms and conditions of coverage, available coverage options, and costs under the BANKW Staffing Medical and Dental Plan(s). I have had the opportunity to review these materials in advance of making my election. I understand that any questions may be directed to Human Resources. I also understand that I may request a paper copy of any relevant plan document, free of charge, by contacting Human Resources. If I choose to enroll in Health & Welfare Benefits, I acknowledge that I am making a binding election and authorizing payroll deductions on a pre-tax basis for the medical plans I elect through the employer-sponsored Section 125 Cafeteria Plan. Coverage will remain in effect for the full period, unless the employee experiences a qualifying event.

***Employee Signature*:**	
Printed Name:	
Date:	

SIGNING THIS PAGE DOES NOT ENROLL YOU IN COVERAGE

TO ELECT COVERAGE PLEASE COMPLETE AND RETURN THE BENEFIT ELECTION FORM TO: HR@BANKWSTAFFING.COM

BANKW Staffing Medical Plan Contract Employees
Medical & Dental Election Form
Effective January 1, 2027 – December 31, 2027

Election: BANKW Staffing offers Medical and Dental Coverage to contract employees who satisfy eligibility criteria as defined in the eligibility policy. To enroll in coverage, please make your selections below, sign and return this form to the HR Department, who will determine your eligibility. Please review Network vs PPO plans carefully to determine which plan to select.

MEDICAL: Health Plans Inc (HPI) HSA Network Plan **IN-NETWORK ONLY** **877-734-6995 www.hpiTPA.com**

The **HSA Network Plan** is only available to employees who reside **inside** the HPI Service Area which includes Maine, New Hampshire, Massachusetts, Vermont, and Rhode Island.

HPI HSA NETWORK PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES

Your Rate of Pay	Employee		EE + Spouse		EE +Child(ren)		Family	
$14.99/hour or under	$42.92		$303.52		$260.99		$479.05	
$15.00-$18.49/hour	$45.92		$306.52		$263.99		$482.05	
$18.50/hour & above	$56.54		$317.14		$274.61		$492.66	
						I choose to waive the HPI HSA Network Plan:		

MEDICAL: Health Plans Inc (HPI) HSA PPO Plan **OUT-OF-NETWORK ONLY** **877-734-6995 www.hpiTPA.com**

The **HSA PPO Plan** PPO is only available to employees who reside **outside** of the HPI Service Area which includes all states EXCEPT Maine, New Hampshire, Massachusetts, Vermont, and Rhode Island.

HPI HSA PPO PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES

Your Rate of Pay	Employee		EE + Spouse		EE +Child(ren)		Family	
$14.99/hour or under	$42.92		$324.73		$278.37		$514.54	
$15.00-$18.49/hour	$45.92		$327.73		$281.73		$517.54	
$18.50/hour & above	$56.54		$338.35		$292.35		$528.15	
						I choose to waive the HPI HSA PPO Plan:		

DENTAL: Northeast Delta PPO Plus Premier **800-832-5700 www.nedelta.com**

PPO DENTAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES

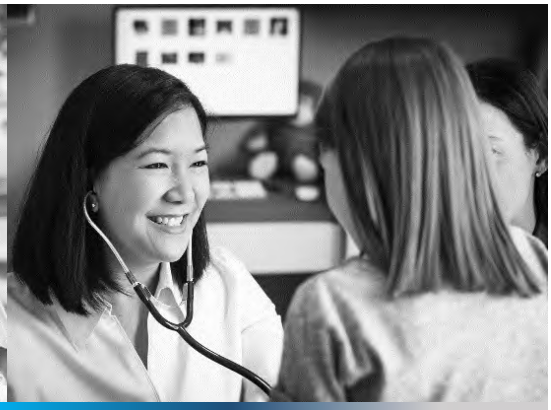
Coverage Level	Employee		EE + One		Family	
Rates	$14.46		$26.47		$46.06	
				I choose to waive the Northeast Delta Dental Plan:		

Employee Acknowledgement:

I acknowledge the documents describing the terms and conditions of coverage, coverage options, and costs of coverage under the BANKW Staffing Medical Plan and Dental Plan, were provided to me electronically, prior to my eligibility. I acknowledge all relevant Plan documents for contractor employees are posted on the Company's website www.bankwstaffing.com and that I may request a paper copy of any relevant plan document(s), free of charge, by contacting Human Resources. I have had the opportunity to review these documents in advance of my election, and I understand any questions I have can be directed to Human Resources. I understand by enrolling in Medical and/or Benefits, I am making a binding election, and my coverage will remain in effect for the full period, unless I experience a qualifying event. I authorize payroll deductions on a pre-tax basis for the Medical and/or Dental Plan(s) elected through my employer-sponsored Section 125 Cafeteria Plan. I understand if I miss a payroll deduction, I am responsible for my portion of insurance premium(s). My missed deduction(s) will be divided over the same number of pay periods that were missed and added to my current benefit deduction(s).

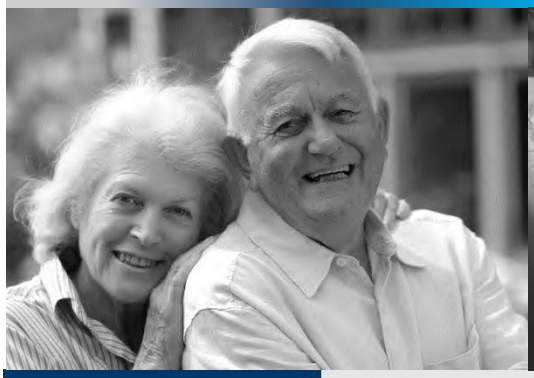
Employee Signature:	
Printed Name:	
Date:	





Benefits Enrollment Guide for Contract Employees

January 1**, 202**7**- December 31, 202**7





BANKW STAFFING

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WELCOME

Welcome to BANKW Staffing! As an active full-time contract employee, you are eligible to participate in a variety of benefit programs. This guide summarizes our benefit programs in a quick and easy-to-understand way and is intended to provide you with an overview of the benefit choices you have as an employee. Summary plan documents are available on the ADP portal and supersede this summary.

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

If you elect coverage in the first 30 calendar days of the original date-of-hire, your coverage will take effect on the 90th day following your date of hire.

Open Enrollment and Qualifying Life Events

Open enrollment is your yearly opportunity to review your current benefits and make changes for the upcoming plan year. During open enrollment, you can add, change, or decline coverage and add and/or drop family members coverage during this time. Once you make benefit elections, they will be effective for the entire plan year (January 1, 2027-December 31, 2027).

The only time you may change your benefits during the plan year is in the event of a qualified life change.

A qualified life change is defined as:

- Marriage, Divorce or legal separation
- Birth or adoption of a dependent
- Domestic partnership status change
- Death of a dependent
- Change in coverage under another employer's plan
- HIPAA Special Enrollment events
- Medicare or Medicaid entitlement
- COBRA qualifying events

Please notify Human Resources within 30 days of your qualified life event, in order to make changes to your benefit elections. If you do not make changes during this time, you will need to wait until next year's open enrollment.

Benefit enrollments need to be completed during the enrollment window or within 30 days of your hire date or a qualifying life event, otherwise you will not receive coverage for the upcoming year.

Covering Your Family Members

Eligible dependents generally include your domestic partner, spouse and children up to age 26. Some age limitations may apply to specific insurance programs. Children may include natural, adopted, step-children, or children obtained through court-appointed legal guardianship. If you are electing domestic partner coverage, the Human Resources team will reach out for additional documentation. Per IRS regulations, you will pay income tax and Social Security payroll tax on the portion of the insurance premium that your employer contributes to your partner's policy.

EMPLOYEE CONTRIBUTIONS

Effective January 1, 2027 – December 31, 2027

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

Medical - HSA Network Plan	Employee Weekly
Contract Employee Pay Rate $14.99 & under	
Employee	$42.92
EE & Child(ren)	$260.99
EE & Spouse	$303.52
Family	$479.05
Contract Employee Pay Rate $15.00 to $18.49	
Employee	$45.92
EE & Child(ren)	$263.99
EE & Spouse	$306.52
Family	$482.05
Contract Employee Pay Rate $18.50 and over	
Employee	$56.54
EE & Child(ren)	$274.61
EE & Spouse	$317.14
Family	$492.66
Medical - HSA PPO Plan	**Employee Weekly**
Contract Employee Pay Rate $14.99 & under	
Employee	$42.92
EE & Child(ren)	$278.73
EE & Spouse	$324.73
Family	$514.54
Contract Employee Pay Rate $15.00 to $18.49	
Employee	$45.92
EE & Child(ren)	$281.73
EE & Spouse	$327.73
Family	$517.54
Contract Employee Pay Rate $18.50 and over	
Employee	$56.54
EE & Child(ren)	$292.35
EE & Spouse	$338.35
Family	$528.15
Dental	**Employee Weekly**
Employee	$14.46
Employee + One	$26.47
Family	$46.06

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

Medical Insurance-Network-HSA Eligible* Plan

BANKW Staffing offers medical insurance through Health Plans Inc. You are eligible for this benefit on the 90th day following your date-of-hire. Employees have the option to choose the HSA Network plan or the HSA PPO plan.

*When enrolled in this plan, you are eligible to open and fund an individual HSA through a financial institution of your choosing.

Option 1: HSA Network $6,000 Plan		
Plan Features	**In Network**	
General Deductible	$6,000 per Member per Plan Year $12,000 per Family per Plan Year	
Out-of-Pocket Maximum – Once the out-of-pocket limit is satisfied you will not have to pay additional deductibles, coinsurance, or copays for the rest of the Calendar Year.	$6,500 per Member per Plan Year $13,000 per Family per Plan Year	
Routine physical exams, GYN exams, Routine Well Child Care (includes immunizations, blood lead screening & all charges billed at time of visit) Colonoscopy (age 50+), PAP Smear, Routine Mammogram (age 40+)	Covered 100%	
Physician Services – including but not limited to: Primary Care Office Visits Specialist Office Visits	Subject to deductible	
Chiropractor (12 visits per plan year)	Subject to deductible	
Outpatient Hospital Charges Outpatient Surgery	Subject to deductible	
Diagnostic Labs Diagnostic X-rays Diagnostic Imaging (CAT Scan, PET Scan, MRI)	Subject to deductible	
Physical, Occupational, or Speech therapy- Up to 60 visits per Member per Plan Year	Subject to deductible	
Inpatient Care Hospital Room & Board Surgical Facility & Supplies	Subject to deductible	
Durable Medical Equipment	Subject to deductible	
Mental Health & Substance Abuse	Subject to deductible	
Emergency Room or Urgent Care Facility Visit Urgent Care Clinic Emergency Room	Subject to deductible	
Ambulance Medically Necessary	Subject to deductible	
Prescriptions	Retail up to 30-day supply Subject to Deductible, then: Tier 1: $5 Tier 2: $20 Tier 3: 20% Tier 4: 30%	Mail Order 90-day supply Subject to Deductible, then: Tier 1: $10 Tier 2: $40 Tier 3: 20% Tier 4: 30%

Medical Insurance-PPO-HSA Eligible* Plan

BANKW Staffing offers medical insurance through Health Plans Inc. You are eligible for this benefit on the 90th day following your date-of-hire. Employees have the option to choose the HSA Network plan or the HSA PPO plan.

*When enrolled in this plan, you are eligible to open and fund an individual HSA through a financial institution of your choosing.

Option 2: HSA PPO **$6,000 Plan**		
Plan Features	**In Network**	**Out of Network**
General Deductible	$6,000 per Member per Plan Year $12,000 per Family per Plan Year	$6,250 per Member per PlanYear $12,500 per Family per Plan Year
Out-of-Pocket Maximum – Once the out-of-pocket limit is satisfied you will not have to pay additional deductibles, coinsurance, or copays for the rest of the Calendar Year.	$6,500 per Member per Plan Year $13,000 per Family per Plan Year	$10,000 per Member per Calendar Year $20,000 per Family per Calendar Year
Routine physical exams, GYN exams, Routine Well Child Care (includes immunizations, blood lead screening & all charges billed at time of visit) Colonoscopy (age 50+), PAP Smear, Routine Mammogram (age 40+)	Covered 100%	20% Coinsurance
Physician Services – including but not limited to: Primary Care Office Visits Specialist Office Visits	Subject to deductible	Subject to deductible, then 20% Coinsurance
Chiropractor (12 visits per plan year)	Subject to deductible	Subject to deductible, then 20% Coinsurance
Outpatient Hospital Charges Outpatient Surgery	Subject to deductible	Subject to deductible, then 20% Coinsurance
Diagnostic Labs Diagnostic X-rays Diagnostic Imaging (CAT Scan, PET Scan, MRI)	Subject to deductible	Subject to deductible, then 20% Coinsurance
Physical, Occupational, or Speech therapy- Up to 60 visits per Member per Plan Year	Subject to deductible	Subject to deductible, then 20% Coinsurance
Inpatient Care Hospital Room & Board Surgical Facility & Supplies	Subject to deductible	Subject to deductible, then 20% Coinsurance
Durable Medical Equipment	Subject to deductible	Subject to deductible, then 20% Coinsurance
Mental Health & Substance Abuse	Subject to deductible	Subject to deductible, then 20% Coinsurance
Emergency Room or Urgent Care Facility Visit Urgent Care Emergency Room	Subject to deductible	Subject to deductible
Ambulance Medically Necessary	Subject to deductible	Subject to deductible
Prescriptions- covered in network only *	Retail up to 30-day supply* Subject to Deductible, then: Tier 1: $5 Tier 2: $20 Tier 3: 20% Tier 4: 30%	Mail Order 90-day supply Subject to Deductible, then: Tier 1: $10 Tier 2: $40 Tier 3: 20% Tier 4: 30%

Dental Insurance

Regular dental care is essential to good health. BANKW Staffing provides you with an opportunity to purchase Dental coverage with Northeast Delta Dental. You are eligible for this benefit on the 90th day following date-of-hire. For the best savings, use a Northeast Delta Dental participating dentist or specialist.

<table>
<tr><td colspan="4">Office Visit Copayment: None</td></tr>
<tr><td>Diagnostic / Preventive
(Coverage A)</td><td>Basic
(Coverage B)</td><td>Major
(Coverage C)</td><td>Orthodontics
(Coverage D)</td></tr>
<tr><td>No Deductible</td><td colspan="2">$100/$300 One-time Deductible per Person/Family</td><td>No Deductible</td></tr>
<tr><td>DIAGNOSTIC:
Oral evaluations twice in a 12-month period, this includes periodic, limited, problem-focused, and comprehensive evaluations

Bitewing X-Rays once in a 12-month period

X-Rays of individual teeth as necessary

Brush biopsy once in a 12-month period

PREVENTIVE:
Cleanings twice in a 12-month period

Fluoride twice in a 12-month period to age 15

Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15</td><td>RESTORATIVE:
Amalgam (silver) fillings;
Composite (white) fillings

ORAL SURGERY:
Routine extractions

ENDODONTICS:
Root canal therapy

PERIODONTICS:
Treatment of gum disease

Periodontal Cleaning (Maintenance procedures)

Note: Only two cleanings are covered in a 12-month period. These may be any combination of routine (Coverage A) or periodontal (Coverage B).

Space maintainers to age 15

Full-mouth/panoramic X-rays once in a 5-year period

EMERGENCY PALLIATIVE TREATMENT</td><td>PROSTHODONTICS:
Removable and fixed partial dentures (bridge); complete dentures

Rebase and reline (dentures)

Crowns

Onlays

Implants

DENTURE REPAIR:
Repair of removable denture to its original condition

ORAL SURGERY:
Complex extractions and other surgical procedures

CROWN LENGTHENING:
Clinical crown lengthening once in a lifetime per site</td><td>ORTHODONTICS:
Correction of malposed (crooked) teeth for adults and dependent children</td></tr>
<tr><td>Delta Dental Pays 100%
No Waiting Period</td><td>Delta Dental Pays 80%
No Waiting Period</td><td>Delta Dental Pays 50%*
After a 6-Month Waiting Period</td><td>Delta Dental Pays 50%*
After a 6-Month Waiting Period</td></tr>
<tr><td colspan="3">Calendar Year Maximum: $2,000 up to $4,000 per Person with Double-Up Max℠
Health through Oral Wellness® program included (please see reverse)</td><td>Lifetime Maximum:
$1,500 per Person</td></tr>
</table>

You can find a dentist by visiting the Northeast Delta Dental website www.nedelta.com. You can also call Northeast Delta Dental at 603-233-1000 or toll-free at 800-832-5700.

Dental Insurance
HOW Program

Northeast Delta Dental

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

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

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

1	2	3
Dentist performs a clinical oral health risk assessment and submits it to Northeast Delta Dental electronically.	Members scoring between 3-5 on a 5-point scale receive enhanced preventive benefits automatically.	HOW® engages members about good oral health.



Summary of Enhanced Benefits

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

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

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

Customer Service Numbers

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

Medical Benefits

Health Plans Inc.
877-734-6995
www.hpiTPA.com

Dental Benefits

Northeast Delta Dental
800-832-5700
www.nedelta.com

Broker Contact

Jill Spier

CGI Business Solutions
Account Executive
Direct 603-232-9355
jspier@cgibenefitsgroup.com

Jamie Beland

CGI Business Solutions
Benefit Consultant
Direct 603-232-9326
jbeland@cgibenefitsgroup.com

See a doctor now, wherever you are.

dr. on demand

Access to a licensed professional at your fingertips



It's fast and easy

- Connect virtually with a physician in minutes[1]
- Video visits held online or through the mobile app
- Pay only your office visit/PCP-level cost share
- Referrals are not required
- Paperless prescriptions are sent directly to your pharmacy[2]

Medical Urgent Care Visits

Doctors can diagnose, treat and write prescriptions for many conditions, including:

- Coughs/colds/flu
- Sore/strep throat
- Pediatric issues
- Sinus and allergies
- Nausea/diarrhea
- Rashes and skin issues
- Women's health
- Sports injuries

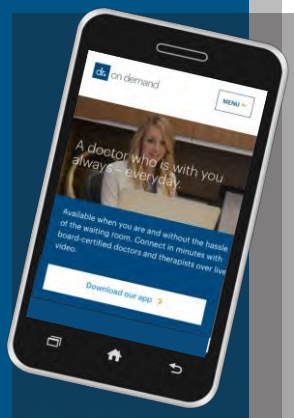
Behavioral Health Visits[3]

Psychologists support you using talk therapy, while psychiatrists will also look for biological imbalances and can prescribe medicine as part of a treatment plan.[4]

How it works

1. Download the app on your mobile device or access doctorondemand.com/health-plans-inc
2. Create your account and enter insurance (choose Health Plans, Inc.) and pre-consult information.
3. Complete a questionnaire of current symptoms and medical history.
4. Pay cost-share via app or website.
5. Consult with a Doctor On Demand board certified provider.
6. Receive email follow up after the visit to share with your PCP, or request that it be sent directly to your PCP.

The details of your consultation will not be forwarded to your PCP without your consent.



Download on the App Store

GET IT ON Google Play

or web video visits at doctorondemand.com/health-plans-inc

[1] *Availability more limited during overnight hours.*

[2] *Doctor On Demand physicians do not prescribe Schedule I-IV DEA controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.*

[3] *Doctor On Demand is not meant for crisis or emergency mental health situations. If you are experiencing a crisis or emergency, call 911 or go to your nearest emergency room. Psychology visits are typically available within 48 hours to one week and psychiatry visits are typically available within 2-3 weeks.*

[4] *Doctor on Demand psychiatrists can prescribe medications when necessary for treatment; however, Doctor On Demand does not prescribe any controlled substances. In these cases, alternatives with less potential for abuse and dependence may be offered.*

Have questions about Doctor On Demand? Contact Member Support at 800-997-6196 or support@doctorondemand.com.

For questions about your plan benefits or eligibility, contact HPI Customer Service at the phone number or website on the back of your member ID card.

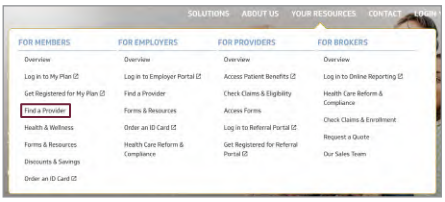
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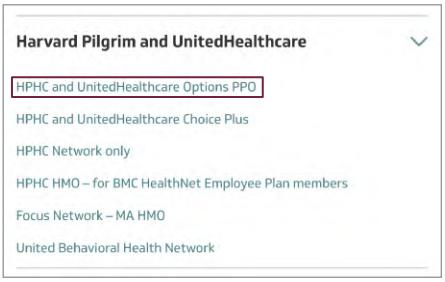
Find a **Harvard Pilgrim or UnitedHealthcare** Provider Online

Already an HPI member? For quick access to your provider network search tool, use your member ID number to register for **My Plan**.

1. Go to **hpiTPA.com** and visit the Members Section.



2. Click **Find a Provider**, and then choose **HPHC and UnitedHealthcare Options PPO Network** from the Harvard Pilgrim and UnitedHealthcare network list.

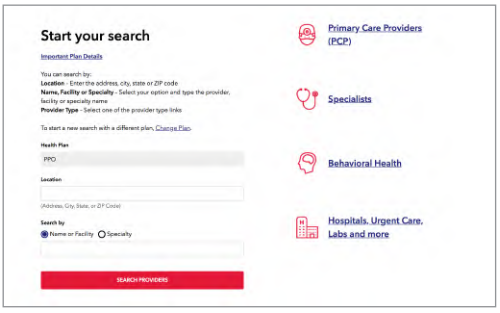


3. To find a provider, you can search by:

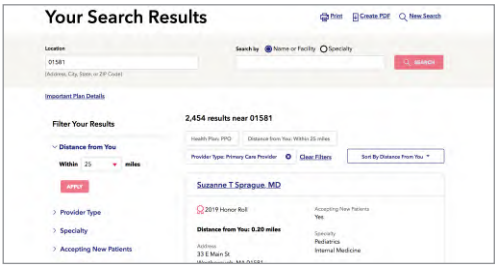
Location: Enter an address, city, state or ZIP Code.

Name, Facility or Specialty: Select your option and type in the provider, facility or specialty name.

Provider Type: Select one of the provider type links.



4. View your results. You can refine your results by choosing from the Filter Your Results list.



Have questions? Contact HPI Customer Service at 800-532-7575 or visit us online at hpiTPA.com

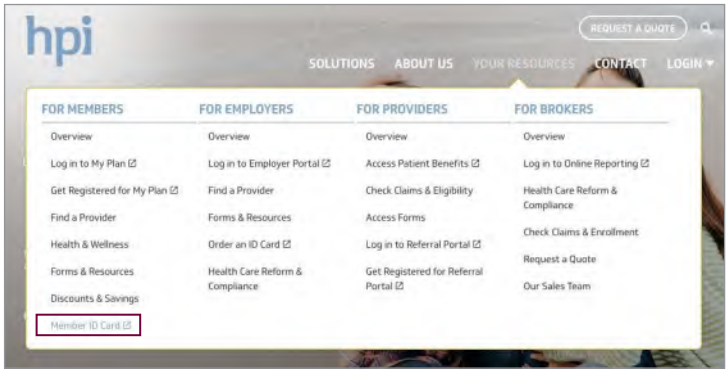
121520

Download or Print Your ID Card

Download or print your member ID card from your laptop or mobile device with the following instructions if you have not registered your *My Plan* account, or if you do not know your member ID number.

1. Go to hpiTPA.com

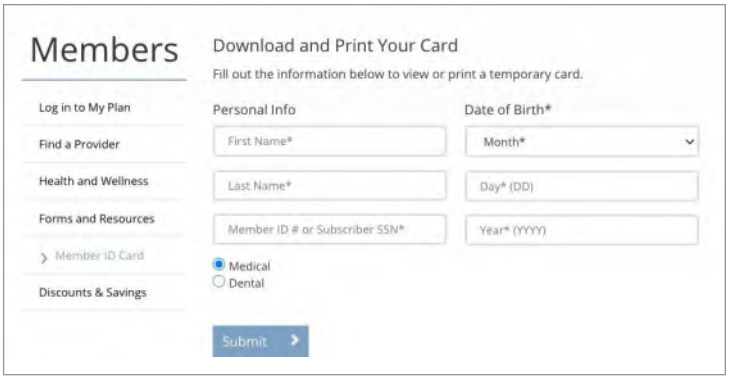
2. Select **Member ID Card** from the top "Members" navigation menu.



3. Enter your name, date of birth, and the plan subscriber's social security number.

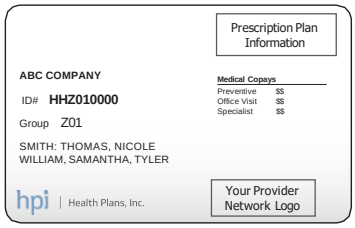
Please note: Dependents must enter the plan subscriber's social security number in order to access their electronic member ID card.

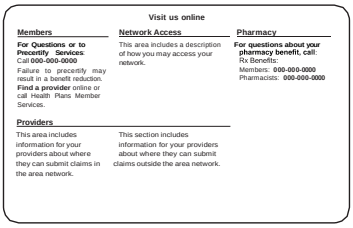
4. Click Submit.



5. Your electronic member ID card will open in your browser's window. You may save your card as a PDF, print your card, or view it on your mobile device screen.

Your actual card image will vary. The image to the right is an example only.





Have questions? Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.

Manage your plan online With My Plan

24/7 access to your plan and account details



Register in Minutes!

1. Go to the website listed on the back of your member ID card (it will be at the top)
2. Visit the **Members** section and click the link to **Get Registered**
3. Enter your information to create your username and password

If you are a dependent, be sure to have the five-digit home ZIP Code and the last four digits of the employee's (plan subscriber's) social security number.

Access all of your account details* in one secure location anytime, anywhere!

- Review your claims
- Check your benefits
- Access your prescription drug plan
- Search your provider network
- Download a report of your claims
- Request claim reimbursements
- View, print or order your member ID card
- View or print applicable tax forms
- Find a Primary Care Provider (PCP)
- View your health spending account details



On your mobile device!

** You will have access to details applicable to your plan. Please note, not all of the items listed above apply for all plans.*

Have questions? Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.

hpi™

Discounts & Savings

Present your HPI member ID card and save!

Receive exclusive discounts on health-related products and services through HPI's affiliation with Harvard Pilgrim Health Care.

Fitness

Fitness Programs & Equipment

- Appalachian Mountain Club
- Boston Ski+Sports Club *(MA)*
- Marathon® Sports *(MA)*
- ProSourceFit
- Runner's Alley *(NH)*
- SplitFit *(MA)*
- Workout Fitness Store *(ME)*

Quit Smoking

- Craving to Quit®
- QuitSmart®

Healthy Eating

- DASH for Health™
- Eat Right Now®
- InsideTracker
- Jenny Craig®
- Savor Health™
- Savory Living®
- The Dinner Daily
- Weight Watchers of Maine

Vision

Eyewear Program

- Free eyewear with exam at Visionworks® in MA, NH, RI & NY*
- Discounts on prescription sunglasses and frames at Harvard Vanguard Medical Associates *(MA)*
- Discounts on frames, contacts and accessories through EyeMed-affiliated providers, including:**
  - IN Style OPTICAL℠ *(MA)*
  - LensCrafters®
  - Pearle Vision®
  - Target Optical®

Laser Vision Correction

- Davis Vision™
- QualSight® LASIK
- U.S. Laser Vision Network

Family & Senior Care

- CareScout® Elder Advocacy Program
- GreatCall®
- Home Instead Senior Care®
- SeniorAssist, from the Senior Resource Center, Inc. *(MA)*
- Vigorous Mind™

Hearing Aids

- Amplifon Hearing Health Care
- Flynn Associates *(MA)*
- Speech-Language & Hearing Assoc. of Greater Boston, PC *(MA)*
- TruHearing™

Holistic Wellness

- Ava Fertility Tracker
- Center for Mindfulness and Compassion at the Cambridge Health Alliance *(MA)*
- Complementary & Alternative Medicine (CAM)†
- DharmaCrafts
- FertilityIQ
- Ivy Child
- Magic Weighted Blanket
- Mighty Well®
- *Mindful* Magazine
- Ompractice
- Sana Health
- Ten Percent Happier
- The Original Healing Threads™ by Spirited Sisters
- Unwinding Anxiety®

Important Notes

* You must have an eye exam and choose eyeglasses during the same visit. Additional restrictions apply.

** Valid at participating locations only. Restrictions apply.

† The CAM program is administered through Healthways WholeHealth Living Choices, and is not related to your medical benefits. Some benefit plans include coverage for services included in the CAM program, in which case the provider networks and office visits costs may differ. Please refer to your Summary of Benefits and Coverages for more information.

Vendor participation in the Discounts & Savings program is subject to change. For the most current information, visit us online at the website listed on the back of your member ID card. Please note that some discounts are available only at the vendor's retail location(s).

Have questions?

Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.

hpi™

SmithRx

OPEN ENROLLMENT INFORMATION

Pharmacy Benefits with SmithRx

Welcome to pharmacy benefits with SmithRx. Our mission is to reduce the complexity and cost of your pharmacy benefits.

What is a Pharmacy Benefits Manager?

Pharmacy benefits managers (or PBMs) coordinate the interaction between your employer, physician, health plan, and pharmacy. Your PBM powers your pharmacy experience by:

- Making sure you're charged the correct copay at the pharmacy
- Setting up your medications to be covered according to your plan design
- Managing clinical requirements related to your prescriptions

Since your PBM benefits are closely related to your health coverage, you're automatically covered when you enroll in your health plan.

Will my pharmacy experience change?

You will receive a new Member ID card in the mail. Present this new card at the pharmacy to ensure you're using your current plan and not overpaying for your prescriptions.

PBMs like SmithRx cover medications based on lists of preferred drugs called formularies. The formulary with SmithRx may differ from your prior PBM. We'll notify you if a change is required for your medication(s).

Can I go to my usual pharmacy?

We have over 83,000 pharmacies in our network including retail pharmacies like CVS, Walgreens, RiteAid, Walmart, Costco and more. Mail order pharmacies like Amazon Pharmacy and Walmart Mail Order, and specialty pharmacies like Senderra and Kroger.

What if I need assistance?

The SmithRx Member Services team is available from 8am to 8pm Mountain Time, Monday through Friday by:

- Phone: 844.454.5201
- Email: help@smithrx.com
- Chat: On our website www.smithrx.com

In addition, we have onsite clinical staff and after hours answering to ensure you can always get the assistance you need. You can also create an account on our member portal at portal.mysmithrx.com to find documentation, tools and your ID card.

OPEN ENROLLMENT INFORMATION

We make saving money simple

SmithRx's Connect 360 programs can help patients obtain medications for little or no co-payment. Our team will proactively reach out to you and help you navigate the process if any of these programs apply to your medications.

Access

Capture manufacturer coupon savings on traditional and specialty medications. Members have a low or $0 copay on prescriptions while also helping employers save on pharmacy benefit costs.

Access Plus

Leverages advocacy foundations and grant programs to reduce cost when a high-cost specialty medication is not covered under the pharmacy benefit. We assist members in navigating and applying to these different programs.

Assist

No more pre-shopping for the best price or printing coupons! Your member ID has all the information that your pharmacy needs to find the best deals for you at the point of sale. Includes programs like GoodRx, SingleCare, RxSaver, ScriptSave, and many more.

Low Cost Insulin

This program helps lower the cost of insulin at the pharmacy and applies a savings card to reduce members' copays.

Mark Cuban Cost Plus Drugs

Mark Cuban Cost Plus Drugs is building an innovative pharmacy model that delivers medications at cost, plus a straightforward 15% markup, along with a $3 dispensing fee and shipping. Mark Cuban Cost Plus Drugs carries over 1,000 medications and are continuing to expand their drug list weekly.

Humira Biosimilars

Yusimry, a biosimilar for Humira, is now available to SmithRx members at Mark Cuban Cost Plus Drugs. Yusimry offers a more affordable option for members with autoimmune diseases.

International Sourcing

SmithRx offers the option to connect members with an independent international sourcing vendor to obtain select drugs at lower cost (if requested by the plan).

CONNECT 360

Connect 360 Access Traditional Member Experience

Members taking qualifying medications for the Access program will be contacted by a dedicated SmithRx Connect team member who will assist them throughout the process. It is important that members engage with the SmithRx team and provide the requested information. Below is an example of the member experience for the Connect Access Traditional enrollment process:

1. Claim Identification

SmithRx is internally notified once a member picks up a medication available through the SmithRx Access Traditional program. SmithRx may reach out to the pharmacy or the client to gather contact information.

2. Member Outreach

SmithRx will make multiple outreach attempts to the member via phone calls, emails, and text messages to inform them about the SmithRx Connect Access program.

3. Enrollment Process

SmithRx will explain the enrollment process and help the member to enroll in a copay card. In some cases, SmithRx will direct members to where they can enroll and then collect the information.

4. Pharmacy Update

After copay card enrollment, SmithRx will help the member get the copay card information to their local preferred in-network retail pharmacy or one of our mail-order partner pharmacies.

5. New Prescription from Provider

If necessary, SmithRx will obtain a new prescription from the provider for the medication and send it to

6. Member Cost

A month supply of the medication is provided to members at low or $0 copay, as determined by the manufacturer coupon.

7. SmithRx Follow-Up

SmithRx will confirm the pharmacy has the right processing information, prescriptions have been received, and confirm a processed claim.

8. Prescription Access

Members will be able to pick up their medication from their local preferred retail pharmacy or the partnered mail order pharmacy will ship the medication to the member.

9. Copay Card Renewal

When the copay card expires, as determined by the manufacturer's terms and conditions, the pharmacy will realize a rejection and can assist the member in a copay card renewal. If needed, the member can contact SmithRx, and the Connect team will guide the member through the re-enrollment process.

REFERENCE GUIDE

Mail Order Pharmacies

Overview

SmithRx contracts with three preferred vendors for mail order: Amazon Pharmacy, Walmart Pharmacy, and Mark Cuban Cost Plus pharmacy (limited drug list). If you take prescription medications regularly, mail order may be a convenient and cost effective way to get your medications.

Preferred partners

amazon pharmacy	Amazon Pharmacy offers upfront pricing, easy refills, pharmacists with time to talk and the ability to search and compare prices with ease. Register at www.amazon.com/smithrx. Doctors can send prescriptions directly via electronic prescribing, fax or phone: • **Name/E-scribe**: Amazon Pharmacy Home Delivery • **Amazon Pharmacy fax:** 512-884-5981 • **Amazon Pharmacy address:** 4500 S Pleasant Valley Road, Suite 201, Austin, TX 78744-2911 • **Amazon prescriber and pharmacy line:** 855-206-3605
Walmart Pharmacy	Walmart Pharmacy provides exceptional service, including integration with several SmithRx savings programs. Doctors can send prescriptions via electronic prescribing, fax or phone: • **Walmart Pharmacy fax:** 1 (800) 406-8976 • **Walmart Mail Order Pharmacy address:** 1025 W Trinity Mills Rd. Carrollton, TX, 75006 • **Walmart prescriber and pharmacy line:** 1 (800) 273-3455 [Monday - Friday 7:00 AM - 7:00 PM CST, Saturday - Sunday 8:00 AM - 4:00 PM CST] • **Email:** wmsrx@wal-mart.com • **Website:** https://www.walmart.com/cp/1042239
MARK CUBAN CostPlus DRUG COMPANY	Mark Cuban Cost Plus Drugs is pursuing the mission of prescription drug affordability by building an innovative pharmacy that delivers medications at cost. See whether your medications are available at: https://costplusdrugs.com/medications. Doctors can send prescriptions via electronic prescribing to: • **Name/E-scribe:** Mark Cuban Cost Plus Drug Company (MCCPD)

The pharmacy that really delivers

amazon pharmacy



Getting started with Amazon Pharmacy is easy...

Upfront pricing, easy refills & no more waiting in pharmacy lines.

Amazon Pharmacy is fully accredited and can fill most brand name and generic medications.*

Amazon Pharmacy offers:

- **Easy online sign-up** with the option of importing your medication history
- **An Amazon shopping experience** with free shipping
- **24/7/365 access** to a pharmacist, or chat online with Customer Care
- **Clear pricing** to help you save time and money
- The ability to **manage your medication and order history**

To sign-up visit:

1. Visit www.amazon.com/smithrx and click on “Get Started”. If you are already an Amazon customer, then follow the simple sign-up process. If you’re not yet an Amazon customer you’ll need to sign-up, validate yourself and then follow the instructions.
2. Verify and/or add your insurance: you may find an additional 2-digits to your pre-populated member ID. It is important to verify your full member ID on your card against the insurance profile. Reminder: please have your insurance member ID card ready to double check all of your information.
3. Once you are signed-up and your medication(s) are processed, you will receive a notification from Amazon Pharmacy that your medications are ready to order and you will need to go back to your account to check out.

(1) Open the camera app
(2) Frame the QR code
(3) Click the pop-up to quickly access the sign-up page.

Reminder: Let your provider know that you are switching to Amazon Pharmacy and they can easily send your prescriptions to:
E-SCRIBE: Amazon Pharmacy Home Delivery | FAX: 1-512-884-5981

Need Further Assistance?

As always, the SmithRx Member Support team is here to help. You can reach our team at 844-454-5201, or email us at help@smithrx.com. We now also offer the option to chat with an agent at www.smithrx.com. For Amazon Pharmacy Customer Care assistance, please visit: amazon.com/pharmacy-contact-us.

**Amazon Pharmacy does not dispense Schedule II controlled substance medications and more than a 30-day supply of Schedule 3-5 controlled substances.*

SmithRx

Mail Order Pharmacy Guide

Accessing your medication should not be a hassle. By using a mail order pharmacy, the medications you use regularly are delivered right to your door. This guide will help you decide if mail order is right for you and how to get started.

What is a Mail Order Pharmacy?

A mail order pharmacy is a licensed pharmacy that safely ships prescription medications directly to your door. They are commonly used to fill medications you take regularly for chronic conditions, such as diabetes or heart disease.

Benefits of Switching to Mail Order

Cost Savings: You may pay lower copays and save with a 90-day medication supply. Plus, standard shipping is free.

Convenience: Medications are delivered directly to your home or preferred address. No more waiting in line at the pharmacy!

Reliability: Easily manage your prescriptions with automatic refills and reminders.



Mail Order Pharmacy Partners

SmithRx partners with **Costco Pharmacy**, **Amazon Pharmacy,** and **Cost Plus Drugs** to provide home delivery services.

Costco and Amazon Pharmacy carry both brand name and generic drugs. Cost Plus Drugs offers a wide range of generic medication options. You may look-up your medication at Costplusdrugs.com/medications to learn if a generic is available for your prescription.

Use the **Find My Meds** tool in the SmithRx Member Portal (smithrx.com/portal) to find the lowest cost pharmacy for your medication.

Please Note: Limitations may apply to controlled substance medications. Coverage should be verified with the pharmacy directly.

Getting Started with a Mail Order Pharmacy

1 - Select your Pharmacy

The Find My Meds tool in the Member Portal will help you find the lowest cost mail order pharmacy for your prescription.

2 - Transfer your Prescription

For existing refills, ask your current pharmacy or provider to transfer them to your chosen mail-order pharmacy. Your provider can also send any new prescriptions there directly.

3 - Create your Account

All mail order partners require you to create an online account. This account will allow you to order your medication, manage refills, and track shipping.

Pharmacy Enrollment Instructions

Below is a step-by-step guide to get started with each partner mail order pharmacy, along with helpful customer care information.

Costco Pharmacy

Create your Account	1. Visit rx.costco.com/mail-order and select “Create account”. **You do not need a Costco Club membership to use the pharmacy**. 2. Enter your email address and select 'Send Code'. A verification code will be emailed. 3. Once you confirm your email address, you will be prompted to create a password and enter the required information.
Refill your Prescription	1. Sign into your account at rx.costco.com. 2. Under “Prescription List”, select the “refill” button for the prescriptions that need to be refilled. 3. Click “continue to delivery options” and confirm your delivery method as Mail Order. 4. Select and confirm your shipping method and payment. 5. Review the details of your order then click “Submit Request” to finalize. 6. You will receive confirmation that your request has been accepted by the pharmacy and they are working on your order.
Member Support	• Costco Mail Order Pharmacy Support: **1 (800) 607-6861.** • Get answers to FAQs at rx.costco.com/mail-order. • Log into your account to request refills, track your order status and more.

Amazon Pharmacy

Create your Account	1. Visit amazon.com/smithrx and click on “Get Started.” Current Amazon Customers will be prompted to sign-in. If you’re not yet an Amazon customer you’ll need to sign-up, validate yourself and then follow the instructions. 2. Verify and/or add your insurance. You may find an additional 2-digits to your pre-populated member ID. It is important to verify your full member ID on your card against the insurance profile.
Refill your Prescription	Once your prescription is received and processed, you will be notified that you can place your order. Log-into your account, add your medication and check-out.
Member Support	• Amazon Pharmacy Customer Care options are available at amazon.com/pharmacy-contact-us. • Log into your account to request refills, track your order status and more.

Cost Plus Drugs

Create your Account	Visit CostPlusDrugs.com/Create-Account to create your account.
Refill your Prescription	Once Cost Plus Drugs notifies you that your prescription is processed, log in and follow these steps: 1. **Add to Cart:** Add your prescription to the cart and click **"Request insurance price"**. 2. **Confirm Copay:** Once updated (this takes a few minutes), select **"Copay with insurance"** and click **"Proceed to checkout"**. 3. **Checkout:** Review your health history, enter your shipping and payment info, and click **"Place order"**. 4. **Verify:** Check your screen and email for an order confirmation.
Member Support	• Cost Plus Drugs Pharmacy Support: **1 (833) 926-3384** • Get answers to FAQs at costplusdrugs.com/faq/ • Submit questions at costplusdrugs.com/contact/support/

Prescription Drug Coverage

Common Rx Issues

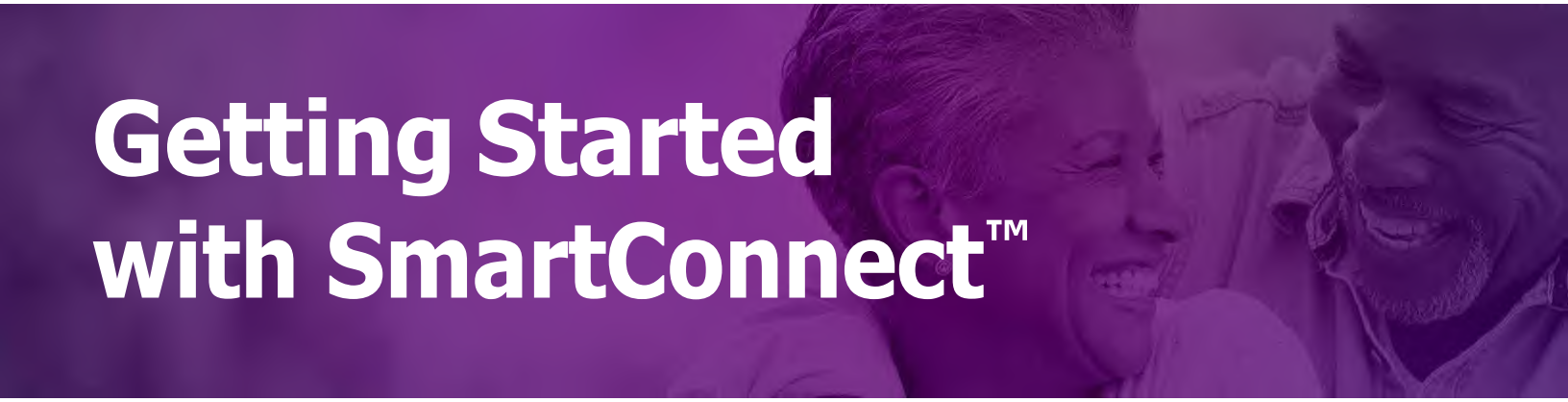
Issue	What it means	How to resolve it
Prior Authorization	Medications that require clinical review before they can be covered. Claims will reject at the pharmacy and direct them to contact SmithRx	Pharmacy and prescribing physician will work together to complete the prior authorization form and submit it (along with clinical notes) to SmithRx for review. If approved, SmithRx will notify the pharmacy that script can be processed.
		For assistance and updates call or email SmithRx (844-454-5201) | help@smithrx.com
Step Therapy	Medications that will only be considered for coverage if the member has tried other lower cost alternatives first with no improvement to their condition. Claims will deny at the pharmacy and direct them to contact SmithRx	Pharmacy will provide SmithRx with historical medications tried for review. In certain cases, additional information may be needed from the prescribing physician. If approved, SmithRx will notify the pharmacy that the script can be processed
		For assistance and updates call or email SmithRx (844-454-5201) | help@smithrx.com
Drug Not Covered	Medications that are not covered under the prescription drug formulary. Claims will reject at the pharmacy.	Member should discuss alternative medications with their prescribing physician. SmithRx can confirm if the identified alternative is covered under the formulary.
		For assistance, work with your doctor on covered alternative

SmithRx

SmartConnect™ POWERED BY SMARTMATCH

ParetoHealth

(855) 248-1648 | TTY: 711
Mon - Fri, 7:30 a.m. - 5 p.m. CT



Getting Started with SmartConnect™

About SmartConnect

Free Medicare education and enrollment resource for employees, retirees and their friends and families

Medicare Supplement | Medicare Advantage Prescription Drug Plans | Dental, Vision, and Hearing Plans | Ancillary Coverage

What is SmartConnect?

The SmartConnect team helps employees, retirees and their family members compare their current health insurance to Medicare with the goal of identifying the most cost-effective option, whether that's Medicare or their current coverage. We also provide enrollment assistance and continuous support for those employees who elect to go onto Medicare.

Who can use SmartConnect?

Anyone who is Medicare-eligible including employees, retirees, spouses, children, parents, neighbors, and friends.

How much does it cost?

Nothing! SmartConnect is a NO COST service for everyone. The only cost a beneficiary will incur is for a monthly premium (if there is one) that goes to the insurance provider they choose. There are no hidden fees or extra costs associated with our services.

In which states are your agents licensed?

SmartConnect agents are licensed and appointed in all 50 states.

When should an employee call SmartConnect to speak with a licensed agent?

Right now! We can help people eligible for Medicare for the first time understand their options, help current Medicare beneficiaries compare their existing coverage, and assist retirees who want to transition onto Medicare.

DID YOU KNOW?

SmartConnect agents offer unbiased advice and are not incentivized to favor any plan over another. Our licensed agents will help each person understand their options and which plan types may work best for them based on their unique circumstances.

CancerCARE
Right Care. Right Place. Right Time.

What is CancerCARE?

The CancerCARE Program is a free, fully integrated cancer solution included in YOUR health plan that supports you from the first day of your diagnosis well into the stages of aftercare. CancerCARE coordinates care and benefits for patients with new or existing cancers. Our expert medical team advocates for the best possible care in your community or at a leading national Centers of Excellence location.



Day One Help

The day you receive a cancer diagnosis is overwhelming. Our CancerCARE professionals will answer questions about your diagnosis and help you evaluate your treatment options. They will also help maximize your health benefits and minimize your out-of-pocket expenses.

Register online or by phone promptly (within 72 hours) of diagnosis for the highest care impact.



Personalized Care

Today's cancer treatments vary by cancer type, stage of spread, and the patient's genetic makeup. The most effective care occurs when it is genetically personalized for you. Genetic testing is often not a covered benefit; however, it is fully covered when used for treatment planning with CancerCARE's recommendation.



National Resources

New treatments are developed and tested at leading cancer centers called Centers of Excellence. Treatment received from your local oncologist is often the best possible, but in some instances, we may suggest new treatments that are only offered at a Center of Excellence when those treatments could be more beneficial to you. Two examples would be Clinical Trials or proven new treatments that have not yet been written and given to community oncologists.



Expert Medical Team

During your Initial registration call, our highly trained Intake Coordinators will quickly gather your medical and health plan information. When a diagnosis permits, you will be assigned your own personal Oncology Nurse Expert who will answer any questions you have regarding your diagnosis as well as your care options. CancerCARE's entire team of Doctors, Nurses, and Medical Experts is dedicated to being with you throughout your treatment journey.

Out-of-Area Dependent Coverage

Your medical plan includes coverage for enrolled dependents under the age of 26 who live outside of Harvard Pilgrim's enrollment area*. This feature provides access to in-network providers and services through Harvard Pilgrim's national provider network with UnitedHealthcare Options.

How does out-of-area dependent coverage work?

Your plan provides coverage for members who live outside of the enrollment area where participating providers are not available. Coverage is provided through the UnitedHealthcare Options network. Please refer to the back of your ID card for contact information.

How can my dependent find a provider?

Dependents can find a UnitedHealthcare Options provider by logging into their My Plan account at **hpiTPA.com**. Your provider search tool will be located under the heading My Provider Network(s).

How are out-of-area behavioral health services covered?

Dependents also have access to behavioral health services through the UnitedHealthcare Options network.

Does my dependent need to get prior approval or authorization for certain services?

Dependents may need prior approval for access to certain services. Please refer to your Summary Plan Description for specific approval and authorization information.

What services are covered out-of-area?

Dependents can receive most of the same coverage available to them under the plan as though they were within the enrollment area. Please refer to your Summary Plan Description for specific coverage information.

**Harvard Pilgrim's enrollment area includes Maine, Massachusetts and New Hampshire and certain areas in New York, Rhode Island and Vermont.*

Questions?

Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.

hpi®



Clinical Concierge | cgi

SAME CARE. LOWER COST. LESS STRESS.

How It Works:

When your doctor recommends a test or outpatient procedure that could be expensive, one of our experienced nurses may reach out to you. They'll help you find the same quality care—at a lower cost. Our nurses are here to walk you through your options, answer your questions, and help you make confident healthcare decisions—without any added stress.

Services We Help With:

- Imaging tests like CT scans, MRIs, PET scans
- Physical, Occupational, and Speech Therapy
- Infusion Therapy and Specialty Medications
- Colonoscopies and other endoscopic procedures
- Outpatient surgeries (orthopedic, bariatric, laparoscopic, and more)

Easy Scheduling & Support:

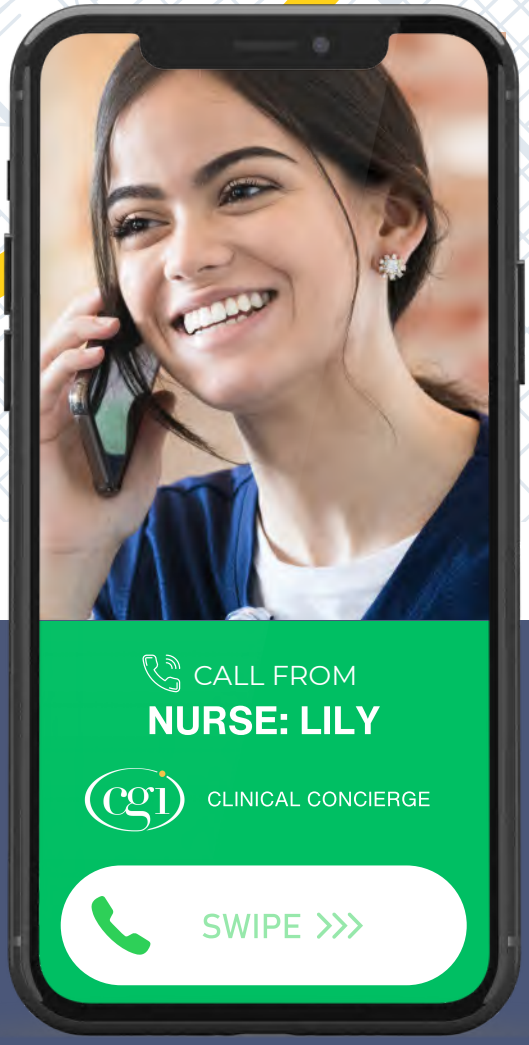
We make it simple. Our nurses can help schedule your appointment or guide you on the next steps—saving you time, money, and hassle.

powered by harlowe™

SERVICE

SAVINGS

YOU



powered by harlowe™

LOWER COSTS, SAME CARE.

We help you find high-quality providers—often outside the hospital—where you can get the same care for a lot less money. That means saving hundreds or even thousands of dollars on the services you need.

SAFE, TRUSTED OPTIONS.

Our nurses only recommend providers that are carefully vetted and meet high-quality standards. You'll get the same procedure or imaging, just from a trusted place that can save you money—without ever compromising your care.

Clinical Concierge | cgi

855-244-7944

WWW.CGICLINICAL.COM

Important Notice from BANKW Staffing About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with BANKW Staffing, LLC and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. 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. **BANKW Staffing has determined that the prescription drug coverage offered by Harvard Pilgrim Health Care is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 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.

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

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

If you decide to join a Medicare drug plan, your current BANKW Staffing coverage will not be affected.

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

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

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

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through BANKW Staffing changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC **Updated April 1, 2011**

For More Information About Your Options Under Medicare Prescription Drug Coverage…

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

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

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 or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	**10/05/2026**
Name of Entity/Sender:	BANKW Staffing
Contact--Position/Office:	Elizabeth Ledoux
Address:	5 Bedford Farms Drive Ste 304 Bedford, NH 03110
Phone Number:	603-637-4510

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

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

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

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, 2024. Contact your State for more information on eligibility –

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, 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

Paperwork Reduction Act Statement

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

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

REQUIRED NOTIFICATIONS

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

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

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

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

HIPAA gives you the right to:
•Receive notice of the health plan's uses and disclosures of your PHI, your privacy rights and the health plan's legal duties regarding your PHI;
•Obtain access to your own PHI; Amend your PHI;
•Request restriction of the uses and disclosures of your PHI;
•Receive an accounting of non-exempt uses and disclosures of your PHI over the past six years upon request; and
•Receive communications by an alternative means or at an alternate location upon request.
For more information regarding the HIPAA privacy rules, refer to your Summary Plan Description.

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

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

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

Women's Health and Cancer Rights Act of 1998 (WHCRA)
BANKW Staffing, LLC's medical plans cover mastectomy-related services. In the case of a participant or beneficiary who receives benefits in connection with a mastectomy, coverage will be provided in a manner determined by the attending physician and the patient for:
•All stages of reconstruction of the breast on which the mastectomy was performed;
•Surgery and reconstruction of the other breast to produce a symmetrical appearance;
•Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

These services are subject to the same copay/deductible provisions that apply to other benefits under BANKW Staffing, LLC's medical plan (as described in this guide).

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

Summary of Benefits and Coverage (SBC)
Effective for plan renewals after January 1, 2012, the Patient Protection and Affordable Care Act requires employers that offer health coverage to provide a uniform Summary of Benefits and Coverage (SBC) to people who apply for and enroll in the health plan. This document contains the following:
•Four-page overview of plan benefits, cost sharing and limitations
•Required set of examples of how the plan works
•Phone number and internet address for obtaining copies of plan documents
•A Standard glossary of medical and insurance terms must also be available

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

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

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

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1][2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

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[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name	4. Employer Identification Number (EIN)
BANKW Staffing, LLC	27-4348369
5. Employer address	**6. Employer phone number**
5 Bedford Farms Drive, Suite 304	603-637-4510

7. City	8. State	9. ZIP code
Bedford	NH	03110

10. Who can we contact about employee health coverage at this job?	
Human Resources	
11. Phone number (if different from above)	12. Email address hr@bankwstaffing.com

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

- As your employer, we offer a health plan to:
  - [X] All employees. Eligible employees are:

    Full-time employees working a minimum of 30 hours per week.

  - [ ] Some employees. Eligible employees are:

- With respect to dependents:
  - [X] We do offer coverage. Eligible dependents are:

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

  - [ ] We do not offer coverage.

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

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

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☒ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?_____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

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


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