



**Offer of Coverage**

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

**Contract employees must notify the company within 30 calendar days of the original date-of-hire** (whether or not the employee is employed with the Company for the entire 30-day period) **as to whether or not they 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. Your next opportunity to elect coverage will be during the Standard Stability Period, under the look-back measurement method for Ongoing Employees as outlined in the Eligibility Policy For Contract Employees, unless you have a qualifying special enrollment or status change event under applicable law.

**TO ELECT COVERAGE, RETURN THE BENEFIT ELECTION FORMS ON PAGES 2-4 within 30 DAYS OF YOUR ORIGINAL DATE OF HIRE. PLEASE SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM).**  
**\*SIGNING THIS PAGE DOES NOT ENROLL YOU IN COVERAGE\***

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

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

Additionally, the Affordable Care Act created an online marketplace to find, compare and 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](http://www.healthcare.gov)

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

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

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

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS ON PAGES 2-4 OF THIS NOTICE AS APPLICABLE BASED ON YOUR COVERAGE NEEDS. PLEASE AND SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM)**

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS ON PAGES 2-4 OF THIS NOTICE AS APPLICABLE BASED ON YOUR COVERAGE NEEDS. PLEASE SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM)**

**BANKW Staffing Harvard Pilgrim Health Care HMO HSA | Summary & Election Form  
Effective December 1, 2024 – November 30, 2025**

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

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

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

**MEDICAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES - Please Circle Desired Coverage Level**

Coverage Enrollment Options:	Employee	EE & Spouse	EE & Child(ren)	Family
Your Pay Rate \$14.99/hour or under	\$35.08	\$243.14	\$209.18	\$383.27
Your Pay Rate \$15.00/hour-\$18.49/hour	\$37.62	\$245.67	\$211.72	\$385.81
Your Pay Rate \$18.50/hour & above	\$46.38	\$254.44	\$220.49	\$394.58

**HPHC HMO HSA MEDICAL PLAN ELECTION FORM**

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

**Employee Acknowledgement:**

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

Employee Signature:	
Printed Name:	
Date:	

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

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS ON PAGES 2-4 OF THIS NOTICE AS APPLICABLE BASED ON YOUR COVERAGE NEEDS. PLEASE SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM)**

**BANKW Staffing Harvard Pilgrim Health Care PPO HSA | Summary & Election Form  
Effective December 1, 2024 – November 30, 2025**

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

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

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

**MEDICAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES - Please Circle Desired Coverage Level**

Coverage Enrollment Options:	Employee	EE & Spouse	EE & Child(ren)	Family
Your Pay Rate \$14.99/hour or under	\$35.08	\$260.07	\$223.35	\$411.61
Your Pay Rate \$15.00/hour-\$18.49/hour	\$37.62	\$262.61	\$225.89	\$414.15
Your Pay Rate \$18.50/hour & above	\$46.38	\$271.38	\$234.66	\$422.92

**HPHC PPO HSA MEDICAL PLAN ELECTION FORM**

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

**Employee Acknowledgement:**

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

Employee Signature:	
Printed Name:	
Date:	

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

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS ON PAGES 2-4 OF THIS NOTICE AS APPLICABLE BASED ON YOUR COVERAGE NEEDS.**

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

**BANKW Staffing Northeast Delta Dental | Summary & Election Form**  
**Effective December 1, 2024 – November 30, 2025**

**Dental Summary Guide & Election Form**

Provider Name Northeast Delta Dental  
 Provider Phone Number 800-832-5700  
 Provider Web Address [www.nedelta.com](http://www.nedelta.com)

**DENTAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES - - Please Circle Desired Coverage Level**

Coverage Enrollment Options:	Employee	EE & Spouse	EE+ Child	EE & Child(ren)	Family
Rates	\$12.80	\$23.44	\$23.44	\$40.78	\$40.78

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

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

**DENTAL PLAN ELECTION FORM**

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

**Employee Acknowledgement:**

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

Employee Signature:	
Printed Name:	
Date:	

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



# Benefits Enrollment Guide for Contract Employees

**December 1, 2024- November 30, 2025**



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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 (December 1, 2024-November 30, 2025).

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 December 1, 2024 – November 30, 2025

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

Medical - HSA HMO Plan	Employee Weekly
<b>Contract Employee Pay Rate \$14.99 &amp; under</b>	
Employee	\$35.08
EE & Child(ren)	\$209.18
EE & Spouse	\$243.14
Family	\$383.27
<b>Contract Employee Pay Rate \$15.00 to \$18.49</b>	
Employee	\$37.62
EE & Child(ren)	\$211.72
EE & Spouse	\$245.67
Family	\$385.81
<b>Contract Employee Pay Rate \$18.50 and over</b>	
Employee	\$46.38
EE & Child(ren)	\$220.49
EE & Spouse	\$254.44
Family	\$394.58
Medical - HSA PPO Plan	Employee Weekly
<b>Contract Employee Pay Rate \$14.99 &amp; under</b>	
Employee	\$35.08
EE & Child(ren)	\$223.35
EE & Spouse	\$260.07
Family	\$411.61
<b>Contract Employee Pay Rate \$15.00 to \$18.49</b>	
Employee	\$37.62
EE & Child(ren)	\$225.89
EE & Spouse	\$262.61
Family	\$414.15
<b>Contract Employee Pay Rate \$18.50 and over</b>	
Employee	\$46.38
EE & Child(ren)	\$234.66
EE & Spouse	\$271.38
Family	\$422.92
Dental	Employee Weekly
Employee	\$12.80
Employee + One	\$23.44
Family	\$40.78

*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-HMO-HSA Plan

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

Option 1: HMO HSA \$6,000 (MD03974) 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%	
<b>Physician Services – including but not limited to:</b> Primary Care Office Visits Specialist Office Visits	Subject to deductible	
Chiropractor (12 visits per plan year)	Subject to deductible	
<b>Outpatient Hospital Charges</b> Outpatient Surgery (LP Provider) Outpatient Surgery (Non-LP Provider)	Subject to deductible	
Diagnostic Lab (LP Provider) Diagnostic Lab/X-rays (Non- LP Provider) 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	
<b>Inpatient Care</b> Hospital Room & Board Surgical Facility & Supplies	Subject to deductible	
Durable Medical Equipment	Subject to deductible	
Mental Health & Substance Abuse	Subject to deductible	
<b>Emergency Room or Urgent Care Facility Visit</b> Urgent Care Clinic Emergency Room	Mail Order 90-day supply Subject to deductible	
<b>Ambulance Medically Necessary</b>	Subject to deductible	
<b>Prescriptions</b>	Retail up to 30-day supply Tier 1: Deductible, then \$5 Tier 2: Deductible, then \$20 Tier 3: Deductible, then 20% Tier 4: Deductible, then 30%	Tier 1: Deductible, then \$10 Tier 2: Deductible, then \$40 Tier 3: Deductible, then 20% Tier 4: Deductible, then 30%

## Medical Insurance-PPO-HSA Plan

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

Option 2: PPO HSA \$6,000 (MD03981) 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 Plan Year \$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
<b>Physician Services – including but not limited to:</b> 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
<b>Outpatient Hospital Charges</b> Outpatient Surgery (LP Provider) Outpatient Surgery (Non-LP Provider)	Subject to deductible	Subject to deductible, then 20% Coinsurance
Diagnostic Lab/ X-rays (LP Provider) Diagnostic Lab/ X-rays (Non- LP Provider) Diagnostic Imaging (CAT Scan, PET Scan, MRI) (LP Provider)	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
<b>Inpatient Care</b> 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% Mail Order 90 days supply*
<b>Emergency Room or Urgent Care Facility Visit</b> Urgent Care Emergency Room	Subject to deductible	Subject to deductible
<b>Ambulance Medically Necessary</b>	Subject to deductible	Subject to deductible
<b>Prescriptions- covered in network only *</b>	Retail up to 30-day supply* Tier 1: Deductible, then \$5 Tier 2: Deductible, then \$20 Tier 3: Deductible, then 20% Tier 4: Deductible, then 30%	Tier 1: Deductible, then \$10 Tier 2: Deductible, then \$40 Tier 3: Deductible, then 20% Tier 4: Deductible, then 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.

Office Visit Copayment: None			
Diagnostic / Preventive (Coverage A)	Basic (Coverage B)	Major (Coverage C)	Orthodontics (Coverage D)
No Deductible	\$100/\$300 One-time Deductible per Person/Family		No Deductible
<p><b>DIAGNOSTIC:</b> Oral evaluations twice in a 12-month period, this includes periodic, limited, problem-focused, and comprehensive evaluations</p> <p>Bitewing X-Rays once in a 12-month period</p> <p>X-Rays of individual teeth as necessary</p> <p>Brush biopsy once in a 12-month period</p> <p><b>PREVENTIVE:</b> Cleanings twice in a 12-month period</p> <p>Fluoride twice in a 12-month period to age 15</p> <p>Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15</p>	<p><b>RESTORATIVE:</b> Amalgam (silver) fillings; Composite (white) fillings</p> <p><b>ORAL SURGERY:</b> Routine extractions</p> <p><b>ENDODONTICS:</b> Root canal therapy</p> <p><b>PERIODONTICS:</b> Treatment of gum disease</p> <p>Periodontal Cleaning (Maintenance procedures)</p> <p><i>Note: Only two cleanings are covered in a 12-month period. These may be any combination of routine (Coverage A) or periodontal (Coverage B).</i></p> <p>Space maintainers to age 15</p> <p>Full-mouth/panoramic X-rays once in a 5-year period</p> <p><b>EMERGENCY PALLIATIVE TREATMENT</b></p>	<p><b>PROSTHODONTICS:</b> Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p> <p>Implants</p> <p><b>DENTURE REPAIR:</b> Repair of removable denture to its original condition</p> <p><b>ORAL SURGERY:</b> Complex extractions and other surgical procedures</p> <p><b>CROWN LENGTHENING:</b> Clinical crown lengthening once in a lifetime per site</p>	<p><b>ORTHODONTICS:</b> Correction of malposed (crooked) teeth for adults and dependent children</p>
Delta Dental Pays 100% No Waiting Period	Delta Dental Pays 80% No Waiting Period	Delta Dental Pays 50%* After a 6-Month Waiting Period	Delta Dental Pays 50%* After a 6-Month Waiting Period
Calendar Year Maximum: \$2,000 up to \$4,000 per Person with Double-Up Max <sup>SM</sup> Health through Oral Wellness <sup>®</sup> program included (please see reverse)			Lifetime Maximum: \$1,500 per Person

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

# Dental Insurance HOW Program



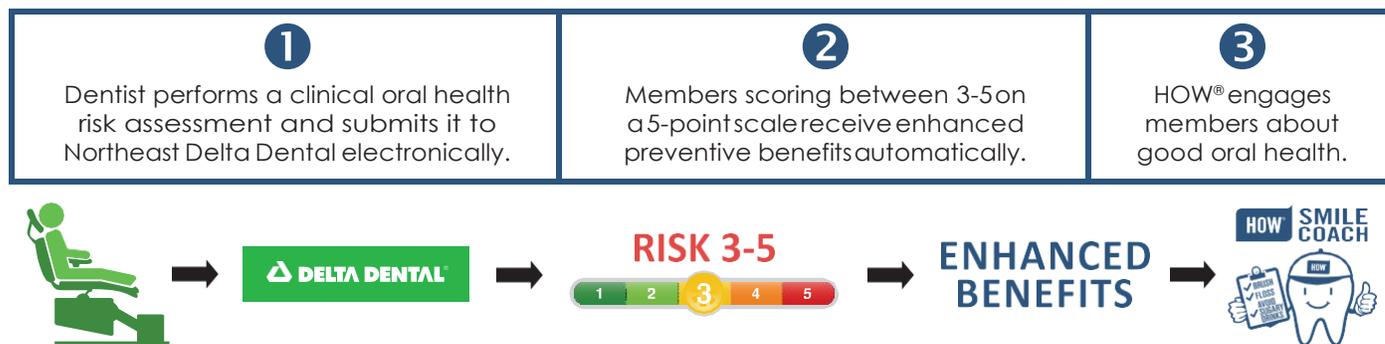
Northeast Delta Dental



## 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:



## Summary of Enhanced Benefits

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

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

<sup>1</sup> Either one nutritional counseling or one oral hygiene instruction is covered in a 12-month period.

<sup>2</sup> Sealants are a covered benefit based on caries risk assessment for unrestored primary molars and for unrestored permanent premolars, and molars—one sealant per tooth every three years.

<sup>3</sup> Combination of prophylaxis, periodontal maintenance, or full mouth debridement (once in a lifetime benefit) not to exceed four in a 12-month period.

<sup>4</sup> Either one nutritional counseling, or one oral hygiene instruction, or one tobacco cessation counseling is covered in a 12-month period.

# 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

Harvard Pilgrim Health Care  
888-333-4742  
[www.harvardpilgrim.com](http://www.harvardpilgrim.com)

## Dental Benefits

Northeast Delta Dental  
800-832-5700  
[www.nedelta.com](http://www.nedelta.com)

## Broker Contact

### Jill Spier

CGI Business Solutions  
Account Executive  
Direct 603-232-9355  
[jspier@cgibenefitsgroup.com](mailto:jspier@cgibenefitsgroup.com)

### Jamie Beland

CGI Business Solutions  
Benefit Consultant  
Direct 603-232-9326  
[jbeland@cgibenefitsgroup.com](mailto:jbeland@cgibenefitsgroup.com)

# Digital Tools

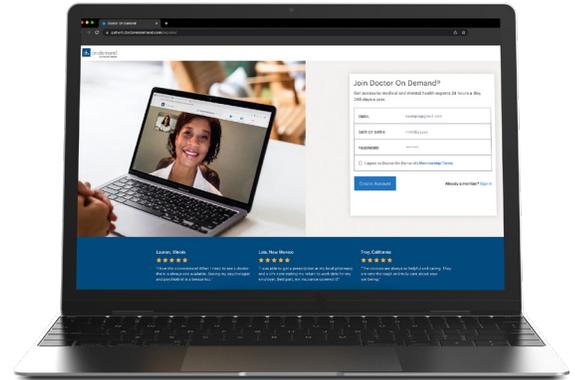
Quick and easy access to your health plan benefits

## Member Secure Account & Mobile App

Log in or activate your secure online account at [harvardpilgrim.org/create](https://harvardpilgrim.org/create) or download the Harvard Pilgrim mobile app<sup>1</sup> to access all of your health plan benefits information.

## Find a Provider Online Tool

To find participating providers for your plan, use our online “Find a provider” tool<sup>2</sup>. Log into your **secure account** for personalized search results and refine your search by specialty, location, name, and review the provider details such as in-office and virtual availability.



## Telehealth Virtual Health Care

Set up your account at [doctorondemand.com/harvard-pilgrim](https://doctorondemand.com/harvard-pilgrim). Access a Doctor on Demand licensed provider 24/7, by phone or mobile app worldwide<sup>3</sup> for everyday care and confidential therapy. Physicians can also order your prescription<sup>4</sup> at your local pharmacy when medically necessary.

## Estimate My Cost

Log in to your **secure account** to find a doctor, estimate your out of pocket costs, and get the quality care from the provider that will save you money and fits into your budget.

## Reduce My Costs

Connect with a nurse at **855-772-8366** to save money before you schedule routine services such as lab-work, mammograms, colonoscopy and MRIs, and earn a Visa® gift card when you select high quality-cost effective providers<sup>5</sup>.

> Learn more at [harvardpilgrim.org/digitaltools](https://harvardpilgrim.org/digitaltools)

<sup>1</sup> Estimating costs and other features are not available on the mobile app.

<sup>2</sup> To help avoid unanticipated costs, always choose providers within the Harvard Pilgrim network. If your plan requires you to use in-network healthcare providers, check with your PCP, who can assist in coordinating your care. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.

<sup>3</sup> This excludes U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List).

<sup>4</sup> Physicians will not order prescriptions for patients calling from outside the U.S. and they do not provide Schedule I-IV DEA controlled substances and may elect not to treat or prescribe other medications based on what is clinically appropriate.

<sup>5</sup> Cash rewards comes in an e-gift card format that is emailed directly to the member. Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Rewards vary based on plan and state. Reduce My Costs program is included with all fully insured plans except Littleton Options HMO. Buy up options are available to self insured employers. Ask your employer if your plan includes the Reduce My Costs program.



# Whole-person Care

Our integrated approach to care allows us to help you improve both your physical and mental well-being for the best outcome.<sup>5</sup>

## **Broad Network of Providers**

You have access to high-quality care through our network of medical and behavioral health care providers. Our network covers New England and extends nationwide, offering both inpatient and outpatient services.

## **Behavioral Health Programs and Services**

We offer innovative behavioral health programs and services for children, adolescents and adults including:

- Virtual therapy and medication management services available 7 days/week to support your mental health and well-being. Services including stress management, support for anxiety and depression and more.
- Quick and easy access to specialized providers offering services including advanced neurological therapies for children with autism spectrum disorder and other developmental differences, and outpatient mental health clinics that focus on delivering timely access to high-quality psychiatry and therapy services.

## **Behavioral Health Service Navigation**

Our specially trained service navigation team helps you find specific resources and care, locate providers, and access innovative tools and services.

## **Condition Management Programs**

Our licensed care managers work with you, your doctor and other health care providers to support your health with a variety of programs including care coordination, complex care, addiction recovery, transition to home, emergency department readmission diversion, supportive care, post facility discharge and peer support.

## **Substance Use Treatment Services**

Services are available through multiple network providers. Members are supported after inpatient treatment by our internal addiction recovery care management team.

For more information about Behavioral Health services call the phone number on the back of your member ID card or visit:



[harvardpilgrim.org/behavioral-health](https://www.harvardpilgrim.org/behavioral-health)



# Understand Your Pharmacy Benefits

OptumRx provides Harvard Pilgrim members with retail, mail order and specialty pharmacy services, allowing you to have one manager for all pharmacy needs.

## Log in to Your Secure Member Account to Look Up Your Prescriptions

We cover thousands of medications, but if your current prescription isn't on our list, talk to your doctor about switching to one that is covered.

## Prescription Cost-sharing

The amount (copayment, deductible or coinsurance) you'll be responsible for paying, depends on your plan. The medications covered under your plan are organized into different tiers. Refer to your prescription drug plan documents for specific cost-sharing details and a description of the tiers.

## Check if Your Prescription Has Special Requirements

If there is a "PA," "STPA," "QL" or "SP" after any of your prescriptions, talk to your provider.

## Plan Ahead if You Take Maintenance Medication

Maintenance medications are prescriptions taken regularly for ongoing conditions, such as high blood pressure or diabetes. Check your medication expiration date, refill amount and coverage by logging into your secure online account.

## Save Money With Mail Order Service

Mail order service provides the convenience of home delivery instead of going to a retail pharmacy. On some plans, your medication may be less expensive if you buy a 90-day supply through this service.

For more information about pharmacy benefits:



[harvardpilgrim.org/member-rx](https://harvardpilgrim.org/member-rx)

# Coverage for Over-the-Counter Medications

Your health plan includes coverage for certain generic over-the-counter (OTC) medications. This means cost savings on the essentials in your medicine cabinet.

## Here's how it works:

- › Use the online lookup tool at [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx) to see which OTC medications you take are covered.
- › Ask your provider to write a prescription for the covered medication, for up to a 90-day supply.
- › Bring the prescription to any in-network pharmacy\* so that the pharmacist can give you the proper medication.
- › You pay Tier 1 cost sharing instead of the retail price. If you have an HSA plan, you pay either our discounted rate or the retail cost, whichever is lower, until you meet your deductible, and then Tier 1 cost sharing applies.

There's another advantage: because your provider will be giving you a prescription for the OTC medications you take, your medical records will have a more complete medication history.

Below are the types of OTC medications that are covered along with a complete listing by medication:

Type of Therapy	Purpose
 <b>Cough, cold, allergy</b>	<ul style="list-style-type: none"> <li>› Antitussive (cough suppressant)</li> <li>› Expectorant</li> <li>› Nasal decongestant</li> <li>› Antihistamine</li> <li>› Nasal spray</li> </ul>
 <b>Dermatology</b>	<ul style="list-style-type: none"> <li>› Anti-fungal</li> <li>› Poison ivy</li> </ul>
 <b>Eyes (ophthalmic)</b>	<ul style="list-style-type: none"> <li>› Dry eye</li> <li>› Allergy</li> </ul>
 <b>Gastrointestinal</b>	<ul style="list-style-type: none"> <li>› Anti-parasite</li> <li>› H2 blocker (antacid)</li> <li>› Laxative</li> </ul>
 <b>Pain</b>	<ul style="list-style-type: none"> <li>› Anti-inflammatory</li> </ul>

\*Visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx) to find in-network pharmacy locations near you.

# Covered Over-the-Counter Generic Medications

- › When using the lookup tool for your plan's formulary, search by the generic name shown here.
- › Only the generic versions of the product names are covered.
- › Keep in mind that multiple store brands are available as generic drugs.

Type of Therapy	Medication Brand Name	Generic Name
 <b>Cough, cold, allergy</b>	Benadryl tabs, liquid	Diphenhydramine
	Claritin tabs, syrup	Loratadine
	Dextromethorphan liquid, syrup	Guaifenesin
	Nasal crom nasal spray	Cromolyn
	Ocean 0.65% nasal spray	Saline
	Robitussin syrup, liquid	Phenylephrine tablet
	Sudafed tabs, liquid	Pseudoephedrine
	Zyrtec tabs, solution	Cetirizine
 <b>Dermatology</b>	Clotrimazole cream, vaginal cream	Clotrimazole
	Hydrocortisone cream, gel, lotion, ointment, solution (various name brands)	Hydrocortisone
	Miconazole cream, vaginal cream and suppository	Miconazole
	Tolnaftate cream, solution, aerosol	Tolnaftate
 <b>Eyes (ophthalmic)</b>	Artificial tears (various name brands)	Artificial tears
	Zaditor OTC 0.025%	Ketotifen
 <b>Gastrointestinal</b>	Citrate of Magnesium solution	Magnesium citrate
	Dulcolax tabs, suppositories	Bisacodyl
	Fleet Enema	Sodium phosphate
	Metamucil powder	Psyllium
	Miralax powder	Polyethylene glycol 3350
	Pepcid tabs	Famotidine
	Senna 8.6mg tabs	Senna, sennosides
	Tagamet tabs	Cimetidine
 <b>Pain</b>	Ibuprofen 100mg/5mL suspension	Ibuprofen

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



# Skip the pharmacy. We deliver to you.

If you take a medication regularly, you could save time and money with Optum® Home Delivery after **January 1, 2023**.

- Order up to a 3-month supply.
- Get your medications delivered right to your mailbox – with free standard shipping.
- Talk to a pharmacist 24/7.

## Submit your order one of three ways:



Online at  
**optumrx.com**



Via the  
Optum Rx app



Call  
**1-800-860-3161**

## Will my current prescriptions transfer?

Yes, most will transfer to Optum Home Delivery. But prescriptions for some medications such as controlled substances will not transfer. In these cases, you'll need a new prescription from your doctor.

Beginning **January 1, 2023**, Optum Rx will be the new pharmacy benefit manager for Harvard Pilgrim Health Care and Tufts Health Plan members.

Optum Home Delivery is a service of OptumRx.

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Harvard Pilgrim  
Health Care

a Point32Health company



## Reduce My Costs

Shop, Save, and Earn

Did you know that the cost of a common MRI can range from \$680 to over \$3,000 depending on where you choose to go?<sup>1</sup> Reduce My Costs is a personalized health care concierge service that connects you with a nurse via phone, email, or live chat to help you find cost-effective, high-quality providers near you. Depending on the service and the associated cost savings with your selected provider, you could earn a Visa® gift card and reduce your out of pocket costs.<sup>2</sup> The Reduce My Costs program includes most outpatient tests and procedures that are ordered by your provider such as lab work, MRIs, colonoscopy, mammograms and more.<sup>3</sup>

- **Lower costs and more savings:** For services such as a colonoscopy or an MRI, the average savings is more than \$1,000. And, if you're already seeing a cost-effective provider, you'll receive a reward just for using the Reduce My Costs program.<sup>2</sup>
- **Quick and easy access:** Get exclusive access to an experienced nurse who will help you compare costs and shop for cost-effective providers near you. The nurse can assist with appointment scheduling or required paperwork, if needed.
- **What members are saying:** "The Reduce My Costs Service is an outstanding program of Harvard Pilgrim. Heidi was just phenomenal. I cannot thank her enough for helping me to navigate the options and cut through the red tape." — *Roxi J. Rose, Harvard Pilgrim member*

➤ Make the call and get rewarded. Connect with a nurse at **855-772-8366** or scan the QR code to chat Monday through Friday from 8 a.m. to 6 p.m. ET



<sup>1</sup> Ranges are based on Harvard Pilgrim's data, actual service prices vary by provider type and location. The figures represent 1Q2024.

<sup>2</sup> Cash rewards comes in an e-gift card format that is emailed directly to the member. Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Rewards vary based on plan and state.

<sup>3</sup> Your health plan may require a referral and/or prior authorization before you receive services. To ensure the services will be covered, please refer to your plan documents or contact Harvard Pilgrim at 888-333-4742.

Reduce My Costs program is included with all fully insured plans except Littleton Options HMO. Buy up options are available to self insured employers. Ask your employer if your plan includes the Reduce My Costs program.

# Telehealth

Provided by Doctor On Demand

## Access virtual urgent care in minutes 24/7

Connect with a U.S. board-certified provider via your smartphone, tablet or computer from anywhere in the world.<sup>1,2</sup> Get care for concerns such as bronchitis, sinus issues, pink eye, UTIs, or skin rashes.

## Access confidential therapy your way. Appointments are confirmed within 72 hours

Doctor On Demand licensed providers can support you with concerns such as anxiety, depression, grief, family issues, trauma or PTSD. Choose from a variety of therapists with different backgrounds and specialties, and build a relationship with the provider who best meets your needs. Doctor On Demand providers can also order your prescription<sup>3</sup> at your local pharmacy when medically necessary.

- **95% case resolution rate**
- **5 min average wait time**
- **4.9 out of 5 stars average rating**
- **Providers with 15+ years average experience and diverse background**



**78%**  
Female



**69%**  
Parents



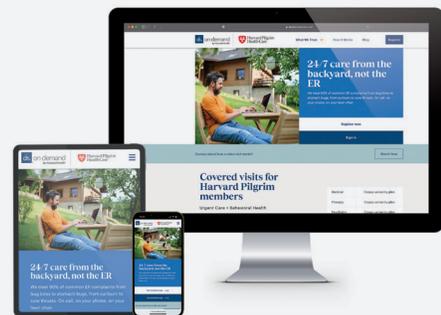
**11%**  
LGBTQ+

- Set up your account at  
[doctorondemand.com/harvard-pilgrim](https://doctorondemand.com/harvard-pilgrim)

### What our members are saying:

“With Doctor On Demand I don’t have to rearrange my schedule and worry about the logistics of driving to an office. The service works around me and my family instead.”

— *Harvard Pilgrim Health Care Member*



1 In case of emergency, please call 9-1-1 or visit the nearest emergency department. Doctor On Demand virtual care services are available to Harvard Pilgrim Commercial members. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.

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

3 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.



# Wellness Reimbursement

Get reimbursed for fees you pay toward wellness activities — up to \$300

## What Qualifies for Reimbursement?

- Membership fees to gyms or fitness facilities
- Virtual fitness class subscriptions
- Studios or facilities that offer membership or tuition
- Select nutrition programs
- Select mindfulness meditation programs
- Cardiovascular and strength training equipment
- Seasonal town, club or school athletic fees



## Studios and Facilities That Qualify for Reimbursement Include:

- |                |                         |                     |   |
|----------------|-------------------------|---------------------|---|
| • Dance        | • Yoga                  | • Spinning classes  | • Tennis  |
| • Gymnastics   | • Pilates               | • Kickboxing        | • Indoor rock climbing                                    |
| • Swimming     | • Zumba                 | • CrossFit          | • Personal training<br>(taught by a certified instructor) |
| • Martial arts | • Aerobic/group classes | • Strength training |   |

## Qualified Nutrition Programs Include:

- PlateJoy
- MyPlate Calorie Counter
- Wondr
- Noom
- Eat Right Now
- Weight Watchers
- Savory Living
- My Fitness Pal
- Lose It!
- EatLove
- Stronger U
- The Dinner Daily

## Qualified Mindfulness Programs Include:

- Calm
- Ten Percent Happier
- Headspace
- The Mindfulness App
- Meditation Studio
- Insight Timer

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

## How Do I Get Reimbursed?

It's simple. Pay up to four months of your membership, subscription fees, or after purchase of qualified cardiovascular or strength training equipment.

After four months of Harvard Pilgrim membership, you can complete the Wellness Reimbursement Form online or by mail. Go to [harvardpilgrim.org/reimbursement](https://harvardpilgrim.org/reimbursement).

Either click on the link to submit your request online or complete the paper form and mail to the address on the form, along with a copy of your receipts.

## What Does Not Qualify for Reimbursement?

- Health club initiation fees
- Fees for country clubs, social clubs and spas
- Nutrition and mindfulness programs not selected by Harvard Pilgrim
- Road race fees, sneakers, athletic wear and non-cardiovascular and non-strength training equipment
- Fitness apparel and footwear

## When Can I Submit My Request?

You can request reimbursement:

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

## How Long Will it Take to be Reimbursed?

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



> Learn more at [harvardpilgrim.org/reimbursement](https://harvardpilgrim.org/reimbursement) or call member services at **888-333-4742**

\* Available on plans sold to fully-insured large employer groups, and ASO plans that elect this option. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement for at least four months within a calendar year. Restrictions apply. Reimbursement may be considered taxable income. Members should consult their employer or tax advisor. Effective January 1, 2024.

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

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with BANKW Staffing 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.

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### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

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.

CMS Form 10182-CC

Updated April 1, 2011

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

## 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 decide to enroll in Medicare Part D, you may remain on our plan too and our plan will coordinate with Part D coverage.

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

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 Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

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

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

**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:	<b>09/25/2024</b>
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

CMS Form 10182-CC

Updated April 1, 2011

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

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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –**

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

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

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

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

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](http://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)

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

### Paperwork Reduction Act Statement

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

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

# REQUIRED NOTIFICATIONS

## HIPAA Privacy Rights

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

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

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

## Protected Health Information

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

## HIPAA gives you the right to:

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

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

## HIPAA Privacy Notice Update

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

## Newborns and Mothers Health Protection Act Rights

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

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

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

BANKW Staffing, LLC's medical plans cover mastectomy-related services. In the case of a participant or beneficiary who receives benefits in connection with a mastectomy, coverage will be provided in a manner determined by the attending physician and the patient for:

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

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

## Summary Plan Description (SPD) Access

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

## Summary of Benefits and Coverage (SBC)

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

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

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

## Individual Coverage Mandate

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

## COBRA Information

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



# 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%<sup>1</sup> 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.<sup>1,2</sup>

**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.

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

<sup>2</sup> 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](https://www.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 BANKW Staffing, LLC		4. Employer Identification Number (EIN) 27-4348369	
5. Employer address 5 Bedford Farms Drive, Suite 304		6. Employer phone number 603-637-4510	
7. City Bedford	8. State NH	9. ZIP code 03110	
10. Who can we contact about employee health coverage at this job? Human Resources			
11. Phone number (if different from above)		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:

All employees. Eligible employees are:

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

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

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

We do not offer coverage.

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

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

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

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)

