2022 - 2023 Employee Benefit Guide

AN OVERVIEW OF THE WIDE ARRAY OF BENEFITS PROVIDED BY HAMMOND ACADEMY OF SCIENCE & TECHNOLOGY, TO HELP YOU ENJOY INCREASED WELL-BEING AND FINANCIAL SECURITY

PREPARED BY MEYERS GLAROS GROUP FOR HAMMOND ACADEMY OF SCIENCE & TECHNOLOGY

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Benefits for 2022 - 2023

Introduction

As an employee of Hammond Academy of Science & Technology enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2022 - 2023 plan year, Hammond Academy of Science & Technology has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Hammond Academy of Science & Technology is offering an overall benefits package that can be shaped and molded by you to fit your needs.
This benefits booklet is a summary description of your Hammond Academy of Science & Technology benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

Update On Health Care Reform

Effective January 1, 2019 the Tax Cuts and Jobs Act (TCJA) repealed the individual mandate to maintain health insurance or be responsible for a “shared responsibility payment”. We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the “marketplace”).

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Benefits for 2022 - 2023

Overview of Benefits

Hammond Academy of Science & Technology provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive. The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

Benefits At-A-Glance

Coverage	Carrier
Medical	United Healthcare
Dental	United Healthcare
Vision	United Healthcare
Life	United Healthcare
Long-Term Disability	United Healthcare

Eligibility

Full time employees working 30+ hours per week

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Benefits for 2022 - 2023

Overview of Benefits

Changes and Qualifying Events

When Coverage Begins and Ends

United Healthcare will run from 05/01/2022 – 04/30/2023 but your deductibles will still reset on 01/01/2023…If you have met some, or all, of your deductible this year already, you may see some disruption if you seek care between now, and by the time that United Healthcare is able to process the deductible credit report from Anthem. If you need assistance with claims after 05/01/2022, please reach out to Mindy Siedentopf at Meyers Glaros Group (see page 4 for contact info).

New Hires - you are benefits eligible on the start date of full-time employment

Termination - the benefits you elect terminate on the date of your termination

Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

Qualifying Events

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or ceases to satisfy eligibility requirement
- Family Medical Leave Act (FMLA) leave.
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available

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Benefits for 2022 - 2023

Medical

Summary of Coverage – United Healthcare

Plan Features	$500 PPO	$2800 HAS
IN NETWORK		
Calendar Year Deductibles (Indiv / Family)	$500 / $1,000	$2,800 / $5,600
Preventive Care	No Charge	No Charge
Primary Care Visit	$20	No charge after the deductible has been met
Specialist Visit	$40 but a designated network doctor is a $20 copay	No charge after the deductible has been met
Diagnostic Exam	No Charge	No charge after the deductible has been met
X-Rays	No Charge	No charge after the deductible has been met
Complex Images	20% coinsurance AFTER the deductible has been met	No charge after the deductible has been met
Outpatient Procedure	20% coinsurance AFTER the deductible has been met	No charge after the deductible has been met
Inpatient Visit	20% coinsurance AFTER the deductible has been met	No charge after the deductible has been met
Emergency Room	$250 copay, and then 20% coinsurance	No charge after the deductible has been met
Urgent Care	$75	No charge after the deductible has been met
Pharmacy / RX (30 Day Supply)	$10 / $35 / $60	*after the deductible has been met* $10 / $35 / $60
Pharmacy / RX (90 Day Supply)	$25 / $87.50 / $150	*after the deductible has been met* $25 / $87.50 / $150
Calendar Year Out-of-Pocket Max (Indiv / Family)	$3,500 / $7,000	$3,500 / $7,000
Per Pay Deduction	Choice Plus Network	Choice Plus Network
Employee	$70.87	$16.57
Employee + Spouse	$171.50	$40.08
Employee + Child(ren)	$128.26	$29.97
Employee + Family	$235.94	$55.15
Per Pay Deduction	Core Network	Core Network
Employee	$61.44	$14.37
Employee + Spouse	$148.69	$34.80
Employee + Child(ren)	$111.21	$26.02
Employee + Family	$204.57	$47.87

To see if your providers are in-network, please visit www.myuhc.com and click on "Find a Doctor", search using either the Choice Plus or Core network depending on which plan you enroll in.

To search prescription drugs, please visit www.uhc.welcometouhc.com/pharmacy-benefits and select "Search the Access 3-Tier PDL"

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Chicago and Northwest Indiana Markets

UnitedHealthcare Network Hospitals

Subject to change. Always refer to directory for current network status.

System Affiliation	Hospital Name	Choice Plus	Core
Adventist Midwest Health	Bolingbrook Hospital (IL)	•	•
	GlenOaks Hospital and Medical Center (IL)	•	•
	Hinsdale Hospital (IL)	•	•
	La Grange Memorial Hospital (IL)	•	•
Advocate Health Care	Sherman Hospital (IL)	•	•
	Christ Medical Center (IL)	•	•
	Condell Medical Center (IL)	•	•
	Good Samaritan Hospital (IL)	•	•
	Good Shepherd Hospital (IL)	•	•
	Illinois Masonic Medical Center (IL)	•	•
	Lutheran General Hospital (IL)	•	•
	South Suburban Hospital (IL)	•	•
	Trinity Hospital (IL)	•	•
Ann & Robert H. Lurie Children's Hospital of Chicago	Ann & Robert H. Lurie Children's Hospital of Chicago (IL)	•	•
Ascension Health / Amita Health	Alexian Brothers Medical Center (IL)	•	•
	Holy Family Hospital (IL)	•	•
	Mercy Center for Health Services - Aurora (IL)	•	•
	Resurrection Medical Center (IL)	•	•
	Saints Mary & Elizabeth Medical Center (IL)	•	•
	St. Alexius Medical Center (IL)	•	•
	St. Francis Hospital of Evanston (IL)	•	•
	St. Joseph Hospital and Health Care Center - Chicago (IL)	•	•
	St. Joseph Hospital - Elgin (IL)	•	•
	St. Joseph Medical Center - Joliet (IL)	•	•
	St. Mary's Hospital - Kankakee (IL)	•	•
Community First Healthcare	Community First Medical Center (IL)	•	•
Community Hospital - Munster (IN)	Community Hospital - Munster (IN)	•	•
Community Healthcare System (IN)	St. Catherine Hospital - East Chicago (IN)	•	•
	St. Mary Medical Center - Hobart (IN)	•	•
Community Healthcare System (TN)	MetroSouth Hospital (IL)	•	•
	Porter Hospital Portage (IN)	•	•
	Porter Hospital Valpo (IN)	•	•
Cook County Health Network	John Stroger Hospital (IL)	•	•
	Provident Hospital (IL)	•	•
Edward-Elmhurst Health	Edward Hospital (IL)	•	•
	Elmhurst Memorial Hospital (IL)	•	•
Franciscan Alliance	Franciscan Healthcare - Munster (IN)	•	•
	St. Anthony Medical Center – Crown Point (IN)	•	•
	St. Anthony Memorial Health Center – Michigan City (IN)	•	•
	St. James Hospital at Olympia Fields (IL)	•	•
	St. Margaret Mercy Healthcare Centers – North (IN)	•	•
	St. Margaret Mercy Healthcare Centers – South (IN)	•	•
Illinois Valley Community Hospital	Illinois Valley Community Hospital (IL)	•	•
Iroquois Hospital	Iroquois Hospital (IL)	•	•

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Chicago and Northwest Indiana Markets

UnitedHealthcare Network Hospitals

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System Affiliation	Hospital Name	Choice Plus	Core
Jackson Park Hospital and Medical Center	Jackson Park Hospital and Medical Center (IL)	•	•
Javon Bea	Javon Bea (formerly Rockford Memorial Hospital) (IL)	•	
Kindred Healthcare	Kindred Chicago Central Hospital (IL)	•	•
	Kindred Chicago Lakeshore (IL)	•	•
	Kindred Hospital Chicago North (IL)	•	•
	Kindred Hospital Northlake (IL)	•	•
	Kindred Hospital Northwest Indiana (IN)	•	•
	Kindred Hospital Sycamore (IL)	•	•
La Porte Hospital (IN)	La Porte Hospital (IN)	•	•
La Rabida Children's Hospital	La Rabida Children's Hospital (IL)	•	•
Little Co. of Mary Hospital and Health Centers	Little Co. of Mary Hospital and Health Centers (IL)	•	•
Loretto Hospital	Loretto Hospital (IL)	•	•
Mercy Health System (WI)	Mercy Harvard Hospital (IL)	•	•
Mercy Health System (WI) / HealthSouth Corporation	Van Matre HealthSouth Rehabilitation Hospital (IL)	•	•
Methodist Hospital of Chicago	Methodist Hospital of Chicago (IL)	•	•
Methodist Hospitals (IN)	Methodist Hospital – Northlake (IN)	•	•
	Methodist Hospital – Southlake (IN)	•	•
Morris Hospital & Healthcare Center	Morris Hospital & Healthcare Centers (IL)	•	•
NorthShore University Health System	Evanston Hospital (IL)	•	•
	Glenbrook Hospital (IL)	•	•
	Highland Park Hospital (IL)	•	•
	Skokie Hospital (IL)	•	•
Northwest Community Hospital	Northwest Community Hospital (IL)	•	
Northwestern Medicine	Central DuPage Hospital (IL)	•	•
	Delnor Community Hospital (IL)	•	•
	Northwestern Medicine Woodstock Hospital	•	•
	Northwestern Medicine McHenry Hospital	•	•
	Northwestern Medicine Huntley Hospital	•	•
	Kishwaukee Community Hospital (IL)	•	•
	MarianJoy Rehabilitation Hospital (IL)	•	•
	Northwestern Lake Forest Hospital (IL)	•	•
	Northwestern Memorial Hospital (IL)	•	•
	Valley West Community Hospital (IL)	•	•
Norwegian-American Hospital	Norwegian-American Hospital (IL)	•	•
OSF Healthcare	Mendota Community Hospital (also known as OSF Saint Paul Medical Center (IL)	•	•
	OSF Saint Anthony Medical Center (IL)	•	
	OSF Saint Elizabeth Medical Center (formerly, Ottawa Regional Hospital and Healthcare Center) (IL)	•	•
	St. Luke Medical Center (IL)	•	•
Palos Community Hospital	Palos Community Hospital (IL)	•	•
Pinnacle Hospital	Pinnacle Hospital (IN)	•	•
Pipeline Health	Weiss Memorial Hospital (IL)	•	•
	West Suburban Medical Center (IL)	•	•
Quorum Health System	Vista Medical Center - East (IL)	•	•
	Vista Medical Center - West (IL)	•	•

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Chicago and Northwest Indiana Markets

UnitedHealthcare Network Hospitals

Subject to change. Always refer to directory for current network status.

System Affiliation	Hospital Name	Choice Plus	Core
Regency Hospital Company	Regency Hospital of NW Indiana (IN)	•	•
	Regency Hospital of Porter County (IN)	•	•
Rehabilitation Institute of Chicago	Shirley Ryan Ability Lab (IL)	•	
RML Specialty Hospital	RML Chicago (IL)	•	•
	RML Hindsdale (IL)	•	•
Roseland Community Hospital	Roseland Community Hospital (IL)	•	•
Rush System for Health	Riverside Medical Center (IL)	•	•
	Rush Oak Park Hospital (IL)	•	•
	Rush University Medical Center (IL)	•	•
	Rush-Copley Medical Center (IL)	•	•
Shriner's	Shriner's (IL)	•	•
Silver Cross Hospital	Silver Cross Hospital (IL)	•	•
Sinai Health System	Holy Cross Hospital (IL)	•	•
	Mount Sinai Hospital & Medical Center (IL)	•	•
	Schwab Rehab Hospital (IL)	•	•
South Shore Hospital	South Shore Hospital (IL)	•	•
St. Anthony Hospital-Chicago	St. Anthony Hospital - Chicago (IL)	•	•
St. Bernard Hospital	St. Bernard Hospital (IL)	•	•
Swedish Covenant Hospital	Swedish Covenant Hospital (IL)	•	•
Thorek Hospital And Medical Center	Thorek Hospital and Medical Center (IL)	•	•
Trinity Health	Gottlieb Memorial Hospital (IL)	•	•
	Loyola University Medical Center (IL)	•	•
	MacNeal Hospital (IL)	•	•
	Mercy Hospital and Medical Center- Chicago (IL)	•	•
University of Chicago Health Systems	Ingalls Memorial Hospital (IL)	•	•
	University of Chicago Medical Center (IL)	•	
University of Illinois at Chicago Medical Center	University of Illinois at Chicago Medical Center (IL)	•	•
Wisconsin University Health System	Swedish American Medical Center Belvidere (IL)	•	•
	Swedish American Hospital – Rockford (IL)	•	•

Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sha your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, coinsurano

The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in Unite myuhc.com®. You should always visit myuhc.com for the most current information. **Premium designations are a guide to choosing many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him physicians.** You should also discuss designations with a physician before choosing him or her. Physician evaluations have a risk of selecting a physician. Please visit myuhc.com for detailed program information and methodologies.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and co UnitedHealthcare sales representative.

Virtual Visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available on Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and Services may not be available at all times or in all locations.

Copayments are the charge or set dollar amount that members are required to pay for certain services per their benefit plans. In add may also be responsible for copayments when they visit a facility or hospital. Facility and hospital copayments are in addition to the coinsurance. Facility and hospital copayments do not apply to the deductible and continue to apply after the deductible is satisfied. plan documents as "per occurrence copayments" or "per occurrence deductibles."

Insurance coverage provided by or through UnitedHealthcare Insurance Company of Illinois or its affiliates. Administrative services p

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MEET *Holly.*

Holly is here to to teach you how to *properly* use your insurance. By watching monthly videos, you can earn money back into your HSA.

Once a month, you'll get a text or email with a link from Holly.

Simply click the link, watch the whole video from start to finish, and voilà! You get credit!

Holly will notify you once credit has been received.

How Much CAN YOU EARN?

Each month, you can earn $25 by watching Holly's video (deposited quarterly).

$ 25	per month
x 12	months
$ 300	**POTENTIAL ANNUAL EARNINGS**

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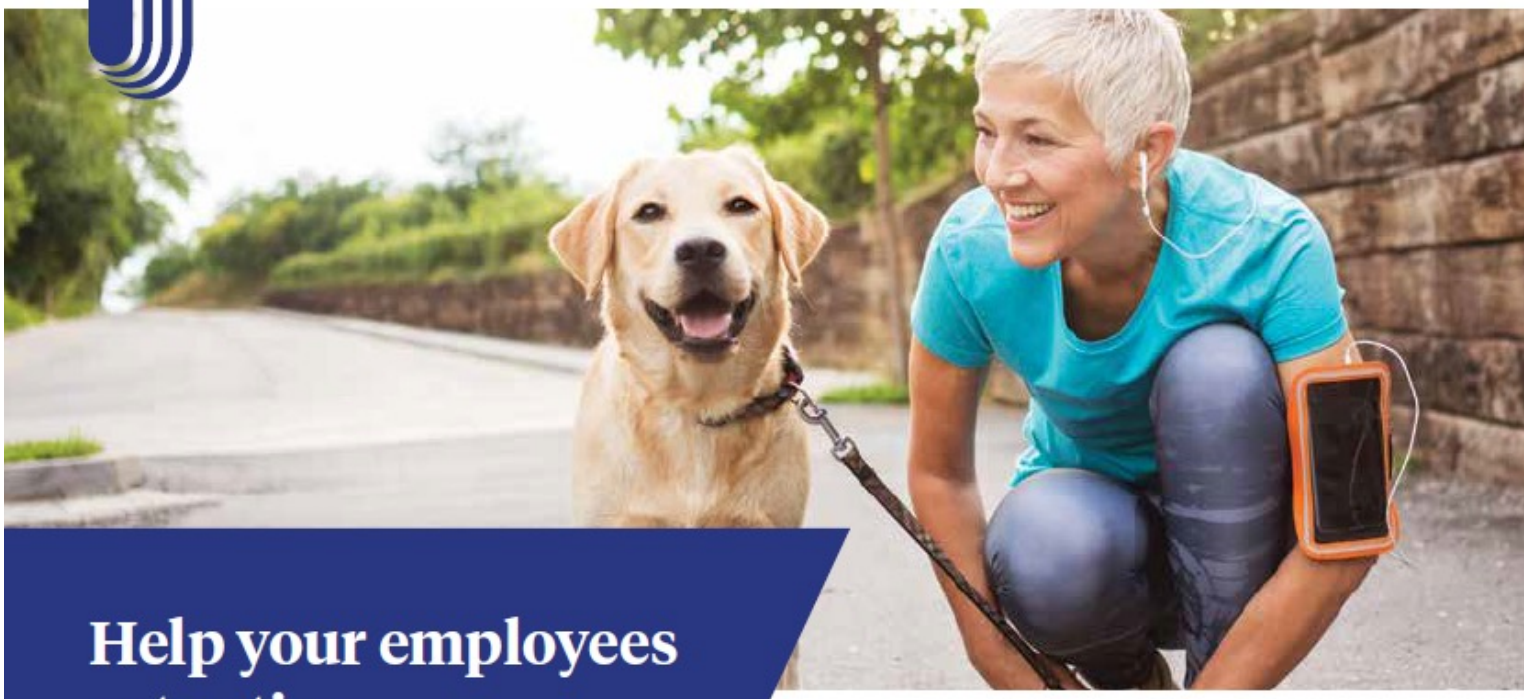

Help your employees get active.

The UnitedHealthcare Motion® program is designed to help motivate employees to get and stay active. It promotes regular exercise and rewards participants who have a health savings account (HSA) with deposits into their HSA or prepaid debit card.

Employees may get active and earn rewards.

Employees with an HSA may earn up to $3 per day if they meet the FIT (Frequency, Intensity, Tenacity) goals for up to $1,095 per calendar year. They may also earn $0.25 per day by achieving the participation goal.

Four Ways to Earn[1]	HSA or Prepaid Debit Card
F **Frequency.** 300 steps in 5 minutes; 6 times a day, at least 1 hour apart.	$1
I **Intensity.** 3,000 steps in 30 minutes or 30 minutes performing other eligible activities.	$1
T **Tenacity.** 10,000+ total daily steps.	$1
Participation. 2,500+ steps per day with no FIT rewards.	$3/day $1,095/year

Motion engagement.

On average, participants take

12,000

steps daily.[2]

60%

of participants sustain engagement over 6 months.[3]

45%–65%

of those eligible to participate in Motion registered for the program.[4]

United Healthcare

continued

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How Motion works.

1. Employees receive a welcome email from you and/or UnitedHealthcare.
2. Eligible employees and covered spouses create an account on **unitedhealthcaremotion.com** and select[5] an activity tracker from the website, or use their own Motion-compatible activity tracker. A "registration credit" can be applied to purchased devices or taken as a reward if using their own device.[6]
3. Purchased devices are delivered to the employee's home.
4. Participants set up their device, begin walking or completing other eligible activities to meet daily FIT and participation goals, and sync their device daily.
5. Participants may earn a $3 incentive every day, depending on plan design, that is deposited quarterly into their HSA or prepaid debit card.[7]

Participating in Motion may help improve well-being by:

- Aiding weight loss.
- Improving cholesterol and blood sugar.
- Reducing the risk of type 2 diabetes and heart disease.
- Decreasing symptoms of depression and anxiety.
- Increasing energy and productivity.

Helping you manage health care costs.

Employees may be your best strategy for improving quality and cost efficiency within your company. When they're active, it's possible for absenteeism to decline, productivity to increase and morale to improve—which may reduce medical claims.

Why physical activity may matter.

Those who have a sedentary lifestyle are at increased risk for heart disease, stroke, cancer, type 2 diabetes and other serious health conditions.

85%

of annual health care costs are for people with chronic conditions.[8]

$117B

is spent annually on health care costs associated with physical inactivity.[8]

Learn more.

Contact your UnitedHealthcare representative for additional information.

United Healthcare

[1] Rewards earned from eligible members in the Walk-It-Off payment option will be applied monthly to outstanding device balance.

[2] 2018 internal analysis of 37,082 Motion participants who recorded at least 1 step in 2018.

[3] 2018 internal analysis of 20,330 Motion participants in Key Accounts who recorded steps between Oct. 1, 2015, and June 1, 2018.

[4] Internal analysis of registered Motion members in UnitedHealthcare book of business, 2018.

[5] Registered members can shop and pay for the device at point of sale. A Walk-It-Off payment option is available for Apple® devices.

[6] Applicable registration credit(s) available only in the first year.

[7] Receiving a reward card may have tax implications. You should consult an appropriate tax professional to determine whether you have any tax obligations from receiving this card under the program.

[8] Centers for Disease Control and Prevention, cdc.gov/chronicdisease/about/costs/index.htm, accessed Aug. 23, 2018.

UnitedHealthcare Motion is a voluntary program. The information provided is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker and/or certain credits and/or purchasing an activity tracker with earnings may have tax implications. You should consult an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-855-256-8689 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Subject to HSA eligibility, as applicable.

Employers are responsible for ensuring that any wellness programs they offer to their employees comply with applicable state and/or federal law, including, but not limited to, GINA, ADA and HIPAA wellness regulations, which in many circumstances contain maximum incentive threshold limits for all wellness programs combined that are generally limited to 30% of the cost of self-only coverage of the lowest-cost plan and prohibitions on incentives to dependent children, as well as obligations for employers to provide certain notices to their employees. Employers should discuss these issues with their own legal counsel.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

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How to register on myuhc.com®

By registering on myuhc.com, you can find the answers to your health and benefits questions and the information you need in one easy-to-use, convenient location online.

Registration is quick and simple:

1. Go to **myuhc.com.**
2. Click the *Register Now* button.
3. Enter name, date of birth and account numbers from your health plan ID card or your Social Security number and date of birth.
4. Create a Username and Password.
5. Enter your email address and optional phone numbers, and choose security questions.
6. Review and agree to the website policies, and be sure to keep the email opt-in checked so you receive relevant news and wellness information.

By registering, if applicable, you will also receive Health Statements, Explanation of Benefits, Claim Letters, Regulatory Notices and other important information electronically. You may choose to receive free paper communications at any time by changing your Mailing Preferences.

On myuhc.com you can:

- Check past and current statements and claim status.
- Review eligibility and look up benefits.
- Find a hospital or doctor, including UnitedHealth Premium® designated physicians.
- Print a temporary health plan ID card or request a replacement card.
- Compare hospitals for quality and cost at the procedure level.
- "Chat" with a nurse online in real-time.
- Take a health assessment and participate in online programs that help you set goals to achieve health objectives.
- Learn about health conditions, symptoms and the latest treatment options.
- Use the Personal Health Record to organize and store all your health data in one convenient, confidential place.

Start managing your health care benefits online today at myuhc.com.

For a complete description of the UnitedHealth Premium® Designation program, including details on the methodology used, geographic availability, program limitations and medical specialties participating, please see myuhc.com.®

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

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Virtual Visits

Get access to care online.
Any where. Any time.

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to.

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription*, if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.

Conditions commonly treated through a virtual visit

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/ Urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat
- Stomach ache

Access virtual visits

Log in to **myuhc.com®** and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

To learn more, login to myuhc.com

Use virtual visits when:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

Not good for:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/ broken bones

* Prescription services may not be available in all states.
Access to virtual visits and prescription services may not be available in all states or for all groups. Go to myuhc.com for more information about availability of virtual visits and prescription services. Always refer to your plan documents for your specific coverage. Virtual visits are not an insurance product, health care provider or a health plan. Virtual visits are an internet based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the consumer and physician. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for virtual visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.
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UnitedHealthcare®

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OPTUM Bank®

Member FDIC

Open your HSA online

DECIDE

It only takes minutes to enroll in a health savings account (HSA) from Optum Bank®, Member FDIC.

1. Go to optumbank.com and select "Open an HSA".
2. Read through the page to confirm your eligibility and select "Continue."
3. Complete your online enrollment.

What you'll need

- Your Social Security number
- Your primary email address
- An identification number from another form of ID, such as your driver's license, state-issued identification or passport

Be on the lookout

When enrolling, you can choose to receive your welcome kit electronically or by mail. You will also receive a health savings account Debit MasterCard® by mail within ten days in an unmarked envelope.

If you need extra debit cards

If you have family coverage, you can order extra debit cards for your spouse and dependents on your plan when enrolling in your account. You'll need each cardholder's name, Social Security number and date of birth.

After you get your welcome kit

Take a few steps so you're ready to use your HSA. Go to **optumbank.com** to:

- Register for online banking and bill payment
- Designate a beneficiary for your account
- Make a deposit or set up recurring deposits to build your savings

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The 5 Stages of Health Saving and Spending

Good health is a journey. So is saving the money needed to pay for qualified medical expenses. We've identified stages account holders go through when owning a health savings account: **Decide, Open, Use, Manage, Optimize.**

To learn more about the 5 stages, visit **optumbank.com/optumHSAstages.**

DECIDE » OPEN » USE » MANAGE » OPTIMIZE

DECIDE
Considering an HSA?

OPEN
Opened an HSA, but haven't used it yet?

USE
Wondering how much to contribute?

MANAGE
Want tips for managing your HSA?

OPTIMIZE
Ready to turn your HSA into an investment?

Investments are not FDIC-insured, are not guaranteed by Optum Bank®, and may lose value.

Health savings accounts (HSAs) are individual accounts offered or administered by Optum Bank®, Member FDIC, and are subject to eligibility and restrictions, including but not limited to restrictions on distributions for qualified medical expenses set forth in section 213(d) of the Internal Revenue Code. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment and restrictions. Federal and state laws and regulations are subject to change.

optumbank.com

11000 Optum Circle, Eden Prairie, MN 55344

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Optum is an equal opportunity employer.

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PRJ1894 25303C-092016

Adding value and inspiring healthier behavior

Discover a wellness offering designed to help make fitness more accessible for your employees. It adds value to your benefits and may help them take ownership of their health and well-being.

UnitedHealthcare is bringing quality digital fitness classes right to your employees' fingertips. It's a program that helps them lead more active lives—and it's available at no additional cost to them.

- UnitedHealthcare plans include 1 year of Peloton® Digital Membership*
- $155 value per employee and each covered family member**
- Single, comprehensive offering for various fitness levels, no equipment required
- Access to Peloton's engaging digital fitness and meditation classes

Taking exercise to a new level

Peloton's immersive live and on-demand digital classes may help employees of all fitness levels get motivated to achieve their health goals. The digital experience makes it convenient to jump into a workout anywhere, anytime, from a phone, tablet or TV.

- Engaging variety of classes to choose from
- Flexibility that may fit any schedule with classes from 5 to 90 minutes
- Exciting workouts led by expert instructors who bring their knowledge, personality and curated playlists
- Help for achieving goals through progress tracking with workout metrics
- Motivating challenges and training programs
- Engaging social features to connect with others

The reality of inactivity

of adults get the exercise needed to help reduce and prevent chronic diseases[1]

$117B

per year

is spent on health care costs associated with inadequate physical activity[1]

United Healthcare | PELOTON®

continued

Helping add value to your employee health plan at no additional cost

Eligible employees have access to a 1-year Apple Fitness+ subscription at no additional cost.* *The first fitness service powered by Apple Watch.*

Adding value to your benefits may help inspire healthier behavior:

- $79 value per employee can be shared with up to 5 family members**
- A single, comprehensive offering for various fitness levels—powered by Apple Watch*
- Access to on-demand workouts on iPhone, iPad and Apple TV, with new workouts and meditations added every week

of adults get the exercise needed to help reduce and prevent chronic diseases[1]

*NOTE: Apple Fitness+ requires Apple Watch Series 3 or later with watchOS 7.2 or later and one of the following Apple devices: iPhone 6s or later with iOS 14.3 or later, iPad with iPadOS 14.3 or later, or Apple TV with tvOS 14.3 or later. Available to applicable UnitedHealthcare plans for fully insured customers. Subject to state legal and regulatory review. Membership is $9.99/month or $79.99/year, if paid annually.

**Must be 13 years of age or older and covered under applicable UnitedHealthcare health plan.

continued

United Healthcare

This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.

Quick access to workouts

- Choose the workout type
- Select a duration from 5–45 minutes
- Pick a favorite trainer and type of music

Designed to meet employees' unique needs

Apple Fitness+ may help employees achieve their goals, regardless of fitness level. It offers:

- ✔ 11 workout types, including high-intensity interval training (HIIT), yoga, treadmill, rowing, dancing, cycling, core, strength, Pilates, walking and more
- ✔ Curated programs for specific interests (such as Workouts for Beginners, Workouts for Pregnancy and Workouts for Older Adults)
- ✔ New workouts and meditations added weekly
- ✔ Personal recommendations

Designed to help keep employees engaged and motivated

Apple Watch personalizes the Apple Fitness+ experience by displaying personal metrics onscreen during every workout, such as heart rate and calories burned. To use Apple Fitness+, an Apple Watch Series 3 or later is required.

On certain workouts, the Burn Bar provides an added push, showing participants how they stack up against others who have participated in the same workout. Participants can listen to playlists chosen by trainers to complement the workout, and Apple Music subscribers can save and download Fitness+ playlists.

Learn more Contact your UnitedHealthcare representative

United Healthcare

[1] Centers for Disease Control and Prevention. Physical Activity. cdc.gov/physicalactivity/about-physicalactivity/why-it-matters.html. Accessed September 2021.

Available to applicable UnitedHealthcare plans for fully insured customers. Subject to state legal and regulatory availability. Policies/certificates with situs in the state of Kansas may neither advertise nor include this offer in any pre-sale promotion of the policy/certificate, nor shall it be promoted as an inducement for member enrollment in plans.

The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult with an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. The value of the application may be taxable. You should consult with an appropriate tax professional to determine if you have any tax obligations from having access to this application at no additional cost.

Apple Fitness+, Apple Watch, iPhone, iPad, Apple Music and Apple TV are trademarks of Apple Inc.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

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This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.

When life gets challenging, you've got caring, confidential help

Your Employee Assistance Program (EAP) provides support and resources to help you, and your family, with a range of issues, including:

- Managing stress, anxiety and depression
- Improving relationships at home or work
- Getting guidance on legal and financial concerns
- Coping with occupational stress and burnout support
- Addressing substance use issues

This service is provided to you at no additional cost.

Call today for access to EAP resources at no additional cost

EAP provides coverage for 3 free counseling sessions per incident, per year.

Services are completely confidential and will not be shared with your employer.

Get started – call EAP 24/7 at **1-888-887-4114**

United Healthcare

The material provided through this program is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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Benefits for 2022 - 2023

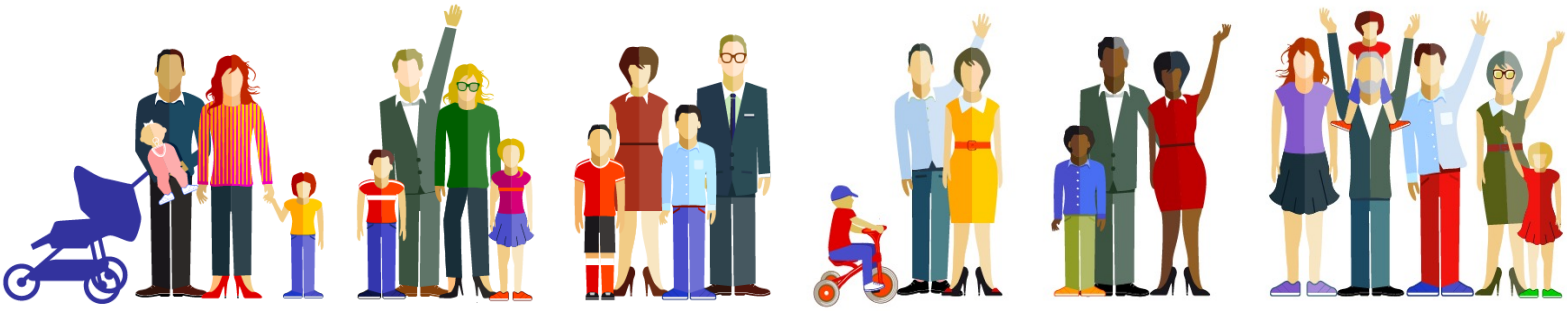
Dental Coverage

Summary of Coverage

	United Healthcare Dental Plan
IN NETWORK	
Annual Deductible (Individual / Family)	$50 / $150
Preventive Care	100%
Basic Procedures (Extractions, fillings, etc.)	80%
Major Procedures (Crowns, dentures, etc.)	50%
Calendar Year Maximum Benefit	$1,000
OUT OF NETWORK	
Annual Deductible (Individual / Family)	$50 / $150
Preventive Care	100%
Basic Procedures (Extractions, fillings, etc.)	80%
Major Procedures (Crowns, dentures, etc.)	50%
Calendar Year Maximum Benefit	$1,000

Per Pay Deduction	
Employee	$0.00
Employee + Spouse	$10.13
Employee + Child(ren)	$16.52
Employee + Family	$28.62

To find and in-network provider, please visit www.myuhc.com and select “Find a Dentist”, when searching, use the “National Options PPO 30” as the network.



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Benefits for 2022 - 2023

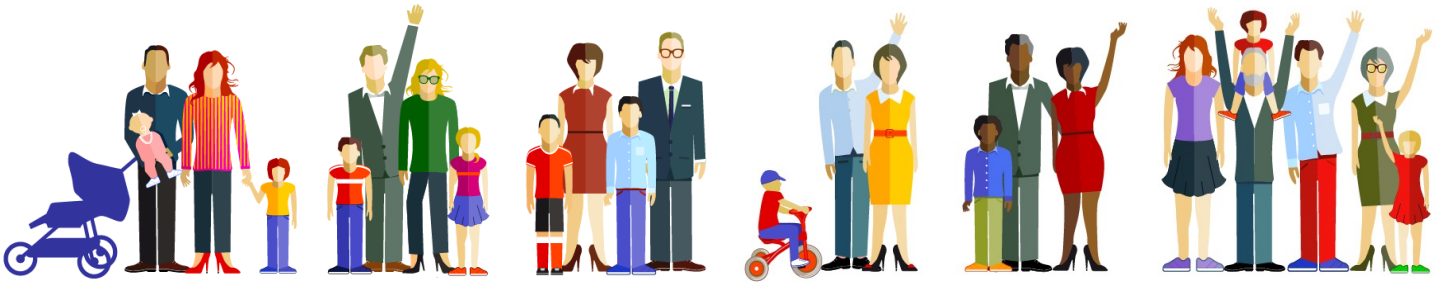
Vision Coverage

Summary of Coverage

Plan Features	United Healthcare Vision Plan
IN NETWORK	
Vision Exam	$10
Lenses	
Single	$25
Bifocal	$25
Trifocal	$25
Progressive	$90
Frames	$130 allowance and then a 30% discount
Elective Contact Lenses	$125 allowance
Medically Necessary Contact Lenses	Covered in full after copay (if applicable)
Frequency (Months)	
Exam	Every 12 Months
Lenses	Every 12 Months
Frames	Every 24 Months
Contacts	Every 12 Months
OUT OF NETWORK	
Vision Exam	up to a $40 benefit
Lenses	
Single	up to a $40 benefit
Bifocal	up to a $60 benefit
Trifocal	up to a $80 benefit
Progressive	up to a $80 benefit
Frames	up to a $45 benefit
Elective Contact Lenses	up to a $100 benefit
Medically Necessary Contact Lenses	up to a $210 benefit

Per Pay Deduction	
Employee	$0
Employee + Spouse	$1.57
Employee + Child(ren)	$1.74
Employee + Family	$3.37

To find and in-network provider, please visit www.myuhc.com and select “Find a Vision Provider”



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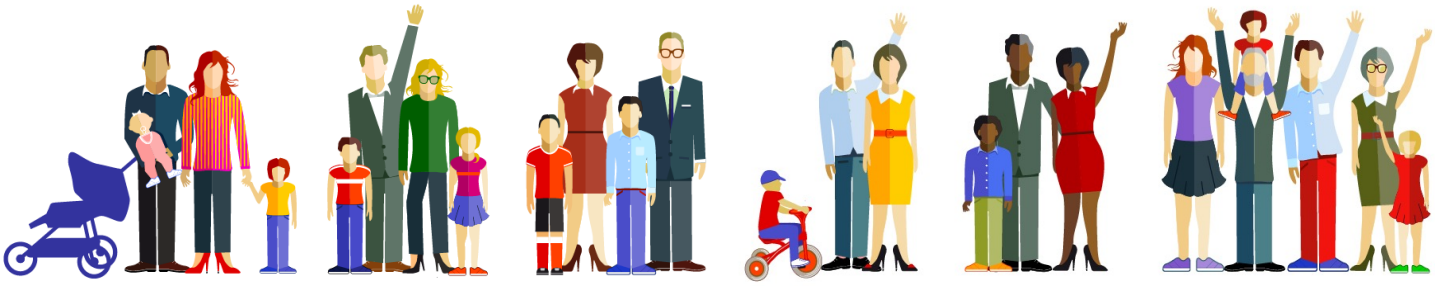
Benefits for 2022 - 2023

Life Insurance

Summary of Coverage

Employer-paid Basic Life Insurance	
Plan Features	**United Healthcare Group Term Life**
Employee Benefit Amount	$50,000
AD&D Benefit	$50,000
The following shows how much benefits are reduced at certain ages:	
Age Band	**Benefit Reduction**
65	35%
70	50%



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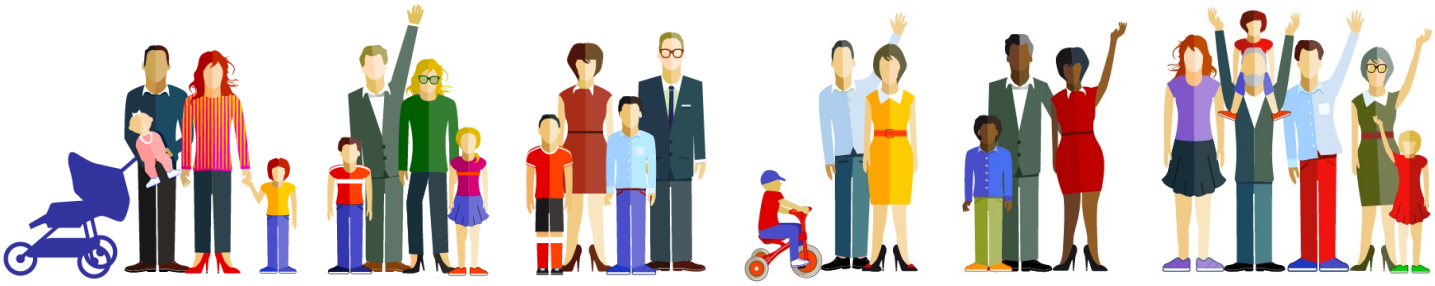
Benefits for 2022 - 2023

Disability Insurance
Long Term

Summary of Coverage

Plan Features	United Healthcare Long-Term Disability
Employee Benefit Amount	60%
Maximum Benefit Amount	$6,000 of monthly pre-disability earnings
Elimination Period	90 days
Benefit Duration	Up to SSNRA



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meyers glaros

meyersglaros.com

We've got your benefits covered.

But what about your personal assets?

At Meyers Glaros, we believe that the best way to approach insurance is to keep all of your policies under one roof.

Plus, since your benefits are insured through Meyers Glaros, you're eligible for a discount on your home and auto insurance.

Our Personal Insurance Offerings Include:

- Homeowners/Condo
- Auto Insurance
- Recreational Vehicles
- Personal Health Insurance
- Life Insurance
- Renters' Insurance
- Personal Watercraft Insurance
- Valuables
- Personal Umbrella Coverage

Interested in looking over your personal insurance needs?

Call our office and ask for Ryan.

Ryan Kickert

219.206.1861

ryan.kickert@meyersglaros.com

Contact

8605 Broadway, Merrillville, IN 46410 | info@meyersglaros.com

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BERNIEPORTAL
A Bernard Health Production

How to Enroll in BerniePortal

How do I login?

1. **A BerniePortal account has been created for you!**
2. **You will login at www.bernieportal.com/en/login with the following credentials:**
   a. **Username:** Your email address. Your broker will let you know which address to use.
   b. **Password:** This will be the last 4 digits of your SSN and the two digits of your birth month.
      - E.g.: Last 4 digits of SSN is "1234" and birth month is June; password is "123406."

What do I do next?

1. **Verify your information on the Personal Information screen when you login.**
2. **Enroll in benefits.**
   a. List your spouse and dependents (if applicable).
   b. If you don't know one of their SSNs use "111-11-1111."
   c. Elect or waive each coverage: health, dental, & vision.
   d. Confirm your elections, sign with your mouse & select "I Agree."
3. **You're finished! You can login to your BerniePortal account anytime to view your elections.**

3 Tips for electing benefits

1. **Use the sidebar on the left to navigate among the benefit types.**
2. **Use the cart on the right to budget your elections.**
3. **Use the sidebar on the left if you need to review/adjust your elections.**

Forgot your password?

1. **Go to www.bernieportal.com**
2. **Click Login**
3. **Click Forgot Password**
4. **Type in email address**
5. **Submit**

www.BerniePortal.com

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Benefits for 2022 - 2023

Health Savings Account (HSA)

For 2022 - 2023 Hammond Academy of Science & Technology is offering a Health Savings Account (HSA). This is how an HSA works:

A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses – those you and your tax dependents may have now, in the future, and during your retirement.

This is a "portable" account. You own your HSA! It's included in your employee benefits package, but after you set up your account, it's yours to keep, even if you change jobs or retire.

Once your HSA is established, money is contributed to your account by you, Hammond Academy of Science & Technology or friends and family, and you can then use your HSA dollars tax-free to pay for eligible health care expenses. You save money on expenses you're already paying for, like doctors' office visits, prescription drugs, and much more. Best of all, you decide how and when to use your HSA dollars.

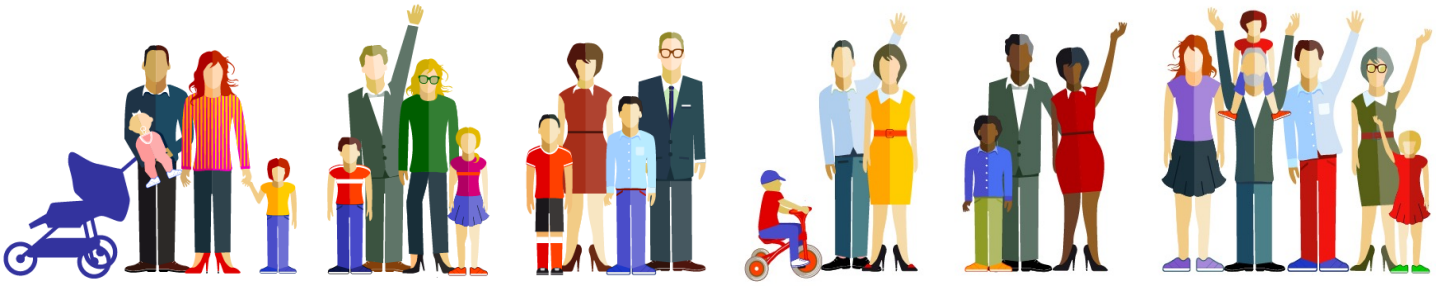
Why is it a good idea to have an HSA?

HSAs benefit everyone who is eligible to have this account – single individuals, families, and soon-to-be retirees. You save money on taxes in three ways:

- Tax-free deposits – The money you contribute to your HSA isn't taxed (up to the IRS annual limit).
- Tax-free earnings – Your interest and any investment earnings grow tax-free.
- Tax-free withdrawals – The money used toward eligible health care expenses isn't taxed – now or in the future.
- Setting aside pre-tax dollars into your HSA means you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30 percent tax bracket, you can save $30 on every $100 spent on eligible health care expenses.

HSA funds roll over from year to year and accumulate in your account. There is no "use-it-or-lose-it" rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future, or during retirement. And when you have a certain balance in your HSA, investment opportunities are available.

Refer to your HSA documentation for more information.



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Legal Notices

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that addresses the privacy and security of certain individually identifiable health information, called protected health information (or PHI). You have certain rights with respect to your PHI, including a right to see or get a copy of your health and claims records and other health information maintained by a health plan or carrier. For a copy of the Notice of Privacy Practices, describing how your PHI may be used and disclosed and how you get access to the information, contact Human Resources.

Women's Health and Cancer Rights Act Enrollment Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: a $500 PPO deductible with 20% coinsurance or a $2,800 HSA deductible with 0% coinsurance . If you would like more information on WHCRA benefits, contact your HR Manager.

Newborns' and Mothers' Health Protection Act Disclosure

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

Patient Protection Notice

Your carrier generally may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in your network and who is available to accept you or your family members. Until you make this designation, your carrier may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, please visit www.myuhc.com or call the number on the back of your member ID card.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, please visit www.myuhc.com or call the number on the back of your member ID card.

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Legal Notices

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy. To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact your HR manager.

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Legal Notices

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

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

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

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

If you 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 live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility —

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	**INDIANA – Medicaid**
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584

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Legal Notices

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	**NEBRASKA – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
KENTUCKY – Medicaid	**NEVADA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov/ Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	**NEW YORK – Medicaid**
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**UTAH – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	**VERMONT– Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282

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Legal Notices

RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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Legal Notices

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

The public reporting burden for this collection of information is estimated to average approximately four 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, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20220 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0123.g 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 four 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, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20220 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

Legal Notices

Genetic Information Nondiscrimination Act (GINA) Disclosures

Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

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Legal Notices

USERRA Notice

Your Rights Under USERRA

A. The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

B. Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

C. Right to Be Free from Discrimination and Retaliation

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service; then an employer may not deny you
  - Initial employment;
  - Reemployment;
  - Retention in employment;
  - Promotion; or
  - Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

D. Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

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E. Enforcement

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at *http://www.dol.gov/vets.* An interactive online USERRA Advisor can be viewed at *http://www.dol.gov/elaws/userra.htm*.

- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address: *http://www.dol.gov/vets/programs/userra/poster.htm*. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.

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Model General Notice of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

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Legal Notices

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to your HR manager.

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How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

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Legal Notices

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/agencies/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov**.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods

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Legal Notices

Family Medical Leave Act (FMLA)

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

Benefits & Protections

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

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Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

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HAMMOND ACADEMY OF SCIENCE & TECHNOLOGY

Hammond Academy of Science & Technology