

# 2023

## Employee Benefit Guide





# About Your Benefits

At Upreach Group, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your Upreach Group benefits. If you have any questions, feel free to reach out to Michael Saldivar at [HumanResources@UpreachGroup.com](mailto:HumanResources@UpreachGroup.com)



Table of Contents	
About Your Benefits	1
Medical Coverage	2
Prescription Drug Coverage	6
Voluntary Dental Coverage	11
Vision Coverage	12
Spending Accounts	13
Life, AD&D and Disability	15
Coverage Costs	16
EAP	17
How to Enroll	19
Contacts	22

## Eligibility and Enrollment

You are eligible to participate in Upreach Group's benefits if you are a full-time employee working at least 30 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

Employees are benefit eligible after 90 days of employment.

**If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 21 for more details.**

## Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 30 days from the date of the event to log on to [Employee Navigator](#) and make the change. Keep in mind, the changes you make must be directly related to the event.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



# Medical Coverage



You have a choice of three medical plans through Anthem Blue Cross and Blue Shield - the **PPO plans**. Review the chart below for the amount you will pay for the medical service listed.

	Anthem Blue Access Options PPO (3-Tier) Option 10 with Rx Option T2		
	Preferred Network Provider (Tier 1)	In-Network Provider (Tier 2)	Non-Network Provider
<b>Calendar Year Deductible</b> (Individual/Family)	\$3,000/\$6,000	\$6,000/\$12,000	\$22,500/\$45,000
<b>Coinsurance</b>	0%	20%	50%
<b>Calendar Year Out-of-pocket Maximum</b> (Individual/Family)	\$8,150/\$16,300	\$8,150/\$16,300	\$24,450/\$48,900
<b>Upreach Group Contribution to Health Savings Account</b> (Individual/Family)	N/A		
<b>Preventive Care</b>	Covered 100%	Covered 100%	50% after deductible
<b>Office Visits</b> Telemedicine (LiveHealth Online)  Primary Care (virtual and office) Urgent Care Specialist (virtual and office)	\$0 copay per visit*; Specialist care: \$40 copay per visit \$20 copay per visit \$75 copay per visit \$40 copay per visit	\$0 copay per visit*; Specialist care: \$40 copay per visit \$35 copay per visit \$75 copay per visit \$70 copay per visit	Not covered  50% after deductible 50% after deductible 50% after deductible
<b>Emergency Room</b> (copay waived if admitted)	\$350 copay per visit then 20%	\$350 copay per visit then 20%	\$350 copay per visit then 20%

\*Urgent/acute medical and mental health and substance abuse are covered

\* **OhioHealth is not available on this plan. Please choose one of the other two plans for access to OhioHealth.**



## Medical Coverage



	Anthem Blue Access PPO Option 22 Rx T2	
	In Network	Non-Network Provider
<b>Calendar Year Deductible</b> (Individual/Family)	\$5,000/\$10,000	\$15,000/\$30,000
<b>Coinsurance</b>	20%	50%
<b>Calendar Year Out-of-pocket Maximum</b> (Individual/Family)	\$7,350/\$14,700	\$22,050/\$44,100
<b>Preventive Care</b>	Covered 100%	50% after deductible
<b>Office Visits</b> Primary Care (virtual and office) Urgent Care Specialist (virtual and office)	\$30 copay per visit \$75 copay per visit \$60 copay per visit	50% after deductible 50% after deductible 50% after deductible
<b>Emergency Room</b>	\$350 copay per visit then 20%	\$350 copay per visit then 20%

\*Urgent/acute medical and mental health, substance abuse and specialist care are covered



# Medical Coverage



	Anthem Blue Access PPO HSA Option E11	
	In-Network Provider	Non-Network Provider
<b>Calendar Year Deductible</b> (Individual/Family)	\$6,200/\$12,400	\$18,600/\$37,200
<b>Coinsurance</b>	0%	30%
<b>Calendar Year Out-of-pocket Maximum</b> (Individual/Family)	\$6,900/\$13,800	\$20,700/\$41,400
<b>Preventive Care</b>	Covered 100%	30% after deductible
<b>Office Visits</b> Telemedicine (LiveHealth Online) Primary Care (virtual and office) Urgent Care Specialist (virtual and office)	0% after deductible* 0% after deductible 0% after deductible 0% after deductible	Not covered 30% after deductible 30% after deductible 30% after deductible
<b>Emergency Room</b>	0% after deductible	0% after deductible

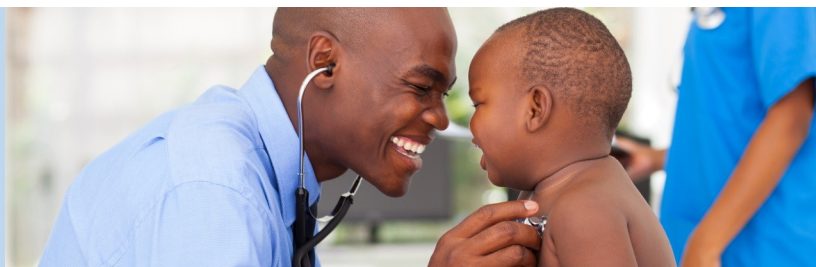
\*Urgent/acute medical and mental health, substance abuse and specialist care are covered

## Terms to Know

- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for health care services before the plan begins to pay a portion.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs.
- **Network** - The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

## Finding In-network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to [www.anthem.com](http://www.anthem.com) or call 833.639.1634 to find providers in the Anthem Blue Cross and Blue Shield network.





# Medical Coverage

## How the Plans Work

Three plans use the Anthem Blue Cross and Blue Shield network and cover 100% of the cost for preventive care services like calendar year physicals and routine immunizations. The way you pay for care is different with each plan.

With the **HDHP**, you pay the full negotiated cost for medical services and prescription drugs until you meet your calendar year deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the calendar year out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. Your paycheck deductions for this plan are lower than the PPO plan.

The **PPO plan** has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your calendar year out-of-pocket maximum. This plan has higher paycheck deductions than the HDHP.

	HDHP	PPO Plan
Per-paycheck Cost for Coverage	Lowest	Highest
Calendar Year Deductible	Highest	Lowest
Calendar Year Out-of-pocket Maximum	Highest	Lowest
Using the Plan	Pay less with each paycheck and more when you need care	Pay more with each paycheck and less when you need care
Spending Account Options	Health savings account Dependent care FSA	Health care FSA Dependent care FSA







## Prescription Drug Coverage

Prescription drug coverage through Anthem Blue Cross and Blue Shield is included with all of our medical plans. Review the chart below for the amount you will pay for the prescription drug service listed.

	Anthem Blue Access Options PPO (3-Tier) Option 10 with Rx Option T2		
	Preferred Network Provider	In-Network Provider	Non-Network Provider
<b>Retail (30-day Supply)</b> Tier 1-Typically Generic Tier 2-Typically Preferred Brand Tier 3-Typically Non-Preferred Brand	\$10 copay per prescription \$40 copay per prescription \$70 copay per prescription	\$20 copay per prescription \$50 copay per prescription \$80 copay per prescription	50% coinsurance 50% coinsurance 50% coinsurance
<b>Specialty (30-day Supply)</b> Tier 4-Typically Specialty (brand and generic)	<b>Retail &amp; Mail-order:</b> 25% up to \$350 per prescription	<b>Retail:</b> 25% up to \$450 per prescription <b>Mail-order:</b> Not covered	<b>Retail:</b> 50% coinsurance <b>Mail-order:</b> Not covered
<b>Mail-order (90-day Supply)</b> Tier 1-Typically Generic Tier 2-Typically Preferred Brand Tier 3-Typically Non-Preferred Brand	\$25 copay per prescription \$120 copay per prescription \$210 copay per prescription	Not covered Not covered Not covered	Not covered Not covered Not covered

	Anthem Blue Access PPO Option 22 Rx T2		
	Preferred Network Provider	In-Network Provider	Non-Network Provider
<b>Retail (30-day Supply)</b> Tier 1-Typically Generic Tier 2-Typically Preferred Brand Tier 3-Typically Non-Preferred Brand	\$10 copay per prescription \$40 copay per prescription \$70 copay per prescription	\$20 copay per prescription \$50 copay per prescription \$80 copay per prescription	50% coinsurance 50% coinsurance 50% coinsurance
<b>Specialty (30-day Supply)</b> Tier 4-Typically Specialty (brand and generic)	<b>Retail &amp; Mail-order:</b> 25% up to \$350 per prescription	<b>Retail:</b> 25% up to \$450 per prescription <b>Mail-order:</b> Not covered	<b>Retail:</b> 50% coinsurance <b>Mail-order:</b> Not covered
<b>Mail-order (90-day Supply)</b> Tier 1-Typically Generic Tier 2-Typically Preferred Brand Tier 3-Typically Non-Preferred Brand	\$25 copay per prescription \$120 copay per prescription \$210 copay per prescription	Not covered Not covered Not covered	Not covered Not covered Not covered



# Prescription Drug Coverage

	Anthem Blue Access PPO HSA Option E11		
	Preferred Network Provider	In-Network Provider	Non-Network Provider
<b>Retail (30-day Supply)</b> Tier 1-Typically Generic Tier 2-Typically Preferred Brand Tier 3-Typically Non-Preferred Brand	0% after deductible 0% after deductible 0% after deductible	10% after deductible 10% after deductible 10% after deductible	50% after deductible 50% after deductible 50% after deductible
<b>Specialty (30-day Supply)</b> Tier 4-Typically Specialty (brand and generic)	<b>Retail &amp; Mail-order:</b> 0% after deductible	<b>Retail:</b> 10% after deductible <b>Mail-order:</b> Not covered	<b>Retail:</b> 50% after deductible <b>Mail-order:</b> Not covered
<b>Mail-order (90-day Supply)</b> Tier 1-Typically Generic Tier 2-Typically Preferred Brand Tier 3-Typically Non-Preferred Brand	0% after deductible 0% after deductible 0% after deductible	Not covered Not covered Not covered	Not covered Not covered Not covered

## Generic Drugs

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

## Preferred Drugs

Anthem Blue Cross and Blue Shield regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

## Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using Anthem Blue Cross and Blue Shield's mail-order pharmacy. You can register for mail-order pharmacy by logging on to [www.anthem.com](http://www.anthem.com).





# Anthem tiered product plan offers better choices and better savings



Your employees need choices when it comes to finding the right healthcare. With our solutions, you don't have to compromise on care options.

## The benefits of an Anthem tiered network plan

- Your employees have options when it comes to providers and how much they pay for care.
- Your employees receive high-quality care with lower out-of-pocket costs.
- Your company can enjoy cost-saving opportunities that support your company's goals.

## Your employees have choices

Our tiered networks offer your employees access to top doctors and hospitals no matter what out-of-pocket cost level they choose.

Network tier	Advantages	Type of providers	Out-of-pocket costs
Tier 1	Savings	Preferred providers from the current Blue Access® providers	Lowest
Tier 2	Access	A large network of Anthem Blue Access providers, as well as BlueCard® providers	Moderate
Tier 3	Choice	Out-of-network providers	Highest

# Two savings examples

Two local employers cut their premium costs with the Anthem tiered plan design\*

## Employer in Cleveland, Ohio

Blue Access  
Option 2, with \$500 deductible  
Annual premium: \$342,180

## Employer in Cincinnati, Ohio

Blue Access  
Option 5, with \$1,000 deductible  
Annual premium: \$333,828

◀ VS ▶

## Blue Access tiered product

Option 2, with \$500 deductible  
Annual premium: \$285,600  
**16.5% premium savings**

## Blue Access tiered product

Option 5, with \$1,000 deductible  
Annual premium: \$283,728  
**15% premium savings**

## How to find the right tier for you

You can find which tier to use by going to [anthem.com](http://anthem.com), choosing **Find a doctor/Find care** and under the *Select a Plan/Network* field, choosing “Blue Access Options PPO.” You will see up-to-date information about which hospitals and doctors are in tier 1 and tier 2, as well as other information such as quality ratings.

The chart below provides a high-level summary of the hospitals that are currently in tier 1. You can also find the most up-to-date and complete list on [anthem.com](http://anthem.com) as this list can change.

## Anthem Blue Access Options PPO OH I

Tier	Anthem Blue Access Options PPO OH I			
	Cleveland	Columbus	Cincinnati/Dayton	Toledo
Tier 1	University Hospitals, MetroHealth System, Lake Hospital System, Southwest General Hospital, and Western Reserve Hospital	Mt. Carmel Health System, Ohio State University Hospital, Ohio State Wexner Arthur James Cancer Institute, Adena Regional Medical Center, Bucyrus Community Hospital, Diley Ridge Medical Center, Fairfield Medical Center, Greenfield Area Medical Center, Licking Memorial Hospital, Ohio Valley Surgical Hospital, and St. Ann's Hospital	Bethesda Hospital, Clinton Memorial Hospital, Dayton Children's Hospital, Fort Hamilton Hospital, Good Samaritan Hospital, Grandview Hospital, Greene Memorial Hospital, Kettering Medical Center, McCullough Hyde, Good Samaritan-Evandale, Ohio Valley Surgical Hospital, Soin Medical Center, Southview Hospital, Sycamore Medical Center, Kettering Health Network - Troy Hospital, and Wilson Memorial Hospital	St. Luke's Hospital, Wellcare Physicians, Toledo Clinic, ProMedica Health System, and Waterville Family Physicians
Tier 2	All other Anthem Blue Access providers (With the exception of Ohio Health in Columbus)			
Tier 3	Out-of-network providers			

**Your employees want flexibility. You can offer it.**

**You don't have to compromise. To learn more, contact your broker.**

\*Savings will vary by market and plan.

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



# 2023 Rx Choice pharmacy network updates

**Offering more convenience and savings for employers and consumers**

An enhanced Rx Choice network will become effective January 1, 2023, providing an integrated whole-health experience for consumers. It also means savings, value, and more convenience.

## What makes Rx Choice a good choice?

Rx Choice balances consumer choice with client savings by offering a preferred group of pharmacies, giving consumers access to the lowest price option.

It includes a broad national network with access to 67,000 pharmacies.<sup>1</sup> It offers two levels of coverage, depending on where consumers fill their prescriptions:

- Level 1 includes 20,000 preferred pharmacies<sup>1</sup>, with a lower copay or share of the prescription cost.
- At level 2 pharmacies, prescriptions will cost more, but there are 47,000 pharmacies<sup>1</sup> to choose from.

## What you need to know

All pharmacies are staying in the network, but on January 1, 2023, a small percentage will move to level 2. This will affect only 5% of Rx Choice consumers nationwide.<sup>2</sup>

**Consumers can also choose home delivery, if available. This option saves time, comes at no extra cost, and can increase medication adherence.**

To find out more about the Rx Choice pharmacy network, please contact your plan representative.

## Which pharmacies are in the network?

Consumers will pay a lower out-of-pocket cost when they use a level 1 pharmacy, such as these national chains:

- Albertsons/Safeway
- CVS
- Giant Eagle
- Kroger
- Hannaford/Ahold
- Walmart

Consumers will pay more out of pocket if they use a level 2 pharmacy, such as these national chains:

- Rite Aid
- Sam's Club
- Walgreens
- Costco

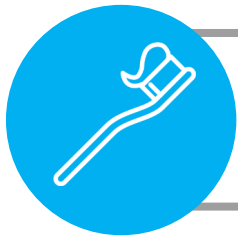
<sup>1</sup> Based on internal data from IngenioRx analytics, January 1, 2022

<sup>2</sup> Based on internal data from IngenioRx analytics, July 1, 2022

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company, Inc. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in PDS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or PDS policies; WCIC underwrites or administers Well Priority HMO or PDS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Services provided by IngenioRx, Inc. In Texas, services provided by Ingenio, Inc.

IngenioRx, Inc. will become CarelonRx on January 1, 2023.



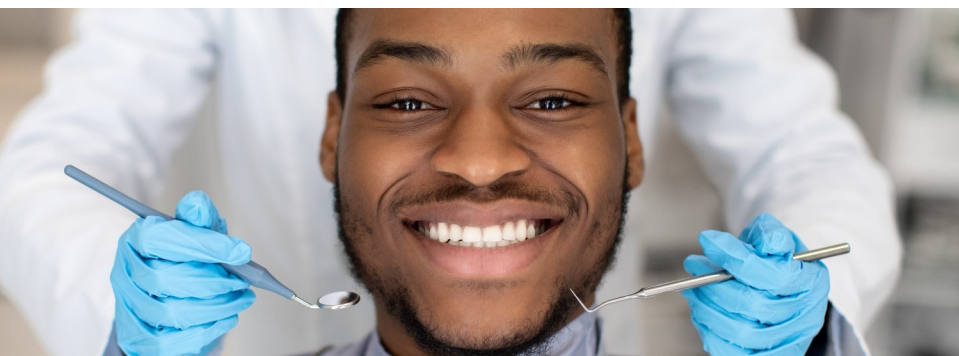
# Voluntary Dental Coverage



Upreach Group offers one dental plan through MetLife. Review the chart below for the amount MetLife will pay for the dental service listed.

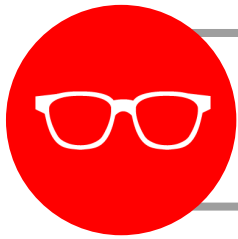
	Dental Plan	
	In Network <sup>1</sup>	Out of Network <sup>1</sup>
<b>Calendar Year Deductible</b> (Individual/Family)	\$50/\$150	\$50/\$150
<b>Calendar Year Maximum</b> (Per Person)	\$1,250	\$1,250
<b>Preventive Care</b> (Oral Examinations, Problem Focused Examinations Full Mouth X-ray, Bitewing X-rays (Adult/Child) Prophylaxis - Cleanings Topical Fluoride Applications Sealants, Emergency Palliative Treatment)	100%	100%
<b>Basic Services</b> (Space Maintainers, Amalgam and Composite Fillings Prefabricated Crowns Periodontal Maintenance Oral Surgery (Simple Extractions) Consultations Harmful Habits Appliances)	80% after deductible	80% after deductible
<b>Major Services</b> (Crowns/Inlays/Onlays, Repairs Endodontics Root Canal Periodontal Surgery Periodontal Scaling & Root Planing Oral Surgery (Surgical Extractions) Other Oral Surgery, Bridges Dentures, General Anesthesia, Implant Services)	50% after deductible	50% after deductible
<b>Orthodontia</b>	N/A	N/A
<b>Orthodontia Lifetime Maximum</b>	N/A	N/A

<sup>1</sup>"In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist. Utilizing an out-of-network dentist for care may cost you more than using an in-network dentist.



## Finding In-network Dentists

You pay less for services when you use a dentist in the MetLife network. You can find an in-network dentist by visiting [www.metlife.com/dental](http://www.metlife.com/dental) or calling 800.275.4638.



# Vision Coverage



Upreach Group's vision plan through MetLife covers routine eye exams and helps you pay for glasses or contact lenses. Review the chart below for the amount you will pay for the vision service listed.

	Vision Plan	
	In Network	Out of Network**
<b>Eye Exam</b> (Once every 12 months)	\$10 copay	Up to \$45
<b>Lenses</b> (Once every 24 months)		
Single Vision	\$25 eyewear copay	Up to \$30
Bifocal	\$25 eyewear copay	Up to \$50
Trifocal	\$25 eyewear copay	Up to \$65
Lenticular	\$25 eyewear copay	Up to \$100
<b>Frames</b> (Once every 12 months)	\$150 allowance after \$25 eyewear copay*	Up to \$70
<b>Contact Lenses</b> (Once every 12 months)		
Fitting and Evaluation	\$60 copay	N/A
Elective	\$150 allowance	Up to \$105
Medically Necessary	Covered in full after \$25 eyewear copay	Up to \$210

\*You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.

\*\*If you choose an out-of-network provider, you will have increased out-of-pocket expenses, pay in full at time of service, and file a claim for reimbursement.

## Finding In-network Eye Doctors

You can find an in-network eye doctor in the MetLife network by visiting [www.metlife.com/vision](http://www.metlife.com/vision) or calling 855.638.3931.







# Spending Accounts

## Paying for Health Care

Upreach Group offers several ways to set aside pre-tax dollars to pay for medical and prescription drug expenses. The health care accounts available to you depend on the medical plan you choose.

	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)
What medical plan can I choose?	HDHP	PPO plan
What expenses are eligible?	Medical and prescription drug (See IRS Publication 502 for the types of expenses that may be eligible)	
When can I use the funds?	Funds are available as you contribute to the account	All of the funds you elect for the year are available January 1
Can I roll over funds each year?	Yes, funds roll over from year to year and are yours to keep (even if you leave the company or retire)	No, you will lose any funds remaining in your account at the end of the year, unless your plan has a grace period or carryover
How do I pay for eligible expenses?	If you register for an HSA you can use this card to pay for qualified expenses.	With your Isolved card (you can also submit claims for reimbursement online <a href="https://www.isolvedbenefitservices.com">Isolvedbenefitservices.com</a> )
How much can I contribute each year?	\$3,850 for individual coverage or \$7,750 for family coverage (this total includes company funding) and additional \$1,000 for catch up contributions in 2023	You can contribute \$3,050 to your health care FSA in 2023
Can I change my contributions throughout the year?	Depending on your provider, Yes.	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year

Note: By law, you are not allowed to contribute to an HSA if you have disqualifying coverage, such as Medicare or a general purpose health FSA.

## What Are the Tax Implications of an HSA?

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses. You may contribute additional funds to your HSA (\$1,000 per tax year) if you will be 55 years or older by December 31. Learn more at [www.isolvedbenefitservices.com](https://www.isolvedbenefitservices.com).







# Spending Accounts



## Paying for Dependent Care

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses.

	Dependent Care FSA
<b>What is it?</b>	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time
<b>Why should I consider it?</b>	You can lower your taxable income to save some money while you take care of your daycare expenses
<b>What expenses are eligible?</b>	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
<b>When can I use the funds?</b>	Funds are available as you contribute to the account with each paycheck
<b>Can I roll over funds each year?</b>	No, you will lose any funds remaining in your account at the end of the year
<b>How do I pay for eligible expenses?</b>	With your Isolved card (you can also submit claims for reimbursement online <a href="https://Isolvedbenefitservices.com">Isolvedbenefitservices.com</a> )
<b>How much can I contribute each year?</b>	You can contribute \$5,000 to your dependent health care FSA in 2023



### Important Note

Both the health care and dependent care FSAs have a use-it-or-lose-it rule. You will lose any unused funds at the end of the year.



# Life, AD&D and Disability Insurance MetLife

## Life and AD&D Insurance

Upreach Group provides basic life and accidental death and dismemberment (AD&D) insurance through MetLife at no cost to eligible employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates.

	How it Works	Basic Life and AD&D (Paid by Upreach)	Voluntary Life and AD&D (Paid by Employee)
<b>Life</b>	Your beneficiaries receive this benefit if you pass away	Flat \$25,000	<b>You:</b> Increments of \$10,000 up to lesser of 5 times pay or \$500,000 <b>Your spouse:</b> Increments of \$5,000 up to \$100,000, not to exceed 50% of EE amount <b>Your child(ren):</b> Child 15 days to 6 months old: \$1,000; Child more than 6 months old: Options of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
<b>AD&amp;D</b>	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	Flat \$25,000	<b>You:</b> Increments of \$10,000 up to lesser of 5 times pay or \$500,000 <b>Your spouse:</b> Increments of \$5,000 up to \$100,000, not to exceed 50% of EE amount <b>Your child(ren):</b> Child 15 days to 6 months old: \$1,000; Child more than 6 months old: Options of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000



## Keep Your Beneficiaries Up to Date

You must log on to [www.metLife.com](http://www.metLife.com) to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

## Disability Insurance

Upreach Group also provides disability insurance through MetLife. This benefit replaces a portion of your income if you become disabled and are unable to work. This benefit is voluntary and premium is paid by you.

	How it Works		Who Pays for the Benefit
<b>Short-term Disability</b>	You receive 60% of your income up to \$1,500 per week. Benefits begin after 7 calendar days of absence from work for Accident and Sickness and continue for up to 12 weeks.		Employee
<b>Long-term Disability</b>	You receive 60% of your income up to \$6,000 per month. Benefits begin after 90 calendar days of absence from work and continue until you reach RBD*.		Employee

*Age on Date of Your Disability	less than 60	60	61	62	63	64	65	66	67	68	69 and over
Benefit Duration	to age 65	60 months	48 months	42 months	36 months	30 months	24 months	21 months	18 months	15 months	12 months



## Coverage Costs

Below is an overview of your benefit coverage costs.

### Weekly Cost for Medical, Voluntary Dental and Vision Coverage

Coverage Tier	Anthem Blue Access Options PPO (3-Tier) Option 10 with Rx Option T2	Anthem Blue Access PPO Option 22 with Rx Option T2	Anthem Blue Access PPO HSA Option E11
Employee Only	\$62.93	\$63.34	\$34.51
Employee + Spouse	\$227.87	\$228.77	\$165.40
Employee + Child(ren)	\$157.65	\$158.34	\$109.68
Employee + Family	\$350.27	\$351.53	\$262.53

Voluntary Dental Plan	Vision Plan
\$5.28	\$1.57
\$10.62	\$3.17
\$11.09	\$3.37
\$17.11	\$5.42

### Monthly Cost for Voluntary Life and AD&D Insurance (per \$1,000 of coverage)

Employee Age	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 –69	70+
Employee	\$0.072	\$0.080	\$0.120	\$0.194	\$0.298	\$0.486	\$0.764	\$1.060	\$1.957	\$3.359
Spouse*	\$0.072	\$0.080	\$0.120	\$0.194	\$0.298	\$0.486	\$0.764	\$1.060	\$1.957	\$3.359
Child(ren)**	\$0.240									
AD&D rates	Employee and Spouse / Child: \$0.014 / \$0.051									

Note: Your life and AD&D benefits will reduce by 35% at Age 65, 50% at Age 70.

\* Spouse rates are based on the employee's age.

\*\* Child(ren) rates are per \$1,000 of coverage, per child unit. A child unit may consist of more than one child.



# Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



## Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search “LifeWorks” on iTunes App Store or Google Play. Log in with the user name: **metlifeeap** and password: **eap**

## Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

## Convenient and confidential help when you want it, how you want it

Your program includes up to 5 phone or video consultations with licensed counselors for you and your eligible household members per year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select “Employee Assistance Program” when prompted. You'll immediately be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to [metlifeeap.lifeworks.com](https://metlifeeap.lifeworks.com), user name: **metlifeeap** and password: **eap**



## Answers to important questions

### Are Employee Assistance Program services confidential?

Yes. Any personal information provided to LifeWorks stays completely confidential.\*

### How do I get help?

Getting professional help is just a phone call away. Simply call 1-888-319-7819 to speak with a counselor or to schedule a phone or video conference appointment. These services are available 24 hours a day, 7 days a week.

### When is the right time to call?

That's up to you. Counselors are here whenever you need them —whether you simply need to talk or want guidance on something you are going through.

### Does the program have any limitations?

While we offer a broad range of services, we may not cover all services you may need. Your Employee Assistance Program does not provide:

- Inpatient or outpatient treatment for any medically treated illness
- Prescription drugs
- Treatment or services for intellectual disability or autism
- Counseling services beyond the number of sessions covered or requiring longer term intervention
- Services by counselors who are not LifeWorks providers
- Counseling required by law or a court, or paid for by Workers' Compensation

### Does the program offer Cognitive Behavioral Therapy (CBT)?

Many LifeWorks EAP providers are trained in this type of counseling and the foundation of LifeWorks' CareNow digital programs, available through the programs website and mobile app, are built upon Cognitive Behavioral Therapy (CBT) techniques. CareNow provides instant access to a range of self-service programs developed by world leading experts, focused on behavior change in the areas of anxiety, stress, depression, and more.

**When you need some support,  
we're here to help.**



**Phone**

**1-888-319-7819**



**Web**

**[metlfeeap.lifeworks.com](https://metlfeeap.lifeworks.com)**

**user name: [metlfeeap](#)  
and password: [eap](#)**



**Mobile App**

**user name: [metlfeeap](#)  
and password: [eap](#)**

\*MetLife and LifeWorks abide by federal and state regulations regarding duty to warn of harm to self or others. In these instances, the consultant may have a duty to intervene and report a situation to the appropriate authority.

Some restrictions may apply to all of these services. Hotline services provided by LifeWorks US Inc. LifeWorks is not a subsidiary or affiliate of MetLife. Information disclosed directly to LifeWorks is not disclosed to MetLife, and therefore is not subject to MetLife's privacy policy.



**Metropolitan Life Insurance Company** | 200 Park Avenue | New York, NY 10166

OPT1 L0123028368[exp1225][All States][DC, GU, MP, PR, VI] © 2023 MetLife Services and Solutions, LLC



# UPREACH

 theworksitegroup

---

Answers to your  
benefits questions are just  
a phone call away!

---



Have questions about your benefits? The Worksite Group can help!

**Upreach** has partnered with the enrollment firm, **The Worksite Group**, to assist during this year's Open Enrollment. You will have access to speak one-on-one with a licensed benefits counselor to review your options and complete your enrollment entirely over the phone. You also have access to [self-enroll](#) in benefits yourself via the enrollment portal, **Employee Navigator**. Click the link and use the Company Code as prompted.



**Open Enrollment:** Monday, August 28<sup>th</sup> - Friday, September 8<sup>th</sup>

**Call Center Dates:** Monday, August 28<sup>th</sup> - Friday, September 8<sup>th</sup>

**Call Center Hours:** 8:00am-5:00pm EST

Meeting with a benefit counselor is encouraged for all eligible employees, even if you intend on declining benefits. In order to schedule an appointment with the Call Center, you can click the link to the right and schedule a time that works best for you (or scan the QR code above). After it has been scheduled, a benefit counselor will call you at the phone number you provided on your selected appointment day and time.

### [Appointment Scheduling Link](#)

<https://calendly.com/enrollorwaive/upreach>

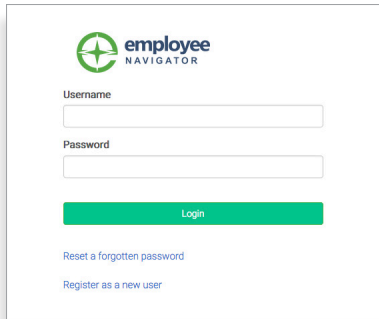
### [Self-Enrollment Online Portal](#)

[https://www.employeenavigator.com/  
benefits/Account/Register](https://www.employeenavigator.com/benefits/Account/Register)

**Company Identifier:** Upreach2023



# ENROLL IN YOUR BENEFITS: One step at a time



**employee NAVIGATOR**

Username

Password

**Login**

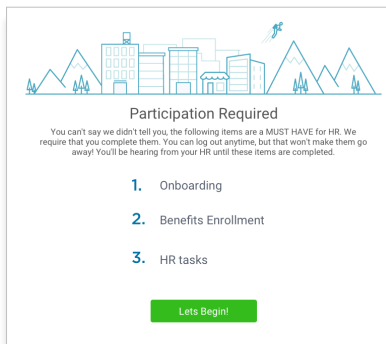
[Reset a forgotten password](#)

[Register as a new user](#)

## Step 1: Log In

Go to [www.employeenavigator.com](http://www.employeenavigator.com) and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.



**Participation Required**

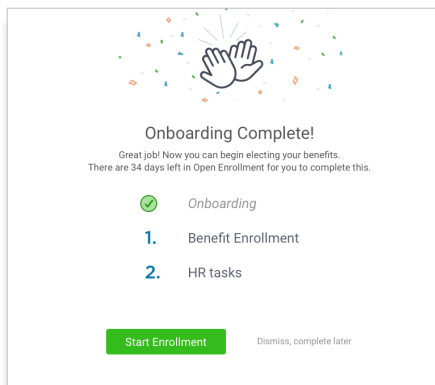
You can't say we didn't tell you, the following items are a MUST HAVE for HR. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR until these items are completed.

1. Onboarding
2. Benefits Enrollment
3. HR tasks

**Lets Begin!**

## Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



**Onboarding Complete!**

Great job! Now you can begin electing your benefits. There are 34 days left in Open Enrollment for you to complete this.

✓ Onboarding

1. Benefit Enrollment
2. HR tasks

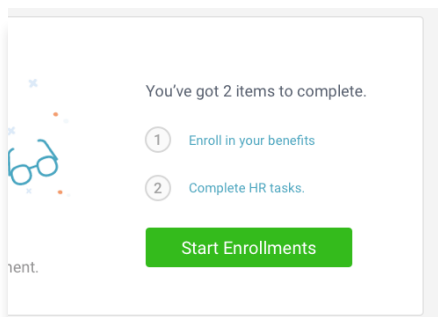
**Start Enrollment**      [Dismiss, complete later](#)

## Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

### TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



You've got 2 items to complete.

- 1 Enroll in your benefits
- 2 Complete HR tasks.

**Start Enrollments**

## Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

### TIP

*Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.*

## Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

### Who am I enrolling?

- ☒ Myself
- ☐ Elizabeth Reynolds (Spouse)
- ☐ Gwen Reynolds (Child)

The screenshot shows a benefit election interface. At the top, it displays a plan cost of \$138.46 per pay period, effective on 08/01/18 for an employee. Below this, there are buttons for 'Compare', 'Details', and 'Selected'. A section titled 'How much will it cost?' shows a table with columns for Plan Cost, Employer Contribution, and My Cost. The Plan Cost is \$138.46, the Employer Contribution is \$138.46, and the My Cost is \$0.00. There is a button to 'View employer contributions summary'. At the bottom right, there are two buttons: 'Save & Continue' and 'Don't want this benefit?'.

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

## Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

The screenshot shows the 'Enrollment Summary' page. It includes a progress bar indicating 'Progress 6 of 8'. A warning message states 'Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.' Below this, there is a section for 'Enrolled Plans' showing a 'Medical' plan. On the right, a list of steps is shown: 1. Personal Information, 2. Dependent Information, 3. Medical, 4. Dental (highlighted in orange), 5. Vision, 6. HSA, 7. FSA, and 8. Enrollment Summary.

## Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

### TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

The screenshot shows a celebratory screen titled 'High Five! Enrollment Complete!'. It says 'You've only got one more item to complete.' Below this, there is a list of tasks: 'Enroll in your benefits' (marked with a green checkmark) and '1. HR Tasks' (marked with a blue number 1). At the bottom, there is a green button labeled 'Start Tasks' and a link that says 'Dismiss, complete later'.

## Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



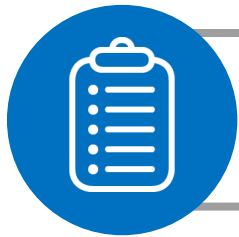
You can login to review your benefits 24/7



## Contact Information

Benefit	Vendor	Phone	Website or Email
Medical	Anthem Blue Cross and Blue Shield	833.639.1634	<a href="http://www.anthem.com">www.anthem.com</a>
Voluntary Dental	MetLife	800.275.4638	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a>
Vision	MetLife	855.638.3931	<a href="http://www.metlife.com/vision">www.metlife.com/vision</a>
Health Savings Account	Isolved	800.300.3838	<a href="http://www.isolvedbenefitservices.com/login">www.isolvedbenefitservices.com/login</a>
Flexible Spending Account	Isolved	800.300.3838	<a href="http://www.isolvedbenefitservices.com/login">www.isolvedbenefitservices.com/login</a>
Life and AD&D insurance	MetLife	800.638.7283	<a href="http://www.metlife.com">www.metlife.com</a>
Voluntary life and AD&D insurance	MetLife	800.638.7283	<a href="http://www.metlife.com">www.metlife.com</a>
Short-Term Disability	MetLife	800.638.7283	<a href="http://www.metlife.com">www.metlife.com</a>
Long-Term Disability	MetLife	800.638.7283	<a href="http://www.metlife.com">www.metlife.com</a>





# Legal Notices

## Patient Protections Disclosure

The Upreach Group Health Plan generally allows but does not require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Anthem Blue Cross and Blue Shield designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Anthem Blue Cross and Blue Shield at 833.639.1634 or [www.anthem.com](http://www.anthem.com).

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Anthem Blue Cross and Blue Shield or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Anthem Blue Cross and Blue Shield at 833.639.1634 or [www.anthem.com](http://www.anthem.com).

## Women's Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Anthem Blue Access Options PPO (3-Tier) Option 10 with Rx Option T2

Preferred Network Provider: (Individual: 0% coinsurance and \$3,000 deductible; Family: 0% coinsurance and \$6,000 deductible);

In-Network Provider: (Individual: 20% coinsurance and \$6,000 deductible; Family: 20% coinsurance and \$12,000 deductible)

Plan 2: Anthem Blue Access PPO HSA Option E6 with Rx Option T8 (Individual: 0% coinsurance and \$4,000 deductible; Family: 0% coinsurance and \$8,000 deductible)

Plan 3: Anthem Blue Access PPO HSA Option E11 (Individual: 0% coinsurance and \$6,200 deductible; Family: 0% coinsurance and \$12,400 deductible)

If you would like more information on WHCRA benefits, please email Human Resources at [HumanResources@UpreachGroup.com](mailto:HumanResources@UpreachGroup.com)

## Newborns' and Mothers' Health Protection Act

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



## 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](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 January 31, 2023. 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)	Website: Health Insurance Premium Payment (HIPP) Program <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.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268



## Legal Notices

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></p> <p>Phone: 678-564-1162, Press 1</p> <p>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></p> <p>Phone: (678) 564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a></p> <p>Phone 1-800-457-4584</p>
IOWA - Medicaid and CHIP (Hawki)	KANSAS - Medicaid
<p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a></p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a></p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a></p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p>Phone: 1-800-792-4884</p> <p>HIPP Phone: 1-800-766-9012</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></p> <p>Phone: 1-855-459-6328</p> <p>Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a></p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a></p> <p>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></p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: 1-800-977-6740</p> <p>TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a></p> <p>Phone: 1-800-862-4840</p> <p>TTY: (617) 886-8102</p>
MINNESOTA - Medicaid	MISSOURI - Medicaid
<p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a></p> <p>Phone: 1-800-657-3739</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></p> <p>Phone: 573-751-2005</p>
MONTANA - Medicaid	NEBRASKA - Medicaid
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></p> <p>Phone: 1-800-694-3084</p> <p>Email: <a href="mailto:HHSHIPPPProgram@mt.gov">HHSHIPPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>





## Legal Notices

NEVADA - Medicaid	NEW HAMPSHIRE - Medicaid
Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.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. 5218
NEW JERSEY - Medicaid and CHIP	NEW YORK - Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid 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	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
NORTH CAROLINA - Medicaid	NORTH DAKOTA - Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
OKLAHOMA - Medicaid and CHIP	OREGON - Medicaid
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> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
PENNSYLVANIA - Medicaid and CHIP	RHODE ISLAND - Medicaid and CHIP
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx">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 Rlte Share Line)
SOUTH CAROLINA - Medicaid	SOUTH DAKOTA - Medicaid
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="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
VERMONT - Medicaid	VIRGINIA - Medicaid and CHIP
Website: <a href="http://www.vermont.gov/health/hipp">Health Insurance Premium Payment (HIPP) Program</a>   Department of Vermont Health Access Phone: 1-800-250-8427	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</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



## Legal Notices

To see if any other states have added a premium assistance program since January 31, 2023, 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.

OMB Control Number 1210-0137 (expires 1/31/2026)



# Legal Notices

## HIPAA Notice of Privacy Practices Reminder

### Protecting Your Health Information Privacy Rights

Upreach Group is committed to the privacy of your health information. The administrators of the Upreach Group Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources at [HumanResources@UpreachGroup.com](mailto:HumanResources@UpreachGroup.com).

## HIPAA Special Enrollment Rights

### Upreach Group Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Upreach Group Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

**Loss of Coverage for Medicaid or a State Children’s Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program** – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact human resources.

### Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children’s health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan’s annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan.



# Legal Notices

## Notice of Creditable Coverage

### Important Notice from Upreach Group

#### 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 Upreach Group 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. Upreach Group has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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

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

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### 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 Upreach Group coverage will be affected. The entity providing the Disclosure Notice should insert an explanation of the prescription drug coverage plan provisions/options under the particular entity's plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D (e.g., they can keep this coverage if they elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc.). See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current Upreach Group 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 Upreach Group 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.



## Legal Notices

### 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 Upreach Group changes. You also may request a copy of this notice at any time.

### 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:** August 01, 2023

**Name of Entity/Sender:** Upreach Group

**Michael Saldivar**

**Director of Human Resources**

**(614) 636-5812**

**HumanResources@UpreachGroup.com**

*This benefit summary prepared by*



Insurance | Risk Management | Consulting