



# 2020 Important Notices

Davis Staffing

*If you (and/or your dependents) 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 6 for more details.*



# 2020 Important 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).

### ALABAMA– Medicaid

Website	<a href="http://myalhcpp.com/">http://myalhcpp.com/</a>
Phone Number	1-855-692-5447

### ALASKA– Medicaid

Website	The AK Health Insurance Premium Payment Program <a href="http://myakhcpp.com/">http://myakhcpp.com/</a>
Phone Number	1-866-251-4861
Email	<a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>
Medicaid Eligibility	<a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>

### ARKANSAS– Medicaid

Website	<a href="http://myarhcpp.com/">http://myarhcpp.com/</a>
Phone Number	1-855-MyARHIPP (855-692-7447)

### COLORADO– Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus

Website	Health First Colorado: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Child Health Plan Plus: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a>
Phone Number	Health First Colorado: 1-800-221-3943 / State Relay 711 Child Health Plan Plus: 1-800-359-1991 / State Relay 711

### FLORIDA– Medicaid

Website	<a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a>
Phone Number	1-877-357-3268

### GEORGIA– Medicaid

Website	<a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> -Click on Health Insurance Premium Payment (HIPP)
Phone Number	404-656-4507

### INDIANA– Healthy Indiana Plan for low-income adults 19-64 & Medicaid

Website	Healthy Indiana Plan for low-income adults 19-64: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> All other Medicaid: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>
Phone	Healthy Indiana Plan for low-income adults 19-64 1-877-438-4479 All other Medicaid: 1-800-403-0864

### IOWA– Medicaid

Website	<a href="http://dhs.iowa.gov/hawk-i">http://dhs.iowa.gov/hawk-i</a>
Phone Number	1-800-257-8563

### KANSAS– Medicaid

Website	<a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>
Phone Number	1-785-296-3512

### KENTUCKY– Medicaid

Website	<a href="http://chfs.ky.gov">http://chfs.ky.gov</a>
Phone Number	1-800-635-2570

### LOUISIANA– Medicaid

Website	<a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>
Phone Number	1-888-695-2447

### MAINE– Medicaid

Website	<a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>
Phone Number	1-800-442-6003
TTY	Maine relay 711



# 2020 Important Notices

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

MASSACHUSETTS– Medicaid and CHIP	
Website	<a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>
Phone Number	1-800-862-4840

MINNESOTA– Medicaid	
Website	<a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a>
Phone Number	1-800-657-3739

MISSOURI– Medicaid	
Website	<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>
Phone Number	1-573-751-2005

MONTANA– Medicaid	
Website	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>
Phone Number	1-800-694-3084

NEBRASKA– Medicaid	
Website	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>
Phone Number	1-855-632-7633

NEVADA– Medicaid	
Website	<a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>
Phone Number	1-800-992-0900

NEW HAMPSHIRE– Medicaid	
Website	<a href="http://www.dhhs.nh.gov/ombp/nhhpp">http://www.dhhs.nh.gov/ombp/nhhpp</a>
Phone Number	1-603-271-5218 NH Medicaid Service Center: 1-888-901-4999

NEW JERSEY– Medicaid & CHIP	
Website	Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>
Phone Number	Medicaid: 1-609-631-2392 CHIP: 1-800-701-0710

NEW YORK– Medicaid	
Website	<a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a>
Phone Number	1-800-541-2831

NORTH CAROLINA– Medicaid	
Website	<a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a>
Phone Number	1-919-855-4100

NORTH DAKOTA– Medicaid	
Website	<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>
Phone Number	1-844-854-4825

OKLAHOMA– Medicaid and CHIP	
Website	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>
Phone Number	1-888-365-3742

OREGON– Medicaid	
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 Number	1-800-699-9075

PENNSYLVANIA– Medicaid	
Website	<a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a>
Phone Number	1-800-692-7462

RHODE ISLAND– Medicaid	
Website	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>
Phone Number	855-697-4347

SOUTH CAROLINA– Medicaid	
Website	<a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a>
Phone Number	1-888-549-0820

SOUTH DAKOTA– Medicaid	
Website	<a href="http://dss.sd.gov">http://dss.sd.gov</a>
Phone Number	1-888-828-0059

TEXAS– Medicaid	
Website	<a href="http://gethipptexas.com/">http://gethipptexas.com/</a>
Phone Number	1-800-440-0493

UTAH– Medicaid & CHIP	
Website	Medicaid: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>
Phone Number	Medicaid and CHIP: 1-877-543-7669

VERMONT– Medicaid	
Website	<a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>
Phone Number	1-800-250-8427



# 2020 Important Notices

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

VIRGINIA– Medicaid & CHIP	
Website	Medicaid: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>
Phone Number	Medicaid: 1-800-432-5924 CHIP: 1-855-242-8282

WASHINGTON– Medicaid	
Website	<a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a>
Phone Number	1-800-562-3022 ext. 15473

WEST VIRGINIA– Medicaid	
Website	<a href="http://mywvhipp.com/">http://mywvhipp.com/</a>
Phone Number	1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN– Medicaid and CHIP	
Website	<a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>
Phone Number	1-800-362-3002

WYOMING– Medicaid	
Website	<a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a>
Phone Number	1-307-777-7531

To see if any other states have added a premium assistance program since July 31, 2018 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.





# 2020 Important 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.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact [Human Resources](#).

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

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at [the Human Resources number on the last page](#) for more information.

## Newborns and Mothers' Health Protection Act (NMHPA)

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).

## USERRA Notice

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period (18-month period if you elected coverage prior to December 10, 2004) that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.



# 2020 Important Notices

## Medicare Non-Creditable

### Important Notice From Davis Staffing About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **Davis Staffing** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

#### There are three 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. **Davis Staffing** has determined that the prescription drug coverage offered by Breckpoint is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from Breckpoint. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from Breckpoint. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

#### 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 .

CMS Form 10182-NC

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

Updated April 1, 2011

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

Since the coverage under Breckpoint, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### 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 Davis Staffing coverage will be affected .

CMS Form 10182-NC

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

Updated April 1, 2011



# 2020 Important Notices

## Medicare Non-Creditable

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

## 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 **Davis Staffing** 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).

CMS Form 10182-NC

Updated April 1, 2011

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



# 2020 Important Notices

## Family Medical Leave Act (FMLA)

An eligible employee may take up to 12 weeks of unpaid, job protected leave within in a 12-month period. FMLA provides job and benefit protections for individuals on an FMLA qualified leave.

Leave may be taken 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 is someone who has worked for the employer for at least 12 months, worked at least 1,250 hours in a defined 12-month period, and works in a location with at least 50 employees within a 75-mile radius.

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

Employees seeking to take FMLA leave must provide 30-day advance notice when need is foreseeable and such notice is practical. When advance notice is not possible, the employee must notify the employer as soon as possible; generally, the same day or next working day that the employee learns of the need for leave. Failure to provide notice when leave is foreseeable may disqualify the employee from taking leave until 30 days after the notice has been provided.

An employer will must notify an employee of their rights and responsibilities under FMLA. Employers may also require a certification of the need for leave.

Please contact Human Resources with any questions.





# 2020 Important Notices

## HIPAA Privacy Notice: Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### Our Uses and Disclosures

- We may use and share your information as we:
- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

#### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.



# 2020 Important Notices

## Your Information. Your Rights. Our Responsibilities — Continued

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

### Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

#### Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.  
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

#### Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.  
Example: We use health information about you to develop better services for you.

#### Pay for your health services

- We can use and disclose your health information as we pay for your health services.  
Example: We share information about you with your dental plan to coordinate payment for your dental work.

#### Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.  
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety



# 2020 Important Notices

## Your Information. Your Rights. Our Responsibilities — Continued

### Do research

- We can use or share your information for health research

### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

## Human Resources Contact Information

Name: Barry Feldman

Phone Number: 630-595-8110

Email: [barry@associatedlabor.com](mailto:barry@associatedlabor.com)

Brought to you by:



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein.