



2024-2025

# Employee Benefits Guide

Your Benefits, Your Choice

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**Disclaimer:** The information described within this guide is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description for a complete explanation of your benefits. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail. You can obtain a copy of the Summary Plan Description from the Human Resources Department.

# Welcome!

We understand that your life extends beyond the workplace. That’s why we offer a variety of benefits to help you be an advocate of your health and well-being. Our goal is to provide choices for you and your family to be appropriately covered through all stages of life.

We encourage you to read this guide, share it with your family members, and ask any questions you may have.



## Benefits Microsite

Scan QR code or visit the link to learn more about your benefits.

<https://bit.ly/SharpMicrositeG2>

## When to Enroll

**New Hires:** This is your chance to elect benefits and enroll yourself and your eligible dependents. Some benefits have “guarantee issue” at your first opportunity only, so please carefully consider this before you decline any coverages.



## Enroll through Employee Navigator:

Scan QR code or visit the link below to log in or register as a new user to get started. Company Identifier: **Sharp Transportation**

<https://bit.ly/SharpEnrollG2>

## How to Make Changes

Unless you experience a qualifying life event, you cannot make changes to your benefits until the next open enrollment period. An election change must be made within 30 days of the qualifying event. Qualifying life events include:

- Marriage, divorce, legal separation, or death of a spouse
- Birth, adoption, or death of a child
- Change in child’s dependent status
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

## Questions? Contact HR

800-258-2074 ext 126

[ken@sharptrucking.com](mailto:ken@sharptrucking.com)

# Contacts

## Benefits Enrollment

Employee Navigator <https://bit.ly/SharpEnrollG2>

## Sharp Transportation Benefits Contact

HR Department [ken@sharptrucking.com](mailto:ken@sharptrucking.com)  
Office: 800-258-2074 ext 126



Coverage	Carrier	Phone Number	Website/Email
Medical Insurance	Gravie	1-800-501-2920	<a href="http://www.gravie.com">www.gravie.com</a>
Federal Benefits Advocacy	FEDlogic	615-948-3648	<a href="http://www.fedlogicgroup.com">www.fedlogicgroup.com</a>
Health Savings Account	BCC Smartcare	800-685-6100	<a href="http://benefitcc.wealthcareportal.com">benefitcc.wealthcareportal.com</a>
Dental Insurance	MetLife	1-800-275-4638	<a href="http://www.MetLife.com">www.MetLife.com</a>
Vision Insurance		1-855-638-3931	
Company Paid Life and AD&D	Symetra	800-497-3699	<a href="http://www.symetra.com/GO">www.symetra.com/GO</a>
Voluntary Life and AD&D			
Voluntary Short-Term Disability			
Voluntary Long-Term Disability			
Voluntary Accident			
Voluntary Critical Illness			
Voluntary Hospital Indemnity			
Employee Assistance Program	Guidance Resources	Call: 1-888-327-9573	Online: <a href="http://guidanceresources.com">guidanceresources.com</a> Web ID: SYMETRA
Discount & Perks	PerkSpot	-	<a href="http://www.cottinghambutler.com.perkspot.com/">http://www.cottinghambutler.com.perkspot.com/</a>

# Eligibility

## Employee Eligibility

All full-time employees working 30 or more hours per week will be eligible for benefits. As a new employee, you have 60 days from your initial start date to enroll in benefits.

- **Medical, Dental, Vision:** These coverages will take effect on the first of the month following 60 days of employment.
- **Other Coverages:** \* All other coverages will take effect on the first of the month following 60 days of employment.

**\*IMPORTANT:** These benefits may require employees to be actively at work at the time benefits become effective. Please review policy documents, or contact HR, for additional information.

## Dependent Eligibility

If you are enrolled in coverage, you may also have the option to enroll your dependents in coverage.

### Definition of “Eligible Dependents”

**Medical, Dental, and Vision Coverage** dependents include:

- **Your legally married spouse.** Such spouse must have met all requirements of a valid marriage contract of the State in which the marriage of such parties was performed. For the purposes of this definition, “spouse” shall not mean a common law spouse or domestic partner.
- **Your dependent children under age 26.** This includes natural, step, foster, adopted, or other children under your legal guardianship.
- For additional eligibility details, please refer to the policy contract or summary plan documents.

**Other Coverages:** See page 23 for definitions of an “eligible dependent” under the Voluntary Life/AD&D Policy. Please note that benefit-eligible employees cannot be enrolled as a “spouse”, and dependent children cannot be covered more than once. Please refer to the policy certificate or HR for more information.



## Dependent Verification Requirement

Employees who wish to enroll a dependent in coverage are required to provide supporting documents to verify dependent eligibility. **If we do not have supporting documentation on file, your dependent’s coverage will not be processed.** If you are unsure if you have the required documents on file, contact Human Resources.

Applicable documents include:

Marriage certificate (for spouse)

Birth certificate (for dependents)

First page of most recent tax return listing covered dependents (for spouse or dependents)

## Working Spouse Provision

If your legal spouse has medical insurance offered through his or her employer, they are not eligible for the medical plan.

To verify your spouse’s eligibility, you must complete a Working Spouse Provision Form. Failure to complete this form will result in coverage being terminated for your spouse. If the working status of your spouse changes during the year, you must confirm eligibility by completing an updated Working Spouse Provision Form.

# Employee Navigator

Access your employee benefits from your computer, tablet, or smartphone!



### Save Time

Manage your benefits whenever and wherever you are.



### Find Resources

Search providers, carrier customer service numbers, and your company contacts.



### Access Benefits

View your benefits, plan documents, and other educational materials.



### Download/Print Materials

Download and print generic ID cards, benefit materials, and forms.



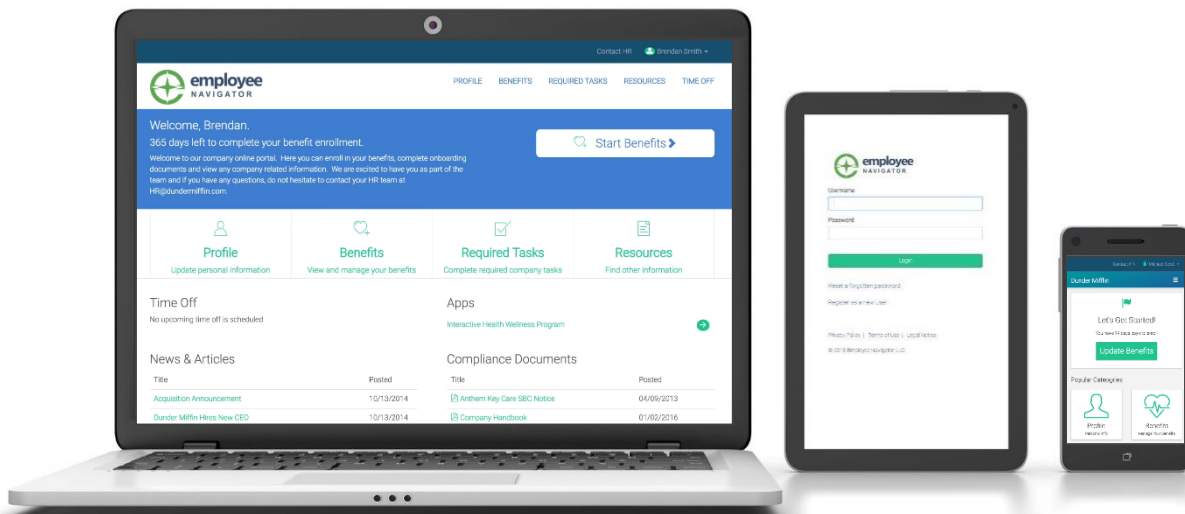
### Make Decisions

Decide which benefits you want to elect, change, or decline.



### Make Changes

Update dependents and beneficiaries if you experience a life-changing event.



## Enroll Online through Employee Navigator:

Scan QR code or visit the link below to log in or register as a new user to get started. Company Identifier: **Sharp Transportation**

<https://bit.ly/SharpEnrollG2>

# Medical

Gravie - Aetna



Locate an in-network provider near you at [www.gravie.com](http://www.gravie.com)

This coverage allows you to visit any doctor or facility you choose—however, you will get the best coverage when you choose an in-network provider.

Medical	Traditional Plan \$3,000		H.S.A Plan \$3,000	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>				
Individual	\$3,000	\$10,000	\$3,000	\$10,000
Family	\$6,000	\$20,000	\$6,000	\$20,000
<b>Coinsurance (Plan Pays/You Pay)</b>	80% / 20%	50% / 50%	80% / 20%	50% / 50%
<b>Annual Out-of-Pocket Maximum</b>				
Individual	\$6,500	Unlimited	\$5,000	Unlimited
Family	\$13,000	Unlimited	\$10,000	Unlimited
<b>Services</b>	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Preventive Care</b>	Covered 100%	50% coinsurance	Covered 100%	50% coinsurance
<b>Primary Care Office Visit</b>	\$30 copay	50% coinsurance	20% coinsurance	50% coinsurance
<b>Specialist Office Visit</b>	\$50 copay	50% coinsurance	20% coinsurance	50% coinsurance
<b>Urgent Care</b>	\$75 copay	50% coinsurance	20% coinsurance	50% coinsurance
<b>Emergency Room</b>	\$500 copay		20% coinsurance after deductible	
<b>Hospitalization</b>	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
<b>Prescription Drugs</b>	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Tier 1</b>	\$0 copay	Not covered	20% coinsurance	Not covered
<b>Tier 2</b>	\$30 copay	Not covered	20% coinsurance	Not covered
<b>Tier 3</b>	\$100 copay	Not covered	50% coinsurance	Not covered
<b>Tier 4</b>	No cost with PrudentRx	Not covered	\$0 after deductible with PrudentRx	Not covered

Please review the full plan documents for details. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

# Federal Benefits Assistance

FEDlogic

## Your Very Own Personal Navigator

We have partnered with FEDlogic to provide state and federal benefits information and advocacy to you and your household members. This service is confidential, unlimited, and free to all members and their families whether enrolled in benefits or not.

## Below is a partial list of categories FEDlogic can assist with...

- Medicare
- Medicaid
- Disability
- Social Security Retirement
- Child Benefits
- Widow Benefits
- Supplemental Security Income (SSI)
- Veterans Benefits
- Healthcare.gov (COBRA alternatives)
- ESRD (End Stage Renal Disease)
- ALS (Lou Gehrig's Disease)
- Cancer or Terminal Illness

## When You Need Us, It's All About You

We're passionate about providing highly personalized, easy, and practical phone consultation guidance to individuals and families. We never promote, endorse, or sell any type of product or insurance.



## Here's How it Works

### Make a phone consultation appointment

①

Call us at 877-837-4196 to schedule a phone consultation appointment with one of our federal and state benefits experts. Be sure to make the appointment at a time when family members are available to listen and ask questions. Calls typically last an hour.

### Tell us your story, ask questions and learn

②

You don't have to wade through tons of complex and confusing information to try to figure out what applies to you. We take the time to listen to your story and understand your needs, concerns, and goals. Then we empower you with the unbiased information you need so you can maximize your benefits and make the best decision for your situation.

### Enroll for benefits

③

Once you feel confident you have the information you need to make the best decision for you and your family, we'll walk you through the application and approval process.

### Relax and celebrate

④

Without education and advocacy, many people don't tap into all the Social Security and Medicare benefits they've paid into during a lifetime of employment. You'll have the peace of mind knowing that you're getting all the benefits you deserve. So, sit back, relax, and celebrate!

# Medicare Information

## What Are My Options Once I Turn 65?

Will you retire or will you decide to stay in the workforce? If you continue to work full-time, you may remain on the company medical plan as long as you meet eligibility requirements. However, you may also be eligible for Medicare and a supplement policy that costs you less out-of-pocket. Please read the summary below and explore your options.

### Working Beyond Age 65

**Save some money:** If you are purchasing medical insurance through your employer, a Medicare plan could help you save money on your health care expenses. Medicare can coordinate with your employer-sponsored coverage or be purchased in lieu of it. It may make sense for you to sign up for Medicare in addition to OR instead of the coverage you have today.

**It starts with basic coverage at no cost (Part A):** Many people who choose to work past age 65 enroll in Part A (Hospital Coverage) because there is no monthly premium. Many choose to enroll in both Parts A and B together. Part B (Physician Coverage) requires a small monthly premium. A Supplement Plan, along with a Medicare Part D (Prescription coverage) plan, can also be purchased to cover most out-of-pocket costs for a very affordable premium. In some cases, these options are far less costly than staying on an employer sponsored plan. It is recommended that you explore all options to determine what is best for you. You may also shop for and change plans each year based on your specific needs.

### Understanding Your Options

**If you continue working:** If you are enrolled in Medicare, your coverage can either coordinate with the company plan or it can be elected separately. Paying for both may not be cost effective. An employee still working may drop the company medical plan to enroll in Medicare and/or a Medicare Supplement Policy certain points throughout the year as long as there is a Qualifying event. You just need to prove that you had creditable coverage past your Initial Enrollment Period for Medicare.

**Making Changes to Your Medicare Plans:** Health care needs can change from year to year. Be sure to review your needs (upcoming surgeries, current prescription drugs, new wellness goals) so you can find a plan to best meet them.

**If you have more questions regarding Medicare, reach out to Next Level Planning:**

(414) 369-6628 | [www.nlpwm.com](http://www.nlpwm.com)

### Medicare Open Enrollment Period

You can enroll in or change your plan once a year during the Open Enrollment Period (OEP) even if you do not have a qualifying event. The OEP is a seven-week period from October 15 through December 7.

### Retiring At or After Age 65

**Are you ready?** Whether you retire or decide to work part-time, once you turn age 65 you will be eligible for Medicare (Parts A and B) and other Medicare Supplement Plans. If you don't have employer-sponsored coverage, you should consider enrolling during your Initial Enrollment Period. You can enroll any time within the 3 months before your 65th birthday month, your birthday month or 3 months after.

#### Multiple Medicare Resources Available

Our Medicare library is available 24/7 online. Here you can browse videos, download guides/presentations, listen to an agent and access information at your convenience.

#### Visit:

[www.employeenavigator.com/benefits/Account/Login](http://www.employeenavigator.com/benefits/Account/Login)

#### Login using the following credentials:

- USERNAME: Medicare
- PASSWORD: Benefits65

You may also contact the **Medicare Pathways Hotline** Monday-Friday during business hours (8 am to 8 pm) at: **1-833-897-8965** to speak to agent and receive assistance with questions related to Medicare as well as explore affordable options available based on your specific needs.

It is important to note that **Medicare resources and options vary by state**. Each state has a **SHIP** (Senior Health Insurance Information Program) that offers free education and assistance specific to their state. To find your state resource and get the number to speak to a licensed counselor, you may either **visit:** [www.shiptacenter.org](http://www.shiptacenter.org), call 877-839-2675 or email: [info@shiptacenter.org](mailto:info@shiptacenter.org).

#### Additional Information (Government resources):

- Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit [www.Medicare.gov](http://www.Medicare.gov)



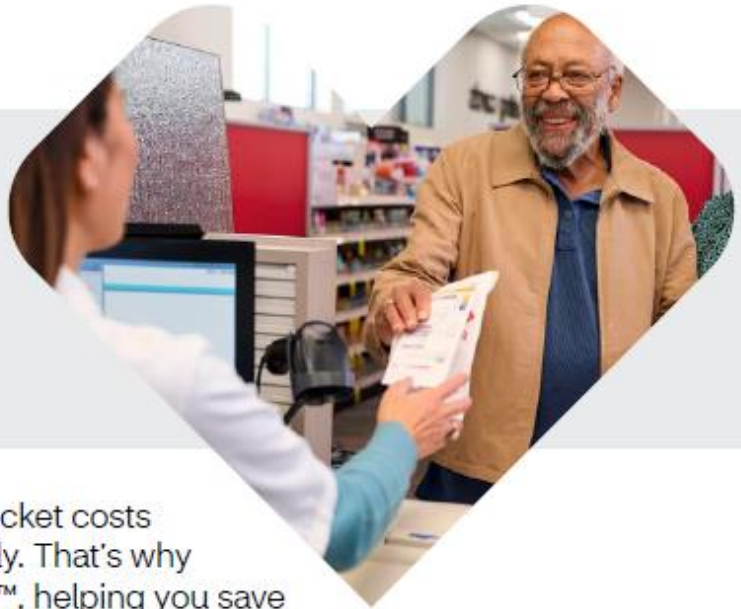
# Prescription Assistance Program

CVS Caremark – Cost Saver



**COST SAVINGS**

## Helping you save money on your medications



We know that keeping your out-of-pocket costs low is important to you and your family. That's why we've created Caremark® Cost Saver™, helping you save money on your medications.

### How Cost Saver works

Cost Saver makes sure you get the lowest possible cost for medications covered under your plan. All you have to do is present your CVS Caremark member ID card when you pick up your prescriptions. We'll manage the rest for you by automatically applying the lowest available discount price.



### Cost Saver benefits:



**Providing you with the best available prices** for many commonly prescribed, non-specialty generic drugs



**Automatically applying your out-of-pocket costs to your deductible** and out-of-pocket thresholds



**Delivering you a seamless experience** that avoids wasted time shopping around for the best price

**Your CVS Caremark member ID card is all you need for Cost Saver to work for you. Just show it to your pharmacist and we'll take it from there.**

# Pharmacy Savings

PrudentRx

***A change is coming to help lower your specialty medication costs.***

*Introducing an innovative way to help you save!*

## Your New Perk

- CVS Caremark® has collaborated with PrudentRx exclusively for a program that may help save you money when you fill eligible specialty medications.
- PrudentRx is an exclusive program that helps members access specialty medications at a more affordable price – \$0 for all meds that qualify – through copay assistance from drug manufacturers.

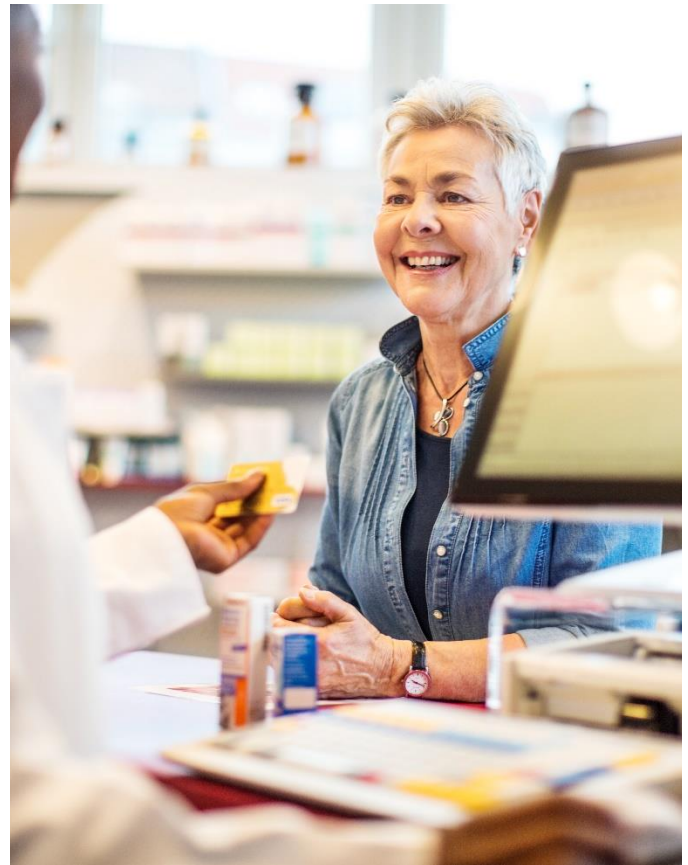
## How It Works

- Members filling specialty medications will be prompted to enroll in PrudentRx automatically and will receive a welcome letter and phone call from PrudentRx.
- A PrudentRx trained member advocate will help facilitate enrollment and obtain non-need based manufacturer assistance where applicable.
- Participating members will have a \$0 out-of-pocket cost on eligible specialty medications.

## Easy Access to the Program

- CVS Caremark's easy-to-use mobile app is available to manage specialty prescriptions and effortlessly coordinate delivery or pickup at a convenient CVS retail pharmacy. You can choose to opt out at any time.

\*Due to limitations that exist within various external pharmacy systems, implementing the PrudentRx solution on high-deductible health plans (HDHPs) with health savings accounts (HSAs) will be limited to only those medications included on the client's specialty drug list and dispensed by CVS Specialty and will not include limited distribution drugs.\*\*Not all specialty prescriptions offer manufacturer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance program may not be used with any Federal health care program. Participating members enrolled in an HDHP with HSA must fully satisfy their deductible before they are eligible for a final \$0 out-of-pocket cost, unless the member has been prescribed a medication that qualifies as "preventive care" under the Internal Revenue Code, which is administered and enforced by the Internal Revenue Service. Some manufacturers require you to sign up to obtain copay assistance that they provide for their medications – in that case, you must call PrudentRx to participate in the copay assistance for that medication. PrudentRx will also contact you if you are required to enroll in the copay assistance for any medication that you take. If you choose to opt out of the program or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for 30 percent of the cost of your specialty medications. ©2023 PrudentRx. All rights reserved. 106-54021A 083023 PrudentRx is not insurance.



Get Started  
With Rx Savings

### Contact PrudentRX

- Customer Help Line: (800) 578-4403
- Website: [www.prudentrx.com](http://www.prudentrx.com)

# Gravie Provider Network

## The Network

Gravie partners with Aetna Signature Administrators to provide broad access to quality coverage.



Aetna Signature Administrators offers one of the nation's leading Preferred Provider Organizations (PPO) — a network of physicians, clinics, hospitals, and other health care providers who have agreed to deliver quality, cost-effective health care services.



**Remember, staying in-network is important for avoiding any unexpected charges.**

Before receiving care, you can easily search for doctors, specialists, clinics, and more. All you need to do is log in to your account at [member.gravie.com](https://member.gravie.com) and click the "Doctors" link from your health plan.



**Traveling? We've got you covered.**

Wherever you go in the US, you'll have access to a broad PPO network. For details on your travel coverage, contact Gravie Care.



**Your generic drugs are 100% covered.**

For preferred brand, non-preferred brand, and specialty drugs you'll want to look up and verify how your prescriptions are classified to confirm how you'll be billed. Log in to your gravie account at [member.gravie.com](https://member.gravie.com) and click the "Drug List" link on your health plan to search for your prescription drugs.

With the Aetna Signature Administrators PPO network, you'll have access to:

- Over 1.2 million participating doctors
- 8,700 hospitals
- Competitive discounts

To find a provider, log in to your Gravie account at

<https://member.gravie.com/login>.

## Navigating your ID card

Your provider will use your ID card to verify benefits and submit claims for processing. Have it on hand when you access care.

Forget your card? No problem. You can easily view or download a digital version from your [Gravie account](#) or the Gravie mobile app at any time.



### 1. Plan information

This section identifies some basic details, like who sponsors your health plan (your employer), and when it starts.

### 2. Who's covered

As the subscriber (employee), your name and unique 9-digit member ID number appear first, ending in 00. Any enrolled dependents appear below.

### 3. Network logos

Your primary and secondary network logos appear here.

### 4. Pharmacy information

CVS Caremark is the Pharmacy Benefits Manager (PBM) for your health plan. The Rx numbers are used by pharmacists to verify your prescription coverage and submit pharmacy claims.



## Unlock your Gravie account to discover more plan resources.

Log in at [member.gravie.com](https://member.gravie.com) or through the Gravie mobile app.

- Search for in-network providers
- Confirm how medications are classified
- Find quick-reference materials or detailed plan documents
- Review claims & EOBs to see how your benefits are being applied
- And more!



### Have questions?

Gravie Care has you covered! The Gravie Care Team is available Monday-Friday from 7am-6pm CT

**Call:**  
866.863.6232

**Secure message:**  
[member.gravie.com/contact](https://member.gravie.com/contact)

# Provider Search

Visit the link below for more information on your medical coverage.  
[www.gravie.com/2024sbcsharptransportation/](http://www.gravie.com/2024sbcsharptransportation/)

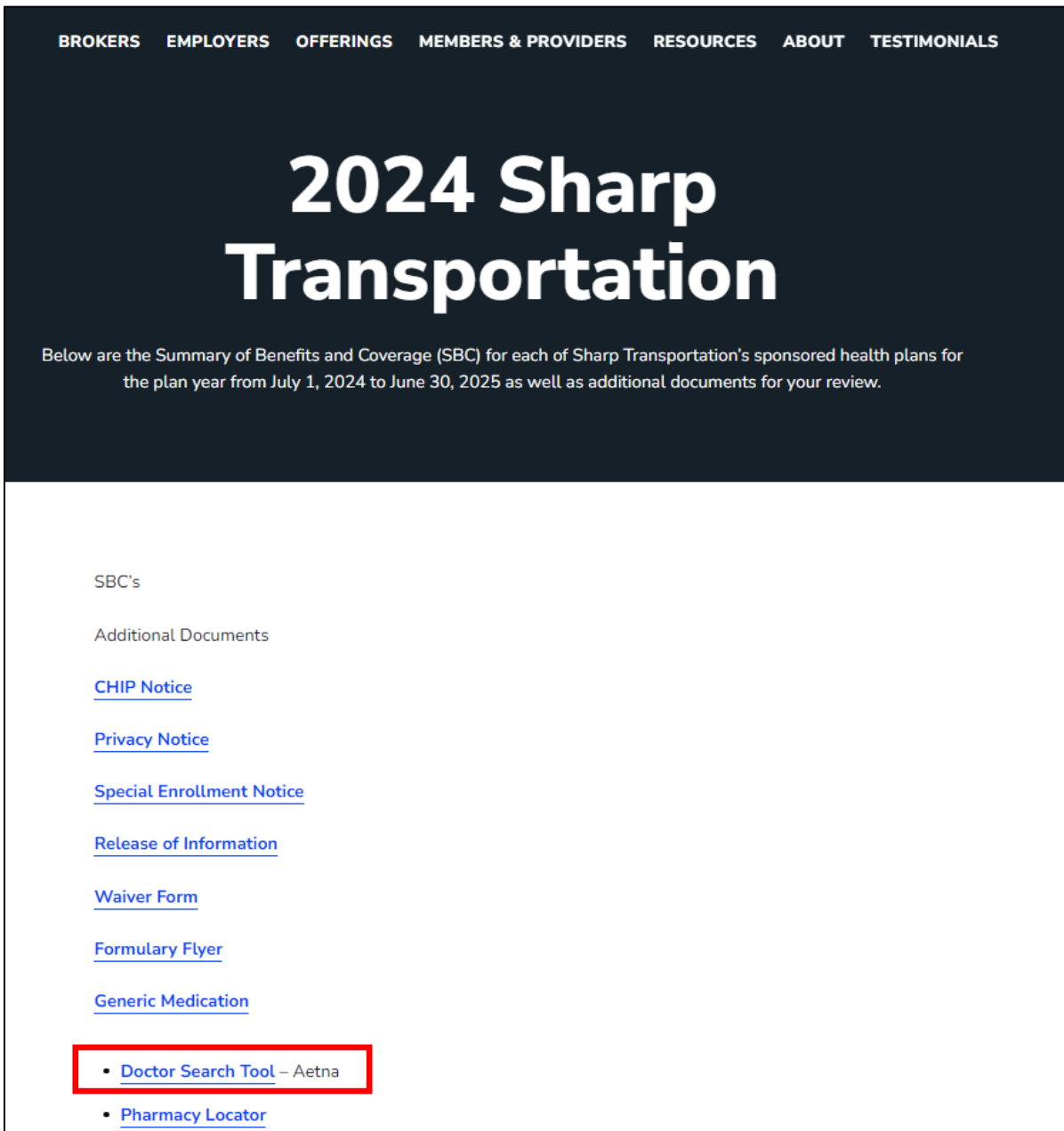
## How to Search for Providers

To help you earn, save and spend your health care dollars effectively, we encourage you to identify and use only high-value health care providers. To help you identify in-network providers, we’ve provided you this brief guide. If you have questions regarding the provider search tool or need assistance identifying an in-network provider in your area, please contact Gravie Care by dialing **800-501-2920**.

### 1. Visit

[www.gravie.com/2024sbcsharptransportation/](http://www.gravie.com/2024sbcsharptransportation/)

### 2. Scroll and Click “Doctor Search Tool”



# Provider Search

## How to Search for Providers (continued)

To help you earn, save and spend your health care dollars effectively, we encourage you to identify and use only high-value health care providers. To help you identify in-network providers, we've provided you this brief guide. If you have questions regarding the provider search tool or need assistance identifying an in-network provider in your area, please contact Gravie Care by dialing **800-501-2920**.

### 3. Enter your zip code and search!

**aetna** Aetna Signature Administrators®

### Directory of Healthcare Professionals for Aetna Signature Administrators

We designed this site for participants of Aetna Signature Administrators.

Some of the links here may take you to Aetna's website where you'll find information on other plans. Hint: if you don't see the Aetna Signature Administrators logo near the top of the page, you're on the Aetna website.

If you have any questions or concerns, contact member services using the phone number located on the back of your ID card. Members with questions about a claim should also contact the number on the back of the ID card. TPA partners with claim inquiries should follow the current Aetna Signature Administrators claim inquiry workflow.

For the Aetna Dental Administrators network click [here](#) and follow the prompts to "start search here."

#### Start Search Here

Please enter your **home** location (zip, city, county or state) to access providers specific to your plan benefits.

(Traveling? You can change your location after you select your plan)

**Look within**

25 Miles

0 Miles 100 Miles

**Search**

Visit the link below for more information on your medical coverage.

[www.gravie.com/2024sbcsharptransportation/](http://www.gravie.com/2024sbcsharptransportation/)

# Health Savings Account

BCC Smartcare

## Available to employees enrolled on the H.S.A. \$3,000 Plan.

HSAs are a great way to save money and budget for qualified medical expenses. There are many benefits of using an HSA including the following:

**It saves you money.** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.

**It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.

**It is a tax-saver.** HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

## HSA Contribution Limits

Refer to the table below for the IRS maximum amount that you can contribute to an HSA each year.

HSA	2024
<b>Annual Contribution Limit</b>	
Individual	\$4,150
Family	\$8,300
<b>Annual Catch-Up Contribution</b>	
Ages 55 or older	\$1,000

Watch the video below for more information:  
<http://www.cottinghambutler.com/HSATraditional/>



## HSA Case Study

Justin is a healthy 28-year-old single man who contributes \$1,000 each year to his HSA. His plan's annual deductible is \$1,500 for individual coverage. Here is a look at the first two years of Justin's HSA plan, assuming the use of in-network providers. This example only includes HSA contribution amounts and does not reflect any investment earnings.

Year 1		→	Year 2	
<b>HSA Balance</b>	\$1,000		<b>HSA Balance</b>	\$1,850
<b>Total Expenses:</b>			<b>Total Expenses:</b>	
Prescription drugs: \$150			Office visits: \$100	
			Prescription drugs: \$200	
			Preventive care services: \$0 (covered by insurance)	
				- \$300
<b>HSA Rollover to Year 2</b>	\$850		<b>HSA Rollover to Year 3</b>	\$1,550

Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.

Once again, since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.

Your eligibility for an HSA may be misrepresented if you and/or your spouse currently utilize an FSA. Check with the plan administrator or Human Resources to learn more.

# Virtual Doctor Visits

Teladoc

***Available to all Sharp Transportation employees.***

Telemedicine can be a great alternative to visiting your normal doctor or an urgent care, when you are suffering from one of many common, non-emergency medical conditions. Using your computer, tablet or smartphone device, you can conveniently access to U.S. board-certified doctors and licensed professionals from the comfort of your home or wherever you happen to be. With 24/7/365 access to U.S. board-certified doctors you can access medical care at **no cost to you.**

## Get started today!

Log in to your account or register if you don't have on setup. Then, doctors can then diagnose non-emergency medical problems, recommend treatment, and can even call in a prescription to your pharmacy of choice, when necessary.<sup>1</sup>

(800) 835-2362

[www.teladoc.com](http://www.teladoc.com)

Teladoc Mobile App

## When can I use this?

When you need care now.

If you're considering the ER or urgent care center for a non-emergency issue.

On vacation, on a business trip, or away from home.

For short-term prescription refills.

## Common conditions we treat

Allergies

Colds, respiratory problems, flu

Ear infections

Sore throat

Pink eye

Urinary tract infection



## Save time and money!

Virtual doctor visits may provide significant savings over urgent care and emergency room visits.

Plus, you can connect with a doctor from the convenience of home or work, allowing you to avoid the hassle of traveling or sitting in a waiting room.

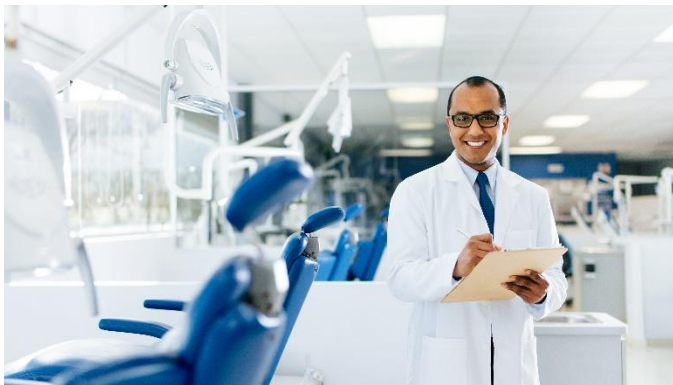
<sup>1</sup> Prescription services may not be available in all states.

**Please review the full summary plan documents for a list of your exclusions and limitations.** This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.



# Dental

MetLife



Locate an in-network provider near you at [www.MetLife.com](http://www.MetLife.com) (PDP Plus) or call 800-275-4638.

Dental	In-Network
Annual Deductible	\$50 per individual \$150 per family
Annual Benefit Maximum	\$2,000
Lifetime Orthodontia Maximum	\$1,000
Plan Pays	
Preventive Care (Deductible waived)	100% Covered
Basic	80%
Major	50%
Orthodontia	50%

# Vision

MetLife



Locate an in-network provider near you at [www.MetLife.com](http://www.MetLife.com) or call 855-638-3931.

Vision	In-Network
Exam	\$10 copay
Lenses	\$10 copay
Frames*	\$130 allowance after \$10 copay
Contact Lenses	\$130 allowance
Contact Fitting & Evaluation	Standard or Premium fit: Copay not to exceed \$60
Frequencies	
Exams	1 per 12 months
Lenses or Contacts	1 per 12 months
Frames	1 per 12 months

\* Costco, Walmart, and Sam’s Club: \$70 allowance after \$10 eyewear copay.

Please review the full plan documents for details including out-of-network coverage. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

# Life/AD&D

Symetra

Life insurance protects your loved ones financially in the event of your death. Accidental death and dismemberment (AD&D) provides an additional benefit if you die or experience other covered catastrophic loss due to a covered accident.

Basic Life/AD&D	
<b>Benefit Amount</b>	<b>Employee:</b> \$25,000
<b>Benefit Cost</b>	Employer-paid – No cost to you!

Voluntary Term Life/AD&D	
<b>Benefit Amount</b>	<b>Employee:</b> 5x salary up to \$500,000
	<b>Spouse:</b> Up to \$250,000, not to exceed 100% of employee amount
	<b>Child(ren):</b> Up to \$10,000 <sup>^</sup>
<b>Guaranteed Issue Amount<sup>1</sup></b>	<b>Employee:</b> \$200,000
	<b>Spouse:</b> \$50,000
	<b>Child(ren):</b> \$10,000
<b>Benefit Cost</b>	To view your personalized rates, log in to <b>Employee Navigator</b> .

<sup>1</sup> **Special open enrollment opportunity – THIS YEAR ONLY, elect up to the guaranteed issue amount without answering health questions.**

*65% at age 65 50% at age 70 Benefits Terminate at Age 70 for Spouse. Spouse Age Reductions and Termination are Based on Employee Age*

**Actively-At-Work Requirement:**

New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active-At-Work/eligible status.

**Dependent Delayed Effective Date:**

Dependents may have a delayed effective date based on his/her health status at time of enrollment. Please refer to the policy certificate or HR for more details.

**Definition of “Eligible Dependents”**

It is the responsibility of the employee to ensure dependents are eligible for coverage under these policies.

- **Spouse:** Eligibility may terminate age 70 for spouse.
- **Child:** Eligibility terminates earliest of age 26, married, or employed full time, or no longer a Full Time Student. Terms may vary for children with special needs. Benefits may be limited for children under age 6 months.

Please refer to the policy certificate or HR for more information.



## Remember to update your beneficiaries.

It is important to update your beneficiaries and make sure they are accurate periodically. Having out of date beneficiaries listed will make it difficult to pay the benefit to the correct person in case it is ever needed.

<sup>^</sup> Dependent elections require employee enrollment and may be limited by employee volume.

**Please review the full plan documents for plan details including exclusions and limitations.** This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

# Disability

Symetra

If you become disabled due to a covered injury or illness, disability income benefits may provide a partial replacement of lost income.

Short-Term Disability	
<b>Benefit Amount</b>	Replaces 60% of earnings, up to \$1,500 per week
<b>Benefit Begins</b>	Injury: after 14 days Illness: after 14 days
<b>Benefit Duration</b>	Up to 11 weeks
<b>Pre-Existing Condition Limitations</b>	3-month look back period 12-month exclusion period

Short-term disability excludes work-related injury or illness.

Long-Term Disability	
<b>Benefit Amount</b>	Replaces 60% of earnings, up to \$5,000 per month
<b>Benefit Begins</b>	After a period of 90 days
<b>Benefit Duration</b>	Up to 2 years
<b>Pre-Existing Condition Limitations</b>	3-month look back period 12-month exclusion period



<b>Disability Cost</b>	To view your personalized rates, log in to <b>Employee Navigator</b> .
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**Pre-Existing Condition Limitations:**

If you file a claim within the exclusion period following your plan effective date, the carrier will review to determine if the condition existed during the look back period. If so, benefits may be denied.

**Actively-At-Work Requirement:**

New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active-At-Work/eligible status.

**Please review the full plan documents for plan details including exclusions and limitations.** This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

# Supplemental Health

Symetra

## Accident

Helps cover the cost of expenses if you are injured in a non-work-related, covered accident.

<b>Benefit Amount</b>	Benefit amounts vary by severity. See schedule of benefits for details.	
<b>Wellness Benefit</b>	\$100	
<b>Common Covered Injuries</b>	Dislocations Fractures	Concussions Lacerations
<b>Common Medical Services</b>	Ambulance Emergency room visits Hospital admission	Surgical benefits Follow-up treatments
<b>Other Benefits</b>	Travel Lodging Child organized sports-rider	Accidental death and dismemberment

## Critical Illness

Helps cover the cost of expenses if you are diagnosed with a covered condition.

<b>Benefit Amount</b>	<b>Employee:</b> Up to \$40,000 <b>Spouse:</b> Up to 100% of the employee benefit amount <b>Child:</b> Up to 50% of the employee benefit amount	
<b>Wellness Benefit</b>	\$100	
<b>Pre-Existing Condition Limitations</b>	None	
<b>Common Covered Conditions</b>	Cancer Heart attack Stroke	Major organ failure Degenerative neurological disorders



**Get paid for taking care of your health!**

If you are enrolled in coverage, you can receive a wellness benefit payment each year when you have a qualifying screening or test.

## Hospital Indemnity

Helps cover the cost of hospital stays—including pregnancy and childbirth.

<b>Benefit Amount</b>	See Schedule of Benefits allowance amounts
<b>Some Covered Services Include</b>	Inpatient Hospital/Intensive Care and Nursing Facility
<b>Wellness Benefit</b>	\$100

<b>Supplemental Health Cost</b>	To view your personalized rates, log in to <b>Employee Navigator</b> .
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**Actively-at-Work Requirement:**

New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active-at-Work/eligible status.

**Dependent Delayed Effective Date:**

Dependents may have a delayed effective date based on his/her health status at time of enrollment. Please refer to the policy certificate or HR for more details.

**Please review the full plan documents for plan details including exclusions and limitations.** This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.




# Value Add Benefits

Symetra

	<h2>Employee Assistance Program</h2> <p><i>Available to all employees enrolled in life insurance.</i></p> <p>This program is here for you and can help you and your family find solutions and restore your peace of mind. The cost-effective EAP can help you and your family with personal or professional struggles 24/7. Don't delay if you need help.</p>	<p><b>Call:</b> 1-888-327-9573</p> <p><b>Access Online Resources:</b> <a href="http://www.guidanceresources.com">www.guidanceresources.com</a> (Web ID: SYMETRA)</p>
	<h2>Identity Theft Protection Plan</h2> <p><i>Available to all employees enrolled in life insurance.</i></p> <p>24/7 support available for identity theft victims with a dedicated hotline for assistance and credit report retrieval. Identity Theft Protection Program offers comprehensive assistance including fraud alert placement, credit information review, and emergency cash while traveling.</p>	<p><b>U.S. and Canada:</b> 1-877-823-5807</p> <p><b>Anywhere else:</b> (240) 330-1422</p>
	<h2>Travel Assistance</h2> <p><i>Available to all employees enrolled in life insurance.</i></p> <p>Emergencies can occur anywhere, but with our Travel Assistance Program, you have access to a team of multilingual professionals available 24/7 in over 200 countries, providing various services including medical assistance, transportation, and support for lost belongings or legal matters.</p>	<p><b>U.S. and Canada:</b> 1-877-823-5807</p> <p><b>Anywhere else:</b> (240) 330-1422</p>
	<h2>Health Champion</h2> <p><i>Available to all employees on covered disability leave.</i></p> <p>Employees on a covered disability leave can access the HealthChampion® health care navigation program, providing assistance with doctor bills, insurance statements, and health plan requirements, as well as support for medical concerns and coordination with healthcare providers. This program offers guidance on benefits, claims, financial resources, treatment options, and referrals to counseling and support groups.</p>	<p><b>Call 24/7:</b> 1-866-263-4365</p>
	<h2>Beneficiary Companion Program</h2> <p><i>Available to all employees enrolled in life insurance.</i></p> <p>Managing a loved one's final affairs can be overwhelming, but our Beneficiary Companion Program offers relief by providing guidance on paperwork, notifications, and other time-consuming details. The dedicated coordinators assist with obtaining death certificates, managing notifications to various entities, discontinuing social media access, and even offer fraud resolution services to protect against identity theft.</p>	<p><b>U.S. and Canada:</b> 1-877-823-5807</p> <p><b>Anywhere else:</b> (240) 330-1422</p>

# Value Add Benefits

Gravie

	<h2>FitOn</h2> <p><i>Available to all employees enrolled on the Gravie Medical plan.</i></p> <p>Gravie health plan members (18+) get unlimited access to FitOn's library of 30K+ virtual classes, including cardio, HIIT, yoga, pilates, meditation, dance, and barre, as well as nutrition guides, meal plans, fitness courses and challenges, and more. In-person fitness perks are available to qualifying members. Gravie's fitness partner removes barriers that often prevent members from achieving a healthier lifestyle through diet and exercise.</p>	<p><b>Get Started:</b></p> <ol style="list-style-type: none"> <li>1. Go to <a href="https://fitonhealth.com/gravie">fitonhealth.com/gravie</a> to register and select 'Register Now'.</li> <li>2. Enter the email address &amp; password you would like to use and click 'Next.'</li> <li>3. Enter your birthday, first name, zip code and last name. This information must match your employer's records.</li> </ol> <p><b>Access Online Resources:</b> Contact the Services team at <a href="mailto:support@fitonhealth.com">support@fitonhealth.com</a></p>
	<h2>Sword</h2> <p><i>Available to all employees enrolled on the Gravie Medical plan.</i></p> <p>Gravie health plan members (13+) have access to Sword. Sword's clinical-grade digital physical therapy program helps members overcome musculoskeletal (MSK) pain through personalized care from licensed physical therapists and innovative sensor-based technology. Unlike traditional physical therapy, members can access treatment wherever and whenever it's convenient.</p> <p><b>Joints covered include</b> neck, shoulder, elbow, low back, hip, wrist/hand, and ankle.</p>	<p><b>Create Your Sword Account</b> at <a href="https://member.gravie.com/login">https://member.gravie.com/login</a></p> <p><b>Enrollment Process for Digital PT:</b></p> <ol style="list-style-type: none"> <li>1. Enroll</li> <li>2. Receive digital therapy kit</li> <li>3. Video call with Sword       <ol style="list-style-type: none"> <li>a. <i>In the first PT session, you will be asked to turn on the video to assess your posture and movement, so be prepared.</i></li> </ol> </li> <li>4. Exercise sessions</li> <li>5. Ongoing PT support</li> </ol>
	<h2>Gravie Pay</h2> <p><i>Available to all employees enrolled on the Gravie Medical plan.</i></p> <p>Gravie Pay improves access to healthcare by allowing you to pay for out-of-pocket medical expenses at your own pace. Get the care you need, including medical procedures and prescriptions that are subject to your out-of-pocket responsibility. This program is at no cost to you, no interest, no credit check, available through GRavie's member site, powered by Paytient, and is supported by Gravie Care.</p>	<p><b>Questions?</b></p> <p>Call <b>866.863.6232</b> or send a secure message at <a href="https://member.gravie.com/contact">member.gravie.com/contact</a></p>

# Discount Program

PerkSpot through our partnership with Cottingham & Butler

This program provides you access to an online marketplace that delivers thousands of discounts for everyday business and personal purchases, leveraging the purchasing power of some of the largest employers in the United States.

## Discount Program

<b>Shop for a Variety of Coupons &amp; Deals from these Categories:</b>	Apparel	Home & Garden
	Auto Buying	Home Services
	Automotive	Insurance & Protection Services
	Beauty & Fragrance	Jewelry & Watches
	Books, Movies, & Music	Movie Tickets
	Business Perks	Office & Business
	Cell Phones	Pets
	Education	Real Estate & Moving Services
	Electronics	Sports & Outdoors
	Financial Wellness	Tickets & Entertainment
	Flowers & Gifts	Toys, Kids & Babies
	Food	Travel
	Health & Wellness	
	Hobbies & Creative Arts	

<b>Popular Discounted Brands*</b>	Avis	Dell	Home Chef
	Canon	Enterprise	HP
	Casper	Holiday	Ray-Ban
	Columbia	Inn	

<b>Benefit Cost</b>	Included in our partnership with Cottingham & Butler – no cost to you!
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\* All brands and discounts available are subject to change. For a current listing of discounts and brands offered visit the website at <https://cottinghambutler.perkspot.com>.



Create your account and start saving today.

Visit <https://cottinghambutler.perkspot.com>

Click "Create an Account"

- Enter your Name, Email, Gender, Zip Code and create a Password
- Sign up for email communications

Click "Register"

Browse discount offers from over 25 categories

### Who is PerkSpot?

Online savings resource for employees  
 Headquartered in Chicago, IL – Founded in 2006  
 750+ clients nationwide, 15 million members  
 30,000+ discount offers

### Website Features

- Recommended for You: chosen based on your top interests
- Featured Offers: hand-selected to help you stretch your dollars
- Today's Perk Alters: today's best limited-time sales
- Popular Savings: trending offers
- Categories: shop by category
- Local Discounts: shop by location

# Sharp Transportation Group Health Plan: Important Disclosures & Notices

## Michelle's Law Notice

If the Plan provides for dependent coverage that is based on a dependent's full-time student status, then this Michelle's Law Notice applies. If there is a medically necessary leave of absence from a post-secondary educational institution or other change in enrollment that: (1) begins while a dependent child is suffering from a serious illness or injury; (2) is certified by a physician as being medically necessary; and (3) causes the dependent child to lose student status for purposes of coverage under the plan, that child may maintain dependent eligibility for up to one year. If the treating physician does not provide written documentation when requested by the Plan Administrator that the serious illness or injury has continued, making the leave of absence medically necessary, the plan will no longer provide continued coverage. ❖

## Benefits during a Leave of Absence

Your health benefits may be protected and maintained during a leave of absence, such as a leave qualifying under the Family Medical Leave Act. Other leaves of absence may, however, render you ineligible to participate in the health plan. If coverage is lost due to a leave of absence, you may be eligible to continue coverage under COBRA. Similarly, if you become ineligible for health benefits due to a leave of absence for military reasons, you may be eligible to continue that coverage under USERRA. Please contact your Human Resources Department or your manager for more information regarding what benefits are protected and maintained during a leave of absence and for more information about FMLA, COBRA and USERRA. ❖

## Premium Assistance under Medicaid and The Children's Health Insurance Program (CHIP)

If an Employee or an Employee's children are eligible for Medicaid or CHIP and are eligible for health coverage from an employer, the state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If the Employee or his/her children are not eligible for Medicaid or CHIP, they will not be eligible for these premium assistance programs but they 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 an Employee or his/her dependents are already enrolled in Medicaid or CHIP and they live in a State listed below, they may contact the State Medicaid or CHIP office to find out if premium assistance is available.

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

If an Employee or his/her dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under their employer plan, the employer must allow the Employee to enroll in the employer plan if they are not already enrolled. This is called a "special enrollment" opportunity, and **the Employee must request coverage within 60 days of being determined eligible for premium assistance.** If the Employee has questions about enrolling in the employer's plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**Employees living in one of the following States, may be eligible for assistance paying employer health plan premiums. The following list of States is current as of January 31, 2024. V 0.3.0. The most recent CHIP notice can be found at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra>. Contact the respective State for more information on eligibility –**

**ALABAMA – Medicaid**  
Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

**ALASKA – Medicaid**  
AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://dhss.alaska.gov/dpa/Pages/default.aspx>

**ARKANSAS – Medicaid**  
Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

**CALIFORNIA – Medicaid**  
Health Insurance Premium Payment (HIPP) Program  
Website: <http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**  
Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711  
CHP+ Website: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/State Relay 771  
Health Insurance Buy-In Program (HIBI) Website: <https://www.mycohibi.com/>  
HIBI Customer Service: 1-855-692-6442

**FLORIDA – Medicaid**  
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

**GEORGIA – Medicaid**  
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 678-564-1162, Press 2

**INDIANA – Medicaid**  
Healthy Indiana Plan for low-income adults 19-64 Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid Website: <https://www.in.gov/medicaid/>  
Phone: 1-800-457-4584

**IOWA – Medicaid and CHIP (Hawki)**  
Medicaid Website: <https://dhs.iowa.gov/ime/members>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <http://dhs.iowa.gov/Hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://dhs.iowa.gov/>



[ime/members/medicaid-a-to-z/hipp](#)

HIPP Phone: 1-888-346-9562

#### KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

#### KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: [KIHIPP.PROGRAM@ky.gov](mailto:KIHIPP.PROGRAM@ky.gov)

KCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website:

<https://chfs.ky.gov/agencies/dms>

#### LOUISIANA – Medicaid

Website: [www.medicicaid.la.gov](http://www.medicicaid.la.gov) or

[www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

#### MAINE – Medicaid

Enrollment Website:

[https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)

Phone: 1-800-442-6003

TTY: Maine Relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740

TTY: Maine Relay 711

#### MASSACHUSETTS – Medicaid and CHIP

Website:

<https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 711

Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

#### MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

#### MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

#### MONTANA – Medicaid

Website: <http://dphhs.mt.gov/>

[MontanaHealthcarePrograms/HIPP](#)

Phone: 1-800-694-3084

Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

#### NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

#### NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

#### NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll-free number for the HIPP program:

1-800-852-3345, ext. 5218

#### NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website:

<http://www.nifamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

#### NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)

Phone: 1-800-541-2831

#### NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

#### NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

#### OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

#### OREGON – Medicaid

Website:

<http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

#### PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP Phone: 1-800-986-KIDS (5437)

#### RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347 or

401-462-0311 (Direct Rite Share Line)

#### SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

#### SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

#### TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 1-800-440-0493

#### UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

#### VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-250-8427

#### VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Medicaid/CHIP Phone: 1-800-432-5924

#### WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

#### WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone:

1-855-MyWVHIPP (1-855-699-8447)

#### WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

#### WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

To see if any other States have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration

[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-877-267-2323, Menu Option 4, Ext. 61565 ❖

## Notice Regarding Wellness Program

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us, Human Resources, and we will work with you (and, if you wish, with your doctor) to find

a wellness program with the same reward that is right for you in light of your health status. ❖

## Patient Protection Notice

If the Sharp Transportation Group Health Plan generally requires 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. If the plan or health insurance coverage designates a primary care provider automatically, you will be able to designate a new provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Human Resources. ❖

## Women's Health and Cancer Rights Act of 1998

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.
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. ❖

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers offering group health insurance coverage 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 normal 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 or 96 hours, as applicable. Additionally, no group health plan or issuer may 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). ❖

## Medical Child Support Orders

A Component Benefit Plan must recognize certain legal documents presented to the Plan Administrator by participants or their representatives. The Plan Administrator may be presented court orders which require child

support, including health benefit coverage. The Plan Sponsor must recognize a Qualified Medical Child Support Order (QMCSO), within the meaning of ERISA section 609(a)(2)(B), under any Component Benefit Plan providing health benefit coverage.

A QMCSO is a state court or administrative agency order that requires an employer's medical plan to provide benefits to the child of an employee who is covered, or eligible for coverage, under the employer's plan. QMCSOs usually apply to a child who is born out of wedlock or whose parents are divorced. If a QMCSO applies, the employee must pay for the child's medical coverage and will be required to join the Plan if not already enrolled.

The Plan Administrator, when receiving a QMCSO, must promptly notify the employee and the child that the order has been received and what procedures will be used to determine if the order is "qualified." If the Plan Administrator determines the order is qualified and the employee must provide coverage for the child pursuant to the QMCSO, contributions for such coverage will be deducted from the employee's paycheck in an amount necessary to pay for such coverage. The affected employee will be notified once it is determined the order is qualified. Participants and beneficiaries can obtain a copy of the procedure governing QMCSO determinations from the Plan Administrator without charge. ❖

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

### PART A: General Information

When key parts of the health care law took effect in 2014, a new way to buy health insurance became available: the Health Insurance Marketplace. To assist Employees as they evaluate options for themselves and their family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by their employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help individuals and families find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Employees may also be eligible for a new kind of tax credit that lowers their monthly premium right away. The open enrollment period for health insurance coverage through the Marketplace began on Nov. 1<sup>st</sup>, and ended on Dec. 15. Individuals must have enrolled or changed plans prior to Dec. 15, for coverage starting as early as Jan. 1<sup>st</sup>. After Dec. 15<sup>th</sup>, individuals can get coverage through the Marketplace only if they qualify for a special enrollment period.

### Can individuals Save Money on Health Insurance Premiums in the Marketplace?

Individuals may qualify to save money and lower monthly premiums, but only if their employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on premiums depends on household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If the Employee has an offer of health coverage from his/her employer that meets certain standards, they will not be eligible for a tax credit through the Marketplace and may wish to enroll in their employer's health plan. However, an individual may be eligible for a tax credit that lowers their monthly premium, or a reduction in certain cost-sharing if their employer does not offer coverage at all or does not offer coverage that meets certain standards. If the cost of a plan from an employer that would cover the Employee (and not any other members of their family) is more than 8.39% of household income for the year, or if the coverage the employer provides does not meet the "minimum value" standard set by the Affordable Care Act, the Employee may be eligible for a tax credit.\*

**Note:** If a health plan is purchased through the Marketplace instead of accepting health coverage offered by an employer, then the Employee may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as the employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Any Employee payments for coverage through the Marketplace are made on an after-tax basis.

### How Can Individuals Get More Information?

For more information about coverage offered by the Employer, please check the summary plan description or contact Human Resources.

The Marketplace can help when evaluating coverage options, including eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in the area.

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs. ❖

## Special Enrollment Rights

If an employee declines enrollment for him/herself or for their dependents (including their spouse) because of other health insurance coverage, they may be able to enroll him/herself or their dependents in this Plan in the future, provided they request enrollment

within 30 days after their other coverage ends. Coverage will begin under this Plan no later than the first day of the first month beginning after the date the plan receives a timely request for enrollment.

If an employee acquires a new dependent as a result of marriage, birth, adoption, or placement for adoption, they may be able to enroll him/herself and their dependents provided that they request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If an employee adds coverage under these circumstances, they may add coverage mid-year. For a new spouse or dependent acquired by marriage, coverage is effective no later than the first day of the first month beginning after the date the plan receives a timely request for the enrollment. When a new dependent is acquired through birth, adoption, or placement for adoption, coverage will become effective retroactive to the date of the birth, adoption, or placement for adoption. The plan does not permit mid-year additions of coverage except for newly eligible persons and special enrollees.

#### **Individuals gaining or losing Medicaid or State Child Health Insurance Coverage (SCHIP)**

If an employee or their dependent was:

1. covered under Medicaid or a state child health insurance program and that coverage terminated due to loss of eligibility, or
2. becomes eligible for premium assistance under Medicaid or state child health insurance program, a special enrollment period under this Plan will apply.

The employee must request coverage under this Plan within 60 days after the termination of such Medicaid or SCHIP, or within 60 days of becoming eligible for the premium assistance from Medicaid or the SCHIP. Coverage under the plan will become effective on the date of termination of eligibility for Medicaid/state child health insurance program, or the date of eligibility for premium assistance under Medicaid or SCHIP. ❖

## **HIPAA Notice of Privacy Practices**

***THIS NOTICE DESCRIBES HOW INDIVIDUAL MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

#### **HIPAA Notice of Privacy Practices**

The Sharp Transportation Group Medical Plan (the “Plan”), which includes medical [HRA, medical, dental and flexible spending account] coverages offered under the Sharp

Transportation Plans, are required by law (under the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 HIPAA’s privacy rule) to take reasonable steps to ensure the privacy of personally identifiable health information. This Notice is being provided to inform employees (and any of their dependents) of the policies and procedures Sharp Transportation has implemented and their rights under them, as well as under HIPAA. These policies are meant to prevent any unnecessary disclosure of individual health information.

Use and Disclosure of individually identifiable Health Information by the Plan that Does Not Require the Individual’s Authorization: The plan may use or disclose health information (that is protected health information (PHI)), as defined by HIPAA’s privacy rule) for:

#### **1. Payment and Health Care Operations:**

In order to make coverage determinations and payment (including, but not limited to, billing, claims management, subrogation, and plan reimbursement). For example, the Plan may provide information regarding an individual’s coverage or health care treatment to other health plans to coordinate payment of benefits. Health information may also be used or disclosed to carry out Plan operations, such as the administration of the Plan and to provide coverage and services to the Plan’s participants. For example, the Plan may use health information to project future benefit costs, to determine premiums, conduct or arrange for case management or medical review, for internal grievances, for auditing purposes, business planning and management activities such as planning related analysis, or to contract for stop-loss coverage. Pursuant to the Genetic Information Non-Discrimination Act (GINA), the Plan does not use or disclose genetic

information for underwriting purposes.

#### **2. Disclosure to the Plan Sponsor:**

As required, in order to administer benefits under the Plan. The Plan may also provide health information to the plan sponsor to allow the plan sponsor to solicit premium bids from health insurers, to modify the Plan, or to amend the Plan.

#### **3. Requirements of Law:**

When required to do so by any federal, state or local law.

#### **4. Health Oversight Activities:**

To a health oversight agency for activities such as audits, investigations, inspections, licensure, and other proceedings related to the oversight of the health plan.

#### **5. Threats to Health or Safety:**

As required by law, to public health authorities if the Plan, in good faith, believes the disclosure is necessary to prevent or lessen a serious or imminent threat to an individual’s health or safety or to the health and safety of the public.

#### **6. Judicial and Administrative Proceedings:**

In the course of any administrative or judicial proceeding in response to an order from a court or administrative tribunal, in response to a subpoena, discovery request or other similar process. The Plan will make a good faith attempt to provide written notice to the individual to allow them to raise an objection.

#### **7. Law Enforcement Purposes:**

To a law enforcement official for certain enforcement purposes, including, but not limited to, the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

#### **8. Coroners, Medical Examiners, or Funeral Directors:**

For the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law.

**9. Organ or Tissue Donation:**

If the person is an organ or tissue donor, for purposes related to that donation.

**10. Specified Government Functions:**

For military, national security and intelligence activities, protective services, and correctional institutions and inmates.

**11. Workers' Compensation:**

As necessary to comply with workers' compensation or other similar programs.

**12. Distribution of Health-Related Benefits and Services:**

To provide information to the individual on health-related benefits and services that may be of interest to them.

**Notice in Case of Breach**

Sharp Transportation is required to maintain the privacy of PHI; to provide individuals with this notice of the Plan's legal duties and privacy practices with respect to PHI; and to notify individuals of any breach of their PHI.

**Use and Disclosure of Individual Health Information by the Plan that Does Require Individual**

**Authorization:** Other than as listed above, the Plan will not use or disclose without your written authorization. You may revoke your authorization in writing at any time, and the Plan will no longer be able to use or disclose the health information. However, the Plan will not be able to take back any disclosures already made in accordance with the Authorization prior to its revocation. The following uses and disclosures will be made only with authorization from the individual: (i) most uses and disclosures of psychotherapy notes (if recorded by a covered entity); (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and

disclosures not described in this notice.

**Individual Rights with Respect to Personal Health Information:** Each individual has the following rights under the Plan's policies and procedures, and as required by HIPAA's privacy rule:

**Right to Request Restrictions on Uses and Disclosures:**

An individual may request the Plan to restrict uses and disclosures of their health information. The Plan will accommodate reasonable requests; however, it is not required to agree to the request, unless it is for services paid completely by the individual out of their own pocket. A wish to request a restriction must be sent in writing to HIPAA Privacy Officer, at Sharp Transportation, 390 North 900 East, Wellsville, Utah 84339, (435) 245-6053.

**Right to Inspect and Copy Individual Health Information:**

An individual may inspect and obtain a copy of their individual health information maintained by the Plan. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. A written request must be provided to HIPAA Privacy Officer at Sharp Transportation, 390 North 900 East, Wellsville, Utah 84339, (435) 245-6053. If the individual requests a copy of their health information, the Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with their request.

**Right to Amend Your Health Information:**

You may request the Plan to amend your health information if you feel that it is incorrect or incomplete. The Plan has 60 days after the request is made to make the amendment. A single 30-day extension is allowed if the Plan is

unable to comply with this deadline. A written request must be provided to HIPAA Privacy Officer, at Sharp Transportation, 390 North 900 East, Wellsville, Utah 84339, (435) 245-6053. The request may be denied in whole or part and if so, the Plan will provide a written explanation of the denial.

**Right to an Accounting of Disclosures:**

An individual may request a list of disclosures made by the Plan of their health information during the six years prior to their request (or for a specified shorter period of time). However, the list will not include disclosures made: (1) to carry out treatment, payment or health care operations; (2) disclosures made prior to April 14, 2004; (3) to individuals about their own health information; and (4) disclosures for which the individual provided a valid authorization.

A request for an accounting form must be used to make the request and can be obtained by contacting the HIPAA Privacy Officer at Sharp Transportation, 390 North 900 East, Wellsville, Utah 84339, (435) 245-6053. The accounting will be provided within 60 days from the submission of the request form. An additional 30 days is allowed if this deadline cannot be met.

**Right to Receive Confidential Communications:**

An individual may request that the Plan communicate with them about their health information in a certain way or at a certain location if they feel the disclosure could endanger them. The individual must provide the request in writing to the HIPAA Privacy Officer at Sharp Transportation, 390 North 900 East, Wellsville, Utah 84339, (435) 245-6053. The Plan will attempt to honor all reasonable requests.

**Right to a Paper Copy of this Notice:**

Individuals may request a paper copy of this Notice at any time, even if they have agreed to receive this Notice electronically. They must contact their

HIPAA Privacy Officer at Sharp Transportation, 390 North 900 East, Wellsville, Utah 84339, (435) 245-6053 to make this request.

**The Plan's Duties:** The Plan is required by law to maintain the privacy of individual health information as related in this Notice and to provide this Notice of its duties and privacy practices. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains.

**Complaints and Contact Person:** If an individual wishes to exercise their rights under this Notice, communicate with the Plan about its privacy policies and procedures, or file a complaint with the Plan, they must contact the HIPAA Contact Person, at Sharp Transportation, 390 North 900 East, Wellsville, Utah 84339, (435) 245-6053. They may also file a complaint with the Secretary of Health and Human Services if they believe their privacy rights have been violated. ❖

## Important Notice from Sharp Transportation Group Health Plan about Your Prescription Drug Coverage and Medicare (Creditable Coverage)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sharp Transportation 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. Sharp Transportation has determined that the prescription drug coverage offered by the Sharp Transportation 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 Sharp Transportation coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Sharp Transportation 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 Sharp Transportation and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

**For More Information about this Notice or Your Current Prescription Drug Coverage**

Contact the person listed below for further information. **NOTE:** You'll get this notice each

year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Sharp Transportation 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: 06/05/2024

Name of Entity/Sender: Sharp Transportation  
 Contact--Position/Office: Human Resources  
 Address: 390 North 900 East, Wellsville, Utah 84339