Your Guide to Benefits at Martin's Point

2024 PLAN YEAR

MARTIN'S POINT®
HEALTH CARE

Explore Your 2024 Benefits

We've Got You Covered – Comprehensive benefits, flexible options.

This year, with no changes in coverage options or carriers, you have the flexibility to find the very best fit for you and your family.

Martin's Point is committed to ensuring our benefits program provides comprehensive, versatile offerings that meet your unique needs.

NEW FOR THE 2024 PLAN YEAR, we are pleased to welcome WellCents as our new guidance-based financial wellness program provider. Additionally, our new Delta Dental Double-Up Max Benefit allows members to carry over a portion of their unused annual maximums from one benefit period to the next.

Virtual Benefits Site
Find out more about your Martin's Point benefits, at your convenience from work or home.

Explore the lobby and visit our partner booths to see what's new for 2024, learn more about your options and how to enroll, grab some swag, and participate in a virtual scavenger hunt at **MPHCBenefits.com/oe2024/**.

What to expect in 2024

- Due to increasing health care costs and long-term trends, this year there will be an increase to the employee contribution share across all three plan choices. Employee medical contribution salary tiers have been adjusted to help minimize the impact.
- There will be a minimal employee contribution share increase in our dental program.
- To encourage and ensure our employees are taking their well-deserved Paid Time Off, we will no longer offer the Earned Time Payout Election beginning in 2024.

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About this guide

This guide describes the benefit plans available to you as an employee of Martin's Point. The details of these plans are contained in the official Plan documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Description (SPD) (as described by the U.S. Employee Retirement Income Security Act). If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan documents, the formal wording in the Plan documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Martin's Point.

ABOUT YOUR BENEFITS

Eligibility Information

You are eligible for the benefits described here if you are a regular full-time (32 or more scheduled work hours per week) or part-time (24-32 scheduled work hours per week) employee. Your spouse/domestic partner and dependent children are also eligible to participate in some benefits. You are automatically enrolled in the Martin's Point Basic Life and AD&D, Short-Term and Long-Term Disability policies.

Covering Dependents

- Children can be covered as dependents on your Medical, Dental, and Vision plans until age 26 regardless of student status.
- Domestic partners can be covered if your partnership meets the following definition:
  Domestic partners are unmarried couples, of the same or opposite sex, who are not related by blood, have lived together continuously for at least one year and plan to do so indefinitely, are mutually responsible for their common welfare, reside at the same address, and maintain no other domestic partnerships, marriages, or civil unions.
- Please note that you will need to complete an affidavit and provide specific documentation to show eligibility.
- Your premium deductions on behalf of your domestic partner will generally be made on an after-tax basis. In addition, you will be taxed on any premium amount that Martin's Point is paying for your domestic partner and/or children. This is referred to as imputed income.

When Coverage Begins and Ends

Coverage for eligible new hires begins on the first day of the month following the date of hire. If you enroll in benefits during the Annual Enrollment period, coverage will begin on January 1. Coverage for Medical, Dental, and Vision benefits end on the last day of the month following end of employment. All other benefits end on your last day of employment.

Making Changes During the Year

Generally, you can only change your benefit elections during the Annual Enrollment period, unless you experience a qualified life event such as marriage, divorce, birth or adoption, or a change in your or your spouse's employment status that affects benefits eligibility. You must notify HR within 30 days of a qualified life event.

COBRA: Continuing Coverage After Termination

Under most circumstances, you and your dependents may continue to participate in some benefit plans through COBRA after you terminate employment. You will be advised of your COBRA rights if you experience a COBRA qualifying event.

Section 125 Plan Benefit

A Section 125 Plan is an IRS-regulated benefit that allows an employee to make certain benefit contributions on a pre-tax, rather than an after-tax, basis. Such plans permit Medical, Dental, Vision, HSA, and FSA contributions by employees to be deducted from earnings before taxes are calculated. Employees who are eligible and participate in the Martin's Point plans will automatically receive this benefit.

MEDICAL BENEFITS

Medical

Martin's Point offers three medical plans with Aetna from which to choose:

- PPO Plan
- POS Plan with HRA
- HDHP Plan with HSA

	PPO	POS with HRA	HDHP with HSA
Network	Open Choice® PPO	QPOS®	Open Choice® PPO
Primary Care Provider	Not required	A primary care provider must be designated	Not required
Referrals	Not required to obtain care from specialists	Required to obtain care from specialists	Not required to obtain care from specialists
Routine preventive care	No charge to you when using an in-network provider	No charge to you when using an in-network provider	No charge to you when using an in-network provider
Prior authorizations	Required for certain services	Required for certain services	Required for certain services
HRA or HSA account available	Not available	HRA account provided to assist with out of pocket costs associated with the plan	HSA account provided to assist with out of pocket costs associated with the plan plus dental and vision

MEDICAL BENEFITS (CONT'D)

Medical Benefits At-a-Glance

	PPO		POS with HRA		HDHP with HSA	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	$500/ $1,000		$2,000/ $4,000		$3,200/ $5,000	$5,000/ $8,000
Out of Pocket (OOP) Includes deductibles, copays and coinsurance. It excludes balance billing, and massage services.	$2,200/ $4,400		$5,000/ $10,000		$5,000/ $10,000	
Benefits						
Office Visit - Preventive	$0 Copay	Deductible, then 30% Coinsurance	$0 Copay	Deductible, then 30% Coinsurance	$0 Deductible	Deductible, then 30% coinsurance
Preventive & Diagnostic Services (specific list applies)	$0 Copay	Deductible, then 30% Coinsurance	$0 Copay	Deductible, then 30% Coinsurance	$0 Deductible	Deductible, then 30% coinsurance
Office Visit - Sick/ Mental Health/Chemical Dependency/Other MPHC Provider Non-MPHC Provider	 $10 Copay $25 Copay	Deductible, then 30% Coinsurance	 $10 Copay $25 Copay	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Office Visit - Specialist MPHC Provider Non-MPHC Provider	 $20 Copay $40 Copay	Deductible, then 30% Coinsurance	 $20 Copay $40 Copay	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Inpatient Hospitalization/ Outpatient Surgery	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Outpatient Diagnostic Lab & Tests MPHC Provider Non-MPHC Provider	Deductible then: 10% Coinsurance 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible then: 10% Coinsurance 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance

MEDICAL BENEFITS (CONT'D)

Medical Benefits At-a-Glance (cont'd)

	PPO		POS with HRA		HDHP with HSA	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Emergency Room/ Urgent Care Center	$300 Copay		$300 Copay		Deductible, then 20% coinsurance	
Emergency Medical Transportation	$250 Copay		$250 Copay		Deductible, then 20% coinsurance	
Walk-In Center Clinic CVS Minute Clinic	 $40 Copay $0 Copay	 $40 Copay N/A	 $40 Copay $0 Copay	 $40 Copay N/A	Deductible then: 20% coninsurance 0% coninsurance	Deductible then: 30% coninsurance N/A
Spinal Manipulation (40 visits per person, per calendar year)	$40 Copay	Deductible, then 30% Coinsurance	$40 Copay	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Physical, Occupational and Speech Therapy (60 combined visits per person, per calendar year)	$40 Copay	Deductible, then 30% Coinsurance	$40 Copay	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Acupuncture (20 visits per person per calendar year)	$25 Copay		$25 Copay		Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Massage Therapy ($300 annual max)	$15 Copay		$15 Copay		Not a Covered Benefit	
Routine Eye Exams (1 per year)	$0 Copay		$0 Copay		$0 Copay	
Hearing Aids (One hearing aid per ear every 36 months: through age 18, no dollar limit; age 19 and over $3,000 limit)	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance

MEDICAL BENEFITS (CONT'D)

Medical Benefits At-a-Glance (cont'd)

	PPO		POS with HRA		HDHP with HSA	
	In Network	**Out of Network**	**In Network**	**Out of Network**	**In Network**	**Out of Network**
Infertility ($10,000 per covered person per lifetime)	Deductible, then 20% coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Durable Medical Equipment	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% coinsurance
Home Health Care	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 20% Coinsurance	Deductible, then 30% coinsurance
Hospice (palliative care, considered for hospice when doctor recommends & patient decides)	Deductible	Deductible, then 30% Coinsurance	Deductible	Deductible, then 30% Coinsurance	Deductible	Deductible, then 30% coinsurance
Pharmacy (Retail, 30 day prescription)	**Tier 1a** 10% coinsurance ($10 max) *(Generic & Specified Chronic Condition Medication)* **Tier 1b** 20% coinsurance ($20 max) **Tier 2** 30% coinsurance ($50 max) **Tier 3** 50% coinsurance ($100 max)		**Tier 1a** 10% coinsurance ($10 max) *(Generic & Specified Chronic Condition Medication)* **Tier 1b** 20% coinsurance ($20 max) **Tier 2** 30% coinsurance ($50 max) **Tier 3** 50% coinsurance ($100 max)		**After Deductible:** **Tier 1a** 10% coinsurance *(Generic & Specified Chronic Condition Medication)* **Tier 1b** 20% coinsurance **Tier 2** 30% coinsurance **Tier 3** 50% coinsurance Certain preventive drugs are not subject to the deductible	
Employer Funding	N/A		**Health Reimbursement Account (HRA)**		**Health Savings Account (HSA)**	
Employee			$300		$1,200	
Employee & Child)ren)			$600		$1,800	
Employee & Spouse/ Domestic Partner			$600		$2,400	
Family			$600		$2,400	

MEDICAL BENEFITS (CONT'D)

Medical Insurance Biweekly Employee Contributions

	PPO Employee Contribution		POS with HRA Employee Contribution		HDHP with HSA Employee Contribution	
	Full Time	***Part Time***	***Full Time***	***Part Time***	***Full Time***	***Part Time***
Annual Salary < $55,000						
Employee	$73.86	$121.85	$44.18	$92.17	$27.04	$75.02
Employee & Child(ren)	$160.38	$235.89	$108.91	$184.42	$73.86	$149.36
Employee & Spouse/DP	$245.04	$358.20	$163.23	$276.39	$98.63	$211.78
Family	$245.04	$358.20	$163.23	$276.39	$98.63	$211.78
Annual Salary $55,000 - $85,000						
Employee	$94.63	$121.85	$64.95	$92.17	$47.80	$75.02
Employee & Child(ren)	$193.67	$235.89	$142.20	$184.42	$107.15	$149.36
Employee & Spouse/DP	$294.93	$358.20	$213.11	$276.39	$148.51	$211.78
Family	$294.93	$358.20	$213.11	$276.39	$148.51	$211.78
Annual Salary $85,000 - $140,000						
Employee	$116.28	$121.85	$86.60	$92.17	$69.45	$75.02
Employee & Child(ren)	$229.22	$235.89	$177.75	$184.42	$142.70	$149.36
Employee & Spouse/DP	$348.21	$358.20	$266.39	$276.39	$201.79	$211.78
Family	$348.21	$358.20	$266.39	$276.39	$201.79	$211.78
Annual Salary > $140,000						
Employee	$137.92	$121.85	$108.24	$92.17	$91.10	$75.02
Employee & Child(ren)	$264.77	$235.89	$213.30	$184.42	$178.25	$149.36
Employee & Spouse/DP	$401.48	$358.20	$319.67	$276.39	$255.07	$211.78
Family	$401.48	$358.20	$319.67	$276.39	$255.07	$211.78

HEALTH REIMBURSEMENT ACCOUNT (HRA) AND HEALTH SAVINGS ACCOUNT (HSA)

Health Reimbursement Account (HRA)

- Must enroll in POS plan to participate
- Martin's Point funds are available January 1 for plan year

Employee Only	$300
Employee & Child(ren)	$600
Employee & Spouse/Family	$600

- Use for medical plan out-of-pocket costs (copays, deductibles, and coinsurance)
- Balance rolls over year to year
- Can accumulate up to deductible amount
- Use your WEX debit card at point of service or log in to your online account or benefits mobile app 24/7 to review your HRA balance, submit out-of-pocket claims for reimbursement, and more

Health Savings Account (HSA)

- Must enroll in HDHP plan to participate
- Martin's Point contributions deposited biweekly starting with first paycheck in January

	Annual	Biweekly
Employee Only	$1,200	$46.15
Employee & Child(ren)	$1,800	$69.23
Employee & Spouse/Family	$2,400	$92.31

- Use for qualified medical expenses (copays, deductibles, coinsurance, dental, vision and others as defined by IRS)
- Tax-free contributions, earnings and withdrawals for qualified medical expenses
- Once the money is in the account, it's yours to keep
- Balance rolls over year to year
- Can change contributions at any time
- Expenses must be incurred after HSA established
- Use your WEX debit card at point of service or log in to your online account or benefits mobile app 24/7 to review your HSA balance and more

2024 HSA Annual Contribution Limits

Individual	$4,150
Family	$8,300
Age 55+ Catch-up	$1,000

FLEXIBLE SPENDING ACCOUNTS (FSA)

A Flexible Spending Account (FSA) allows you to save money for eligible medical, dental, vision or dependent day care costs on a pre-tax basis. Because the money is taken from your paycheck before taxes are taken out, this can often result in significant savings. Martin's Point offers three types of Flexible Spending Accounts, administered by WEX.

Health Care Flexible Spending Account (HCFSA)—Traditional and Limited Purpose

This account allows you to use pre-tax money for eligible medical, dental, and vision costs that are not covered under your insurance plans, such as deductibles and co-payments, and other qualifying expenses, such as glasses and braces.

Use your WEX debit card at point of service or log in to your online account or benefits mobile app 24/7 to review your FSA balance, submit out-of-pocket claims for reimbursement, and more.

Dependent Care Flexible Spending Account (DCFSA)

This account allows you to use pre-tax money for eligible dependent care expenses, including:

- Day care center fees
- Childcare fees
- Preschool tuition
- Adult dependent care expenses (if eligible)

A dependent child must be under the age of 13 and one that you claim on your federal tax return. An adult (for example, your spouse, parent, or other qualified tax dependent) can be considered dependent upon you if the person is unable to take care of him/herself physically or mentally, needing full time care, and depends on you for financial support. The expenses must be necessary to enable you and your spouse to work, or your spouse to attend school.

You may also choose to have your DCFSA payments directly deposited into your checking or savings account.

Log in to your WEX online account or benefits mobile app 24/7 to review your DCFSA balance, submit out-of-pocket claims for reimbursement, and more.

FLEXIBLE SPENDING ACCOUNTS (FSA) (CONT'D)

	Traditional Health FSA	Limited Purpose Health FSA	Dependent Care FSA
Type of expense	Eligible medical, dental and vision expenses not covered by another plan	Eligible dental and vision expenses not covered by another plan	Eligible child, elder and dependent care expenses
Annual maximum	$3,200	$3,200	$5,000 (if you are married and file an individual return, the maximum is $2,500 per year per spouse.)
Health Plan paired with	PPO & POS*	HDHP	Any*
Contributions	Employee pre-tax biweekly	Employee pre-tax biweekly	Employee pre-tax biweekly
Balance at end of year	Unable to roll over unused funds at end of plan year "Use-it-or-lose-it"		
Enrollment & Changes	Must re-enroll during annual enrollment period, unable to change contributions during plan year		

**Can also enroll in these plans if you do not have MPHC medical insurance coverage*

DENTAL BENEFITS

With your Delta Dental plan, you can go to any licensed, practicing dentist or orthodontist. However, using a network provider will save you money on out of pocket costs. If you use an out-of-network provider, even though benefits are paid at the same percentage level, you will be responsible for paying the difference between the plan's negotiated payment and the dentist's charge.

You can search for a dentist online at **www.nedelta.com**. Click on Find a Dentist and select either Delta Dental Premier or Delta Dental PPO from the drop down list.

NEW! Double-Up Max feature allows you to carry over a portion of your unused annual maximums from one benefit period to the next. This benefit offers more flexibility and helps you plan for more extensive and costly dental treatments in subsequent years.

Diagnostic & Preventive	Basic Restorative	Major Restorative	Orthodontics
Coverage A	***Coverage B***	***Coverage C***	***Coverage D***
No deductible	$50/$150 Calendar Year Deductible per Person/Family		No deductible
Diagnostic • Evaluations twice a year **Xrays** • Complete series or panoramic film once in a 3 year period • Bitewing x-rays once in a 12 month period • X-rays of individual teeth as necessary • Oral cancer screening once in a 12 month period **Preventive** • Cleanings twice a year (either a preventive or periodontal cleaning but not both) • Fluoride once in a 12 month period to age 19 • Space maintainers to age 16 • Sealants application to permanent molars, once in a lifetime per tooth, for children to age 15	**Restorative** • Amalgam Fillings • Composite fillings (all teeth) **Oral Surgery** • Surgical and routine extractions **Endodontic** • Root canal therapy **Periodontic** • Periodontal Cleaning • Treatment of gum disease **Denture Repair** • Repair of removable denture to its original condition • Crown Lengthening	**Prosthodontics** • Removable and fixed partial dentures (bridge) • Complete dentures • Rebase and reline dentures • Crowns • Onlays • Implants	**Orthodontics** • Correction of malposed (crooked) teeth
Plan Pays 100%	After Deductible, Plan Pays 80%	After Deductible, Plan Pays 50%	Plan Pays 50%
Coverage A, B and C Combined Calendar Year Maximum: $2000 per Person			Lifetime Maximum: $2000 Per Person

Dental Insurance Biweekly Employee Contributions (Full-time and Part-time)

Employee Only	$4.68
Employee & Child(ren)	$19.87
Employee & Spouse/Domestic Partner	$18.12
Family	$25.71

VISION BENEFITS

The EyeMed Vision Plan provides an annual eye exam plus hardware coverage for lenses, frames or contacts. With access to thousands of top optical retailers, independent eye doctors and online options, plan members get lots of choice and savings. Visit EyeMed's **Member Open Enrollment Site** to explore the benefits of our plans based on your needs. Click on Find an Eye Doctor and choose the Insight Network from the drop-down list for a list of providers in your area.

Benefit	EyeMed		Frequency
	In-Network	*Out-of-Network*	
Exam Services			
Exam **Retinal Imaging**	$10 copay Up to $39 allowance	Up to $40 allowance Not covered	Once every calendar year
Frames			
One pair of eyeglass frames	$130 allowance, then 20% off any remaining balance	Up to $91 allowance	Once every two calendar years
Standard Plastic Lenses (instead of contact lenses)			
• **Single vision** • **Bifocal** • **Trifocal/Lenticular**	$25 copay $25 copay $25 copay	Up to $30 allowance Up to $50 allowance Up to $70 allowance	Once every calendar year
Lens Options			
• **Polycarbonate - Standard** (< 19 years of age) • **Polycarbonate - Standard** • **Anti Reflective Coating - Standard** • **Anti Reflective Coating - Premium Tier 1 - 3** • **Photochromic - Non-Glass** • **Scratch Coating - Standard Plastic** • **Tint - Solid and Gradient** • **UV Treatment** • **All Other Lens Options**	$0 copay $40 copay $45 copay $57-$85 copay $75 copay $15 copay $15 copay $15 copay 20% off retail price	Up to $20 allowance Not covered Up to $23 allowance Up to $23 allowance Not covered Not covered Not covered Not covered Not covered	Once every calendar year
Contact Lens Fit & Follow-up			
• **Standard** • **Premium**	Up to $40 allowance; contact lens fit and two follow-up visits 10% off retail price	Not covered Not covered	Once every calendar year
Contact Lenses (instead of eyeglass lenses)			
• **Contacts - Conventional** • **Contacts - Disposable** • **Contacts - Medically Necessary**	$130 allowance, then 15% off any remaining balance $130 allowance (no additional discount) Covered in full	Up to $91 allowance Up to $91 allowance Up to $300 allowance	Once every calendar year

Vision Insurance Biweekly Employee Contributions (Full-time and Part-time)

Employee Only	$2.92
Employee & Child(ren)	$5.13
Employee & Spouse/Domestic Partner	$5.58
Family	$8.50

LIFE AND AD&D INSURANCE

Basic Life and Accidental Death & Dismemberment (AD&D)

- Martin's Point provides Basic Life and AD&D insurance coverage equal to one times your annual salary up to a $200,000 maximum
- You are automatically enrolled; you will be prompted to list a beneficiary at enrollment

Additional Life

- You may elect Additional Life insurance for you, your spouse, and/or your children at your own cost
  - **Employee:** Increments of $10,000 to the lesser of 5x annual earnings or $500,000
  - **Spouse:** Increments of $5,000 to the lesser of 100% of employee additional life election
  - **Child(ren)** up to age 26:
    - < 6 months of age $1,000
    - > 6 months of age increments of $2,000 to the lesser of 100% of employee coverage of $10,000
- If you did not purchase coverage when you were first eligible, or the amount is over the Guarantee Issue Limit, you may need to complete the Evidence of Insurability application process to receive coverage
- Guarantee Issue Limits during the initial enrollment period:
  - **Employee:** $200,000
  - **Spouse:** $25,000
  - **Child(ren):** $10,000

Additional Life Rates Employee and Spouse

Age Bands	Monthly Rate Per $1,000
<=24	$0.05
25-29	$0.05
30-34	$0.05
35-39	$0.06
40-44	$0.10
45-49	$0.15
50-54	$0.23
55-59	$0.43
60-64	$0.50
65-69	$0.92
70-74	$1.51
75-79	$1.51
80+	$1.51
Child	$0.05

DISABILITY AND PARENTAL BENEFITS

Short-Term Disability (STD)

- Begins after 5 consecutive workdays of non-work-related disability
- You will receive 85% of your biweekly earnings for up to 90 days
- Automatically enrolled the first of the month after 3 months of employment in a benefit-eligible position

Long-Term Disability (LTD)

- Begins after 90 days of non-work-related disability
- You will receive 66.6667% of your monthly earnings to a maximum monthly benefit of $10,000
- Automatically enrolled the first of the month after 3 months of employment in a benefit-eligible position

Paid Parental Leave

- Begins following the birth of an employee's child or the placement of a child with an employee in connection with adoption or foster care
- You are eligible to receive up to 2 weeks of paid parental leave any time during the 6 months immediately following birth, adoption or foster care placement as one continuous leave
- Eligible after 6 months of employment in a benefit-eligible position as of the date of the event

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Employee Assistance Program (EAP) with HealthAdvocate is designed to help you lead a happier and more productive life at home and at work. Available at no cost to you, your spouse, dependents, parents, and parents-in-law! Call for confidential access to 5 free counseling sessions per specific topic/issue per year with a Licensed Professional Counselor. Expert support 24/7 is always by your side.

EAP with HealthAdvocate

Call: **866-799-2485**

Email: **answers@healthadvocate.com**

Web: **www.healthadvocate.com/members**

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems

Ask our Work/Life Specialist about:

- Child, Elder care
- Legal questions
- Identity theft
- Financial services, debt management, credit report issues
- And more

PAID TIME OFF

Earned Time

Martin's Point recognizes the value of employees having time away from work to take care of themselves for rest, relaxation, and flexibility in managing their time. Eligible employees will begin to accrue Earned Time from the first day of employment and may begin using as it is accrued. Time out of the office needs to be coordinated and approved with your manager.

		Sample of Scheduled Hours			
		40	**36**	**32**	**24**
Salaried					
0-3 Years	**Hourly**	0.0808	0.0808	0.0808	0.0808
	Biweekly	6.46	5.814	5.168	3.876
	Annual	168	151.2	134.4	100.8
	Maximum Balance	252	226.8	201.6	151.2
3+ Years*	**Hourly**	0.1000	0.1000	0.1000	0.1000
	Biweekly	8	7.2	6.4	4.8
	Annual	208	187.2	166.4	124.8
	Maximum Balance	312	280.8	249.6	187.2
Hourly					
0-3 Years	**Hourly**	0.0615	0.0615	0.0615	0.0615
	Biweekly	4.92	4.428	3.936	2.952
	Annual	128	115.2	102.4	76.8
	Maximum Balance	192	172.8	153.6	115.2
3+ Years*	**Hourly**	0.0808	0.0808	0.0808	0.0808
	Biweekly	6.46	5.814	5.168	3.876
	Annual	168	151.2	134.4	100.8
	Maximum Balance	252	226.8	201.6	151.2
9+ Years**	**Hourly**	0.1000	0.1000	0.1000	0.1000
	Biweekly	8	7.2	6.4	4.8
	Annual	208	187.2	166.4	124.8
	Maximum Balance	312	280.8	249.6	187.2
Physicians, Physician Assistants, and Nurse Practitioners					
0-3 Years	**Hourly**	0.1000	0.1000	0.1000	0.1000
	Biweekly	8	7.2	6.4	4.8
	Annual	208	187.2	166.4	124.8
	Maximum Balance	312	280.8	249.6	187.2
3+ Years*	**Hourly**	0.1192	0.1192	0.1192	0.1192
	Biweekly	9.53846	8.58462	7.63077	5.72308
	Annual	248	223.2	198.4	148.8
	Maximum Balance	372	334.8	297.6	223.2

**New accrual rate begins after your 3rd year anniversary*

***New accrual rate begins after your 9th year anniversary*

PAID TIME OFF (CONT'D)

Volunteer Time

Martin's Point has a strong commitment to its communities, and strongly supports activities that enhance and support not only the communities in which we live and work, but also those issues that impact quality of life. As an example of this commitment, Martin's Point provides paid Volunteer Time Off to support opportunities to volunteer in your community.

- You can use VTO after 90 days of employment with Martin's Point.
- Eligible employees will receive up to 24 hours of paid time off per calendar year under the VTO benefit. These hours will be pro-rated based on your weekly scheduled hours.

Holiday Time

Martin's Point observes the following twelve holidays each year. You will receive a holiday bank of hours prorated depending on your hire date. Holiday Bank balances do not carry over year to year.

- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day
- Christmas Day
- Floating Holiday
- Your Birthday!

Because of the nature of the services we provide, holiday closures may differ at some locations, and some employees may be required to work on a designated holiday. If you are required to work on a designated holiday, you should talk with your manager to ensure you have the opportunity to use your holiday hours at another time prior to the last pay period of the year.

WELLCENTS FINANCIAL WELLNESS PROGRAM

Take the first step toward a better financial future! Enroll in WellCents for free at https://mywellcents.com/martinspoint.

- **A clear financial path**: WellCents utilizes an online personal Financial Wellness Assessment to gauge your financial needs and provide custom education to help you meet your financial goals.
- **On-demand access to financial advisors:** One-on-one meetings with financial professionals to help you continue your path to financial wellness.
- **Educational resources and tools accessible 24/7:** Extensive resource center, workshops, and educational offerings covering a wide range of topics including but not limited to: college planning, investment basics, how to manage debt, planning to buy a home, and more..

401(k) RETIREMENT PLAN

You Are Automatically Enrolled in the Plan!

- **Employee Contributions**
  - Enrolled at 6% of biweekly earnings pre-tax
  - Post tax contributions available
  - Contributions can be changed at any time on **www.netbenefits.com**
- **Employer Contributions**
  - Available after 1 year of service and 1,000 hours or more worked
  - 50% match up to first 6% of eligible compensation you contribute
  - Safe harbor contribution of 3% of eligible compensation
  - 5 year vesting schedule for matching contributions

How to Manage your Account with Fidelity

If you already have a Fidelity account, simply login with your customer ID and password at **www.netbenefits.com**. If you are new to Fidelity, select the new user's option. You will login the first time using the last 4 digits of your SSN. Then follow the instructions to set up your unique customer ID and password.

NetBenefits Mobile App

Enroll in the Fidelity NetBenefits app to access your plan account anytime, anywhere! You will have instant access to balances, investments, educational resources, and more. Scan the QR code to download the app.

Participants now have access to retirement plan investment advice and guidance from Fidelity's licensed professionals. Fidelity's experienced associates can provide needs-based planning and advice services focused on your retirement plan.

For complimentary retirement planning consultations, Fidelity Retirement Planning Specialists are available from 8 a.m. to 9 p.m. EST at 1-800-248-4213.

For additional resources contact Fidelity at 800-343-0860

ADDITIONAL BENEFITS

Tuition Assistance

- Martin's Point provides eligible employees with financial support for taking college accredited courses after three months of active employment up to $5,250 per calendar year.
- 100% reimbursement of undergraduate or graduate costs related to tuition, books, and lab fees. See the Tuition Assistance policy on Compass for additional information.

Group Home & Auto

- You may wish to purchase individual personal insurance such as home, auto, tenants, or boat insurance.
- Premiums for these lines of coverage can be taken out through payroll deduction, if you purchase the coverage through Liberty Mutual.

Gym Reimbursement

- Portland Locations: Free access to the Nautical Mile Gym with ocean views
- All other locations: Eligible for $150 annual gym membership reimbursement

Worldwide Emergency Travel Assistance

- 24/7 access
- Reliable services around the globe for a full range of service, available for simple to extreme travel emergencies:
  - Medical consultations, evaluation and referral
  - Hospital admission assistance outside the U.S.
  - Emergency medical evacuation
  - Critical care monitoring
  - Medical repatriation
  - Prescription assistance
  - And more

VOLUNTARY BENEFITS

Martin's Point is proud to offer a complete benefit package, including a variety of voluntary benefits to enhance your existing core coverage.

Accident Insurance

An accident can require a variety of treatments, testing, therapies and other care to assist in recovery. Even the best medical plans may leave you with extra costs to pay out of your own pocket. Everyday expenses like your mortgage, car payment or child care may be harder to cover due to lost or reduced income.

Unum's Group Accident Insurance can pay lump-sum benefits based on the injury you receive and the treatment you need, including emergency-room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and co-pays.

Highlights

- Coverage is guaranteed issue, which means you may qualify for coverage without having to answer any health questions.
- You can buy coverage for yourself and/or your spouse and dependent children
- Accidents can occur anywhere 24 hour coverage on or off job
- Receive cash benefits to help cover out-of-pocket expenses associated with a covered accident
- Pays in addition to existing medical insurance
- Pays benefits for each covered occurrence
- Examples of covered services include:
  - emergency room
  - doctor's visits
  - hospitalization
  - physical therapy*
- Additional benefits available for certain injuries such as:
  - dislocations
  - burns
  - fractures
  - and lacerations*

Biweekly Contributions

Employee Only	$5.25
Employee & Child(ren)	$12.42
Employee & Spouse/Domestic Partner	$9.06
Family	$16.23

**Not a guarantee of coverage. Benefits vary by state. Review plan documents to verify covered benefits.*

VOLUNTARY BENEFITS (CONT'D)

Critical Illness

Unum Critical Illness Insurance can help protect your finances from the impact of a serious health problem, such as a stroke, heart attack, or cancer diagnosis. You choose a lump-sum benefit amount that's payable directly to you upon diagnosis of a covered condition. You can use the benefit any way you choose.

Highlights

- Coverage is guaranteed issue, which means you may qualify for coverage without having to answer any health questions.
- Choose the coverage amount $10,000, $20,000, or $30,000.
- You can buy coverage for your spouse and dependent children to age 26 with employee coverage. Dependent's benefit will be 50% of Employee Coverage Amount.
- Pays a lump-sum cash benefit directly to you upon diagnosis of a covered condition to help cover out-of-pocket expenses associated with a covered critical illness.
- Pays in addition to existing medical insurance benefits.
- Be Well Benefit payment each year for each covered family member by getting an annual physical or a covered test such as screenings for cancer, cardiovascular function, cholesterol and diabetes.

Biweekly Contributions

Age Bands	Employee coverage: $10,000 Spouse coverage: $5,000 Be Well benefit: $50		Employee coverage: $20,000 Spouse coverage: $10,000 Be Well benefit: $75		Employee coverage: $30,000 Spouse coverage: $15,000 Be Well benefit: $100	
	Employee	Spouse	Employee	Spouse	Employee	Spouse
under 25	$1.73	$1.29	$3.45	$2.58	$5.18	$3.86
25 - 29	$2.14	$1.50	$4.28	$2.99	$6.42	$4.49
30 - 34	$2.65	$1.75	$5.30	$3.50	$7.95	$5.25
35 - 39	$3.53	$2.19	$7.05	$4.38	$10.58	$6.56
40 - 44	$4.59	$2.72	$9.18	$5.44	$13.76	$8.16
45 - 49	$6.02	$3.43	$12.04	$6.87	$18.06	$10.30
50 - 54	$7.63	$4.24	$15.27	$8.48	$22.90	$12.72
55 - 59	$10.26	$5.56	$20.53	$11.11	$30.79	$16.67
60 - 64	$14.28	$7.56	$28.56	$15.13	$42.84	$22.69
65 - 69	$20.60	$10.73	$41.21	$21.45	$61.81	$32.18
70 - 74	$31.86	$16.36	$63.73	$32.71	$95.59	$49.07
75 - 79	$46.63	$23.74	$93.27	$47.48	$139.90	$71.22
80 - 84	$67.59	$34.22	$135.18	$68.44	$202.76	$102.66
85+	$108.53	$54.69	$217.05	$109.38	$325.58	$164.06

VOLUNTARY BENEFITS (CONT'D)

Hospital Indemnity

Hospital stays are often unexpected, and just a few days can strain even the healthiest of budgets. Hospitalization can cause serious financial setbacks due to out-of-pocket medical costs or loss of income. When you're recovering, the last thing you need to worry about is how much it will cost to get better.

Unum Group Hospital Indemnity Insurance can complement your medical insurance to help you pay for the costs associated with a hospital stay. It can also provide funds for the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.

Highlights

- You can buy coverage for yourself and/or your spouse and dependent children
- Pays in addition to existing medical insurance
- Pays benefits for each covered occurrence
- Receive cash benefits to help cover out-of-pocket expenses associated with hospitalization

Examples of covered services include:

- $1,000 for each covered hospital admission once per calendar year
- $1,000 for each covered hospital ICU admission once per calendar year
- $100 for each day of your covered hospital stay up to 365 days
- $100 for each day of your covered ICU hospital stay up to 30 days
- $250 for a short stay

Biweekly Contributions

Employee Only	$9.70
Employee & Child(ren)	$13.28
Employee & Spouse/Domestic Partner	$17.55
Family	$21.13

**Not a guarantee of coverage. Benefits vary by state. Review plan documents to verify covered benefits.*

VOLUNTARY BENEFITS (CONT'D)

Legal Services

Finding an affordable attorney to represent you when you are buying or selling your home, preparing your will or having trouble with creditors can be a challenge. Now there's a simple, convenient, and affordable solution. As a plan member, LegalShield provides legal representation for you and your family for legal matters including:

- Wills and Estate Planning
- Family Law (Name Change, Adoption)
- Consumer Protection (Auto Repair, Consumer Fraud)
- Juvenile Court Matters (Includes Criminal Matters)
- Debt-Related Matters (Bankruptcy, Tax Audits)
- Home and Real Estate Matters (Purchase or Sale of a Home, Security Deposits)
- And more

Biweekly Contributions

$7.27

Identity Theft Protection

The digital risks you face constantly increase. Each year, more than 14 million people are victims of identity theft and – in the COVID era – those numbers are going up; fraud and ID theft cost Americans $100 million in damages between March and July 2020 alone.

Key features of Aura Identity Guard's #1 ranked Cyber Wellness protection solution:

- Assistance with covered losses due to identity theft with stolen funds reimbursement and $1 million identity theft insurance.
- IBM Watson® artificial intelligence monitors and processes billions of pieces of information to alert you about potential threats to your identity.
- Puts you in control of how your personal data is used and sold on the internet by proactively removing your information from data broker/aggregator lists and people finder sites.
- Get a monthly Vantage 3.0 credit score based on TransUnion data and an annual credit report with information from Equifax, Experian, and Transunion.
- VPN, safe browsing, and robust anti-virus tools protect your physical devices against hackers trying to exploit device and network vulnerabilities.

Biweekly Contributions

Employee Only	$3.46
Family	$6.69

**Not a guarantee of coverage. Benefits vary by state. Review plan documents to verify covered benefits.*

Pet Insurance

My Pet Protection from Nationwide is a great way to ensure your pet's health is covered.

- Get cash back on eligible vet bills, you choose your reimbursement level: 70% or 50%
- Use any vet, anywhere no networks, no pre-approvals
- Your rate won't go up because your pet had a birthday
- Available exclusively for employees

Get a fast, no obligation quote today at **https://benefits.petinsurance.com/martinspoint**

To enroll your bird, rabbit, reptile or other exotic pet, call 877-738-7874.

IMPORTANT CONTACTS

Need additional information? Have a question about one of your benefits? Keep this brochure handy for a quick reference for all your benefit needs. If you still have questions, please contact our HR Service Center and team of HR professionals via email at **hrservicecenter@martinspoint.org** or call 207-253-myHR(6947).

Plan	Administrator	Website/Email	Phone
Medical Benefits	Aetna	**aetna.com**	844-373-2094
Health Reimbursement Account (HRA) **Health Savings Account (HSA)** **Flexible Spending Account (FSA)**	WEX	**benefitslogin.wexhealth.com** **customerservice@wexhealth.com**	866-451-3399
Dental Benefits	Northeast Delta Dental	**nedelta.com**	800-832-5700
Vision Benefits	EyeMed	**eyemed.com**	866-804-0982
Life & AD&D Insurance	UNUM	**unum.com**	800-421-0344
Short-Term Disability	UNUM	**unum.com** Policy #565304	866-679-3054
Long-Term Disability	UNUM	**unum.com**	866-679-3054
Employee Assistance Program	Health Advocate	**HealthAdvocate.com/members**	866-799-2485
401(k) Retirement Plan	Fidelity	**netbenefits.com**	800-343-0860
Group Home and Auto	Liberty Mutual	**Jason.tremblay@libertymutual.com**	201-482-2173
Accident **Critical Illness** **Hospital Idemnity** **Whole Life with optional LTC**	Unum	**unum.com**	866-679-3054
Legal Services	Legal Shield	**benefits.legalshield.com/martinspoint**	800-654-7757
Identity Theft Protection	Aura Identity Guard	**customercare@identityguard.com**	855-443-7748
Pet Insurance	Nationwide	**https://benefits.petinsurance.com/martinspoint**	877-738-7874
Financial Wellness Program	WellCents	**www.mywellcents.com/martinspointwww.martinspoint**	866-240-8591

REQUIRED NOTICES

MARTIN'S POINT HEALTH CARE RESERVES THE RIGHT TO CHANGE, AMEND OR TERMINATE ANY BENEFITS PLAN AT ANY TIME FOR ANY REASON. PARTICIPATION IN A BENEFITS PLAN IS NOT A PROMISE OR GUARANTEE OF FUTURE EMPLOYMENT. RECEIPT OF BENEFITS DOCUMENTS DOES NOT CONSTITUTE ELIGIBILITY.

The Guide to Benefits, combined with these legal notices, provides an overview of the benefits available to eligible employees and their dependents. In all cases, the official plan documents govern and this Guide to Benefits is not, and should not be relied upon as a governing document. In the event of a discrepancy between the information presented in the Guide to Benefits and official plan documents, the official plan documents will govern.

Statement of Material Modifications

This constitutes a Summary of Material Modifications (SMM) or Summary of Material Reductions (SMR), as applicable, to the Martin's Point Health Care Welfare Plan summary plan description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

Summary of Benefits Coverage

A Summary of Benefits Coverage (SBC) for each of the employer-sponsored medical plans is available in Workday. You may also request a paper copy by calling Human Resources.

Taxation of Benefits

The taxation of certain benefits may vary at the local, state and federal level. You should consult your tax advisor if you have any questions about the proper treatment of any benefits.

Important Notice from Martin's Point Health Care About Creditable Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Martin's Point Health Care medical plans is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2024. This is known as "creditable coverage."

Why this is important: if you or your covered dependent(s) are enrolled in any prescription drug coverage during 2024 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Martin's Point Health Care and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Credible Coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Martin's Point Health Care prescription drug plans listed below, you'll be interested to know that the prescription drug coverage under the plan is, on average, at least as good as standard Medicare prescription drug coverage for 2024. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

- Preferred Provider Plan (PPO)
- Point of Service Plan with Health Reimbursement Account (POS/HRA) Plan
- High Deductible Health plan with Health Savings Account (HDHP/HSA)

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Martin's Point Health Care plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Martin's Point Health Care coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Martin's Point Health Care plan, assuming you remain eligible.

You should know that if you waive or leave coverage with Martin's Point Health Care and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future — such as before the next period you can enroll in Medicare prescription drug coverage, if this Martin's Point Health Care coverage changes, or upon your request.

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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit **www.medicare.gov** for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at **www.socialsecurity.gov** or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact the HR Service Center via email at **hrservicecenter@martinspoint.org** or call 207-253-mhHR(6947).

HIPAA Special Enrollment Notice

Notice of Special Enrollment Rights for Health Plan Coverage

If you have declined enrollment in Martin's Point Health Care's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under these plans without waiting for the next Open Enrollment period, provided you request enrollment within 30 days after your other coverage ends.

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 eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Martin's Point Health Care will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Martin's Point Health Care group health plan. Note that this 60-day extension does not apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for special enrollment rights, you may add the dependent to your current coverage or change to another medical plan.

To request a HIPAA special enrollment based on the events described above or obtain more information, contact the HR Service Center via email at **hrservicecenter@martinspoint.org** or call 207-253-mhHR(6947).

Women's Health and Cancer Rights Act (WHCRA) Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your medical carrier at the phone number listed on the back of your ID card.

Newborns' and Mothers' Health Protection Act Notice

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). If you would like more information on maternity benefits, call your medical carrier at the phone number listed on the back of your ID card.

Michelle's Law Notice

Extended Dependent Medical Coverage During Student Medical Leaves

The Martin's Point Health Care plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from a post-secondary educational institution (including a college or university). Coverage may continue for up to a year, unless the child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary, and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If the coverage provided by the plan is changed during this one-year period, the plan will provide the changed coverage for the remainder of the leave of absence.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, contact the HR Service Center via email at **hrservicecenter@martinspoint.org** or call 207-253-mhHR(6947) as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**. If you or your dependents are 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** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call 1-866-444-EBSA (3272).

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

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

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: **http://myakhipp.com/**
Phone: 1-866-251-4861
Email: **CustomerService@MyAKHIPP.com**
Medicaid Eligibility: **http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx**

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

CALIFORNIA – Medicaid
Website: **https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx**
Phone: 916-440-5676

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+: **https://www.colorado.gov/pacific/hcpf/child-health-plan-plus**
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI):
https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

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

GEORGIA – Medicaid
Website: **https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp**
Phone: 678-564-1162 ext 2131

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

KANSAS – Medicaid
Website: **http://www.kdheks.gov/hcf/default.htm**
Phone: 1-800-792-4884

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**
KCHIP Website: **https://kidshealth.ky.gov/Pages/index.aspx**
Phone: 1-877-524-4718
Kentucky Medicaid Website: **https://chfs.ky.gov**

LOUISIANA – Medicaid
Website: **www.medicaid.la.gov** or **www.ldh.la.gov/lahipp**
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: **https://www.maine.gov/dhhs/ofi/applications-forms**
Phone: 1-800-442-6003
TTY: Maine relay 711

Private Health Insurance Premium
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: **http://www.mass.gov/eohhs/gov/departments/masshealth/**
Phone: 1-800-862-4840

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
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: -800-977-6740.
TTY: Maine relay 711

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

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/oii/hipp.htm**
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.njfamilycare.org/index.html**
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: **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: **http://www.nd.gov/dhs/services/medicalserv/medicaid/**
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**
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: **https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx**
Phone: 1-800-692-7462

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: **http://gethipptexas.com/**
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: **http://www.greenmountaincare.org/**
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: **https://www.coverva.org/hipp/**
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid
Website: **https://www.hca.wa.gov/**
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid
Website: **http://mywvhipp.com/**
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 July 31, 2022, or for more information on special enrollment rights, contact either:

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

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

Martin's Point Health Care Benefit Plans Privacy Notice

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

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by Martin's Point health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: medical, dental, vision, health flexible spending account. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

The Plan's duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not *Martin's Point* as an employer — that's the way the HIPAA rules work. Different policies may apply to other Martin's Point programs or to data unrelated to the Plan.

How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing "behind the scenes" plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- **Health care operations** include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance

resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed, or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

How the Plan may share your health information with Martin's Point

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Martin's Point for plan administration purposes. Martin's Point may need your health information to administer benefits under the Plan. Martin's Point agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Designated Human Resources staff are the only Martin's Point employees who will have access to your health information for plan administration functions.

Here's how additional information may be shared between the Plan and Martin's Point, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose "summary health information" to Martin's Point, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Martin's Point information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that Martin's Point cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Martin's Point from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs — is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

REQUIRED NOTICES (CONT'D)

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "designated record set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request, the Plan will provide you with one of these responses:

- The access or copies you requested
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an "accounting of disclosures." You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations
- To you about your own health information
- Incidental to other permitted or required disclosures
- Where authorization was provided
- To family members or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
- As part of a "limited data set" (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on 1/1/2022. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised privacy notice via email notification of its availability in Workday or Compass and with the latest version included in this Guide to Benefits.

Timing extensions expiring for HIPAA special enrollment events, COBRA coverage and ERISA claim and appeals

The U.S. Department of Labor and IRS announced temporary extensions of certain plan deadlines during the COVID-19 pandemic. Under these extensions, plan participants and dependents were given extra time to make HIPAA Special Enrollment election changes, file ERISA claims and appeals, receive notifications about COBRA elections, and make COBRA premium payments.

This temporary extension became effective on March 1, 2020 and extended certain individual deadlines.

What this means for you and your family

During the period that began March 1, 2020 to present, individual timing extensions can only be extended for a maximum of 12 months. If the original deadline would have been on or after March 1, 2020, your new deadline may be up to one-year from your original deadline. For example, if you would have been required to notify the plan of a HIPAA Special Enrollment event (i.e., the birth of a child) by July 1, 2021, your deadline to request an election change under the HIPAA rules will now be June 30, 2022.

Your deadline could end sooner than one year once the National Emergency declaration ends. At the time of this notice, the National Emergency declaration remains ongoing. However, the extensions described here will only last for the shorter of the following two periods: one year from your original deadline, or the period between your deadline (if after 3/1/20) and 60 days following the end of the National Emergency declaration.

REQUIRED NOTICES (CONT'D)

If you delayed any of the following due to your timing extension, you should act quickly or you may lose your ability to exercise your rights under the plan for:

- Requesting enrollment under the plan due to a HIPAA Special Enrollment event, which includes when you are otherwise eligible for the plan and are—
  - An employee or an employee's spouse or dependent who loses other coverage,
  - An employee that gains a dependent by birth, adoption, or placement for adoption, or marriage, or
  - An employee of a dependent that loses eligibility for state Medicaid or Children's Health Insurance Program (CHIP) coverage or becomes eligible for state premium assistance under Medicaid or CHIP; or
- Filing an ERISA claim or appeal; or
- Enrolling in or making premium payment(s) for your COBRA continuation coverage

If you did not experience a HIPAA Special Enrollment or COBRA qualifying event, or did not have the need to file an ERISA claim or appeal, you do not need to take any action.

Questions?

For more information, contact the HR Service Center at 207-253-6947 or **HRService.Center@martinspoint.org**.

Complaints

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, provide written notification to Human Resources at **HRService.Center@martinspoint.org**.

Contact

For more information on the Plan's privacy policies or your rights under HIPAA, contact the HR Service Center at 207-253-6947 or **HRService.Center@martinspoint.org**.