



Braun Northwest Inc. 2024 Employee Benefits Guide

Effective Date:
1/1/2024—12/31/2024



Learn more on the employee benefits website:
www.braunnorthwestbenefits.com



Open Enrollment 2024

Meeting Agenda



- About LBG Advisors
- Open Enrollment and Required Steps between 12/4 and 12/13
- Plan Changes for 2024
- Overview of Plan Components and All Carriers
- Comparison of Medical Plan Options (PPO and HDHP with H.S.A.)
- H.S.A. Overview
- Role of Six Degrees
- Payer Matrix Specialty Drug Funding Source
- Dental, Vision, Life Insurance Benefit Refresher
- BraunNorthwestBenefits.com Website
- Contact Information

Liberty Benefits Group Advisors Overview

Our Role

- Design, negotiate & implement all programs
- Provide on-going education and support to Braun NW

Key Facts

- Member Firm of Benefits Partners (large national brokerage)
- Located in the Pacific Northwest
- Key support:

Scott Carson – E: Scott@LBGAdvisors.com

Matt Christensen – E: Matt@LBGAdvisors.com

Kris Kirkpatrick - Claims Support

Kristen Smith - Education Support

Contact Information: 425-778-2800



Open Enrollment 2024

- Open Enrollment is the annual opportunity to change any of your benefit plans without a qualifying event
- Throughout the year, if you do have a qualifying event, you must make changes within 31 days
- Example Qualifying Events:
 - Marriage
 - Divorce, annulment, or legal separation
 - Birth of your child
 - Death of your spouse or dependent child
 - Adoption of/placement for adoption of your child
 - Termination or commencement of your spouse's employment
 - Change of employment status by you or your spouse, or another dependent
 - A significant change in your or your spouse's health coverage due to your spouse's employment
 - Child Dependent Turns 26 (they will automatically drop off your plan end of month after turning 26)
 - Full list available from EBMS
- **All Employees Must Return Paper form to HR Department No Later Than Dec 13th**

Braun NW provides participants and their eligible dependents a vital program of benefits designed to keep you healthy, protect your financial security, and help you balance your life at work and home.

Open enrollment is the time for you to review the coverage that will be offered beginning January 1st, 2024, and elect the benefits that will best meet the needs of you and your family during the coming year.

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Description (SPD), plan document, or certificate of coverage for each plan, which can be found in our company's designated office. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

2024 changes:

- Dental carrier changing from Lincoln to The Standard
 - New Cards Mailed to Employee Home Address
- H.S.A. Maximum Funding Amounts increasing by \$300 individual and \$550 family (Amounts Employee Can Contribute)
- Small Premium Share Increases on PPO Medical for Employee Only Coverage (\$3 per paycheck)
- Small H.S.A. Employer Contribution Change (\$3 less per paycheck)
- Dependent Coverage Increases on Medical and Dental from 2023 deductions (see updated rate sheet)

Who is Eligible to Enroll?

- Full-time employees working 30 hours or more per week are eligible for benefits the first of month following 60 days of service
- Eligible dependents include:
 - *Legally married spouse*
 - *Same or opposite-sex state registered domestic partner*
 - *Children until the end of the month they turn age 26*

Your Benefits Plan

Braun NW Inc. is pleased to offer a comprehensive benefits program to our valued employees.

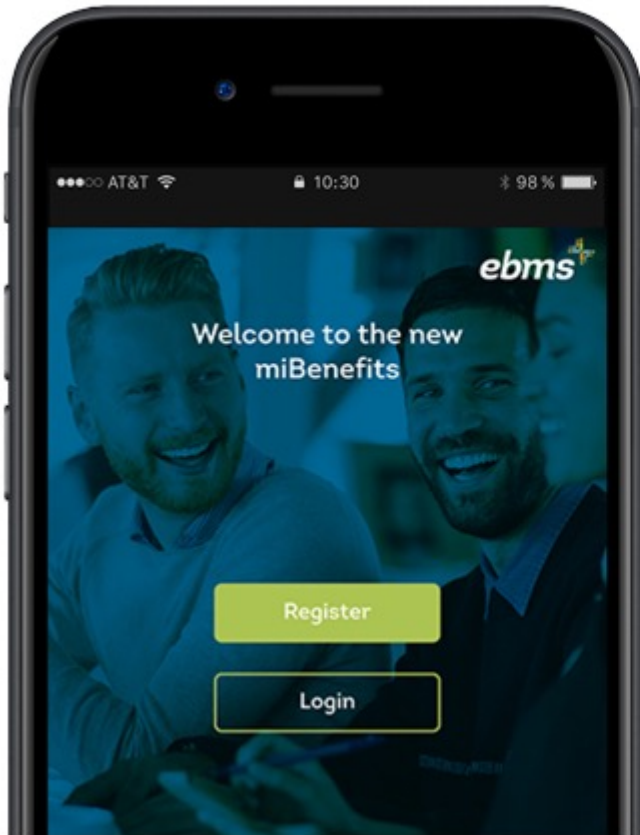
In the following pages, you will learn more about the benefits Braun NW Inc. offers. You will also see how choosing the right combination of benefits can help protect you and your family's health, finances and your family's future. Contact information can be found on

www.braunnorthwestbenefits.com

Eligibility: Full-time employees working 30 hours or more per week are eligible for benefits first of month following 60 days of service, upon completion of the application for coverage. Children are eligible for benefits up to age 26, regardless of dependent, student or marital status.

Domestic Partners are eligible for benefits but must complete affidavit.

Vendor	Contact Info	Vendor	Contact Info
 <p>ebms Improving Lives</p>	<p>Medical Administrator Phone: 800.777.3575 www.ebms.com</p>	 <p>Lincoln Financial Group®</p>	<p>Life Insurance Lincoln Financial Group Customer service: 1-800-423-2765</p>
 <p>Magellan Rx MANAGEMENTSM</p>	<p>Prescription Administrator: Phone: 800.424.0472 www.magellanrx.com RX BIN: 017449 RX PCN: 6792000 RX GRP: PRXMRT</p>	 <p>Payer Matrix</p>	<p>Payer Matrix Specialty Drug Advocate <i>Payer Matrix will reach out to you!</i> <i><u>Learn more on the benefits website</u></i></p>
 <p>SIX DEGREES HEALTH</p>	<p>6 Degrees Health Phone: 888-615-6398 www.6degreeshealth.com info@6degreeshealth.com</p>	 <p>The Standard®</p>	<p>Dental (New 2024- Replaces Lincoln) 1-800-547-9515</p>
 <p>OPTUM Bank®</p>  <p>vsp</p>	<p>Optum Bank – HSA Phone: 844.326.7967 www.optumbank.com Vision Phone: 800.877.7195 www.vsp.com Group #30072742</p>	 <p>Liberty Benefits Group Advisors</p>	<p>LBG Advisors, LLC Matt Christensen (Broker) matt@lbgadvisors.com Scott Carson (Broker) Scott@lbgadvisors.com Kris Kirkpatrick (Claims Assistance) kris@lbgadvisors.com</p>



The miBenefits Mobile App is Here!

Need to check a claim or review benefits on the go? With the new miBenefits app, your benefit plan is one touch away.

Available for Apple and Android

Download now!





Medical Benefits

Knowing your health plan

EBMS and LBG Advisors are designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. EBMS Specialists are experienced professionals ready to assist you.

Specialists from EBMS are available Monday through Friday 8:00 AM to 6:00 PM (Pacific Time). If you need assistance outside of regular business hours, please leave a message and one of the Specialists will promptly return your call or e-mail message by the end of the following business day. EBMS: 800-777-3575 LBG Advisors, LLC 877-485-2120 or email: matt@lbgadvisors.com , kris@lbgadvisors.com , scott@lbgadvisors.com

Medical Benefits

2 Plan Options:

Base Plan H.S.A. – Health Savings Account \$2,500 deductible plan
Buy Up Plan PPO – Traditional PPO - \$1,000 deductible plan

Braun NW Inc. offers 2 plans:

- #1 - A High Deductible Health Plan (HDHP) with a Health Savings Account (HSA)
- #2 - Traditional PPO Plan

Plan Details:

- Both plans are administered by EBMS
- Both plan utilize reference-based pricing strategy with no network
- Both Plans Receive the same discounts from Six Degrees
- Both Plans Offer Annual Preventative at no cost

Option 1: HDHP + HSA

Option 1: Medical Benefits Summary-HDHP + HSA*

All accumulations and limitations are based on Calendar Year, January 1 through December 31

Annual Deductibles Includes Medical and Pharmacy	Individual \$2,500 Family \$5,000 One person can meet the entire deductible Providers may balance bill
Annual Out of Pocket Maximums Includes Deductibles and Co- insurance for Medical and Pharmacy	Individual \$5,000 Family \$10,000 One person can meet the entire out of pocket maximum
Type of Service	Coverage
Office Visits - Primary Care (exams or consultations)	Deductible, then Plan pays 80%
Office Visits - Specialist (exams or consultations)	Deductible, then Plan pays 80%
Office Services - basic services with exam (does not include pain mgmt., chemo, surgical)	Deductible, then Plan pays 80%
Wellness Care - Adult	Plan pays 100%
Wellness Care - Children	Plan pays 100%
Colonoscopy - Over specified age - Preventive	Plan pays 100%
Wellness Care includes, but not limited to: pap smear, mammogram, prostate screening, gynecological exam, routine physical exam, routine hearing exam for children, immunizations and related laboratory blood tests, colonoscopies. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered.	
Diagnostic Services - Basic labs/x-rays (related to office visit, Lab, etc.)	Deductible, then Plan pays 80%
Mental Health - Outpatient	Deductible, then Plan pays 80%
Emergency Room - Facility	Deductible, then Plan pays 80%
Emergency Room - All other covered services other than facility charges	Deductible, then Plan pays 80%
Hospital - Inpatient Services * requires pre-certification with American Health	Deductible, then Plan pays 80%

** This is not a legal document or a guarantee of benefits. Please review the SPD or SBC for full summary of benefits

HDHP Prescription Drug Program Summary (Administered by Magellan Rx)		
Benefit Level	Retail Pharmacy	Mail Order Pharmacy
	30-day supply	90-day supply
Generic	20% coinsurance	20% coinsurance
Preferred Brand	20% coinsurance	20% coinsurance
Multi-Sourced Non-preferred Brand	20% coinsurance	20% coinsurance
Single-Sourced Specialty Drugs*	Payer Matrix Program / 20% coinsurance	
Multi-Sourced Preferred Specialty Drugs *	Payer Matrix/ 20% coinsurance	Payer Matrix/ 20% coinsurance

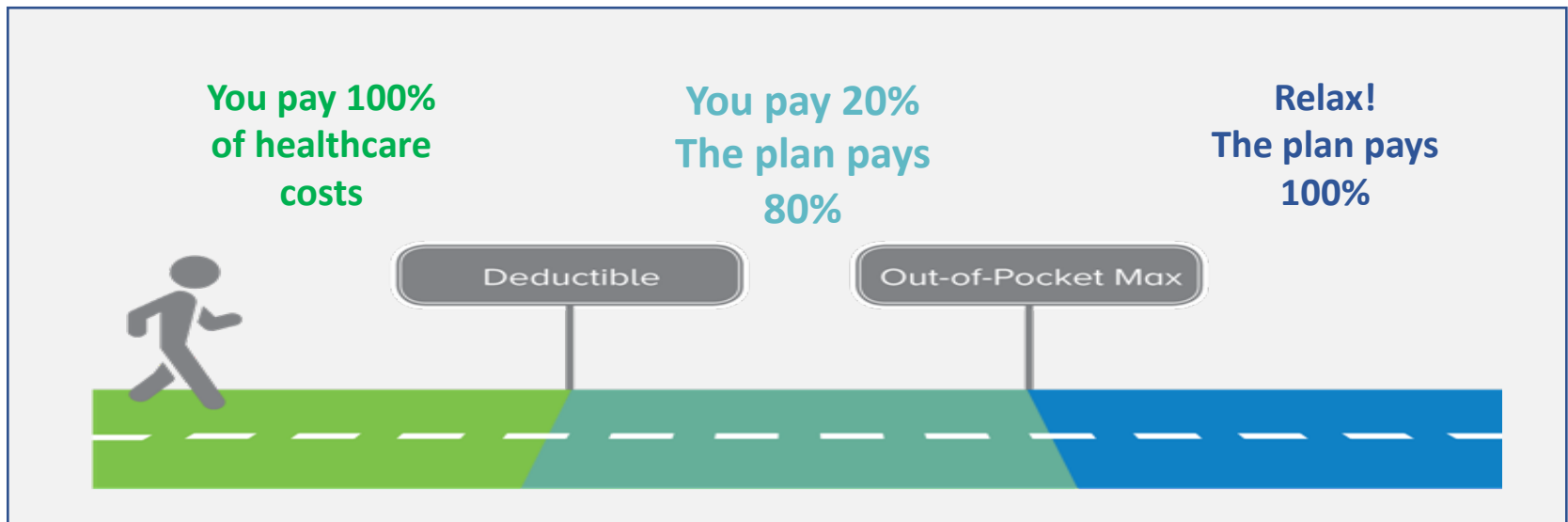
* See specialty drug carve-out / Payer Matrix



How Deductibles Work

For HDHP/ H.S.A. Plan, you must meet your deductible
BEFORE co-insurance percentages
are applied to medical bills

Preventative Care is free!



Option 2: Medical Benefits Summary-Buy Up PPO*	
All accumulations and limitations are based on Calendar Year, January 1 through December 31	
Annual Deductibles Includes Medical and Pharmacy	Individual \$1,000 Family \$3,000 Providers may balance bill
Annual Out of Pocket Maximums Includes Deductibles and Co- insurance for Medical and Pharmacy	Individual \$3,500 Family \$10,500 Providers may balance bill
Type of Service	Coverage
Office Visits - Primary Care (exams or consultations)	\$30 copay /visit, Plan Pays 80% all other services
Office Visits - Specialist (exams or consultations)	\$30 copay/visit, Plan Pays 80%all other services
Office Services - basic services with exam (does not include pain mgmt., chemo, surgical)	\$30 copay/visit, Plan Pays 80%all other services
Wellness Care - Adult	Plan pays 100%
Wellness Care - Children	Plan pays 100%
Wellness Care includes, but not limited to: pap smear, mammogram, prostate screening, gynecological exam, routine physical exam, routine hearing exam for children, immunizations and related laboratory blood tests, colonoscopies. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered.	
Diagnostic Services - Basic labs/x-rays (related to office visit, LabCorp, etc.)	Plan pays 80%, deductible waived
Medical Supplies (Insulin, Diabetic test strips, Insulin pumps,	Plan pays 80%, deductible waived
Mental Health – In patient	Deductible then Plan pays 80%
Emergency Room - Facility	\$400 copay then deductible, then Plan pays 80%
Emergency Room - All other covered services other than facility charges	\$400 copay, then deductible, then plan pays 80%
Hospital - Inpatient Services * requires pre-certification with American Health	Deductible then plan pays 80%

*Covered services only. See full SPD for details.

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HDHP Prescription Drug Program Summary (Administered by Magellan Rx)		
Benefit Level	Retail Pharmacy	Mail Order Pharmacy
	30-day supply	90-day supply
Generic	\$10 Copay	\$20 Copay
Preferred Brand	\$40 Copay	\$80 Copay
Non-preferred Brand	30% Coinsurance, no copay	
Single-Sourced Specialty Drugs*	Payer Matrix Program / 30% coinsurance	
Multi-Sourced Preferred Specialty Drugs	Payer Matrix Program/ 30% Coinsurance, no copay	

* See specialty drug carve-out





What is Payer Matrix?

Payer Matrix reduces the cost of your high dollar prescription drugs by working directly with you in order to obtain alternative funding through the manufacturer, foundations, grants, and international sourcing

Do I qualify?

A Care Coordinator will be assigned to work directly with you if your plan has any prescriptions with the qualifying specialty drugs and will assist with any questions you may have about the process.

If you take a specialty drug, please visit the specialty drug list on the Braun Benefits website.

Payer Matrix, LLC is a Patient Advocacy Company who partners with companies like Braun to address and assess the financial risk and growing liability related to specialty drug costs

Payer's advocacy model successfully obtains alternative funding for high-cost drugs, thus reducing the cost to the member.

When applicable, the program utilizes manufacturer assistance programs to achieve these goals

Payer Matrix can possibly save 100% of your current out of pocket expense for this medication.

If the Plan Participant is eligible for a Payer Matrix-identified alternate funding program and chooses not to enroll in that program, he/she will be responsible for the full cost of his/her applicable Specialty Drug prescription.

Health Savings Account (HSA)

Take advantage of before-tax health savings!



If you enroll in the High Deductible Health Plan, you have access to a Health Savings Account (HSA)

- An HSA lets you set aside a portion of your paycheck – before taxes – into an account to help you pay for qualified medical expenses (see IRS publication 502 for complete list)
- Braun NW will make a \$37 per pay period contribution to this account
- See HR Department to sign up for account

2024 Annual maximum contribution amounts (Employee + Employer)

- \$4,100 for individual coverage (less company contribution)
- \$8,300 for Employee + 1 or more (less company contribution)
- Employees 55 or older can make an additional contribution of \$1,000

How do I pay my bills with my HSA?

- Use my HSA debit card or setup online bill pay
- You can use your credit card and reimburse yourself using your HSA account

How to view your account and make changes to your HSA contribution deducted from your paycheck

- Log-in to Optum Bank: www.optumbank.com to view your account activity
- See the company payroll department to make changes to your HSA contribution election

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Health Savings Account (HSA)

Take advantage of before-tax health savings!



Qualifying Expenses:

- Deductibles, Co-Pays, Co-Insurance, Regular Bills Received From Providers
- Medical, Dental, Vision Expenses
- Can use account for Employee or Dependents (even if dependent not on your insurance plan)

Tax Advantages:

- Employee Contributions Reduce Taxable Income
- Can invest in pre-selected mutual funds tax free (minimum balances apply)
- When funds are used for qualified expenses, no taxes apply

Other Account Information:

- Employee Owns Account
- Rolls-over year to year (not use it or lose it)
- If employee leaves Braun NW in future, can keep with Optum or Roll-over to different H.S.A. Administrator

Health Savings Account (HSA)

Take advantage of before-tax health savings!



Eligibility Rules

You are not eligible for an H.S.A if:

- You are claimed as a dependent on someone else's taxes
 - Covered by any other health insurance policies that are not considered High Deductible Health Plans (HDHP)
 - Currently on Medicare
 - Participate in FSA or HRA through your employer or your spouse's employer
-
- You and your spouse can each have an HSA if you both have high deductible coverage. If you have family HDHP coverage, the maximum contribution is split equally unless you and your spouse agree on a different division



6 Degrees Health

What is the role of 6 Degrees?

- Allows members to go to a provider of their choice
- Discounts and negotiates balance bills on your behalf
- Please notify 6 degrees if you receive a balance bill!
- **EBMS** will send you an Explanation of Benefits (EOB) in the mail
- Always look at the Patient Responsibility to see what you owe.
- If you receive something from a hospital or physician stating you owe more than what the patient responsibility is on your EOB, call **EBMS** to report it. This is called a Balance Bill.

Please submit your balance bill within 30 days of receiving to avoid additional liability.

Contact Information:

Phone: 888-615-6398
 info@6degreeshealth.com
www.6degreeshealth.com

**** Open your mail and contact 6 Degrees with any balance billing!**

*** This is not a legal document or a guarantee of benefits.*

TPA Company
1234 Main St

Explanation of Benefits
RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Forwarding Service Requested

Mary Sample
1234 Broadway Rd.
Hillsboro, OR 97124

Customer Service

Group #: 1010
Date: 9/4/19
Employee: Mary Sample

Document #: 1324700004 Patient #: 999999999 ID #: 999999999

Patient: MARY SAMPLE Provider: PROVIDER NAME

Date(s) of Service	Nature of Service	Billed Amount	Discount / Adjustment	Ineligible Amount	Reason Code	Eligible Amount	Deductible Amount	Co-pay Amount	Paid At	Total Payable By Plan
09/01-09/01/2013	OFFICE VIS	\$350.00	\$0.00	\$70.47	1	\$279.53	\$0.00	\$0.00	100%	\$279.53
Column Totals		\$350.00	\$0.00	\$70.47		\$279.53	\$0.00	\$0.00		\$279.53
Patient's Responsibility:		\$70.47		Other Carrier Payment						\$0.00
				Total Net Payment						\$279.53

Reason Code Description

1 - 999 - Amounts over usual, customary and reasonable(UCR) are excluded as defined by the plan. Please refer to the Plan Exclusion section of your Plan
 2 - 800 - Provider of service does not participate in benefit plan's network.

What is the process?

- ✓ EBMS will send you an Explanation of Benefits (EOB) in the mail
- ✓ Always look at the Patient Responsibility to see what you owe.
- ✓ If you receive something from a hospital or physician stating you owe more than what the patient responsibility is on your EOB, call EBMS to report it. This is called a Balance Bill.



Dental Benefits

**New
Carrier**

The Standard – NEW CARRIER!

PPO Plan:

- Covers many preventive, basic, and major dental care services
- Allows you to choose any dentist you wish, though you can lower your out-of-pocket costs by selecting a network provider
- Does not make you and your loved ones wait six months between routine cleanings
- Rollover \$250 additional benefit from prior year if meet eligibility
- New Cards to be Mailed to Home Address



Find A Dentist Website Lookup:

<https://dentalnetworkpartners.ameritas.com/>

*** This is not a legal document or a guarantee of benefits. Please review the SPD or SBC for full summary of benefits*



Dental Benefits	
<p><u>Type A:</u> <u>Type B & C Deductible:</u> Individual Family Annual Maximum Benefit</p>	<p>Deductible Waived</p> <p>Individual Deductible \$50 Family Deductible \$150 \$1,500 per individual</p>
<p><u>Type A Services (Partial List)</u> Routine oral exams Bitewing X-rays Routine cleanings Fluoride treatments Sealants</p>	<p>In Network: 100% Out-Network: 100%</p>
<p><u>Type B Services (Partial List)</u> Fillings Simple Extractions Oral Surgery General anesthesia and I.V. sedation Prosthetic repair services Root canal treatment</p>	<p>In Network: 80% Out-Network: 80%</p>
<p><u>Type C Services</u> Bridges Full and partial dentures Crowns, inlays, onlays and related services Build-ups/post & core</p>	<p>In Network: 50% Out-Network: 50%</p>

*****Please refer to summary plan documents (SBC) for a full description of medical benefits. This is a partial list of services for your dental benefits. This is not a legal document.***

Vision Benefits



Benefit*	Description
Copay	\$10 copay for exam, every calendar year
Routine Eye Examination	One exam every calendar year
Prescription Glasses	\$25 copay (see frames and lenses)
Frames	Included in RX glasses \$130-\$150 allowance for frames Every other calendar year
Lenses	Single vision, line bi-focal, line tri-focal. Included RX glasses for copay Every calendar year
Contacts (in lieu of lenses and frames)	\$130 allowance for contacts. Copay does not apply. Contact lens exam/fitting-up to \$60 Every calendar year

*** This is not a legal document or a guarantee of benefits. Please review the SPD or SBC for full summary of benefits*

Vision benefits are provided through Vision Service Plan (VSP). This plan includes benefits for a routine eye exam, eyeglasses and contact lenses. Although you can go to any vision provider you choose you will receive the highest level of benefits by accessing care through a VSP provider. Visit www.vsp.com to find a VSP provider using the Signature Network. Please see the VSP benefit summary for additional discounts and savings.

Life and AD&D

No
Change

Life and ADD Benefit Amount

Employee

\$10,000 Employee

\$5,000 Spouse

\$2,500 Child

\$5,000 Infant

- A cash benefit of \$10,000 to your loved ones in the event of your death, plus a matching cash benefit if you die in an accident
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Accident Plus -If you suffer an AD&D loss in an accident, you may also receive benefits for the following on top of your core AD&D benefits: coma, plegia, education, childcare, spouse training, and more.
- Benefits reduce at age 65



Customer service: 1-800-423-2765
Visit [LincolnFinancial.com](https://www.lincolnfinancial.com)

BRAUN NORTHWEST INC.
EMPLOYEE AND DEPENDENT HEALTH INSURANCE PAYROLL DEDUCTIONS
2024 RENEWAL RATES

PPO / HSA / DENTAL / VISION PLANS

PPO Insurance Cost	HSA		DENTAL Insurance Cost	VISION Insurance Cost	MEDICAL + DENTAL + VISION TOTALS		
	Insurance Cost	Banking Deposit			PPO Totals	HSA Totals	HSA Cost Reduction

BI-WEEKLY PAYROLL DEDUCTION:

Employee	\$20	\$0	\$37	\$0	\$0	\$20	(\$37)	(\$57)
Employee + Spouse	\$319	\$281	\$37	\$14	\$5	\$338	\$263	(\$75)
Employee + Child(ren)	\$200	\$169	\$37	\$21	\$5	\$226	\$158	(\$68)
Employee + Family	\$499	\$450	\$37	\$35	\$10	\$544	\$458	(\$86)

ANNUAL AMOUNTS:

Employee	\$520	\$0	\$962	\$0	\$0	\$520	(\$962)	(\$1,482)
Employee + Spouse	\$8,294	\$7,306	\$962	\$364	\$130	\$8,788	\$6,838	(\$1,950)
Employee + Child(ren)	\$5,200	\$4,394	\$962	\$546	\$130	\$5,876	\$4,108	(\$1,768)
Employee + Family	\$12,974	\$11,700	\$962	\$910	\$260	\$14,144	\$11,908	(\$2,236)

NOTES:

- 1) The above rates are effective from 1/1/2024 to 12/31/2024 (12 months).
- 2) For the 2024 insurance renewal, medical, dental and vision are separate policies and dependent enrollment can be in 1, 2, or all 3 coverages.
- 3) The above payroll deductions are before your individual tax benefits are applied. These amounts are not subject to Federal income tax or the 7.65% FICA tax.
- 4) For those enrolled in the high deductible health plan, BNW will contribute \$37 every pay period to the employee's HSA bank account (\$962 total).

Please see additional information on benefits and notices at
www.braunnorthwestbenefits.com



HOME BENEFITS SUMMARY 2020 ENROLLMENT MEDICAL DENTAL VISION PHARMACY HSA
LIFE INSURANCE TELEMEDICINE TEMP ID CARDS FIND A PROVIDER MEDICARE ACA / PREVENTIVE
PLAN NOTICES CONTACT



EMPLOYEE BENEFITS WEBSITE

ENROLLMENT, BENEFITS INFORMATION
FIND A PROVIDER , WELLNESS, AND MORE!



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BRAUN  **NW inc.**

Next Steps and Reminders

- Enrollment will be completed via paper forms through your HR department.
- Everyone must validate current coverage (including dependents) even if you are not changing anything (includes waiving coverage)
- Everyone Must complete new Standard Dental Form
- MUST RETURN FORMS by **DEC 13th**
- If you have any **questions**, please see Human Resources
- LBG Advisors Contact Info
 - Matt Christensen – 206.228.4587 – E: matt@lbgadvisors.com
 - Scott Carson – 360.430.1183 – E: scott@lbgadvisors.com

Elections are effective 1/1/2024

Required Notices

The U.S. government requires companies offering certain employee benefit plans to inform covered employees and their dependents about laws/provisions that affect the governance and/or coverage within those plans. The company has full details available for you concerning the following laws/provisions:

Summaries of each can be found on the employee benefits website. For complete information and more detailed explanations about any of these notices, contact your HR department. Also, from time to time, you may receive detailed explanations directly from the company via letter or email.

- **Notice of HIPAA Special Enrollment Rights**
- **Medicare Part D Notice**
- **Children's Health Insurance Program**
- **The USERRA Private Notice**
- **Notice of Patient Protection Provisions**
- **Women's Health and Cancer Rights Act**
- **Summary of Benefits and Coverage**
- **The Exchange Notice FLSA**
- **Newborn and Mothers Health Protection**
- **COBRA Election Notice**