

Employee Benefit Enrollment Guide and Summary of Material Modifications.



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

Please read the Individual Creditable Coverage Disclosure notice for more information.

If you have questions about your options, please, contact People and Culture, or our Benefits Consultant, Parker, Smith & Feek.



Table of Contents

Welcome to AnywhereWorks	p.04
Eligibility requirements	p.04
Open enrollment	p.05
What do i have to do?	p.05
Where do I go if i have questions?	p.06
How much do i have to pay?	p.06
Medical Coverage	p.9
Dental Coverage	p.15
Vision Coverage	p.16
How AnywhereWorks helps you pay your medical deductible	p.17
Health savings accounts	p.17
Disability and life insurance	p.20
Disability Income	p.20
Voluntary Life and AD&D insurance	p.21
Employee Wellbeing	p.24
Employee assistance program	p.24
Important Legal Information	p.26
Healthcare Reform	p.26
Annual Reminders	p.27
Important notice from AnywhereWorks about your prescription drug coverage and medicare	p.28
Premim assistance under medicaid and the children's health insurance program [CHIP]	p.32



Welcome to AnywhereWorks.

Our health care plan renews on January 1st every year. Every year we review our benefit plan offerings, consider what we offer, the cost for the year and what we can afford. We consider our levels of benefits, our insurance company performance, and the cost to both you and the company. Based on this review, and in consultation with our benefit consultant, we have made the following decisions for our benefit offerings for this plan year.

Eligibility Requirements.

Requirements	
Employee	Full-time employees working at least 30 hours per week
Dependents	Your legal spouse or domestic partner* Dependent children may be covered until age 26
Waiting Period	1st of the month following 60 days

*** Domestic Partner must meet all requirements included in the “Affidavit of Qualifying Domestic Partnership”. Eligible partner is extended the same rights and benefits as a spouse. Coverage also includes eligible children of partner.**

For new employees, this is your chance to enroll in the AnywhereWorks Employee Benefits Plan. You must enroll yourself and your dependents within 30 days of becoming eligible for benefits. You can enroll eligible dependents at the same time you enroll yourself.

If you don't enroll, or you waive coverage, you'll receive the employer sponsored benefits shown below:

- Long-Term Disability

Once you're enrolled in benefits, you generally aren't allowed to make changes until the next annual Open Enrollment. Open Enrollment is your one chance each year to review your coverage and make changes to your benefits. It's also your chance to enroll if you declined coverage when you first became eligible. Open Enrollment changes take effect on January 1st each year.

Other than during Open Enrollment, you can make changes to your benefits during the year only if you experience a qualifying status change. Please refer to the Special Enrollment section later in this document [page 26].

Open Enrollment.

This is the time of year to add or drop coverage for any eligible family members. If you do not enroll an eligible spouse or child now because they have coverage through another employer, you may only add that person on our plan during next year's Open Enrollment period, unless you experience a qualified family status change. Please refer to the Special Enrollment section later in this document [page 27].

What Do I Have To Do?

- This is your opportunity to add coverage for your spouse or partner and children who were previously eligible but not enrolled.
- If you wish to drop coverage for yourself or any dependents, now is the time to do so.

- It is required that every employee enroll or waive the benefits offered during this open enrollment period.
- If you want to make pre-tax deductions to your HSA account, you must turn in a new election form.
- This is your opportunity to switch health plans or dental plans if you choose to. Please note that any family members you cover will be enrolled on the same plan as you. You will need to fill out a new enrollment form.

All forms must be completed before the designated enrollment period ends.

Where Do I Go If I Have Questions?

Please contact your People & Culture team. Our email is us-peopleandculture@anywhere.co and our phone number is 877-393-8745.

How Much Do I Have To Pay?

AnywhereWorks is offering 80% towards the United Healthcare \$4,000 & \$2,500 deductible plans and 80% towards the Kaiser option. For the dental plan, we will continue to pay 50% of the premium. The following contributions are effective January 1, 2025. You are responsible for covering dependents.

United Healthcare \$4,000 HSA	Monthly Premium	AnywhereWorks Contribution	Your Bi-Weekly Cost
Employee Only	\$615.89	\$492.71	\$56.85
Employee / Spouse*	\$1,231.78	\$492.71	\$341.11
Employee / Child(ren)	\$1,108.63	\$492.71	\$284.27
Employee / Family*	\$1,847.68	\$492.71	\$625.37

United Healthcare \$2,500 HSA	Monthly Premium	AnywhereWorks Contribution	Your Bi-Weekly Cost
Employee Only	\$644.95	\$515.96	\$59.53
Employee / Spouse*	\$1,289.89	\$515.96	\$357.20
Employee / Child[ren]	\$1,160.90	\$515.96	\$297.66
Employee / Family*	\$1,934.84	\$515.96	\$654.87

Kaiser Plan \$2,000 HMO	Monthly Premium	AnywhereWorks Contribution	Your Bi-Weekly Cost
Employee Only	\$598.48	\$478.78	\$55.24
Employee / Spouse*	\$1,196.96	\$478.78	\$331.47
Employee / Child[ren]	\$1,077.26	\$478.78	\$276.22
Employee / Family*	\$1,795.44	\$478.78	\$607.69

Lincoln Dental	Monthly Premium	AnywhereWorks Contribution	Your Bi-Weekly Cost
Employee Only	\$39.57	\$19.79	\$9.13
Employee / Spouse*	\$78.84	\$19.79	\$27.26
Employee / Child[ren]	\$78.54	\$19.79	\$27.12
Employee / Family*	\$125.43	\$19.79	\$48.76



Willamette Dental	Monthly Premium	AnywhereWorks Contribution	Your Bi-Weekly Cost
Employee Only	\$44.35	\$22.18	\$10.23
Employee / Spouse*	\$87.85	\$22.18	\$30.31
Employee / Child[ren]	\$91.45	\$22.18	\$31.97
Employee / Family*	\$139.40	\$22.18	\$54.10

Lincoln Voluntary Vision	Monthly Premium	AnywhereWorks Contribution	Your Bi-Weekly Cost
Employee Only	\$7.47	\$0.00	\$3.45
Employee / Spouse*	\$14.15	\$0.00	\$6.53
Employee / Child[ren]	\$16.60	\$0.00	\$7.66
Employee / Family*	\$23.63	\$0.00	\$10.91

*** Includes benefits coverage for domestic partners and their children. Due to IRS regulations, contributions for domestic partners are made on a post-tax basis. In addition, any premiums paid by AnywhereWorks will be considered taxable income.**

Please note that when your contributions are taken out of your paycheck on a pre-tax basis, as allowed by Section 125 of the Internal Revenue Code. IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status. This means you may not drop coverage for a dependent during the year unless there is a qualified change in family status.

Medical Coverage.

United Healthcare.

The plan encourages you to use in-network providers by charging you lower co-pays and co-insurance amounts. In-network providers agree to bill UHC directly and to accept a negotiated fee as payment in full. Non-Network providers have not and you may have to pay amounts above UHC's eligible expenses (also called balance billing). To find a list of in-network providers, go to www.uhc.com and search for providers in the **Choice Plus** Network. The deductible and outof-pocket maximum are on a calendar-year basis and reset every January 1st.

United Healthcare	HSA \$2,500	HSA \$4,000
Annual Deductible		
Individual	\$2,500	\$4,000
Maximum per family	\$5,000	\$7,900
Out-of-Pocket Maximum		
Individual	\$5,500	\$6,750
Maximum per family	\$11,000	\$13,500
Preventive Care		
Routine Exam / Laboratory Services	Paid at 100%	Paid at 100%

Physician Services

Office Visits / Inpatient	Paid at 80%	Paid at 80%
Virtual Care	Paid at 80%	Paid at 80%
Outpatient X-Ray and Laboratory Services	Paid at 80%	Paid at 80%
Emergency Services	Paid at 80%	Paid at 80%

Hospital Services

Inpatient and Outpatient	Paid at 80%	Paid at 80%
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Outpatient Rehabilitation

20-36 visits per calendar year	Paid at 80%	Paid at 80%
Mental Health Outpatient	Paid at 80%	Paid at 80%

Spinal Manipulations

20 visits per calendar year	Paid at 80%	Paid at 80%
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Out-of-Network

00N Deductible

Individual	\$5,000	\$7,000
Maximum per family	\$10,000	\$14,000

OOON Out-of-Pocket Maximum

Individual	\$11,000	\$15,700
Maximum per family	\$22,000	\$31,400
Out-of-Network Coinsurance	Paid at 50%	Paid at 60%

Pharmacy Benefits

Tier 1	\$15 copay	\$37.50 copay
Tier 2	\$35 copay	\$87.50 copay
Tier 3	\$70 copay	\$175 copay

Notice regarding Medicare Part D

Our medical plans offer what is called “creditable coverage,” which means a Medicare-eligible person will not have to buy a Medicare Part D supplement for prescription drugs, and will not be subject to the 1% per month late enrolment charge assessed by Medicare for purchasing Part D at a later date. If you have questions about your options, please contact People & Culture.

Kaiser.

The Kaiser HMO plan covers services received from Kaiser’s Network Facilities, except for emergency services. Emergency services outside the Kaiser Network are covered up to Kaiser’s Allowed Amount and you may have to pay amounts above that (also called balanced billing). To find a list of covered providers, go to www.kp.org and search for providers in the Network.

Kaiser-Oregon Only		Kaiser Providers
Annual Deductible		
Individual		\$2,000
Maximum per family		\$6,000
Out-of-Pocket Maximum		
Individual		\$5,500
Maximum per family		\$11,000
Preventive Care		
Routine Exam		Paid at 100%
Laboratory Services		Paid at 100%
Physician Services		
Primary Care Provider		The first 3 visits are at a \$5 copay then \$25 copay* for all others
Specialist		\$35 copay*
Virtual Care		\$0 copay*
Outpatient X-Ray and Laboratory Services		\$25 copay* basic
Emergency Services		Covered at 80%
Urgent Care		\$45 copay*



Hospital Services

Inpatient and Outpatient

Covered at 80%

Outpatient Rehabilitation

20 visits per calendar year

\$35 copay*

Mental Health Outpatient

Covered at 80%

Spinal Manipulations

Not covered

Out-of-Network Benefits – Not Covered

OON Deductible

Individual / Maximum per family

Not covered

OON Out-of-Pocket Maximum

Individual / Maximum per family

Not covered

Out-of-Network Coinsurance

Not covered

*Indicates deductible waived

Kaiser Pharmacy Benefits	Retail (31-day supply)	Mail Order (90-day supply)
Tier 1	\$15 copay	\$30 copay
Tier 2	\$30 copay	\$60 copay
Tier 3	\$50 copay	\$100 copay

Notice regarding Medicare Part D

Our medical plans offer what is called “creditable coverage,” which means a Medicare-eligible person will not have to buy a Medicare Part D supplement for prescription drugs, and will not be subject to the 1% per month late enrolment charge assessed by Medicare for purchasing Part D at a later date. If you have questions about your options, please contact People & Culture.



Dental Coverage.

Dental Benefits.

Benefits Summary.

Contracted providers agree to bill your insurance directly and to accept a negotiated fee as payment in full. Allowable charges for out-of-network providers are paid based on allowed amounts, as determined by your insurance. You may be responsible for any additional amounts [also called balance billing]. The deductible and annual maximum are on a calendar-year basis and reset every January 1st.

Benefits	Lincoln Financial	Willamette Dental - Oregon Only
Annual Deductible		
Individual	\$25	None
Maximum per family	\$75	None
Preventive Care [exams, x-rays, etc.]	Paid at 100%	Paid at 100%, \$15 copay
Basic Services [fillings, extractions, etc.]	Paid at 80%	Variable copays of \$75-\$225
Major Services [crowns, bridges, dentures, etc.]	Paid at 50%	\$150 copay, refer to schedule
Annual Maximum	\$1,500	Unlimited
Orthodontia	\$1,000 lifetime maximum	\$2,800 copay

Vision Coverage.

Lincoln.

Benefits Summary.

Contracted providers agree to bill Lincoln directly and to accept a negotiated fee as payment in full. Charges for out-of-network providers are reimbursed based on allowed amounts, as determined by Lincoln Financial. You may be responsible for any additional amounts (also called balance billing).

Benefits	Lincoln Financial	All Other Providers
Vision Exam		
Every 12 months	\$10 copay	Paid up to \$40
Eyeglass Lenses		
Every 12 months	\$10 copay	Paid up to \$40 for single lenses
Frames		
Every 24 months	Paid up to \$130	Paid up to \$45
Contact Lenses		
Every 12 months In lieu of Glasses	Paid up to \$125	Paid up to \$125

How Anywhere works Helps You Pay Your Medical Deductible.

Health Savings Accounts.

A Health Savings Accounts [HSA] is a tax-advantaged savings account that belongs to you and is designed to help you save money pre-tax for when you have higher health care expenses. Regardless of who puts money into your HSA, HSA dollars are owned by you, the account holder. Unused money rolls over to the next year and is fully portable. This means you take it with you if you leave.

The maximum amount you can contribute to your HSA (from all sources) is determined annually by the IRS.

HSA	2024	2025
Individual-only coverage	\$3,850	\$4,150
Individual, plus one or more covered family members	\$7,750	\$8,300
Additional catch-up contribution for those 55+	\$1,000	\$1,000

It is your responsibility to confirm you are eligible to receive contributions to your Health Savings Account.

To receive contributions you must NOT have other health coverage for yourself including:

- Coverage through an individual non-qualified HDHP plan
- Coverage through a spouse's or parent's non-qualified HDHP plan
- Access to a spouse's Flexible Spending Arrangement
- Be a dependent on someone else's tax return
- Coverage through a state or federal program:
 - Tricare/Champva/Veterans Administration
 - Native/Tribal plan
 - Medicare
 - Medicaid

For IHS beneficiaries or Veterans beneficiaries, you cannot contribute to your HSA for 3 months following the month you receive benefits from the Veterans or Native Tribal facilities.

For questions about your eligibility for the HSA, contact People & Culture.

Please note that Health Savings Accounts and employer HSA contributions are not subject to ERISA or COBRA. HSA information is included in this Summary to provide you with a complete overview. It is not our intent to include your account in our ERISA benefits program.

FAQ

What is the account?

Health Savings Account: An HSA is a tax-advantaged savings account that belongs to you and is designed to help you save money pre-tax for when you have higher health care expenses.

Who is eligible?	Employees enrolled in the HSA Medical Plan. See below for more eligibility rules.
Funding Availability?	Contributions are deposited monthly. You can be reimbursed up to your account balance.
Maximum Employee Contributions?	The maximum amount you can contribute to your HSA (from all sources) is determined annually by the IRS. For 2025, those amounts are: • Individual only coverage: \$4,150 • Individual, plus one or more covered family members: \$8,300 • Additional catch-up contribution for those 55+: \$1,000
Eligible Expenses?	All qualified medical expenses as allowed under Section 213(d) of the Internal Revenue Code. Includes vision care, dental care, non-covered medical expenses, over-the-counter medicines and menstrual products.
Non-eligible expenses?	Any item that is not allowed under Section 213(d).



Disability and Life Insurance.

Disability Income.

Lincoln.

Did you know that one in eight workers will be disabled for five or more years during their working careers? If this happens to you, can you afford to be out of work and without pay for an extended period – on top of the medical bills that come with a serious illness or injury?

AnywhereWorks's disability coverage is essentially “paycheck insurance” and offers you financial stability and peace of mind. If you are unable to perform the material duties of your job due to sickness, injury or pregnancy, you will receive the following benefits:

Benefits	Short-Term Disability	Long-Term Disability
Benefits Begin	On the 8th day, contingent upon satisfying the definition of disability as stated in your policy.	On the 91st day, contingent upon satisfying the definition of disability as stated in your policy.
Percentage of Income Replaced	60% of basic weekly earnings.	60% of basic monthly earnings.
Maximum Benefit available	Up to \$1,000 per week.	Up to \$3,000 month.
Benefit Duration	Up to 26 weeks.	Up to Social Security Normal Retirement Age.

Long-Term Disability benefits are taxable and need to be reported to the IRS.

Voluntary Life and AD&D Insurance.

AnywhereWorks provides voluntary life and accidental death and dismemberment (AD&D) insurance for all full-time employees to purchase.

Reminder: If you recently had a family status change. This is a good time to update your beneficiary information

Benefits	Employee	Spouse	Child
Term Life Insurance			
Benefit Available	Lesser of 5x annual earnings or \$500,000	Lesser of 50% of employee election or \$250,000	Up to \$10,000
Available in increments of:	\$10,000	\$5,000	\$10,000
Guaranteed Issue	\$150,000	\$30,000	\$10,000
AD&D			
Benefit Available	Same as Life	Same as Life	Same as Life
Guaranteed Issue	Full Benefit	Full Benefit	Full Benefit

Age Reduction Schedule

Reduction schedule applies to Life, AD&D and Supplemental benefits	At age 65, benefit reduces to 65% of original amount At age 70, benefit reduces to 40% of original amount At age 75, benefit reduces to 25% of original amount At age 80, benefit reduces to 10% of original amount
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Increasing your Election

When can I increase my Election?	At open enrollment \$20,000 per year	At open enrollment \$10,000 per year	At open enrollment To the full amount
Is there medical underwriting?	No	No	No
	Medical underwriting applies if the new election is over the guaranteed issue amount. Because the premium is based on your age, when you go from one age bracket to the next, monthly deductions will increase to reflect the new age bracket. Age brackets are in 5-year increments (30–34, 35–39, etc.).		

Supplemental Life/AD&D Rates Per \$1,000.

Age Band	Employee	Spouse	Children
Under 25	\$0.040	\$0.040	\$0.200
25-29	\$0.040	\$0.040	-
30-34	\$0.050	\$0.050	-
35-39	\$0.080	\$0.080	-
40-44	\$0.140	\$0.140	-



45-49	\$0.210	\$0.210	-
50-54	\$0.390	\$0.390	-
55-59	\$0.610	\$0.610	-
60-64	\$0.630	\$0.630	-
65-69	\$1.170	\$1.170	-
70-74	\$2.500	\$2.500	-
75-79	\$7.510	\$7.510	-
80 and over	\$16.230	\$16.230	-
AD&D	\$0.030	\$0.030	N/A

How to Calculate Your Cost:

Employee Life:	_____	X	_____	/1,000=	_____
	[Volume]		[Rate]		Monthly Cost
			\$0.030		
Employee AD&D:	_____	X	_____	/1,000=	_____
	[Volume]		[Rate]		Monthly Cost
			\$0.030		
Spouse Life:	_____	X	_____	/1,000=	_____
	[Volume]		[Rate]		Monthly Cost
			\$0.030		
Spouse AD&D:	_____	X	_____	/1,000=	_____
	[Volume]		[Rate]		Monthly Cost
			\$0.200		
Child Life:	_____	X	_____	/1,000=	_____
	[Volume]		[Rate]		Monthly Cost



Employee Wellbeing.

Employee Assistance Program.

Canopy.

The Employee Assistance Program [EAP] is a completely free and confidential counseling program that helps you and/or your family members address life issues, big or small.

Benefits are offered to all employees and immediate family members, and can help with:

- Marital and family concerns
- Difficult relationships
- Depression
- Substance abuse
- Grief and loss
- Financial entanglements
- Other personal stressors
- Many other issues

Click on www.canopywell.com or call **800-433-2320** to:

- Find information about parenting, retirement, finance, and more
- Locate schools, camps, eldercare/childcare providers
- Use financial calculators and retirement planners
- Read books, articles and guides



- Watch videos or listen to audio files

Lincoln EmployeeConnect.

Everyone needs help solving problems sometimes. EmployeeConnect offers no-cost, confidential assistance to help you and your family meet the challenges that life, work and relationships can bring. You and your immediate household family members are eligible to access EmployeeConnect services as part of your long-term disability coverage from Lincoln. This Employee Assistance Program can help with:

- Marital and family concerns
- Difficult relationships
- Depression
- Substance abuse
- Grief and loss
- Financial entanglements
- Other personal stressors
- Many other issues

Click on www.guidanceresources.com or call **888-628-4824** to [username LFGsupport, password LFGsupport1]:

- Find information about parenting, retirement, finance, and more
- Locate schools, camps, eldercare/childcare providers
- Use financial calculators and retirement planners
- Read books, articles and guides
- Watch videos or listen to audio files



Important Legal Information.

Healthcare Reform.

The healthcare reform law [or Affordable Care Act (ACA) or Obamacare] is complicated and you may have questions about how it impacts you, your family and your benefits. There are three items you should know.

First, the individual mandate [the requirement that all individuals have health insurance] remains in place. What has changed is the penalty associated with it. As of January 1, 2019, the ACA tax penalty is repealed and you won't have to pay anything if you don't enroll.

Second, the Health Insurance Marketplace still exists. You can shop for and enroll in insurance plans through the exchange and still apply for income-based subsidies.

Third, for most people, the plans we offer are considered affordable and neither you nor any family members are eligible for the federal subsidies available in the Health Insurance Marketplace, even if you choose not to enroll in AnywhereWorks's plan.

Please refer to your Notice of Health Insurance Marketplace Coverage for general information. or additional information on Marketplace options in your area and subsidy calculators, go to www.healthcare.gov or call **1-800-318-2596**.

Annual Reminders.

Special Enrollment.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), allows a Special Enrollment period in addition to the regular Open Enrollment period. Only the following



individuals may enroll outside the Open Enrollment period:

- Individuals who previously waived coverage under this program because they had other coverage and then involuntarily lost the other coverage. Enrollment must occur within 30 days of the loss of other coverage;
- New dependents due to marriage, birth, adoption or placement for adoption. The eligible employee and other dependents who previously did not elect to be covered under the employer's health care plan may also enroll at the time the new dependent is enrolled. Enrollment must occur within 60 days of date of marriage, or 60 days of a birth, adoption or placement for adoption;
- A court has ordered coverage be provided for a spouse or minor child under this plan and request for enrollment is made within 60 days after issuance of such court order;
- If employee and/or dependent[s] become ineligible for Medicaid or the Children's Health Insurance program and request coverage under our plan within 60 days of termination (Please read the Medicaid and the Children's Health Insurance Program notice for more information); or
- If employee and/or dependent[s] become eligible for the state premium assistance program and request coverage under our plan within 60 days after eligibility is determined.

Notice Regarding the Women's Health and Cancer Rights Act of 1998.

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.



Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact People & Culture for more information.

COBRA.

COBRA continuation coverage is a temporary continuation of coverage under our employee benefit plan. Please contact People & Culture for a copy of the General Notice of COBRA Continuation Rights. This notice explains your rights and obligations to receive COBRA benefits.

We are not always aware when a COBRA event takes place, unless notified by you. The most common examples are divorce, or when a child exceeds the maximum age. When such an event occurs, the Notice of Qualifying Event must be postmarked within 60 days of the qualifying event for the affected person to be eligible for COBRA continuation. If you have questions about COBRA please contact People & Culture.

Important Notice From AnywhereWorks Inc. About Your Prescription Drug Coverage And Medicare.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with AnywhereWorks and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:



- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- AnywhereWorks has determined that the prescription drug coverage offered by the AnywhereWorks Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

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

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

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

Plan Participants who also are eligible for Medicare have the following three options concerning prescription drug coverage:

- You may stay in the Plan and not enroll in the Medicare prescription drug coverage at this time. You will be able to enroll in the Medicare prescription drug coverage at a later date without penalty, either (1) during a Medicare prescription drug open enrollment period (October 15–December 7 of each year); or (2) if you lose Plan coverage. This is the best option for most Plan participants who are eligible for Medicare.



- You may stay in the Plan and also enroll in Medicare prescription drug coverage at this time. The Plan will pay prescription drug benefits as the primary payer in most instances. Medicare will pay benefits as a secondary payer, and thus the value of your Medicare prescription drug coverage will be greatly reduced. Your current coverage under the Plan pays for other health benefits as well as prescription drugs and will not change if you choose to enroll in Medicare prescription drug coverage. However, once you enroll in Medicare, you and AnywhereWorks will not be eligible to make any further contributions to your Health Savings Account. And under the Plan coverage, you must meet the high deductible amounts before the Plan will pay for most prescription drugs.
- You may reject all coverage under the Plan and choose coverage under Medicare as your primary and only payer for all medical and prescription drug expenses. If you do so, you will not be able to receive coverage under the Plan, including prescription drug coverage, unless and until you are eligible to reenroll at the next enrollment period for which you are eligible, if any. Your current coverage pays for other types of health expenses, in addition to prescription drugs, and you will not be eligible to receive any of your current health and prescription drug benefits if you reject coverage under the Plan and choose to enroll in Medicare, including a Medicare prescription drug plan, as your primary and only payer.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with AnywhereWorks and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through AnywhereWorks changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **1-800-772-1213 [TTY 1-800-325-0778]**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium [a penalty].

Date:	January 1, 2025
Name of Entity/Sender:	AnywhereWorks Inc.
Contact--Position/Office:	Lorissa DeBoard
Address:	1033 SE Main St, Ste 5 Portland, OR 9721
Phone Number:	503-389-5349



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

If you or your children are eligible for Medicaid or the Children's Health Insurance Program (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: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

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

Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/childhealth-plan-plus>

CHP+ Customer Service: 1-800-359-1991/ State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/healthinsurance-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

GA HIPP Website: <https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-healthinsurance-program-reauthorization-act-2009-chipra>

Phone: [678] 564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64 Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

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

Phone: 1-800-792-4884

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/la hipp

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

Phone: -800-977-6740.

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

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

Phone: 1-800-862-4840

TTY: (617) 886-8102

MINNESOTA – Medicaid

Website: Error! Hyperlink reference not valid. <https://mn.gov/dhs/people-we-serve/childrenand-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

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

Phone: 573-751-2005

MONTANA – Medicaid

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

Phone: 1-800-694-3084

Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

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

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

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

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

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

Phone: 603-271-5218

Toll free number for the HIPP program:
1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

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

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.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

Websites: <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/Services/Assistance/Pages/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 Rlte 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/en/famis-select>

<https://www.coverva.org/en/hipp>

Medicaid Phone: 1-800-432-5924

CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

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

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>

<http://mywvhipp.com/>

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP
[1-855-699-8447]

WISCONSIN – Medicaid and CHIP

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

Phone: 1-800-362-3002

WYOMING – Medicaid

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

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since 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 Service
www.cms.hhs.gov
1-877-267-2323, menu option 4, ext. 61565



