

# MAGNUM



2024

## BENEFITS GUIDE



Your Health & Wellness

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see Medicare Creditable Coverage Notice in the back of the guide for more details.

**The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any express or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact Human Resources. © Copyright 2020 Marsh & McLennan Agency. All rights reserved..**



# WELCOME TO YOUR 2024 BENEFITS

Magnum is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.

For additional information, visit [www.magnumlogbenefits.com](http://www.magnumlogbenefits.com)





# ELIGIBILITY

If you are regularly scheduled to work at least 30 hours per week, you are eligible for Magnum benefits. For newly hired individuals, your benefits are effective the first day of the month following your date of hire. You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse (with copy of marriage certificate);
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

It is your responsibility to certify the eligibility of your spouse if enrolling them in coverage by providing proper documentation to Magnum within 30 days. Failure to do so will result in your spouse becoming ineligible for coverage. You can upload the marriage certificate to Benefitsolver or email [benefits@magnumlog.com](mailto:benefits@magnumlog.com).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

## Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental, vision, or Health Care or Dependent Care Flexible Spending Accounts unless you experience a Qualified Life Event, such as marriage or the birth of a child. If you experience a Qualified Life Event (examples below), you should contact Human Resources within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualified Life Event).

| Qualified Life Event   | Possible Documentation Needed   |
|--|---|
| Change in marital status   |   |
| Marriage   | Copy of marriage certificate  |
| Divorce/Legal Separation   | Copy of divorce decree  |
| Death  | Copy of death certificate   |
| Change in number of dependents                                   |   |
| Birth or adoption  | Copy of birth certificate or copy of legal adoption papers                                    |
| Step-child   | Copy of birth certificate plus a copy of the marriage certificate between employee and spouse |
| Death  | Copy of death certificate   |
| Change in employment   |   |
| Change in your eligibility status (i.e., full-time to part-time) | Notification of increase or reduction of hours that changes coverage status                   |
| Change in spouse's benefits or employment status                 | Notification of spouse's employment status that results in a loss or gain of coverage         |



# HOW TO ENROLL

If you are a new hire, you are eligible for benefits first of the month following 30 days. If you are a rehire that has been rehired within 30 days of your termination date, you are eligible for benefits first of the month following your date of rehire. You must complete your enrollment to receive benefit coverage for the plan year.

## Before You Enroll

- Carefully review the benefits listed in this guide and determine the medical, dental, vision and other coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Log in (if you have an account) or Register (new users) at [www.benefitsolver.com](http://www.benefitsolver.com)  
**Company Key:** magnum
- Select, review, and submit your desired coverage.
- Be sure to complete beneficiary information for Life and AD&D benefits.

## Two Ways to Enroll

### 1 Enroll Online

1. Go to [www.benefitsolver.com](http://www.benefitsolver.com)
2. Login or click register. Company Key: magnum
3. Select 2024 Open Enrollment to begin.



### 2 Enroll Over The Phone

1. Go to [www.magnumlogbenefits.com](http://www.magnumlogbenefits.com) to review benefit material.
2. When ready, phone the Benefits Call Center to enroll.
3. If possible, be in front of a computer when calling.
4. Our representative will then enroll you over the phone.

**888-598-2040**

Monday-Friday  
7:00am-5:00pm CST

Visit [www.magnumlogbenefits.com](http://www.magnumlogbenefits.com) for additional information or check with the Magnum Benefits team if you have questions.



# MEDICAL

Magnum's medical coverage provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

## How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.

## Before You Enroll

### Consider this:

1. Think about the per-pay-period cost and out-of-pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically has a lower deductible, pays more and/or copays when you need care.
2. Want to stay with your doctor? Ensure they are in the plan's network by visiting the [www.allmyhealth.com](http://www.allmyhealth.com). If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.
4. Evaluate how your out-of-pocket expenses may fluctuate and consider adding accident, or critical illness to help offset your out-of-pocket medical costs.



The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

|  | \$3,500 HDHP                   |                      | \$6,350 HDHP                   |                      |
|--|--------------------------------|----------------------|--------------------------------|----------------------|
|  | BCBS                           | BCBS                 | BCBS                           | BCBS                 |
|  | In-Network                     | Out-of-Network       | In-Network                     | Out-of-Network       |
| <b>Calendar Year Deductible</b>  |                                |                      |                                |                      |
| Individual   | \$3,500                        | \$7,500              | \$6,350                        | \$7,500              |
| Family   | \$7,000                        | \$15,000             | \$12,700                       | \$15,000             |
| <b>Calendar Year Out-of-Pocket Maximum (Includes Deductible)</b>           |                                |                      |                                |                      |
| Individual   | \$3,500                        | \$15,000             | \$6,350                        | \$15,000             |
| Family   | \$7,000                        | \$30,000             | \$12,700                       | \$30,000             |
|  | You pay                        | You pay              | You pay                        | You pay              |
| Coinsurance  | 0% after deductible            | 50% after deductible | 0% after deductible            | 50% after deductible |
| Preventive Care  | No charge                      | 50% after deductible | No charge                      | 50% after deductible |
| Primary Care Physician   | 0% after deductible            | 50% after deductible | 0% after deductible            | 50% after deductible |
| Specialist   | 0% after deductible            | 50% after deductible | 0% after deductible            | 50% after deductible |
| Urgent Care  | 0% after in-network deductible |                      | 0% after in-network deductible |                      |
| Emergency Room   | 0% after in-network deductible |                      | 0% after in-network deductible |                      |
| Lab & X-ray  | 0% after deductible            | 50% after deductible | 0% after deductible            | 50% after deductible |
| Hospitalization  | 0% after deductible            | 50% after deductible | 0% after deductible            | 50% after deductible |
| Diagnostic Imaging (MRI/CT)  | 0% after deductible            | 50% after deductible | 0% after deductible            | 50% after deductible |
| <b>Pharmacy</b>  |                                |                      |                                |                      |
| <b>Retail Rx (up to 93-day supply) – Comprehensive Formulary Drug List</b> |                                |                      |                                |                      |
| Generic Drugs  | 0% after deductible            | 50% after deductible | 0% after deductible            | 50% after deductible |
| Brand Drugs  | 0% after deductible            | 50% after deductible | 0% after deductible            | 50% after deductible |
| Specialty Drugs  | 0% after deductible            | 50% after deductible | 0% after deductible            | 50% after deductible |
| Mail Order Rx (93-day supply)  | 0% after deductible            | 50% after deductible | 0% after deductible            | 50% after deductible |

| <b>Medical Payroll Premiums (per month)</b> |                  |                  |
|---|------------------|------------------|
|   | <b>3500 HDHP</b> | <b>6350 HDHP</b> |
| Employee Only                               | \$214.03         | \$0.00           |
| Employee + Spouse                           | \$634.57         | \$247.59         |
| Employee + Child(ren)                       | \$502.37         | \$195.84         |
| Employee + Family                           | \$819.65         | \$319.80         |



# HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a personal savings account that you own and can use to pay for qualified out-of-pocket medical expenses. Your contributions to the HSA are taken out of your paycheck and are tax-free. Once you enroll in the HSA, you'll receive a debit card to pay for qualified out-of-pocket medical expenses. Your HSA can be used to pay for your health care expenses and those of your spouse and dependents, even if they are not covered by the High Deductible Health Plan (HDHP).

## How a Health Savings Account (HSA) Works

|  |  |
|--|--|
|  | <p><b>Eligibility</b><br/>Anyone who is:</p> <ul style="list-style-type: none"><li>• Covered by a High Deductible Health Plan (HDHP);</li><li>• Not covered under another medical plan that is not an High Deducible Health Plan (HDHP);</li><li>• Not entitled to Medicare benefits; or</li><li>• Not eligible to be claimed on another person's tax return</li></ul> |
|  | <p><b>Your Contributions</b><br/>You choose how much to contribute from each paycheck on a pretax basis. You can contribute up to the IRS maximum of \$4,150/individual or \$8,300/family. You can make an additional "catch-up" contribution of up to \$1,000 per year if you are age 55 or older.</p>  |
|  | <p><b>Magnum, LTD's Contribution</b><br/>As long as you contribute Magnum, LTD will match your pay period contribution dollar for dollar up to the biweekly maximum of \$13.90 or weekly maximum of \$6.95.</p>  |
|  | <p><b>Eligible Expenses</b><br/>You can use your HSA to pay for medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. <i>Please note: Funds available for reimbursement are limited to the balance in your HSA.</i></p>   |
|  | <p><b>Using Your Account</b><br/>Use the debit card linked to your HSA to cover eligible expenses — or pay for expenses out of your own pocket and save your HSA dollars for future health care expenses.</p>  |
|  | <p><b>Your HSA is always yours – no matter what</b><br/>One of the best features of an HSA is that money left over at the end of the year remains in the account so you can use it the following year or at any time in the future. And if you leave the Magnum, LTD or retire, your HSA goes with you.</p>  |

Your HSA is administered by Further. You can find more information at [www.hellofurther.com](http://www.hellofurther.com) or call their customer service team at 800.859.2144.






## The Triple Tax Advantage

HSA's offer three significant tax advantages:

1. You can use your HSA funds to cover qualified medical expenses, including dental and vision expenses — tax-free.
2. Unused funds grow and can earn interest over time — tax-free.
3. You can save your HSA dollars to use for your health care when you leave Magnum, LTD or retire — tax-free.

If you want to pay less per paycheck for health care coverage and save tax-free money for future medical expenses, consider enrolling in the HDHP with HSA.

## How a High Deductible Health Plan (HDHP) and a Health Savings Account (HSA) Work Together

| Year 1 Example:<br>You enroll in the HDHP with HSA during enrollment |  | Year 2 Example:<br>You enroll in the HDHP plan again next year                      |
|--|--|---|
| You contribute \$3,550 for a total of \$3,550                        |  | \$2,850 rolls over from last year and you contribute \$3,550 for a total of \$6,400 |
| You use the HSA to pay \$700 of eligible expenses                    |  | You use the HSA to pay \$1,250 of eligible expenses                                 |
| <b>You have \$2,850 in the HSA to roll over to next year!</b>        | <b>You have \$5,150 in the HSA to roll over to next year!</b>                      |   |



# DEPENDENT CARE FLEXIBLE SPENDING (FSA)

Dependent Care Flexible Spending allows you to save money on your dependent care and daycare expenses using tax-free dollars.

**Dependent Care FSA** — Used to pay for dependent care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time.

**Important:** The IRS has a “use it or lose it” rule. If you do not spend all the money in your FSA by the annual deadline, any unused dollars in your account(s) will be forfeited.

| How the Dependent Care FSA Works  |
|---|
| You may contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns                  |
| You submit claims for reimbursement; no debit cards are provided (funds must be available in your account)                |
| Can be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs |
| Submit claims up to March 31 of the following year for expenses from January 1 to December 31                             |
| If you do not spend all the money in this FSA by March 31, unused dollars will be forfeited per IRS regulations           |

## How You Can Save on Taxes with FSAs

Here’s an example of how much you can save when you use the FSA’s to pay for your predictable health care and dependent care expenses.

| Dependent Care FSA                |             |          |
|-----------------------------------|-------------|----------|
|                                   | Without FSA | With FSA |
| Your taxable annual income        | \$50,000    | \$50,000 |
| Account deposit (before taxes)    | N/A         | \$5,000  |
| Taxable wages                     | \$50,000    | \$45,000 |
| Federal and Social Security taxes | \$14,325    | \$12,894 |
| Expense (after taxes)             | \$5,000     | N/A      |
| Take home (net)                   | \$30,675    | \$32,106 |
| Annual tax savings with the FSAs  | \$0         | \$1,431  |



## DENTAL

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

Magnum offers dental coverage through Delta Dental of MN. For information on finding a dental provider, visit [www.deltadentalmn.org](http://www.deltadentalmn.org) and click on Find a Provider.

### Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.





The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

| <b>Benefit Highlights</b>  | <b>Delta Dental of MN</b>      |
|--|--------------------------------|
| Individual   | \$50                           |
| Family   | \$150                          |
| <b>Calendar Year Maximum</b>   |                                |
| Per Individual   | \$1,500                        |
|  | <b>You pay</b>                 |
| <b>Preventive Care</b>   |                                |
| Exams, Cleanings, X-rays, Fluoride Treatments  | no charge                      |
| <b>Basic Services</b>  |                                |
| Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams       | 20% coinsurance                |
| <b>Major Services</b>  |                                |
| Crowns, Inlays/Outlays, Dentures and Bridgework, Repairs, Oral Surgery, Endodontics, Periodontics, Emergency Exams | 50% coinsurance                |
| <b>Orthodontia (covered after a 12-month waiting period)</b>   |                                |
| Adults   | Not Covered                    |
| Children aged 8 up to 19th birthday  | 50% to lifetime max of \$1,500 |
| <b>Employee Paid Rates per Month</b>   |                                |
| Employee Only  | \$28.42                        |
| Employee + Spouse  | \$57.33                        |
| Employee + Child(ren)  | \$72.41                        |
| Employee + Family  | \$101.33                       |



# VOLUNTARY VISION

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Magnum offers vision coverage through Avesis. For information on finding a vision provider, visit [www.avesis.com](http://www.avesis.com) and click on member portal.

| Voluntary Vision Care                 | In-Network Member Cost   |
|---------------------------------------|--|
| <b>Exam</b>                           | Covered in full after \$10 copay   |
| Materials                             | \$10 Copay (materials copay applies to frame or spectacle lenses, if applicable) |
| Frame Allowance                       | \$150 Allowance  |
| <b>Standard Spectacle Lenses</b>      |  |
| Single Lenses                         | \$10 Copay   |
| Bifocals                              | \$10 Copay   |
| Trifocal                              | \$10 Copay   |
| Lenticular                            | \$10 Copay   |
| Level 1 Progressive                   | \$75 Copay   |
| <b>Contact Lenses</b>                 |  |
| Fit and Follow-up Exam - Elective     | \$150 Allowance  |
| Necessary                             | Covered in Full  |
| Exam/Lenses/Frames/Contact Frequency: | 12/12/12/12  |

| Employee Paid Rates Per Month |                |
|-------------------------------|----------------|
| Employee Only                 | <b>\$9.05</b>  |
| Employee + Family             | <b>\$20.95</b> |





# BASIC LIFE AND AD&D (ACCIDENTAL DEATH & DISMEMBERMENT)

Company Paid Basic Life insurance, provided by UNUM pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury.

| Life / AD&D Insurance - For You |  |
|---------------------------------|--|
|                                 | Life and AD&D  |
| Coverage Amount                 | Flat \$15,000  |
| Age Reduction Schedule          | Benefits reduce by 35% at age 70. Additional 10% at age 75 |

# VOLUNTARY LIFE AND AD&D (ACCIDENTAL DEATH & DISMEMBERMENT)

Voluntary life and AD&D insurance allow you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury.

Voluntary life insurance for you and your dependents, also provided by UNUM, can help protect your family during difficult times.

| Life / AD&D Insurance - For You and Your Dependents |   |  |  |
|---|---|--|--|
|   | Employee  | Spouse   | Child(ren) up to age 19 or 26 (if FTS)   |
| <b>Coverage Amount</b>                              | Increments of \$10,000 up to \$500,000 no to exceed 5x annual earnings. | Increments of \$5,000 up to \$250,000 – not to exceed 100% of Employee coverage. | Increments of \$2,000 to a maximum of \$10,000. \$1,000 for children 14 days to 6 months – not to exceed 100% of Employee coverage |
| <b>Guaranteed Issue</b>                             | \$180,000   | \$50,000   |  |

## Before You Enroll

Consider this:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. It's important to understand any EOI\* rules that apply. If you enroll when you first become eligible, Voluntary Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you will need to provide satisfactory EOI before any coverage can take effect.
3. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

## If You Are Currently Enrolled

Consider this:

1. Both you and your spouse can increase your coverage at open enrollment without EOI.
  - As an employee you can increase coverage up to \$180,000 with no medical underwriting. If you previously declined coverage, you may have to answer some health questions.
  - Your spouse can increase coverage up to \$50,000 with no medical underwriting, if eligible. If you previously declined spouse coverage, some health questions may be required.
2. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

\*Evidence of Insurability (EOI) — proof of good health — may be required before coverage is approved.



# DISABILITY (SHORT-TERM AND LONG-TERM)

Disability insurance can help you remain financially stable by providing a portion of your income if you become disabled and are unable to work. These benefits are provided through UNUM.

| Short-Term Disability Benefits at a Glance  | Option 1  | Option 2                            |
|---|---|-------------------------------------|
| Weekly Benefit  | Elect between \$100 - \$2,400 a week in \$100 increments up to 60% of pre-disability weekly income. |                                     |
| Weekly Maximum  | \$2,400 per week  |                                     |
| Benefit Duration  | 12 weeks  | 11 weeks                            |
| Elimination Period  | 7 days Accident / 7 days sickness   | 14 days Accident / 14 days sickness |
| Pre-Existing Limitation   | 3/12*   |                                     |
| *Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months. |   |                                     |

| Long-Term Disability Benefits at a Glance   |                                      |
|---|--------------------------------------|
| Monthly Benefit   | 60% of pre-disability monthly income |
| Monthly Maximum   | \$11,000 per month                   |
| Benefit Duration  | ADEA or SSNRA                        |
| Elimination Period  | 90 days                              |
| Pre-Existing Limitation   | 3/12*                                |
| *Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months. |                                      |

## Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice or treatment from a doctor within three months of the effective date of your insurance plan.

## Evidence of Insurability

If you decline coverage when first eligible or if you elect coverage and wish to increase your benefit amount at a later date, Evidence of Insurability (EOI) — proof of good health — may be required before coverage is approved.

A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience.









# SUPPLEMENTAL BENEFITS

Just like it sounds, supplemental benefits plans such as accident and critical illness insurance can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary and are not medical insurance. Coverage is available for your spouse and children with most plans.

Most plans pay benefits regardless of any other insurance and benefits are paid directly to you, unless you specify otherwise. Benefits can help pay for expenses other insurance may not cover, such as out-of-pocket expenses, lost income, child care, travel to and from treatment, home health care costs or regular household expenses

## ACCIDENT INSURANCE

Accident coverage is designed to provide a cash benefit in the event of a covered accident or injury. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance.

| Sample of Eligible Expenses   |   |
|---|---|
|  <b>Emergency Room Visits</b>                            |  <b>Hospital Stays</b>   |
|  <b>Medical Exams</b> – Including major diagnostic exams |  <b>Physical Therapy</b>   |
|  <b>Fractures and Dislocations</b>                       |  <b>Transportation and Lodging</b> – if you are away from home when the accident happens or doing follow-up care |

*See the BenefitSolver platform for a full list of covered accidents.*

| Your Monthly Premium  |                |
|-----------------------|----------------|
| Employee              | <b>\$10.93</b> |
| Employee + Spouse     | <b>\$18.86</b> |
| Employee + Child(ren) | <b>\$22.50</b> |
| Family                | <b>\$30.43</b> |



# CRITICAL ILLNESS INSURANCE WITH CANCER

Critical Illness coverage provides a lump-sum cash benefit in the event you are diagnosed with a qualifying illness to help offset the unexpected associated costs. The plan will pay regardless of any other insurance. Critical Illness coverage is not medical insurance.

If you elect coverage when first eligible as a new hire, you are guaranteed up to \$10,000 of employee coverage and \$5,000 for your spouse. If you do not want to sign up now, but decide to apply later, Evidence of Insurability is required.

| What's Covered?   |  |
|---|--|
| <b>Cancer Conditions</b>  |  |
| Invasive Cancer - All breast cancer is considered invasive.   | Non-Invasive Cancer (25%)  |
|   | Skin Cancer - \$500  |
| <b>Progressive Diseases</b>   | <b>Supplemental Conditions</b>   |
| Amyotrophic Lateral Sclerosis (ALS)   | Loss of sight, hearing or speech   |
| Dementia, including Alzheimer's Disease   | Benign Brain Tumor   |
| Multiple Sclerosis (MS)   | Coma   |
| Parkinson's Disease   | Permanent Paralysis  |
| Functional Loss   | Occupational HIV, Hepatitis B, C, or D   |
|   | Infectious Diseases (25%)  |
| <b>Critical Illnesses</b>   |  |
| Heart Attack  |  |
| Stroke  |  |
| Major Organ Failure   |  |
| End-Stage Kidney Failure  |  |
| <b>Be-Well Benefit – annual wellness benefit of \$75 for each family member on the plan for completing a qualifying annual exam, such as your normal preventive care through your primary care physician.</b> |  |
| <b>Coverage Amounts</b>   |  |
| <b>You:</b>   | Choose \$10,000, \$20,000 or \$30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.   |
| <b>Your spouse:</b>   | Spouses can only get 50% of the employee coverage amount as long as you have purchased coverage for yourself   |
| <b>Your children:</b>   | Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date |
| <b>Benefit Reduction</b>  | Benefit reduces by 50% on the policy anniversary date following the insured's 70th birthday.   |
| <b>Pre-Existing Conditions</b>  | 12/12 – if you received treatment within the 12 months prior to your effective date, disabilities in the first 12 months of coverage due to a preexisting condition are excluded.  |
| <b>See the BenefitSolver platform for a full list of covered illnesses.</b>   |  |





# HOSPITAL INDEMNITY

## How does it work?

Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

## Why is this coverage so valuable?

- The money is paid directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get affordable rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire, without having to answer new health questions. You'll be billed directly

| Hospital Indemnity         |   |
|----------------------------|---|
| <b>Hospital Admission</b>  | Payable for a maximum of 1 day per year |
| <b>ICU Admission</b>       | Payable for a maximum of 1 day per year |
| <b>Hospital Daily Stay</b> | Payable per day up to 365 days          |
| <b>ICU Daily Stay</b>      | Payable per day up to 30 days           |
| <b>Short Stay</b>          | Payable for a maximum of 1 day per year |

| Your Monthly Premium  |                |
|-----------------------|----------------|
| Employee              | <b>\$18.59</b> |
| Employee + Spouse     | <b>\$40.82</b> |
| Employee + Child(ren) | <b>\$26.91</b> |
| Family                | <b>\$49.14</b> |

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

Magnum also provides you access to the Employee Assistance Program (EAP) at no cost. This program, available through HealthAdvocate, provides professional, confidential telephonic or face-to-face counseling services to you and your loved ones. You are eligible to receive up to six sessions per person, per plan year. The EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance.

This program is available 24 hours a day, 365 days a year for confidential assistance and referral services with items such as:

- Managing stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Child care issues — including identifying schools, daycare, tutors, and more
- Aging parents

It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.



**866.799.2485**

Email: [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)



Web: [HealthAdvocate.com/members](https://HealthAdvocate.com/members)

## PETZEY


Let's not forget about our furry friends! Petzey is an on-demand vet consultation program that helps connect you with licensed vet professionals close to your area 24/7 with no subscription and no additional fees. For more information about this benefit, provided by Petzey, access the Petzey app or visit [www.petzey.com](https://www.petzey.com) and utilize the code Magnum.

Group ID: MAGNUM



# IMPORTANT CONTACTS

| Coverage                     | Administrator                        | Contact                          |   |
|------------------------------|--------------------------------------|----------------------------------|---|
| Human Resources - Benefits   | Benefits Helpline<br>Crissey Goossen | 701-561-7044<br>308-455-4992     | <a href="mailto:benefits@magnumlog.com">benefits@magnumlog.com</a>                      |
| Benefits Enrollment          | Keeler & Associates                  | 888-598-2040                     | <a href="http://www.magnumlogbenefits.com">www.magnumlogbenefits.com</a>                |
| Benefits Administrator       | BenefitSolver                        | 833-558-4514                     | <a href="http://www.benefitsolver.com">www.benefitsolver.com</a><br>Company Key: magnum |
| Medical                      | BCBS of ND                           | 844-946-6236                     | <a href="http://www.AllMyHealth.com">www.AllMyHealth.com</a>                            |
| Health Savings Account (HSA) | Further                              | 800-859-2144                     | <a href="http://www.hellofurther.com">www.hellofurther.com</a>                          |
| Flexible Spending Accounts   | Further                              | 800-859-2144                     | <a href="http://www.hellofurther.com">www.hellofurther.com</a>                          |
| Dental                       | Delta Dental of MN                   | 800-553-9536                     | <a href="http://www.deltadentalmn.org">www.deltadentalmn.org</a>                        |
| Vision                       | Avesis                               | 800-828-9341                     | <a href="http://www.avesis.com">www.avesis.com</a>                                      |
| Life and AD&D                | UNUM                                 | 800-421-0344                     | <a href="http://www.unum.com">www.unum.com</a>  |
| Disability                   | UNUM                                 | 800-421-0344                     | <a href="http://www.unum.com">www.unum.com</a>  |
| Accident Insurance           | UNUM                                 | 800-635-5597                     | <a href="http://www.unum.com">www.unum.com</a>  |
| Critical Illness Insurance   | UNUM                                 | 800-634-5597                     | <a href="http://www.unum.com">www.unum.com</a>  |
| Employee Assistance Program  | HealthAdvocate                       | 866-799-2485                     | <a href="http://www.members.healthadvocate.com">www.members.healthadvocate.com</a>      |
| On-Demand Vet Consultation   | Petzey                               | Accessed via APP<br>Code: Magnum | <a href="http://www.petzey.com">www.petzey.com</a>                                      |
| Medicare – MMA Resource      | Shannon Lien                         | 701-612-9708                     | <a href="mailto:slien@vaaler.com">slien@vaaler.com</a>                                  |

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.allmyhealth.com](http://www.allmyhealth.com) or call 844-946-6236. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.HealthCare.gov/sbc-glossary/](http://www.HealthCare.gov/sbc-glossary/) or call 1-800-318-2596 to request a copy.

| Important Questions  | Answers   | Why This Matters:   |
|--|---|---|
| <b>What is the overall deductible?</b>                             | \$3,500 individual/\$7,000 family network.<br>\$7,500 individual/\$15,000 family out-of-network.  | Generally, you must pay all of the costs from providers up to the <u>deductible amount</u> before this plan begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .   |
| <b>Are there services covered before you meet your deductible?</b> | Yes. <u>Preventive care services</u> and child's routine eye exam are covered before you meet your <u>network deductible</u> .<br><u>Copayments</u> and <u>coinsurance</u> amounts don't count toward the <u>network deductible</u> .   | This plan covers some items and services even if you haven't yet met the deductible amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> . |
| <b>Are there other deductibles for specific services?</b>          | No.   | You don't have to meet <u>deductibles</u> for specific services.  |
| <b>What is the out-of-pocket limit for this plan?</b>              | \$3,500 individual/\$7,000 family <u>network out-of-pocket limit</u> , up to a total maximum out-of-pocket of \$3,500 individual/\$7,000 family.  | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.  |
| <b>What is not included in the out-of-pocket limit?</b>            | \$15,000 individual/\$30,000 family out-of-network.<br><u>Network</u> : Premiums, balance-billed charges, and health care this plan doesn't cover do not apply to your total maximum out-of-pocket.<br><u>Out-of-network</u> : <u>Copayments</u> , <u>deductible</u> , <u>premiums</u> , <u>balance-billed charges</u> , <u>prescription drug expenses</u> , and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .  |

|   |   |   |
|---|---|---|
| <p><b>Will you pay less if you use a <u>network provider</u>?</b></p>   | <p>Yes: See <a href="http://www.allmyhealth.com">www.allmyhealth.com</a> or call 844-946-6236 for a list of <u>network providers</u>.</p> | <p>This plan uses a <u>provider network</u>. You will pay less if you use a <u>provider in the plan's network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (balance billing). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p> |
| <p><b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b></p> | <p>No.</p>  | <p>You can see the <u>specialist</u> you choose without a <u>referral</u>.</p>  |



All copayment and coinsurance costs shown in this chart are after your overall deductible has been met, if a deductible applies.

| Common Medical Event   | Services You May Need   | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information   |
|--|---|--|--|--|
|  |   | Network Provider (You will pay the least)  | Out-of-Network Provider (You will pay the most)  |  |
| <p><b>If you visit a health care provider's office or clinic</b></p> | <p>Primary care visit to treat an injury or illness<br/>Specialist visit<br/>Preventive care/screening/immunization</p> | <p>No charge<br/>No charge<br/>No charge<br/><u>Deductible</u> does not apply.</p> | <p>50% <u>coinsurance</u><br/>50% <u>coinsurance</u><br/>No coverage for preventive care visits<br/>50% <u>coinsurance</u> for screening services<br/>50% <u>coinsurance</u> for immunizations</p> | <p>You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.<br/>Please refer to your <u>preventive</u> schedule for additional information.</p> |
|  |   | <p><b>If you have a test</b></p>   | <p>Diagnostic test (x-ray, blood work)<br/>Imaging (CT/PET scans, MRIs)</p>  |  |



| Common Medical Event   | Services You May Need                          | What You Will Pay                            |   | Limitations, Exceptions, & Other Important Information  |
|--|--|--|---|---|
|  |  | Network Provider (You will pay the least)    | Out-of-Network Provider (You will pay the most) |   |
| <b>If you need drugs to treat your illness or condition</b><br><br>More information about <b>prescription drug coverage</b> is available at <a href="http://www.allmyhealth.com">www.allmyhealth.com</a> . | Generic drugs                                  | No charge (retail)<br>No charge (mail order) | Not covered                                     | Up to 31-day supply retail pharmacy.<br>Up to 93-day supply maintenance <u>prescription drugs</u> through mail order.<br><br><u>Specialty drugs</u> are limited to a 31-day supply.<br><br><u>Network</u> : insulin cost share will not exceed \$25 per retail prescription |
|  | Brand drugs                                    | No charge (retail)<br>No charge (mail order) | Not covered                                     |   |
|  | Specialty drugs                                | No charge (retail)<br>No charge (mail order) | Not covered                                     |   |
| <b>If you have outpatient surgery</b>  | Facility fee (e.g., ambulatory surgery center) | No charge                                    | 50% <u>coinsurance</u>                          | Pre-certification may be required.  |
|  | Physician/surgeon fees                         | No charge                                    | 50% <u>coinsurance</u>                          | Pre-certification may be required.  |
| <b>If you need immediate medical attention</b>   | <u>Emergency room care</u>                     | No charge                                    | No charge                                       | <u>Out-of-network</u> : Subject to network deductible.  |
|  | <u>Emergency medical transportation</u>        | No charge                                    | No charge                                       | <u>Out-of-network</u> : Subject to network deductible.  |
|  | <u>Urgent care</u>                             | No charge                                    | No charge                                       | <u>Out-of-network</u> : Subject to network deductible.  |
| <b>If you have a hospital stay</b>   | Facility fees (e.g., hospital room)            | No charge                                    | 50% <u>coinsurance</u>                          | Pre-certification may be required.  |
|  | Physician/surgeon fees                         | No charge                                    | 50% <u>coinsurance</u>                          | Pre-certification may be required.  |

| Common Medical Event  | Services You May Need                     | What You Will Pay                         |   | Limitations, Exceptions, & Other Important Information   |
|---|---|---|---|--|
|   |   | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) |  |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services                       | No charge                                 | 50% <u>coinsurance</u>                          | Precertification may be required.  |
|   | Inpatient services                        | No charge                                 | 50% <u>coinsurance</u>                          |  |
|   | Office visits                             | No charge                                 | 50% <u>coinsurance</u>                          |  |
| If you are pregnant   | Childbirth/delivery professional services | No charge                                 | 50% <u>coinsurance</u>                          | <p>Cost sharing does not apply for preventive services.</p> <p>Depending on the type of services, a copayment, <u>coinsurance</u>, or <u>deductible</u> may apply.</p> <p>Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)</p> <p><u>Network</u>: The first visit to determine pregnancy is covered at no charge. Please refer to the Women's Health Preventive Schedule for additional information.</p> <p>Precertification may be required.</p> |
|   | Childbirth/delivery facility services     | No charge                                 | 50% <u>coinsurance</u>                          |  |

| Common Medical Event   | Services You May Need            | What You Will Pay                              |   | Limitations, Exceptions, & Other Important Information   |
|--|----------------------------------|--|---|--|
|  |                                  | Network Provider (You will pay the least)      | Out-of-Network Provider (You will pay the most) |  |
| If you need help recovering or have other special health needs | Home health care                 | No charge                                      | 50% <u>coinsurance</u>                          | <u>Network</u> : 120 visits per benefit period, combined with visiting nurse.<br><u>Out-of-network</u> : 60 visits per benefit period, combined with visiting nurse.<br>Precertification may be required.  |
|  | <u>Rehabilitation services</u>   | No charge                                      | 50% <u>coinsurance</u>                          | <u>Out-of-network</u> : 20 combined physical medicine and occupational therapy visits, and 20 speech therapy visits per benefit period.<br>Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse.<br>Precertification may be required. |
|  | Habilitation services            | Not covered                                    | Not covered                                     | -----none-----   |
|  | <u>Skilled nursing care</u>      | No charge                                      | 50% <u>coinsurance</u>                          | Combined <u>network</u> and <u>out-of-network</u> : 120 days per benefit period.<br>Precertification may be required.  |
| If your child needs dental or eye care                         | <u>Durable medical equipment</u> | No charge                                      | 50% <u>coinsurance</u>                          | Precertification may be required.  |
|  | <u>Hospice services</u>          | No charge                                      | 50% <u>coinsurance</u>                          | Precertification may be required.  |
|  | Children's eye exam              | No charge<br><u>Deductible</u> does not apply. | Not covered                                     | -----none-----   |
|  | Children's glasses               | Not covered                                    | Not covered                                     | -----none-----   |
|  | Children's dental check-up       | Not covered                                    | Not covered                                     | -----none-----   |

## Excluded Services & Other Covered Services:

### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"><li>• Bariatric surgery</li><li>• Cosmetic surgery</li><li>• Dental care (Adult)</li></ul> | <ul style="list-style-type: none"><li>• Habilitation services</li><li>• Long-term care</li><li>• Private-duty nursing</li></ul> | <ul style="list-style-type: none"><li>• Routine eye care (Adult)</li><li>• Routine foot care</li><li>• Weight loss programs</li></ul> |
|--|---|---|

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Chiropractic care</li></ul> | <ul style="list-style-type: none"><li>• Hearing aids</li><li>• Infertility treatment</li></ul> | <ul style="list-style-type: none"><li>• Non-emergency care when traveling outside the U.S. See <a href="http://www.bcbsglobalcare.com">www.bcbsglobalcare.com</a></li></ul> |
|---|--|---|

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.ccio.cms.gov](http://www.ccio.cms.gov). The Pennsylvania Department of Consumer Services at 1-877-881-6388. Other options to continue coverage are available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](http://www.healthinsurance.gov). For more information about the [Marketplace](http://www.healthinsurance.gov), visit <http://www.HealthCare.gov> or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim appeal or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Your plan administrator/employer.
- The Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

### Does this plan provide Minimum Essential Coverage? **Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

### Does this plan meet the Minimum Value Standards? **Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

\_\_\_\_\_ To see examples of how this plan might cover costs for a sample medical situation, see the next section: \_\_\_\_\_



About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$3,500
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

**This EXAMPLE event includes services like:**

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

**Total Example Cost** \$12,700

**In this example, Peg would pay:**

| <i>Cost Sharing</i>               |                |
|-----------------------------------|----------------|
| Deductibles                       | \$3,500        |
| Copayments                        | \$0            |
| Coinsurance                       | \$0            |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$60           |
| <b>The total Peg would pay is</b> | <b>\$3,560</b> |

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$3,500
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

**This EXAMPLE event includes services like:**

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

**Total Example Cost** \$5,600

**In this example, Joe would pay:**

| <i>Cost Sharing</i>               |                |
|-----------------------------------|----------------|
| Deductibles                       | \$3,500        |
| Copayments                        | \$0            |
| Coinsurance                       | \$0            |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$20           |
| <b>The total Joe would pay is</b> | <b>\$3,520</b> |

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$3,500
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

**This EXAMPLE event includes services like:**

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)


**Total Example Cost** \$2,800

**In this example, Mia would pay:**

| <i>Cost Sharing</i>               |                |
|-----------------------------------|----------------|
| Deductibles                       | \$2,800        |
| Copayments                        | \$0            |
| Coinsurance                       | \$0            |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$0            |
| <b>The total Mia would pay is</b> | <b>\$2,800</b> |

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: \_\_\_\_\_.

The plan would be responsible for the other costs of these EXAMPLE covered services.

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.allmyhealth.com](http://www.allmyhealth.com) or call 844-946-6236. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.HealthCare.gov/sbc-glossary/](http://www.HealthCare.gov/sbc-glossary/) or call 1-800-318-2596 to request a copy.

| Important Questions  | Answers  | Why This Matters:  |
|--|--|--|
| <b>What is the overall deductible?</b>                             | \$6,350 individual/\$12,700 family network.<br>\$7,500 individual/\$15,000 family out-of-network.  | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.   |
| <b>Are there services covered before you meet your deductible?</b> | Yes. Preventive care services and child's routine eye exam are covered before you meet your network deductible.<br>Copayments and coinsurance amounts don't count toward the network deductible.   | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> . |
| <b>Are there other deductibles for specific services?</b>          | No.  | You don't have to meet deductibles for specific services.  |
| <b>What is the out-of-pocket limit for this plan?</b>              | \$6,350 individual/\$12,700 family network out-of-pocket limit, up to a total maximum out-of-pocket of \$6,350 individual/\$12,700 family.<br>\$15,000 individual/\$30,000 family out-of-network.  | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.   |
| <b>What is not included in the out-of-pocket limit?</b>            | Network: Premiums, balance-billed charges, and health care this plan doesn't cover do not apply to your total maximum out-of-pocket.<br>Out-of-network: Copayments, deductible, premiums, balance-billed charges, prescription drug expenses, and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit.   |



|   |   |  |
|---|---|--|
| <p><b>Will you pay less if you use a <u>network provider</u>?</b></p>   | <p>Yes. See <a href="http://www.allmyhealth.com">www.allmyhealth.com</a> or call 844-946-6236 for a list of <u>network providers</u>.</p> | <p>This plan uses a <u>provider network</u>. You will pay less if you use a <u>provider in the plan's network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p> |
| <p><b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b></p> | <p>No.</p>  | <p>You can see the <u>specialist</u> you choose without a <u>referral</u>.</p>   |



All **copayment** and **coinsurance** costs shown in this chart are after your overall **deductible** has been met, if a **deductible** applies.

| Common Medical Event   | Services You May Need                            | What You Will Pay                              |  | Limitations, Exceptions, & Other Important Information   |
|--|--|--|--|--|
|  |  | Network Provider (You will pay the least)      | Out-of-Network Provider (You will pay the most)  |  |
| If you visit a <u>health care provider's office</u> or <u>clinic</u> | Primary care visit to treat an injury or illness | No charge                                      | 50% <u>coinsurance</u>   | You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.<br><br>Please refer to your <u>preventive</u> schedule for additional information. |
|  | Specialist visit                                 | No charge                                      | 50% <u>coinsurance</u>   |  |
|  | Preventive care/screening/immunization           | No charge<br><u>Deductible</u> does not apply. | No coverage for <u>preventive care</u> visits<br>50% <u>coinsurance</u> for <u>screening services</u><br>50% <u>coinsurance</u> for <u>immunizations</u> |  |
| If you have a <u>test</u>  | <u>Diagnostic test</u> (x-ray, blood work)       | No charge                                      | 50% <u>coinsurance</u>   | Pre-certification may be required.   |
|  | <u>Imaging</u> (CT/PET scans, MRIs)              | No charge                                      | 50% <u>coinsurance</u>   |  |

| Common Medical Event   | Services You May Need                          | What You Will Pay                            |   | Limitations, Exceptions, & Other Important Information   |
|--|--|--|---|--|
|  |  | Network Provider (You will pay the least)    | Out-of-Network Provider (You will pay the most) |  |
| <b>If you need drugs to treat your illness or condition</b><br><br>More information about <b>prescription drug coverage</b> is available at <a href="http://www.allmyhealth.com">www.allmyhealth.com</a> . | Generic drugs                                  | No charge (retail)<br>No charge (mail order) | Not covered                                     | Up to 31-day supply retail pharmacy.<br>Up to 93-day supply maintenance prescription drugs through mail order.<br><br><u>Specialty drugs</u> are limited to a 31-day supply.<br><br><u>Network</u> : insulin cost share will not exceed \$25 per retail prescription |
|  | Brand drugs                                    | No charge (retail)<br>No charge (mail order) | Not covered                                     |  |
| <b>If you have outpatient surgery</b><br><br><b>If you need immediate medical attention</b>  | Specialty drugs                                | No charge (retail)<br>No charge (mail order) | Not covered                                     | Pre-certification may be required.<br><br><u>Out-of-network</u> : Subject to network deductible.   |
|  | Facility fee (e.g., ambulatory surgery center) | No charge                                    | 50% <u>coinsurance</u>                          |  |
|  | Physician/surgeon fees                         | No charge                                    | 50% <u>coinsurance</u>                          |  |
|  | Emergency room care                            | No charge                                    | No charge                                       |  |
| <b>If you have a hospital stay</b>   | <u>Emergency medical transportation</u>        | No charge                                    | No charge                                       | <u>Out-of-network</u> : Subject to network deductible.   |
|  | <u>Urgent care</u>                             | No charge                                    | No charge                                       | <u>Out-of-network</u> : Subject to network deductible.   |
|  | Facility fees (e.g., hospital room)            | No charge                                    | 50% <u>coinsurance</u>                          | Pre-certification may be required.   |
|  | Physician/surgeon fees                         | No charge                                    | 50% <u>coinsurance</u>                          | Pre-certification may be required.   |

| Common Medical Event  | Services You May Need                     | What You Will Pay                         |   | Limitations, Exceptions, & Other Important Information   |
|---|---|---|---|--|
|   |   | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) |  |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services                       | No charge                                 | 50% coinsurance                                 | Precertification may be required.  |
|   | Inpatient services                        | No charge                                 | 50% <u>coinsurance</u>                          |  |
|   | Office visits                             | No charge                                 | 50% coinsurance                                 |  |
| If you are pregnant   | Childbirth/delivery professional services | No charge                                 | 50% <u>coinsurance</u>                          | <p>Cost sharing does not apply for <u>preventive services</u>.</p> <p>Depending on the type of services, a <u>copayment</u>, <u>coinsurance</u>, or <u>deductible</u> may apply.</p> <p>Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)</p> <p><u>Network</u>: The first visit to determine pregnancy is covered at no charge. Please refer to the Women's Health <u>Preventive Schedule</u> for additional information.</p> <p>Pre-certification may be required.</p> |
|   | Childbirth/delivery facility services     | No charge                                 | 50% <u>coinsurance</u>                          |  |

| Common Medical Event   | Services You May Need            | What You Will Pay                              |   | Limitations, Exceptions, & Other Important Information   |
|--|----------------------------------|--|---|--|
|  |                                  | Network Provider (You will pay the least)      | Out-of-Network Provider (You will pay the most) |  |
| If you need help recovering or have other special health needs | <u>Home health care</u>          | No charge                                      | 50% <u>coinsurance</u>                          | <u>Network</u> : 120 visits per benefit period, combined with visiting nurse.<br><u>Out-of-network</u> : 60 visits per benefit period, combined with visiting nurse.<br>Precertification may be required.  |
|  | <u>Rehabilitation services</u>   | No charge                                      | 50% <u>coinsurance</u>                          | <u>Out-of-network</u> : 20 combined physical medicine and occupational therapy visits, and 20 speech therapy visits per benefit period.<br>Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse.<br>Precertification may be required. |
|  | <u>Habilitation services</u>     | Not covered                                    | Not covered                                     | -----none-----   |
|  | <u>Skilled nursing care</u>      | No charge                                      | 50% <u>coinsurance</u>                          | Combined <u>network</u> and <u>out-of-network</u> : 120 days per benefit period.<br>Precertification may be required.  |
| If your child needs dental or eye care                         | <u>Durable medical equipment</u> | No charge                                      | 50% <u>coinsurance</u>                          | Precertification may be required.  |
|  | <u>Hospice services</u>          | No charge                                      | 50% <u>coinsurance</u>                          | Precertification may be required.  |
|  | Children's eye exam              | No charge<br><u>Deductible</u> does not apply. | Not covered                                     | -----none-----   |
|  | Children's glasses               | Not covered                                    | Not covered                                     | -----none-----   |
|  | Children's dental check-up       | Not covered                                    | Not covered                                     | -----none-----   |

## Excluded Services & Other Covered Services:

### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Bariatric surgery
- Habilitation services
- Routine eye care (Adult)
- Cosmetic surgery
- Long-term care
- Routine foot care
- Dental care (Adult)
- Private-duty nursing
- Weight loss programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture
- Hearing aids
- Non-emergency care when traveling outside the U.S. See [www.bcbsglobalcare.com](http://www.bcbsglobalcare.com)
- Chiropractic care
- Infertility treatment

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). The Pennsylvania Department of Consumer Services at 1-877-881-6388. Other options to continue coverage are available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](http://www.healthcare.gov). For more information about the [Marketplace](http://www.healthcare.gov), visit <http://www.healthcare.gov> or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a [claim appeal](#) or a [grievance](#) for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Your plan administrator/employer.
- The Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

### Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans: health insurance available through the Marketplace or other individual market policies; Medicare; Medicaid; CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

### Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a plan through the [Marketplace](#).

\_\_\_\_\_ To see examples of how this plan might cover costs for a sample medical situation, see the next section. \_\_\_\_\_





**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$6,350
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

**This EXAMPLE event includes services like:**  
Specialist office visits (*prenatal care*)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

**Total Example Cost** \$12,700

**In this example, Peg would pay:**

| Cost Sharing                      |                |
|-----------------------------------|----------------|
| Deductibles                       | \$6,350        |
| Copayments                        | \$0            |
| Coinsurance                       | \$0            |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$60           |
| <b>The total Peg would pay is</b> | <b>\$6,410</b> |

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$6,350
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

**This EXAMPLE event includes services like:**  
Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

**Total Example Cost** \$5,600

**In this example, Joe would pay:**

| Cost Sharing                      |                |
|-----------------------------------|----------------|
| Deductibles                       | \$5,400        |
| Copayments                        | \$0            |
| Coinsurance                       | \$0            |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$20           |
| <b>The total Joe would pay is</b> | <b>\$5,420</b> |

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$6,350
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

**This EXAMPLE event includes services like:**  
Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

**Total Example Cost** \$2,800

**In this example, Mia would pay:**

| Cost Sharing                      |                |
|-----------------------------------|----------------|
| Deductibles                       | \$2,800        |
| Copayments                        | \$0            |
| Coinsurance                       | \$0            |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$0            |
| <b>The total Mia would pay is</b> | <b>\$2,800</b> |

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: \_\_\_\_\_.

The plan would be responsible for the other costs of these EXAMPLE covered services.



# GLOSSARY

**Allowed Amount:** Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing)

**Annual Maximum Benefit:** A cap on the benefits your insurance Magnum, LTD will pay in a year while you’re enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

**Balance Billing:** When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

**Coinsurance:** The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible.

**Copayment (copay):** A fixed amount (\$20, for example) you pay for a covered health care service after you’ve paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

**Deductible:** The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance Magnum, LTD pays the rest. Your deductible starts over each plan year.

**Guarantee Issue Amount:** The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount, you will have to complete an Evidence of Insurability form and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

**In-Network:** Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

**Out-of-Network:** Providers who don’t contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

**Out-of-Pocket Maximum:** The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything you may spend for services your plan doesn’t cover.

**Prescription Drug Formulary:** A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

**Prior Authorization:** Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

**Preventive Care:** Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

# Medicare Part D Creditable Coverage Notice

## Important Notice About Your Prescription Drug Coverage and Medicare

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

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Magnum, LTD has determined that the prescription drug coverage offered by the Magnum, LTD 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 15<sup>th</sup> to December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan while enrolled in Magnum, LTD coverage as an active employee, please note that your Magnum, LTD coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits may be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Magnum, LTD coverage as a former employee.

You may also choose to drop your Magnum, LTD coverage. If you do decide to join a Medicare drug plan and drop your current Magnum, LTD coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

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

## **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information your Human Resource Benefit Coordinator Tara Veit at (308) 455-4947. **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 Magnum, LTD changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

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

For more information about Medicare prescription drug coverage:

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

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

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

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

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

For more information about Medicare prescription drug coverage:

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

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

Date: October 2, 2023

Name of Entity/Sender: Tara Veit, Magnum, LTD

Contact--Position/Office: Senior Benefits Manager

Address: 3000 7<sup>th</sup> Ave N. Fargo, ND 58102

Phone Number: (308) 455-4947



# HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**Magnum, LTD** sponsors certain group health plan(s) (collectively, the “Plan” or “We”) to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the “Notice”) describes the legal obligations of **Magnum, LTD**, the Plan and your legal rights regarding your protected health information held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully-insured group health plans offered by **Magnum, LTD**, you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

## Contact Information

If you have any questions about this Notice or about our privacy practices, please contact the **Magnum, LTD**, HIPAA Privacy Officer

## Effective Date

This Notice as revised is effective **October 1, 2023**.

## Our Responsibilities

We are required by law to: maintain the privacy of your protected health information; provide you with certain rights with respect to your protected health information; provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided above. Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

## How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.



## **For Treatment**

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.

## **For Payment**

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

## **For Health Care Operations**

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

## **To Business Associates**

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

## **As Required by Law**

We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

## **To Avert a Serious Threat to Health or Safety**

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

## **To Plan Sponsors**

For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.



## Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### Organ and Tissue Donation

If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### Military and Veterans

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

### Workers' Compensation

We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### Public Health Risks

We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

### Health Oversight Activities

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### Law Enforcement

We may disclose your protected health information if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

## **Coroners, Medical Examiners and Funeral Directors**

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

## **National Security and Intelligence Activities**

We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

## **Inmates**

If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official, if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **Research**

We may disclose your protected health information to researchers when:

(1) the individual identifiers have been removed; or

(2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

## **Required Disclosures**

The following is a description of disclosures of your protected health information we are required to make.

### **Government Audits**

We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

### **Disclosures to You**

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

### **Notification of a Breach.**

We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

## **Other Disclosures**

### **Personal Representatives**

We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

(1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person;

(2) treating such person as your personal representative could endanger you; or

(3) in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.



## Spouses and Other Family Members

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

## Authorizations

Other uses or disclosures of your protected health information not described above, including the use and disclosure of psychotherapy notes and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

## Your Rights

You have the following rights with respect to your protected health information:

### Right to Inspect and Copy

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

### Right to Amend

If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

### Right to an Accounting of Disclosures

You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy

Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years and may not include dates prior to your request. Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, telephone or write the Privacy Officer as provided above under Contact Information.

**For more information, please see [Your Rights Under HIPAA](#).**

### **Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

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

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**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, 2023. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid  | ALASKA – Medicaid   |
|---|---|
| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447   | The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility:<br><a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> |
| ARKANSAS – Medicaid   | CALIFORNIA – Medicaid   |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)  | Health Insurance Premium Payment (HIPP) Program<br>Website:<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>   |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)  | FLORIDA – Medicaid  |
| Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br>HIBI Customer Service: 1-855-692-6442 | Website:<br><a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268  |



| GEORGIA – Medicaid  | INDIANA – Medicaid  |
|---|---|
| <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/>           Phone: 678-564-1162, Press 1<br/>           GA CHIPRA Website:<br/> <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br/>           Phone: 678-564-1162, Press 2</p>  | <p>Healthy Indiana Plan for low-income adults 19-64<br/>           Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br/>           Phone: 1-877-438-4479<br/>           All other Medicaid<br/>           Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br/>           Phone: 1-800-457-4584</p> |
| IOWA – Medicaid and CHIP (Hawki)  | KANSAS – Medicaid   |
| <p>Medicaid Website:<br/> <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br/>           Medicaid Phone: 1-800-338-8366<br/>           Hawki Website:<br/> <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br/>           Hawki Phone: 1-800-257-8563<br/>           HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a><br/>           HIPP Phone: 1-888-346-9562</p>  | <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/>           Phone: 1-800-792-4884<br/>           HIPP Phone: 1-800-967-4660</p>  |
| KENTUCKY – Medicaid   | LOUISIANA – Medicaid  |
| <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/>           Phone: 1-855-459-6328<br/>           Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a><br/>           KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a><br/>           Phone: 1-877-524-4718<br/>           Kentucky Medicaid Website:<br/> <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p> | <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br/>           Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>   |
| MAINE – Medicaid  | MASSACHUSETTS – Medicaid and CHIP   |
| <p>Enrollment Website:<br/> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/>           Phone: 1-800-442-6003<br/>           TTY: Maine relay 711<br/>           Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br/>           Phone: 1-800-977-6740<br/>           TTY: Maine relay 711</p>   | <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br/>           Phone: 1-800-862-4840<br/>           TTY: 711<br/>           Email: <a href="mailto:masspreassistance@accenture.com">masspreassistance@accenture.com</a></p>   |
| MINNESOTA – Medicaid  | MISSOURI – Medicaid   |
| <p>Website:<br/> <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br/>           Phone: 1-800-657-3739</p>   | <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/>           Phone: 573-751-2005</p>   |
| MONTANA – Medicaid  | NEBRASKA – Medicaid   |
| <p>Website:<br/> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br/>           Phone: 1-800-694-3084<br/>           Email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a></p>  | <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br/>           Phone: 1-855-632-7633<br/>           Lincoln: 402-473-7000<br/>           Omaha: 402-595-1178</p>  |

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|---|--|
| <b>NEVADA – Medicaid</b>  | <b>NEW HAMPSHIRE – Medicaid</b>  |
| Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Medicaid Phone: 1-800-992-0900   | Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 5218  |
| <b>NEW JERSEY – Medicaid and CHIP</b>   | <b>NEW YORK – Medicaid</b>   |
| Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Medicaid Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710  | Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831  |
| <b>NORTH CAROLINA – Medicaid</b>  | <b>NORTH DAKOTA – Medicaid</b>   |
| Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100   | Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br>Phone: 1-844-854-4825  |
| <b>OKLAHOMA – Medicaid and CHIP</b>   | <b>OREGON – Medicaid</b>   |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742   | Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br>Phone: 1-800-699-9075  |
| <b>PENNSYLVANIA – Medicaid and CHIP</b>   | <b>RHODE ISLAND – Medicaid and CHIP</b>  |
| Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a><br>Phone: 1-800-692-7462<br>CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/CHIP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a><br>CHIP Phone: 1-800-986-KIDS (5437) | Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line)   |
| <b>SOUTH CAROLINA – Medicaid</b>  | <b>SOUTH DAKOTA - Medicaid</b>   |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820   | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059  |
| <b>TEXAS – Medicaid</b>   | <b>UTAH – Medicaid and CHIP</b>  |
| Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br>Phone: 1-800-440-0493   | Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br>Phone: 1-877-543-7669  |
| <b>VERMONT– Medicaid</b>  | <b>VIRGINIA – Medicaid and CHIP</b>  |
| Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br>Phone: 1-800-250-8427   | Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br>Medicaid/CHIP Phone: 1-800-432-5924 |
| <b>WASHINGTON – Medicaid</b>  | <b>WEST VIRGINIA – Medicaid and CHIP</b>   |
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022   | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)   |
| <b>WISCONSIN – Medicaid and CHIP</b>  | <b>WYOMING – Medicaid</b>  |

| WISCONSIN – Medicaid and CHIP  | WYOMING – Medicaid   |
|--|--|
| Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002 | Website:<br><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

# General Notice of COBRA Rights

## Continuation Coverage Rights Under COBRA

### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

**If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:**

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.



**Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:**

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days [or enter longer period permitted under the terms of the Plan] after the qualifying event occurs. You must provide this notice to:

**Magnum, LTD**  
**3000 7<sup>th</sup> Ave N. Fargo, ND 58102**  
**308-455-4947**  
**[benefits@magnumlog.com](mailto:benefits@magnumlog.com)**

### **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:



## **Disability extension of 18-month period of COBRA continuation coverage**

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

## ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## ***Are there other coverage options besides COBRA Continuation Coverage?***

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## ***Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?***

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.



### ***If you have questions***

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **Plan contact information**

**Magnum, LTD**

**3000 7<sup>th</sup> Ave N. Fargo, ND 58102**

**308-455-4947**

**[benefits@magnumlog.com](mailto:benefits@magnumlog.com)**

# Health Insurance Exchange Notice

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

*For Employers Who Offer a Health Plan to Some or All Employees*

### **PART A: General Information**

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### ***What is the Health Insurance Marketplace?***

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

#### ***Can I Save Money on my Health Insurance Premiums in the Marketplace?***

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.12% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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

#### **How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your summary plan description or contact:

**Magnum, LTD**  
**3000 7<sup>th</sup> Ave N. Fargo, ND 58102**  
**308-455-4947**  
**[benefits@magnumlog.com](mailto:benefits@magnumlog.com)**

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



## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|   |   |                      |
|---|---|----------------------|
| 3. Employer name<br>Magnum, LTD   | 4. Employer Identification Number (EIN)<br>45-0346628     |                      |
| 5. Employer address<br>3000 7 <sup>th</sup> Ave N.                              | 6. Employer phone number<br>308-455-4947                  |                      |
| 7. City<br>Fargo  | 8. State<br>ND  | 9. ZIP code<br>58102 |
| 10. Who can we contact about employee health coverage at this job?<br>Tara Veit |   |                      |
| 11. Phone number<br>308-455-4947  | 12. Email address<br><b><u>benefits@magnumlog.com</u></b> |                      |

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

Some employees. Eligible employees are:  
Employees working 30+ hours per week

•With respect to dependents:

We do offer coverage. Eligible dependents are: Spouses and Dependent Children. Eligible dependent children are covered to age 26.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Note: Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

## Notice of Special Enrollment Rights

If you are declining enrollment in group health coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment **within 30 days** after the marriage, birth, adoption, or placement for adoption.

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

To request special enrollment or obtain more information, contact

**Magnum, LTD**

**3000 7<sup>th</sup> Ave N. Fargo, ND 58102**

**308-455-4947**

**[benefits@magnumlog.com](mailto:benefits@magnumlog.com)**

## 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 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).





## Michelle's Law Notice

Note: Pursuant to Michelle's Law, you are being provided with the following notice because your group health insurance plan provides dependent coverage beyond age 26 and bases eligibility for such dependent coverage on student status. Please review the following information with respect to your dependent child's rights under the plan in the event student status is lost.

When a dependent child loses student status as defined by the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

In order to be eligible to continue coverage as a dependent during such leave of absence:

- Full time students taking a medical leave of absence from their education must submit a physician-certified statement signed by their physician. The statement must be printed on letterhead and indicate the following:
  - Patient/Dependent name
  - Medical leave of absence effective date
  - Medical leave of absence duration
- Other requirements include:
  - The dependent must be enrolled in the group health plan the day prior to the MLOA effective date
  - The dependent must be a full-time student the day prior to the MLOA effective date
- The duration of continued coverage may be in effective until either one year from the first day of leave, or until the date the coverage would have otherwise ended. The leave is not cumulative- A student may be eligible for more than one physician-certified leave during their academic career.

To obtain additional information, please contact:

**Magnum, LTD**  
**3000 7<sup>th</sup> Ave N. Fargo, ND 58102**  
**308-455-4947**  
**[benefits@magnumlog.com](mailto:benefits@magnumlog.com)**

# Women's Health and Cancer Rights Act Notices

## Enrollment 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 plan administrator at **(308) 455-4947**.

## Annual Notice

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **(308) 455-4947** for more information.

# Mental Health Parity and Addiction Equity Act Disclosure

The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the Magnum, LTD with respect to mental health or substance use disorder benefits, please contact your plan administrator at **(308) 455-4947**



## Genetic Information Nondiscrimination Act (GINA)

### Disclosures

#### Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

## General FMLA Notice

### Employee Rights Under the Family and Medical Leave Act

The United States Department of Labor Wage and Hour Division

#### Leave Entitlements

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered service member's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the service member with a serious injury or illness. An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

#### Benefits & Protections

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions. An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

#### Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.



## Requesting Leave

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary.

Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

## Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

## Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243)

TTY: 1-877-889-5627

[www.dol.gov/whd](http://www.dol.gov/whd)

U.S. Department of Labor | Wage and Hour Division



# USERRA Notice *Your Rights Under USERRA*

## A. The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

## B. Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in **some cases, a comparable job.**

## C. Right To Be Free From Discrimination and Retaliation

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service;

Then an employer may not deny you:

- Initial employment;
- Reemployment;
- Retention in employment;
- Promotion; or
- Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

## D. Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.



### E. Enforcement

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.



MARSH & MCLENNAN  
AGENCY