EMPLOYEE BENEFITS GUIDE

7/1/2022 - 6/30/2023

Welcome!

Green Diamond Resource Company sponsors a comprehensive benefits program for all eligible employees. We value our employees, their families, and the contributions each of you make to our success. We consider our benefits program to be a very important part of our compensation package and want to provide you with high quality coverage.

This guide is designed to help you understand our benefits and help you decide which plans are right for you and your family. Each section contains important information, so please read this overview carefully and refer to it when you have questions about our health and welfare benefits.

Please note that this overview is a summary of benefits. For a complete description of benefit provisions, refer to your plan documents. In the event of a discrepancy between this overview and the plan documents, benefits will be paid as outlined in the plan documents.

If you have questions about your benefits or need assistance with claims, please contact a Benefit Advocate at AssuredPartners. Benefit Advocates are professionals who are available to provide confidential assistance for you and your covered family members. Please see the last page of this Benefits Guide for more information.

The benefits in this summary are effective:
July 1, 2022 - June 30, 2023

Benefits provided to you at Green Diamond

Green Diamond provides these benefits to you at no cost	You share in the cost of these benefits	You pay the full cost of these benefits
Basic Life/AD&D Short Term Disability Long Term Disability Employee Assistance Program Tobacco Cessation Program Paid Time Off	Medical, Prescription, & Vision Health Savings Account Dental 401(k)	Flexible Spending Accounts Supplemental Life/AD&D

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Eligibility Rules

Green Diamond employees are eligible for medical coverage in accordance with the Affordable Care Act, as follows:

- Regular, non-union employees, who are expected to work an average of at least 30 hours per week, are eligible to enroll in the Green Diamond Health & Welfare Plan.
- Variable-Hour, Seasonal, and Temporary Employees who are not expected (or it is uncertain) to work an average of at least 30 hours per week may eventually become eligible to enroll in the medical plan only. You will be notified after the measurement period has ended.

If you are eligible for benefits you may also enroll the following family members:

- Your lawful spouse
- You or your spouse's child who is under age 26
- Coverage may continue beyond age 26 as long the child became disabled before reaching the limiting age of 26 and is enrolled in the plan. Other conditions apply.

Enrollment

When to Enroll

Regular employees have 30 days from date of hire to enroll in the medical, dental, FSA, and Supplemental life and AD&D benefits. Coverage becomes effective as follows:

Medical, Dental and FSA Coverage:
- If hired between the 1st and 5th of the month, coverage will become effective on your actual date of hire.
- If hired on or after the 6th of the month, coverage will become effective on the first of the month following your date of hire.

Supplemental Life and Accidental Death & Dismemberment Coverage:
- Coverage is effective on your date of hire, unless it requires evidence of insurability. If it requires evidence of insurability, it will be effective the month following approval.

Basic Life, Short Term Disability, Long Term Disability and Employee Assistance Program:
- Coverage is effective on your date of hire. You are automatically enrolled for these coverages. Pre-existing condition limitations apply to Long Term Disability.

If you do not enroll within 30 days from your date of hire, you must wait until the next Open Enrollment period or until you experience a Qualifying Life Event (QLE) to enroll or make changes to your health benefit elections. Supplemental life and AD&D will be subject to evidence of insurability if you apply for coverage after your initial eligibility period. It also applies for all amounts over the guarantee issue amount.

Examples of Qualifying Life Events include:
- Marriage, divorce, legal separation or annulment.
- Birth, adoption, placement for adoption or legal guardianship of a child.
- A change in your spouse's employment or involuntary loss of health coverage.
- Your dependent child no longer qualifies as an eligible dependent.

How to Enroll

1. Review the materials in your Benefits packet
2. Log into WorkForce Ready and click on My Benefits from the ★ Start Menu
3. Click Enrollment under My Benefits
4. Click Start under the Open Enrollment section
5. Answer the affidavit questions and click on Submit
6. Review the options available to you under each menu item and either confirm your selection or make a new selection (if you do not want coverage for a particular benefit, you must select to Waive the benefit)
7. Click on the Continue button
8. All menu options must have a green check mark
9. Click on Submit
10. Enter your password and click on Accept
11. You will receive a pop-up stating the enrollment was submitted
12. You will receive an email when your enrollment elections have been approved

Medical Benefits

Green Diamond offers two medical plans, the PPO (Preferred Provider Organization) and the HSP (Health Savings Plan). Both Plans provide medical, prescription and vision benefits through Premera Blue Cross. These options provide you with the flexibility to select a Plan that best fits your needs. Both Plans use the same provider network and provide you with the highest level of coverage when you visit doctors and hospitals within the network. Below is an overview of the benefits under each Plan.

Plan	PPO Plan	Health Savings Plan (HSP)
	In-Network	
Deductible *Per Plan Year**	$500 Individual $1,500 Family	$2,800 Individual $5,600 Family
Employer Contribution to HSA	N/A	$1,000 Employee Only $1,500 Employee + 1 or more dependents
Out-of-Pocket Maximum *Per Plan Year*. Includes deductible copays*	$3,000 Individual $6,000 Family	$4,500 Individual $9,000 Family
Coinsurance *Plan covers after deductible*	80%	80%
Preventive Care	Covered in full	Covered in full
Office Visits	$25 copay, deductible waived	80% after deductible
Specialist Office Visits	$40 copay, deductible waived	80% after deductible
Virtual Care Visit** *98point6 and Doctor on Demand*	$10 copay, deductible waived	80% after deductible
Emergency Care	$200 copay, then covered at 80%, deductible waived	80% after deductible
Outpatient Lab and X-ray	80% after deductible	80% after deductible
Outpatient Surgery	80% after deductible	80% after deductible
Inpatient Hospital Services	80% after deductible	80% after deductible
Premera-Designated Centers of Excellence (COE) *Eligible services include: cardiac care, spine surgery, total joint replacement (knee or hip)*	Covered in Full	100% after deductible
	Out-of-Network / Non-Contracted***	
Deductible	$1,000 Individual / $3,000 Family	$5,600 Individual / $11,200 Family
Out-of-Pocket Maximum	$6,000 Individual / $12,000 Family	$9,000 Individual / $18,000 Family
Coinsurance	40%	40%

* The Plan Year is from July 1, 2022 through June 30, 2023

** See page 6 for more virtual care resources.

*** Out-of-network providers generally may balance bill you for charges over the non-contracted allowed amount. Balance billed charges do not accrue toward your deductible or out-of-pocket maximum. However, beginning in 2022, the No Surprises Act protects you from balance billing in certain circumstances: emergency care, services performed at in-network facilities by specified out-of-network providers (such as anesthesiologists and radiologists), and air ambulance charges. In these situations, those providers are prohibited from balance billing you for any difference between the plan's payment amount and their billed charges.

Premera Virtual Care Resources

When you enroll in one of the Green Diamond Premera medical plans, you have access to a virtual care network of providers. Premera has virtual care vendors for primary, urgent, and mental health care along with virtual resources for substance abuse and physical therapy. Below is an overview of the virtual resources you have access to.

98point6

On-demand, text-based primary care. Connect with a primary care physician right from your phone, 24/7. Providers can answer health related questions and also treat and diagnosis illnesses.

PPO member cost share: $10 copay
HDHP member cost share: deductible/coinsurance

98point6.com/Premera

Doctor on Demand

Connect with board-certified doctors and licensed psychologists via live video from your phone, tablet or computer on demand 24/7, or by appointment. Providers can assist with sinus infections, skin conditions, coughs, stress & anxiety, and more.

PPO member cost share: $10 copay for primary care, $25 copay for behavioral health
HDHP member cost share: deductible/coinsurance

doctorondemand.com/Premera

Talkspace

Connect with a licensed behavioral therapist from anywhere, at any time. With Talkspace, you can send your therapist multimedia messages, including text, voice, photo, and video. In addition, you can work with your therapist to schedule a live-video session.

PPO member cost share: $25 copay
HDHP member cost share: deductible/coinsurance

redemption.talkspace.com/redemption/premera

Boulder Care

Telehealth addiction treatment grounded in kindness, respect, and unconditional support. Boulder offers help with everything from therapy, coaching, medication management, peer support, finding housing, and resolving insurance issues.

PPO member cost share: $25 copay
HDHP member cost share: deductible/coinsurance

boulder.care/premera

Workit Health

Online therapy program that can help you quit alcohol, drugs, smoking or other addictions. Just like at an in-person treatment center, you'll speak with a counselor, join online recovery groups, and receive medication if needed.

PPO member cost share: $25 copay
HDHP member cost share: deductible/coinsurance

workithealth.com/premera

Omada for Joint & Muscle Health

Virtual physical therapy to help reduce pain and achieve lasting relief. The program provides support & individual exercise programs to address back pain, arthritis, injury recovery, and more.

PPO member cost share: $40 copay
HDHP member cost share: deductible/coinsurance

physera.com/go/premera

Brightline

A comprehensive behavioral health solution specifically designed to support children (age 3-17) and their families across a range of everyday challenges and common conditions. Includes virtual mental health support with a child-centric clinic experience, a full care team, and a personal behavioral health coach. This program also includes digital tools for education, assessments, interventions, and administration.

PPO member cost share: $25 copay for therapy; no charge for digital and coaching programs
HDHP member cost share: deductible/coinsurance for therapy; no charge for digital and coaching programs

hellobrightline.com/premera-access

Pharmacy and Vision Benefits

Prescription Drugs

Premera administers the prescription drug program with Express Scripts and Accredo. If you elect medical coverage, you are automatically enrolled in these plans. This benefit uses the Essentials drug list, sometimes called a "formulary".

To determine if a particular drug is covered and/or is a preferred drug, visit the Premera website and use the RX search tool or call customer service for a full list of drugs on the Essentials drug list. If you are enrolled in the PPO, the Essentials Formulary is called E4. If you are enrolled in the HSP, the Essentials Formulary is E1. This lists include the same drugs but the member cost shares are different.

Plan	PPO Plan In-Network	Health Savings Plan (HSP) In-Network
Retail Pharmacy (30-day supply) *Specialty prescriptions must be filled through Accredo - not retail pharmacies* *Certain generic preventive drugs will continue to be covered at 100% at in-network pharmacies*	Preferred Generic: $10 Preferred Brand: $30 Preferred Specialty: $50 Non-Preferred: 30%, deductible waived	80% after deductible
Mail Order Pharmacy (90-day supply) *Specialty prescriptions: up to 30-day supply per prescription through Accredo* *Certain generic preventive drugs will continue to be covered at 100% at in-network pharmacies*	Preferred Generic: $25 Preferred Brand: $75 Preferred Specialty: Not covered Non-Preferred: 30%, deductible waived	80% after deductible

SaveOnSP – Specialty Copay Assistance Program (PPO Plan Only)

The SaveOnSP program is offered through Express Scripts and Accredo. SaveOnSP is a program that maximizes manufacturer coupons on certain specialty drugs to bring the member's cost for the drug to $0, as well as reduce the cost to the plan. If you are taking a prescription drug that qualifies for this program, you will be notified. It is important for you to respond to these outreaches from SaveOnSP. Those who qualify for this program and choose not to participate will see an increase in their prescription drug costs.

Remember that all specialty drugs must be filled through Accredo on both the PPO and HSP. Accredo offers the personalized care and support you need to manage your specialty therapy. Once you enroll in SaveOnSP, Accredo will fill your specialty drug prescriptions.

Also, only the amount you pay for prescription drugs will accumulate towards your out-of-pocket maximum. For example, if you are taking a medication that qualifies for the SaveOnSP program, the amount you pay for that drug will be $0, and $0 will accumulate to your out-of-pocket maximum.

Vision

Premera administers the vision benefit program. If you elect medical coverage, you are automatically enrolled in vision care. This benefit provides for routine vision exams and hardware by any optometrist or ophthalmologist; there is no network. A vision hardware benefit is available for each covered individual to help cover the expenses for lenses, frames and contacts. Prescription sunglasses and safety glasses are covered too. The following is a summary of the vision plan benefits:

Vision (PPO & HSP)	
Eye exam	$30 copay, then plan pays 100%, once per plan year
Hardware (age 19 and over)	Covered 100% up to $300, once every plan year
Hardware (under age 19) *Eye glasses or contacts (12 disposable units or one non disposable/conventional units)*	Covered 100%, once every plan year

Employee Medical Contributions

Medical, Prescription & Vision Premiums and Contributions – Base Salary < $85k

PPO Plan	Employer Per Pay Period Contribution	Employee Per Pay Period* Contribution
Employee Only	$315.00	$53.00
Employee & Spouse	$564.00	$209.00
Employee & Children	$507.50	$173.50
Employee & Family	$749.50	$325.00
HSP Plan	**Employer Per Pay Period Contribution**	**Employee Per Pay Period* Contribution**
Employee Only	$282.50	$33.50
Employee & Spouse	$522.50	$141.00
Employee & Children	$468.00	$116.50
Employee & Family	$701.00	$221.50

Medical, Prescription & Vision Premiums and Contributions – Base Salary > $85k

PPO Plan	Employer Per Pay Period Contribution	Employee Per Pay Period* Contribution
Employee Only	$307.00	$61.00
Employee & Spouse	$543.50	$229.50
Employee & Children	$491.00	$190.00
Employee & Family	$717.00	$357.50
HSP Plan	**Employer Per Pay Period Contribution**	**Employee Per Pay Period* Contribution**
Employee Only	$277.50	$38.50
Employee & Spouse	$508.00	$155.50
Employee & Children	$456.00	$128.50
Employee & Family	$679.00	$243.50

* Taken out over 24 paychecks. A Working Spouse and/or Tobacco Use surcharge may apply.
Premium contributions are deducted from your paycheck before taxes.

Important Notice Regarding Premium Surcharges

Working Spouse Surcharge – An additional $100 per month surcharge will apply if you enroll a working spouse in the PPO or HSP who has medical coverage available through their own employer. All employees enrolling a spouse must complete the Working Spouse/ Tobacco Use Affidavit.

Tobacco Use Surcharge – An additional $100 per month surcharge will apply if you use or have used tobacco products in the last 6 months. All employees enrolling in a medical plan must complete the Working Spouse/Tobacco Use Affidavit.

Dental Benefits

Green Diamond offers you a Dental Plan through Delta Dental of Washington. The dental plan allows you to see any dentist of your choice, but you'll usually pay lower out-of-pocket costs when you choose a dentist from the PPO network. If you see a Non-Participating Dentist, you may be subject to balance billing for amounts charged in excess of usual and customary charges. Below is an overview of the benefits.

	PPO Dentist	Premier Dentist	Non-Participating Dentist
Deductible *Per person, per benefit period**	$50 Individual $150 Family	$75 Individual $225 Family	$75 Individual $225 Family
Plan Maximum *Per person, per benefit period**	$2,000	$2,000	$2,000
Diagnostic & Preventive *Exams, X-Rays, Fluoride, etc.*	Covered at 100% deductible waived	Covered at 100% deductible waived	Covered at 100% deductible waived
Restorative Services *Restorations, Periodontics, etc.*	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 80% after deductible
Major Services *Crowns, Bridges, Implants, etc.*	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Orthodontia *For children up to age 19*	50% up to $1,250 lifetime maximum per person		

*The benefit period is from July 1, 2022 through June 30, 2023.

How to Find a PPO Dentist

1. Go to **www.deltadentalwa.com**
2. Click on "Patients"
3. Click on "Find a Dentist"
4. Fill in your zip code and Select the Delta Dental PPO network

To find a dentist outside of WA state, click on "Delta Dental Plans Association National Dentist Search Portal" and select the Delta Dental PPO network

Balance Billing: If you visit a Non-Participating dentist, you may be responsible for charges that exceed the plan's maximum reimbursement levels, in addition to the deductible and plan cost share.

Pre-Treatment Estimate: If your dental work will be extensive, you should have your dentist submit the proposed treatment plan to Delta Dental before you begin treatment. Delta Dental will provide you with a summary of the plan's coverage and your estimated out-of-pocket costs.

Employee Dental Contributions

Dental Plan	Employer Per Pay Period	Employee Per Pay Period** Contribution
Employee Only	$18.00	$1.50
Employee & Spouse	$32.00	$8.00
Employee & Children	$33.00	$9.00
Employee & Family	$50.50	$17.50

* Taken out over 24 paychecks
Premium contributions are deducted from your paycheck before taxes.

Health Savings Plan

First – The plan year deductible must be satisfied before the plan pays anything.

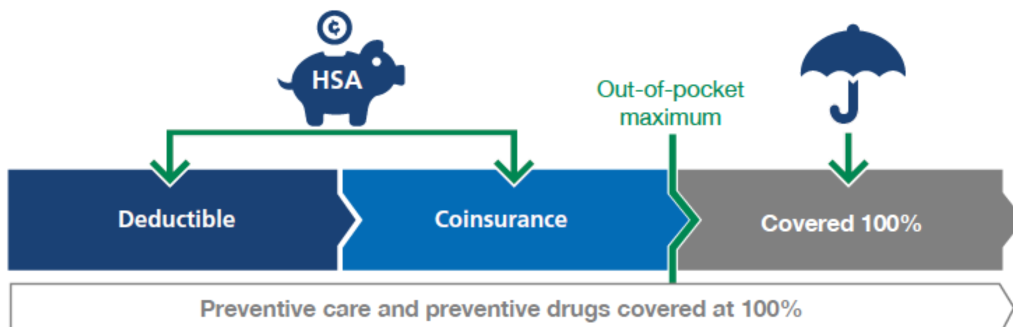
Second – Once the deductible has been met, the plan will pay 80% and you pay 20% for in-network services, up to the plan year out-of-pocket maximum. Preventive care and certain preventive drugs are covered at 100%.

Third – After you reach the out-of-pocket maximum, the plan will pay 100% of eligible expenses for the remainder of the plan year.

How does the Health Savings Account (HSA) work with your Health Savings Plan?

The Health Savings Plan is compatible with a Health Savings Account (HSA). Use your HSA to fund your deductible, coinsurance, and qualified medical, dental, and vision out-of-pocket costs. It is up to you whether to use the funds in your HSA, or pay out-of-pocket for health care expenses.

If you enroll in the Health Savings Plan, an HSA will be automatically opened for you with Optum Financial, the HSA administrator. You will receive a welcome kit and an HSA debit card from Optum Financial four to six weeks after enrolling. You may need to provide documents or take other action directly with Optum for your account to be set up.



Funding your HSA

You and Green Diamond can both contribute to your HSA. Green Diamond will contribute the following amount to your HSA: $1,000 per plan year for employee-only coverage and $1,500 per plan year if enrolled with one or more dependents. Both amounts will be pro-rated over 24 pay periods. The IRS limits the amount of HSA contributions, and those limits include both employer and employee contributions. An additional $1,000 "catch-up" contribution is allowed for individuals age 55 or over. The tables below outline Green Diamond's per paycheck contributions and the maximum amount you may contribute without exceeding IRS limits:

Health Savings Plan – Employee only		
Green Diamond HSA contribution per paycheck *(Goes towards annual contribution maximum)*	**Maximum employee HSA contribution per paycheck**	**Total Annual Contribution Maximum***
$41.67	$110.41 / $152.08 for age 55+	$3,650 / $4,650 for age 55+
Health Savings Plan – Employee + one or more dependents coverage		
Green Diamond HSA contribution per paycheck *(Goes towards annual contribution maximum)*	**Maximum employee HSA contribution per paycheck**	**Total Annual Contribution Maximum***
$62.50	$241.66 / $283.33 for age 55+	$7,300 / $8,300 for age 55+

Please note, if you join the plan mid-year, Green Diamond will contribute a pro-rated contribution amount.

** In order to maximize contributions, it is recommended employee contributions be reviewed for calendar year 2023 once IRS limits have been announced.*

Maximum HSA Contributions

The contribution amounts above comply with the IRS limits of $3,650 for an individual and $7,300 for an individual plus one or more dependents. In 2022, individuals who turn 55 by the end of the year and are not enrolled in Medicare may make an additional $1,000 "catch up" contribution.

Here are some other important things to know:

The Green Diamond HSA plan year is July 1 through June 30, but most individual taxpayers file federal taxes on a calendar year basis. For this reason, it is important to make sure your total HSA contributions (including Green Diamond's) do not exceed IRS calendar year limits.

When calculating your total HSA contribution for a calendar year, also take into account any HSA contributions you may have made with a previous employer or any direct HSA contributions you may have made.

Special contribution rules apply for married couples when both spouses contribute to an HSA.

If you make the maximum HSA contribution for a calendar year, depending on the timing of your contributions, you may be required to remain covered under an HSA-compatible health plan for all of the subsequent calendar year, to avoid taxes and penalties.

You may change the amount you contribute to the HSA at any time during the plan year, but not more than once per month.

Money put into your account is not subject to federal income taxes, earns interest tax free, and is not taxed when you use it for qualified medical expenses. Please note: HSA contributions and earnings are taxable in AL, CA, and subject to change. Please consult a financial advisor or your state's Department of Revenue for more information.

You own the money in your HSA, so any unused funds in your account are yours to keep, even if you change medical plans or jobs. There is no use-it-or-lose-it-rule; unused funds may roll over each year. This allows you to use your HSA to pay for qualified medical expenses throughout the year, or start saving for retirement by growing your HSA.

If you use your HSA funds for anything other than a qualified medical expense (and you are not of retirement age), you are subject to taxes and penalties. Once you reach 65, taxes, but not penalties, will apply for non-qualified withdrawals.

For more information, including frequently asked questions and an HSA contribution calculator, visit www.connectyourcare.com. You may also wish to consult IRS Publication 969, and/or discuss your individual situation with an accountant or tax specialist.

IMPORTANT!

Am I eligible to contribute to an HSA?

If you enroll in the Green Diamond Health Savings Plan, you are generally eligible to make and receive HSA contributions. HSA eligibility is determined on a monthly basis, and also requires that you are not:

- Covered by any other health plan that is not HSA-compatible
- Eligible for reimbursement from a spouse's or parent's general-purpose health flexible spending account (FSA)
- Eligible for reimbursement from a spouse's or parent's health reimbursement arrangement (HRA)
- Entitled (eligible and enrolled) to Medicare, including Part A
- Covered by TRICARE
- Receiving Veterans Administration (VA) health benefits within the last three months, except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply
- Claimed as a dependent on another person's tax return

Flexible Spending Accounts (FSA)

Green Diamond offers FSA through PayFlex. An FSA enables you to set aside money on a pre-tax basis to pay for your out-of-pocket Qualified Expenses. We offer three FSA options that operate on a Plan Year basis (July 1 - June 30).

1. **General Purpose Health Care FSA** – covers medical, prescription drug, dental and vision expenses
2. **Limited Purpose Health Care FSA*** – covers vision and dental expenses only (for employees enrolling in the Health Savings Plan)
3. **Dependent Care FSA** – covers day care expenses for dependent children under age 13 or adult dependents (such as your parent or spouse) who are physically or mentally incapable of self-care. Dependent care expenses are for services that allow you to work, attend school full-time or look for work

*The IRS does not allow enrollment in both a Health Savings Account (HSA) and a General Purpose Health Care FSA. We are offering a Limited Purpose Health Care FSA for employees enrolled in the HSP. The Limited Purpose Health Care FSA will allow you to set aside additional money pre-tax for your out-of-pocket dental and vision expenses. You are not allowed to run your medical or prescription drug expenses through the Limited Purpose Health Care FSA.

How it works

Estimate your expenses for health care and/or dependent care for the coming Plan Year and enroll in an FSA for that amount. The amount you contribute is prorated over each paycheck you receive during the year. Your contribution will be deducted from your paycheck on a pre-tax basis, so you don't pay FICA, Federal Income Tax, or state income tax. This means you reduce your taxable income and, therefore, your income tax.

Contribution Limits

The amount you can contribute to your FSA is divided evenly over 24 paychecks during the Plan Year, or the remaining paychecks in the Plan Year at the time you enroll. The contributions you make to these accounts can only be used for expenses you incur and pay during that Plan Year. If your spouse contributes to a Dependent Care FSA through his or her employer, your combined contributions for the calendar year cannot exceed $5,000.

	Health Care FSA	Limited Purpose FSA	Dependent Care FSA
Maximum Contribution	$2,850	$2,850	$5,000
Plan Year End Date	6/30/2023		
Carry Over Amount into 2022-2023 plan year	$550 *Employees will be automatically re-enrolled in an FSA if there is a carry over amount. Unused amount will be forfeited.*		

Healthcare FSA Rollover Provision

Green Diamond has a rollover provision which allows you to roll over funds up to the IRS Maximums. The chart below outlines the roll-over provisions.

Plan Year	Carry Over Amount
2021-2022	Up to $550 of unused funds into the 2022-2023 plan year
2022-2023	Up to $570 of unused funds into the 2023-2024 plan year

Please note: If you are enrolling in the HSA for the first time and currently have funds in the General Purpose Health Care FSA, funds remaining at the end of the run-out period (see above for carryover maximums) will be moved to a Limited Purpose Health Care FSA at the end of the run-out period and used only for dental or vision care reimbursement.

The PayFlex Card

The PayFlex Card is a debit card you can use for qualified medical care expenses. You can use this card at any health or dental care merchant who accepts MasterCard® and any IIAS participating merchant. Each time you swipe the card the Health Care FSA is electronically debited. **Everyone who enrolls in a Health Care FSA for the first time will receive a PayFlex Card.** You are not obligated to use the card and will still have access to the other claims submission options (mobile app, online, email, mail, or fax). There is no cost to you to use the PayFlex Card. Per IRS rules, you may be required to provide proof that claims submitted for reimbursement are qualified, even if the debit card is used.

PayFlex Mobile App

The PayFlex Mobile App is a tool provided by PayFlex to help you manage your FSA balance and have alerts sent to you quickly. You can snap a photo of receipts to quickly upload and submit claims. The PayFlex Mobile App allows you to view common eligible expense items and pay your provider directly from your account! Download the app to get started.

Important Considerations about FSAs

- Elections cannot be changed during the Plan Year unless you experience a Qualified Life Event
- Any Healthcare FSA funds in excess of $550 will be forfeited so please plan your allocations carefully
- You can obtain reimbursement for qualified expenses incurred by your Spouse or tax dependent children, even if they are not covered on the Green Diamond medical plans

Life Insurance Benefits

Basic Life/AD&D

Green Diamond provides Basic Life/AD&D insurance through Prudential at no cost to you. You are automatically enrolled in this Plan.

Basic Life/AD&D Benefit Amounts	
Employee Basic Life	Two times your annual base salary (rounded to the next higher $1,000) up to a maximum of $500,000
Benefit Reductions due to Age	Reduced to 65% at age 70, 50% at age 75

Supplemental Life/AD&D

Green Diamond recognizes that individuals have different financial needs and you may require additional life insurance. We offer the opportunity to enroll in Supplemental Life/AD&D insurance through Prudential for you, your spouse and eligible dependent children at competitive group rates through convenient payroll deductions.

Supplemental Life Benefit Amounts	
Employee	One, two, or three times your annual base salary, (rounded to the next higher $1,000) to a maximum of $500,000. The cost for this coverage is based upon the amount you apply for and your age. **Guarantee Issue Amount:** $200,000 for Employee
Spouse	25% of the employee's basic life benefit amount, rounded to the next higher $1,000 to a maximum of $125,000. The cost for this coverage is based upon the amount you apply for and your spouse's age. **Guarantee Issue Amount:** $25,000 for Spouse
Child(ren)	$5,000 benefit for each child. One premium covers all eligible children. Children between the ages of 20-26 must be unmarried to be eligible

If you apply for Supplemental Life/AD&D insurance for yourself and/or your spouse after your initial eligibility period you will be required to provide proof of good health by completing an Evidence of Insurability (EOI) form and returning it to Prudential. You will be notified if an EOI is required after you complete your enrollment. You will not be charged for any Supplemental Life/AD&D coverage that requires an EOI until it is approved by Prudential. An EOI is also required if you and/or your spouse apply for coverage amounts over the guarantee issue.

Monthly Supplemental Life and AD&D Rates per $1,000 of Benefit		
Age Band	**Employee Rates**	**Spouse***
Under 25	$0.138	$0.110
25 - 29	$0.153	$0.120
30 - 34	$0.185	$0.140
35 - 39	$0.201	$0.150
40 - 44	$0.216	$0.160
45 - 49	$0.294	$0.220
50 - 54	$0.419	$0.300
55 - 59	$0.730	$0.510
60 - 64	$1.088	$0.750
65 - 69	$2.038	$1.390
Age 70 and over	$3.268	$2.210
Child(ren)	$0.083	

* Spouse rates are based on spouse age.

How to calculate your per pay period cost:	
1. Enter annual base salary	
2. Multiply annual base salary by coverage level (1x, 2x, 3x)	
3. Round to the next higher $1,000	
4. Divide by $1,000	
5. Result equals	
6. Your rate per $1,000 based on your age and status (Employee or Spouse)	
7. Multiply the amount in #5 by your rate in #6	
8. Divide the amount in #7 by 2 for amount per pay period	
Total	

Disability Insurance Benefits

Short Term Disability Insurance

Green Diamond provides Short Term Disability (STD) coverage to employees outside of California. This benefit is paid by Green Diamond and is available to you at no cost. You are automatically enrolled in this Plan.

Green Diamond's STD plan provides 100% replacement of your base pay for the first six weeks up to $2,300. After six weeks, the plan provides 60% replacement of your base pay up to $2,300. A seven day waiting period must be satisfied before benefits begin. STD benefits will begin on the eighth day of a non-work related injury or illness and will continue during your disability up to a maximum of 26 weeks from the date you first become disabled. You must use all of your accrued sick time, floating holidays and vacation (up to 40 hours can remain) before benefits begin. Any benefits received will be considered taxable income. Taxes will automatically be withheld from your STD benefit payments.

This benefit will be reduced by any benefit payments you may receive from deductible sources of income.

California employees are provided Short Term Disability benefits through California State Disability. California employees should contact their local California Employment Development Department to apply for these benefits.

Long Term Disability Insurance

Green Diamond provides Long Term Disability (LTD) coverage through Prudential. This benefit is paid for by Green Diamond and is available to you at no cost. You are automatically enrolled in this plan.

Benefits	
Benefits Begin	After a 180 day elimination (waiting) period of continuous disability from the date your disabling condition occurs
Monthly Benefit	60% of your monthly earnings
Maximum Benefit	Up to $10,000 per month
Definition of Disability	You are unable to perform your regular occupation due to a non-occupational sickness or accident, and you have a 20% or more loss in your indexed monthly earnings due to that sickness or injury

A 12-month waiting period applies for pre-existing conditions treated within 3 months of your effective date of coverage.

Additional Benefits

Employee Assistance Program (EAP)

You and your immediate family members have access to our Employee Assistance Program (EAP) through ComPsych. This benefit is paid by Green Diamond and is available to you at no cost. You are automatically enrolled in the EAP.

The services provided to employees through our EAP are completely confidential. The names of individuals who seek services through the EAP will not be shared with Green Diamond.

When you need help with work, home, personal or family issues, the EAP is available at no cost. The EAP program offers someone to talk to and resources to consult whenever and wherever you need them though CompPsych Guidance Resources.

Your EAP is available 24 hours a day, 7 days a week. Simply call 1-833-256-5117 and a Guidance Consultant will assist you. The EAP provides up to 3 face-to-face assessments and referral sessions with a Licensed Behavioral Health Provider who is skilled in assessing your concerns. For more information register and log-in to the Guidance Resources website.

www.guidanceresources.com/groWeb/login/login.xhtml

Organization Web ID: **greendiamond**

401(k) Plan

You are immediately eligible to participate in the Green Diamond Savings Plan and may defer up to 80% of your earnings into the Plan (subject to the IRS maximum deferral limit and earning limitations). After 90 days of employment you will be automatically enrolled in the Plan with a 5% contribution rate. You may take action prior to that time and select an alternate enrollment date, contribution rate and/or investment election by contacting T. Rowe Price, the 401(k) Plan administrator.

The Company will match dollar-for-dollar of the first 4% of pay that you defer into the Plan each pay period. You will be fully vested in all contributions to the Plan, including Company Contributions. The Plan also offers the opportunity for employees age 50 or over to make the annual voluntary "catch-up" contribution up to the IRS limit. Roll overs from your accounts from other "qualified" 401(k) plans or "conduit" IRAs will be accepted by the Plan during active employment.

The Company may also make an annual Profit Sharing contribution to eligible employees of up to 6% of their eligible compensation. Any Profit Sharing contribution paid is determined by a pre-defined formula based on Company profitability. You must be employed on the last day of the year in order to receive this contribution.

Holidays

Green Diamond provides holiday pay for nine designated holidays for full-time, regular, active employees who are scheduled to work 30 hours or more per week. Holiday pay is pro-rated for eligible employees who are regularly scheduled to work less than full-time designation of 40 hours per week. Eligible employees may qualify for up to two paid floating holidays per calendar year. New hires will be granted floating holidays on a pro-rated basis. See Section 2.10 of the Management Guide for detailed information regarding the Holiday policy.

Paid Time Off

Green Diamond provides paid sick time and vacation time based on your eligibility. Paid sick leave may be used to attend to your own health care, including preventive care, or to care for eligible family members as mandated by law or regulation. Green Diamond provides paid parental leave to care and bond with a newborn, newly adopted or placed child. See the Management Guide for eligibility, accrual rates and other paid time off rules.

Plan Surcharges

Working Spouse

Green Diamond believes a spouse who is employed elsewhere should enroll in the Medical Plan provided by their employer. If you still choose to enroll your spouse, you will be required to pay a surcharge of $100 per month in addition to the regular premium. You will be required to complete an online questionnaire indicating your spouse's available coverage as part of your enrollment. See the Working Spouse FAQ for more information.

Tobacco

Being tobacco free is beneficial to health at any age and in a continuing commitment to promote good health, a $100 per month tobacco surcharge applies to employees who have used tobacco products, which includes but not limited to cigars, cigarettes, chewing tobacco, snuff or other products consumed through e-cigarettes or vaporizers, in the past six months. This surcharge is in addition to the regular premium to be enrolled on our medical plans. You will be required to complete an online questionnaire indicating your tobacco usage as part of your enrollment. See the Tobacco Surcharge FAQ for more information.

Please note: Your monthly contribution to the Medical Plan could be increased by a total of $200 if both the Working Spouse and Tobacco Surcharge apply.

Tobacco Cessation Program

You and your spouse have access to our Tobacco Cessation Program through Vivacity/Optum at no cost.

This program is called Quit for Life. An evidence-based combination of physical, psychological, and behavioral strategies, enabling participants to take responsibility for and overcome their addiction to tobacco. The program offers a 24/7 confidential help line staffed by trained cessation coaches. There is no limit to the number of times participants can access the help line in a year. Coaches provide empathetic support, and guide participants through exercises designed to help stop the tobacco habit. All callers to the help line receive follow-up calls at specific intervals to evaluate the program's effectiveness.

In order to complete the program and have the surcharge removed, participants must schedule and conduct 5 inbound telephonic coaching sessions within 6 months. The program provides the following resources to help assist the participants in their Tobacco Cessation Program:

In addition to the resources available, the program provides 8 weeks of Nicotine Replacement Therapy (NRT) in the form of patches, gum or lozenges.

- WebCoach online community
- Personalized, interactive text messages via the Text2Quit program
- Tailored, motivation emails sent throughout the quitting process
- Quit for Life mobile app
- Quit Guide to complement the phone-based coaching sessions and web activity

Summary of Material Modifications This letter describes changes to Green Diamond Resource Company Group Medical, Dental, Vision and FSA Plan and the Group Life/AD&D and LTD Plan and is intended to serve as a Summary of Material Modifications (SMM). The SMM supplements the Summary Plan Descriptions (SPDs) for the Green Diamond Resource Company Group Medical, Dental, Vision and FSA Plan and the Group Life/AD&D and LTD Plan. The effective date of these changes is July 1, 2022. You should read this SMM very carefully and retain this document with your copy of the SPDs.

Resources for Benefits Assistance

Benefit	Provider	Telephone	Website
Medical/Vision/Rx	Premera Blue Cross	1-800-722-1471	www.premera.com Group #: 1012195
Mail-Order Pharmacy Program	Express Scripts	1-800-282-2881	MyPharmacyPlus at www.premera.com
Specialty Prescriptions	Accredo	1-877- 222-7336	N/A
Health Savings Account	Optum Financial/Connect Your Care	1-877-292-4040	www.connectyourcare.com
Dental	Delta Dental	1-800-367-4104	www.deltadentalwa.com Group #: 00100
Flexible Spending Accounts	PayFlex	1-844-729-3539	www.payflex.com
Life/AD&D Short & Long Term Disability	Prudential	1-800-524-0542 1-800-842-1718	N/A
California State Short Term Disability Insurance	State of California	1-800-480-3287	N/A
Employee Assistance Program	ComPsych	1-833-256-5117	www.guidanceresources.com
Tobacco Cessation Program	Quit for Life Vivacity/Optum	1-877-259-7848	www.quitnow.net
401(k) Retirement Plan	T. Rowe Price	1-800-922-9945	rps.troweprice.com
Pension	Milliman	1-888-777-7004	www.millimanbenefits.com
Additional Resources/Forms (Including Summary Plan Descriptions)	Employee Benefit Website	N/A	www.greendiamondbenefits.com User ID: gdrco Password: benefits

Employee Service Center

Whom do I call with benefit questions?

If you have a benefit question or a problem with claims payment, a Benefit Advocate in AssuredPartners Employee Service Center (ESC) is available to help you and your covered family members. Benefit Advocates are professionals who are available to help you better understand your benefit program and to assist you in resolving complex issues such as claims appeals.

Benefit Advocates are available to assist you Monday through Friday, 7:30 AM to 5:00 PM Pacific Time. You can call the ESC toll-free from anywhere in the U.S. or Canada. All calls are confidential. Your Benefit Advocate will track your issue and make sure that it is resolved.

Phone: 1-888-343-3330 or 206-343-4175

Email: mcm.esc@assuredpartners.com

TTY/TDD: 1-855-877-4726

Translation services available

Due to HIPAA Privacy regulations, AssuredPartners may need to obtain your written authorization to assist with certain issues. Your Benefit Advocate will provide you with an authorization form, if needed. Please note, the AssuredPartners ESC cannot provide legal representation, legal advice, or medical reviews.

Important Information & Required Annual Notices

IMPORTANT INFORMATION

PERMITTED MID-YEAR ELECTION CHANGES

In most cases, once you have made your benefit elections for the plan year, you cannot change them until the next annual open enrollment period, unless you experience a permitted election change event. These include, but are not limited to:

- Change in legal marital status (marriage, divorce, legal separation)
- Gain or loss of eligibility by one of your dependents
- Birth, adoption, or placement for adoption
- Loss of other health coverage by employee, spouse, or dependent(s)
- Gain or loss of eligibility for Medicaid or the Children's Health Insurance Program (CHIP)
- Change in coverage under another employer health plan

If you experience an event that allows you to make changes to your benefit elections, you must notify Human Resources within 30 days (60 days for events related to Medicaid or CHIP). You may need to provide proof of the change, such as a marriage or birth certificate. For more information regarding permitted mid-year election changes, please contact Human Resources.

REQUIRED ANNUAL NOTICES

NOTICE OF CREDITABLE PRESCRIPTION DRUG COVERAGE MEDICARE PART D – YOUR PRESCRIPTION COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Green Diamond Resource Company 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. Green Diamond Resource Company has determined that the prescription drug coverage offered by Green Diamond Resource Company 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 through December 7.

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Green Diamond Resource Company coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Green Diamond Resource Company coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the Human Resources Department or your Benefit Advocate for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

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 Green Diamond Resource Company and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Green Diamond Resource Company changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date: 7/1/2022
Name of Entity/Sender: Green Diamond Resource Company
Contact--Position/Office: Human Resources
Address: 1301 Fifth Avenue, Suite 2700, Seattle, WA 98101

NOTICE OF SPECIAL ENROLLMENT RIGHTS

You may be eligible to participate in Green Diamond Resource Company's Group Health Plan. A federal law called HIPAA requires that we notify eligible participants about the right to enroll in the plan under its "special enrollment provision."

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage or within 60 days after birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

All questions about the plan's special enrollment provision should be directed to Human Resources.

NOTICE OF PRIVACY PRACTICES

Effective Date: July 1, 2022

This notice describes how medical information about you under Green Diamond Resource Company's self-insured medical, prescription drug, dental, vision, health flexible spending arrangement, health reimbursement arrangement plan(s) may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this notice, please contact Human Resources at 1301 Fifth Avenue, Suite 2700, Seattle, WA 98101.

Your Rights
You have the right to:
- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices
You have some choices in the way that we use and share information as we:
- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures
We may use and share your information as we:
- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records
You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records
You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications
You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share
You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information
You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures

(such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated
You can complain if you feel we have violated your rights by contacting us using the information on page 1. 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/. We will not retaliate against you for filing a complaint.

Your Choices
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization
We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
Example: We use health information about you to develop better services for you.

Pay for your health services
We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls

- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
We can share health information about you with organ procurement organizations. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and we will mail a copy to you.

NOTICE OF THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

This notice is being sent to you as required by the Women's Health and Cancer Rights Act of 1998, which states you must be advised annually of the presence of benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry of the breasts, prostheses and complications resulting from a mastectomy. Please refer to your medical benefit booklet for additional information. Benefits for these services may be subject to annual deductibles and coinsurance consistent with those established for other benefits.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

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

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

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

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

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 and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

ALABAMA-Medicaid	**CALIFORNIA-Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 / Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	**COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health- plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health- insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	**FLORIDA-Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery. com/hipp/index.html Phone: 1-877-357-3268
GEORGIA-Medicaid	**MAINE-Medicaid**
A HIPP Website: https://medicaid.georgia.gov/health- insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party- liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 / TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740 / TTY: Maine relay 711

INDIANA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid - Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840
IOWA-Medicaid and CHIP (Hawki)	**MINNESOTA-Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid- a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and- services/other-insurance.jsp Phone: 1-800-657-3739
KANSAS-Medicaid	**MISSOURI-Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KENTUCKY-Medicaid	**MONTANA-Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
LOUISIANA-Medicaid	**NEBRASKA-Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 / Omaha: 402-595-1178
NEVADA-Medicaid	**SOUTH CAROLINA-Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEW HAMPSHIRE-Medicaid	**SOUTH DAKOTA-Medicaid**
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY-Medicaid and CHIP	**TEXAS-Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK-Medicaid	**UTAH-Medicaid and CHIP**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA-Medicaid	**VERMONT-Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA-Medicaid	**VIRGINIA-Medicaid and CHIP**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924

OKLAHOMA-Medicaid and CHIP	WASHINGTON-Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OREGON-Medicaid	**WEST VIRGINIA-Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)
PENNSYLVANIA-Medicaid	**WISCONSIN-Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002

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