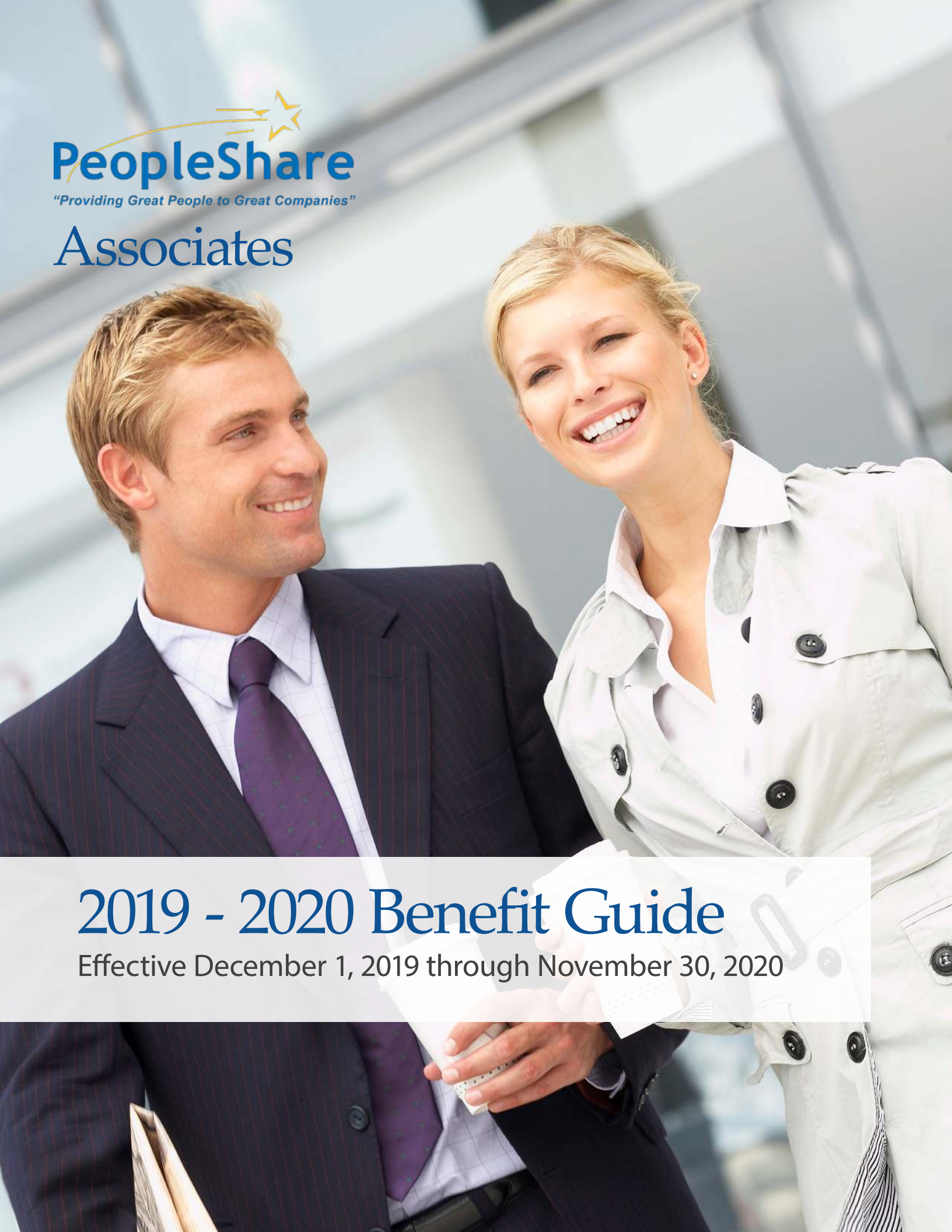
PeopleShare

"Providing Great People to Great Companies"

Associates



2019 - 2020 Benefit Guide

Effective December 1, 2019 through November 30, 2020

Inside This Guide

PeopleShare
"Providing Great People to Great Companies"

Welcome to your PeopleShare 2019 - 2020 Benefits

This Guide will provide you with basic information about your Medical/Prescription benefit option for 2019–2020. Please review it carefully. Full details are available to you in your employee booklet and summary covering these plans. Costs for Medical/Prescription are shared between you and the Company.

Benefits Eligibility

Associates and their dependent children up to age 26 are eligible to enroll in the PeopleShare Associate Medical/Prescription plan. Please contact Human Resources to determine if you meet the requirements of an eligible Associate.

When Benefits Begin

The PeopleShare **benefit plan year runs from December 1 through November 30**. As a new hire, we will measure your average hours worked after 11 months of service. If you qualify for benefits, you will be notified by Human Resources and you will have 60 days to enroll. Your Medical/Prescription benefits will begin on the first of the month after your 60-day window. On an ongoing basis, PeopleShare will re-measure your hours before the Open Enrollment period and notify you if you are eligible to participate in Open Enrollment.

Open Enrollment

Open Enrollment is a specified period of time set aside each year during which you have an opportunity to make changes in your benefits. During this time, you may enroll or make changes to your benefit elections. PeopleShare's Open Enrollment is typically held in late October or November. Changes made during each Open Enrollment period will go into effect December 1 of that year.

Making Mid Year Benefit Changes

Benefit elections you make will be in effect through November 30, 2020, unless you have a qualifying change in your family or employment status. Examples of a qualifying event can include (but are not limited to) marriage, birth/adoption, death of a dependent, divorce/legal separation, loss of coverage, or spouse's gain or loss of employment.

To request a change to your benefit elections during the year, please contact Human Resources. All change requests must be received within 30 days of the qualifying event, or the change may not be made until the next Open Enrollment period.

Benefit Options

- 1 Medical plan option – Independence Blue Cross (IBC)
  - HDHP
- Prescription Drug (included with the HDHP) – FutureScripts

How To Enroll or Make Changes

To enroll in Medical/Prescription benefits beginning December 1, 2019, you **MUST** complete the **PeopleShare 2019 - 2020 Associate Enrollment Form** and return to Human Resources.

Questions

Contact Health Advocate at **www.healthadvocate.com/members** or call **866-695-8622**.

Medical and Prescription Drugs

PeopleShare offers one medical plan option to Associates. The plan is administered by Independence Blue Cross (IBC) and allows you to choose between in-network **(PPO)** and out-of-network (all other providers) to receive care.

This plan is considered an HSA-qualified High Deductible Health Plan (HDHP), allowing you to open and contribute to a tax-savings Health Savings Account (HSA) to help cover some of your medical plan costs. For more information about HSAs, contact your bank.

Prescription drugs are included in the plan and are administered by FutureScripts. More information about prescription drugs can be found on page 5.

Employees share in the cost of medical benefits. See page 7 for the 2019–2020 Weekly Payroll Deductions.

Independence Blue Cross
www.ibx.com.com
toll-free number
on back of ID card

Network:
National BlueCard PPO

Medical Plan Summary

	PPO HSA	
Medical	In-Network	Out-of-Network
	You Pay	
Plan Year (Dec 1 - Nov 30) Deductible (Individual / Family)	$3,000 / $6,000	$5,000 / $10,000
Calendar Year Out-of-Pocket Max (Individual / Family)	$6,650 / $13,300	$10,000 / $20,000
Preventive Care	0%	50%
Primary Care Physician Office Visits	$30 copay *	50% *
Specialist Physician Office Visits	$60 copay *	50% *
Telemedicine (through MDLIVE)	$40 copay *	Not covered
Urgent Care Center	$100 copay *	50% *
Emergency Room	$300 copay *	50% *
Hospital - Inpatient Stay	$500/day (max of 5 copays/admission) *	50% *
Surgery - Outpatient	$500 copay *	50% *
Routine Lab/ Radiology	$60 copay *	50% *
Advanced Imaging (MRI/MRA, CT/CTA Scan, PET Scan)	$200 copay *	50% *

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage for more information.

**** After deductible***

Medical Plan Resources

Finding In-Network Medical Providers

To search for in-network providers for both medical plans, go to **www.ibx.com** and click on **Find a Doctor**:

Your Location: **Your zip code**

Your Plan: **National BlueCard PPO**

When searching for in-network labs, type in **lab services** next to **All Categories.**

Access to Your Healthcare Online

Once enrolled in the PeopleShare medical plan, you can go to www.ibxpress.com, IBC's online resource for personalized benefits and health information.

This site allows registered members to order a replacement ID card, check the status of a claim, confirm benefits to see what's covered and look up information on a host of health topics.

Here, you can also search for providers and the FutureScripts Value prescription drug list.

MDLIVE®

All employees and dependents enrolled in a PeopleShare Medical plan will have phone and online video access to a board-certified physician through **MDLIVE** any time, 24 hours a day, seven days a week, 365 days a year. For an illness or injury that it not an emergency, MDLIVE offers a **convenient, cost-effective alternative to hospital emergency rooms and urgent care clinics.**

MDLIVE is not intended to replace your doctor, but provides access to health care when reaching the doctor is difficult or inconvenient. MDLIVE doctors can diagnose and treat conditions such as:

- Colds and flu
- Allergies
- Asthma
- Pink eye
- Ear infections
- Sinus problems
- Respiratory infections
- Joint aches and pains
- Vomiting and nausea
- And more

There is no cost to establish an account with MDLIVE. The cost for each consultation is **$40**.

To arrange a consultation, you must activate your MDLIVE account. Once you have your Medical ID card, you can activate your account at **mdlive.com.ibx**. Or you can call MDLIVE at **877-764-6605**.

Prescription Drugs

When you enroll in the medical plan, you will receive comprehensive prescription drug coverage administered by FutureScripts®. Under this program, member cost is based on a copayment structure. Some generic drugs may be classified as Low-Cost generic drugs, where you may be charged the lower Low-Cost Generic copay. Note: Prescription copays and costs accumulate toward the medical plan out-of-pocket maximums.

Retail prescription drugs (30-day supply) are covered as follows:

	PPO HSA	
	FutureScripts Pharmacies	Out-of-Network Pharmacies
Retail	**You Pay (After Medical Deductible)**	
Low-Cost Generic	$10 copay *	50% *
Generic	$20 copay *	50% *
Preferred Brand	$40 copay *	50% *
Non-Preferred	$70 copay *	50% *
Self-Administered Specialty Drugs [1]	50% to $500 per script *	50% *

[1] *Self-administered drugs are provided through the Specialty Pharmacy program. You have the option to choose any specialty pharmacy, however you will get the lowest cost if you use BriovaRx. You can contact BriovaRx at 855-427-4682.*

**** After deductible***

To fill your retail prescription at a FutureScripts pharmacy, you will need to present your medical ID card. You will also be required to pay the applicable copay at the pharmacy.

To search the approved drug list, go to **www.futurescripts.com** and click on **Formulary and drug lists** > **Value formulary > Value drug list 4 Tier**.

Mail Order Program

If you take prescription drugs on a regular basis, these costs can be high. A prescription drug mail order program can help you reduce these expenses for maintenance medications used to treat things such as high blood pressure, arthritis or diabetes.

With a mail order program, you can receive up to a **90-day supply of medication at 2x the retail copay**. If you are enrolled in the PeopleShare medical plan, you will be able to use **ibxpress.com** (IBC member portal) to request refills and track the delivery of your mail order prescriptions.

HealthAdvocate℠

866-695-8622

Help is only a phone call away.

With Health Advocate, you have confidential, unlimited access to a Personal Health Advocate who can help you and your eligible family members resolve healthcare and insurance-related issues, improve your health, get you in touch with a tobacco cessation coach, and manage a work/life balance—all through a single toll-free number.

Here are just a few examples of how Health Advocate can help you, your spouse, dependent children, parents and parents-in-law:

You just received a diagnosis for a medical condition.

Your Personal Health Advocate will help you:

- Understand your diagnosis, answer questions, research treatment options
- Find in-network providers including specialists, hospitals, labs and more
- Arrange for a second opinion with a center of excellence, transfer medical records
- Help you transition home after a hospital stay

You're overwhelmed with medical bills and don't know where to start.

Your Personal Health Advocate will help you:

- Review your health insurance coverage
- Work on your behalf to sort through exactly what you owe
- Suggest ways to lower out-of-pocket costs

HealthAdvocate.com/members

It's easy to register! Just follow the prompts:

- Visit **HealthAdvocate.com/members**
- Type **PeopleShare, LLC** (select it from the drop-down box) and click "Submit"
- Enter your information
- Select your user name, password and security questions
- Read and accept Terms and Conditions, then click "Register"
- Verify your account through your email

2019 - 2020 Weekly Payroll Deductions

Effective December 1, 2019 through November 30, 2020

Payroll deductions from each paycheck for your Medical/Prescription insurance will automatically be **deducted from your pay after taxes.** Contributions are made on a weekly basis (52 pays per year).

Your Cost Per Pay (52 Pays)	HDHP
Employee Only	9.5% x hourly rate x hours worked
Employee + Child(ren)	Employee Only rate + $70.50

Benefit Resource Directory

Medical	Independence Blue Cross Network: **National BlueCard PPO**	toll-free number on back of ID card	Member Portal: **www.ibxpress.com**
Telemedicine	MDLIVE	877-764-6605	**mdlive.com/ibx**
Prescription	Retail / Mail Order - FutureScripts Specialty Drugs - BriovaRx *(recommended)*	855-241-3614 855-427-4682	Member Portal **www.ibxpress.com**
Health Advocacy Service	Health Advocate	866-695-8622	**www.healthadvocate.com/members**

Note: The Medical insurance is a company-sponsored ERISA benefit plan. The official plan document, summary plan description, insurance contract and company policy legally govern the administration of the plans. If there is any difference between the information presented here and the information in the official documents/contracts, decisions will be based on the official documents/contracts. PeopleShare continues to reserve the right to amend or change any or all of the plans within the benefits program at any time. Please refer to the applicable plan summaries (available in Human Resources) for more information.

Legislative Notices

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires that group medical plans provide the following services to any person receiving plan benefits in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of all stages of a mastectomy, including lymphedema (swelling associated with the removal of lymph nodes).

If you receive benefits from the medical plan for a mastectomy and you then elect to have reconstructive surgery, the medical plan must provide coverage in a manner determined in consultation with the attending physician and the patient. The plan's benefits for breast reconstruction and related services will be the same as the benefits that apply to other services covered by your plan.

It is important to note that the medical plans cover these expenses. However, the law requires that we provide this notice each year.

Notice of Special Enrollment Rights

If you decline enrollment in PeopleShare's health plan for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Plan's health coverage, provided that you request enrollment within 30 days after you or your dependent's other coverage ends in certain circumstances. 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 in the Plan's health coverage, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

You may also enroll yourself and your dependents in the PeopleShare health coverage if your or one of your eligible dependent's coverage under Medicaid or the state Children's Health Insurance Program (CHIP) is terminated as a result of loss of eligibility, or if you or one of your eligible dependents become eligible for premium assistance (that could be used toward the Plan costs) under a Medicaid or state child health plan under CHIP. Under these two circumstances, the special enrollment period must be requested within 60 days of the loss of Medicaid/CHIP coverage or of the determination of eligibility for premium assistance under Medicaid/CHIP. To request special enrollment or obtain more information, contact Human Resources at 610-489-1400, option 4.

Social Security Numbers Generally Required for Enrollment

Under Health Care Reform and other regulations, we are required to report Social Security numbers for all employees and dependents enrolled in coverage. Accordingly, PeopleShare will require that you provide Social Security numbers at the time of enrollment, so that PeopleShare can assist its health plan administrator(s) to comply with this requirement.

If you have Medicare or will become eligible for Medicare in the next 12 months, you should be aware of a federal law that gives you more choices about your prescription drug coverage. Please see below for more details.

Medicare Part D Notice

Since you may be eligible for Medicare now or in the near future, it is important that you are aware of how Medicare Part D may impact your PeopleShare medical coverage. **However, the following notice does not apply to you unless you or a covered family member is Medicare-eligible now (or will be in the upcoming plan year [January 1 through December 31]).** Although you do not need to do anything right now, we understand that all of this information can be confusing. We want to keep you informed so you understand what your coverage will be in 2019 and what you need to do.

Creditable Coverage Notice

If you do not enroll in Medicare Part D when you first become eligible, and you wish to enroll in the future, you will pay a higher premium unless you can prove that you had "creditable coverage"— which means coverage that is at least as good as the standard Medicare prescription drug plan— through your employer or former employer. **Your PeopleShare medical coverage qualifies as creditable coverage.**

A Creditable Prescription Drug Coverage and Medicare Notice is attached. Provided you remain eligible for the PeopleShare benefits program, you will receive this notice each year stating whether or not your PeopleShare prescription drug coverage is creditable. You should keep this notice in a safe place. In addition, if you leave employment or drop coverage in this plan, this notice will no longer apply, and you will also need to request a Certificate of Creditable Coverage that provides individual proof that your PeopleShare medical coverage qualifies as creditable coverage. In the event you wish to enroll in Medicare Part D in the future, you may need to provide copies of these documents to show that you are not required to pay a higher premium amount for Part D coverage.

No Action Required on Your Part

Over the next few months, everyone who is eligible for Medicare may receive information from companies that offer Medicare Part D plans. There is no action you need to take at this time—except to store your Creditable Coverage Disclosure Notice in a safe place.

To learn more about Medicare, visit the Medicare web site at **www.medicare.gov**, or you can call **800-MEDICARE (800-633-4227)**. This site includes information about how Medicare works. You can review relevant publications and you can see frequently asked questions and answers. Keep in mind that this site does not include any information about your PeopleShare-provided benefits.

If you have questions about your benefits, please call Human Resources at 610-489-1400, option 4.

Notice About Your Creditable Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with PeopleShare 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. PeopleShare has determined that the prescription drug coverage offered by the PeopleShare Medical and Prescription Drug Plans, on average for all plan participants, is expected to pay out as much as standard Medicare prescription drug coverage pays and, therefore, is 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.

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.

If you decide to join a Medicare drug plan, your current plan coverage will not be affected. You can keep your existing coverage or join a Medicare drug plan as a supplement to, or in lieu of, your coverage under the PeopleShare Medical and Prescription Drug Plans.

If you do decide to join a Medicare drug plan and drop your existing prescription drug coverage through the PeopleShare Medical and Prescription Drug Plans, be aware that you and your dependents may not be able to get this coverage back until PeopleShare's next annual Open Enrollment (or if you experience a special enrollment event).

You should also know that if you drop or lose your current PeopleShare health care coverage 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 Medicare for further information about this notice or call Human Resources at 610-489-1400, option 4. For information about your current PeopleShare coverage. **Note:** You will get this notice each year. You also may request a copy.

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. If you are eligible for Medicare, 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 **800-MEDICARE (800-633-4227)**. TTY users should call **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 **800-772-1213 (TTY: 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:	October 2019
Name of Entity/Sender:	PeopleShare
Contact/Office:	Human Resources Department
Address:	100 Springhouse Drive, Suite 200, Collegeville PA 19426
Phone Number:	610-489-1400, option 4

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 are 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 are not eligible for Medicaid or CHIP, you will not 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 **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 are not 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 by call **866-444-EBSA (3272)**.

(continued on next page)

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, 2019. Contact your State for more information on eligiblity.

ALABAMA – Medicaid

Website: http://myalhipp.com/

Phone: 855-692-5447

ALASKA – Medicaid

AK Health Insurance Premium Payment Program

Website: http://myakhipp.com/

Phone: 866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid

Website: http://myarhipp.com/

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

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

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

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

CHP+ Website: https://www.colorado.gov/pacific/hcpf/child-healthplan-plus

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

FLORIDA – Medicaid

Website: http://flmedicaidtplrecovery.com/hipp/

Phone: 877-357-3268

GEORGIA – Medicaid

Website: https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp

Phone: 678-564-1162 ext 2131

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: http://www.in.gov/fssa/hip/

Phone: 877-438-4479

All other Medicaid

Website: http://www.indianamedicaid.com

Phone: 800-403-0864

IOWA – Medicaid

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

Phone: 800-257-8563

KANSAS – Medicaid

Website: http://www.kdheks.gov/hcf/

Phone: 785-296-3512

KENTUCKY – Medicaid

Website: https://chfs.ky.gov

Phone: 800-635-2570

LOUISIANA – Medicaid

Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331

Phone: 888-695-2447

MAINE – Medicaid

Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html

Phone: 800-442-6003

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: http://www.mass.gov/eohhs/gov/departments/masshealth/

Phone: 800-862-4840

MINNESOTA – Medicaid

Website: https://mn.gov/dhs/people-we-serve/seniors/healthcare/health-care-programs/programs-and-services/other-insurance.jsp

Phone: 800-657-3739

MISSOURI – Medicaid

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

Phone: 573-751-2005

MONTANA – Medicaid

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

Phone: 800-694-3084

NEBRASKA – Medicaid

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

Phone: 855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Website: https://dhcfp.nv.gov

Phone: 800-992-0900

NEW HAMPSHIRE – Medicaid

Website: https://www.dhhs.nh.gov/oii/hipp.htm

Phone: 603-271-5218

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

NEW JERSEY – Medicaid and CHIP

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

Medicaid Phone: 609-631-2392

CHIP Website: http://www.njfamilycare.org/index.html

CHIP Phone: 800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 800-541-2831

NORTH CAROLINA – Medicaid

Website: https://medicaid.ncdhhs.gov/

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/

Phone: 844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org

Phone: 888-365-3742

OREGON – Medicaid

Website: http://healthcare.oregon.gov/Pages/index.aspx

http://www.oregonhealthcare.gov/index-es.html

Phone: 800-699-9075

PENNSYLVANIA – Medicaid

Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipp program/index.htm

Phone: 800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: http://www.eohhs.ri.gov/

Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid

Website: http://www.scdhhs.gov

Phone: 888-549-0820

SOUTH DAKOTA – Medicaid

Website: http://dss.sd.gov

Phone: 888-828-0059

TEXAS – Medicaid

Website: http://gethipptexas.com/

Phone: 800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: https://medicaid.utah.gov/

CHIP Website: http://health.utah.gov/chip

Phone: 877-543-7669

VERMONT– Medicaid

Website: http://www.greenmountaincare.org/

Phone: 800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm

Medicaid Phone: 800-432-5924

CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm

CHIP Phone: 855-242-8282

WASHINGTON – Medicaid

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

Phone: 800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: http://mywvhipp.com/

Toll-Free Phone: 855-MyWVHIPP (855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf

Phone: 800-362-3002

WYOMING – Medicaid

Website: https://wyequalitycare.acs-inc.com/

Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
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 20220 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

HEALTH INFORMATION PRIVACY NOTICE

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.

Effective Date: This notice is effective beginning September 22, 2014 and will remain in effect until it is revised.

Summary: The health plans that constitute the PeopleShare Welfare Benefits Program are committed to protecting the privacy of your protected health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about their policies and practices to protect the confidentiality of health information. This document is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by one of PeopleShare's self-funded medical plans (the "Plan"), as sponsored by PeopleShare (the "Company").

The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This notice describes the Plan's health information privacy policy with respect to your medical and prescription drug benefits. The notice tells you the ways the Plan may use and disclose health information about you and describes your rights and the obligations the Plan has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

In addition, this notice does not apply to health information collected or maintained by the Company regarding the non-health benefits or programs that it sponsors, including but not limited to disability or leave benefits or accommodations, life insurance, accidental death and dismemberment insurance and workers' compensation. It also does not apply to information that the Company collects or maintains for employment purposes, such as employment testing.

The PeopleShare's Pledge Regarding Health Information Privacy

The privacy policy and practices of the Plan protect confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as "protected health information" (PHI). For example, any health record that includes details such as your name, street address, date of birth or Social Security number would be covered. However, information taken from a document that does not include such obvious identifying details is also PHI if that information, under the circumstances, could reasonably be expected to allow a person who receives or accesses that information to identify you as the subject of the information. Information that the Plan possesses that is not PHI is not covered by this notice and may be used for any purpose that is consistent with applicable law and with the Plan's policies and requirements.

Privacy Obligations of the Plan

The Plan is required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of the Plan's legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

How the Plan May Use and Disclose Health Information About You

The following are the different ways the Plan may use and disclose your PHI:

- For Treatment. The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. (There is an exception for psychotherapy notes. If the Plan possesses any psychotherapy notes, those documents, with rare exceptions, will be used or disclosed only according to your specific authorization.) For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.
- For Payment. The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plan's terms. For example, the Plan may receive and maintain information about surgery you received to enable the Plan to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.
- For Health Care Operations. The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits. For example, the Plan may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plan may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine health information about many Plan participants and disclose it to the Company in summary fashion so it can decide what coverages the Plan should provide. The Plan may remove information that identifies you from health information disclosed to the Company so it may be used without the Company learning who the specific participants are.
- To the Company. The Plan may disclose your PHI to designated Company personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to the Plan's Privacy Officer and/or the designated members of the Company's Human Resources Department, Benefits Division. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plan to any other Company employee or department and (2) will not be used by the Company for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Company.
- To a Business Associate. Certain services are provided to the Plan by third-party administrators known as "business associates." For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.

- For Treatment Alternatives. The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- For Health-Related Benefits and Services. The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- To an Individual Involved in Your Care or Payment of Your Care. In certain limited situations, the Plan may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital) or your death.
- As Required by Law. The Plan may use and disclose health information about you as required by federal, state or local law. For example, the Plan may disclose your health information for the following purposes:
  - For judicial and administrative proceedings pursuant to court or administrative order, legal process and authority.
  - To report information related to victims of abuse, neglect or domestic violence as described below.
  - To assist law enforcement officials in their law enforcement duties.

Special Use and Disclosure Situations

The Plan may also use or disclose your PHI under the following circumstances:

- Law Enforcement. The Plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description or location of the person who committed the crime.
- Workers' Compensation. The Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws other similar programs.
- Military and Veterans. If you are or become a member of the U.S. Armed Forces, the Plan may release medical information about you as deemed necessary by military command authorities.
- To Avert Serious Threat to Health or Safety. The Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- Public Health Risks. The Plan may disclose health information about you for public heath activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using. The Plan also may disclose PHI to a public health authority or other government agency that is responsible for receiving reports of child abuse or neglect.
- Health Oversight Activities. The Plan may disclose your PHI to a health oversight agency for audits, investigations, inspections and licensure necessary for the government to monitor the health care system and government programs as authorized by law. This disclosure would not apply to any action by the government in investigating a participant in the Plan, unless the investigation relates to the receipt of health benefits by that individual.
- Research. Under certain circumstances, the Plan may use and disclose your PHI for medical research purposes.

- National Security, Intelligence Activities and Protective Services. The Plan may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence and other national security activities authorized by law and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.
- Victims of abuse, neglect or domestic violence. (The following does not apply to disclosures regarding child abuse or neglect, which may be made only as provided under disclosure for ***public health risks***.) If required by law, the Plan may disclose PHI relating to a victim of abuse, neglect or domestic violence, to an appropriate government agency. Disclosure will be limited to the relevant required information. The Plan will inform the individual if any PHI is disclosed as provided in this paragraph or the next one. If disclosure is not required by law, the Plan may disclose relevant PHI relating to a victim of abuse, neglect or domestic violence to an authorized government agency, to the extent permitted by applicable law, if the Plan determines that the disclosure is necessary to prevent serious harm to the individual or to other potential victims. Also, to the extent permitted by law, the Plan may release PHI relating to an individual to a law enforcement official, if the individual is incapacitated and unable to agree to the disclosure of PHI and the law enforcement official indicates that the information is necessary for an immediate enforcement activity and is not intended to be used against the individual.
- Organ and Tissue Donation. If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- Coroners, Medical Examiners and Funerals Directors. The Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release your PHI to a funeral director, as necessary, to carry out his or her duty.

Uses and Disclosures That Are Not Permitted Without Your Authorization

The Plan will not use or disclose PHI for any purpose that is not mentioned in this notice, except as specifically authorized by you. If the Plan needs to use or disclose PHI for a reason not listed above, it will request your permission for that specific use and will not use PHI for that purpose except according to the specific terms of your authorization. In addition, most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI will require an authorization from you.

Any authorization you provide will be limited to specified information, and the intended use or disclosure, as well as any person or organization that is permitted to use, disclose or receive the information, must be specified in the Authorization Form. Also, an authorization is limited to a specific limited time period and it expires at the end of that period. Finally, you always have the right to revoke a previous authorization by making a written request to the Plan. The Plan will honor your request to revoke an authorization, but the revocation will not apply to any action that the Plan took in accord with the authorization before you informed the Plan that you were revoking the authorization.

No Use or Disclosure of Genetic Information for Underwriting

Under applicable law, the Plan generally may not use or disclose genetic information, including information about genetic testing and family medical history, for underwriting purposes. The Plan may use or disclose PHI for underwriting purposes, assuming the use or disclosure is permitted based on the above rules, but any PHI that is used or disclosed for underwriting purposes will not include genetic information.

"Underwriting purposes" is defined under federal law and generally includes any Plan rules relating to (1) eligibility for benefits under the Plan (including changes in deductibles or other cost-sharing requirements in return for activities such as completing a health risk assessment or participating in a wellness program); (2) the computation of premium or contribution amounts under the Plan (including discounts or payments or differences in premiums based on activities such as completing a health risk assessment or participating in a wellness program); (3) the application of any preexisting condition exclusion under the Plan; and (4) other activities related to the creation, renewal or replacement of a contract for health insurance or health benefits. However, "underwriting purposes" does not include rules relating to the determination of whether a particular expense or claim is medically appropriate.

Your Rights Regarding Health Information About You

Your rights regarding the health information the Plan maintains about you are as follows:

- Right to Inspect and Copy. You have the right to inspect and copy your PHI, including your PHI maintained in an electronic format. If your PHI is available in an electronic format, you may request access electronically and that this be transmitted directly to someone you designate. This includes information about enrollment, claim and appeal records, and billing records, but does not include psychotherapy notes, and applies to information prepared in anticipation of litigation.

  To inspect and copy health information maintained by the Plan, submit your request in writing to the HIPAA Health Plan Privacy Officer. The Plan may charge a reasonable fee for the cost of copying and/or mailing your request. But this fee must be limited to the cost of labor involved in responding to your request if you requested access to an electronic health record. You will be informed of any fees before you are charged. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.
- Right to Amend. If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend it. 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, send a detailed request in writing to the HIPAA Health Plan Privacy Officer. You must provide the reason(s) to support your request. The Plan may deny your request if you ask the Plan to amend health information that was: accurate and complete; not created by the Plan; not part of the health information kept by or for the Plan; or not information that you would be permitted to inspect and copy.

  The Plan normally will respond to a request for an amendment within 60 days after it receives your request. In certain cases, the Plan may take up to 30 additional days to respond to your request.

- If the Plan denies your request, you will have the opportunity to prepare a statement to be included with your health records to explain why you believe that certain information is incomplete or inaccurate. If you do prepare such a statement, the Plan will provide that statement to any person who uses or receives the information that you challenged. The Plan may also prepare a response to your statement and that response will be placed with your records and provided to anyone who receives your statement. A copy will also be provided to you.
- Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures," including a disclosure involving an electronic health record. This is a list of disclosures of your PHI that the Plan has made to others, except for those necessary to carry out health care treatment, payment or operations (**Note:** Does not apply to electronic health records); disclosures made to you; or in certain other situations.

  To request an accounting of disclosures, submit your request in writing to the HIPAA Health Plan Privacy Officer. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested (three years in the case of a disclosure involving an electronic health record). The first accounting that you request within a twelve-month period will be free. For additional accountings in a twelve-month period, the Plan will charge you for the cost of providing the accounting, but the Plan will notify you of the cost involved before processing the accounting so that you can decide whether to withdraw your request before any costs are incurred.
- Right to Request Restrictions. You have the right to request a restriction on the health information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. In addition, you have the right to restrict disclosure of PHI to the health plan for payment or health care operations (but not for carrying out treatment) in situations where you have paid the health care provider out-of-pocket in full. In this case, the HIPAA Health Plan Privacy Officer is required to implement the restrictions that you request.

  If the Plan agrees to the restrictions you request, it will abide by the terms of those restrictions. However, under the law, the Plan is not required to accept any restriction. If the Plan determines that a requested restriction will interfere with the efficient administration of the Plan or is otherwise inappropriate, it may decline the restriction.

  To request restrictions, make your request in writing to the HIPAA Health Plan Privacy Officer. You must advise us: (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure or both; and (3) to whom you want the limit(s) to apply.
- Right to Request Confidential Communications. You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. This right applies only if you inform the Plan in writing (submitted to the HIPAA Health Plan Privacy Officer listed in this Notice) that the ordinary disclosure of part or all of the information might endanger you. For example, an individual may not want information about certain types of treatment to be sent to his or her home address because someone else who lives there might have access to it. In such a case, the individual could request that the information be sent to an alternate address. The Plan will honor such a request if it is reasonable, but reserves the right to reject a request that would impose too much of an administrative burden or financial risk on the Plan.

- To request confidential communications, make your request in writing to the HIPAA Health Plan Privacy Officer. The Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may write to the HIPAA Health Plan Privacy Officer to request a written copy of this notice at any time.
- Right to Be Notified of a Breach of Unsecured PHI. If unsecured PHI is used or disclosed in a manner that is not permitted under applicable federal law, you will receive a notice about the breach of unsecured PHI, if such a notice is required by applicable law. Unsecured PHI is PHI that is either in paper form or is in an electronic form that is not considered secure.

Changes to This Notice

The Plan reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current notice on the benefits portal at **www.peopleshareworks.com**. Also, if required under applicable law, the Plan will automatically provide a copy of any revised notice to employees who participate in the Plan. The Plan reserves the right to apply any changes in its health information policies retroactively to all health information maintained by the Plan, including information that the Plan received or created before those policies were revised.

Complaints

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the HIPAA Health Plan Privacy Officer at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred. (Details are available on the Internet at **http://www.hhs.gov/ocr/privacy.**) You will never be retaliated against in any way as a result of any complaint that you file.

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints

Note: You will not be penalized or retaliated against for filing a complaint.

Contact Information

If you have any questions about this notice, please contact Human Resources at **610-489-1400, option 4.**

HIPAA Health Plan Privacy Officer
PeopleShare
100 Springhouse Drive, Suite 200
Collegeville, PA 19426