

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS ON PAGES 2-4 OF THIS NOTICE AS APPLICABLE BASED ON YOUR COVERAGE NEEDS within 30 DAYS OF YOUR ORIGINAL DATE OF HIRE. PLEASE SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM).**

**\*SIGNING PAGE ONE OF THIS DOCUMENT DOES NOT ENROLL YOU IN COVERAGE\***

**Offer of Coverage**

We are pleased to provide you with information about the BANKW Staffing Medical Plan. This notice describes eligibility requirements for the Medical Plan and explains our procedures for electing coverage. Please review this information carefully. The Affordable Care Act and IRS require us to make an offer of coverage to all employees who may be eligible for medical benefits. A contract employee will be eligible to participate in the Medical Plan if the employee is a common law employee of BANKW Staffing, LLC (the "Company"), and its affiliated companies, KBW Financial Staffing & Recruiting, Alexander Technology Group, The Nagler Group, Sales Search Partners and /or KNF&T (together with the Company, the Companies") and is considered to be "full-time". We determine whether a contract employee is full-time using the rules set forth in [Eligibility Policy For Contract Employees](#). **All other plan documents can be found [here](#).**

At the time of hire, we will provide each contract employee, electronically, with a notice describing the coverage available under our Medical & Dental Plan, as well as enrollment instructions.

**Contract employees must notify the Company within 30 calendar days of the original date-of-hire** (whether or not the employee is employed with the Company for the entire 30-day period) **as to whether or not the contract employee will choose to enroll in or waive coverage under our Medical Plan for the Initial Measurement Period.** If the contract employee does not respond within that period, the Company will assume the contract employee has chosen to waive coverage for the Initial Measurement Period. Otherwise, your next opportunity to elect coverage will be during the Standard Stability Period, under the look-back measurement method for Ongoing Employees as outlined in the [Eligibility Policy For Contract Employees](#), unless you have a qualifying special enrollment or status change event under applicable law.

**To elect coverage, please print, complete and return the medical plan election form(s) on pages 2-4 of this notice with your intention to enroll, within 30 calendar days of your original date-of-hire. You may send the form(s) via email [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) or fax 1-866-313-4798.**

If the contract employee elects coverage under our Medical Plan within the 30-calendar day period, the coverage will begin on the 90th day following the commencement of employment, so long as the employee is determined to be a **full-time** employee as of the 90th day and will continue for the duration of the Initial Measurement Period, provided the employee remains employed at the Companies. A contract employee who is not determined to be "full time" as of the 90th day following commencement of employment will not be eligible for coverage during the employee's Initial Measurement Period. Please carefully review the below policies and information carefully. In the event of any conflict between the content of this notice and the policy, the policy controls.

Once election forms are received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current medical enrollment is correct. Your online enrollment in medical plan must be completed by your eligibility date.

Additionally, the Affordable Care Act created an online marketplace to find, compare and purchasing health insurance coverage, referred to as a Health Insurance Marketplace, or Exchange. Please view [The Healthcare Exchange Notice](#) Included in your Benefits Guide. If you purchase coverage through the Marketplace, you may be eligible for a federal subsidy that lowers your monthly premiums or reduces your cost sharing. However, to receive these federal savings, you cannot be eligible for health plan coverage through the Company that is affordable and provides "minimum value." More information on the health care reform law and the Marketplaces is available at [www.healthcare.gov](http://www.healthcare.gov)

**Employee Acknowledgement: I acknowledge I have received the BANKW Staffing Offer of Coverage, policies and information about eligibility and election process described above.**

<b>Employee Signature:</b>	
<b>Printed Name:</b>	
<b>Date:</b>	

**\*SIGNING PAGE ONE OF THIS DOCUMENT DOES NOT ENROLL YOU IN COVERAGE\***

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**BANKW Staffing Harvard Pilgrim Health Care HMO HSA | Summary & Election Form  
Effective December 1, 2023 – November 30, 2024**

*The HMO HSA plan is only available to employees who reside inside the Harvard Pilgrim Health Care New England Service Area.*

Provider Name Harvard Pilgrim Health Care of New England  
 Provider Phone Number 1-888-333-4742  
 Provider Web Address [www.harvardpilgrim.org](http://www.harvardpilgrim.org)

Plan Feature	Harvard Pilgrim Best Buy HMO HSA (3974/Rx1337)
Are Referrals Required?	Yes
Preventive Care	Covered in full
Office Visit	Deductible, then no charge
Specialist Visit	Deductible, then no charge
Plan Year Deductible	\$6,000 individual / \$12,000 family
Out-of-Pocket Maximum (includes all cost sharing)	\$6,500 individual / \$13,000 family
Inpatient/Outpatient Facility Services	Deductible, then no charge
Outpatient Speech/Physical/ Occupational Therapies	Deductible, then no charge – maximum of 60 visits combined
Lab X-ray and Ultrasound	Deductible, then no charge
High Cost Diagnostics (MRI,MRA,CTA,CT,PET,SPECT)	Deductible, then no charge
Chiropractic Coverage	Deductible, then no charge - maximum of 12 visits
Emergency Room / Urgent Care *ER copay waived if admitted	Deductible, then no charge Deductible, then no charge
Prescription Drug Coverage	Deductible, then \$5 / \$20 / 20% / 30%

**MEDICAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES**

Coverage Enrollment Options:	Employee	EE & Spouse	EE & Child(ren)	Family
Your Pay Rate \$14.99/hour or under	\$38.08	\$234.36	\$202.32	\$366.57
Your Pay Rate \$15.00/hour-\$18.49/hour	\$40.85	\$237.13	\$205.09	\$369.33
Your Pay Rate \$18.50/hour & above	\$50.54	\$246.82	\$214.79	\$379.03

**HPHC HMO HSA MEDICAL PLAN ELECTION FORM**

To elect coverage, please complete and return this medical plan election form with your intention to enroll within 30 calendar days of the original date-of-hire. You may send the form via email [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) or fax 1-866-313-4798. Once received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current benefit enrollment is correct. Your online enrollment in benefits must be completed by your benefit eligibility date.

**Employee Acknowledgement:**

I acknowledge that the documents describing the terms and conditions of coverage, coverage options, and costs of coverage under the BANKW Staffing, LLC Medical Plan – Harvard Pilgrim Best Buy HSA HMO (the “Medical Plan”), were provided to me electronically via email, prior to my eligibility to join the plan. I acknowledge that all relevant Medical Plan documents for contractor employees are posted on the Company’s website [www.bankwstaffing.com](http://www.bankwstaffing.com) and that I may request a paper copy of any relevant plan document(s), free of charge, by contacting Human Resources at 603-637-4510. I have had the opportunity to review these documents in advance of my election, and I understand that if I have any questions about the Medical Plan, I may contact Human Resources at 603-637-4510. I understand that if I enroll in Medical Benefits, I am making a binding election concerning my benefits and authorizing payroll deductions on a pre-tax basis for the Medical Plans elected through my employer-sponsored Section 125 Cafeteria Plan.

Employee Signature:	
Printed Name:	
Date:	

Human Resources Department [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) 603-637-4510

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS ON PAGES 2-4 OF THIS NOTICE AS APPLICABLE BASED ON YOUR COVERAGE NEEDS. PLEASE SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM)**

**BANKW Staffing Harvard Pilgrim Health Care PPO HSA | Summary & Election Form  
Effective December 1, 2023 – November 30, 2024**

*The PPO HSA plan is only available to employees who reside outside of the Harvard Pilgrim Health Care New England Service Area. The New England Service area includes Maine, New Hampshire, Massachusetts, Vermont, and Rhode Island.*

Provider Name Harvard Pilgrim Health Care of New England  
 Provider Phone Number 1-888-333-4742  
 Provider Web Address [www.harvardpilgrim.org](http://www.harvardpilgrim.org)

Plan Feature (In-Network)	Harvard Pilgrim Best Buy PPO HSA In-Network (3981/Rx1337)
Are Referrals Required?	No
Preventive Care	Covered in full
Office Visit	Deductible, then no charge
Specialist Visit	Deductible, then no charge
Plan Year Deductible	\$6,000 individual / \$12,000 family
Out-of-Pocket Maximum (includes all cost sharing)	\$6,500 individual / \$13,000 family
Inpatient/Outpatient Facility Services	Deductible, then no charge
Outpatient Speech/Physical/ Occupational Therapies	Deductible, then no charge – maximum of 60 visits combined
Lab X-ray and Ultrasound	Deductible, then no charge
High-Cost Diagnostics (MRI,MRA,CTA,CT,PET,SPECT)	Deductible, then no charge
Chiropractic Coverage	Deductible, then no charge - maximum of 12 visits
Emergency Room / Urgent Care	Deductible, then no charge
*ER copay waived if admitted	Deductible, then no charge
Prescription Drug Coverage	Deductible, then \$5 / \$20 / 20% / 30%

**MEDICAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES**

Coverage Enrollment Options:	Employee	EE & Spouse	EE & Child(ren)	Family
Your Pay Rate \$14.99/hour or under	\$38.08	\$250.38	\$215.69	\$393.30
Your Pay Rate \$15.00/hour-\$18.49/hour	\$40.85	\$253.15	\$218.46	\$396.06
Your Pay Rate \$18.50/hour & above	\$50.54	\$262.84	\$228.15	\$405.76

**HPHC PPO HSA MEDICAL PLAN ELECTION FORM**

To elect coverage, please complete and return this medical plan election form with your intention to enroll within 30 calendar days of the original date-of-hire. You may send the form via email [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) or fax 1-866-313-4798. Once received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current benefit enrollment is correct. Your online enrollment in benefits must be completed by your benefit eligibility date.

**Employee Acknowledgement:**

I acknowledge that the documents describing the terms and conditions of coverage, coverage options, and costs of coverage under the BANKW Staffing, LLC Medical Plan – Harvard Pilgrim Best Buy HSA PPO (the “Medical Plan”), were provided to me electronically via email, prior to my eligibility to join the plan. I acknowledge that all relevant Medical Plan documents for contractor employees are posted on the Company’s website [www.bankwstaffing.com](http://www.bankwstaffing.com) and that I may request a paper copy of any relevant plan document(s), free of charge, by contacting Human Resources at 603-637-4510. I have had the opportunity to review these documents in advance of my election, and I understand that if I have any questions about the Medical Plan, I may contact Human Resources at 603-637-4510. I understand that if I enroll in Medical Benefits, I am making a binding election concerning my benefits and authorizing payroll deductions on a pre-tax basis for the Medical Plans elected through my employer-sponsored Section 125 Cafeteria Plan.

Employee Signature:	
Printed Name:	
Date:	

Human Resources Department [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) 603-637-4510

**TO ELECT COVERAGE, YOU MUST PRINT, COMPLETE AND RETURN THE BENEFIT ELECTION FORMS ON PAGES 2-4 OF THIS NOTICE AS APPLICABLE BASED ON YOUR COVERAGE NEEDS.**

**PLEASE SEND COMPLETED FORMS TO [HR@BANKWSTAFFING.COM](mailto:HR@BANKWSTAFFING.COM)**

**BANKW Staffing Northeast Delta Dental | Summary & Election Form**

**Effective December 1, 2023 – November 30, 2024**

**Dental Summary Guide & Election Form**

Provider Name Northeast Delta Dental  
 Provider Phone Number 800-832-5700  
 Provider Web Address [www.nedelta.com](http://www.nedelta.com)

**DENTAL PLAN – WEEKLY COST FOR CONTRACT EMPLOYEES**

Coverage Enrollment Options: Rates	Employee	EE & Spouse	EE+ Child	EE & Child(ren)	Family
	\$12.99	\$23.79	\$23.79	\$41.39	\$41.39

Dental Type of Service	PPO Plus Premier
Plan Pays	In & Out of Network
Diagnostic & Preventive Services	100% (no waiting period)
Basic Services	80% (no waiting period)
Major Services	50% (6 month waiting period)
Orthodontics (Child & Adult) \$1,500 per member lifetime maximum	50% (6 month waiting period)
One-time Deductible	\$100 per person / \$300 per family
Calendar Year Maximum	\$2,000 per person
Carryover	Yes
Carryover Threshold	\$500
Carryover Amount (per year)	\$250
Double-Up Max Limit	\$2000

If this Northeast Delta Dental plan is replacing an existing group dental plan that covers the services to which the waiting periods apply, the waiting periods will be waived for enrollees whose effective date of coverage coincides with the *original* effective date of this plan.

**DENTAL PLAN ELECTION FORM**

To elect coverage, please complete and return this dental plan election form with your intention to enroll within 30 calendar days of the original date-of-hire. You may send the form via email [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) or fax 1-866-313-4798. Once received, you will receive an email with further instructions and be granted login access to our online benefit management system. During the registration process you will be required to enter and confirm personal identifying data and ensure your current benefit enrollment is correct. Your online enrollment in benefits must be completed by your benefit eligibility date.

**Employee Acknowledgement:**

I acknowledge that the documents describing the terms and conditions of coverage, coverage options, and costs of coverage under the BANKW Staffing, LLC Dental Plan, were provided to me electronically via email, prior to my eligibility to join the plan. I acknowledge that all relevant Dental Plan documents for contractor employees are posted on the Company's website [www.bankwstaffing.com](http://www.bankwstaffing.com) and that I may request a paper copy of any relevant plan document(s), free of charge, by contacting Human Resources at 603-637-4510. I have had the opportunity to review these documents in advance of my election, and I understand that if I have any questions about the Dental Plan, I may contact Human Resources at 603-637-4510. I understand that if I enroll in Dental Benefits, I am making a binding election concerning my benefits and authorizing payroll deductions on a pre-tax basis for the Dental Plan elected through my employer-sponsored Section 125 Cafeteria Plan.

Employee Signature:	
Printed Name:	
Date:	

Human Resources Department [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) 603-637-4510



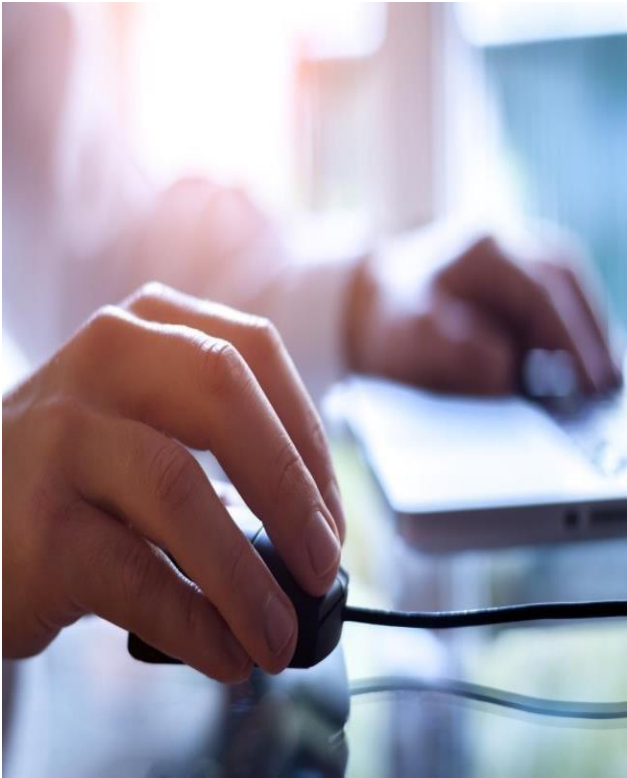
# Benefits Enrollment Guide For Contract Employees



**BANKW Staffing For  
Plan Year  
December 1, 2023 to  
November 30, 2024**

## WHAT'S INSIDE THIS GUIDE?

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As a contract employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare your options.

The information provided in this Guide is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added, or terminated at any time, at BANKW Staffing's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal or tax advice or legal or tax opinion on any specific facts or circumstances. Readers and participants are urged to consult their legal counsel and tax advisor concerning any legal or tax questions that may arise. Any tax advice contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U. S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter.

# WELCOME

Welcome to BANKW Staffing! As an active full-time contract employee, you are eligible to participate in our competitive benefits program. This summary of benefits is provided to give you a general overview of the benefit choices you have as a contract employee. Employee benefit plans and policies may be changed at the sole discretion of the company at any time. Please be sure to review this information carefully.

Contract employees must notify the Company within 30 calendar days of the original date-of-hire (whether or not the employee is employed with the Company for the entire 30-day period) as to whether or not the contract employee will choose to enroll in or waive coverage under our Medical Plan for the Initial Measurement Period. If the contract employee does not respond within that period, the Company will assume the contract employee has chosen to waive coverage for the Initial Measurement Period. Otherwise, your next opportunity to elect coverage will be during the Standard Stability Period, under the look-back measurement method for Ongoing Employees as outlined in the Eligibility Policy for Contract Employees, unless you have a qualifying special enrollment or status change event under applicable law.

If you elect coverage in the first 30 calendar days of the original date-of-hire, your coverage will take effect on the 90<sup>th</sup> day following your date of hire. Once you have elected your benefits, they will be in effect for the plan period. The only time you may change your benefits during the plan year is in the event of a qualifying life event. Changes to your benefits due to a qualifying life event must be processed within 30 days of the event- for additional details on qualifying events, please see Page 4. Please notify Human Resources if you would like to request a change. Otherwise, those who wish to change their benefits, but have not had a qualifying event, may do so during our annual open enrollment period. Our plan year currently runs December 1<sup>st</sup> – November 30<sup>th</sup>.

To elect coverage, you must complete and return the medical plan election form(s) found on Pages 11-14 with your intention to enroll, within 30 calendar days of your original date-of-hire. Please send the form(s) via email [hr@bankwstaffing.com](mailto:hr@bankwstaffing.com) or fax 1-866-313-4798.



*Please note, the contents of this Benefits Summary Guide are presented for illustrative purposes only, and is based on information on certificates and policies. BANKW Staffing has created this Summary in an effort to assist employees in a general overview of company benefits. We have been careful to describe benefits accurately; however, discrepancies or errors are possible. We encourage employees to read actual plan documents when researching information. If there is a discrepancy found, the actual plan documents will prevail. If you have any questions, please contact Human Resources.*

# Qualifying Events

The decisions you make regarding your benefits deserves your careful consideration. Your choices will be in effect for the plan year. You will be able to make changes during the plan year only in the event of an IRS qualified family status change. Be sure to review the plan's covered and non-covered services and any restrictions on your choice of providers.

Benefits are elected on an annual basis and can only be changed during Open Enrollment. However, certain life events qualify you for changes to your benefits during the year. All benefit changes require two conditions to be met before they can be approved. All changes must be requested and appropriate documented proof must be provided within 30 days of the event. If both conditions are not met within the 30 days, the life event will not be approved and the next opportunity to make changes will be at Open Enrollment.

LIFE EVENT	CHANGES ALLOWED	ACCEPTED DOCUMENTATION
<b>Birth</b>	Add New Child	Birth Certificate, Vanity Birth Certificate (feet print), crib card, hospital discharge papers, letter from Doctor or midwife
<b>Adoption</b>	Add New Child	Final Adoption Papers, or placement for adoption papers
<b>Marriage</b>	Add Spouse	Marriage Certificate
<b>Divorce, Annulment or Legal Separation</b>	Drop Ex-Spouse	Divorce Decree or Court Order
<b>Death</b>	Drop deceased dependent	Death Certificate or Letter from officiate
<b>Gain Coverage Elsewhere</b>	Drop coverage for yourself and any dependents also gaining other coverage	Letter from new carrier or enrollment documentation for each person
<b>Loss of Coverage Elsewhere</b>	Add coverage under the Plans for yourself and any dependents that have also lost coverage	Creditable Coverage Certificate, Letter from Prior Carrier, or Letter from Sponsor of prior plan (employer) for each person



# EMPLOYEE CONTRIBUTIONS

Effective December 1, 2023 – November 30, 2024

For your reference we have listed your employee contributions per pay period below:

Medical - HSA HMO Plan	Employee Weekly
<b>Contract Employee Pay Rate \$14.99 &amp; under</b>	
Employee	\$38.08
EE & Child(ren)	\$202.32
EE & Spouse	\$234.36
Family	\$366.57
<b>Contract Employee Pay Rate \$15.00 to \$18.49</b>	
Employee	\$40.85
EE & Child(ren)	\$205.09
EE & Spouse	\$237.13
Family	\$369.33
<b>Contract Employee Pay Rate \$18.50 and over</b>	
Employee	\$50.54
EE & Child(ren)	\$214.79
EE & Spouse	\$246.82
Family	\$379.03
Medical - HSA PPO Plan	Employee Weekly
<b>Contract Employee Pay Rate \$14.99 &amp; under</b>	
Employee	\$38.08
EE & Child(ren)	\$215.69
EE & Spouse	\$250.38
Family	\$393.30
<b>Contract Employee Pay Rate \$15.00 to \$18.49</b>	
Employee	\$40.85
EE & Child(ren)	\$218.46
EE & Spouse	\$253.15
Family	\$396.06
<b>Contract Employee Pay Rate \$18.50 and over</b>	
Employee	\$50.54
EE & Child(ren)	\$228.15
EE & Spouse	\$262.84
Family	\$405.76
Dental	Employee Weekly
Employee	\$12.99
Employee + One	\$23.79
Family	\$41.39

*For domestic partners that do not qualify as dependents under Section 152 of the Internal Revenue Code, premium associated with domestic partner coverage will be paid by the employee with after-tax dollars and the fair market value of any employer contributions made on behalf of your domestic partner will be imputed as income to the employee.*

*Unless otherwise requested, premiums will automatically be deducted on a pre-tax basis.*



# MEDICAL BENEFITS

Everyone has different medical benefit needs. BANKW Staffing offers medical benefits through Harvard Pilgrim Health Care. Coverage for this benefit will begin on the 90<sup>th</sup> day following date of employment for full-time employees.

## Harvard Pilgrim Health Care Best Buy HSA HMO Plan

HMO: Everyone must choose a primary care physician (PCP) to deliver or refer your care. Choose a PCP from within the Harvard Pilgrim Health Care Plan Network. There is no coverage for health care services delivered by health care providers outside the network.

Benefits Design	In Network
Plan Year Deductible (Single / Family)	\$6,000/\$12,000
Out-of-Pocket Maximum	\$6,500/\$13,000
Office Visit (Primary Care / Specialist)	100% covered after deductible
Preventive Care	100% covered
Inpatient Care	100% covered after deductible
Outpatient Care/Surgery	100% covered after deductible
Diagnostic x-rays, lab tests	100% covered after deductible
Imaging (CT/PET scans, MRI's)	100% covered after deductible
Chiropractic Services (12 visits per calendar year)	100% covered after deductible
Urgent Care	100% covered after deductible
Emergency Room	100% covered after deductible
Rx - Retail Supply (Generic / Preferred / Non-Preferred)	\$5/\$20/20%/30% (30 day)
Rx - Mail-Order Supply (Generic / Preferred / Non-Preferred)	\$10/\$40/20%/30% (90 day)
Rx - Specialty Supply (30 Days)	All Drugs covered in tiers 1 - 4
Rx - Specialty Supply (90 Days)	N/A



# MEDICAL BENEFITS (CONTINUED)

Everyone has different medical benefit needs. BANKW Staffing offers medical benefits through Harvard Pilgrim Health Care. Coverage for this benefit will begin on the 90<sup>th</sup> day following date of employment for full-time employees.

## Harvard Pilgrim Health Care Best Buy HSA PPO Plan

***The PPO HSA plan is only available to employees who reside outside of the Harvard Pilgrim Health Care New England Service Area. The New England Service area includes Maine, New Hampshire, Massachusetts, Vermont, and Rhode Island.***

PPO: In order to receive the highest benefit level and reduce your potential out-of-pocket expenses, please be sure to use an in-network provider whenever possible. If you choose to use an out-of-network provider, you may be responsible for balance billing.

Benefits Design	In Network	Out of Network
Plan Year Deductible (Single / Family)	\$6,000/\$12,000	\$6,250/\$12,500
Out-of-Pocket Maximum	\$6,500/\$13,000	\$10,000/\$20,000
Office Visit (Primary Care / Specialist)	100% covered after deductible	80% covered after deductible
Preventive Care	100% covered	80% covered after deductible
Inpatient Care	100% covered after deductible	80% covered after deductible
Outpatient Care/Surgery	100% covered after deductible	80% covered after deductible
Diagnostic x-rays, lab tests	100% covered after deductible	80% covered after deductible
Imaging (CT/PET scans, MRI's)	100% covered after deductible	80% covered after deductible
Chiropractic Services (12 visits per calendar year)	100% covered after deductible	80% covered after deductible
Urgent Care	100% covered after deductible	80% covered after deductible
Emergency Room	100% covered after deductible	
Rx - Retail Supply (Generic / Preferred / Non-Preferred)	\$5/\$20/20%/30% (30 day)	N/A
Rx - Mail-Order Supply (Generic / Preferred / Non-Preferred)	\$10/\$40/20%/30% (90 day)	N/A
Rx - Specialty Supply (30 Days)	All Drugs covered in tiers 1 - 4	N/A
Rx - Specialty Supply (90 Days)	N/A	

# MAXIMIZING YOUR COVERAGE WHILE SPENDING LESS OUT OF POCKET

Here are a few key points to help you get the most value out of your health plan:

Minimize your out-of-pocket expenses

**There are many options of places to receive care when you are not feeling well and cannot get to your PCP. Each option has a cost share which is based on the type of venue you receive the care from. Below is information on the different places you can receive care when you cannot see your PCP:**

Use the Emergency Room ONLY for emergencies

**Emergency Room:** Emergency Rooms are open 24 hours a day for potentially life-threatening emergencies. The plan will cover emergency care no matter where you are, even out of your network area. Once your condition is stable, you will generally be moved to an in-network provider for follow-up care. The cost for an Emergency Room visit is higher than the cost for an Office Visit or Urgent or Convenience Care Center visit.

**Urgent Care Centers:** Urgent Care Centers are intended to provide treatment for less serious conditions after regular office hours or when your Primary Care Physician is not available. Urgent care centers may be attached to a hospital, or may be separate facilities. They are not equipped to deal with life-threatening conditions. The cost for an Urgent Care visit is lower than the cost for an ER visit.

**Convenience Care/Walk-In Clinics:** Convenience Care Clinics treat most minor medical by a nurse practitioner or physician's assistant. Patients are seen without appointment for low-level aches and pains such as stomachache, cold/flu symptoms, and fevers. The cost for a Convenience Care/Walk-In Clinic is comparable to the cost of an Urgent Care Center.

**Telehealth:** Telehealth providers can treat illnesses and injuries, chronic conditions, general health and wellness issues as well as behavioral health issues. Services are provided via a mobile phone or computer via skype. The cost for telehealth services is the same as a visit to your PCP.



# DENTAL BENEFITS

Regular dental care is essential to good health. BANKW Staffing provides you with an opportunity to purchase Dental coverage with Northeast Delta Dental. You are eligible for this benefit the first of the month following 60 days of employment.

## SUMMARY OF DENTAL BENEFITS

### In-network vs. out-of-network

The BANKW Staffing’s Dental Plan is designed to provide the dental coverage you need with the features you want. Take advantage of what this plan has to offer without compromising what matters most - including the freedom to visit the dentist of your choice, in- or out-of-network.



### Be prepared and plan ahead

For the best savings, use a Northeast Delta Dental participating dentist or specialist. You can find a dentist by visiting the Northeast Delta Dental website, [www.nedelta.com](http://www.nedelta.com). You can also call Northeast Delta Dental at 603-233-1000 or toll-free at 800-832-5700. Just show your dental plan card when you visit the dentist. If you choose a dentist who does not participate in our dental plan, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist’s fee and the plan’s payment for the approved service.

Before you get any major dental work, you should talk to your dentist about getting a pre-treatment estimate. That’s when your dentist sends the plan for your care to Northeast Delta Dental. For most procedures, you and your dentist will receive the estimate – online or by fax – during your visit. The statement shows amounts for what your plan covers. Then you and your dentist can talk about your care and costs before your treatment. It’s a great way to be prepared and plan ahead.



Delta Dental PPO Plus Premier		
	In Network	Out of Network
Calendar Year Deductible	\$100/\$300 (Basic & Major Services)	
Calendar Year Maximum:	\$2,000	
Rollover Max	Included	
Payment Rate for:		
Diagnostic & Preventive	100%	100%
Basic Services	80%	80%
Major Services*	50%	50%
Orthodontia (Up to age 19)*		50%
Orthodontia Lifetime Maximum		\$1,000
Services		
Cleanings		Preventive
Fillings		Basic
Root Canals		Basic
Crowns		Major

**\*There is a six month waiting period for Major and Orthodontia services for new enrollees who enroll after the original effective date unless moving from one Northeast Delta Dental plan to this Northeast Delta Dental plan with no more than one month gap in coverage.**

# DENTAL BENEFITS- HOW PROGRAM

All of Northeast Delta Dental’s group plans include our industry-leading Health *through* Oral Wellness® (HOW®) program at no additional charge. HOW® provides additional preventive benefits to members who are at risk for oral disease, thereby helping them achieve better oral health.

At-risk members are identified through the use of a clinical risk assessment tool that we have provided to dentists at no charge. Eligible members who receive a score of 3 to 5 on a 5-point scale automatically receive additional benefits based on their oral health condition. HOW® is simple and free and it works like this:

	<p><b>STEP 1:</b> The dentist or hygienist performs a clinical oral health risk assessment and submits it to Northeast Delta Dental electronically and receives a score.</p>
	<p><b>STEP 2:</b> Members scoring between 3 and 5 on a five-point scale are immediately eligible for enhanced benefits.*</p>

\*Additional preventive benefits are subject to the provision of your patient’s Northeast Delta Dental policy. Only the clinical risk assessment performed by you can determine your patient’s eligibility for additional preventive benefits.

Oral Health Condition	Benefits	Frequency
<p><b>Caries (Tooth Decay)</b></p>	<p>Caries Susceptibility Test Child or Adult Cleaning Fluoride Varnish or Topical Fluoride Nutritional Counseling or Oral Hygiene Instruction Sealants</p>	<p>Once per 12 months Combination up to 4 per 12 months<sup>3</sup> Combination up to 4 per 12 months Once per 12 months<sup>1</sup> Once per 12 months<sup>1</sup> Once per 3 years<sup>2</sup></p>
<p><b>Periodontal (Gum) Disease</b></p>	<p>Adult Cleaning and Periodontal Maintenance Nutritional Counseling or Tobacco Cessation Counseling or Oral Hygiene Instruction</p>	<p>Up to 4 per 12 months<sup>3</sup> Once per 12 months<sup>4</sup> Once per 12 months<sup>4</sup> Once per 12 months<sup>4</sup></p>

\*Enhanced benefits are subject to change and are subject to standard policy provisions, including, but not limited to, coinsurance percentages, copayments, and plan maximums. As with all benefits, eligibility confirmation should be obtained via Northeast Delta Dental at [www.nedelta.com](http://www.nedelta.com) or from customer service at 1-800-832-5700.

<sup>1</sup> Either one nutritional counseling or one oral hygiene instruction is covered in a 12-month period.

<sup>2</sup> Sealants are a covered benefit based on caries risk assessment for unrestored primary molars and for unrestored permanent premolars, and molars— one sealant per tooth every three years.

<sup>3</sup> Combination of prophylaxis, periodontal maintenance, or full mouth debridement (once in a lifetime benefit) not to exceed four in a 12-month period.

<sup>4</sup> Either one nutritional counseling, or one oral hygiene instruction, or one tobacco cessation counseling is covered in a 12-month period.

Form No. HOW-SOEB\_group Rev. 111522

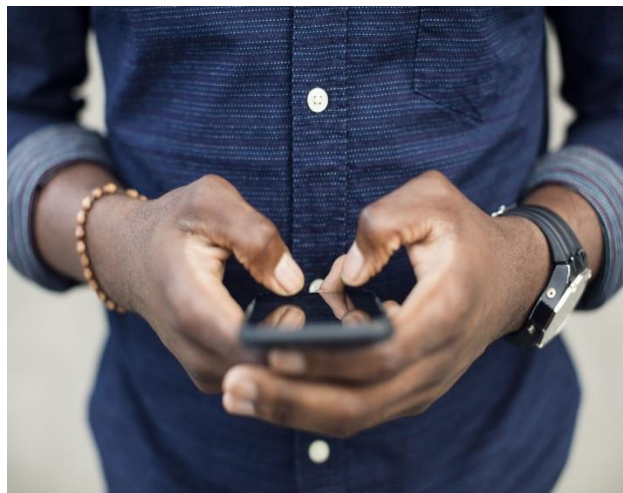
Members can register for HOW® at [www.HealthThroughOralWellness.com](http://www.HealthThroughOralWellness.com) to receive information about the oral health topics of their choosing. Enhanced benefits are subject to change and are subject to standard policy provisions, including, but not limited to, coinsurance percentages, copayments, and plan maximums. As with all benefits, eligibility confirmation should be obtained via Northeast Delta Dental’s Benefit Lookup site at [www.nedelta.com](http://www.nedelta.com) or from customer service at 1-800-832-5700.

# CONTACT NUMBERS & WEBSITE LINKS

We encourage all of our employees and their families to become familiar with and use the resources offered.

Below is a list of websites and telephone numbers where you can obtain information about your benefit plan coverage. In most cases, you can register to securely access your benefit information online. This will enable you to review important information about your coverage, locate a doctor, view your claims history and research various health related topics.

Plan Type:	Carrier Name:	Contact Information:
Medical	Harvard Pilgrim Health Care	<a href="http://www.harvardpilgrim.org">Website: www.harvardpilgrim.org</a> Phone Number: 1-888-333-4742
Dental	Northeast Delta Dental	<a href="http://www.nedelta.com">Website: www.nedelta.com</a> Phone Number: 1-800-832-5700
Human Resources	BANKW Staffing, LLC	Email: <a href="mailto:hr@bankwstaffing.com">hr@bankwstaffing.com</a> Phone Number: 1-603-637-4510



# Telehealth

Provided by Doctor On Demand

## Access virtual health care in minutes 24/7

Connect with a U.S. board-certified provider via your smartphone, tablet or computer from anywhere in the world<sup>1,2</sup> and in less than 15 minutes. Get care for concerns such as bronchitis, sinus issues, pink eye, UTIs, or skin rashes.

## Access confidential therapy your way

Doctor On Demand licensed providers can support you with concerns such as anxiety, depression, grief, family issues, trauma or PTSD. Choose from a variety of therapists with different backgrounds and specialties, and build a relationship with the provider who best meets your needs. Doctor On Demand providers can also order your prescription<sup>3</sup> at your local pharmacy when medically necessary.



95% case resolution rate



4.5 min average wait time



4.9 out of 5 stars average rating



Providers with 17+ years average experience and diverse background



**60%**  
Female



**69%**  
Parents



**20%**  
LGBTQ+

## What our members are saying:

"With Doctor On Demand I don't have rearrange my schedule and worry about the logistics of driving to an office. The service works around me and my family instead."

-Harvard Pilgrim Health Care Member



Set up your account at [doctorondemand.com/harvard-pilgrim](https://doctorondemand.com/harvard-pilgrim)

<sup>1</sup>In case of emergency, please call 9-1-1 or visit the nearest emergency department.

<sup>2</sup>This excludes U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List). Physicians will not order prescriptions for patients calling from outside the U.S.

<sup>3</sup>Doctor On Demand physicians do not prescribe Schedule I-IV DEA controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.





# Reduce My Costs

## Shop, Save, and Earn

Did you know that the cost of a common MRI can range from \$780 to \$2,230 depending on where you go?<sup>1</sup> Reduce My Costs is a personalized health care concierge service, you can connect with a nurse, via phone or chat, who can help you find high-quality, cost-effective providers near you. Depending on the service and the associated cost savings, you could earn a Visa® gift card.<sup>2</sup> The Reduce My Costs program includes most outpatient services and tests that are ordered by your provider such as lab work, MRIs and mammograms and more.<sup>3</sup>



### Lower costs and more savings

On average, you can save more than \$1,000 for services such as a colonoscopy or an MRI. And, if you're already seeing a cost-effective provider, you'll receive a reward just for using the Reduce My Costs program.<sup>4</sup>



### Quick and easy access

Get exclusive access to an experienced nurse who will help you compare costs and shop for cost-effective providers near you. The nurse can assist with appointment scheduling or required paperwork, if needed.



### What members are saying:

*"Janine at Reduce My Costs helped me get the MRI I needed for \$254 instead of \$1200. This was tremendous savings!"*  
– Mr. Cox, Harvard Pilgrim member



## Make the call and get rewarded

Connect with a nurse at (855) 772-8366 or scan the QR code to chat.  
Monday through Friday from 8 a.m. to 6 p.m. ET.



<sup>1</sup>Ranges are based on Harvard Pilgrim's data, actual service prices vary by provider type and location. The figures represent Q1 2022.

<sup>2</sup>Cash rewards comes in an e-gift card format that is emailed directly to the member. Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Rewards vary based on plan and state.

<sup>3</sup>Your health plan may require a referral and/or prior authorization before you receive services from a cost-effective provider. To ensure the services will be covered, please refer to your plan documents or contact Harvard Pilgrim at (888) 333-4742.

<sup>4</sup>Reduce My Costs program is included with all fully insured plans except Littleton Options HMO. Buy up options are available to self insured employers. Ask your employer if your plan includes the Reduce My Costs program.



# Living Well Program

Earn up to \$120 in rewards

## How it works:<sup>1</sup>

Enroll in the Living Well™ program and earn rewards for participating in a variety of informative, fun and interactive activities including topics such as:

- › Stress management
- › Self-care
- › Healthy eating
- › Volunteerism
- › Financial literacy
- › Physical activity
- › Environmental wellness
- › Health plan literacy

## Subscriber rewards — Earn up to \$120 in gift cards.

You'll earn rewards incrementally, so the more you participate in the program, the more rewards you earn. Subscribers can achieve up to eight levels, at \$15 each, for a total of \$120 in gift cards each year.

Covered dependents or employees who are not Harvard Pilgrim members can participate in a separate program where they can earn points towards monthly gift card drawings.

## Well-being as you define it.

### A community, at your fingertips.

Our program is packed with tools that let you define your own vision of well-being. Here are some of the features:



Customize to suit your goals



Sync to your wearable device



Connect with others for tips and advice



Connect with a personal health coach

Our digital engagement platform is easily accessible from most devices so you can stay on top of your goals wherever you are.



Get started at [harvardpilgrim.org/livingwelleveryday](https://harvardpilgrim.org/livingwelleveryday)

<sup>1</sup> Rewards are available for fully-insured commercial accounts rated as large group, with 51-999 eligible employees. Rewards may be taxable, please consult with your tax adviser.



# Estimate My Cost

## Get costs before you get care

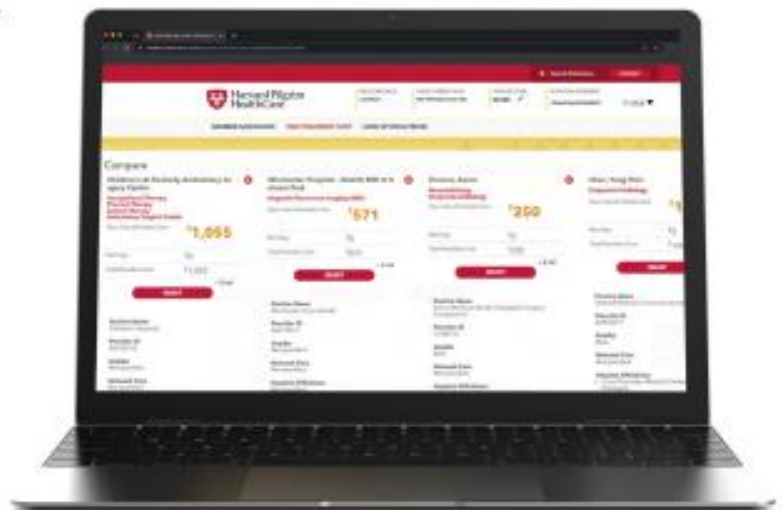
Prices for the exact same procedure can vary by hundreds or even thousands of dollars. Harvard Pilgrim's Estimate My Cost tool helps you estimate your out-of-pocket costs and get quality care from a provider that fits your budget.

This tool can also help you:

- › Estimate your out-of-pocket costs before you select a provider
- › Compare cost and quality ratings for multiple providers and facilities
- › Find and choose a doctor or hospital
- › Make more informed, cost-conscious care decisions
- › Plan and budget for the care you need—get an evaluation and discuss your options with your doctor

## Get started in 3 easy steps:

1. Log in to your member account at [harvardpilgrim.org/login](https://harvardpilgrim.org/login)
2. Click "Tools & Resources" at the top of the page
3. Click "Estimate My Cost"



To learn more visit [harvardpilgrim.org/public/estimate-my-cost](https://harvardpilgrim.org/public/estimate-my-cost)

Prices are generated by HealthTrio and Harvard Pilgrim. They are personalized estimates and may not reflect the actual total price. The estimates are based on the details of your Harvard Pilgrim plan as of today. If there is not enough cost information available for your specific plan, the pricing you see will be based on the experience of a wider range of Harvard Pilgrim plans. In these cases, the amount shown may be less accurate than a cost estimate based on your specific plan. Also, the actual cost may differ if you receive additional services, your coverage changes, or the provider bills the service differently. It's important to note that you should not rely only on this or any other price estimate to make your health care purchasing decisions. Please note that some services may require a referral from your primary care provider or prior authorization before you receive the service. See your plan documents for more details.

# Save money on select services

Costs for medical tests and procedures often vary widely with no significant difference in quality. So why pay more if you don't have to?

**Visit an LP provider and pay lower out-of-pocket costs for:**

- Lab tests (excluding genetic testing)
- Outpatient surgery services

## When you use LP providers:



The deductible will not apply.



There is no charge for covered lab tests, excluding genetic testing.



You'll pay a copayment for outpatient surgery.\*

\* Different member cost sharing may apply. Check your Schedule of Benefits for details. The Schedule of Benefits governs in the event that the information in this document is different.

Visit [harvardpilgrim.org/LPplans](https://harvardpilgrim.org/LPplans) to learn more and to find LP providers who can help you save money.

**Note:** Most HMO plans require a referral from your primary care provider or specialist. See the Benefit Handbook for details. Review your Schedule of Benefits for details on cost sharing.

Depending on your plan,\* you may also pay lower cost sharing when you visit providers that are not affiliated with hospitals for:

- MRI, CT/CAT and PET scans
- Physical, speech and occupational therapy

The deductible will not apply, and you will pay either a copayment or coinsurance.\*

Check your Schedule of Benefits for details, and visit [harvardpilgrim.org/LPplans](https://harvardpilgrim.org/LPplans) to find non-hospital-affiliated providers.



Download the Limeade app

# Check your wellness wherever you are!

## To get started:

**1** Download the Limeade app  in the Google Play Store or App Store

**2** Open the Limeade app and enter the mobile program code **HPHC**

**3** Log in using your Harvard Pilgrim online member or guest account\*

\* If you do not have a Harvard Pilgrim online account, go to [www.harvardpilgrim.org/wellnessaccount](http://www.harvardpilgrim.org/wellnessaccount) to create an account. May take up to 24 hours for your guest account to be activated



## Need assistance?

Email [HPWellness@harvardpilgrim.org](mailto:HPWellness@harvardpilgrim.org) or call (877) 594-7183, Monday-Friday, 9am-5pm EST

[www.harvardpilgrim.org/wellnessaccount](http://www.harvardpilgrim.org/wellnessaccount)



## Behavioral Health Service Navigation

Our specially trained Service Navigators provide personalized help to find and access the care that's right for you and your dependents. They can help you:



Navigate the complex health care system through enhanced personalized interactions



Connect to Harvard Pilgrims' support and programs, such as care managers



Locate providers and obtain timely behavioral health appointments



Learn more about the innovative tools and services we offer to support your needs



## Care Management Programs

Our licensed, integrated care managers have extensive experience and will work with you and our network of providers to help you manage medical and behavioral health conditions, create an aftercare plan and connect you with a variety of resources to ensure optimal health.

**Care Coordination** offers assistance in finding services for members with co-existing medical and/or behavioral health conditions.

**Complex Care** aims to achieve optimal health and functioning through a comprehensive assessment and tailored care plan based on the member/guardian's priorities for both adults and children with complex and immediate needs.

**Addiction Recovery** offers information on personalized recovery plans and treatment programs for members who are taking steps towards recovery from substance use and have recently received inpatient treatment for substance use.

**Transition to Home** offers resources for aftercare plans to assist members who have recently been hospitalized and need help transitioning back home.

## **Emergency Department**

**Readmission Diversion** offers support and assistance for members who have recently visited the emergency room due to medical or behavioral health symptoms.

**Supportive Care** is designed to assist both adults and children in achieving their health goals. This program is available to members who do not require complex care and may have recently received other treatment, such as in the emergency room. Our care managers provide extended support for those who need additional assistance for a longer period of time. They also work in tandem with our behavioral health team to provide whole-person care for members who have both medical and behavioral health needs.

**Post Facility Discharge** is designed to support members who have recently been discharged from an acute level of care for their behavioral health needs. Our care managers work to ensure follow-up needs are met and identify any risks for readmission, providing a smooth transition back to the community.

**Peer Support** provides members with access to community resources and support from a peer specialist who has personal experience with mental health issues. We also offer a peer support program for members in our Addiction Recovery program.





## Behavioral Health Programs and Services

Harvard Pilgrim offers innovative behavioral health programs and services for children, adolescents and adults. These programs are designed to provide personalized and effective care, with a focus on improving access to care and overall health outcomes.

## Virtual Therapy Services

Available seven days a week to support your mental health and well-being. Our services include AbleTo,<sup>2</sup> Doctor on Demand and Valera Health,<sup>3</sup> and offer licensed coaching, talk therapy, medication management and more.

**AbleTo** provides licensed coaching and therapy to help manage stress, change unhealthy habits, and improve your mood or your time management. You can talk to a licensed coach, therapist, or both, who will guide you through a personalized eight-week program proven to reduce depression, stress and anxiety. You'll also have access to digital tools and activities that can help you learn skills to live a healthier lifestyle.

> Visit [AbleTo.com/HarvardPilgrim](https://www.ableto.com/HarvardPilgrim) to get started.

**Doctor on Demand** licensed providers can support you and your dependents for concerns such as anxiety, depression, seasonal affective disorder, medication management or PTSD by video or phone visits. Appointments are confirmed in less than 72 hours.

> Set up your account at [doctorondemand.com/harvard-pilgrim](https://www.doctorondemand.com/harvard-pilgrim).

**Valera Health** provides virtual therapy and psychiatry services for adults, children aged 6+ and adolescents in Massachusetts. From mild depression to severe schizophrenia, their expert clinicians have a collaborative approach, focused on your needs and overall well-being.

> Schedule a consultation with a Valera Health connector at [valerahealth.com/consult](https://www.valerahealth.com/consult).



## Quick and Easy Access to Specialty Providers

Get started with Cortica,<sup>3</sup> with a focus on a whole-child integrated care model, and Transformations Care Network,<sup>3</sup> a virtual and in-person outpatient mental health clinic.

**Cortica** is a physician-led autism services provider in Massachusetts that offers advanced neurological therapies for children with autism spectrum disorder and other developmental differences. They provide a whole-child integrated care model which aims to significantly reduce wait times for diagnostic assessments, medical care, applied behavior analysis, occupational therapy, speech therapy, social skills coaching and counseling — all under one roof.

- Families interested in receiving services can visit [corticacare.com](https://corticacare.com) to schedule an appointment or call 888-885-5068.

**Transformations Care Network** is a network of outpatient mental health clinics that focuses on delivering timely access to high-quality psychiatry and therapy services for adults, children and adolescents in Massachusetts. The network offers a hybrid of in-person and telehealth services to best serve your needs.

- Schedule an appointment at [transformationsnetwork.com](https://transformationsnetwork.com).

## Substance Use Treatment

Available through multiple network providers, including Spectrum Health.<sup>3</sup> Members are supported after inpatient treatment by our internal Addiction Recovery Care Management Team.

**Addiction Recovery Care Management Team** offers information and support on personalized recovery plans and treatment programs for members who are taking steps towards recovery from substance use and have recently received inpatient treatment for substance use.

**Spectrum Health** is a nonprofit organization dedicated to improving the lives of individuals affected by substance use, opioid addiction and/or mental health disorders. They offer a range of evidence-based treatment options, including inpatient detoxification, residential treatment, medication for substance use disorders, outpatient counseling and peer recovery support.

- › For more information, visit [spectrumhealthsystems.org](https://spectrumhealthsystems.org).



**We strive to provide a comprehensive and integrated approach to care, supporting you and your family in achieving optimal health and well-being through a seamless, consistent and compassionate experience. Our programs reflect our commitment to health equity by removing barriers to care and ensuring that everyone has access to the quality care they deserve.**



### **Help is just a phone call away**

For assistance with accessing these innovative programs and services, please call the number on the back of your member ID card.



If you're experiencing a crisis or emergency, you should always call 911 or go to the nearest emergency facility right away.



# New for 2024: Wellness Reimbursement

Get reimbursed for fees you pay toward wellness activities — up to \$300

## What qualifies for reimbursement?

- › Membership fees to gyms or fitness facilities
- › Virtual fitness class subscriptions
- › Studios or facilities that offer membership or tuition
- › Select nutrition programs
- › Select mindfulness meditation programs
- › Cardiovascular and strength training equipment
- › Seasonal town, club or school athletic fees

## Studios and facilities that qualify for reimbursement include:

- Dance
- Gymnastics
- Swimming
- Martial arts
- Yoga
- Pilates
- Zumba
- Aerobic/group classes
- Spinning classes
- Kickboxing
- CrossFit
- Strength training
- Tennis
- Indoor rock climbing
- Personal training (taught by a certified instructor)

## Qualified nutrition programs include:

- PlateJoy
- MyPlate Calorie Counter
- Wondr
- Noom
- Eat Right Now
- Weight Watchers
- Savory Living
- My Fitness Pal
- Lose It!
- EatLove
- Stronger U
- The Dinner Daily

## Qualified mindfulness programs include:

- Calm
- Ten Percent Happier
- Headspace
- The Mindfulness App
- Meditation Studio
- Insight Timer



Up to two covered members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150 per calendar year.\*

### **How do I get reimbursed?**

It's simple. Pay up to four months of your membership, subscription fees, or after purchase of qualified cardiovascular or strength training equipment.

After four months of Harvard Pilgrim membership, you can complete the Reimbursement Form online or by mail.

Go to [harvardpilgrim.org/reimbursement](https://harvardpilgrim.org/reimbursement)

Either click on the link to submit your request online or complete the paper form and mail to the address on the form, along with a copy of your receipts.

### **What does not qualify for reimbursement?**

- Health club initiation fees
- Fees for country clubs, social clubs and spas
- Nutrition and mindfulness programs not selected by Harvard Pilgrim
- Road race fees, sneakers, athletic wear and non-cardiovascular and non-strength training equipment
- Fitness apparel and footwear

### **When can I submit my request?**

You can request reimbursement:

- Starting May 1 of the current calendar year, and after you've been enrolled in a Harvard Pilgrim plan for four continuous months.
- After four months of membership or subscription
- Once per calendar year, submitted by March 31 of the following year

### **How long will it take to be reimbursed?**

Once you submit your request, reimbursement takes up to eight weeks. We'll send a check to the subscriber's address of record, made payable to the subscriber.

**For complete guidelines, go to [harvardpilgrim.org/reimbursement](https://harvardpilgrim.org/reimbursement) or call member services at (888) 333-4742**

\* Available on plans sold to fully-insured large employer groups, and ASO plans that elect this option.

Must be currently enrolled in Harvard Pilgrim at the time of reimbursement for at least four months within a calendar year. Restrictions apply. Reimbursement may be considered taxable income. Members should consult their employer or tax advisor. Effective January 1, 2024.

# Say hello to Sanvello



**SANVELLO**

## On-demand help with stress, anxiety and depression.

Sanvello is an app that offers clinical techniques to help dial down the symptoms of stress, anxiety and depression – anytime. Connect with powerful tools that are there for you right as symptoms come up. Stay engaged each day for benefits you can feel. Escape to Sanvello whenever you need to, track your progress and stay until you feel better.

The Sanvello app is available to you at no extra cost as part of your plan's behavioral health benefits.

More information on [Sanvello.com](https://www.sanvello.com)



### Daily mood tracking

Answer simple questions each day to capture your current mood, identify patterns and self-assess your progress.



### Coping tools

Reach for just the right tool to relax, be in the moment or manage stressful situations, like test-taking, public speaking or morning dread.



### Guided journeys

Designed by experts for a range of needs, journeys use clinical techniques to help you feel more in control and build long-term life skills.



### Personalized progress

Through weekly check-ins, Sanvello creates a roadmap for improvement. Track where you are, set goals and make strides week by week.



### Community support

Connect with one of the largest peer communities in the field and share advice, stories and insights – anonymously, anytime.

Get the Sanvello app on [liveandworkwell.com](https://www.liveandworkwell.com). To browse as a guest, use access code: **HPHC**. Or get the app on Google Play or iTunes using your medical insurance ID for free access to the premium version. Questions? Email [info@sanvello.com](mailto:info@sanvello.com).



To access the Premium version of Sanvello, use the Upgrade via **INSURANCE/Check Coverage** link and enter your Member ID. Then, enter the first two letters of your Member ID in the Group ID field.



The Sanvello mobile application should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The information contained in the Sanvello mobile application is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used as a substitute for your provider's care. The Sanvello mobile application is available at no out-of-pocket cost to you through your health plan membership. Participation in the program is voluntary and subject to the terms of use contained in the application.



# REQUIRED NOTIFICATIONS

## HIPAA Privacy Rights

The Health Insurance Portability and Accountability Act (HIPAA) provides you certain rights to privacy concerning your health information. The regulations designate certain types of information as Protected Health Information (PHI).

Healthcare providers (medical professionals) and health plans, including BANKW Staffing, LLC health plan representatives, are restricted in their use of PHI to purposes of treatment, payment, and healthcare operations and as required by national public health activities. Written authorization is required to use or disclose your PHI pertaining to your medical, dental, prescription drug, employee assistance program and healthcare spending accounts outside of these purposes.

You may receive a form requesting your authorization to use your PHI for another purpose. Should you grant this authorization, your PHI is still protected from use and disclosure by any party other than the one(s) to whom you grant written authorization, and from use and disclosure by authorized parties for any purpose other than the one you specifically authorized.

## Protected Health Information

PHI includes information that could be used to identify you as an individual in electronic, printed or spoken forms that relates to (1) past, present or future health, physical or mental condition, (2) provision of healthcare, or (3) past, present or future payment for the provision of healthcare.

## HIPAA gives you the right to:

- Receive notice of the health plan's uses and disclosures of your PHI, your privacy rights and the health plan's legal duties regarding your PHI;
- Obtain access to your own PHI; Amend your PHI;
- Request restriction of the uses and disclosures of your PHI;
- Receive an accounting of non-exempt uses and disclosures of your PHI over the past six years upon request; and
- Receive communications by an alternative means or at an alternate location upon request.

For more information regarding the HIPAA privacy rules, refer to your Summary Plan Description.

## HIPAA Privacy Notice Update

HIPAA requires BANKW Staffing, LLC to notify you that a Privacy Notice is available from the Benefits Department. To request a copy of BANKW Staffing, LLC's Privacy Notice or for additional information, please contact your Human Resources Team.

## Newborns and Mothers Health Protection Act Rights

Under federal law, group health plans offering group health coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse, midwife, or physician assistant), after consultation with the mother discharges the mother or newborn earlier. Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that you, your physician, or other healthcare provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, you may be required to obtain pre-certification for any days of confinement that exceeded 48 hours (or 96 hours). For information on pre-certification, please refer to your Summary Plan Description.

## Women's Health and Cancer Rights Act of 1998 (WHCRA)

BANKW Staffing, LLC's medical plans cover mastectomy-related services. In the case of a participant or beneficiary who receives benefits in connection with a mastectomy, coverage will be provided in a manner determined by the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

These services are subject to the same copay/deductible provisions that apply to other benefits under BANKW Staffing, LLC's medical plan (as described in this guide).

## Summary Plan Description (SPD) Access

This guide does not provide all of the details about the benefits programs. More information is available in each program's Summary Plan Description (SPD). In addition to receiving your SPDs after enrolling, they are available from your Human Resources Department.

## Summary of Benefits and Coverage (SBC)

Effective for plan renewals after January 1, 2012, the Patient Protection and Affordable Care Act requires employers that offer health coverage to provide a uniform Summary of Benefits and Coverage (SBC) to people who apply for and enroll in the health plan. This document contains the following:

- Four-page overview of plan benefits, cost sharing and limitations
- Required set of examples of how the plan works
- Phone number and internet address for obtaining copies of plan documents
- A Standard glossary of medical and insurance terms must also be available

The SBC will be updated each plan renewal to reflect applicable plan changes.

## Individual Coverage Mandate

Effective January 1, 2014, Federal law requires that you have Health Care coverage or you may be subject to an income tax penalty. You can enroll in BANKW Staffing, LLC's health plan, or you may want to consider visiting [www.healthcare.gov](http://www.healthcare.gov) for information on health plans available through the Healthcare Marketplace in your area.

## COBRA Information

COBRA continuation coverage is a temporary extension of coverage under the group health plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage.

## Important Notice from BANKW Staffing, LLC About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with BANKW Staffing 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. BANKW Staffing has determined that the prescription drug coverage offered is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

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

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

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-28-05, Baltimore, Maryland 21244-1850.

## 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 BANKW Staffing coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage.

If you do decide to join a Medicare drug plan and drop your current BANKW Staffing coverage, be aware that you and your dependents will be able to get this coverage back.

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

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

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

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

Contact the person listed below for further information. **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 BANKW Staffing changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: 09/22/2023  
Name of Entity/Sender: BANKW Staffing, LLC  
Contact: Human Resources  
Address: 5 Bedford Farms Dr. Suite 103 Bedford, NH 03110  
Phone Number: 603-637-4500

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –**

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

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

<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710</p>	<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831</p>
<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825</p>
<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742</p>	<p align="center"><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075</p>
<p align="center"><b>PENNSYLVANIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center"><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820</p>	<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059</p>
<p align="center"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493</p>	<p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669</p>
<p align="center"><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.dhs.vermont.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427</p>	<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select">https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select</a>  <a href="https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022</p>	<p align="center"><b>WEST VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center"><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002</p>	<p align="center"><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-andeligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-andeligibility/</a> Phone: 1-800-251-1269</p>

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

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

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

### **Paperwork Reduction Act Statement**

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

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

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





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 9-30-2023)

## PART A: General Information

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

### What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

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

### How Can I Get More Information?

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

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

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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

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

3. Employer name <b>BANKW Staffing, LLC</b>		4. Employer Identification Number (EIN) <b>27-4348369</b>	
5. Employer address <b>5 Bedford Farms Drive, Suite 304</b>		6. Employer phone number <b>603-637-4510</b>	
7. City <b>Bedford</b>	8. State <b>NH</b>	9. ZIP code <b>03110</b>	
10. Who can we contact about employee health coverage at this job? <b>Human Resources</b>			
11. Phone number (if different from above)		12. Email address <b>hr@bankwstaffing.com</b>	

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

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

All employees. Eligible employees are:

**Full-time employees working a minimum of 30 hours per week.**

Some employees. Eligible employees are:

•With respect to dependents:

We do offer coverage. Eligible dependents are:

**Spouse, Domestic Partner, Dependent Children of Employee or Domestic Partner to Age 26**

We do not offer coverage.

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

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

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

- Yes** (Continue)  
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)
- No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

- Yes (Go to question 15)  No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

- a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_
- b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year? \_\_\_\_\_**

- Employer won't offer health coverage
- Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

- a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_
- b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

