

**Contractors**

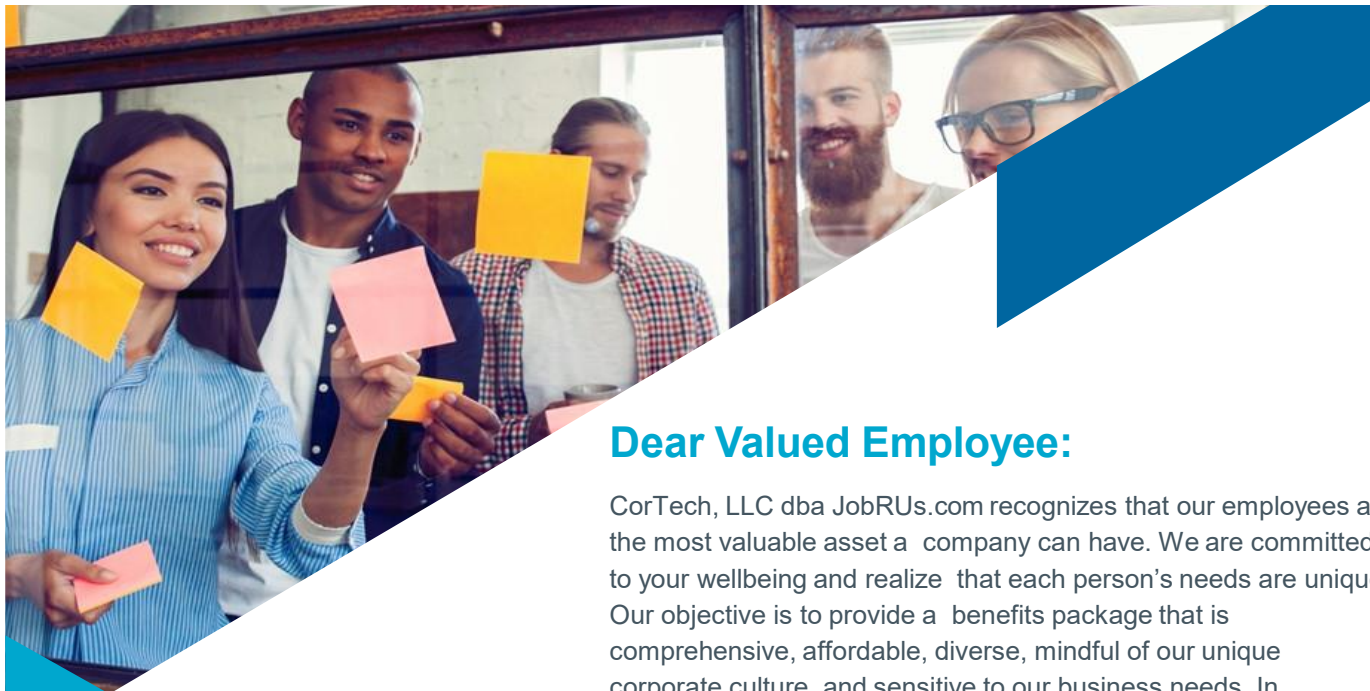
**JobsRUs.com**



# 2026 Benefit Enrollment Guide

## WHAT'S INSIDE?

How Your Benefits Work  
Your Insurance Plans  
Benefits Enrollment



## Dear Valued Employee:

CorTech, LLC dba JobRUs.com recognizes that our employees are the most valuable asset a company can have. We are committed to your wellbeing and realize that each person's needs are unique. Our objective is to provide a benefits package that is comprehensive, affordable, diverse, mindful of our unique corporate culture, and sensitive to our business needs. In consideration of this, we strive to offer a variety of benefits with highly rated carriers and vendors designed to offer you opportunities to mitigate your risks and provide peace of mind to you and your family.

To fulfill these objectives, we are committed to:

- **Continuously evaluating how we choose our healthcare coverage**, how we are using healthcare services and how we can help our employees manage their personal health decisions.
- **Providing affordable opportunities** for our employees to mitigate their financial risks.
- **Communicating with and educating** you about the benefits and resources available to you.

As benefits represent an important component of your total compensation package, we are pleased to provide you with the benefit offerings included in this guide. Please review this enrollment guide for a summary\* of the benefits that are available to you and your family for enrollment along with tips and resources that will help you maximize the value of the coverage you elect. This guide will summarize who is eligible to enroll, when you are eligible to enroll, what coverage options are available to you and the cost of coverage. It will also provide you contact information in case you have detailed questions or need more information.

Best Regards,  
Vincent Rossy, CEO

## What's Inside

### Benefits Overview

|                     |   |
|---------------------|---|
| Contact Information | 2 |
| Eligibility         | 4 |
| How to Enroll       | 5 |
| Mobile Apps         | 7 |

### Health Care Benefits

|         |    |
|---------|----|
| Medical | 9  |
| ELAP    | 14 |
| Dental  | 16 |
| Vision  | 17 |

### Your Work. Your Life.

|                      |    |
|----------------------|----|
| Life Insurance       | 19 |
| Disability Insurance | 20 |

### Worksite Benefits

### Pet Insurance

### Medicare Back Office

### Legal Notices

*\*This guide is designed to assist you in making benefit election choices and represents only a brief summary of available plans. This booklet is not intended as an official interpretation of the plans. For more detailed information, please refer to the Certificate of Coverage or Summary Plan Description. Should any question arise, the Certificate of Coverage or Summary Plan Description will be the final authority in determining the benefits provided by your plans. CorTech, LLC dba JobRUs.com Inc. reserves the right to modify, amend or terminate the plan at any time.*

# CONTACT INFORMATION



## Medical

Imagine360/Imagine360  
Group #: H880166  
1-800-827-7223  
[www.Imagine360tpa.com](http://www.Imagine360tpa.com)

## Vision

Ameritas  
Group #: 010-67346  
1-800-659-2223  
[www.ameritas.com](http://www.ameritas.com)

## Marsh & McLennan Agency Broker Contacts

**Agent Customer Service Hotline:**  
1-844-679-7737

## ELAP/Imagine360

1-800-977-7381  
[balancebills@elapservices.com](mailto:balancebills@elapservices.com)

## Voluntary Life Insurance

The Standard  
1-800-628-8600  
[www.standard.com/individuals-families](http://www.standard.com/individuals-families)

## Dee Ann Pierce

VP Account Executive  
770-295-1113  
[Dee.ann.pierce@marshmma.com](mailto:Dee.ann.pierce@marshmma.com)  
CA Producer License #4269071

## Pharmacy

Veracity RX  
1-888-388-8228  
[www.Veracity.procarerx.com](http://www.Veracity.procarerx.com)

## Short Term Disability

The Standard  
1-800-628-8600  
[www.standard.com/individuals-families](http://www.standard.com/individuals-families)

Marsh & McLennan Agency LLC CA License  
#0H18131

## Dental

Ameritas  
Group #: 010-67346  
1-800-659-2223  
[www.ameritas.com](http://www.ameritas.com)

## Worksite Benefit Insurance

The Standard  
1-800-628-8600  
[www.standard.com/individuals-families](http://www.standard.com/individuals-families)

This communication represents a brief summary of the various benefits available to you and is provided as a reference only. The actual carrier policies determine coverage and contain exclusions, limitations, full coverage terms, conditions and requirements. Any notices included in this document do not replace other potential employer requirements for communication.

## **Attachment A**

### **Fixed Indemnity Policy Notice**

---

#### **IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

#### **Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

#### **Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

# ELIGIBILITY

## Eligibility for you and your dependents

You are eligible to participate in the group benefit plans if you are an active full-time employee and scheduled to work 30 or more hours per week. Employees are eligible to enroll after their New Hire Waiting Period of 90 days. Certain dependents of eligible team members may be able to enroll in benefits as well. See eligibility rules below.

## Eligible dependents include:

- Your legally married spouse
- Your natural children, legally adopted children, step children and children for whom you assume legal guardianship up to age 26
- Children age 26 or older incapable of self-support due to a mental or physical condition incurred prior to age 26. You may be required to complete a Handicapped/Disabled Certification form prior to the child attaining age 26

## Qualifying Life Events

The choices you make during your New Hire period or Annual Open Enrollment period are irrevocable until either the next Annual Open Enrollment period or unless you experience a qualifying life event. Qualifying life events include changes to your legal marital status, giving birth or adopting a child, a change in you or your spouse's employment status or your entitlement to Medicare.

If you anticipate any of these changes, please see Human Resources in advance of the event to verify your right to change plan coverage(s). You must elect your change in benefits within 30 days of the qualified life event. **If you do not notify Human Resources within 30 days of a qualifying event, you will have to wait until the next annual open enrollment period to make benefit changes unless you have another qualifying event.**



Loss of Essential Coverage



Loss of COBRA Benefits



Marriage or Divorce



Permanent Relocation



Birth, adoption or new dependent



Aged off of Parent's Plan



Change in Employment Status



Death in Family



Change in Government Assistance Eligibility

# HOW TO ENROLL



## How to Login/Create an Account with Employee Navigator:

1. Go to <https://www.employeenavigator.com/benefits/Account/Register> in your web browser.
2. Enter your correct **first and last name, last 4 digits of your Social Security Number, and birthdate**.
3. Enter your company identifier: **CorTech LLC**
4. Create a username and password.
5. Begin enrolling in benefits.

The login form features the Employee Navigator logo at the top. Below it are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. At the bottom, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

### Step 1: Log In

Go to [www.employeenavigator.com](https://www.employeenavigator.com) and click **Login**

- Returning users: Log in with the username and password you selected. Click **Reset a forgotten password**.
- First time users: Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

**Company Identifier: CorTech LLC**

This screen has a header with a city skyline illustration and the title 'Participation Required'. A message states: 'You can't say we didn't tell you, the following items are a MUST HAVE for HR. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR until these items are completed.' Below this is a numbered list: 1. Onboarding, 2. Benefits Enrollment, 3. HR tasks. A green 'Let's Begin!' button is at the bottom.

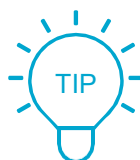
### Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

### Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

The screen is titled 'Onboarding Complete!' with a celebratory icon of a hand. A message says: 'Great job! Now you can begin electing your benefits. There are 34 days left in Open Enrollment for you to complete this.' A progress bar shows 'Onboarding' as complete with a green checkmark. Below it is a numbered list: 1. Benefit Enrollment, 2. HR tasks. At the bottom are two buttons: 'Start Enrollment' (green) and 'Dismiss, complete later' (grey).

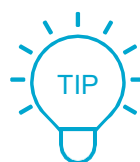


*If you hit "Dismiss, complete later" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "Start Enrollments"*

### Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

This screen shows a message: 'You've got 2 items to complete.' Below it is a numbered list: 1. Enroll in your benefits, 2. Complete HR tasks. A green 'Start Enrollments' button is at the bottom.



*Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.*



# HOW TO ENROLL



**Who am I enrolling?**

☒ Myself

☐ Elizabeth Reynolds (Spouse)

☐ Gwen Reynolds (Child)

## Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

**\$138.46**  
Cost per pay period

Effective on 09/01/18  
Employee

[Compare](#) [Details](#) [Selected](#)

**How much will it cost?**

| Plan Cost | Employer Contribution | My Cost |
|-----------|-----------------------|---------|
| \$138.46  | \$ 138.46             | \$0.00  |

[View employer contributions summary](#)

[Save & Continue](#) [Don't want this benefit?](#)

Then click **Save & Continue**

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

## Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

**Enrollment Summary**

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

**Enrollment Not Complete!**  
Please complete the required highlighted steps from your enrollment progress menu.

**Enrolled Plans**

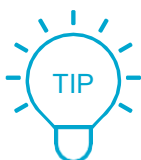
Medical Key Care HSA PP00017 4042400 Long Plan Name

Progress 6 of 8

- 1. Personal Information
- 2. Dependent Information
- 3. Medical
- 4. Dental
- 5. Vision
- 6. HSA
- 7. FSA
- 8. Enrollment Summary

## Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.



*If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.*

## Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click Start Tasks. If your HR department has not assigned any tasks, you're finished!

**High Five! Enrollment Complete!**

You've only got one more item to complete.

☒ Enroll in your benefits

**1. HR Tasks**

[Start Tasks](#) [Dismiss, complete later](#)

# MOBILE APPS

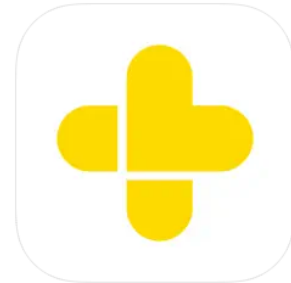
**Put your smartphone to work for you! Download these free apps from the Google Play or Apple store.**

## GoodRX

### Prescription Drug Locator

Features:

- Find the lowest price on prescriptions right from your mobile device
- Instant access to the lowest prices for prescription drugs at more than 75,000 pharmacies
- Coupons and savings tips that can cut your prescription costs by 50% or more
- Side effects, pharmacy hours and locations, pill images and much more!







# HEALTHCARE BENEFITS

MEDICAL | DENTAL | VISION

## Imagine360

**We are offering two different networks on the HDHP and MVP Plan. You can choose between the PHCS/ELAP Network or the Cigna PPO Network. See page 9 for cost.**

**You have four medical plan options to choose from:**

| Imagine360<br>MEC Plan   | Imagine360<br>Enhanced<br>MEC Plan                                     | Imagine360<br>HDHP Plan  | Imagine360<br>MVP Plan  |
|--|--|--|---|
| <b>Annual Deductible:</b><br>N/A Individual<br>N/A Family              | <b>Annual Deductible:</b><br>N/A Individual<br>N/A Family              | <b>Annual Deductible:</b><br>\$4,500 Individual<br>\$9,000 Family                | <b>Annual Deductible:</b><br>\$4,200 Individual<br>\$8,400 Family                 |
| <b>Out-of-Pocket Maximum:</b><br>\$7,900 Individual<br>\$15,800 Family | <b>Out-of-Pocket Maximum:</b><br>\$7,900 Individual<br>\$15,800 Family | <b>Out-of-Pocket Maximum:</b><br>\$6,650 Individual<br>\$13,300 Family           | <b>Out-of-Pocket Maximum:</b><br>\$6,600 Individual<br>\$13,200 Family            |
| <b>Office Visits:</b><br>N/A for Primary Care<br>N/A for Specialist    | <b>Office Visits:</b><br>\$25 Copay for Primary Care<br>and Specialist | <b>Office Visits:</b><br>80% after deductible for<br>Primary Care and Specialist | <b>Office Visits:</b><br>\$50 Copay for Primary Care<br>\$75 Copay for Specialist |

## Which Plan is Right for You?

When choosing a health plan, you want to know what's available and how various benefit plan options fit your needs. You need to consider costs and benefits and then choose with confidence, knowing you have made the right decision for yourself and family. Please take as much time as necessary to review all your choices before you enroll.

We are pleased to offer you a choice of six health plans with different levels of costs and benefits. Before enrolling in a plan, consider what you want and need. Step back and look at how you and your family use health care and how much you pay for it. For example:

- Are you paying for coverage you don't need or use?
- Do you need more coverage than you have?
- How many prescription drugs do you and your family take?
- How much do you pay when you have a prescription?
- Does anyone in your family need ongoing medical care?

When choosing a health benefits plan, the most important question is: Will it provide the right amount of coverage for you and your family? After deciding how much coverage you need, consider the costs – and when you pay them.

\*The MEC Plan is not a Creditable coverage for the state of Massachusetts.



**You will receive  
your medical ID  
cards 2-3 weeks  
after you enroll.  
If you need  
care before you  
receive your  
card please call  
Imagine360.**

# Medical Summary of Benefits

HEALTHCARE BENEFITS

| Imagine360 Medical Plan Highlights         |             |                   |               |               |
|--|-------------|-------------------|---------------|---------------|
| Plan Type                                  | MEC Plan    | Enhanced MEC Plan | HDHP Plan     | MVP Plan      |
| In-Network                                 |             |                   |               |               |
| Employee Deductible                        | N/A         | N/A               | \$4,500       | \$4,200       |
| Family Deductible                          | N/A         | N/A               | \$9,000       | \$8,400       |
| Employee Out-of-Pocket                     | \$7,900     | \$7,900           | \$6,650       | \$6,600       |
| Family Out-of-Pocket                       | \$15,800    | \$15,800          | \$13,300      | \$13,200      |
| Coinsurance                                | N/A         | N/A               | 80% after ded | 70% after ded |
| Preventive Annual Exam                     | 100%        | 100%              | 100%          | 100%          |
| Primary Care                               | N/A         | \$25              | 80% after ded | \$50          |
| Specialist                                 | Not Covered | \$25              | 80% after ded | \$75          |
| Inpatient/Outpatient Hospital/<br>Facility | Not Covered | Not Covered       | 80% after ded | 70% after ded |
| Urgent Care                                | Not Covered | \$25              | 80% after ded | \$100         |
| Emergency Room                             | Not Covered | Not Covered       | 80% after ded | 70% after ded |

| PHCS/ ELAP- Weekly (52) Payroll Deductions |          |                   |           |           |
|--|----------|-------------------|-----------|-----------|
| Plan Type                                  | MEC Plan | Enhanced MEC Plan | HDHP Plan | MVP Plan  |
| Employee Only                              | \$16.15  | \$29.65           | \$133.22* | \$134.70* |
| Employee + Spouse                          | \$27.69  | \$50.77           | \$286.42  | \$289.59  |
| Employee + Child(ren)                      | \$24.92  | \$44.88           | \$237.13  | \$239.75  |
| Family                                     | \$36.69  | \$66.46           | \$390.33  | \$394.64  |

| Cigna PPO Network- Weekly (52) Payroll Deductions |          |                   |           |          |
|---|----------|-------------------|-----------|----------|
| Plan Type   | MEC Plan | Enhanced MEC Plan | HDHP Plan | MVP Plan |
| Employee Only                                     | N/A      | N/A               | \$164.66  | \$166.48 |
| Employee + Spouse                                 | N/A      | N/A               | \$354.02  | \$357.92 |
| Employee + Child(ren)                             | N/A      | N/A               | \$293.10  | \$296.33 |
| Family  | N/A      | N/A               | \$482.45  | \$487.78 |

If the monthly Employee Only Premium on the MVP or HDHP exceeds 9.96% of your monthly pay, you may be eligible for a cost subsidy from CorTech, LLC dba JobRUs.com. Contact CorTech, LLC dba JobRUs.com's HR Team for the details if you think you qualify.

*This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.*

## Prescription Medication Coverage

Our medical coverage through Imagine360 includes a Prescription Drug Program. The cost of each prescription is determined by the tier it falls under. The three tiers are Generic, Preferred Drugs, and Non-Preferred drugs. You can find in-network pharmacies and a list of covered prescriptions at [www.caremark.com](http://www.caremark.com).

### Generic Drugs

To get more out of your health care plan, choose Generic drugs when possible. Generic drugs are the chemical equivalent of their more expensive brand name drug counterparts. Even if your doctor prescribes you a brand name drug, you can always ask for the Generic equivalent.

### Preferred Drugs

Preferred brand drugs are prescriptions that your pharmacy benefit plan has selected as the most effective and cost efficient to treat certain conditions or illnesses. These brand name drugs are often more expensive than their generic counterpart.

### Non-Preferred Drugs

Non-preferred brand drugs treat conditions or illnesses that can also be treated by a preferred brand or generic prescription. These drugs typically have a higher copayment.

| Prescription Drug Tier Pricing           |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| In-Network Retail Rx (30-90 day supply)  | MEC Plan                          | Enhanced MEC Plan                 |
| Generic                                  | \$2 or 20% (whichever is greater) | \$2 or 20% (whichever is greater) |
| Preferred                                | N/A                               | N/A                               |
| Non-Preferred                            | N/A                               | N/A                               |
| Specialty                                | N/A                               | N/A                               |
| M  |                                   |                                   |
| In-Network Retail Rx (30 day supply)     | HDHP Plan                         | MVP Plan                          |
| Generic                                  | \$10 after med ded                | \$10                              |
| Preferred Brand Name                     | \$30 after med ded                | \$30                              |
| Non-Preferred Brand Name                 | \$50 after med ded                | \$50                              |
| Specialty                                | \$250 after med ded               | \$250                             |
| In-Network Mail Order Rx (90-day supply) | HDHP Plan                         | MVP Plan                          |
| Generic                                  | \$30 after med ded                | \$30                              |
| Preferred                                | \$90 after med ded                | \$90                              |
| Non-Preferred                            | \$150 after med ded               | \$150                             |
| Preferred Specialty                      | Not Covered                       | Not Covered                       |

## Specialty Medications

### IMPORTANT: Specialty Medications

The Veracity team works closely with you (and/or covered family members who are taking a specialty medication and with the specialty medication manufacturer, the prescriber, and other entities to maintain the prescriptions while alleviating the financial burden.

- The program allows you to continue to fill Specialty medications **at low or no cost, but never more than you are currently paying.**
- To participate in this program, you will be required to submit certain documentation. If you choose not to participate in this program, you will be responsible **for the full cost of the medication.** This cost will **not** apply to your deductible or out of pocket accumulators.

These documents typically include:

- Limited Power of Attorney (gives the Pharmacist Concierge only the authority to help and that authority permits seeking assistance for Specialty medications)
- Signed copy of most recent federal tax return;
- Front and back copy of medical insurance card

Please allow a member of our Pharmacist Concierge team to **take the lead in discussions with the drug manufacturer or their various foundations that offer assistance.** As your concierge and patient advocate, we are here to work on your behalf. If you or your covered dependent are currently taking a medication affected by these changes, please enroll at [www.veracity-rx.com](http://www.veracity-rx.com). Following your enrollment, a member of the team will contact you.

**To begin the process, log onto the website below to complete the “Enrollment Form”.**

### VeracityRx Pharmacist Concierge Contact Information:

**Enroll at:** [www.veracity-rx.com](http://www.veracity-rx.com)

#### COMMONLY PRESCRIBED SPECIALTY DRUG LIST\*

|           |          |
|-----------|----------|
| Actemra   | Otezla   |
| Aubagio   | Skyrizi  |
| Austedo   | Stelara  |
| Cosentyx  | Taltz    |
| Dupixent  | Vimpat   |
| Enbrel    | Vumerity |
| Humira    | Xtandi   |
| Humira CF |          |

*\*List is only a sample of the top specialty drugs and is subject to change without notice. Additional specialty drugs can be pursued beyond this list.*

## International Medications

### IMPORTANT: International Medications

**Note:** The international medications process differs slightly from the Specialty Medications process.

#### Enrollment Process:

- If you or a covered member of your household are on any of the commonly prescribed international drugs listed below, **please continue to fill locally at your pharmacy.**
- VeracityRx will contact you once we move you into the international program. **The benefit of enrolling is that you will no longer have a copay** and your employer will save at least 50% on the cost of the medication.
- Medications fulfilled through the international program are the same medications, made by the same manufacturers but filled through our partner pharmacy in Canada. Once we enroll you in the international program, you will be contacted to verify your shipping address and/or additional information. Processing and shipping can take up to 30 days, however, please note that your medications will continue to be filled without interruption.

#### COMMONLY PRESCRIBED INTERNATIONAL DRUG LIST\*

|                  |            |                 |
|------------------|------------|-----------------|
| Apidra           | Janumet    | Trelegy Ellipta |
| Atripla          | Janumet XR | Tresiba         |
| Basaglar KwikPen | Januvia    | Trintellix      |
| Biktarvy         | Jardiance  | Trulicity       |
| Breo Ellipta     | Levemir    | Truvada         |
| Bydureon         | Ozempic    | Victoza         |
| Descovy          | Prexcobix  | Xarelto         |
| Eliquis          | Rexulti    |                 |
| Farxiga          | Saxendra   |                 |
| FIASP            | Tivicay    |                 |
| Invokana         | Toujeo     |                 |
| Invokamet        | Tradjenta  |                 |
| Isentress        |            |                 |

*\*List is only a sample of the top international drugs and is subject to change without notice. Additional international drugs can be pursued beyond this list.*



# ELAP/IMAGINE360

Only on PHCS/ELAP Plans

## Your Health Plan's Partner for Fairness and Affordability

Overinflated hospital bills cause health plans to raise rates and members to pay more. ELAP eliminates this problem so that everyone pays only what's fair.

### When life takes you here...

- Hospital
- Emergency Room
- Outpatient Surgery

### ELAP eases the financial pain...

- **Supporting claim limits:** ELAP helps your plan set fair limits on what it will pay for healthcare services to avoid wasteful spending.
- **Reviewing every hospital and facility bill:** ELAP examines every bill line-by-line to catch Overcharging.
- **Resolving billing issues:** If your plan is overcharged, we will let you know that we're reducing payment. That's when we need you to look out for balance billing.

ELAP Services is your health plan's affordability partner, and ELAPulse is your online portal.

STAY CONNECTED | 24/7

#### Balance Bill Support



- Submit hospital and facility bills
- Check the status of claims
- Contact a Member Services Advocate

#### Educational Resources



- Get answers to Frequently Asked Questions
- Watch videos to learn more about how ELAP saves you money

## Know what you owe.

### Make sure your EXPLANATION OF BENEFITS (EOB)...



#### From your health plan (not a bill)

Shows you what your plan covered and what you'll owe. If you owe money, you'll get a bill from the hospital/provider.

### ...Matches your BILL



#### From the hospital/facility

If this does not match your EOB, simply contact ELAP. We'll take care of it.

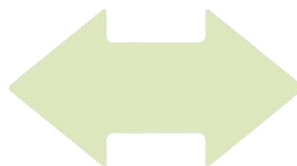
# ELAP/IMAGINE360

## Only on PHCS/ELAP Plans

### What you need to do:

Make sure your **EXPLANATION OF BENEFITS (EOB)**...

...Matches your **BILL**



We're dedicated to ensuring fair payment, but we need you to watch out for balance bills.

- Compare your balance bill from your medical provider to your EOB from your insurance company.
- If the amount you owe does not match, immediately send the bill to ELAP.
- Continue to watch your mail for balance bills from your providers and send them to ELAP.

**TIP: Keep this postcard with all the paperwork you receive for your medical services as a quick reference**

### Send your bill to ELAP right away. It's easy!



Email a clear snapshot from your phone or computer:  
balancebills@elapservices.com

OR



Fax a copy: 1-888-560-2447

OR



Mail a copy:  
1550 Liberty Ridge Drive, Suite 330, Wayne, PA 19087



Your dedicated Member Services Advocate will contact you right away to explain next steps.  
At ELAP Services, we're here for you.



Questions? Call us at 1-800-977-7381.

# DENTAL

## Ameritas

You have the option to choose from two dental plans through Anthem. Although you can use an out-of-network dentist, you will save the most money out of your pocket by using Ameritas dentists who have agreed to give you negotiated rates. To see what dentists are in the network, call 1-800-659-2223 or [www.ameritas.com](http://www.ameritas.com).

### You have two dental plan options:

#### Anthem Low Plan

COVERED AT  
**100%**

#### Preventive Services:

x-rays, cleanings, exams

COVERED AT  
**80%**

#### Basic Services:

fillings, oral surgery

COVERED AT  
**50%**

#### Major Services:

crowns, bridges, prosthetics

#### Anthem High Plan

COVERED AT  
**100%**

#### Preventive Services:

x-rays, cleanings, exams

COVERED AT  
**80%**

#### Basic Services:

fillings, oral surgery

COVERED AT  
**50%**

#### Major Services:

crowns, bridges, prosthetics

| Dental Summary of Benefits                                  | Anthem Dental |            |
|---|---------------|------------|
|   | Low Plan      | High Plan  |
| Calendar Year Benefit Maximum                               | \$1500        | \$1500     |
| Calendar Year Deductible<br>(applies to Basic & Major Only) | \$50/\$150    | \$50/\$150 |
| Preventive Services   | 100%          | 100%       |
| Basic Services  | 80%           | 80%        |
| Major Services  | 50%           | 50%        |
| Orthodontics (for children up to age 19)                    | N/A           | 50%        |
| Orthodontia Lifetime Max                                    | N/A           | \$1,500    |

### Weekly (52) Payroll Deductions

| Plan Type             | Low Plan | High Plan |
|-----------------------|----------|-----------|
| Employee Only         | \$8.71   | \$9.42    |
| Employee + Spouse     | \$17.48  | \$18.90   |
| Employee + Child(ren) | \$21.47  | \$25.38   |
| Family                | \$30.23  | \$35.00   |



**Minimize your out-of-pocket expenses for dental care by asking your dentist for a pre-treatment estimate before you agree to receive any prescribed major treatment. Your dentist may be able to present alternative treatment options that will lower your share of the bill while still meeting your basic dental care needs.**

*This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.*

# VISION

## Ameritas

Network- VSP Choice Network



Whether you have glasses, contacts, or even 20/20 vision, we offer a comprehensive vision benefit. Vision insurance is the key to maintaining good eye health, as annual exams may detect early warning signs of various health conditions.

### Discovering Your Provider Network

For your convenience, this plan utilizes the Anthem Vision Network. When looking for a provider, please make sure they participate in this network.

### Additional Discounts

Additional discounts may be available. Please refer to the plan summary for a complete listing.

#### Vision Summary of Benefits

|  |                                   |
|--|-----------------------------------|
| Routine Eye Exam ( <i>once every 12 months</i> ) | \$10                              |
| Lenses ( <i>once every 12 months</i> )           |                                   |
| Single   | \$20                              |
| Bifocal  | \$20                              |
| Trifocal   | \$20                              |
| Frames ( <i>once every 24 months</i> )           | \$130 allowance then 20% discount |
| Contact Lenses ( <i>in lieu of glasses</i> )     | \$130 allowance then 15% discount |

#### Weekly (52) Payroll Deductions

|                       |        |
|-----------------------|--------|
| Employee Only         | \$1.43 |
| Employee + Spouse     | \$2.86 |
| Employee + Child(ren) | \$3.20 |
| Family                | \$5.04 |

*This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.*





# YOUR LIFE. YOUR WORK.

LIFE INSURANCE | DISABILITY

# VOLUNTARY LIFE

## The Standard

Voluntary life insurance is available to supplement your employer paid life benefit. If you are a new enrollee or if this is a special enrollment period, guaranteed issue limits may apply; otherwise, medical underwriting may be required.



**What does “Guaranteed Issue” mean?** Guaranteed issue is a term used in health insurance to describe a situation where a policy is offered to any eligible applicant without regard to health status.

| Voluntary Life Summary of Benefits |                |                  |
|------------------------------------|----------------|------------------|
|                                    | Benefit Amount | Guarantee Issue* |
| Employee Life and AD&D Benefit     | \$300,000      | \$100,000        |
| Spouse Life and AD&D Benefit       | \$150,000      | \$30,000         |
| Child(ren) Life Benefit            | \$10,000       | \$10,000         |

\* The amount of coverage permitted without completing a health questionnaire for new hires.

| Employee – Monthly Rate for each \$1,000 of Voluntary Life and AD&D Insurance Coverage |         |         |         |         |         |         |         |         |         |         |         |         |
|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Age  | < 25    | 25-29   | 30-34   | 35-39   | 40-44   | 45-49   | 50-54   | 55-59   | 60-64   | 65-69   | 70-74   | 75+     |
| Rate   | \$0.050 | \$0.060 | \$0.080 | \$0.090 | \$0.119 | \$0.186 | \$0.282 | \$0.453 | \$0.757 | \$1.270 | \$2.060 | \$4.630 |

| Spouse – Monthly Rate for each \$1,000 of Voluntary Life and AD&D Insurance Coverage |         |         |         |         |         |         |         |         |         |         |         |         |
|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Age  | < 25    | 25-29   | 30-34   | 35-39   | 40-44   | 45-49   | 50-54   | 55-59   | 60-64   | 65-69   | 70-74   | 75+     |
| Rate   | \$0.050 | \$0.060 | \$0.080 | \$0.090 | \$0.119 | \$0.186 | \$0.282 | \$0.453 | \$0.757 | \$1.270 | \$2.060 | \$4.630 |

### Child Coverage

Rate/\$1,000      \$0.198



# DISABILITY

## The Standard

### Voluntary Short Term Disability

We offer full-time employees short term disability income benefits on a voluntary basis.

Accidents and illnesses happen every day. How long would your money last if your paycheck suddenly stopped? Thankfully, there is insurance that pays you an income if you become temporarily or permanently disabled.

Short Term Disability, STD, provides you with a specified percentage of your pre-disability income on a weekly basis. Conditions that can trigger Short Term Disability are usually temporary in nature, such as pregnancy, broken bones, sprains, or minor surgery. Most people use accumulated sick time to cover the waiting period.

#### Short Term Disability Summary of Benefits

|                                  |                |
|----------------------------------|----------------|
| Elimination Period               | 8/8            |
| Duration of Benefit              | 13 weeks       |
| Percentage of Income Replacement | 60%            |
| Maximum Benefit                  | \$1,000 Weekly |
| Pre-Existing Conditions          | 12/12          |

#### Short Term Disability Monthly Rates - \$10 of Weekly Benefit

| Age   | Rate   | Age   | Rate   |
|-------|--------|-------|--------|
| <29   | \$0.57 | 55-59 | \$0.54 |
| 30-34 | \$0.55 | 60-64 | \$0.71 |
| 35-39 | \$0.39 | 65-69 | \$0.71 |
| 40-44 | \$0.34 | 70-74 | \$0.71 |
| 45-49 | \$0.36 | 75+   | \$0.71 |
| 50-54 | \$0.40 |       |        |



# ADDITIONAL BENEFITS

CRITICAL ILLNESS | ACCIDENT | HOSPITAL INDEMNITY  
| PET INSURANCE | MEDICARE BACKOFFICE

# CRITICAL ILLNESS



## The Standard

### Critical illness can affect any one at any time.

Critical Illness insurance pays a benefit upon the diagnosis and/or treatment of a named critical illness or certain category of major surgery. Plan options let you choose the amount of coverage you need.

The reasoning behind a critical illness policy is that someone with employer provided health care coverage and disability coverage could still incur a large amount of costs in copayment, deductibles, coinsurance, and non-covered items in the event of a critical illness.

Critical illness policies help to pay these expenses and assist someone during their recovery by paying the insured a cash benefit. Eligible employees can elect a lump sum cash benefit for themselves, their spouse and dependent children. This money would be paid to you in cash for you to use as you see fit.

### What is considered a “critical illness”?

Critical illness insurance provides coverage if you experience one or more of the following medical emergencies:

- Heart attack
- Stroke
- Organ transplants
- Cancer
- Coronary bypass

|                          | \$10,000 Benefit | \$20,000 Benefit |
|--------------------------|------------------|------------------|
| Employee Coverage Amount | \$10,000         | \$15,000         |
| Spouse Coverage Amount   | \$5,000          | \$7,500          |
| Child Coverage Amount    | \$5,000          | \$7,500          |
| Rate Basis Type          | Attained Age     | Attained Age     |

*This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.*

**\*See Calculated Cost in EE Navigator**

# ACCIDENT INSURANCE

## The Standard

### Accidents happen. Accident Insurance can help.

Accident coverage is one of the more common benefits people choose to elect. Any guesses why? It's because accidents are a leading cause of injury for people under age 40, and because they occur more randomly than sickness. Accident insurance pays you with cash benefits for expenses that may not be fully covered by your comprehensive health insurance, including:

- Treatment for an injury
- Ambulance cost for transportation to a hospital
- X-ray or lab exams
- Hospital confinement

### A short list of what your Accident Insurance covers\*:



Accident Emergency Treatment

Air Ambulance

Ambulance

X-Ray Benefit

Hospital Admission

Hospital ICU Admission

Hospital Confinement days max

Hospital ICU Confinement

Dislocation (Non-Surgical)

Fracture (Non-Surgical)

And More!

### Accident Insurance Weekly (52) Payroll Deductions

|                       |        |
|-----------------------|--------|
| Employee Only         | \$1.88 |
| Employee + Spouse     | \$3.46 |
| Employee + Child(ren) | \$4.90 |
| Family                | \$7.44 |

*This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.*

# HOSPITAL INDEMNITY

## The Standard

### Hospitalization is unplanned.

Even with your employer's medical insurance, the cost of a hospital stay can be overwhelming. According to HealthCare.gov, the average price for a three-day hospital stay is \$30,000.

Voluntary hospital indemnity coverage pays a fixed, pre-determined dollar amount for each day the insured is confined to a hospital for either sickness or injury. The plan pays benefits without regard to actual medical expenses and do not decrease if benefits are paid by other coverage. It can also cover unforeseen expenses such as travel, child care during hospital visits, and home maintenance expenses.

Anyone who is concerned about the cost of hospitalization or the potential impact on personal finances would be a good candidate for this type of policy.

| HOSPITAL CARE                         |                   |         |
|---------------------------------------|-------------------|---------|
| Hospital Confinement                  | First Day Benefit | \$2,000 |
| First Day Hospital Confinement        | Annual Max        | 1 Day   |
| Hospital Confinement                  | Daily Benefit     | \$100   |
| Daily Hospital Confinement            | Annual Max        | 30 Days |
| Intensive Care Unit Confinement       | Daily Benefit     | \$100   |
| Daily Intensive Care Unit Confinement | Annual Max        | 30 Days |

| Hospital Indemnity Weekly (52) Payroll Deductions |         |
|---|---------|
| Employee Only                                     | \$4.93  |
| Employee + Spouse                                 | \$8.37  |
| Employee + Child(ren)                             | \$6.78  |
| Family  | \$12.21 |

*This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.*

# PET INSURANCE



## My Pet Protection coverage highlights

We offer a choice of reimbursement options so you can find coverage that fits your budget. All plans have a \$250 annual deductible and \$7,500 maximum annual benefit. Coverage includes\*:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

Plus, every My Pet Protection policy includes these additional benefits to maximize your value:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit



## Included with every policy



- 24/7 access to veterinary experts (\$110 value)
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs



- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations



## Additional highlights

- Exclusive product for employer groups only
- Preferred pricing for employees
- Multiple-pet discounts
- Guaranteed issuance

There are two simple ways for employees to sign up for their new pet insurance voluntary benefit:

1. Go directly to the dedicated URL we've created for your company: <https://benefits.petinsurance.com/cor-tech>
2. Call 877-738-7874 and mention that they're employees of CorTech/Job R Us to receive preferred pricing



# MEDICARE BACKOFFICE

Medicare BackOffice can help you navigate the Medicare maze to find a plan that is right for you. Your Insurance Agent referred you to Medicare BackOffice because of our trusted Medicare expertise. Our dedicated Insurance Agents are licensed, contracted and certified in all 50 States to provide Medicare advice and products. We'd be happy to help you find an "A"-rated or better Insurance Carrier at a competitive rate.

Here is how our process works and what you can expect.

1. You call Medicare BackOffice at 1-877-385-8083 to speak to a Licensed Insurance Agent.
2. You provide the name of your Insurance Agent to Medicare BackOffice.
3. You discuss with Medicare Back Office. Your Insurance Agent is **Andrea Jordan**.
  - Your existing insurance coverage
  - The four parts of original Medicare and how it works
  - Types of coverage including Medigap, Medicare Advantage and prescription drug coverage
  - Which of those plans might work the best for you
4. You enroll, either by:
  - a. Having Medicare BackOffice help you enroll immediately

-OR-

  - b. Having Medicare BackOffice email or mail the policy materials for you to review and enroll at a later date.
5. You receive your New Insurance Policy ID Card in the mail.

We understand that deciding on a Medicare Health Plan is one of the most important decisions you'll make in retirement. We're here to help. To speak with a Licensed Insurance Agent, call 1-877-385-8083



# LEGAL NOTICES

This communication represents a brief summary of the various benefits available to you and is provided as a reference only. The actual carrier policies determine coverage and contain exclusions, limitations, full coverage terms, conditions, and requirements. Any notices included in this document do not replace other potential employer requirements for communication.

# IMPORTANT NOTICES

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

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

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

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

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

## Contact Information

If you have any questions about this Notice or about our privacy practices, please contact the CorTech, LLC dba JobRUs.com HIPAA Privacy Officer:

Company Name: CorTech, LLC dba JobRUs.com  
Attention: Human Resources  
Address: 10 Glenlake Pkwy NE #800, Atlanta, GA - 30328

This Notice as revised is effective: January 1, 2026.

We are required by law to:

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

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

# HIPAA NOTICE OF PRIVACY PRACTICES

## HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

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

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

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

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

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

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

# HIPAA NOTICE OF PRIVACY PRACTICES

## HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

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

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

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

### **Special Situations**

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

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

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

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

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

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

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

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

# HIPAA NOTICE OF PRIVACY PRACTICES

## HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

**Law Enforcement:** We may disclose your protected health information if asked to do so by a law enforcement official:

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

**Coroners, Medical Examiners and Funeral**

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

**National Security and Intelligence Activities:**

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

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

**Research:** We may disclose your protected health information to researchers when:

1. the individual identifiers have been removed; or
2. when an institutional review board or privacy board has (a) re-viewed the research proposal; and (b) established protocols to ensure the privacy of the requested information and approves the research.

### Required Disclosures

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

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

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

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



# HIPAA NOTICE OF PRIVACY PRACTICES

## HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

### Other Disclosures

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

1. you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
2. treating such person as your personal representative could endanger you; or
3. in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

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

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

### Your Rights

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

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

# HIPAA NOTICE OF PRIVACY PRACTICES

## HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

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

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

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

**Right to an Accounting of Disclosures:** You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years and may not include dates prior to your request.

Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it, or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

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

# HIPAA NOTICE OF PR IVACY PRACTICES

## HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

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

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

**Complaints:** If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>.

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

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

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

| GEORGIA – Medicaid  | INDIANA – Medicaid  |
|---|---|
| <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/>                     Phone: 678-564-1162, Press 1<br/>                     GA CHIPRA Website:<br/> <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br/>                     Phone: 678-564-1162, Press 2</p>                                  | <p>Health Insurance Premium Payment Program<br/>                     All other Medicaid<br/>                     Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br/> <a href="http://www.in.gov/fssa/dfp/">http://www.in.gov/fssa/dfp/</a><br/>                     Family and Social Services Administration<br/>                     Phone: 1-800-403-0864<br/>                     Member Services Phone: 1-800-457-4584</p> |
| IOWA – Medicaid and CHIP (Hawki)  | KANSAS – Medicaid   |
| <p>Medicaid Website:<br/> <a href="#">Iowa Medicaid   Health &amp; Human Services</a><br/>                     Medicaid Phone: 1-800-338-8366<br/>                     Hawki Website:<br/> <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a><br/>                     Hawki Phone: 1-800-257-8563<br/>                     HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a><br/>                     HIPP Phone: 1-888-346-9562</p>   | <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/>                     Phone: 1-800-792-4884<br/>                     HIPP Phone: 1-800-967-4660</p>  |
| KENTUCKY – Medicaid   | LOUISIANA – Medicaid  |
| <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/>                     Phone: 1-855-459-6328<br/>                     Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a><br/>                     KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a><br/>                     Phone: 1-877-524-4718<br/>                     Kentucky Medicaid Website:<br/> <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p> | <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a><br/>                     Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>   |
| MAINE – Medicaid  | MASSACHUSETTS – Medicaid and CHIP   |
| <p>Enrollment Website:<br/> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/>                     Phone: 1-800-442-6003<br/>                     TTY: Maine relay 711<br/>                     Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br/>                     Phone: 1-800-977-6740<br/>                     TTY: Maine relay 711</p>   | <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br/>                     Phone: 1-800-862-4840<br/>                     TTY: 711<br/>                     Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>   |
| MINNESOTA – Medicaid  | MISSOURI – Medicaid   |
| <p>Website:<br/> <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a><br/>                     Phone: 1-800-657-3672</p>   | <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/>                     Phone: 573-751-2005</p>   |
| MONTANA - Medicaid  | NEBRASKA – Medicaid   |
| <p>Website:<br/> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br/>                     Phone: 1-800-694-3084<br/>                     Email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a></p>  | <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br/>                     Phone: 1-855-632-7633<br/>                     Lincoln: 402-473-7000<br/>                     Omaha: 402-595-1178</p>  |



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

|  |  |
|--|--|
| <b>NEVADA – Medicaid</b><br>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Medicaid Phone: 1-800-992-0900  | <b>NEW HAMPSHIRE – Medicaid</b><br>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>   |
| <b>NEW JERSEY – Medicaid and CHIP</b><br>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710 (TTY: 711)   | <b>NEW YORK – Medicaid</b><br>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831  |
| <b>NORTH CAROLINA – Medicaid</b><br>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100  | <b>NORTH DAKOTA – Medicaid</b><br>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br>Phone: 1-844-854-4825  |
| <b>OKLAHOMA – Medicaid and CHIP</b><br>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742   | <b>OREGON – Medicaid</b><br>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br>Phone: 1-800-699-9075  |
| <b>PENNSYLVANIA – Medicaid and CHIP</b><br>Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicare-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicare-health-insurance-premium-payment-program-hipp.html</a><br>Phone: 1-800-692-7462<br>CHIP Website: <a href="http://www.dhs.pa.gov/childrens-health-insurance-program-chip">Children's Health Insurance Program (CHIP) (pa.gov)</a><br>CHIP Phone: 1-800-986-KIDS (5437) | <b>RHODE ISLAND – Medicaid and CHIP</b><br>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RLine Share Line)  |
| <b>SOUTH CAROLINA – Medicaid</b><br>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820  | <b>SOUTH DAKOTA - Medicaid</b><br>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059  |
| <b>TEXAS – Medicaid</b><br>Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br>Phone: 1-800-440-0493   | <b>UTAH – Medicaid and CHIP</b><br>Utah's Premium Partnership for Health Insurance (UPP)<br>Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a><br>Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a><br>Phone: 1-888-222-2542<br>Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a><br>Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a><br>CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a> |
| <b>VERMONT– Medicaid</b><br>Website: <a href="http://www.dhs.vermont.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br>Phone: 1-800-250-8427  | <b>VIRGINIA – Medicaid and CHIP</b><br>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br>Medicaid/CHIP Phone: 1-800-432-5924  |

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

| WASHINGTON – Medicaid  | WEST VIRGINIA – Medicaid and CHIP  |
|--|--|
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022  | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| WISCONSIN – Medicaid and CHIP  | WYOMING – Medicaid   |
| Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002 | Website:<br><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269                           |

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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



# MODEL GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

## **\*\*CONTINUATION COVERAGE RIGHTS UNDER COBRA\*\***

### **Introduction**

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan.

**This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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

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

### **What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary."

You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

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

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

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

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

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

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

# MODEL GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

## **\*\* CONTINUATION COVERAGE RIGHTS UNDER COBRA \*\***

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

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

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

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

Human Resources

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

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

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

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

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

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

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

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

# MODEL GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

## **\*\* CONTINUATION COVERAGE RIGHTS UNDER COBRA \*\***

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

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of:

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

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

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

For more information visit:

<https://www.medicare.gov/medicare-and-you>

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

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

**Plan contact information:**  
Human Resources

## MEDICARE PART D CROSS-REFERENCE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page [5-6] for more details.

# MEDICARE PART D CREDITABLE COVERAGE NOTICE

## IMPORTANT NOTICE 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 CorTech, LLC dba JobRUs.com 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. CorTech, LLC dba JobRUs.com has determined that the prescription drug coverage offered by the High Deductible Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

**When Can You Join A Medicare Drug Plan?** You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**When Can You Join A Medicare Drug Plan?** You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?** If you decide to join a Medicare drug plan while enrolled in CorTech, LLC dba JobRUs.com coverage as an active employee, please note that your CorTech, LLC dba JobRUs.com coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in CorTech, LLC dba JobRUs.com coverage as a former employee.

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

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?** You should also know that if you drop or lose your current coverage with CorTech, LLC dba JobRUs.com 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.

# MEDICARE PART D CREDITABLE COVERAGE NOTICE

## IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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 CorTech, LLC dba JobRUs.com changes. You also may request a copy of this notice at any time.

Date: 1/1/2026

Name of Entity/Sender: CorTech, LLC dba JobRUs.com

Contact: Human Resources

Address: 10 Glenlake Pkwy NE #800, Atlanta, GA - 30328

### **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).

## This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal blue or grey lines across the entire width of the page, typical of notebook paper. There are no margins, text, or other markings present.





*\*This guide is designed to assist you in making benefit election choices and represents only a brief summary of available plans. This booklet is not intended as an official interpretation of the plans. For more detailed information, please refer to the Certificate of Coverage or Summary Plan Description. Should any question arise, the Certificate of Coverage or Summary Plan Description will be the final authority in determining the benefits provided by your plans. The client reserves the right to modify, amend or terminate the plan at any time.*