



# 2020 | 2021

## EMPLOYEE BENEFITS GUIDE





# IMPORTANT CONTACTS

COVERAGE	PROVIDER	CONTACT	WEBSITE/EMAIL
MEDICAL	BCBS of TX	800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
TELEMEDICINE	Teladoc	800-Teladoc 800-835-2362	<a href="http://www.teladoc.com">www.teladoc.com</a>
24/7 NURSELINE	BCBS BlueCare	866-412-8795	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
DENTAL	BCBS BlueCare	800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
VISION	BCBS EyeMed	855-556-8796	<a href="http://www.eyemedvisioncare.com/bcbstxvis">www.eyemedvisioncare.com/bcbstxvis</a>
LONG TERM DISABILITY	BCBS Dearborn	877-442-4207	<a href="http://www.dearbornnational.com">www.dearbornnational.com</a>
LIFE AND AD&D	BCBS Dearborn	877-442-4207	<a href="http://www.dearbornnational.com">www.dearbornnational.com</a>
SUPPLEMENTAL BENEFITS	Aflac	888-389-2723	<a href="mailto:charity@myvadmin.com">charity@myvadmin.com</a>
HUMAN RESOURCES	Tri-State	936-248-2325	<a href="http://www.tristateoilfield.com">www.tristateoilfield.com</a>
BENEFIT HELPLINE	Higginbotham	866-419-3518	<a href="mailto:helpline@higginbotham.net">helpline@higginbotham.net</a>

# Welcome

**Tri-State Vacuum & Rental** recognizes that our company would not be successful without our dedicated employees. Therefore, we are pleased to offer you a comprehensive benefits package intended to protect your well-being and financial health. This guide is your opportunity to learn more about the benefits available to you and your eligible dependents beginning **October 1, 2020**.

To get the best value from your benefit plans, please take the time to evaluate your coverage options and determine which plans best meet your financial needs.

Each year during Open Enrollment, you have the opportunity to make changes to your benefit plans. The enrollment decisions you make this year will remain in effect through **September 30, 2021**. You may make changes to your benefit elections only when you have a Qualifying Life Event. After such an event, you can make changes to your care coverage within 31 days; otherwise, you cannot make changes to your benefits coverage until the next Open Enrollment period.

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### Availability of Summary Health Information

Our Employee Benefits Program offers two health coverage plans. To help you make an informed choice and compare your options, a Summary of Benefits and Coverage (SBC) is available, which summarizes important information about your health coverage options in a standard format. The SBC is available on the web at [www.benefitsinhand.com](http://www.benefitsinhand.com).

A paper copy is also available by calling 936-248-2329.

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 26 for more details.



# Eligibility

You are eligible for benefits if you are a regular, full-time employee working an average of 30 hours per week. Your coverage is effective the first of the month after 60 days of full-time employment. You may also enroll eligible dependents for benefits coverage. The cost to you for dependent coverage will vary depending on the number of dependents you enroll in the plan and the particular plans you choose. When covering dependents, you must select the same plans for your dependents as you select for yourself.

## Eligible Dependents include:

- Your legal spouse
- Children under the age of 26, regardless of student status
- Children who are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal tax return; coverage may continue past age 26

## Qualifying Life Events

Once you elect your benefit options, they will remain in effect for the entire plan year until the following Open Enrollment. You may only change coverage during the plan year if you have a Qualifying Life Event, and you must do so within 31 days of the event.

## Qualifying Life Events include:

- Marriage, divorce, legal separation or annulment
- Birth, adoption or placement for adoption of an eligible child
- Death of a spouse or child
- Change in your spouse's employment that affects benefits eligibility
- Change in your child's eligibility for benefits (reaching the age limit)
- Change in residence that affects your eligibility for coverage
- Significant change in coverage or cost in your, your spouse's or child's benefit plans
- FMLA Leave, COBRA event, Court Judgment or Decree
- Becoming eligible for Medicare or Medicaid
- Receiving a Qualified Medical Child Support Order

If you have a Qualifying Life Event and want to request a mid-year change, you must notify Human Resources and complete your election changes within 31 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.





1. Go to [www.benefitsinhand.com](http://www.benefitsinhand.com) (First time users follow steps 2-5. Returning users login & start at step 6)  
*If you are an existing employee who registered previously and need to reset your password, go to the link on the home page and follow the instructions in the email you receive to complete the process.*
2. If this is your very first time to login, click on the New User Registration link.  
*\*Once you register you will just use your username and password to login\**
3. Enter in your personal information and Company Identifier of **tsvr** and click Next.
4. Create a Username (*work email address recommended*) and Password and then check the “I agree to terms and conditions” before you click Finish.  
*Username is not case sensitive but your password is—An alpha, numeric, and one symbol are all required.*
5. If you used an email address as your username you will receive a validation email to that address. You may now login to the system.
6. Click the Start button to begin the enrollment process.
7. Confirm or update your personal information and click Save & Continue.
8. Edit dependents or add dependents that need to be covered on your benefits. Once all dependents are listed click Save & Continue.
9. Follow the steps on the screen for each benefit to make your selection. Please notice there is an option to Decline Coverage. If you want to decline, click the **Don't want this benefit?** button and select the reason you are declining.
10. Once you have elected or declined all benefits you will see a summary of your selections. Click the Agree button.
11. **Return to your home page and complete any Required Tasks by going to REQUIRED TASKS page.**

Have questions about your benefits or need help enrolling?  
Call the Employee Response Center:

**(866) 419-3518**

They are available to take your call Monday-Friday 8AM-5PM.  
Or reach them by email at [helpline@higginbotham.net](mailto:helpline@higginbotham.net)





# MEDICAL COVERAGE

**Tri-State Vacuum & Rental** offers two medical plans, through **BCBS of Texas**. The PPO plans allow access to both in-network and out-of-network providers, but you will receive better discounts and pay less money by remaining in-network. When you use providers from within the **BlueChoice Network**, you receive benefits at the discounted network cost.

## Preferred Provider Organization (PPO)

The PPO options offer the freedom to see any provider when you need care. When you use providers from within the **Blue Choice PPO Network**, both you and the company will benefit from significant discounts through negotiated rates. *If you receive care from an out-of-network provider, allowable expenses will be reimbursed based on the eligible amount determined by BCBS. You will be responsible for the difference between the billed amount and BCBS's allowed amount in addition to any deductible and coinsurance.*

**BlueChoice Basic PPO** While the Core Plan offers the benefit of copays and provides access to the same BlueChoice Network, it is **BASIC PPO** and covers certain services differently. When you see a doctor, *the doctor office copay ONLY includes the office visit*. For example, diagnostic tests, imaging, injections and office surgeries performed as part of an office visit are charged as separate services and go to deductible and coinsurance. Any lab work or tests conducted for use in diagnosing and/or treatment are billed separately and NOT covered with the office visit copay. Please keep this in mind when considering the plan options.



## Health Coverage Reminder

The Patient Protection and Affordable Care Act (PPACA) requires most individuals to have minimum essential health coverage. You may obtain coverage through your employer or through the Marketplace.

- ◆ Depending on your income and the coverage offered by your employer, you may be able to obtain lower cost private insurance in the Marketplace.
- ◆ If you buy insurance through the Marketplace, you may lose any employer contribution to your health benefits.
- ◆ Visit [www.HealthCare.gov](http://www.HealthCare.gov) for Marketplace information.

**REMINDER:** You may purchase insurance through the Marketplace only if you experience a Qualifying Life Event OR during Open Enrollment. The Federal Marketplace Open Enrollment dates are from November 1 through December 15.

	CORE PLAN BlueChoice Basic PPO		BUY-UP PLAN BlueChoice PPO	
	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
Calendar Year Deductible				
Individual	\$5,000	\$10,000	\$4,000	\$10,000
Family	\$14,700	\$29,400	\$12,000	\$20,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)				
Individual	\$5,600	Unlimited	\$7,900	Unlimited
Family	\$14,700	Unlimited	\$15,800	Unlimited
	You pay		You pay	
Coinsurance / Copays (*after deductible)				
Preventive Care	\$0	50% after deductible	\$0	50% after deductible
Primary Care Physician	\$45 copay *only covers office visit charge	50% after deductible	\$35 copay	50% after deductible
Specialist	\$90 copay	50% after deductible	\$70 copay	50% after deductible
Diagnostic Tests X-ray, Lab, Blood Work	30% after deductible	50% after deductible	Covered with office visit copay	50% after deductible
Imaging CT/PET Scans, MRIs	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Urgent Care	\$75 copay	50% after deductible	\$75 copay	50% after deductible
Emergency Room**	\$500 per visit + 30% after deductible Copay waived if admitted		\$500 per visit + 20% after deductible Copay waived if admitted	
Inpatient Hospital Care	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Pharmacy				
Retail RX (up to 31 day supply)	Participating / Non-Participating Pharmacy (Out-of-Network subject to additional 50%)			
Preferred/Non-Pref. Generic	\$0-10 / \$10-20	\$10 / \$20 + 50%	\$0-10 / \$10-20	\$10 / \$20 + 50%
Preferred Brand	\$50 / \$70	\$70 + 50%	\$50 / \$70	\$70 + 50%
Non-Preferred Brand	\$100 / \$120	\$120 + 50%	\$100 / \$120	\$120 + 50%
Specialty Limited to 30-day supply	\$150 / \$250	\$150 / \$250 + 50%	\$150 / \$250	\$150 / \$250 + 50%
Mail Order (up to 90 day supply)	x3	x3 + 50%	x3	x3 + 50%
* Out-of-Network: All out-of-network services are subject to the amount determined to be eligible by the plan and you are responsible for all charges over this allowance.				
** Emergent services are considered in-network, however some providers are not contracted and may bill for more than what was allowed by the carrier.				

# SaveTime.SaveMoney.Teladoc®

## Talk to a Doctor Anytime

Teladoc gives you 24/7/365 access to U.S. board-certified doctors through the convenience of a phone call. This is a great alternative to Urgent Care and Emergency Room visits because services you receive through Teladoc are **100% paid by TriState for employees when covered on the medical plan.**

### When Can I Use Teladoc?

- If you are considering the Emergency Room or Urgent Care Clinic for a non-emergency issue
- If you are on vacation, on a business trip, or away from home
- For short-term prescription refills

## Get the Care You Need

Teladoc doctors can treat many medical conditions, including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems

## Meet the Doctors

All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

## Set Up Your Account *\*Tri-State is the provider.*

*Do NOT enter your medical carrier as the provider or you may be charged an office visit copay per your plan benefits.*

### ⇒ ONLINE

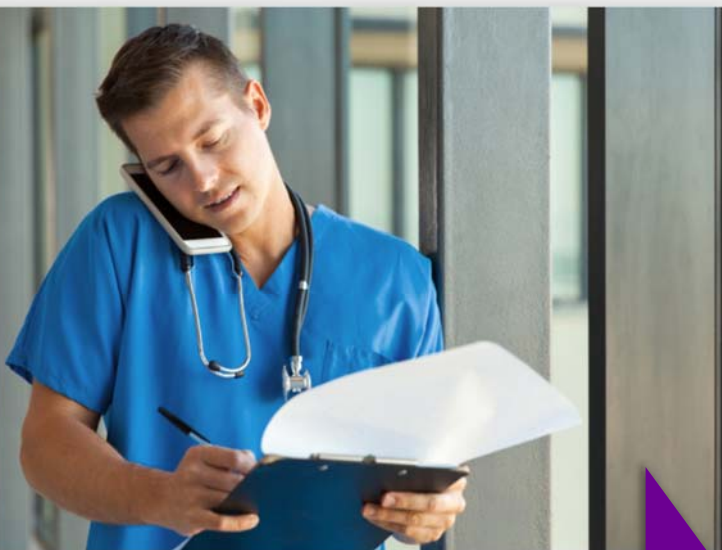
Go to **Teladoc.com** and click "Set Up Account"

### ⇒ MOBILE APP

Download to the app & click "Activate account"  
*Visit [teladoc.com/mobile](https://teladoc.com/mobile) to download the app*

### ⇒ PHONE

Text "Get Started" to 469-844-5637



## Talk to a Doctor Anytime

- Visit **[www.Teladoc.com](https://www.Teladoc.com)**
- Call **1-800-Teladoc (835-2362)**





BlueCross BlueShield of Texas | *Experience. Wellness. Everywhere.®*



# 24/7 Nurseline

## *Around-the-Clock, Toll-Free Support*

Health concerns don't always follow a 9-to-5 schedule. Fortunately, registered nurses are on call at **(866) 412-8795** to answer your health questions, wherever you may be, 24 hours a day, seven days a week.

The 24/7 Nurseline's registered nurses can understand your health concerns and give general health tips. Get trusted guidance on possible emergency care, urgent care, family care and more.

***Could your child's fever or sore throat turn into something more serious?***

***Is your 1 a.m. asthma attack cause for a trip to the ER?***

The **24/7 Nurseline** can help you figure out if you should call your doctor, go to the ER or treat the problem yourself.

### **When should you call?**

The toll-free Nurseline can help you or a covered family member get answers to health problem questions, such as:

- Asthma, back pain or chronic health issues
- Dizziness or severe headaches
- High fever
- A baby's nonstop crying
- Cuts or burns
- Sore throat

Plus, when you call, you can access an audio library of more than 1,000 health topics—from allergies to women's health—with more than 600 topics available in Spanish.

**Get the information you need, just when you need it.**



Note: For medical emergencies, call 911 or your local emergency services first. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

***bcbstx.com***

## Get all the advantages your health plan offers



Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Texas (BCBSTX) secure member website, Blue Access for Members (BAM<sup>SM</sup>).

### With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one

## It's easy to get started

- 1 Go to [bcbstx.com/member](http://bcbstx.com/member)
- 2 Click Register Now
- 3 Use the information on your BCBSTX ID card to complete the registration process.



Text\* BCBSTXAPP to 33633 to get the BCBSTX App that lets you use BAM while you're on the go.

\*Message and data rates may apply



**BlueCross BlueShield of Texas**

# Find what you need with Blue Access for Members

NATHAN SMITH Settings 9 Language Assistance En Español Log Out

BlueCross BlueShield of Texas

CURRENTLY VIEWING MY PLAN 8 PPO View My Plans

1 Home 2 My Coverage 3 Claims Center 4 My Health 5 Doctors & Hospitals 6 Forms & Documents

Welcome NATHAN SMITH!

6 Message Center You have no messages View all messages

7 Quick Links Stop receiving paper statements Connect Member Discount Program Manage preferences Verification of Coverage

MY COVERAGE Plan Type: PPO Group Number: 098765 ID Number: ABC123456789

MEDICAL BENEFITS Preferred Network

Individual Deductible	N/A
Family Deductible	N/A
Family Out of Pocket Maximum	\$8,500.00
Coinurance	N/A

My Care Profile Blue Button Learn how to get your health care profile electronically Get Started »

10 Important Information | Non-Discrimination Notice | Help | Contact Us 11

- 1 My Coverage:** Review benefit details for you and family members covered under your plan.
- 2 Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 Message Center:** Communicate with a Customer Service Advocate here. You can also learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 View My Plan:** See the details of your current health plan, as well as other plans you've had in the past.
- 9 Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
- 10 Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
- 11 Contact Us:** Here you can find contact information to reach a Customer Service Advocate with any questions you may have about your plan.





BlueCross BlueShield of Texas

# The BCBSTX App!



Stay connected with Blue Cross and Blue Shield of Texas (BCBSTX) and access important health benefit information wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your member ID card
- Log in securely with your fingerprint
- Access Health Care Accounts and Health Savings Accounts
- Download and share your Explanation of Benefits\*
- Get Push Notifications and access to Message Center\*

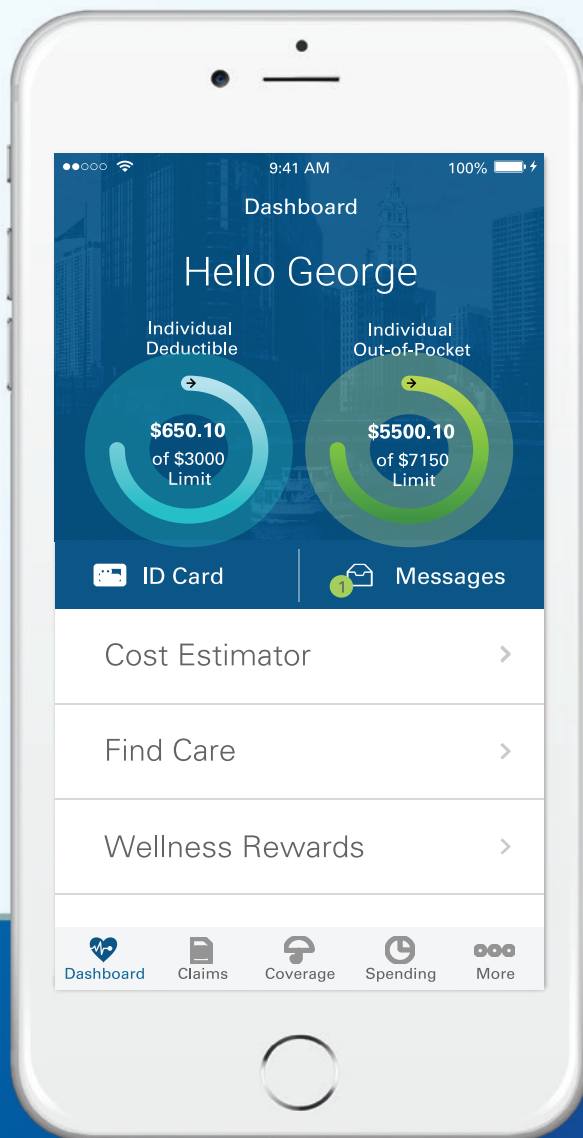
Text\*\* **BCBSTXAPP** to **33633** to get the app.

\* Currently only available on iPhone®. iPhone is a registered trademark of Apple Inc.

\*\* Message and data rates may apply. Terms and conditions and privacy policy at [bcbstx.com/mobile/text-messaging](http://bcbstx.com/mobile/text-messaging).



**Available in Spanish**



[bcbstx.com/mobile](http://bcbstx.com/mobile)

# Urgent Care Clinics



**Pocketbook tip:** For non-emergent situations visit your local Urgent Care instead of the Emergency Room

When you need quick, convenient and affordable treatment for common illnesses but your doctor's office is not open or you need to be seen quickly, Urgent Care Clinics provide simple, non-emergency services to walk-in patients. The nurse practitioners and physician assistants who staff the clinics are certified, licensed health care professionals and are qualified to:

- Diagnose and treat common injuries and minor illnesses
- Prescribe or order medication
- Give most vaccinations

## Common Illnesses Treated at Urgent Care Clinics

- Allergy
- Bladder infection
- Flu
- Ear infection
- Upper respiratory infection
- Pink eye or sty
- Sinus infection
- Sore throat
- Insect bite
- Minor burn, rash or skin infection



## PLEASE NOTE

There are seemingly an abundance of Urgent Care options, however, some of these may operate as your local "Emergency Care" and as such, will **bill you as an Emergency Room**. Make sure to **call ahead** and **check** whether a facility operates as an Urgent Care center or an Emergency Room before you receive treatment so that you are not surprised with an ER bill.

## Did You Know:

The cost of treating MOST common medical conditions can be up to 5 times greater in the Emergency Room than in a physician's office or an Urgent Care Center. Also, persons experiencing a situation requiring prompt medical attention that is not life-threatening may receive faster care at a Convenience Care Clinic or Urgent Care Clinic, or by scheduling a same-day appointment with their primary care physician, if available.

# Dental Coverage

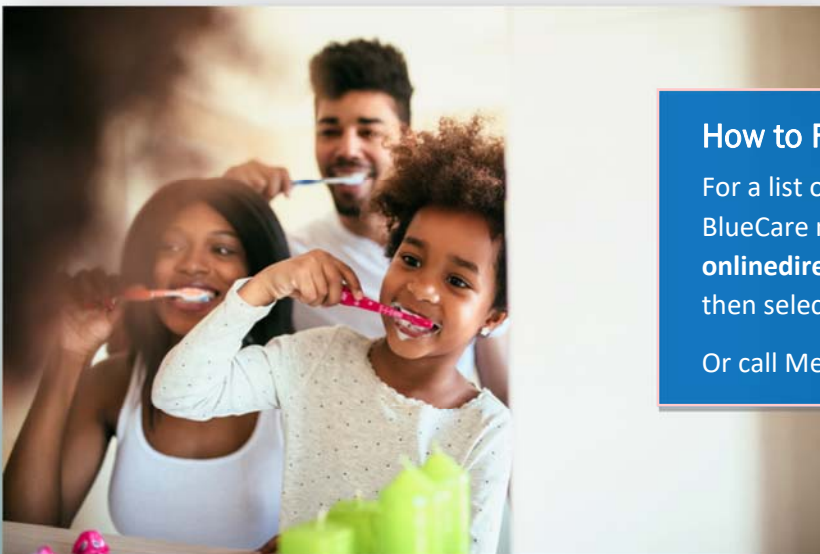
Our base dental coverage is provided free to you through **BCBS BlueCare** when you elect medical coverage. The dental plans help you maintain good dental health through affordable options for preventive care, including regular checkups and other dental work. With BCBS's dual option plan, you have the option to select from a base or buy-up plan. Premium contributions for dependent dental coverage will be deducted from your paycheck on a pre-tax basis. If you decline medical coverage, you may still elect voluntary coverage and pay for your portion.

## Core DPPO

The Base DPPO plans allow you the freedom to visit any dentist, without referrals, for all of your dental care. If you receive care from one of BCBS's BlueCare preferred dentists, you will pay less for your care. If you choose a non-preferred dentist, your share of costs will generally be higher. If you use a non-network dentist, you may be responsible for the difference between BCBS's discounted contract fees and the out-of-network dentist's regular fees for the services performed.

## Buy-Up DPPO

The Buy-Up DPPO offers the freedom to go to any dentist you choose and receive the same level of benefits. Network benefits are based on the negotiated contracted fee schedule, while out-of-network benefits are based on what is considered Usual, Customary & Reasonable for 90% of the area (UCR). Staying In-Network and going to a contracted provider will provide you with the highest level of benefits and the deepest discounts your plan has to offer.



### How to Find a Dentist

For a list of contracted dental providers in the BlueCare network, go to [www.bcbstx.com/onlineDirectory](http://www.bcbstx.com/onlineDirectory). Scroll down and click "Find a Dentist", then select the "BlueCare Dental" network.

Or call Member Services at **800-521-2227**.



	BLUECARE DENTAL	
	DTNLM38 CORE PLAN	DTNLR33 BUY-UP PLAN
Calendar Year <sup>1</sup> Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Calendar Year <sup>1</sup> Maximum Benefit		
Individual	\$1,500 per individual (Basic & Major services combined)	
	THE PLAN PAYS	
Services		
<b>Preventive Procedures</b> Exams, Cleanings, X-rays, Fluoride Treatment	100% <i>Deductible does not apply</i>	100% <i>Deductible does not apply</i>
<b>Basic Procedures</b> Sealants, Space Maintainers, Fillings, Non-Surgical Extractions, Periodontal Maintenance	80%	80% <i>Covers Endodontics, Periodontics, Oral Surgery &amp; General Anesthesia</i>
<b>Major Procedures</b> Endodontics, Periodontics, Oral Surgery, General Anesthesia, Repair of Crowns, Dentures and Bridges, Inlays & Onlays	50%	50%
<b>Orthodontia</b> <i>Adults &amp; Children to age 19</i>	50% to \$1,000 Lifetime Maximum <i>Deductible does not apply</i>	50% to \$1,500 Lifetime Maximum <i>Deductible does not apply</i>
<b>Out-of-Network Reimbursement†</b>	<b>Fee Schedule</b> Based on the contracted amount predetermined by BCBS's Fee Schedule. You are responsible for amounts over the max allowed	<b>UCR 90th</b> Based on the amount considered Reasonable & Customary for 90% of providers in the area to charge for the same services

<sup>1</sup>Calendar year is January 1 – December 31. Your calendar year deductible and benefit maximum will reset to \$0 every January 1.

<sup>†</sup>Out-of-Network Providers: When you use out-of-network providers, services are subject to the amount determined to be eligible by the plan and you are responsible for all charges over this allowance. Pre-treatment Review is highly recommended for major dental treatment

For a detailed schedule of coverage benefits and limitations, find the Benefit Summary online at BCBS or Benefits In Hand.



# Vision Coverage

Tri-State Vacuum and Rental provides vision coverage at no cost to you when you are enrolled in medical coverage, or you have the option to elect vision coverage on a voluntary basis. The vision plan offered through **BCBS EyeMed** is designed to provide your basic eyewear needs and preserve your health and eyesight. In addition to detecting eye problems, vision exams can help identify certain medical conditions such as diabetes or high cholesterol. You may seek care from any licensed optometrist, ophthalmologist or optician, but plan benefits are higher if you use a provider in the **EyeMed Network**.

To find an EyeMed Provider, visit [www.eyemedvisioncare.com/bcbstxvis.com](http://www.eyemedvisioncare.com/bcbstxvis.com) or call Member Services at **855-556-8796**

	IN-NETWORK	OUT-OF-NETWORK
	PLAN COVERAGE	PLAN REIMBURSEMENT
<b>EXAM</b>		
Routine Exam	\$10 copay	up to \$39
Materials	\$25 copay	Specified allowance
<b>MATERIALS / EYEWEAR</b>		
Single Lenses	\$25 copay (covered by copay)	up to \$23
Bifocals	\$25 copay (covered by copay)	up to \$37
Trifocals	\$25 copay (covered by copay)	up to \$49
Frames	\$130 allowance + 20% off balance	up to \$46
<b>CONTACT LENSES—In lieu of Frames/Lenses</b>		
Medically Necessary	Covered in full after copay	up to \$210
Elective	\$130 allowance	up to \$100
<b>BENEFIT FREQUENCY</b>		
Exams	Once every 12 months	
Lenses & Contacts	Once every 12 months	
Frames	Once every 24 months	

**Submitting Claims:** When visiting an EyeMed provider for services, the provider submits the claim for payment. If visiting a non-network provider for services, you are responsible for submitting the claim to EyeMed Vision Care. Obtain a claim form by logging on to [eyemedvisioncare.com/bcbstxvis](http://eyemedvisioncare.com/bcbstxvis) or by calling **855-556-8796**. Include a copy of your itemized receipt with your claim form and mail it to the following address—**First American Administrators, Attn: OON Claims, P.O. Box 8504, Mason, OH 45040**.



**Get a Clear View** Download the EyeMed member app now and register to access your vision benefit information on the go!



# Vision Benefit Information and Resources

Finding a provider and scheduling an appointment is  
**AS EASY AS...**

At Blue Cross and Blue Shield of Texas, we've made it easier than ever to access your vision benefit information and schedule your annual eye exam. Everything you need is available through our member portal.

- 1. Register and log in to the member portal at [eyemedvisioncare.com/bcbstxvis](http://eyemedvisioncare.com/bcbstxvis).**
- 2. Review your vision benefit information.<sup>1</sup>**  
Our member portal gives you access to benefit details, claims, provider locations and more. And since many providers offer extended evening and weekend hours, you can get care when it works for you.
- 3. Find a provider near you:**  
Log in to [eyemedvisioncare.com/bcbstxvis](http://eyemedvisioncare.com/bcbstxvis), and then select "Click here to find a provider." Enter your zip code to be connected with eye health experts near you.

## Still have questions?

Feel free to contact our award-winning<sup>2</sup> Customer Care Center at 855-556-8796. You can also learn more by visiting [eyemedvisioncare.com/bcbstxvis](http://eyemedvisioncare.com/bcbstxvis).

**All in-network providers can look up eligible members in the EyeMed system with a name and date of birth to verify benefits. ID cards are not required for eligible members to use their vision benefits.**



## Blue Cross and Blue Shield of Texas Vision Care ID Cards

- You will receive a one-time welcome packet, containing two ID cards and a member brochure.
- You do not need ID cards to receive services.
- Mailed ID cards will only have the employee's name listed (but any covered family member may use the card).
- Additional ID cards can be downloaded or printed by registering at [eyemedvisioncare.com/bcbstxvis](http://eyemedvisioncare.com/bcbstxvis) or by using the EyeMed App.



<sup>1</sup>Actual benefits and frequencies vary by plan.

<sup>2</sup>Purdue University Benchmark Portal independent assessment of call centers nationwide.

For employee use only. Benefits are available from the EyeMed Vision Care, LLC provider network and are administered by First American Administrators, Inc., independent companies that offer benefits on behalf of Blue Cross and Blue Shield of Texas. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



# Voluntary LONG TERM DISABILITY

If you suddenly become ill or are involved in an accident and are unable to work, it is easy to fall behind on your rent or mortgage, car payment and other expenses. That is why a salary replacement plan is an important benefit for you and your family.

## Long Term Disability Insurance

Long Term Disability (LTD) insurance provides long term income protection in the event of sickness or injury. A qualifying disability can occur on or off the job. LTD coverage is provided through **BCBS Dearborn**.

*All premiums for this plan are paid by the employee.*

Visit [www.bcbstx.com/ancillary](http://www.bcbstx.com/ancillary) or contact the Customer Response Unit at (877) 442-4207 if you have any questions or need assistance.

### Plan Features

#### Monthly Benefit

Covers 60% of your base annual earnings to a maximum benefit of \$7,500 per month  
Guarantee Issue of \$7,500

#### Elimination Period

Benefits begin on the 91st day of disability.

#### Benefit Period

Benefits are paid until you are no longer disabled or until you reach Social Security Retirement Age

#### Pre-Existing Condition Exclusion

You have a "pre-existing condition" if you received medical treatment, consultation, care or services including diagnostic measures, took prescribed drugs or medications, or followed treatment recommendation in the 12 months prior to your effective date and your disability begins in the first 12 months after your effective date of coverage.

## Filing disability claims

### How can claims be filed?



**Online:** You can find documents electronically at [www.DearbornNational.com](http://www.DearbornNational.com)  
- or - [www.benefitsinhand.com](http://www.benefitsinhand.com).



**Fax:** Send completed form to 877-404-6457



**Mail:** BCBS of Texas  
Attn: Claim Department  
PO Box 7071  
Downers Grove, IL 60515

Once the claim information is received, you and your employer will be notified of receipt via formal acknowledgment letter.

*For a detailed summary of coverage benefits and limitations, please contact Dearborn National or refer to your plan booklet in Benefits In Hand.*



## Determining your rate →

1. To determine your premium, refer to the chart below that shows the rates for all ages per \$100 of covered salary
2. Select the age banded rate that applies to you

Employee's Age	< 25	35 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69
Monthly Rate	0.205	0.274	0.448	0.666	1.137	1.872	2.399	2.755	2.222	2.97

3. Complete the following premium calculation worksheet

Monthly Premium Calculation Worksheet:	
<b>A. Annual Earnings =</b> <i>Please Note: If your annual earnings exceed \$150,000, the premium is based on \$150,000, due to the maximum benefit cap. Use \$150,000 in this calculation.</i>	\$
<b>B. Monthly Earnings =</b> (A divided by 12)	\$
<b>C. Your monthly Earnings divided by 100 =</b> (B divided by 100)	\$
<b>D. Estimated monthly Premium you will pay =</b> (C multiplied by the applicable age-banded rate) <i>*For <u>weekly</u> rate, multiply the monthly rate (D) by 12 and divide by 52.</i>	\$

## Weekly Voluntary LTD Rates Example

*\*Please Note: Final rates may vary due to rounding.*

If your annual salary is at least	Your monthly benefit would be:	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$15,000	\$750	\$0.59	\$0.79	\$1.29	\$1.92	\$3.28	\$5.40	\$6.92	\$7.95	\$6.41	\$8.57
\$20,000	\$1,000	\$0.79	\$1.05	\$1.72	\$2.56	\$4.37	\$7.20	\$9.23	\$10.60	\$8.55	\$11.42
\$25,000	\$1,250	\$0.99	\$1.32	\$2.15	\$3.20	\$5.47	\$9.00	\$11.53	\$13.25	\$10.68	\$14.28
\$30,000	\$1,500	\$1.18	\$1.58	\$2.58	\$3.84	\$6.56	\$10.80	\$13.84	\$15.89	\$12.82	\$17.13
\$35,000	\$1,750	\$1.38	\$1.84	\$3.02	\$4.48	\$7.65	\$12.60	\$16.15	\$18.54	\$14.96	\$19.99
\$40,000	\$2,000	\$1.58	\$2.11	\$3.45	\$5.12	\$8.75	\$14.40	\$18.45	\$21.19	\$17.09	\$22.85
\$45,000	\$2,250	\$1.77	\$2.37	\$3.88	\$5.76	\$9.84	\$16.20	\$20.76	\$23.84	\$19.23	\$25.70
\$50,000	\$2,500	\$1.97	\$2.63	\$4.31	\$6.40	\$10.93	\$18.00	\$23.07	\$26.49	\$21.37	\$28.56
\$55,000	\$2,750	\$2.17	\$2.90	\$4.74	\$7.04	\$12.03	\$19.80	\$25.37	\$29.14	\$23.50	\$31.41
\$60,000	\$3,000	\$2.37	\$3.16	\$5.17	\$7.68	\$13.12	\$21.60	\$27.68	\$31.79	\$25.64	\$34.27
\$65,000	\$3,250	\$2.56	\$3.43	\$5.60	\$8.33	\$14.21	\$23.40	\$29.99	\$34.44	\$27.78	\$37.13
\$70,000	\$3,500	\$2.76	\$3.69	\$6.03	\$8.97	\$15.31	\$25.20	\$32.29	\$37.09	\$29.91	\$39.98
\$75,000	\$3,750	\$2.96	\$3.95	\$6.46	\$9.61	\$16.40	\$27.00	\$34.60	\$39.74	\$32.05	\$42.84
\$80,000	\$4,000	\$3.15	\$4.22	\$6.89	\$10.25	\$17.49	\$28.80	\$36.91	\$42.38	\$34.18	\$45.69
\$85,000	\$4,250	\$3.35	\$4.48	\$7.32	\$10.89	\$18.59	\$30.60	\$39.21	\$45.03	\$36.32	\$48.55
\$90,000	\$4,500	\$3.55	\$4.74	\$7.75	\$11.53	\$19.68	\$32.40	\$41.52	\$47.68	\$38.46	\$51.40
\$95,000	\$4,750	\$3.75	\$5.01	\$8.18	\$12.17	\$20.77	\$34.20	\$43.83	\$50.33	\$40.59	\$54.26
\$100,000	\$5,000	\$3.94	\$5.27	\$8.62	\$12.81	\$21.87	\$36.00	\$46.13	\$52.98	\$42.73	\$57.12
\$125,000	\$6,250	\$4.93	\$6.59	\$10.77	\$16.01	\$27.33	\$45.00	\$57.67	\$66.23	\$53.41	\$71.39
\$150,000	\$7,500	\$5.91	\$7.90	\$12.92	\$19.21	\$32.80	\$54.00	\$69.20	\$79.47	\$64.10	\$85.67

# Voluntary Life and AD&D

Life insurance is an important part of your financial security, especially if others depend on you for support. Even if you are single, your beneficiary can use your Life insurance to pay off your debts, such as credit cards, mortgages and other final expenses. Coverage is provided through **Dearborn National**.

AD&D coverage helps protect you and your family from the unforeseen financial hardship of a serious accident that causes death or dismemberment. AD&D insurance provides you specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that death occurs from an accident, the AD&D benefit would be payable to your beneficiary(ies).

You may purchase voluntary Life and AD&D insurance for you and your eligible dependents. You must elect Voluntary coverage for yourself in order to elect coverage for your spouse or children. If you decline Voluntary Life insurance when first eligible or if you elect coverage and wish to increase your benefit amount at a later date, Evidence of Insurability (proof of good health) may be required before coverage is approved.

*All premiums for this plan are paid by the employee.*



Coverage For	Coverage Available
EMPLOYEE	<p>Increments of \$10,000 up to 5x salary or max benefit of \$500,000</p> <p><b>Guarantee Issue of \$200,000 under age 65</b></p> <ul style="list-style-type: none"> <li>◇ Ages 65-69: \$50,000</li> <li>◇ Age 70 &amp; up: \$10,000</li> </ul>
SPOUSE	<p>Increments of \$5,000 up to \$250,000 max, not to exceed 100% of Employee coverage</p> <p><b>Guarantee Issue of \$50,000 under age 65</b></p> <ul style="list-style-type: none"> <li>◇ Ages 65-69: \$10,000</li> </ul>
CHILD(REN)	<p>Increments of \$1,000 up to \$20K max</p> <ul style="list-style-type: none"> <li>◇ Children from birth-6 months: \$1,000</li> </ul>

*Benefits reduce by 35% of the original amount at age 65; and 50% of the original amount at age 70.*

## Designating a Beneficiary

A beneficiary is the person or entity you designate to receive the death benefits of your life insurance policy. You can name more than one beneficiary and you can change beneficiaries at any time. If you name more than one beneficiary, identify the share for each.

*For a detailed summary of coverage benefits and limitations, please contact Dearborn Life or refer to your plan booklet.*

## Portability/Conversion of Dearborn Life Policies

When covered, you and your dependents, have an opportunity to continue your life insurance benefits if you terminate employment with Tri-State Vacuum & Rental. If you would like to exercise the portability or conversion option for your coverage, please contact the Human Resource Department to receive an application or call Dearborn at 877-442-4207.

**Please keep in mind, you only need to fill out a portability/conversion form if you wish to continue your life policies. Dearborn has to receive your completed forms and premium payment within 31-days of your termination. If you return your forms and premium payment after 31 days, you will be outside your eligibility period, and you will not be able to continue your policies.**



# Voluntary Life and AD&D Weekly Rates

## Employee Weekly Premiums

	Age Bracket								
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 +
<b>\$10,000</b>	\$0.30	\$0.34	\$0.41	\$0.54	\$0.81	\$1.32	\$1.94	\$2.93	\$5.75
<b>\$20,000</b>	\$0.60	\$0.68	\$0.82	\$1.09	\$1.63	\$2.63	\$3.88	\$5.85	\$11.49
<b>\$30,000</b>	\$0.90	\$1.02	\$1.23	\$1.63	\$2.44	\$3.95	\$5.82	\$8.78	\$17.24
<b>\$40,000</b>	\$1.20	\$1.36	\$1.64	\$2.18	\$3.26	\$5.26	\$7.76	\$11.70	\$22.98
<b>\$50,000</b>	\$1.50	\$1.70	\$2.05	\$2.72	\$4.07	\$6.58	\$9.70	\$14.63	<b>\$28.73</b>
<b>\$60,000</b>	\$1.80	\$2.04	\$2.46	\$3.27	\$4.89	\$7.89	\$11.64	\$17.56	\$34.48
<b>\$70,000</b>	\$2.10	\$2.37	\$2.88	\$3.81	\$5.70	\$9.21	\$13.59	\$20.48	\$40.22
<b>\$80,000</b>	\$2.40	\$2.71	\$3.29	\$4.36	\$6.52	\$10.52	\$15.53	\$23.41	\$45.97
<b>\$90,000</b>	\$2.70	\$3.05	\$3.70	\$4.90	\$7.33	\$11.84	\$17.47	\$26.34	\$51.72
<b>\$100,000</b>	\$3.00	\$3.39	\$4.11	\$5.45	\$8.15	\$13.15	\$19.41	\$29.26	\$57.46
<b>\$110,000</b>	\$3.30	\$3.73	\$4.52	\$5.99	\$8.96	\$14.47	\$21.35	\$32.19	\$63.21
<b>\$120,000</b>	\$3.60	\$4.07	\$4.93	\$6.54	\$9.78	\$15.78	\$23.29	\$35.11	\$68.95
<b>\$130,000</b>	\$3.90	\$4.41	\$5.34	\$7.08	\$10.59	\$17.10	\$25.23	\$38.04	\$74.70
<b>\$140,000</b>	\$4.20	\$4.75	\$5.75	\$7.62	\$11.40	\$18.42	\$27.17	\$40.97	\$80.45
<b>\$150,000</b>	\$4.50	\$5.09	\$6.16	\$8.17	\$12.22	\$19.73	\$29.11	\$43.89	\$86.19
<b>\$200,000</b>	<b>\$6.00</b>	<b>\$6.78</b>	<b>\$8.22</b>	<b>\$10.89</b>	<b>\$16.29</b>	<b>\$26.31</b>	<b>\$38.82</b>	<b>\$58.52</b>	\$114.92
<b>\$250,000</b>	\$7.50	\$8.48	\$10.27	\$13.62	\$20.37	\$32.88	\$48.52	\$73.15	\$143.65
<b>\$500,000</b>	\$15.00	\$16.96	\$20.54	\$27.23	\$40.73	\$65.77	\$97.04	\$146.31	\$287.31

## Spouse Weekly Premiums

\*Spouse rates are based on Employee age.

	Age Bracket								
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 +
<b>\$5,000</b>	\$0.15	\$0.17	\$0.21	\$0.27	\$0.41	\$0.66	\$0.97	\$1.46	\$2.87
<b>\$10,000</b>	\$0.30	\$0.34	\$0.41	\$0.54	\$0.81	\$1.32	\$1.94	\$2.93	<b>\$5.75</b>
<b>\$15,000</b>	\$0.45	\$0.51	\$0.62	\$0.82	\$1.22	\$1.97	\$2.91	\$4.39	\$8.62
<b>\$20,000</b>	\$0.60	\$0.68	\$0.82	\$1.09	\$1.63	\$2.63	\$3.88	\$5.85	\$11.49
<b>\$25,000</b>	\$0.75	\$0.85	\$1.03	\$1.36	\$2.04	\$3.29	\$4.85	\$7.32	\$14.37
<b>\$30,000</b>	\$0.90	\$1.02	\$1.23	\$1.63	\$2.44	\$3.95	\$5.82	\$8.78	\$17.24
<b>\$35,000</b>	\$1.05	\$1.19	\$1.44	\$1.91	\$2.85	\$4.60	\$6.79	\$10.24	\$20.11
<b>\$40,000</b>	\$1.20	\$1.36	\$1.64	\$2.18	\$3.26	\$5.26	\$7.76	\$11.70	\$22.98
<b>\$45,000</b>	\$1.35	\$1.53	\$1.85	\$2.45	\$3.67	\$5.92	\$8.73	\$13.17	\$25.86
<b>\$50,000</b>	<b>\$1.50</b>	<b>\$1.70</b>	<b>\$2.05</b>	<b>\$2.72</b>	<b>\$4.07</b>	<b>\$6.58</b>	<b>\$9.70</b>	<b>\$14.63</b>	\$28.73
<b>\$75,000</b>	\$2.25	\$2.54	\$3.08	\$4.08	\$6.11	\$9.87	\$14.56	\$21.95	\$43.10
<b>\$100,000</b>	\$3.00	\$3.39	\$4.11	\$5.45	\$8.15	\$13.15	\$19.41	\$29.26	\$57.46
<b>\$150,000</b>	\$4.50	\$5.09	\$6.16	\$8.17	\$12.22	\$19.73	\$29.11	\$43.89	\$86.19
<b>\$200,000</b>	\$6.00	\$6.78	\$8.22	\$10.89	\$16.29	\$26.31	\$38.82	\$58.52	\$114.92
<b>\$250,000</b>	\$7.50	\$8.48	\$10.27	\$13.62	\$20.37	\$32.88	\$48.52	\$73.15	\$143.65

## Child Weekly Premiums

	<b>\$1,000</b>	<b>\$10,000</b>	<b>\$20,000</b>
<b>Rate</b>	\$0.05	\$0.50	\$1.0

\*Please note these are estimated values.  
Final rates may vary due to rounding.

# Voluntary Coverages

Provided through



Life does not always go according to plan. An accident or serious illness can occur at any time and have an impact on your wallet.

Tri-State offers you the ability to purchase Accident, Critical Illness, or Hospital Confinement insurance through **AFLAC** and provides you with a lump-sum payment when you need it most. The benefit can be used following an accident, illness, or hospital stay to help pay expenses such as medical deductibles and copayments, transportation, food and lodging, child care and home health care needs.

## ACCIDENT

**INSURANCE** pays a fixed benefit directly to you in the event of an accident, regardless of any other coverage you may have. You may enroll yourself and your eligible family members. Benefits are paid according to a fixed schedule that includes hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more.

## Critical Illness

**CRITICAL ILLNESS** insurance pays a fixed benefit if you are diagnosed with a covered critical illness after your coverage effective date. This coverage helps with costs associated with a critical illness, such as lost income, child care, travel to and from treatment, high deductibles and copays plus out-of-network and alternative treatments.

Critical Illness insurance provides a lump sum payment directly to you if you or a covered family member is diagnosed with cancer, stroke, kidney failure, Alzheimer's, heart attack, coronary artery bypass graft, major organ transplant and other conditions. An initial benefit up to the selected benefit level is paid upon diagnosis. An additional benefit is paid in the event you suffer more than one covered condition. This coverage is portable, which means you can take it with you if your employment status changes.

## Hospital Confinement

Aflac pays cash benefits directly to you, unless otherwise assigned, for covered hospital expenses. We provide you with financial resources to help you overcome some of the unexpected expenses associated with a visit to the hospital, giving you less to worry about so you can focus your energy on getting better.

# Four Ways Aflac Helps Cover Your Lifestyle.

1

## **Aflac pays cash benefits to help protect what you love.**

Aflac isn't just another kind of insurance. We help cover what your insurance may not – things like deductibles, rent, morning coffee, weekend getaways. And because we pay you directly (unless assigned), it's up to you how you spend it.

2

## **Aflac has coverage for every lifestyle.**

No matter what comes your way, you'll want to protect the things you love to do. Let Aflac help protect your lifestyle. Whether it's traveling, staying active or checking out the newest bistro, Aflac has a policy for you.

3

## **Aflac puts you first.**

From our customer service centers — where real people care about you and work hard to pay your claims — to our benefits for simply completing a routine medical exam, Aflac is committed to supporting your lifestyle in everything we do.

4

## **Aflac processes claims quickly with One Day Pay<sup>SM</sup>.**

Submit your claim before 3 p.m. ET, and we'll work hard to process it by midnight.<sup>3</sup> After all, we know you have a lifestyle to support. One Day Pay means you continue doing what you love as quickly as possible.



Accident



Critical  
Illness



Hospital



aflac.com

**For more info or to file a claim, contact Keri Norton: 469.258.1091**



### **World's Most Ethical Companies**

Ethisphere Magazine included Aflac on its list of the World's Most Ethical Companies for the 11th consecutive year.<sup>1</sup>



### **World's Most Admired Companies**

In 2017, Fortune magazine included Aflac on its list of Most Admired Companies for the 16th time<sup>2</sup>.

<sup>1</sup>"Worlds Most Ethical Companies," Ethisphere Magazine, March 2017.

<sup>2</sup>"World's Most Admired Companies," Fortune Magazine, February 2017.

<sup>3</sup>One Day Pay<sup>SM</sup> available for most properly documented, individual claims submitted online through Aflac SmartClaim<sup>®</sup> by 3 PM ET. Aflac SmartClaim<sup>®</sup> is available on most Accident, Cancer, Hospital, Specified Health, and Intensive Care policies. Aflac processes most other claims in about four days. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, 2017. Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. WWWQ | 1932 Wynnnton Road | Columbus, GA 31999.





# RATES

This worksheet helps you calculate your benefit costs per WEEKLY pay period and is not an enrollment form.

MEDICAL COVERAGE			
	CORE	BUY-UP	
EMPLOYEES			MEDICAL
Employee Only	\$ 55.32	\$ 62.61	\$
Employee + Spouse	\$213.26	\$230.97	
Employee + Child(ren)	\$134.10	\$146.60	
Employee + Family	\$292.05	\$314.96	

EMPLOYEES ENROLLED IN MEDICAL			
	CORE	BUY-UP	
DENTAL COVERAGE			DENTAL
Employee Only	\$ 0.00	\$ 3.00	\$
Employee + Spouse	\$ 3.83	\$ 9.84	
Employee + Child(ren)	\$ 5.79	\$12.06	
Employee + Family	\$10.95	\$20.97	

VISION COVERAGE		VISION
Employee Only	\$ 0.00	
Employee + Spouse	\$ 1.58	
Employee + Child(ren)	\$ 1.06	
Employee + Family	\$ 3.40	

Your Semi-Total 2020 Bi-Weekly Benefit Cost	\$
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EMPLOYEES IF WAIVEMEDICAL			
	CORE	BUY-UP	
DENTAL COVERAGE			DENTAL
Employee Only	\$ 3.83	\$ 6.83	\$
Employee + Spouse	\$ 7.66	\$13.67	
Employee + Child(ren)	\$ 9.62	\$15.89	
Employee + Family	\$14.78	\$24.80	

VISION COVERAGE		VISION
Employee Only	\$ 1.75	
Employee + Spouse	\$ 3.33	
Employee + Child(ren)	\$ 2.82	
Employee + Family	\$ 5.16	

VOLUNTARY LONG TERM DISABILITY	LTD
Please see page 17 or Benefits In Hand to calculate your rate.	\$

VOLUNTARY LIFE/AD&D		VOLUNTARY LIFE
Employee	Please see page 23 for rates or refer to Benefits In Hand.	\$
Spouse		\$
Child(ren)		\$



<b>Your Total 2020 Bi-Weekly Benefit Cost</b>		\$
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# Required Notices

## Women's Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

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

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

## Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

### Loss of Other Coverage or Becoming Eligible for Medicaid or a state Children's Health Insurance Program (CHIP)

If you are declining coverage for yourself or your dependents because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must enroll within 31 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage).

If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for such assistance.

### Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 31 days after the marriage, birth, or placement for adoption.

## For More Information or Assistance

To request special enrollment or obtain more information, contact:

**Tri-State Vacuum & Rental, LLC**  
**12267 US HWY 84**  
**Joaquin, TX 75954**  
**Phone: (936) 248-2325**

## 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 Tri-State Vacuum & Rental and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription 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. Tri-State Vacuum & Rental has determined that the prescription drug coverage offered by Tri-State Vacuum & Rental medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.
3. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7 but as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).



You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting Tri-State Vacuum & Rental at the phone number or address listed at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current Tri-State Vacuum & Rental prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

**For more information about this notice or your current prescription drug coverage: Contact the Human Resources Department at 936-248-2325..**

NOTE: You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

**For more information about your options under Medicare prescription drug coverage:**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription 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 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you can call them at 800-772-1213. TTY users should call 800-325-0778.

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

**10/1/2020**

**Tri-State Vacuum & Rental, LLC  
12267 US HWY 84  
Joaquin, TX 75954  
Phone: (936) 248-2325**

## Notice of HIPAA Privacy Practices

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

Effective Date of Notice: September 23, 2013

Tri-State Vacuum & Rental's Plan (the "Plan") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. the Plan's uses and disclosures of Protected Health Information (PHI);
2. your privacy rights with respect to your PHI;
3. the Plan's duties with respect to your PHI;
4. your right to file a complaint with the Plan and to the Secretary of the U.S. Department of Health and Human Services; and
5. the person or office to contact for further information about the Plan's privacy practices.

The term "Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written, electronic).

### Section 1. Notice of PHI Uses and Disclosures

#### Required PHI Uses and Disclosures

Upon your request, the Plan is required to give you access to your PHI in order to inspect and copy it.

Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine the Plan's compliance with the privacy regulations.

#### Uses and disclosures to carry out treatment, payment and health care operations.

The Plan and its business associates will use PHI without your authorization to carry out treatment, payment and health care operations. The Plan and its business associates (and any health insurers providing benefits to Plan participants) may also disclose the following to the Plan's Board of Trustees: (1) PHI for purposes related to Plan administration (payment and health care operations); (2) summary health information for purposes of health or stop loss insurance underwriting or for purposes of modifying the Plan; and (3) enrollment information (whether an individual is eligible for benefits under the Plan). The Trustees have amended the Plan to protect your PHI as required by federal law.

**Treatment** is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers.

For example, the Plan may disclose to a treating physician the name of your treating radiologist so that the physician may ask for your X-rays from the treating radiologist.

**Payment** includes but is not limited to actions to make coverage determinations and payment (including billing, claims processing, subrogation, reviews for medical necessity and appropriateness of care, utilization review and preauthorizations).

For example, the Plan may tell a treating doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

**Health care operations** include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. However, no genetic information can be used or disclosed for underwriting purposes.

For example, the Plan may use information to project future benefit costs or audit the accuracy of its claims processing functions.

**Uses and disclosures that require that you be given an opportunity to agree or disagree prior to the use or release.**

Unless you object, the Plan may provide relevant portions of your protected health information to a family member, friend or other person you indicate is involved in your health care or in helping you receive payment for your health care. Also, if you are not capable of agreeing or objecting to these disclosures because of, for instance, an emergency situation, the Plan will disclose protected health information (as the Plan determines) in your best interest. After the emergency, the Plan will give you the opportunity to object to future disclosures to family and friends.

**Uses and disclosures for which your consent, authorization or opportunity to object is not required.**

The Plan is allowed to use and disclose your PHI without your authorization under the following circumstances:

1. For treatment, payment and health care operations.
2. Enrollment information can be provided to the Trustees.
3. Summary health information can be provided to the Trustees for the purposes designated above.
4. When required by law.
5. When permitted for purposes of public health activities, including when necessary to report product defects and to permit product recalls. PHI may also be disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if required by law.
6. When required by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.
7. The Plan may disclose your PHI to a public health oversight agency for oversight activities required by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).

8. The Plan may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request.
9. When required for law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the Plan is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Plan's best judgment.
10. When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
11. When consistent with applicable law and standards of ethical conduct if the Plan, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
12. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization.

**Uses and disclosures that require your written authorization.**

Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, the Plan will not use or disclose your psychiatric notes; the Plan will not use or disclose your protected health information for marketing; and the Plan will not sell your protected health information, unless you provide a written authorization to do so. You may revoke written authorizations at any time, so long as the revocation is in writing. Once the Plan receives 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.

## **Section 2. Rights of Individuals**

### **Right to Request Restrictions on Uses and Disclosures of PHI**

You may request the Plan to restrict the uses and disclosures of your PHI. However, the Plan is not required to agree to your request (except the Plan must comply with your request to restrict a disclosure of your confidential information for payment or health care operations if you paid for services to which the information relates in full, out of pocket.)

You or your personal representative will be required to submit a written request to exercise this right.

Such requests should be made to the Plan's Privacy Official.

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

The Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations if necessary to prevent a disclosure that could endanger you.

You or your personal representative will be required to submit a written request to exercise this right. Such requests should be made to the Plan's Privacy Official.

### **Right to Inspect and Copy PHI**

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Plan maintains the PHI. If the information you request is in an electronic designated record set, you may request that these records be transmitted electronically to yourself or a designated individual.

**"Protected Health Information"** (PHI) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form.

**"Designated Record Set"** includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for the Plan; or other information used in whole or in part by or for the Plan to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained off site. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your personal representative will be required to submit a written request to request access to the PHI in your designated record set. Such requests should be made to the Plan's Privacy Official.

If access is denied, you or your personal representative will be provided with a written denial, setting forth the basis for the denial, a description of how you may appeal the Plan's decision and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

The Plan may charge a reasonable, cost-based fee for copying records at your request.

### **Right to Amend PHI**

You have the right to request the Plan to amend your PHI or a record about you in your designated record set for as long as the PHI is maintained in the designated record set.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Such requests should be made to the Plan's Privacy Official.

You or your personal representative will be required to submit a written request to request amendment of the PHI in your designated record set.

### **Right to Receive an Accounting of PHI Disclosures**

At your request, the Plan will also provide you an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting will not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; (3) pursuant to your authorization; (4) prior to April 14, 2003; and (5) where otherwise permissible under the law and the Plan's privacy practices. In addition, the Plan need not account for certain incidental disclosures.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

Such requests should be made to the Plan's Privacy Official.

### **Right to Receive a Paper Copy of This Notice Upon Request**

You have the right to obtain a paper copy of this Notice.

Such requests should be made to the Plan's Privacy Official.

### **A Note About Personal Representatives**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

1. a power of attorney for health care purposes;
2. a court order of appointment of the person as the conservator or guardian of the individual; or
3. an individual who is the parent of an unemancipated minor child may generally act as the child's personal representative (subject to state law).

The Plan retains discretion to deny access to your PHI by a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

### **Section 3. The Plan's Duties**

The Plan is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of the Plan's legal duties and privacy practices.

This Notice is effective September 23, 2013, and the Plan is required to comply with the terms of this Notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. If a privacy practice is changed, a revised version of this Notice will be provided to all participants for whom the Plan still maintains PHI. The revised Notice will be distributed in the same manner as the initial Notice was provided or in any other permissible manner.

If the revised version of this Notice is posted, you will also receive a copy of the Notice or information about any material change and how to receive a copy of the Notice in the Plan's next annual mailing. Otherwise, the revised version of this Notice will be distributed within 60 days of the effective date of any material change to the Plan's policies regarding the uses or disclosures of PHI, the individual's privacy rights, the duties of the Plan or other privacy practices stated in this Notice.



### Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. When required by law, the Plan will restrict disclosures to the limited data set, or otherwise as necessary, to the minimum necessary information to accomplish the intended purpose.

However, the minimum necessary standard will not apply in the following situations:

1. disclosures to or requests by a health care provider for treatment;
2. uses or disclosures made to the individual;
3. disclosures made to the Secretary of the U.S. Department of Health and Human Services;
4. uses or disclosures that are required by law; and
5. uses or disclosures that are required for the Plan's compliance with legal regulations.

### De-Identified Information

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

### Summary Health Information

The Plan may disclose "summary health information" to the Trustees for obtaining insurance premium bids or modifying, amending or terminating the Plan. "Summary health information" summarizes the claims history, claims expenses or type of claims experienced by participants and excludes identifying information in accordance with HIPAA.

### Notification of Breach

The Plan is required by law to maintain the privacy of participants' PHI and to provide individuals with notice of its legal duties and privacy practices. In the event of a breach of unsecured PHI, the Plan will notify affected individuals of the breach.

### Section 4. Your Right to File a Complaint With the Plan or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to the Plan. Such complaints should be made to the Plan's Privacy Official.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, D.C. 20201.

The Plan will not retaliate against you for filing a complaint.

### Section 5. Whom to Contact at the Plan for More Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact the Plan's Privacy Official. Such questions should be directed to the Plan's Privacy Official at:

**Tri-State Vacuum & Rental, LLC**  
**12267 US HWY 84**  
**Joaquin, TX 75954**  
**Phone: (936) 248-2325**

### Conclusion

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. The Plan intends to comply with these regulations. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

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

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage using funds from their Medicaid and CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at: [www.askebsa.dol.gov](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 January 31, 2016. Contact your State for further information on eligibility.

#### ALABAMA – Medicaid

Website: <http://www.myalhipp.com/>

Phone: 1-855-692-5447

#### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility:

<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

#### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (1-855-692-7447)



**COLORADO— Medicaid and CHP+**

Medicaid Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711  
CHP+ Website: [www.colorado.gov/hcpf/child-health-plan-plus](http://www.colorado.gov/hcpf/child-health-plan-plus)  
CHP+ Customer Service: 1-800-359-1991/State Relay 711

**FLORIDA – Medicaid**

Website: <https://www.flmedicaidtprecovery.com/>  
Phone: 1-877-357-3268

**GEORGIA – Medicaid**

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 1-678-564-4462 Ext. 2131

**INDIANA – Medicaid**

Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <http://www.indianamedicaid.com>  
Phone: 1-800-403-0864

**IOWA – Medicaid**

Website: <http://www.dhs.iowa.gov/hawki>  
Phone: 1-800-257-8563

**KANSAS – Medicaid**

Website: <http://www.kdheks.gov/hcf/>  
Phone: 1-785-296-3512

**KENTUCKY – Medicaid**

Website: <http://chfs.ky.gov>  
Phone: 1-800-635-2570

**LOUISIANA – Medicaid**

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>  
Phone: 1-888-695-2447

**MAINE – Medicaid**

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>  
Phone: 1-800-442-6003  
TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>  
Phone: 1-800-862-4840

**MINNESOTA – Medicaid**

Website: <http://www.mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
Phone: 1-800-657-3739

**MISSOURI – Medicaid**

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

**MONTANA – Medicaid**

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084

**NEBRASKA – Medicaid**

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

**NEVADA – Medicaid**

Medicaid Website: <http://dwss.nv.gov/>  
Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>  
Phone: 603-271-5218  
Toll free number for HIPP program: 1-800-852-3345 Ext.5218

**NEW JERSEY – Medicaid and CHIP**

Medicaid Website:  
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 1-609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

**NEW YORK – Medicaid**

Website: [http://www.health.ny.gov/health\\_care/medicaid/](http://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**

Website: <http://medicaid.ncdhhs.gov>  
Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825

**OKLAHOMA – Medicaid**

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

**OREGON – Medicaid**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid**

Website: <http://www.dhs.pa.gov/hipp>  
Phone: 1-800-692-7462

**RHODE ISLAND – Medicaid**

Website: [www.eohhs.ri.gov/](http://www.eohhs.ri.gov/)  
Phone: 855-697-4347 or 401-462-0311 (Direct Rlte Share Line)

**SOUTH CAROLINA – Medicaid**

Website: <http://www.scdhhs.gov>  
Phone: 1-888-549-0820

**SOUTH DAKOTA - Medicaid**

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

**TEXAS – Medicaid**

Website: <http://www.gethipptexas.com/>  
Phone: 1-800-440-0493

### **UTAH – Medicaid and CHIP**

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

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

Phone: 1-877-543-7669

### **VERMONT– Medicaid**

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

Phone: 1-800-250-8427

### **VIRGINIA – Medicaid and CHIP**

Medicaid and CHIP Website:

[http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)

Medicaid Phone: 1-800-432-5924

CHIP Phone: 1-855-242-8282

### **WASHINGTON – Medicaid**

Website: <http://www.hca.wa.gov>

Phone: 1-800-562-3022 ext. 15473

### **WEST VIRGINIA – Medicaid**

Website: <http://mywvhipp.com/>

Toll Free Phone: 1-855-MyWVHIP (1-855-699-8447)

### **WISCONSIN – Medicaid and CHIP**

Website: <http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>

Phone: 1-800-362-3002

### **WYOMING – Medicaid**

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

Phone: 307-777-7531

To see if any more States have added a premium assistance programs since January 31, 2020,, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration

**[www.dol.gov/ebsa](http://www.dol.gov/ebsa)**  
**1-866-444-EB SA (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**

## **Continuation of 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 for COBRA continuation coverage.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Tri-State Vacuum & Rental, LLC**  
**12267 US HWY 84**  
**Joaquin, TX 75954**  
**Phone: (936) 248-2325**

## This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines across its entire width. The paper is otherwise completely empty, with no margins, text, or other markings.



## This image shows a full page of a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



This brochure highlights the main features of **Tri-State Vacuum & Rental's Benefits Program**. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Tri-State Vacuum & Rental reserves the right to change or discontinue its benefit plans at any time.

