



Maritz  
**HEALTHY YOU!**

# Important Legal Notices

## What’s Inside

|   |    |
|---|----|
| Reconstructive Surgery Following Mastectomies .....                           | 1  |
| HIPAA Special Enrollment.....   | 1  |
| HIPAA Notice of Privacy Practices .....                                       | 2  |
| Mental Health Parity .....  | 6  |
| Newborns’ and Mothers’ Health Protection Act (Newborns’ Act) .....            | 6  |
| COBRA.....  | 7  |
| Medicare Part D Creditable Prescription Drug Coverage Disclosure Notice ..... | 7  |
| Health Insurance Marketplace Options .....                                    | 8  |
| Notice Regarding Wellness Program.....  | 9  |
| Children’s Health Insurance Program (CHIP) Notice .....                       | 10 |
| Your Rights and Protections Against Surprise Medical Bills.....               | 14 |

### **Reconstructive Surgery Following Mastectomies**

Due to federal legislation, employers are required to distribute the following notice on an annual basis regarding mastectomy coverage.

Under federal law, group health plans and health insurance issuers that provide medical and surgical benefits with respect to a mastectomy must, in the case of a covered individual who is receiving benefits in connection with a mastectomy, provide coverage (in a manner determined in consultation with the attending physician and the patient) for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
  - Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
  - Prostheses and treatment of physical complications of the mastectomy, including lymphedema.
- Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan or coverage. If you have any questions

about this provision, please contact the benefits department at 636-827-4088.

### **HIPAA Special Enrollment**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in one of Maritz’s medical plan options if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31

days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

Employees and dependents who are or become eligible for premium assistance under the Children's Health Insurance Program (CHIP) or Medicaid or who lose coverage under CHIP or Medicaid and are otherwise eligible to participate may enroll in one of the medical plan options within 60 days of the individual (or dependent) losing eligibility for the Medicaid or CHIP program or within 60 days of becoming eligible for premium assistance under Medicaid or CHIP, even though the timing falls outside an open enrollment period and the employee previously refused employer coverage.

To request special enrollment or obtain more information about special enrollment and coverage effective dates, contact the benefits department at 636-827-4088.

---

**HIPAA Notice of 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.**

**Maritz Holdings Inc. ("Maritz")** sponsors the Maritz Holdings Inc. Health and Welfare Plan (collectively the "Plan" or "We") to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks

of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the "Notice") describes the legal obligations of **Maritz**, the Plan and your legal rights regarding your protected health information held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information."

Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

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

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

**Contact Information**

If you have any questions about this Notice or about our privacy practices, please contact the **Maritz** HIPAA Privacy Officer:

**Maritz Holdings Inc.  
Benefits Department  
Attention: HIPAA Privacy  
Officer  
Karen Staten  
1375 North Highway Drive  
Fenton, MO 63099  
636-827-2341  
benefits@maritz.com**

**Effective Date**

This Notice as revised is effective October 1, 2022.

**Our Responsibilities**

We are required by law to:

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

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

**How We May Use and Disclose  
Your Protected Health  
Information**

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories

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

#### **For Treatment**

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

#### **For Payment**

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

assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

#### **For Health Care Operations**

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

#### **To Business Associates**

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

management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

#### **As Required by Law**

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

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

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

#### **To Plan Sponsors**

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

#### **Special Situations**

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

However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### **Organ and Tissue Donation**

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

### **Military and Veterans**

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

### **Workers' Compensation**

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

### **Public Health Risks**

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

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or

domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

### **Health Oversight Activities**

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

### **Lawsuits and Disputes**

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

### **Law Enforcement**

We may disclose your protected health information if asked to do so by a law enforcement official—

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

### **Coroners, Medical Examiners and Funeral Directors**

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

### **National Security and Intelligence Activities**

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

### **Inmates**

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

### **Research**

We may disclose your protected health information to researchers when:

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

### **Required Disclosures**

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

### **Government Audits**

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

### **Disclosures to You**

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

### **Notification of a Breach.**

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

### **Other Disclosures**

#### **Personal Representatives**

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

- (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person;

- (2) treating such person as your personal representative could endanger you; or
- (3) in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

### **Spouses and Other Family Members**

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

### **Authorizations**

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

### **Your Rights**

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

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

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

#### **Right to Amend**

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

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the

information is no longer available to make the amendment;

- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

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

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

You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of not longer than six years and may not include dates prior to your request. Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Request Restrictions**

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

However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

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

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

your protected information could endanger you.

### **Right to a Paper Copy of This Notice**

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

### **Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

### **Mental Health Parity**

Maritz’s group medical plans provide and administer mental health and substance abuse benefits as required by the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). For more information about Maritz’s group medical plans and their compliance under the MHPAEA, please contact the benefits department at 636-827-4088.

### **Newborns’ and Mothers’ Health Protection Act (Newborns’ Act)**

The Newborns’ and Mothers’ Health Protection Act (Newborns’ Act) includes important protections for mothers and their newborn children with regard to the length of the

hospital stay following childbirth. In compliance with federal law, the Maritz Holdings Inc. Employee Health Care Plan provides the following maternity-related benefits:

- Hospital stays for the mother and newborn will be covered for at least 48 hours following childbirth (or, in the case of a cesarean section, 96 hours).
- The attending physician does not need to obtain authorization from the plan to provide the mother and newborn with this length of hospital stay.
- Shorter stays are permitted if the attending provider, in consultation with the mother, decides to discharge earlier.

If you have questions call your claims administrator, or contact the benefits department at 636-827-4088.

## **COBRA**

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) allows covered employees and/or their dependents to continue group health coverage due to certain events which would otherwise cause coverage to terminate. These events include the following:

- Termination of employment other than gross misconduct (voluntary, involuntary, retirement or layoff)
- Death of a covered employee
- Divorce or legal separation
- Dependent no longer meeting Plan eligibility requirements
- You become eligible for Medicare
- Reduction in work hours

You and/or your eligible dependents should contact [michelle.konakci@maritz.com](mailto:michelle.konakci@maritz.com) or call **636-827-4088** to make changes when one of the events listed above occurs. If you elect COBRA coverage, that coverage may be cancelled when you first become entitled to Medicare benefits or

covered under any other group health plan, as a colleague or otherwise, after you have made your COBRA election. There are also other circumstances in which coverage may be cancelled. If you have questions contact the benefits department at 636-827-4088.

## **Medicare Part D Creditable Prescription Drug Coverage Disclosure Notice**

### **Important Notice from Maritz About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Maritz and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may

also offer more coverage for a higher monthly premium.

2. Maritz has determined that the prescription drug coverage offered by the Maritz Holdings, Inc. Employee Health Care Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7.

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

### **What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your Maritz Holdings Inc. Employee Health Care Plan coverage will be affected. Prescription drugs are covered under the Maritz Holdings Inc. Employee Health Care Plan and are included in what you will pay for your medical coverage through Maritz. If you keep your coverage with Maritz and enroll in a Medicare prescription drug plan, the Maritz Holdings Inc. Employee Health Care Plan will coordinate with Part D coverage. However, the cost you pay with Maritz will not decrease.

If you decide to enroll in a Medicare prescription drug plan and drop your Maritz Holdings Inc. Employee Health Care Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

### **When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

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

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

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

Contact the person listed below for further information. **NOTE:** You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Maritz changes. You also may request a copy of this notice at any time.

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

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare &

You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your state health insurance assistance program (See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: October 1, 2023

Name of Entity/Sender: Maritz

Holdings Inc. Contact –

Position/Office: Debbie Juntti, Sr.

Manager, Health & Retirement Benefits

Address: 1375 N. Highway Dr, Fenton, MO 63099

Phone Number: 636-827-6120

### **Health Insurance Marketplace Options Resulting from Affordable Care Act**

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: The Health Insurance Marketplace. To

assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

### **What Is the Health Insurance Marketplace?**

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

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan.

However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61% (for



2023) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit\*.

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

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

**How Can I Get More Information?**

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

For more information about your coverage offered by your employer, please check your summary plan description or contact the Maritz Benefits Department.

**MARITZ HOLDING INC. WELLNESS NOTICE FOR CIGNA MEDICAL PLAN PARTICIPANTS**

The following Notice is distributed to all employees in order to comply with a new rule of the Americans with

Disabilities Act (ADA) in regards to our Wellness Program administered by Virgin Pulse. This rule requires us to inform employees what information will be collected for purposes of our Wellness Program, how it will be used, who will receive it, and what will be done to keep it confidential.

**NOTICE REGARDING WELLNESS PROGRAM**

The Maritz Healthy You! Wellness Program is a voluntary wellness program available to all full-time employees eligible for health benefits, as well as their spouses if enrolling in the Maritz Holdings Inc. Employee Health Care Plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you, and your spouse if applicable, choose to participate in the wellness program, you are asked to complete a voluntary health assessment, that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You, and your spouse if applicable, are also asked to complete a biometric screening, which includes a blood test, to evaluate the following: Total Cholesterol, HDL, LDL, Triglycerides, Glucose, BMI, Height, Weight, Waist Circumference, Blood Pressure, and A1c. You, and your spouse if applicable, are not required to complete the health assessment or to participate in the blood test or other medical examinations.

However, employees enrolled in the Maritz Holdings Inc. Employee Health

Care Plan who choose to actively participate in the wellness program may receive up to an incentive of \$25.00 in the form of a wellness credit on each semi-monthly paycheck (up to \$600.00 annually). In addition, employees will receive an additional incentive of up to \$25.00 in the form of a wellness credit on each semi-monthly paycheck (up to \$600.00 annually) if their spouse is enrolled in the Maritz Holdings Inc. Employee Health Care Plan and chooses to actively participate in the wellness program. Although employees are not required to complete the health assessment or participate in the biometric screening to set goals, only employees, and spouses if applicable, who do so will receive a Well Credit. See chart below.

| Well Credit Amount | Action   |
|--------------------|--|
| \$100              | Body mass index of 18.5-24.9                                 |
| \$100              | Blood pressure of 120/80 or less                             |
| \$100              | Cholesterol:<br>100 LDL or less<br>40 HDL or less            |
| \$100              | Triglycerides 150 or less                                    |
| \$100              | A1c of 5.69 or less  |
| \$100              | Tobacco/Nicotine free  |
| <b>\$600</b>       | <b>Total Well Credit Possible for 2024 medical plan year</b> |

Not sure if you can fully participate in this program because of a disability or medical condition? Visit [support.virginpulse.com](http://support.virginpulse.com) and search Medical Exceptions.

The information from your health assessment and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as access to health coaches and tobacco cessation workshop. You also are encouraged to share your results or concerns with your own doctor.

## **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information.

Although the wellness program through Virgin Pulse and Maritz may use aggregate information it collects to design a program based on identified health risks in the workplace, the Maritz Healthy You! Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. If you participate in the Maritz Healthy You! Wellness Program, you may choose to have Virgin Pulse receive health-related information from your healthcare provider and any clinics or organized care facility with which your provider is associated.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the

same confidentiality requirements. The only individuals who will receive your personally identifiable health information are Virgin Pulse's employees, contractors, and agents who are involved with delivering the program services to you.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, you will be notified immediately by Virgin Pulse and/or Maritz.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding the Maritz Healthy You! Wellness Program, please contact Jennifer Kuehl, Director, Compensation and Benefits, at 1-636-827-1970. If you have questions or concerns regarding this notice or about protections against discrimination and retaliation, please contact Steve Gallant, Executive Vice President, General Counsel/Compliance Officer, Maritz, at 1-636-827-4290.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or

[www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

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

| ALABAMA – Medicaid  | GEORGIA – Medicaid   |
|---|--|
| <p>Website: <a href="http://myalhhip.com/">http://myalhhip.com/</a><br/> Phone: 1-855-692-5447</p>  | <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/> Phone: 678-564-1162, Press 1<br/> GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br/> Phone: (678) 564-1162, Press 2</p>  |
| ALASKA – Medicaid   | INDIANA – Medicaid   |
| <p>The AK Health Insurance Premium Payment Program<br/> Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br/> Phone: 1-866-251-4861<br/> Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br/> Medicaid Eligibility:<br/> <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a></p>  | <p>Healthy Indiana Plan for low-income adults 19-64<br/> Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br/> Phone: 1-877-438-4479<br/> All other Medicaid<br/> Website: <a href="http://www.in.gov/medicaid">http://www.in.gov/medicaid</a><br/> Phone 1-800-457-4584</p>   |
| ARKANSAS – Medicaid   | IOWA – Medicaid and CHIP (Hawki)   |
| <p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br/> Phone: 1-855-MyARHIPP (855-692-7447)</p>   | <p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br/> Medicaid Phone: 1-800-338-8366<br/> Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br/> Hawki Phone: 1-800-257-8563<br/> HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a><br/> HIPP Phone: 1-888-346-9562</p>   |
| CALIFORNIA – Medicaid   | KANSAS – Medicaid  |
| <p>Website: Health Insurance Premium Payment (HIPP) Program<br/> <a href="http://dchs.ca.gov/hipp">http://dchs.ca.gov/hipp</a><br/> Phone: 916-445-8322<br/> Fax: 916-440-5676<br/> Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>   | <p>Website: <a href="http://www.kancare.ks.gov">http://www.kancare.ks.gov</a><br/> Phone: 1-800-792-4884<br/> HIPP Phone: 1-800-967-4660</p>   |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)  | KENTUCKY – Medicaid  |
| <p>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br/> Health First Colorado Member Contact Center:<br/> 1-800-221-3943/ State Relay 711<br/> CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br/> CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br/> Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br/> HIBI Customer Service: 1-855-692-6442</p> | <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihhipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihhipp.aspx</a><br/> Phone: 1-855-459-6328<br/> Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a><br/> <br/> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a><br/> Phone: 1-877-524-4718<br/> <br/> Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p> |
| FLORIDA – Medicaid  | LOUISIANA – Medicaid   |
| <p>Website:<br/> <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a><br/> Phone: 1-877-357-3268</p>   | <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br/> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618- 5488 (LaHIPP)</p>   |
| MAINE – Medicaid  | NEVADA – Medicaid  |

|   |   |
|---|---|
| <p>Enrollment Website:<br/> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/> Phone: 1-800-442-6003<br/> TTY: Maine relay 711<br/> Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br/> Phone: 1-800-977-6740<br/> TTY: Maine relay 711</p> | <p>Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a><br/> Medicaid Phone: 1-800-992-0900</p>  |
| <b>MASSACHUSETTS – Medicaid and CHIP</b>  |   |
| <p>Website: <a href="http://www.mass.gov/masshealth/pa">http://www.mass.gov/masshealth/pa</a><br/> Phone: 1-800-862-4840<br/> TTY: 711<br/> Email: masspreassistance@accenture.com</p>  | <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br/> Phone: 603-271-5218<br/> Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>   |
| <b>MINNESOTA – Medicaid</b>   |   |
| <p>Website:<br/> <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br/> Phone: 1-800-657-3739</p>   | <p>Medicaid Website:<br/> <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br/> Medicaid Phone: 609-631-2392<br/> CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br/> CHIP Phone: 1-800-701-0710</p>  |
| <b>MISSOURI – Medicaid</b>  |   |
| <p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/> Phone: 573-751-2005</p>  | <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br/> Phone: 1-800-541-2831</p>  |
| <b>MONTANA – Medicaid</b>   |   |
| <p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br/> Phone: 1-800-694-3084<br/> Email: HHSHIPProgram@mt.gov</p>   | <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br/> Phone: 919-855-4100</p>  |
| <b>NEBRASKA – Medicaid</b>  |   |
| <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br/> Phone: 1 (855) 632-7633<br/> Lincoln: (402) 473-7000<br/> Omaha: (402) 595-1178</p>  | <p>Website: <a href="http://www.hhs.nd.gov/dhs/healthcare">http://www.hhs.nd.gov/dhs/healthcare</a><br/> Phone: 1-844-854-4825</p>  |
| <b>OKLAHOMA – Medicaid and CHIP</b>   |   |
| <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br/> Phone: 1-888-365-3742</p>  | <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br/> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br/> Phone: 1-877-543-7669</p>  |
| <b>OREGON – Medicaid</b>  |   |
| <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br/> Phone: 1-800-699-9075</p>  | <p>Website: <a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a><br/> Phone: 1-800-250-8427</p>  |
| <b>PENNSYLVANIA – Medicaid and CHIP</b>   |   |
| <p>Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a><br/> Phone: 1-800-692-7462<br/> CHIP Website: <a href="https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx">https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx</a><br/> CHIP Phone: 1-800-986-KIDS (5437)</p>  | <p>Website: <a href="https://www.coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://www.coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br/> <a href="https://www.coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://www.coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br/> Medicaid/CHIP Phone: 1-800-432-5924</p> |
| <b>VIRGINIA – Medicaid and CHIP</b>   |   |

|  |  |  |  |
|--|--|--|--|
| <b>RHODE ISLAND – Medicaid and CHIP</b>  |  | <b>WASHINGTON – Medicaid</b>   |  |
| Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)  |  | Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022  |  |
| <b>SOUTH CAROLINA – Medicaid</b>   |  | <b>WEST VIRGINIA – Medicaid and CHIP</b>   |  |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820  |  | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhpp.com/">http://mywvhpp.com/</a><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |  |
| <b>SOUTH DAKOTA - Medicaid</b>   |  | <b>WISCONSIN – Medicaid and CHIP</b>   |  |
| Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059  |  | Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002   |  |
| <b>TEXAS – Medicaid</b>  |  | <b>WYOMING – Medicaid</b>  |  |
| Website: <a href="http://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a><br>Phone: 1-800-440-0493 |  | Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269                            |  |

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

## **Your Rights and Protections Against Surprise Medical Bills**

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected by federal law from surprise billing or balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

### **What is "balance billing" (sometimes called "surprise billing")?**

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing.**" This amount is likely more than in-network costs for the same

service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

### **You are protected from balance billing for:**

#### **Emergency services**

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as deductibles, copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

#### **Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

### **When balance billing isn't allowed, you also have the following protections:**

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider

or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, you may contact the Employee Benefits Security Administration at 1-866-487-2365.

Visit

<https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/no-surprises-act> for more information about your rights under federal law.

Visit the Department of Labor's website ([www.dol.gov/ebsa](http://www.dol.gov/ebsa)) or call the Employee Benefits Security Administration (EBSA) Toll-Free Hotline at 1-866-444-EBSA (3272) for more information about your rights under federal law.