

BENEFITS GUIDE

U.S. Associates | 2024



For comprehensive information on the many benefits available to you, important documents and carrier contact information, go to <https://flimp.live/TrueBlueAssociates>

Enrollment Tools

Online Scheduling Tool - Schedule an appointment for a benefit counselor to call you & assist with benefit options and enrollment, visit tbassoc.mybenefitsappointment.com

Call Center - If you're a new hire, set up an appointment with a benefit counselor by calling (888) 583-7575 Monday-Friday from 6:00 am - 6:00 pm PT.

Service Tools

Call Center - For answers about benefit coverage, call a benefit counselor at (888) 583-7575 Monday-Friday from 6:00 am - 6:00 pm PT

TrueBlue Leave Administration Voicemail - If you are going out on leave for a serious health condition for yourself or a family member, email leaveadmin@trueblue.com or leave a voicemail at (253) 573-5484.

Your Benefit Guide Is Online!

Your convenient and easy-to-navigate Web Guide puts all your benefit information right at your fingertips—anytime, anywhere. The Web Guide is your go-to, online resource for all of your benefit needs.

Find out what all the fuss is about! To access your Web Guide, go to <https://flimp.live/TrueBlueAssociates>

This document serves as an overview of your benefits and constitutes an offer of coverage. Participation in our benefit plans confirms that you have an understanding of our coverage options and how we administer the plans including eligibility, enrollment periods, premium payments, coverage effective dates, missed premium handling and cancellation of coverage (the listing here is an inclusive but not exhaustive list of requirements).

Enrollment in these plans establishes that you have knowledge of our Web Guide and its contents, located on <https://flimp.live/TrueBlueAssociates>. If you do not have insurance and do not enroll in coverage during your Initial Enrollment or Open Enrollment, we consider you to have waived coverage.

Questions?

Call (888) 583-7575 Monday - Friday, 6:00am - 6:00pm PT.

Si necesita información o ayuda en español llame al (888) 583-7575

For comprehensive information on your benefits and to access important documents, go to <https://flimp.live/TrueBlueAssociates>

For a paper copy of your Summary of Benefits Coverage (SBC) and/or annual notices, please contact the Associate Benefits Department at associatebenefits@trueblue.com.

Speak with a benefit counselor to learn more, select benefits that best meet your needs and complete enrollment. Schedule your one-on-one appointment using the online scheduling tool: tbsoc.mybenefitsappointment.com.

Please note, voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer.

2024 Coverage Options

This 2024 Associate Benefits Guide contains information on your benefit options. Associates, part-time employees, TAC Team employees, and flex and mobile drivers are eligible for these benefit plans.

Minimum Essential Coverage (MEC) Medical Plan

Coverage for preventive services only

- Covers all preventive services required by the Affordable Care Act (ACA).
- Requires use of a United Healthcare in-network provider for services to be covered.

Note: Puerto Rico and Hawaii residents are not eligible to enroll in the Minimum Essential Coverage (MEC) plan.

Major Medical Plan

Comprehensive medical coverage

- Only offered to associates who meet certain eligibility requirements. Refer to the Web Guide for eligibility information.
- Provides 100% coverage for preventive services, not subject to the deductible.
- Provides 100% coverage for nonpreventive services after the deductible is met.
- Covered services include physician office visits, emergency room visits, diagnostic tests, hospital stays, surgical procedures and prescription drugs.
- Has an unlimited lifetime maximum.
- Monthly rates vary based on income.

Enhanced Major Medical Plan (HSA-qualified)

Comprehensive medical coverage

- Only offered to associates who meet certain eligibility requirements. Refer to the Web Guide for eligibility requirements.
- Provides 100% coverage for preventive services, not subject to the deductible.
- Lower Individual and Family deductibles, which reduces your first dollar costs.
- Provides 80% coverage for non-preventive services after the deductible is met.
- Covered services include physician office visits, emergency room visits, diagnostic tests, hospital stays, surgical procedures and prescription drugs.
- Has an unlimited lifetime maximum.
- Monthly rates vary based on income.

Additional Coverage Options

- Dental Plan
- Vision Plan
- Fixed Indemnity Supplemental Medical Plan (Standard/Preferred plans)*
- Life and Accidental Death & Dismemberment (AD&D) Plans (High/Low plans)
- Short-Term Disability (STD) Insurance
- Critical Illness (High/Low plans)
- Accident (High/Low plans)
- Hospital Indemnity Plan
- Identity Theft Protection Plan
- Auto & Home Insurance
- Legal Plan
- Employee Discount Program
- Cancer Detection Plan
- MeMD Telemedicine

*Notes: Minnesota residents enrolled in an Indemnity plan are required to also have coverage through the Minimum Essential Coverage (MEC) plan. Any employee enrolled in or electing Indemnity coverage, will automatically be enrolled in the MEC plan. Hawaii residents are not eligible to enroll in the Fixed Indemnity plans. Associates are not permitted to enroll in the Fixed Indemnity plans and the Hospital Indemnity plan simultaneously. Puerto Rico residents are not eligible to enroll in the Major Medical, Enhanced Major Medical, Dental, or Vision plans.



Health Savings Accounts

Health Savings Account (HSA) works like an individual retirement account (IRA) that you own. It belongs to you and the money is yours to keep, even if you change jobs or retire. You do not pay any taxes on the money you put in or take out, as long as you use it for medical expenses as defined by the IRS.

You are qualified to enroll in an HSA if:

- You are enrolled in an HSA-qualified health plan.*
- You cannot be claimed as a dependent on someone else’s taxes.
- You have no other health coverage.
- You are not enrolled in Medicare.
- If your spouse is enrolled in a traditional Flexible Spending Account (FSA), you are not eligible to open a Health Savings Account. The exception to this rule is if your spouse is enrolled in a Limited Purpose FSA (LPFSA), which covers dental and vision costs only.

Ways an HSA can help you save:

- Money is not taxed. Money goes into your HSA without paying state or federal taxes. That lowers your taxable income and can save you as much as 28 to 40 percent on medical expenses, depending on your tax bracket.
- No “use it or lose it” rule. Money in your HSA belongs to you, even if you change jobs or health plans, or retire.
- Invest and grow your money. Depending on the banking institution that you use, once your account reaches a certain balance, you can invest your funds and not pay any taxes on interest earned.

Use your HSA for the following:

- Medical expenses that your plan may not cover: Out-of-pocket expenses until you reach your deductible.
- Copayments, coinsurance and prescription drugs.
- Dental and vision care expenses not covered by your health plan.
- Long term care premiums.

Note: Save all your receipts to validate expenses in the event of an IRS audit.

Next Steps:

- Once you are enrolled in TrueBlue’s Enhanced Major Medical plan, it is up to you to open your Health Savings Account! Visit your local financial institution of choice and talk with them about what you need to do to open your own Health Savings Account.
- To learn more about Health Savings Accounts, please visit <https://www.irs.gov/publications/p969>.

The IRS HSA Contribution Limits are listed below. This is the annual maximum amount you can put in your HSA tax free in 2024:

HSA CONTRIBUTION LIMITS	
Single	\$4,150
Family	\$8,300

*The TrueBlue Enhanced Major Medical Plan is a HSA qualified plan.

Associate Eligibility

Understanding the rules of benefits eligibility is important. Please read the below information carefully and ensure that you understand when you can enroll yourself and/or your eligible dependents for coverage.

No changes can be made to elected coverage during the year unless there is a qualifying event such as marriage, divorce, birth of a child, adoption of a child, or death. Open Enrollment is held once a year at which time any changes can be made to benefits.

When can I enroll and make changes?

BENEFIT EVENT	ENROLLMENT WINDOW	EFFECTIVE DATE
New Hire	Within 30 days from effective date	For Major Medical plans, first of the month following 60 days from date of eligibility. For all other benefits, first of the month following 30 days from date of hire.
Qualifying Event	Within 30 days from date of qualifying event	Effective date of approved qualified event

Covering your family members is important. Who can I cover?

DEPENDENTS ELIGIBLE FOR COVERAGE	
Spouse	Legally married spouse or domestic partner
Dependent Children	Dependent children (includes: step-children, adopted children, foster children) up to age 26 regardless of student status

Additional Eligibility Requirements

Major Medical Plan

Variable Hour Associates

The majority of our associates will be classified as variable hour associates at the time of assignment. To be eligible for the Major Medical Plan, you must meet the ACA full-time eligibility requirements:

- To become full-time eligible under the ACA, you must work 1,560 hours in a 12-month look back period. Meaning, you must have been employed by TrueBlue for at least 12 months AND have worked 1,560 hours within the last 12 months.
- When you meet the eligibility requirements, you may qualify for a TrueBlue contribution toward your medical premium payments if you choose to enroll in the Major Medical Plan. A postcard will be mailed to your home address notifying you of your eligibility. The postcard will notify you of the date by which you must enroll in coverage.

- If you have worked for us for at least 12 months and are unsure of whether you have met the 1,560 hour requirement, you can access this information by reviewing your work history at www.theworknumber.com. You will need to register for this free site. Your user ID will be your Social Security number and your password will be your eight-digit date of birth (MMDDYYYY). Our employer code is 10657 or “TrueBlue”.

Non-Variable Hour Associates

You are eligible after receiving your first paycheck. If you are a non-variable associate and eligible to enroll in the Major Medical Plan, it will be a plan enrollment option when you go to enroll.

Additional Notes

- You cannot be enrolled in both the Major Medical Plan and the MEC Plan at the same time.
- If you are enrolled in the MEC Plan and elect the Major Medical Plan, your MEC Plan coverage will terminate at the end of the month prior to when your Major Medical plan becomes effective.
- You are eligible to enroll in additional a la carte insurance for Fixed Indemnity, Dental, Vision, Critical Illness, Accident, Hospital Indemnity, Life/AD&D, and STD even if you enroll in the Major Medical Plan.
- Puerto Rico residents are not eligible to enroll in the Major Medical or Enhanced Major Medical plans.

All Other Benefits

Associates are eligible for the Minimum Essential Coverage (MEC) and Fixed Indemnity Supplemental Medical Plans, as well as the Dental Plan, Vision Plan, the Critical Illness, Accident, Hospital Indemnity, Life and Accidental Death and Dismemberment (AD&D) Plans, Short Term Disability (STD) Insurance, Cancer Detection Plan, ID Theft Protection Plan, Farmers Auto & Home, MetLife Legal Plan and the LifeMart Associate Discount Program with some exceptions/important notes:

- Puerto Rico residents are not eligible to enroll in the Minimum Essential Coverage (MEC), Dental, or Vision plans.
- Hawaii residents are not eligible to enroll in the Fixed Indemnity plans or Minimum Essential Coverage (MEC).
- Minnesota residents enrolled in an indemnity plan are required to also have coverage through the Minimum Essential Coverage (MEC) plan. Any employee enrolled in or electing Indemnity coverage, will automatically be enrolled in the MEC plan.
- Associates are not permitted to enroll in the Fixed Indemnity plans and the Hospital Indemnity plan simultaneously.

Documentation for Qualifying Events and Dependents

TrueBlue reserves the right to require documentation of dependent eligibility including but not limited to, birth and marriage certificates, adoption papers and guardianship documents. Associates will be required to reimburse the Plan for any benefits paid by the Plan for a dependent at a time when the dependent did not satisfy these conditions. It is the Associate's responsibility to notify TrueBlue if a dependent no longer qualifies, so that appropriate COBRA notices may be sent.



Enrollment Periods

1. If you are a current associate, 2024 Open Enrollment will begin Monday, October 30th, and will close on Friday, November 17th. This is your time to review your current benefit coverage and elect what makes the most sense for you and your family for the 2024 calendar year. You can also add or remove dependents as necessary. Depending on your opt-out preferences, you may receive a phone call and email notification.

2. If you are a newly hired associate: You are eligible to enroll in our benefit plan options, except for the Major Medical plan, which has eligibility requirements. You must enroll within 30 days of receiving your first paycheck. Please wait to enroll until the week after receiving your first paycheck so your eligibility can be processed. These benefits are paid weekly. Call (888) 583-7575 to schedule an appointment with a benefit counselor.

3. If you are an associate who has met the eligibility requirements or a newly hired associate who is eligible for the Major Medical plan:

- Newly hired associates who are eligible for the Major Medical plan (this includes any of the other benefit plans open to all new hires) can enroll the week following their first paycheck. Call (888) 583-7575 to schedule an appointment with a benefit counselor.
- Associates who have met the Affordable Care Act (ACA) full-time eligibility requirements will be notified by a postcard mailer once they meet eligibility. You will be required to enroll by the deadline shown on the postcard.

4. If you experienced a qualifying event midyear (e.g., the birth of a child, marriage): You can enroll in benefits or make changes to your current coverage within 30 days of the event. Qualifying event changes will be effective on the next available effective date after receipt of all required documentation. Please call (888) 583-7575 or go to <https://flimp.live/TrueBlueAssociates> for more details.

5. If you have been rehired: You will have the opportunity to enroll again after a consecutive 13+ week break if all eligibility requirements are met. Please email associatebenefits@trueblue.com for more information.

6. If we receive a qualified medical child support order (QMCSO) stating that you must provide coverage for your child(ren) and you meet the income threshold for enforcement of the QMCSO: You and your qualified child(ren) will be automatically enrolled in associate and child(ren) coverage. We will enroll you in the lowest cost medical coverage and any optional coverage plans as stated in the support order (e.g., dental, vision, etc.).

Ready to Enroll?

You are eligible to enroll in coverage the week following your first paycheck. You have 30 days from receiving your first paycheck to enroll.

- **By phone:** Call (888) 583-7575 Monday - Friday, 6:00am - 6:00pm PT.
- **Benefit Counselor Support:** Speak with a professional benefit counselor to learn more, select the benefits that best meet your needs, and complete the enrollment process. Schedule your one-on-one benefit appointment using the new, online scheduling tool at tbassoc.mybenefitsappointment.com.

Be sure to have full names, Social Security numbers, dates of birth, home addresses and phone numbers handy for all individuals you are enrolling.

2024 ASSOCIATE CONTRIBUTIONS

Minimum Essential Coverage (MEC) Medical Plan*

RATES	WEEKLY	BIWEEKLY
Associates Only	\$10.50	\$21.00
Associates + Spouse	\$13.42	\$26.84
Associates + Child(ren)	\$16.93	\$33.86
Family	\$23.93	\$47.86

Major Medical Plan*

RATES	RATE CLASS 1		RATE CLASS 2		RATE CLASS 3		RATE CLASS 4	
	Weekly	Biweekly	Weekly	Biweekly	Weekly	Biweekly	Weekly	Biweekly
Associates Only	\$18.25	\$36.51	\$35.08	\$70.15	\$50.31	\$100.63	\$75.46	\$150.92
ASSOCIATE + DEPENDENT RATES	WEEKLY				BIWEEKLY			
Associates + Spouse	\$300.67				\$601.34			
Associates + Child(ren)	\$265.32				\$530.64			
Family	\$387.27				\$774.54			

According to the 2024 ACA affordability guidelines, a plan is considered affordable if you pay no more than 8.39% of your income for associate-only coverage.

Enhanced Major Medical Plan (HSA Qualified)*

RATES	RATE CLASS 1		RATE CLASS 2		RATE CLASS 3		RATE CLASS 4	
	Weekly	Biweekly	Weekly	Biweekly	Weekly	Biweekly	Weekly	Biweekly
Associates Only	\$32.38	\$64.76	\$45.28	\$90.56	\$64.18	\$128.36	\$93.42	\$186.84
ASSOCIATE + DEPENDENT RATES	WEEKLY				BIWEEKLY			
Associates + Spouse	\$315.64				\$631.28			
Associates + Child(ren)	\$278.71				\$557.42			
Family	\$407.78				\$815.56			

Dental Plan*

RATES	WEEKLY	BIWEEKLY
Associates Only	\$4.65	\$9.30
Associates + Spouse	\$11.64	\$23.27
Associates + Child(ren)	\$8.37	\$16.74
Family	\$12.57	\$25.13

Vision Plan*

RATES	WEEKLY	BIWEEKLY
Associates Only	\$2.03	\$4.06
Associates + Spouse	\$4.02	\$8.05
Associates + Child(ren)	\$3.75	\$7.50
Family	\$5.73	\$11.47

Fixed Indemnity Supplemental Medical Plans*

RATES	STANDARD PLAN		PREFERRED PLAN	
	Weekly	Biweekly	Weekly	Biweekly
Associates Only	\$13.50	\$27.00	\$17.84	\$35.68
Associates + Spouse	\$27.85	\$55.71	\$38.16	\$76.32
Associates + Child(ren)	\$22.83	\$45.67	\$30.78	\$61.56
Family	\$37.19	\$74.38	\$51.10	\$102.20

*Deductions for these benefits will be made pre-tax.



2024 ASSOCIATE CONTRIBUTIONS CONTINUED

Short Term Disability (STD) Insurance

RATES	WEEKLY	BIWEEKLY
Associates Only	\$6.36	\$12.72

Critical Illness High Plan

RATES	WEEKLY	BIWEEKLY
Associates Only	\$4.92	\$9.84
Associates + Spouse	\$7.38	\$14.76
Associates + Child(ren)	\$4.92	\$9.84
Family	\$7.38	\$14.76

Critical Illness Low Plan

RATES	WEEKLY	BIWEEKLY
Associates Only	\$2.46	\$4.92
Associates + Spouse	\$3.69	\$7.38
Associates + Child(ren)	\$2.46	\$4.92
Family	\$3.69	\$7.38

Accident High Plan

RATES	WEEKLY	BIWEEKLY
Associates Only	\$2.23	\$4.46
Associates + Spouse	\$4.86	\$9.72
Associates + Child	\$4.86	\$9.72
Family	\$7.49	\$14.98

Accident Low Plan

RATES	WEEKLY	BIWEEKLY
Associates Only	\$0.98	\$1.96
Associates + Spouse	\$2.21	\$4.42
Associates + Child	\$2.21	\$4.42
Family	\$3.44	\$6.88

Life and AD&D High Plan

RATES	WEEKLY	BIWEEKLY
Associates Only	\$3.95	\$7.90
Associates + Spouse	\$4.31	\$8.62
Associates + Child(ren)	\$4.31	\$8.62
Family	\$4.31	\$8.62

Life and AD&D Low Plan

RATES	WEEKLY	BIWEEKLY
Associates Only	\$2.63	\$5.26
Associates + Spouse	\$2.99	\$5.98
Associates + Child(ren)	\$2.99	\$5.98
Family	\$2.99	\$5.98

Hospital Indemnity Plan

RATES	WEEKLY	BIWEEKLY
Associates Only	\$2.08	\$4.16
Associates + Spouse	\$4.16	\$8.32
Associates + Child(ren)	\$3.34	\$6.67
Family	\$5.41	\$10.83



2024 ASSOCIATE CONTRIBUTIONS CONTINUED

Cancer Detection Plan

RATES	WEEKLY	BIWEEKLY
EE Only: Under 50	\$4.15	\$8.30
EE + SP: Under 50	\$8.30	\$16.60
EE Only: 50-64	\$5.08	\$10.16
EE + SP: 50-64	\$10.16	\$20.32
EE Only: 65+	\$6.00	\$12.00
EE + SP: 65+	\$12.00	\$24.00

Identity Theft Protection

RATES	WEEKLY	BIWEEKLY
Associates Only	\$2.07	\$4.14
Associates + Spouse	\$3.45	\$6.90
Associates + Child(ren)	\$3.45	\$6.90
Family	\$3.45	\$6.90

To find out more regarding all of the value added services and additional resources available to you, please review below vendor partner links. Please note below value added services are not payroll deducted benefits.

MeMD Telemedicine: To access medical and behavioral health telemedicine Virtual Visits, please visit <http://patient.memd.me> to register and set up an appointment with a physician.

Optum Perks Drug Card: If you are enrolled in the Fixed Indemnity plans, please visit the following link to find out more about Rx discounts that may be available to you in your area: <https://flimp.live/TBAOptumPerks>

LifeMart Employee Discounts: For information around the corporate discounts available to you through the Discount Mall, please visit: <https://discountmember.lifecare.com> (Registration code: trueblue).

Farmers Auto & Home Insurance: To learn about bundled discounts on your home and auto coverage, please visit: <myautohome.farmers.com>

MetLaw Legal Plan: For affordable access to a network of attorneys that can assist with an array of legal needs, please visit: legalplans.com. There is an abbreviated timeframe to enroll in MetLaw. For more details, please visit: <https://flimp.live/TBALegalSummary>

Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. Speak with a professional benefit counselor to learn more about plan options that best meet your needs.

2024 Important Notices

TrueBlue, Inc.

U.S. Associates



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 69 for more details.

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.

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 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 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, 2023. Contact your State for more information on eligibility –

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

<p>GEORGIA Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>INDIANA Medicaid</p> <p>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: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
<p>IOWA Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>KANSAS Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
<p>KENTUCKY Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>LOUISIANA Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p>MAINE Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>MASSACHUSETTS Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p>MINNESOTA Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>MISSOURI Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>MONTANA Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>NEBRASKA Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

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

WISCONSIN Medicaid and CHIP	WYOMING Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 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
1-866-444-EBSA (3272)

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

HIPAA Special Enrollment Notice

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 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 request enrollment within 30 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 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact Associate Benefits at associatebenefits@trueblue.com or leave us a voice message at (253) 680-8443.

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

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact your Major Medical plan provider for more information.

Newborns and Mothers' Health Protection Act (NMHPA)

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA Notice

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period (18-month period if you elected coverage prior to December 10, 2004) that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.

Family Medical Leave Act (FMLA)

An eligible employee may take up to 12 weeks of unpaid, job protected leave within a 12-month period. FMLA provides job and benefit protections for individuals on an FMLA qualified leave.

Leave may be taken for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee is someone who has worked for the employer for at least 12 months, worked at least 1,250 hours in a defined 12-month period, and works in a location with at least 50 employees within a 75-mile radius.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may be eligible for up to 26 weeks of FMLA leave in a single 12-month period in the event of serious injury or illness of the servicemember.

Employees seeking to take FMLA leave must provide 30-day advance notice when need is foreseeable and such notice is practical. When advance notice is not possible, the employee must notify the employer as soon as possible; generally, the same day or next working day that the employee learns of the need for leave. Failure to provide notice when leave is foreseeable may disqualify the employee from taking leave until 30 days after the notice has been provided.

An employer will must notify an employee of their rights and responsibilities under FMLA. Employers may also require a certification of the need for leave.

Please contact Human Resources with any questions.

Fixed Indemnity Notice

THE STANDARD FIXED INDEMNITY PLAN: THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

THE PREFERRED FIXED INDEMNITY PLAN: THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Medicare Creditable Coverage Notice

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

When Can You Join A Medicare Drug Plan?

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

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current TrueBlue, Inc. coverage will be affected. Medicare eligible individuals can keep this coverage if they elect part D and this plan will coordinate with Part D coverage. Please see your detailed Benefit Summary for detail of your Prescription Drug plan. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

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

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

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

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

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

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

Medicare Creditable Coverage

For More Information About your Options Under Medical 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
- 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, 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).

Contact--Position/Office: Human Resources

Address: 1015 A Street; Tacoma, WA. 98402

Phone Number: 253-383-9101

CMS Form 10182-CC
2011

Updated April 1,

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

Medicare Creditable Coverage Notice

Important Notice from TrueBlue, Inc. 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 TrueBlue, Inc. 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. TrueBlue, Inc. has determined that the prescription drug coverage offered by the Enhanced Major Medical (HSA Qualified) Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current TrueBlue, Inc. coverage will be affected. Medicare eligible individuals can keep this coverage if they elect part D and this plan will coordinate with Part D coverage. Please see your detailed Benefit Summary for detail of your Prescription Drug plan. See pages 7 - 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

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

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

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

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

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

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

Medicare Creditable Coverage

For More Information About your Options Under Medical 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
- 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, 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).

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Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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

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

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

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

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

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

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

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

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

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;

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

Continuation Coverage Right Under COBRA cont.

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, Medicaid, 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.

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. (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.

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

TrueBlue, Inc.
Associate Benefits Department
1015 A Street, Tacoma, WA 98402
Voicemail: (253) 680-8443

HIPAA Privacy Notice: Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

- We may use and share your information as we:
- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to law suits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Your Information. Your Rights. Our Responsibilities — Continued

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20211, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Your Information. Your Rights. Our Responsibilities — Continued

Do research

- We can use or share your information for health research

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Employer Name:	True Blue
Employer State of Situs:	Washington
Name of Issuer:	UnitedHealthcare
Plan Marketing Name:	Minimum Essential Coverage (MEC) Plan
Plan Year:	2024

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2024 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	No
2	Allergy Injections and Testing	Ambulatory	Pg. 11	No
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	No
4	Durable Medical Equipment	Ambulatory	Pg. 13	No
5	Hospice	Ambulatory	Pg. 28	No
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	No
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	No
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	No
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	No
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	No
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	No
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	No
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	No
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	No
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	No
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	No
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	No
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	No
19	Skilled Nursing Facility	Hospitalization	Pg. 21	No
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	No
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	No
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	No
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	No

24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	No
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	No
26	Tele-Psychiatry	MH/SUD	Pg. 11	No
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	No
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	No
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	No - but Routine prenatal visits are covered as preventive with no cost sharing. Sonograms are not included in the prenatal requirements.
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	No
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes - Pap and ovaian tests No - prostate
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	No
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	No

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Employer Name:	True Blue
Employer State of Situs:	Washington
Name of Issuer:	UnitedHealthcare
Plan Marketing Name:	Major Medical
Plan Year:	2024

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2024 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	No
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes
5	Hospice	Ambulatory	Pg. 28	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	No
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	No
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Prosthetics - Yes Orthotics - No
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	No
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	No
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes

24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	No
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	No
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	No
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes - Pap and ovaian tests No - prostate
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Employer Name:	True Blue
Employer State of Situs:	Washington
Name of Issuer:	UnitedHealthcare
Plan Marketing Name:	Enhanced Major Medical (HSA Qualified)
Plan Year:	2024

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2024 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	No
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes
5	Hospice	Ambulatory	Pg. 28	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	No
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	No
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Prosthetics - Yes Orthotics - No
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	No
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	No
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes

24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	No
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	No
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	No
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes - Pap and ovaian tests No - prostate
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.



Major Medical Plan



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit: <https://flimp.live/TrueBlueAssociates> or call 1-833-822-7259. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf> or call 1-833-822-7259 to request a

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	<u>Network</u> *: \$6,750 Individual / \$13,500 Family <u>Non-Network</u> *: \$13,300 Individual / \$26,600 Family per calendar year. * <u>Deductibles</u> cross-apply	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive Care</u>	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/
Are there other <u>deductibles</u> for specific services?	No, there are no other <u>deductibles</u> .	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this <u>plan</u> covers.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Medical- For <u>network provider</u> *: \$6,750 Individual / \$13,500 Family For out-of- <u>network</u> providers*: \$26,600 Individual / \$53,200 Family per calendar year * <u>Out-of-pockets</u> cross-apply	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limits</u> must be met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover, penalties for failure to obtain pre-notification for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket</u> .

Important Questions	Answers	Why This Matters:
Will you pay less if you use a network provider ?	Yes. See www.myuhc.com or call 1-833-822-7259 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No	You can see the specialist you choose without a referral .

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	50% coinsurance	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Virtual visit - In network is covered 100% co-insurance after the deductible by a Designated Virtual Network Provider . If you receive services in addition to office visit, additional copays, deductibles , or co-ins may apply. No virtual visit coverage for out of network .
	Specialist visit	0% coinsurance	50% coinsurance	You may be balance billed for amounts in excess of the Plan's maximum allowable charge.
	Preventive care/screening/immunization	No charge	50% coinsurance	You may have to pay for services that aren't preventive . Ask your provider if the services needed are preventive . Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	50% coinsurance	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduces by 50%
	Imaging (CT/PET scans, MRIs)	0% coinsurance	50% coinsurance	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduces by 50%

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out of Network Provider</u> (You will pay the most)	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.myuhc.com	Generic Drugs (Tier 1)	Retail: 0% <u>coinsurance</u> Mail Order: 0% <u>coinsurance</u>	Not Covered	Retail 31 days/Mail Order 90 days supply. Certain drugs require prior authorization. <u>Deductible</u> must be satisfied first. Not all drugs are covered Certain preventive medications (including certain contraceptives) are covered at No Charge.
	Preferred brand drugs (Tier 2)	Retail: 0% <u>coinsurance</u> Mail Order: 0% <u>coinsurance</u>	Not Covered	Retail 31 days/Mail Order 90 days supply. Certain drugs require prior authorization. <u>Deductible</u> must be satisfied first. Not all drugs are covered Certain preventive medications (including certain contraceptives) are covered at No Charge.
	Non-preferred brand drugs (Tier 3)	Retail: 0% <u>coinsurance</u> Mail Order: 0% <u>coinsurance</u>	Not Covered	Retail 31 days/Mail Order 90 days supply. Certain drugs require prior authorization. <u>Deductible</u> must be satisfied first. Not all drugs are covered Certain preventive medications (including certain contraceptives) are covered at No Charge.
	<u>Specialty drugs</u> (Tier 4)	Not Covered	Not Covered	Not Covered
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduces by 50%
	Physician/surgeon fees	0% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge.
If you need immediate medical attention	<u>Emergency room care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge.
	<u>Emergency medical transportation</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge.
	<u>Urgent care</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge.
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduces by 50%

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out of Network Provider</u> (You will pay the most)	
	Physician/surgeon fees	0% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduces by 50%
	Inpatient services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduces by 50%
If you are pregnant	Office visits	0% <u>coinsurance</u>	50% <u>coinsurance</u>	Routine pre-natal care is covered at No Charge. You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduces by 50%
	Childbirth/delivery professional services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Childbirth/delivery facility services	0% <u>coinsurance</u>	50% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 60 days combined <u>network</u> and non- <u>network</u> per calendar year. You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduces by 50 %
	<u>Rehabilitation services</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	Pulmonary, cardiac rehabilitation, physical, occupational and speech therapy are limited to 40 visits combined <u>network</u> and non- <u>network</u> per calendar year. Cognitive therapy is limited to 20 visits combined <u>network</u> and non- <u>network</u> per calendar year. You may be balance billed for amounts in excess of the Plan's maximum allowable charge.
	<u>Habilitation services</u>	Not covered	Not covered	Not Covered
	<u>Skilled nursing care</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 60 days for all facilities combined <u>network</u> and non- <u>network</u> per calendar year. You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduces by 50%

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out of Network Provider</u> (You will pay the most)	
	<u>Durable medical equipment</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required for DME over \$1,000, or benefit reduces by 50%
	<u>Hospice services</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required before admission for an Inpatient Stay in a hospice facility or benefit reduces by 50%
If your child needs dental or eye care	Children's eye exam	None	None	None
	Children's glasses	None	None	None
	Children's dental check-up	None	None	None

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> Adult routine vision exam (i.e. refraction) Bariatric Surgery Child dental check-up Child routine vision exam (i.e. refraction) 	<ul style="list-style-type: none"> Child vision glasses Cosmetic Surgery Dental Care (Adult) <u>Habilitation services</u> 	<ul style="list-style-type: none"> Infertility treatment Long-term care Non-emergency care when traveling outside the U.S. Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"> Chiropractic care 		

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <https://www.dol.gov/ebsa/healthreform>. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov/ or call 1-800-318-2596.

Your [Grievance](#) and [Appeals](#) Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about

your rights, this notice, or assistance, contact: 1-833-822-7259 or visit www.myuhc.com or the Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-877-440-5987.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-440-5987.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-877-440-5987.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-877-440-5987.

_____To see examples of how this plan might cover costs for a sample medical situation, see the next section._____

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in network pre natal care and a hospital delivery)

■ The <u>plan's</u> overall deductible	\$6,750
■ <u>Specialist coinsurance</u>	0%
■ Hospital (facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Specialist office visits (*pre-natal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$6,750
<u>Copayments</u>	\$0
<u>Coinsurance</u>	0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	6,810

Managing Joe's type 2 Diabetes

(a year of routine in network care of a well controlled condition)

✓ The <u>plan's</u> overall deductible	\$6,750
✓ <u>Specialist coinsurance</u>	0%
✓ Hospital (facility) <u>coinsurance</u>	0%
✓ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$5,400
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$5,420

Mia's Simple Fracture

(in network emergency room visit and follow up care)

✓ The <u>plan's</u> overall deductible	\$6,750
✓ <u>Specialist coinsurance</u>	0%
✓ Hospital (facility) <u>coinsurance</u>	0%
✓ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,800
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free number listed within this Summary of Benefits and Coverage (SBC) , TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number contained within this Summary of Benefits and Coverage (SBC) , TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número gratuito que aparece en este Resumen de Beneficios y Cobertura (Summary of Benefits and Coverage, SBC).

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打本福利和承保摘要 (Summary of Benefits and Coverage, SBC) 內所列的免付費電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ghi trong bản Tóm lược về quyền lợi và đài thọ bảo hiểm (Summary of Benefits and Coverage, SBC) này.

알림: 한국어 (**Korean**) 를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서 (Summary of Benefits and Coverage, SBC) 에 기재된 무료전화번호로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numerong nakalista sa Buod na ito ng Mga Benepisyo at Saklaw (Summary of Benefits and Coverage o SBC).

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному в данном «Обзоре льгот и покрытия» (Summary of Benefits and Coverage, SBC).

أُرجى الاتصال برقم الهاتف المجاني المدرج بداخل مخطى المزاياء والتغطية، (Arabic) تنبيه: إذا كنت تتحدث العربية (of Summary Benefits and Coverage، SBC) هذا.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki nan Rezime avantaj ak pwoteksyon sa a (Summary of Benefits and Coverage, SBC).

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro sans frais figurant dans ce Sommaire des prestations et de la couverture (Summary of Benefits and Coverage, SBC).

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer podany w niniejszym Zestawieniu świadczeń i refundacji (Summary of Benefits and Coverage, SBC).

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para o número gratuito listado neste Resumo de Benefícios e Cobertura (Summary of Benefits and Coverage - SBC).

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Chiamate il numero verde indicato all'interno di questo Sommario dei Benefit e della Copertura (Summary of Benefits and Coverage, SBC).

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die in dieser Zusammenfassung der Leistungen und Kostenübernahmen (Summary of Benefits and Coverage, SBC) angegebene gebührenfreie Rufnummer an.

注意事項：日本語 (Japanese)

を話される場合、無料の言語支援サービスをご利用いただけます。本「保障および給付の概要」

(Summary of Benefits and Coverage, SBC) に記載されているフリー

ダイヤルにてお電話ください。

(of Summary Benefits and Coverage، SBC) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً (فارسی) شماره نمانن را بگ ان تکر شده در این خالصه مزایا و پوشش (Farsi) نوج اگر زبان شما فارسی (تماس بگیرد).

ध्यान दें: यदद आप ह दी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, ननःशुल्क उपलब्ध ह। लाभ और कवरेज (Summary of Benefits and Coverage, SBC)

के इस सोरोेाेंश के भे तर सचेबद्ध टौल फ़े नोेंबर पर के ल कराेेेे

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu dawb teev muaj nyob ntawm Tsab Ntawv Nthuav Qhia Cov Txiaj Ntsim Zoo thiab Kev Kam Them Nqi (Summary of Benefits and Coverage, SBC) no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតចេញថ្លៃ ដែលមានកត់នៅក្នុង សេចក្តីសង្ខេបអត្ថប្រយោជន៍ និងការបង្កង (Summary of Benefits and Coverage, SBC) នេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan ti awan bayad na nu tawagan nga numero nga nakalista iti uneg na daytoy nga Dagup dagiti Benipisyo ken Pannakasakup (Summary of Benefits and Coverage, SBC).

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anída'awo'ígú, t'áá jík'eh, bee ná'ahóót'i. T'áá shqodí Naaltsoos Bee 'Aa'ahayáni dóo Bee 'Ak'e'asti' Bee Baa Hane'i (Summary of Benefits and Coverage, SBC) biyi' t'áá jík'ehgo béesh bee hane'i bika'ígú bee hodílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka bilaashka ah ee ku yaalla Soo-koobitaanka Dheefaha iyo Caymiska (Summary of Benefits and Coverage, SBC).




Enhanced Major Medical HSA Plan



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE:** Information about the cost of this plan (called the complete terms of coverage, visit <https://flimp.live/TrueBlueAssociates> or call 1-833-822-7259. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf> or call 1-833-822-7259 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	<u>Network</u> *: \$3,000 Individual / \$6,000 Family <u>Non-Network</u> *: \$6,000 Individual / \$12,000 Family per calendar year. * <u>Deductibles</u> cross-apply	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Yes. <u>Preventive Care</u>	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/
Are there other deductibles for specific services?	No, there are no other <u>deductibles</u> .	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this <u>plan</u> covers.
What is the out-of-pocket limit for this plan?	Medical- For <u>network provider</u> *: \$6,750 Individual / \$13,500 Family For out-of- <u>network</u> providers*: \$26,600 Individual / \$53,200 Family per calendar year *Out-of-pockets cross-apply	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limits</u> must be met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover, penalties for failure to obtain pre-notification for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket</u> .

Important Questions	Answers	Why This Matters:
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.myuhc.com or call 1-833-822-7259 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out of Network Provider</u> (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Virtual visit - In <u>network</u> is covered 100% co-insurance after the <u>deductible</u> by a Designated Virtual <u>Network Provider</u> . If you receive services in addition to office visit, additional copays, <u>deductibles</u> , or co-ins may apply. No virtual visit coverage for out of <u>network</u> .
	<u>Specialist</u> visit	20% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge.
	<u>Preventive care/screening/immunization</u>	No charge	50% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out of Network Provider</u> (You will pay the most)	
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduced by 50%
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduced by 50%
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.myuhc.com	Generic Drugs (Tier 1)	Retail: 20% <u>coinsurance</u> Mail Order: 20% <u>coinsurance</u>	Not Covered	Retail 31 days/Mail Order 90 days supply. Certain drugs require prior authorization. <u>Deductible</u> must be satisfied first. Not all drugs are covered. Certain preventive medications (including certain contraceptives) are covered at No Charge.
	Preferred brand drugs (Tier 2)	Retail: 20% <u>coinsurance</u> Mail Order: 20% <u>coinsurance</u>	Not Covered	Retail 31 days/Mail Order 90 days supply. Certain drugs require prior authorization. <u>Deductible</u> must be satisfied first. Not all drugs are covered. Certain preventive medications (including certain contraceptives) are covered at No Charge.
	Non-preferred brand drugs (Tier 3)	Retail: 20% <u>coinsurance</u> Mail Order: 20% <u>coinsurance</u>	Not Covered	Retail 31 days/Mail Order 90 days supply. Certain drugs require prior authorization. <u>Deductible</u> must be satisfied first. Not all drugs are covered. Certain preventive medications (including certain contraceptives) are covered at No Charge.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out of Network Provider</u> (You will pay the most)	
	<u>Specialty drugs</u> (Tier 4)	Not Covered	Not Covered	Not Covered
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduced by 50%
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge.
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge.
	<u>Urgent care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduced by 50%
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out of Network Provider</u> (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduced by 50%
	Inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduced by 50%
If you are pregnant	Office visits	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Routine pre-natal care is covered at No Charge. You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduced by 50%
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 60 days combined <u>network</u> and non- <u>network</u> per calendar year. You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduced by 50%
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Pulmonary, cardiac rehabilitation, physical, occupational and speech therapy are limited to 40 visits combined <u>network</u> and non- <u>network</u> per calendar year. Cognitive therapy is limited to 20 visits combined <u>network</u> and non- <u>network</u> per calendar year. You may be balance billed for amounts in excess of the Plan's maximum allowable charge.
	<u>Habilitation services</u>	Not covered	Not covered	Not Covered

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out of Network Provider</u> (You will pay the most)	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 60 days for all facilities combined <u>network</u> and non- <u>network</u> per calendar year. You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required, or benefit reduced by 50%
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required for DME over \$1,000, or benefit reduced by 50%
	<u>Hospice services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	You may be balance billed for amounts in excess of the Plan's maximum allowable charge. Prior Authorization is required before admission for an Inpatient Stay in a hospice facility or benefit reduced by 50%
If your child needs dental or eye care	Children's eye exam	None	None	None
	Children's glasses	None	None	None
	Children's dental check-up	None	None	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Adult routine vision exam (i.e. refraction)
- Bariatric Surgery
- Child dental check-up
- Child routine vision exam (i.e. refraction)

- Child vision glasses
- Cosmetic Surgery
- Dental Care (Adult)
- Habilitation services

- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <https://www.dol.gov/ebsa/healthreform>. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov/ or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: 1-833-822-7259 or visit www.myuhc.com or the Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-877-440-5987.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-440-5987.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-877-440-5987.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigoholne' 1-877-440-5987.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next section.—————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in network pre natal care and a hospital delivery)

■ The <u>plan's</u> overall deductible	\$3,000
■ <u>Specialist coinsurance</u>	20%
■ <u>Hospital (facility) coinsurance</u>	20%
■ <u>Other coinsurance</u>	20%

This **EXAMPLE** event includes services like:

Specialist office visits (*pre-natal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
--------------------	----------

In this example, Peg would pay:

<u>Cost Sharing</u>	
Deductibles	\$3,000
Copayments	\$0
<u>Coinsurance</u>	\$1,900
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,960

Managing Joe's type 2 Diabetes

(a year of routine in network care of a well controlled condition)

✓ The <u>plan's</u> overall deductible	\$3,000
✓ <u>Specialist coinsurance</u>	20%
✓ <u>Hospital (facility) coinsurance</u>	20%
✓ <u>Other coinsurance</u>	20%

This **EXAMPLE** event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:

<u>Cost Sharing</u>	
Deductibles	\$3,000
Copayments	\$0
<u>Coinsurance</u>	\$500
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$3,520

Mia's Simple Fracture

(in network emergency room visit and follow up care)

✓ The <u>plan's</u> overall deductible	\$3,000
✓ <u>Specialist coinsurance</u>	20%
✓ <u>Hospital (facility) coinsurance</u>	20%
✓ <u>Other coinsurance</u>	20%

This **EXAMPLE** event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
--------------------	---------

In this example, Mia would pay:

<u>Cost Sharing</u>	
Deductibles	\$2,800
Copayments	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free number listed within this Summary of Benefits and Coverage (SBC) , TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number contained within this Summary of Benefits and Coverage (SBC) , TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número gratuito que aparece en este Resumen de Beneficios y Cobertura (Summary of Benefits and Coverage, SBC).

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打本福利和承保摘要 (Summary of Benefits and Coverage, SBC)

內所列的免付費電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ghi trong bản Tóm lược về quyền lợi và đài thọ bảo hiểm (Summary of Benefits and Coverage, SBC) này.

알림: 한국어 (**Korean**) 를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서 (Summary of Benefits and Coverage, SBC) 에 기재된 무료전화번호로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numerong nakalista sa Buod na ito ng Mga Benepisyo at Saklaw (Summary of Benefits and Coverage o SBC).

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному в данном «Обзоре льгот и покрытия» (Summary of Benefits and Coverage, SBC).

of Summary (نأان أءءماء المساعءة الاغوئة المءالئة مءاءة لك. ٱرءى الاصل برؤم الءائف المءالءى المءرء بءاءل مءلص المءالءا والءءطوة ،)Arabic(ننبؤه :إءا لئنء نءءء الءرءبة Benefits and Coverage، SBC) هذا.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki nan Rezime avantaj ak pwoteksyon sa a (Summary of Benefits and Coverage, SBC).

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro sans frais figurant dans ce Sommaire des prestations et de la couverture (Summary of Benefits and Coverage, SBC).

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer podany w niniejszym Zestawieniu świadczeń i refundacji (Summary of Benefits and Coverage, SBC).

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para o número gratuito listado neste Resumo de Benefícios e Cobertura (Summary of Benefits and Coverage - SBC).

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Chiamate il numero verde indicato all'interno di questo Sommario dei Benefit e della Copertura (Summary of Benefits and Coverage, SBC).

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die in dieser Zusammenfassung der Leistungen und Kostenübernahmen (Summary of Benefits and Coverage, SBC) angegebene gebührenfreie Rufnummer an.

注意事項：日本語 (Japanese)

を話される場合、無料の言語支援サービスをご利用いただけます。本「保障および給付の概要」

(Summary of Benefits and Coverage, SBC) に記載されているフリー

ダイヤルにてお電話ください。

(of Summary است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلین رایگان ذکر شده در این خالصه مزایا و پوشش **Farsi** (توجه: اگر زبان شما فارسی Benefits and Coverage، SBC) تماس بگیرید.

ध्यान दें: यदद आप **ह दी (Hindi)** बोलते है, आपको भाषा सहायता सेवाएं, ननःशुल्क उपलब्ध हैं। लाभ और कवरेज (Summary of Benefits and Coverage, SBC) के इस सारंश के भीतर सचीबद्ध टोल फ्री नबरां पर कॉल करें

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu dawb teev muaj nyob ntawm Tsab Ntawv Nthuav Qhia Cov Txiaj Ntsim Zoo thiab Kev Kam Them Nqi (Summary of Benefits and Coverage, SBC) no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតចេញថ្លៃ ដែលមានកត់នៅក្នុង សេចក្តីសង្ខេបអត្ថប្រយោជន៍ និងការ៉ាបង់រង (Summary of Benefits and Coverage, SBC) នេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan ti awan bayad na nu tawagan nga numero nga nakalista iti uneg na daytoy nga Dagup dagiti Benipisyo ken Pannakasakup (Summary of Benefits and Coverage, SBC).

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqoodí Naaltsoos Bee 'Aa'áhayání dóó Bee 'Ak'é'asti' Bee Baa Hane'í (Summary of Benefits and Coverage, SBC) biyi' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka bilaashka ah ee ku yaalla Soo-koobitaanka Dheefaha iyo Caymiska (Summary of Benefits and Coverage, SBC).




Minimum Essential Coverage (MEC) Plan



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit <https://flimp.live/TrueBlueAssociates> or call 1-833-822-7259. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf> or call 1-833-822-7259 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	<u>Network</u> *: \$0 Individual / \$0 Family <u>Non-Network</u> *: \$0 Individual / \$0 Family per calendar year. * <u>Deductibles</u> cross-apply	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive Care</u>	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/
Are there other <u>deductibles</u> for specific services?	No, there are no other <u>deductibles</u> .	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this <u>plan</u> covers.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Not applicable	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limits</u> must be met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover, penalties for failure to obtain pre-notification for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket</u> .

Important Questions	Answers	Why This Matters:
Will you pay less if you use a network provider ?	Yes. See www.myuhc.com or call 1-833-822-7259 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No	You can see the specialist you choose without a referral .

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Not Covered	Not Covered	None
	Specialist visit	Not Covered	Not Covered	None
	Preventive care/screening/immunization	No charge	Not Covered	You may have to pay for services that aren't preventive . Ask your provider if the services needed are preventive . Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Not Covered	Not Covered	None
	Imaging (CT/PET scans, MRIs)	Not Covered	Not Covered	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.myuhc.com	Generic Drugs (Tier 1)	Not Covered	Not Covered	Certain preventive medications (including certain contraceptives) are covered at No Charge.
	Preferred brand drugs (Tier 2)	Not Covered	Not Covered	None
	Non-preferred brand drugs (Tier 3)	Not Covered	Not Covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out of Network Provider</u> (You will pay the most)	
	<u>Specialty drugs</u> (Tier 4)	Not Covered	Not Covered	None
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not Covered	Not Covered	None
	Physician/surgeon fees	Not Covered	Not Covered	None
If you need immediate medical attention	<u>Emergency room care</u>	Not Covered	Not Covered	None
	<u>Emergency medical transportation</u>	Not Covered	Not Covered	None
	<u>Urgent care</u>	Not Covered	Not Covered	None
If you have a hospital stay	Facility fee (e.g., hospital room)	Not Covered	Not Covered	None
	Physician/surgeon fees	Not Covered	Not Covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Not Covered	Not Covered	None
	Inpatient services	Not Covered	Not Covered	None
If you are pregnant	Office visits	Not Covered	Not Covered	None
	Childbirth/delivery professional services	Not Covered	Not Covered	
	Childbirth/delivery facility services	Not Covered	Not Covered	
If you need help recovering or have other special health needs	<u>Home health care</u>	Not Covered	Not Covered	None
	<u>Rehabilitation services</u>	Not Covered	Not Covered	None
	<u>Habilitation services</u>	Not covered	Not covered	Not Covered
	<u>Skilled nursing care</u>	Not Covered	Not Covered	None
	<u>Durable medical equipment</u>	Not Covered	Not Covered	None
	<u>Hospice services</u>	Not Covered	Not Covered	None
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out of Network Provider</u> (You will pay the most)	
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> Adult routine vision exam (i.e. refraction) Bariatric Surgery Child dental check-up Child routine vision exam (i.e. refraction) 	<ul style="list-style-type: none"> Child vision glasses Cosmetic Surgery Dental Care (Adult) <u>Habilitation services</u> 	<ul style="list-style-type: none"> Infertility treatment Long-term care Non-emergency care when traveling outside the U.S. Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"> Preventive Care 		

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <https://www.dol.gov/ebsa/healthreform>. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov/ or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: 1-833-822-7259 or visit www.myuhc.com or the Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

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If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

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Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-877-440-5987.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwíijigo holne' 1-877-440-5987.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in network pre natal care and a hospital delivery)

■ The <u>plan's</u> overall deductible	\$0
■ <u>Specialist coinsurance</u>	100%
■ <u>Hospital (facility) coinsurance</u>	100%
■ <u>Other coinsurance</u>	100%

This **EXAMPLE** event includes services like:

Specialist office visits (*pre-natal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
The total Peg would pay is	12,700

Managing Joe's type 2 Diabetes

(a year of routine in network care of a well controlled condition)

✓ The <u>plan's</u> overall deductible	\$0
✓ <u>Specialist coinsurance</u>	100%
✓ <u>Hospital (facility) coinsurance</u>	100%
✓ <u>Other coinsurance</u>	100%

This **EXAMPLE** event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
The total Joe would pay is	\$5,600

Mia's Simple Fracture

(in network emergency room visit and follow up care)

✓ The <u>plan's</u> overall deductible	\$0
✓ <u>Specialist coinsurance</u>	100%
✓ <u>Hospital (facility) coinsurance</u>	100%
✓ <u>Other coinsurance</u>	100%

This **EXAMPLE** event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free number listed within this Summary of Benefits and Coverage (SBC) , TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number contained within this Summary of Benefits and Coverage (SBC) , TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número gratuito que aparece en este Resumen de Beneficios y Cobertura (Summary of Benefits and Coverage, SBC).

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打本福利和承保摘要 (Summary of Benefits and Coverage, SBC)

內所列的免付費電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ghi trong bản Tóm lược về quyền lợi và đài thọ bảo hiểm (Summary of Benefits and Coverage, SBC) này.

알림: 한국어 (**Korean**) 를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서 (Summary of Benefits and Coverage, SBC) 에 기재된 무료전화번호로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numerong nakalista sa Buod na ito ng Mga Benepisyo at Saklaw (Summary of Benefits and Coverage o SBC).

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному в данном «Обзоре льгот и покрытия» (Summary of Benefits and Coverage, SBC).

of Summary
Benefits and Coverage SBC (نازين خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال برقم الهاتف المجاني المدرج بداخل مخلص المزايا والغطية)Arabic(نذيره: إذا كنت تتحدث العربية هذا.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki nan Rezime avantaj ak pwoteksyon sa a (Summary of Benefits and Coverage, SBC).

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro sans frais figurant dans ce Sommaire des prestations et de la couverture (Summary of Benefits and Coverage, SBC).

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer podany w niniejszym Zestawieniu świadczeń i refundacji (Summary of Benefits and Coverage, SBC).

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para o número gratuito listado neste Resumo de Benefícios e Cobertura (Summary of Benefits and Coverage - SBC).

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Chiamate il numero verde indicato all'interno di questo Sommario dei Benefit e della Copertura (Summary of Benefits and Coverage, SBC).

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die in dieser Zusammenfassung der Leistungen und Kostenübernahmen (Summary of Benefits and Coverage, SBC) angegebene gebührenfreie Rufnummer an.

注意事項：日本語 (Japanese)

を話される場合、無料の言語支援サービスをご利用いただけます。本「保障および給付の概要」

(Summary of Benefits and Coverage, SBC) に記載されているフリー

ダイヤルにてお電話ください。

of Summary
Benefits and Coverage SBC (است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره ناین رایگان ذکر شده در این خلاصه مزایا و پوشش)Farsi(توجه: اگر زبان شما فارسی ناماس بگنید.

ध्यान दें: यदद आप **ह दी (Hindi)** बोलते है, आपको भाषा सहायता सेवाएं, ननःशुल्क उपलब्ध हैं। लाभ और कवरेज (Summary of Benefits and Coverage, SBC) के इस सारंश के भीतर सचीबद्ध टोल फ्री नंबर पर कॉल करें

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu dawb teev muaj nyob ntawm Tsab Ntawv Nthuav Qhia Cov Txiaj Ntsim Zoo thiab Kev Kam Them Nqi (Summary of Benefits and Coverage, SBC) no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតចេញថ្លៃ ដែលមានកត់នៅក្នុង សេចក្តីសង្ខេបអត្ថប្រយោជន៍ និងការរ៉ាប់រង (Summary of Benefits and Coverage, SBC) នេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan ti awan bayad na nu tawagan nga numero nga nakalista iti uneg na daytoy nga Dagup dagiti Benipisyo ken Pannakasakup (Summary of Benefits and Coverage, SBC).

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqoodí Naaltsoos Bee 'Aa'áhayání dóó Bee 'Ak'é'asti' Bee Baa Hane'í (Summary of Benefits and Coverage, SBC) biyi' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodílnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka bilaashka ah ee ku yaalla Soo-koobitaanka Dheefaha iyo Caymiska (Summary of Benefits and Coverage, SBC).

