



Employee Benefits Guide

February 1st 2021 – January 31st 2022



What Your Benefits Can Do For You



Welcome to The Haartz Corporation 2021 benefits open enrollment. Open enrollment is the one time each year you are able to make a change to your benefit elections without experiencing a qualified life event. **This year, open enrollment will be held from Monday, January 11th through Monday, January 25th for the plan year beginning February 1, 2021.** Haartz has taken time to design a comprehensive benefit package that protects what is most important for our employees – please be sure to take time to select the combination that will meet the ongoing needs of you and your family.

We encourage you to take a look at the information in this guide so you can make informed choices about your benefits.

The benefits program is intended to provide you with:

- The **largest possible network** of doctors, dentists and providers, so that in-network benefits are available regardless of where you live or work. When you use in-network providers, your out-of-pocket **costs are kept as low as possible.**
- **Quality customer service**, because your satisfaction with your benefits, and with the level of care you receive when you call with questions, is important to us and our benefit partners.
- **Choice in the benefits** that are offered to you. We understand that one size does not always fit all. You have the ability to choose the benefits that best fit your needs.



*This is only a summary of your benefits. Certain restrictions apply. For exact terms and conditions, please refer to your Summary Plan Description (SPD) or Certificate of Coverage. If information in this summary differs from the legal contract, the legal contract is the ruling document. SPDs or Certificates of Coverage are available from your **Human Resources Department**. The company reserves the right to change these benefits at any time based on its discretion.*

Table of Contents



Eligibility	1
Medical Plans	2
Network Plan (EPO)	3
PPO Plan	4
Deductible and Wellness Credit	5
BBA Value Adds – <i>New Programs for 2021!</i>	6
Telemedicine Program	7
Dental Insurance	8
Vision Insurance	9
Life and AD&D Insurance – <i>Elect Supplementary Life Insurance in 2021!</i>	10-12
Disability Insurance & Leave Benefits	13-14
Hays Advocate & HaysPerks	15
Employee Assistance Program (EAP)	16
Flexible Spending Accounts (FSA)	17
Legal Assistance	18
Additional Benefits	19
Compliance Notices	20-22
Contact Information	23

Benefits Eligibility



General Benefits Eligibility

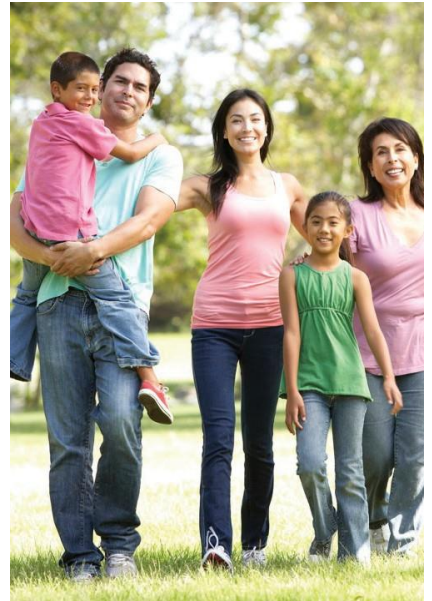
Employees working 30 hours or more per week are eligible for Medical, Dental, Vision, Flexible Spending (FSA) and Life Insurance on their first day of employment. Employees must elect coverage within the first 30 days of active employment. If you miss the initial enrollment period after hire, the next available time to enroll in medical, dental, vision or FSA coverage is during the annual Open Enrollment period in January or if you have a Qualified Life Event. Changes made during Open Enrollment will take effect on February 1st. Dependents can be covered on the medical, dental and vision plans. This includes your spouse or dependent children up to age 26 on medical/vision and up to age 19 (or 25 if a full time student) on dental. Participants must verify dependent status of dependents on the plans.

Qualified Life Events

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

The following are events that qualify you to make changes:

- ✓ You gain or lose a dependent (birth, marriage, divorce, death, adoption, etc.)
- ✓ Your dependent loses coverage due to employment change
- ✓ Your dependent becomes eligible for other coverage
- ✓ You become ineligible for benefits because you don't work the required number of hours
- ✓ You become eligible for benefits because of an employment status change



To make a benefit election or to cancel coverage for yourself and/or a dependent outside of the normal enrollment period, you must have a qualified life event (see below), notify Haartz Human Resources Department within 30 days of the event and provide appropriate documentation to substantiate the event.

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

Medical Plan

The Haartz Corporation is pleased to provide you with a comprehensive medical program administered by Blue Benefit Administrators. You have a choice of two medical plan options:

Network Plan Option (EPO)

The Network Plan Option requires that you stay within the Blue Card network of providers. There is no coverage outside the network except for emergency situations.

Preferred Provider Organization (PPO)

The PPO allows you to visit providers both inside and outside the Blue Card network of providers, although your member cost share will be greater when you go outside the network.



To locate providers in the network, visit:

<http://provider.bcbs.com/>

Select BlueCard PPO/EPO as the network

OR

Call 1-877-707-2583 for a list of participating providers



Weekly Pre-Tax Medical Contributions 2/1/21 through 1/31/22		
	Medical Network Plan – EPO	Medical PPO Plan
Up to \$40,000		
Individual	\$15.25	\$31.95
Family	\$50.32	\$105.42
\$40,001+		
Individual	\$20.59	\$43.13
Family	\$67.94	\$142.32
\$60,000+		
Individual	\$25.92	\$54.31
Family	\$85.55	\$179.22
\$80,000+		
Individual	\$31.26	\$65.49
Family	\$103.16	\$216.12
\$100,000+		
Individual	\$37.36	\$78.27
Family	\$123.29	\$258.29

Please note that as of February 1, 2021 The Haartz Corporation will no longer be covering divorced spouses on our medical plan. All employees with a spouse on the medical plan will be required to sign off on an affidavit confirming current marriage status. If you do have a divorced spouse currently on the plan they will be able to elect COBRA coverage for 36 months.

Option # 1 - Network Plan (EPO)



	Network Only Plan		
Annual Deductible <i>Inpatient / Outpatient and Advanced Imaging (excludes MRI at Shields)</i>	\$300 / \$600 *		
Annual Medical Out-of-Pocket Limit	\$1,250 / \$2,500		
Pre-Certification Penalty	\$1,000 non-compliance penalty		
Annual Preventive Care Examination	Covered in full		
Primary Care Physician (PCP) Office Visit	\$10 copay per visit		
Specialist Physician Office Visit	\$20 copay per visit		
Chiropractic Services (limit 25 visits per year)	\$20 copay per visit		
Diagnostic Lab Work	Covered in full		
Diagnostic X-Rays	Subject to deductible		
Outpatient High-Tech Radiology (MRI)	Shields Provider – covered in full Other Providers – subject to deductible		
Advanced Imaging (Non-MRI)	Subject to deductible		
Inpatient Services Includes hospital stays, inpatient rehab, skilled nursing care, mental and behavioral health inpatient stays	Subject to deductible**		
Outpatient Surgery	Subject to deductible		
Urgent Care Center	\$20 copay per visit		
Physical, Occupational, and Speech Therapy (limit 100 visits in total per year)	\$20 copay per visit		
Emergency Room	\$150 copay per visit (copay waived if admitted)		
Durable Medical Equipment (pre-cert required only for DME over \$1,500)	Subject to deductible		
Prescription Coverage Retail (30 day supply) Mail Order (90 day supply) Retail Pharmacy and Mail Order Options: • Generic • Preferred Brand • Non-Preferred • Specialty (Mail Order not Available)		Retail	Mail Order
	Tier 1 (Generic)	\$10 copay	\$20 copay
	Tier 2 (Preferred)	\$50 copay	\$100 copay
	Tier 3 (Non-Preferred)	\$75 copay	\$150 copay
	Tier 4 (Specialty)	\$100 copay	Not available
	\$0 Copay for High Blood Pressure Medications		
	\$0 Copay for Diabetic Supplies filled with Rx Card		
(NEW!) \$0 Copay for Certain Asthma Medications (details on page 6)			
Annual Prescription Drug Out-of-Pocket Maximum	\$900 per individual \$1,800 per family		

* Credits can be earned for in network deductible – see page 5 for additional information

** A penalty of \$1,000 will be charged if you do not obtain a pre-certification for these services

Option # 2 – PPO Plan

	In-Network	Out-of-Network		
Annual Deductible <i>In Network: Inpatient / Outpatient and Advanced Imaging (excludes MRI at Shields)</i>	Single – \$300* Family – \$600*	Single - \$300* Family - \$600*		
Annual Medical Out-of-Pocket Limit	Single - \$1,250 Family - \$2,500	Single - \$1,250 Family - \$2,500		
Pre-Certification Penalty	\$1,000 non-compliance penalty	\$1,000 non-compliance penalty		
Annual Preventive Care Examination	Covered in full	20% after deductible		
Primary Care Physician (PCP) Office Visit	\$15 copay per visit	20% after deductible		
Specialist Physician Office Visit	\$15 copay per visit	20% after deductible		
Chiropractic Services (limit 25 visits per year)	\$15 copay per visit	20% after deductible		
Diagnostic Lab Work	Covered in full	20% after deductible		
Diagnostic X-Rays	Subject to deductible	20% after deductible		
Outpatient High-Tech Radiology (MRI)	Shields Provider – covered in full Other Providers – subject to deductible	20% after deductible		
Advanced Imaging (Non-MRI)	Subject to deductible	20% after deductible		
Inpatient Hospital Services Includes hospital stays, inpatient rehab, skilled nursing care, mental and behavioral health inpatient stays	Subject to deductible**	20% after deductible**		
Outpatient Surgery	Subject to deductible	20% after deductible		
Urgent Care Center	\$15 copay per visit	20% after deductible		
Physical, Occupational, and Speech Therapy (limit 100 visits in total per year)	\$15 copay per visit	20% after deductible		
Emergency Room	\$150 copay per visit (copay waived if admitted)	\$150 copay per visit (copay waived if admitted)		
Durable Medical Equipment (pre-cert required only for DME over \$1,500)	Subject to deductible	20% after deductible		
Prescription Coverage Retail (30 day supply) Mail Order (90 day supply) Retail Pharmacy and Mail Order Options: • Generic • Preferred Brand • Non-Preferred • Specialty (Mail Order not Available)		Retail	Mail Order	
		Tier 1 (Generic)	\$10 copay	\$20 copay
		Tier 2 (Preferred)	\$50 copay	\$100 copay
		Tier 3 (Non-Preferred)	\$75 copay	\$150 copay
		Tier 4 (Specialty)	\$100 copay	Not available
		\$0 Copay for High Blood Pressure Medications		
		\$0 Copay for Diabetic Supplies filled with Rx Card		
	(NEW!) \$0 Copay for Certain Asthma Medications (details on page 6)			
Annual Prescription Drug Out-of-Pocket Maximum	\$900 per individual \$1,800 per family			

* Credits can be earned for in network deductible – see page 5 for additional information

** A penalty of \$1,000 will be charged if you do not obtain a pre-certification for these services

Wellness Deductible Credit



With Haartz's wellness credit, employees can earn money towards their deductible by practicing healthy habits by going for an annual physical. This program is sponsored by employer contributions towards a Health Reimbursement Arrangement.

A Health Reimbursement Arrangement (HRA) – or Health Reimbursement Account, provides you with assistance paying for a portion of your out of pocket medical expenses. Individuals and families will receive a credit up to \$500 towards deductible expenses for a preventive exam, such as an annual physical, (\$250 per individual and \$500 for employee + spouse on a family plan).

Haartz has a \$300 individual and \$600 family deductible with the opportunity to receive HRA funds for such deductible expenses if a preventive exam for both an employee and spouse occur **between July 1, 2019 and June 30, 2021.**

What applies to the deductible:

- Inpatient Hospitalization, Physician Services, and Procedures
- Outpatient Hospitalization, Physician Services, and Procedures
- Advanced Imaging
- Diagnostic X-Rays
- MRIs (excluding those from Shields Providers)
- Durable Medical Equipment

Health Reimbursement Arrangement (HRA) FAQ

What do you have to do?

- Visit your primary care or specialist for a preventive visit, such as an annual physical, (employee and spouse if applicable).
 - **July 1, 2019 through June 30, 2021**
- BBA will be tracking your preventive visit in their system based on the provider's billing. They will then send the wellness credit availability to HRC Total Solutions. To see if you have available HRA credits call HRC Total Solutions customer service at 603-647-1147.

If I have my preventive visit and seek deductible services after this, what happens?

- HRC Total Solutions will pay your provider for the cost of your deductible services up to \$250 per individual or \$500 maximum per family unit. You may also be responsible for the remaining \$50 per individual and \$100 per family unit *out of pocket*, depending on the cost of your care.

How do I know when HRC Total Solutions has paid my provider for my deductible expenses?

- HRC Total Solutions will send an HRA payment confirmation email to you when a payment has been issued to your provider. **To receive the email confirmations you must provide your email address to Alysse in HR or contact HRC Total Solutions Customer Service at 603-647-1147, Option 1.** Within the payment confirmation email, you will be directed to login online to view your claim detail. From the detail you will be able to review the name of your provider, the amount of the check, the date the check was mailed and see who in the family incurred the expense.

BBA Value Adds

Wellness Benefits

Employees enrolled in the health plan can receive reimbursements for fitness and weight loss programs as follows:

Fitness Benefit

You are eligible for up to \$150 per individual or family in each plan year to reimburse fees paid for a health club membership or fitness classes at a health club. To claim benefits, you must have paid at least four months' fees for the plan year.

Weight Loss Benefit

You are eligible for up to \$150 per individual or family in each plan year to reimburse fees paid for weight loss programs offered through The Haartz Corporation Health Employee Weight Loss and Wellness Program or Weight Watchers (online programs do not qualify).

Visit <https://select.bluebenefitma.com/> and enter the company name or group number to enter Haartz's group page. Once there, you will be able to pull up the fitness reimbursement form.

Prescription Delivery Program (NEW!)

MRx Easy Dose is a program for those taking 5 or more chronic medications to make your medication adherence easier. With this program you will receive pre-packaged, clearly labeled medications sent right to your home and dedicated support to help navigate your treatment.

Get the mobile app at www.easy.personalrx.com for to sign up, receive medication reminders and more!



Asthma Medication Coverage (NEW!)

Beginning February 1st 2021, Haartz's medical plans will now cover the following classes of asthma medications with **no copayment** required:

- Sympathomimetics
- Leukotriene modulators
- Steroid inhalants
- Bronchodilators - anticholinergics

Telemedicine Program

BBA LIVE gives you direct access to a doctor **24 hours a day, 7 days a week, 365 days a year** to treat common ailments such as:

- Cold & Flu
 - Sinus Infections
 - Allergies
 - Pink Eye
 - & more!
-
- Doctors are also able to prescribe medications



For a doctor's office copayment, consultation can be over the phone, via video call, or email.

Telemedicine is a supplement for non-emergency treatment or visits to your primary care doctor.

How to Use

1. Activate your account at www.portal.bluebenefitma.com, over the phone at 866-439-1253, or by visiting www.bluebenefitma.com/members and signing in
2. Fill out your medical profile online or over the phone
3. Add dependents, if applicable
4. Set up a consult online or over the phone, and a doctor will return your call within 2 hours

****Pro Tip!*** Set up your account before you need the service to get quick access to care.

Dental Insurance


The Haartz Corporation is pleased to offer dental benefits through Delta Dental of Massachusetts. To locate participating providers go to www.deltadentalma.com.

Plan Design	Delta Dental PPO Plus Premier
Calendar Year Deductible	\$50 per member \$150 per family
Calendar Year Maximum	\$2,000 per member
Diagnostic & Preventive Services: • Two cleanings per calendar year • Routine oral exams, x-rays	Plan pays 100%, no deductible
Basic Services: • Fillings • Oral surgery • Periodontics • Root canals • Emergency dental care	Plan pays 80% after deductible
Major Services: • Bridges / crowns / implants / dentures	Plan pays 50% after deductible
Orthodontics (for members under age 19)	Plan pays up to \$1,000 lifetime maximum

ROLLOVER BENEFIT
This plan includes rollover, which enables you to roll a portion of your unused annual maximum over to the next calendar year. See your plan documents for rules and restrictions.

Staying In Network:
Visiting an in-network provider will give you the biggest discount. If you use a provider outside of the Delta Dental network, you should anticipate additional out of pocket costs. Please refer to the Delta Dental subscriber agreement.

Weekly Pre-Tax Dental Contributions

	Delta Dental PPO+Premier
Up to \$40,000	
Individual	\$3.45
Family	\$9.92
\$40,001+	
Individual	\$3.79
Family	\$10.91
\$60,000+	
Individual	\$4.82
Family	\$13.89
\$80,000+	
Individual	\$5.69
Family	\$16.37
\$100,000+	
Individual	\$6.54
Family	\$18.85

REMEMBER: Your deductible and annual maximum will RESET on January 1st every year. Please note that children are eligible to age 19 (or 25 if a full time student – affidavit required for verification).



Vision Insurance

The Haartz Corporation is pleased to offer vision benefits through **EyeMed**. Not only does this program cover exams every 12 months, it also provides additional benefits for glasses and contacts.

EyeMed In Network Benefits	
Plan Design	
Exams Per 12 Months	\$10 Copay
Frames Per 24 Months	\$0 Copay; \$130 Allowance and 20% off balance over \$130
Lenses (In Lieu of Contact Lenses) Per 12 Months	<ul style="list-style-type: none"> • Single Vision, Bifocal, Trifocal, Lenticular - \$25 Copay • Standard Progressive - \$75 Copay • Premium Progressive Tier 1-3 - \$95 Copay to \$120 Copay • Premium Progressive Tier 4 - \$75 Copay, 20% off retail less \$120 Allowance
Contact Lenses (In Lieu of Lenses) Per 12 Months	\$0 Copay, \$130 Allowance and 15% off balance over \$130 (15% off discount on balance not applied to disposable) Medically Necessary \$0 Copay and Paid in Full
Contact Lens Fit and Follow Up	\$40 Copay (Standard) and 10% off retail price (Premium) (contact lens fit and two follow-up visits available once comprehensive eye exam completed)
Extras	
Retinal Imaging	Up to \$39
Discounts	<ul style="list-style-type: none"> • 40% off additional pairs of glasses and 15% off conventional lenses once benefit used • 20% off any item not covered by plan (including non-rx sunglasses) • 15% off retail price or 5% off promotional price Lasik or PRK From US Laser Network • 40% off hearing exams and low price guarantee on discounted hearing aids – Amplifon Hearing Health Care Network

Visiting an in-network provider will give you greater vision benefits. If you use a provider outside of the EyeMed network, you should anticipate additional out of pocket costs. You can submit an out of network claim to EyeMed for reimbursement.

See the summary of benefits and the out of network claim form for additional information.

**www.eyemedvisioncare.com
to search the
INSIGHT Network**

Weekly Pre-Tax Employee Contributions

HAARTZ	EyeMed Insight
All Salary Bands	
Individual	\$0.26
Family	\$0.68

Life and AD&D Insurance

Group Life and AD&D Benefits

The Haartz Corporation provides Basic Life and AD&D Coverage for you at no cost. Enrollment is automatic for all eligible active regular employees scheduled at least 30 hours per week. Please be sure to designate at least one beneficiary on the Matrix/Reliance form in your new hire packet.

Basic Life and AD&D Benefits	
Eligibility	All active regular employees scheduled at least 30 hours per week
Schedule of Benefits	All Full-Time Employees: \$50,000
Age Reduction Schedule	Benefit reduces to 50% at age 70
Waiver of Premium	If an insured becomes totally disabled prior to age 60 and lasts for six months the amount of insurance may be extended without premium payment.
Conversion Privilege	If insurance ceases due to termination of employment, an individual life insurance policy may be issued if applied for within 31 days.

Supplemental Life Insurance – Employees

In addition to the Group Life and AD&D coverage provided by The Haartz Corporation, employees also have the opportunity to purchase additional life insurance with Matrix/Reliance Standard. **You are able to elect this coverage to the guaranteed issue amounts without medical questions during a special, one time open enrollment in 2021.**

Employee Supplemental Life Insurance Benefits	
Eligibility	All active regular employees scheduled at least 30 hours per week
Schedule of Benefits	Up to \$500,000 in \$10,000 increments
Age Reduction Schedule	Benefit reduces to 60% at age 75; 35% at age 80; 27.5% at age 85; 20% at age 90; 7.5% at age 95; and 5% at age 100
Guarantee Issue	\$100,000 if under age 60; \$10,000 if age is between 60 and 70

- You may not have coverage as both an employee and as a dependent
- Only one insured spouse may cover the eligible dependent children
- Neither you nor your spouse may hold more than a total of \$500,000 of group term life insurance with Reliance Standard under the Master Group Policy. Insurance over that amount will be void and the premium refunded.

Dependent Supplemental Life Insurance

You have the opportunity to purchase optional life insurance for your spouse with Matrix/Reliance Standard Life. **You are able to elect this coverage for your spouse to the guaranteed issue amounts without medical questions during a special, one time open enrollment in 2021.**

Spousal Optional Life Insurance Benefits	
Eligibility	Spouse (who is under age 70) of active regular employees scheduled at least 30 hours per week
Schedule of Benefits	Up to \$500,000 in \$10,000 increments
Age Reduction Schedule	Spousal coverage terminates at age 75
Guarantee Issue	\$30,000 if under age 60

Child Optional Life Insurance Benefits	
Eligibility	Unmarried, financially dependent children age 14 days to 20 years (to 26 years if full-time student)
Schedule of Benefits	Flat \$10,000 benefit* (No Coverage for children under 14 days old. Coverage for children 14 days to 6 months is limited to \$1,000)

* You must elect *Optional Life* for yourself or your spouse in order for *Child Optional Life* to be elected.

NOTE: Enrolling for coverage after initial eligibility will be subject to Evidence of Insurability



Supplemental Life Weekly Post-Tax Premiums

Benefit Amount	Age 0-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$10,000	0.12	0.12	0.09	0.12	0.16	0.25	0.42	0.69	1.11	1.48	2.33	4.06
\$20,000	0.23	0.23	0.18	0.23	0.32	0.51	0.83	1.38	2.22	2.95	4.66	8.12
\$30,000	0.35	0.35	0.28	0.35	0.48	0.76	1.25	2.08	3.32	4.43	6.99	12.18
\$40,000	0.46	0.46	0.37	0.46	0.65	1.02	1.66	2.77	4.43	5.91	9.32	16.25
\$50,000	0.58	0.58	0.46	0.58	0.81	1.27	2.08	3.46	5.54	7.38	11.65	20.31
\$60,000	0.69	0.69	0.55	0.69	0.97	1.52	2.49	4.15	6.65	8.86	13.98	24.37
\$70,000	0.81	0.81	0.65	0.81	1.13	1.78	2.91	4.85	7.75	10.34	16.32	28.43
\$80,000	0.92	0.92	0.74	0.92	1.29	2.03	3.32	5.54	8.86	11.82	18.65	32.49
\$90,000	1.04	1.04	0.83	1.04	1.45	2.28	3.74	6.23	9.97	13.29	20.98	36.55
\$100,000	1.15	1.15	0.92	1.15	1.62	2.54	4.15	6.92	11.08	14.77	23.31	40.62
\$110,000	1.27	1.27	1.02	1.27	1.78	2.79	4.57	7.62	12.18	16.25	25.64	44.68
\$120,000	1.38	1.38	1.11	1.38	1.94	3.05	4.98	8.31	13.29	17.72	27.97	48.74
\$130,000	1.50	1.50	1.20	1.50	2.10	3.30	5.40	9.00	14.40	19.20	30.30	52.80
\$140,000	1.62	1.62	1.29	1.62	2.26	3.55	5.82	9.69	15.51	20.68	32.63	56.86
\$150,000	1.73	1.73	1.38	1.73	2.42	3.81	6.23	10.38	16.62	22.15	34.96	60.92
\$160,000	1.85	1.85	1.48	1.85	2.58	4.06	6.65	11.08	17.72	23.63	37.29	64.98
\$170,000	1.96	1.96	1.57	1.96	2.75	4.32	7.06	11.77	18.83	25.11	39.62	69.05
\$180,000	2.08	2.08	1.66	2.08	2.91	4.57	7.48	12.46	19.94	26.58	41.95	73.11
\$190,000	2.19	2.19	1.75	2.19	3.07	4.82	7.89	13.15	21.05	28.06	44.28	77.17
\$200,000	2.31	2.31	1.85	2.31	3.23	5.08	8.31	13.85	22.15	29.54	46.62	81.23
\$210,000	2.42	2.42	1.94	2.42	3.39	5.33	8.72	14.54	23.26	31.02	48.95	85.29
\$220,000	2.54	2.54	2.03	2.54	3.55	5.58	9.14	15.23	24.37	32.49	51.28	89.35
\$230,000	2.65	2.65	2.12	2.65	3.72	5.84	9.55	15.92	25.48	33.97	53.61	93.42
\$240,000	2.77	2.77	2.22	2.77	3.88	6.09	9.97	16.62	26.58	35.45	55.94	97.48
\$250,000	2.88	2.88	2.31	2.88	4.04	6.35	10.38	17.31	27.69	36.92	58.27	101.54
\$260,000	3.00	3.00	2.40	3.00	4.20	6.60	10.80	18.00	28.80	38.40	60.60	105.60
\$270,000	3.12	3.12	2.49	3.12	4.36	6.85	11.22	18.69	29.91	39.88	62.93	109.66
\$280,000	3.23	3.23	2.58	3.23	4.52	7.11	11.63	19.38	31.02	41.35	65.26	113.72
\$290,000	3.35	3.35	2.68	3.35	4.68	7.36	12.05	20.08	32.12	42.83	67.59	117.78
\$300,000	3.46	3.46	2.77	3.46	4.85	7.62	12.46	20.77	33.23	44.31	69.92	121.85
\$310,000	3.58	3.58	2.86	3.58	5.01	7.87	12.88	21.46	34.34	45.78	72.25	125.91
\$320,000	3.69	3.69	2.95	3.69	5.17	8.12	13.29	22.15	35.45	47.26	74.58	129.97
\$330,000	3.81	3.81	3.05	3.81	5.33	8.38	13.71	22.85	36.55	48.74	76.92	134.03
\$340,000	3.92	3.92	3.14	3.92	5.49	8.63	14.12	23.54	37.66	50.22	79.25	138.09
\$350,000	4.04	4.04	3.23	4.04	5.65	8.88	14.54	24.23	38.77	51.69	81.58	142.15
\$360,000	4.15	4.15	3.32	4.15	5.82	9.14	14.95	24.92	39.88	53.17	83.91	146.22
\$370,000	4.27	4.27	3.42	4.27	5.98	9.39	15.37	25.62	40.98	54.65	86.24	150.28
\$380,000	4.38	4.38	3.51	4.38	6.14	9.65	15.78	26.31	42.09	56.12	88.57	154.34
\$390,000	4.50	4.50	3.60	4.50	6.30	9.90	16.20	27.00	43.20	57.60	90.90	158.40
\$400,000	4.62	4.62	3.69	4.62	6.46	10.15	16.62	27.69	44.31	59.08	93.23	162.46
\$410,000	4.73	4.73	3.78	4.73	6.62	10.41	17.03	28.38	45.42	60.55	95.56	166.52
\$420,000	4.85	4.85	3.88	4.85	6.78	10.66	17.45	29.08	46.52	62.03	97.89	170.58
\$430,000	4.96	4.96	3.97	4.96	6.95	10.92	17.86	29.77	47.63	63.51	100.22	174.65
\$440,000	5.08	5.08	4.06	5.08	7.11	11.17	18.28	30.46	48.74	64.98	102.55	178.71
\$450,000	5.19	5.19	4.15	5.19	7.27	11.42	18.69	31.15	49.85	66.46	104.88	182.77
\$460,000	5.31	5.31	4.25	5.31	7.43	11.68	19.11	31.85	50.95	67.94	107.22	186.83
\$470,000	5.42	5.42	4.34	5.42	7.59	11.93	19.52	32.54	52.06	69.42	109.55	190.89
\$480,000	5.54	5.54	4.43	5.54	7.75	12.18	19.94	33.23	53.17	70.89	111.88	194.95
\$490,000	5.65	5.65	4.52	5.65	7.92	12.44	20.35	33.92	54.28	72.37	114.21	199.02
\$500,000	5.77	5.77	4.62	5.77	8.08	12.69	20.77	34.62	55.38	73.85	116.54	203.08

\$10,000 Child Life Benefit - \$0.16 per week

- You may not have coverage as both an employee and as a dependent;
- Only one insured spouse may cover eligible dependent children;
- Neither you or your spouse may hold more than \$500,000 in group term life with Matrix/Reliance Standard under the master group policy;
- Premiums are subject to change;
- Above chart does not include age reductions beginning at age 75 through age 100.

Leave of Absence & Short Term Disability

The Haartz Corporation provides several types of Leave of Absence Benefits in the event that you need to be out of work. Some of these Leave of Absence Benefits are paid and are designed to help protect you in the event you are unable to work for a period of time. A detailed outline on types of leaves available to you can be found on the Haartz Intranet.

Beginning January 1, 2021, the leave policy will be changing as Haartz complies with the new laws outlined by the state of Massachusetts with the Massachusetts Paid Family Medical Leave.

If you find yourself needing to take leave, please reach out to Matrix Absence Management, via phone, online or through their mobile app.

You will need to provide the following information:

Online: At www.matrixabsence.com you can set up a profile and track claims
Via Phone: Call 877-202-0055
Or through the Mobile App!

To Start

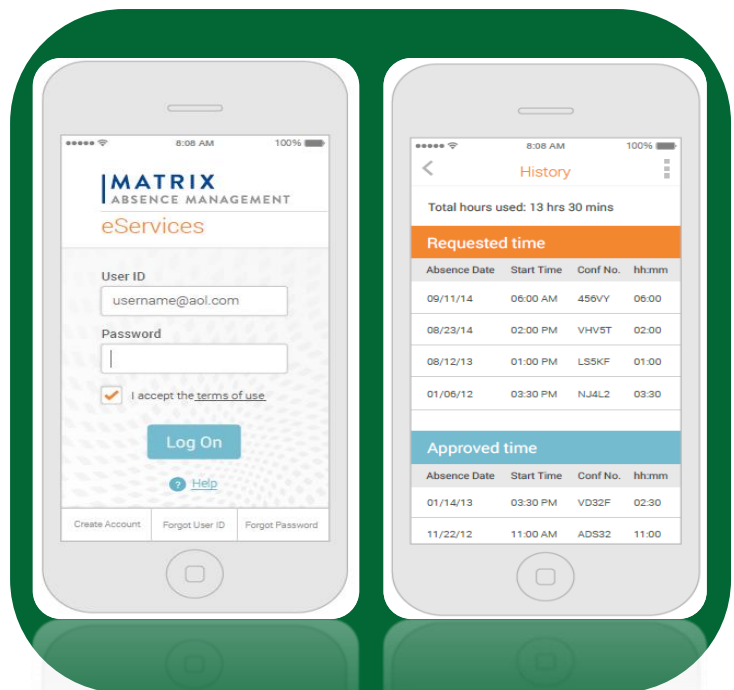
- Name, address, & phone number
- Last 4 digits of your SSN
- Physician's contact & fax information
- Description of your illness or injury, or if absence is FMLA related.
- Job title & job description

Along the Way

- Inform Matrix of return-to-work status
- Report FMLA time used
- Inform Matrix of work restrictions
- Follow Haartz's established procedure for calling in

Upon Your Return to Work

- Ensure release to return-to-work note is submitted 2 business days prior to return to work
- Conform with Haartz's established procedures & policies



Employee required to follow Haartz's call-in procedures for unexpected FMLA absences prior to the start of the shift/working hours

Long Term Disability Insurance

In the event that you are disabled from work for a period of over 12 weeks, you may be eligible for Long Term Disability Benefits. Haartz provides their employees with Long Term Disability Benefits to offer additional financial security if you are out of work for over 12 weeks. You will be automatically transitioned from Short Term Disability to Long Term Disability.

Long Term Disability Benefits	
Eligibility	All active regular employees scheduled at least 30 hours per week. A claim can be filed after being out of work for at least 12 consecutive weeks for the same condition. Must be employed for at least one year as of the date of the first work day missed.
Schedule of Benefits (monthly)	Salaried Employees: 60% of earnings (based on a 40 hour week) up to a maximum benefit of \$12,000 per month Hourly Employees: 60% of earnings (based on a 40 hour week) up to a maximum benefit of \$6,000 per month
Elimination Period	12 weeks
Benefit Duration for Approved Disability	To age 65 or your normal Social Security Retirement Age*
Additional Benefits	<ul style="list-style-type: none"> • Travel Assistance • Employee Assistance Program • Identity Theft Protection

*Determination of Disability is based on supporting medical documentation submitted.

EXAMPLE SCENARIO: EMPLOYEE A	Employee Elects NOT to Pay Tax on LTD Premium	Employee Elects to Pay Tax on LTD Premium
GROSS MONTHLY INCOME	\$3,000	\$3,000
<i>Gross Monthly LTD Benefit (60%)</i>	\$1,800	\$1,800
<i>Tax on Benefit (Assuming 25%)</i>	\$450	\$0
<i>Net Monthly Benefit</i>	\$1,350	\$1,800
<p>The premium Haartz pays on \$3,000 Gross Monthly Income is \$10.35/month <i>(Premium Calculation = Monthly Salary / 100 * 0.345)</i> Assuming 25% tax rate, tax in this example would be \$2.59/month</p>		

Note: You can elect to be taxed on the premium Haartz pays on your behalf, and this will result in a tax free benefit if you become disabled.

Hays Advocate & HaysPerks



Hays Advocate

While you are always welcome to contact Human Resources when you have a benefit or claims question, another option is to contact the **Hays Benefit Advocate by phone at (855) 494-4060 or by email at haartz@hayscompanies.com**. The Hays Advocate serves as your private, confidential and dedicated benefits resource. This service is provided to you free of charge available for anyone covered by Haartz Corporation's benefits, including spouses and dependents.

The Hays Advocate is not just a 1-800 number into a call center but instant access to the same benefits expert anytime you have an issue or question about our benefits. **The Hays Advocate can help you:**

- ✓ Investigate and resolve insurance claims
- ✓ Answer benefit related questions
- ✓ Correct billing mistakes
- ✓ Assist with eligibility issues
- ✓ Manage grievances
- ✓ Complete paperwork
- ✓ Help you find a doctor/specialist
- ✓ Assist with your HDHP questions



IMPORTANT

- ✓ If you have a question regarding a specific medical claim and how it was processed you may be required by Federal Law (HIPAA) to sign a release form that allows the Hays Advocate to talk to your doctors and/or benefit providers on your behalf.

HaysPerks

The Haartz Corporation is pleased to continue the discount program available free to employees: HaysPerks. Powered by PerkSpot, the leading corporate discounts provider, HaysPerks brings you a one-stop shop for hundreds of online discounts, in-store coupons and hot deals. Use HaysPerks to find discounts and deals from many of the best known name brands, including (but not limited to):



How to Participate in HaysPerks

To participate in this program, you must first register with HaysPerks. To register, follow these instructions:

- Go to <http://hays.perkspot.com>
- Click "sign up" to register
- You will then receive a confirmation email with a link to validate your registration. Click the link to login.

Once you login, you will have access to hundreds of online discounts, in-store coupons, and hot deals.

Employee Assistance Program (EAP)

The Employee Assistance Program is a free, confidential, voluntary service that provides professional counseling and referral services designed to help you and your family members with personal, job, or family-related problems. Your EAP can help you and your family members identify, resolve and gain control over personal problems that may be interfering with work and daily life.

Call or email any time with personal concerns, including:

- Marital / Family Conflict
- Substance Abuse
- Anger Management
- Stress, Anxiety or Depression
- Grief and Loss
- Shock / Trauma
- Stress/Emotional Disorders
- Aging Parent issues
- Health Concerns
- Gambling

WHY USE AN EAP?

Haartz recognizes that you may have concerns at home or work that may affect life in a stressful way. Family problems, job issues, anxiety, depression, and substance abuse are just some of the issues that can be addressed by a professional counselor.

IS IT CONFIDENTIAL?

All contact with your EAP is confidential. No names or concerns are disclosed to Haartz. No information is retained in your personnel or medical files. Information is released only at your written consent, unless determined to be a life-threatening situation.

WHO IS ELIGIBLE?

The EAP is available to you and your immediate family.

WHO PROVIDES THE COUNSELING?

Your EAP counselors are professionally trained, Masters-level clinicians specializing in mental health counseling, substance abuse, family issues, financial and legal problems.

WHAT DOES EAP COST?

Your EAP is free to you. As a company-sponsored benefit, this service includes assessment, referral and in some cases, short-term counseling. If you are referred to outside resources, your health insurance and financial concerns are taken into account.



How do you contact the EAP?

Call the toll free number:

1-866-635-1712

Emergencies Only:

508-578-3720

Email :

info@corpeapresources.com

OR

**Visit Corporate EAP Resources
online:**

www.corpeapresources.com

EAP OFFICE HOURS: 9AM – 8PM EST

Messages left on voicemail are typically returned on the same day.

Flexible Spending Accounts

The Haartz Corporation offers you a Health Care Flexible Spending Account (FSA) through PayFlex which allows you to set aside pre-tax dollars to pay for a wide variety of health care expenses that are not covered through your other benefit plans. The annual amount you elect to contribute will be divided into equal amounts and deducted from your paycheck before federal and, in most cases, state and local income taxes are withdrawn. **Due to IRS rules, if you want to participate in this benefit, you MUST re-enroll each year during our annual open enrollment.**

Health Care FSA

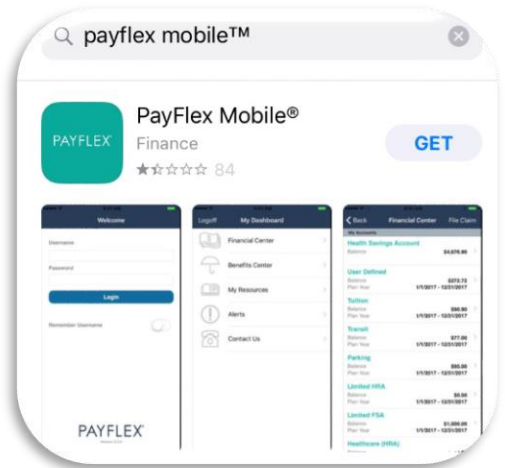
Health care expenses for yourself and your dependents are eligible for reimbursement from your Health Care FSA. **The maximum annual contribution into a Health Care FSA is \$2,750.**

Rules & Regulations

Plan your annual FSA contribution amounts carefully; the election you make when you enroll will remain in effect for the entire plan year (February 1st to January 31st) unless you have a qualifying status change. Additionally, the IRS imposes some rules and restrictions on the way you can use FSAs:

- ▶ The Haartz FSA Plans are run on a plan year basis; however, they include a 2 ½ month grace period. **This means that all eligible expenses must be incurred before 4/15 following the end of the plan year.**
- ▶ **Use it or lose it** – Any funds remaining in the plan at the end of the grace period will be forfeited and you won't be able to use those funds going forward. You cannot roll money over from one plan year to the next.
- ▶ You can only make changes to your contribution amounts with a qualified status change.
- ▶ Participants in the FSA Plan can visit www.payflex.com to view a complete list of eligible health care expenses.

Download the PayFlex App for claims and plan administration



Examples of FSA Eligible Items:

- Office Visit
- Copays
- Prescription Copays
- ER or Urgent Care Copays
- Coinsurance
- Deductibles
- Dental Work (i.e. dentures, bridges, crowns, extractions)
- Eye Glasses
- Contact Lenses
- Eye Exams
- Laser Eye Surgeries
- Orthodontia
- Medical Equipment-Syringes, Crutches, Walkers, Wheel Chairs
- **New in 2020!** Over the Counter drugs
- **New in 2020!** Feminine care products

Remember to keep record of your receipts. You may need to substantiate your claim (often occurs with dental and vision expenses) to PayFlex.

Legal Assistance

MetLaw helps you navigate life's planned and unplanned events.

For \$21 per month (or \$4.85 per paycheck), MetLaw provides legal assistance for some of the most frequently needed personal legal matters – with no waiting periods, no deductibles and no claim forms. MetLaw covers some of the most frequently needed personal legal matters:

Money Matters	<ul style="list-style-type: none"> • Identity theft defense • Personal Bankruptcy • Negotiations with creditors 	<ul style="list-style-type: none"> • Tax audit representation • Debt collection defense 	<ul style="list-style-type: none"> • Tax collection defense • Promissory Notes
Home & Real Estate	<ul style="list-style-type: none"> • Foreclosure • Tenant negotiations • Boundary & title disputes • Deeds • Zoning applications 	<ul style="list-style-type: none"> • Sale or purchase of primary and vacation home • Eviction defense • Property tax assessments • Mortgages 	<ul style="list-style-type: none"> • Refinancing & home equity loan of primary & vacation home • Security deposit assistance
Estate Planning	<ul style="list-style-type: none"> • Simple wills • Complex wills • Revocable & irrevocable trusts 	<ul style="list-style-type: none"> • Powers of attorney (healthcare, financial, childcare, immigration) • Healthcare proxies 	<ul style="list-style-type: none"> • Living wills • Codicils
Family & Personal	<ul style="list-style-type: none"> • Adoption • Guardianship • Conservatorship • Prenuptial agreement • Name change • Review of any personal legal document 	<ul style="list-style-type: none"> • Juvenile court defense including criminal matters • Parental responsibility matters • School hearings • Demand letters • Personal property issues 	<ul style="list-style-type: none"> • Affidavits • Garnishment defense • Protection from domestic violence • Review of immigration documents
Civil Lawsuits	<ul style="list-style-type: none"> • Civil litigation defense • Disputes over consumer goods & services 	<ul style="list-style-type: none"> • Small claims assistance • Administrative hearings 	<ul style="list-style-type: none"> • Incompetency defense • Pet liabilities
Elder-Care Issues	Consultation & document review for issues related to your parents: <ul style="list-style-type: none"> • Medicare • Medicaid 	<ul style="list-style-type: none"> • Prescription plans • Nursing home agreements • Leases • Notes 	<ul style="list-style-type: none"> • Deeds • Wills • Powers of attorney
Vehicle & Driving	<ul style="list-style-type: none"> • Repossession • Defense of traffic tickets 	<ul style="list-style-type: none"> • Driving privileges restoration 	<ul style="list-style-type: none"> • License suspension due to DUI

Additional Benefits

Emergency Travel Assistance – No Cost to Employees!

As an active benefit eligible employee enrolled with Reliance Standard, you are covered under “On Call International” and are entitled to the following services when you are travelling more than 100 miles from home or internationally:

- Pre-Trip assistance such as passport/visa requirements and exchange rates
- Emergency medical evacuation
- Interpretation/translation services
- Recovery of lost or stolen luggage
- Medical referrals for local physicians

24-HOUR TRAVEL ASSISTANCE

ON CALL INTERNATIONAL
provided through
RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

For emergency medical, legal and travel assistance information and referral service 24 hours a day, 365 days a year, call the numbers below. To place a collect call, dial the INTERNATIONAL COUNTRY CODE: _____ followed by On Call's collect call number.

In the U.S., toll free **(800) 456-3893** Worldwide, collect **(603) 328-1966**

Identity Theft Protection – No Cost to Employees!

Millions of Americans have had their personal financial information stolen and must spend a significant amount of time and money to restore their records. With InfoArmor, all benefit eligible employees and their families have access to a dedicated InfoArmor privacy advocate to act on your behalf. The advocate can:

- Investigate and confirm fraudulent activity including known, unknown, and potentially complicated sources of identity theft.
- Assist in issuing fraud alerts and victim’s statements when necessary with the three consumer credit reporting agencies, Federal Trade Commission, Social Security Administration and the U.S. Postal Service.
- Placing phone calls and preparing appropriate documentation on your behalf including anything from dispute letters to defensible complaints.

Identity Theft Recovery Services
Call Toll Free:
1.855.246.7347



Compliance Notices

Federal regulations require Haartz to provide benefit eligible employees with the following notices

COBRA Information

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

Private Health Information

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as “protected health information” (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plan’s HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan’s Notice of Privacy Practices that describes the Plan’s policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact Human Resources or the medical plan directly.

Individual Coverage Mandate

Effective January 1, 2014, Federal law requires that you have Health Care coverage or you may be subject to an income tax penalty. You can enroll in Haartz’s health plan, or you may want to consider visiting www.healthcare.gov for information on health plans available through the Healthcare Marketplace.

Women’s Health And Cancer Rights Act

Haartz’s medical plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy- related services. These services include:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce symmetrical appearance
- Prostheses and treatment of physical complications resulting from mastectomy (including lymphedema)

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

Premium Assistance Under Medicaid And The Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov.

Compliance Notices – CHIP

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility –

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

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

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

ALABAMA – Medicaid	FLORIDA – Medicaid
<p>Website: http://myalhipp.com/</p> <p>Phone: 1-855-692-5447</p>	<p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</p> <p>Phone: 1-877-357-3268</p>
ALASKA – Medicaid	GEORGIA – Medicaid
<p>The AK Health Insurance Premium Payment Program</p> <p>Website: http://myakhipp.com/</p> <p>Phone: 1-866-251-4861</p> <p>Email: CustomerService@MyAKHIPP.com</p> <p>Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>Website: https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp</p> <p>Phone: 678-564-1162 ext 2131</p>
ARKANSAS – Medicaid	INDIANA – Medicaid
<p>Website: http://myarhipp.com/</p> <p>Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: http://www.in.gov/fssa/hip/</p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: http://www.in.gov/medicaid</p> <p>Phone 1-800-403-0864</p>
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid and CHIP (Hawki)
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/</p> <p>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711</p> <p>CHP+: https://www.Colorado.gov/pacific/hcpf/child-health-plan-plus</p> <p>CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p> <p>Health Insurance Buy-In Program (HIBI): https://www.Colorado.gov/pacific/hcpf/health-insurance-buy-in-program</p> <p>HIBI Customer Service: 1-855-692-6442</p>	<p>Medicaid Website: http://dhs.iowa.gov/ime/members</p> <p>Phone: 1-800-338-8366</p> <p>Hawki Website: https://dhs.iowa.gov/Hawki</p> <p>Hawki Phone: 1-800-257-8563</p>
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Website: http://www.kdheks.gov/hcf/default.htm</p> <p>Phone: 1-800-792-4884</p>	<p>Website: https://www.dhhs.nh.gov/oii/hipp.htm</p> <p>Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852- 3345, ext 5218</p>

Compliance Notices – CHIP

<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: KIHIPPPROGRAM@ky.gov Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392</p> <p>CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms 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>NORTH CAROLINA – Medicaid</p> <p>Website: https://Medicaid.ncdhhs.gov/</p> <p>Phone: 919-855-4100</p>
<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p>MINNESOTA – Medicaid</p> <p>Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p>MISSOURI – Medicaid</p> <p>Website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p>PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462</p>
<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</p>	<p>RHODE ISLAND – Medicaid</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>
<p>NEVADA – Medicaid</p> <p>Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>
<p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p>WASHINGTON – Medicaid</p> <p>Website: http://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p>TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p>WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>	<p>WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p>VERMONT – Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>	<p>WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/Medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>
<p>VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</p>	<p>CALIFORNIA – Medicaid</p> <p>Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676</p>

Contact Information

Insurance Company Type of Insurance	Telephone Number	Website/Email/Finding a Provider
Blue Benefit Administrators (BBA) Medical Insurance	1-877-707-2583	Visit: www.bluebenefitma.com/members/ <i>Click on the National BlueCard Network Option under "Locate a Provider"</i>
BBA Live Telemedicine	1-866-439-1253	Visit: www.portal.bluebenefitma.com
HRC Total Solutions Wellness Credit / Health Reimbursement Arrangement	603-647-1147	Visit: www.hrcts.com
Delta Dental of Massachusetts Dental Insurance	1-800-872-0500	Visit: www.deltadentalma.com <i>Click on the "Members" tab At the bottom click – "Find a Dentist" Choose the "PPO + Premier Network" and plug in your zip</i>
EyeMed Vision Insurance	1-866-939-3633	Visit: www.eyemedvisioncare.com <i>"Find a Provider" Choose "Insight Network" And plug in your zip code!</i>
Matrix/Reliance Standard Life Insurance / Paid Leave / Disability	800-351-7500 Leaves: 1-877-202-0055	www.matrixabsence.com
Corporate EAP Resources Employee Assistance Program (EAP)	1-866-635-1712	www.corpeapresources.com
On Call International Emergency Travel Assistance	In the U.S. 1-800-456-3893 Worldwide: 1-603-328-1966	www.reliancestandard.com
InfoArmor Identity Theft Protection	1-855-246-7347	www.infoarmor.com
MetLaw Legal Assistance	1-800-821-6400	www.legalplans.com/metlaw/
Hays Advocate Hays Companies	1-855-494-4060	haartz@hayscompanies.com
PayFlex Flexible Spending Account	1-800-284-4885	www.payflex.com



Benefits Guide 2021