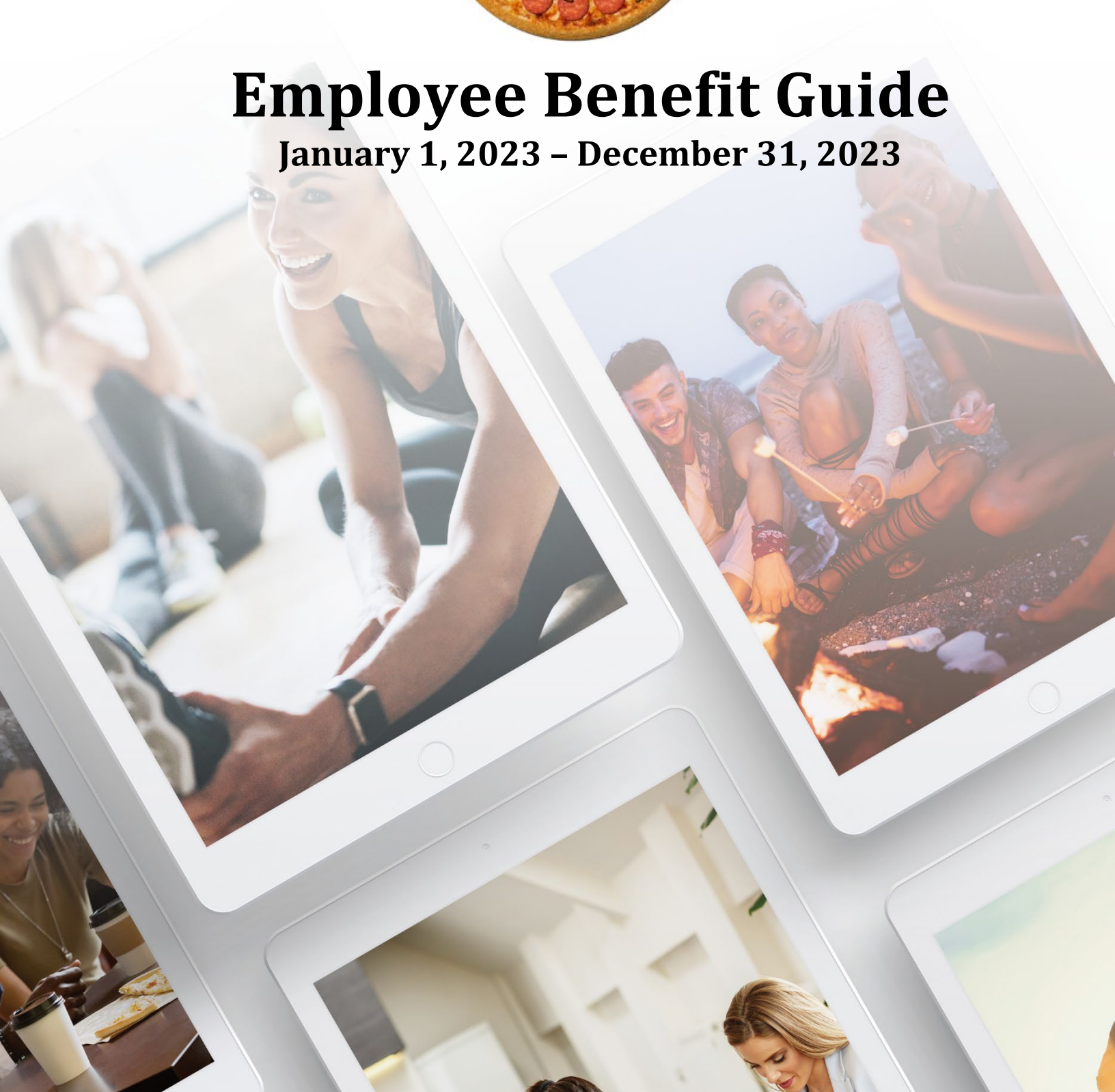




# Employee Benefit Guide

January 1, 2023 – December 31, 2023





# Pick the best benefits for you and your family.

American Dream Restaurants LLC is committed to supporting you and your family’s wellbeing. As we navigate the evolving healthcare landscape together, the importance of having access to high quality health insurance protection at an affordable cost is paramount.

New this year we will be moving medical carriers to Anthem Blue Cross Blue Shield.

Please review the benefits within this guide as well as review the carrier materials. Once benefit elections are made, you cannot change them until the next Open Enrollment period or unless you experience a qualifying event.

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# Who Is Eligible?

Full-time employees at American Dream Restaurants LLC are eligible to enroll in the benefits outlined in this guide after meeting the new hire waiting period of 1st of the month following 60 days. Your spouse and dependent family members are eligible for medical, dental and vision coverage as well.

# How to Enroll

If you wish to make changes or newly enroll in benefits you must use the consolidated enrollment form at the back of this guide. All changes made during open enrollment are effective 1/1/2022. Changes made outside open enrollment are effective the date of the qualifying event.

# When to Enroll

The benefits you choose during open enrollment will become effective on 1/1/2022.

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence that effects service area
- Change in employment status or a change in coverage under another employer-sponsored plan



# Contact Information



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**Medical Insurance**

Anthem Blue Cross Blue Shield

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800-870-3122

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[www.anthem.com](http://www.anthem.com)

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**Dental Insurance**

Guardian Life Insurance Company

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800-541-7846

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[www.guardiananytime.com](http://www.guardiananytime.com)

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**Vision Insurance**

Guardian Life Insurance Company

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877.814.8970

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[www.guardiananytime.com](http://www.guardiananytime.com)

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**Life & Disability  
Insurance**

Guardian Life Insurance Company

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STD: 800-268-2525

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LTD: 800-538-4583

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Group Term Life: 800-525-4542

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[www.guardiananytime.com](http://www.guardiananytime.com)

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# Health Insurance



Please review the benefit highlights below, and refer to your Summary of benefits & Coverages (SBC) for further plan details.

Services	6UPU	6ULM
Network	New England	New England
Physician Visit Copay	\$25/\$50	\$25/\$50
Deductible (Individual/Family)	\$2,000 / \$4,000	\$3,000 / \$6,000
Labs	Free Standing: Covered 100% All Others: Deductible	Free Standing: Covered 100% All Others: Deductible
X-Rays	Free Standing: \$150 All Others: Deductible	Free Standing: \$150 All Others: Deductible
High Tech Imaging	Free Standing: \$250 All Others: Deductible	Free Standing: \$250 All Others: Deductible
Hospitalization	Deductible	Deductible
Outpatient Surgery	Freestanding: \$250 Hospital: Deductible then \$500	Freestanding: \$250 Hospital: Deductible then \$500
Emergency Room Copay	\$350 after Deductible	\$350 after Deductible
Out-of-pocket Maximum (Individual/Family)	\$7,000 / \$14,000	\$6,000 / \$12,000
Prescription Drugs	After \$250 / \$500 Deductible (Tier 2-4)	After \$250 / \$500 Deductible (Tier 2-4)
- Retail	Level 1: \$3 / \$25 / \$80 / 30%/ 40% Level 2: \$13 / \$35 / \$90 / 40% / 50% Tier 3: up to L1 \$400 / L2 \$500 (max) Tier 4: up to L1 \$550 / L2 \$650 (max)	Level 1: \$3 / \$25 / \$80 / 30%/ 40% Level 2: \$13 / \$35 / \$90 / 40% / 50% Tier 3: up to L1 \$400 / L2 \$500 (max) Tier 4: up to L1 \$550 / L2 \$650 (max)
- Mail Order	\$8 / \$63 / \$240 / 30%/ 40%	\$8 / \$63 / \$240 / 30%/ 40%



# Additional Anthem Plan Information



## SUMMARY OF BENEFITS AND COVERAGE (SBC)

Your medical plan provides a Summary of Benefits and Coverage (SBC) to help you understand your medical benefits. You can access your SBC at <https://sbc.anthem.com/dps/>. A free printed copy can be made available upon request as well. If you wish to have a printed copy provided, please contact Human Resources.



## SYDNEY

Sydney is Anthem's interactive App. This app will allow you to find care, check costs, see claims, check your benefits, view ID cards and use the chatbot to have an interactive conversation. Download the app today in the app store!



## SITE OF SERVICE PROVIDERS

Your Anthem BCBS plan provides members with the Site of Service benefit. This benefit reduces the out of pocket costs members would normally spend on lab tests and outpatient surgeries. For a detailed list of covered lab locations and Ambulatory Surgical Centers, please visit [www.anthem.com/siteofservicenh](http://www.anthem.com/siteofservicenh).



## WALK-IN / URGENT CARE

At times you may need a doctor when your doctor is unavailable for an appointment or when it is after hours. To take care of minor injuries or illnesses at these times, consider visiting a walk-in office or urgent care facility. These options could greatly reduce the costs you would otherwise incur by going to the Emergency Room. For an updated list of offices and facilities, please use the 'Find a Doctor' tool on [www.anthem.com](http://www.anthem.com).



## LIVE HEALTH ONLINE

You are now able to see a doctor from your home! Visit [www.livehealthonline.com](http://www.livehealthonline.com) and sign in to access a virtual doctor that can diagnose you, without you needing to leave your home. Doctors are available at all times of the day, every day of the year. For more information on this benefit, visit the [www.livehealthonline.com](http://www.livehealthonline.com) link.



## SMARTSHOPPER

Many services and procedures vary in price depending on the provider you see. In order to save you from unnecessary out-of-pocket costs, use Vitals Smartshopper. You can shop online at [www.smartshopper.com](http://www.smartshopper.com) or call them at 1-800-824-9127. Shop for the same services at other in-network providers to find the most cost-effective solution. If you use this service, you can receive reward checks in the mail for saving money.



## FIND A DOCTOR

To determine whether or not your provider or facility is in-network, please visit [www.anthem.com](http://www.anthem.com). Select the 'Find a Doctor' link. You may log-in as a member, or search without logging in. Then select your search criteria to produce a list of in-network results.



## BLUE VIEW VISION

Anthem BCBS provides limited vision benefits in conjunction with the medical plan. Members receive an annual eye exam in addition to allowances for frames, lenses, and more. There are in and out of network benefits, but in network benefits provide the more cost-effective options. You can search for an in-network provider the same way you would search for a provider for the medical plan with the 'Find a Doctor' link and searching under vision care. You only receive these benefits if you are enrolled in the group medical plan.



## HEALTH REWARDS

Anthem wants to incentive you to make healthy choices. Be sure to login to your Sydney Health Mobile App, or [anthem.com](http://anthem.com) online to see what rewards you can earn just for making healthy choices!



## FITNESS REIMBURSEMENT

Anthem will reimburse up to \$400 a year for fitness center membership dues! Register at [anthem.com](http://anthem.com) to get started!



Visit [nhhealthcost.nh.gov](http://nhhealthcost.nh.gov) to preview and compare costs for various procedures at NH hospitals.





# Save money on health care services by using our Site of Service program

It is important to receive the care you need when you need it, but you shouldn't have to pay more for it. Anthem's cost-saving programs can help. You can save hundreds of dollars, and sometimes even thousands, when you go to lower-cost independent providers listed on our Find Care tool at [anthem.com](https://www.anthem.com).

You will pay less for all of these services when you use independent providers.<sup>1</sup> Below are examples of what you might pay:



## Lab tests

Copays are \$0



## Radiology (X-rays and ultrasounds)

Copays are no more than \$150



## Advanced diagnostic imaging (MRIs and CT scans)

Copays are no more than \$250<sup>2</sup>



## Physical, occupational and speech therapy

Costs are the same as a primary care visit



## Outpatient surgery

Copays are between \$100 and \$250<sup>3</sup>



To learn more about how and where you can save on these services, visit [anthem.com/siteofservicenh](https://www.anthem.com/siteofservicenh)

# It only takes a few minutes to find a location near you

You can find Site of Service locations by logging on to [anthem.com](https://www.anthem.com) and searching for the service on the Find Care tool. Site of Service will be listed on the search page next to the lower-cost locations.



## Lab tests

All independent labs in New Hampshire, including Quest Diagnostics®, LabCorp and NorDx, are part of your Site of Service program, as well as some hospital-based labs. If a hospital-based lab is included in Find Care, it is in the program.



## Outpatient surgery

You can search for outpatient surgery centers in the Find Care tool or go to **[anthem.com/siteofservicen nh](https://www.anthem.com/siteofservicen nh)** for a full list of centers and the services each location provides.



## Physical, occupational or speech therapy

Use the Find Care tool to search for physical, occupational, and speech therapy locations that are part of your Site of Service benefit.



## Radiology and advanced diagnostic imaging

For services such as X-rays, ultrasounds, MRIs, or CT scans, you have a low copay when you choose a Site of Service location.

You can save money on the care you need. To learn more, please call the Customer Service number of the back of your member ID card.

## Receive cash back by using lower-cost care options

SmartShopper™ is a program that offers Anthem members up to \$1,000 in cash rewards for receiving common health services at lower-cost facilities. The next time you need care, you can visit [smartshopper.com](https://www.smartshopper.com) or call 1-800-824-9127 and choose a lower-cost option identified by SmartShopper for a cash reward.



<sup>1</sup> Site of Service providers are limited to locations in New Hampshire and some adjoining counties in bordering states.

<sup>2</sup> Check your Certificate of Coverage as cost shares and plan designs may vary.

<sup>3</sup> If you need more care as part of the surgery or procedure, you may have to pay coinsurance and/or a deductible (the amount you pay before the plan pays). For example, you may pay more for pathology or lab work if it is not sent to one of the labs found on Anthem's Find Care tool. You also need to make sure your doctor at the ambulatory surgery center knows you have Anthem's Site of Service program.

SmartShopper is an independent company.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



# 2023 Rx Choice pharmacy network updates

**Offering more convenience and savings for employers and consumers**

An enhanced Rx Choice network will become effective January 1, 2023, providing an integrated whole-health experience for consumers. It also means savings, value, and more convenience.

## What makes Rx Choice a good choice?

Rx Choice balances consumer choice with client savings by offering a preferred group of pharmacies, giving consumers access to the lowest price option.

It includes a broad national network with access to 67,000 pharmacies.<sup>1</sup> It offers two levels of coverage, depending on where consumers fill their prescriptions:

- Level 1 includes 20,000 preferred pharmacies<sup>1</sup>, with a lower copay or share of the prescription cost.
- At level 2 pharmacies, prescriptions will cost more, but there are 47,000 pharmacies<sup>1</sup> to choose from.

## What you need to know

All pharmacies are staying in the network, but on January 1, 2023, a small percentage will move to level 2. This will affect only 5% of Rx Choice consumers nationwide.<sup>2</sup>

**Consumers can also choose home delivery, if available. This option saves time, comes at no extra cost, and can increase medication adherence.**

To find out more about the Rx Choice pharmacy network, please contact your plan representative.

<sup>1</sup> Based on internal data from IngenioRx analytics, January 1, 2022

<sup>2</sup> Based on internal data from IngenioRx analytics, July 1, 2022

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company, Inc. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in PDS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or PDS policies; WCIC underwrites or administers Well Priority HMO or PDS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

# Dental Insurance



A hole in a tooth can leave a hole in your wallet! That is one reason that regular dental care is important. Our dental plan will assist you paying for a number of services. Receiving regular dental care may protect you and your family from the high cost of dental disease and surgery.

Utilizing in network providers will provide you the best coverage. Please visit [www.guardiananytime.com](http://www.guardiananytime.com) to locate an in network provider.

The following chart outlines the dental benefits we offer.

Type of service	Your Plan Pays
Preventive Services	Covered at 100%
Calendar Year Deductible	Applies to basic and major services only \$25 annually, family maximum of \$75
Basic Services	Covered at 80%
Major Services	Covered at 50%
Orthodontia	Covered at 50% Lifetime Maximum \$1,000
Annual Maximum	\$1,500

## Rollover Benefits

Your plan features the ability to increase your annual benefit maximum with a little planning.



Visit your dentist for your annual cleaning



Use less than \$500 of your annual plan maximum



Roll up to \$250 towards next year.



# Vision Insurance



Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

American Dream Restaurants LLC's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you seek the services of a provider listed in the Preferred Provider directory, your benefits include the following:



- **Routine vision exams** for a \$20 copay.
- **Materials**
- **Frame Lenses** have a \$20 copay
- **Contact Lenses**
- **Frames** are covered up to \$130, then you receive an 20% discount on the remaining bill
- **Service Frequencies:**
  - Exams every 12 months
  - Lenses every 12 months
  - Frames every 12 months
- **Laser Vision Correction** discount up to 15% off
- Preferred pricing on a large selection of designer frames, lenses and lens options.

Find a vision provider by visiting the [www.vsp.com](http://www.vsp.com) website and entering your zip code.

# Voluntary Disability Income Benefits



At American Dream Restaurants LLC, we want to do everything we can to protect you and your family. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness. That's why American Dream Restaurants LLC, provides the option for full-time employees to purchase short-term disability income benefits.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Disability coverage are not part of the annual open enrollment. If you did not elect coverage when you were originally eligible, and wish to do so now, you must complete a health questionnaire and will be subject to medical underwriting approval.

Short-term Disability	
Benefits Begin	Day 8 for Accidents and Illnesses
Benefits Payable	12 Weeks
Percentage of Income Replaced	60% of weekly earnings
Maximum Benefit	\$1,000 per week



# Voluntary Life Insurance



American Dream Restaurants LLC offers life insurance for employees to purchase. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You may purchase life and AD&D insurance based on the coverage requirements in the chart below. You may also purchase coverage for your dependent children. You must elect coverage for yourself if you wish to cover any dependents.

	Employee	Spouse	Child(ren) 14 days to 26 years
Minimum Coverage	\$10,000	\$5,000	\$5,000
Increments	\$10,000	\$5,000	\$5,000
Maximum Coverage	\$250,000	\$250,000	\$10,000
Guaranteed Issue	Ages 15-64 \$150,000 Ages 65-69 \$50,000 Ages 70 and up \$10,000	Age 15-64 \$25,000 Age 65 and up \$10,000	Not applicable, all amounts approved.

The voluntary life plan is not part of the annual open enrollment. Employees must have enrolled when they initially became eligible. If you did not, and wish to later, you will need to complete an Evidence of Insurability form alongside your application. Your application will be reviewed, and based upon medical underwriting, may or may not be approved

# Compliance Notices

You may cover your dependents up to age 26 on the medical, dental and vision plans.

## **Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. 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, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

## **Provider Networks**

A complete provider directory for services is available to all employees at cost upon request. These directories are also available online at the respective carrier websites and would only be applicable to the medical and dental coverages. The current available network for your medical plan is restricted to the New England area for HMO subscribers. Please see the directory for further information.

## **Uniformed Services Employment and Reemployment Rights Act (USERRA)**

If you are going into or returning from military service, you may have special rights to health care coverage under the Uniformed Services Employment and Reemployment Rights Act of 1994. These rights can include extended health care coverage. If you may be affected by this law ask your plan Administrator for further details.

## **Women's Health and Cancer Rights Act (WHCRA)**

As required by the Women's Health and Cancer Rights Act of 1998, your plan must provide 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 lymphedemas. Please review your Certificate of Coverage for details on the benefits provided under your plan.

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for**

**premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –

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

GEORGIA-Medicaid	MAINE-Medicaid
<p><b>A HIPP Website:</b>  <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></p> <p><b>Phone: 678-564-1162, Press 1GA CHIPRA</b>  <b>Website:</b><a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  <b>Phone: (678) 564-1162, Press 2</b></p>	<p><b>Enrollment Website:</b>  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p><b>Phone: 1-800-442-6003</b></p> <p><b>TTY: Maine relay 711</b></p> <p><b>Private Health Insurance Premium Webpage:</b>  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  <b>Phone: -800-977-6740.</b>  <b>TTY: Maine relay 711</b></p>
INDIANA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
<p><b>Healthy Indiana Plan for low-income adults 19-64</b></p> <p><b>Website:</b>  <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  <b>Phone: 1-877-438-4479</b></p> <p><b>All other Medicaid</b>  <b>Website:</b> <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><b>Phone 1-800-457-4584</b></p>	<p><b>Website:</b> <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a></p> <p><b>Phone: 1-800-862-4840</b></p>
IOWA-Medicaid and CHIP (Hawki)	MINNESOTA-Medicaid
<p><b>Medicaid Website:</b>  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><b>Medicaid Phone: 1-800-338-8366 Hawki</b></p> <p><b>Website:</b>  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a></p> <p><b>Hawki Phone: 1-800-257-8563</b></p> <p><b>HIPP Website:</b>  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  <b>HIPP Phone: 1-888-346-9562</b></p>	<p><b>Website:</b>  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a></p> <p><b>Phone: 1-800-657-3739</b></p>
KANSAS-Medicaid	MISSOURI-Medicaid
<p><b>Website:</b> <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p><b>Phone: 1-800-792-4884</b></p>	<p><b>Website:</b>  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  <b>Phone: 573-751-2005</b></p>
KENTUCKY-Medicaid	MONTANA-Medicaid
<p><b>Kentucky Integrated Health Insurance Premium Payment</b></p> <p><b>Program (KI-HIPP) Website:</b>  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> <b>Phone: 1-855-459-6328</b></p> <p><b>Email:</b> <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a></p> <p><b>KCHIP Website:</b>  <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  <b>Phone: 1-877-524-4718</b></p> <p><b>Kentucky Medicaid Website:</b> <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p><b>Website:</b>  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  <b>Phone: 1-800-694-3084</b></p>

LOUISIANA-Medicaid	NEBRASKA-Medicaid
<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

NEVADA-Medicaid	SOUTH CAROLINA-Medicaid
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820</p>
NEW HAMPSHIRE-Medicaid	SOUTH DAKOTA-Medicaid
<p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059</p>
NEW JERSEY-Medicaid and CHIP	TEXAS-Medicaid
<p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710</p>	<p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493</p>
NEW YORK-Medicaid	UTAH-Medicaid and CHIP
<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831</p>	<p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669</p>
NORTH CAROLINA-Medicaid	VERMONT-Medicaid
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100</p>	<p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427</p>
NORTH DAKOTA-Medicaid	VIRGINIA-Medicaid and CHIP
<p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825</p>	<p>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
OKLAHOMA-Medicaid and CHIP	WASHINGTON-Medicaid
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742</p>	<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022</p>

<b>OREGON-Medicaid</b>	<b>WEST VIRGINIA-Medicaid and CHIP</b>
<b>Website:</b> <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> <b>Phone: 1-800-699-9075</b>	<b>Website:</b> <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> <b>Medicaid Phone:</b> 304-558-1700 <b>CHIP Toll-free phone:</b> 1-855-MyWVHIPP (1-855-699-8447)
<b>PENNSYLVANIA-Medicaid</b>	<b>WISCONSIN-Medicaid and CHIP</b>
<b>Website:</b> <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> <b>Phone: 1-800-692-7462</b>	<b>Website:</b> <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> <b>Phone: 1-800-362-3002</b>
<b>RHODE ISLAND-Medicaid and CHIP</b>	<b>WYOMING-Medicaid</b>
<b>Website:</b> <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> <b>Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</b>	<b>Website:</b> <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> <b>Phone: 1-800-251-1269</b>

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

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

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

#### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.



# COBRA

## Notice of Continuation of Coverage Rights

### Introduction

You're getting this notice either because you recently gained coverage under a group health plan (the Plan) or your annual Open Enrollment is here. 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;
  - [add if Plan provides retiree health coverage: Commencement of a proceeding in bankruptcy with respect to the employer;]; or
  - The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent

child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to:

**Plan contact information:**

American Dream Restaurants LLC  
2761 Lake Shore Rd. Unit 26  
Gilford, NH 03249  
603-293-8912

**How is COBRA continuation coverage provided?**

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

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

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

**Disability extension of 18-month period of COBRA continuation coverage**

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

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

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event.

This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the

spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

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

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

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

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of The month after your employment ends; or The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later.

If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans,

contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov). Keep your Plan informed of address changes. To protect your family's rights, let the Plan Administrator know about any changes in the

addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Plan contact information:**

American Dream Restaurants LLC  
2761 Lake Shore Rd. Unit 26  
Gilford, NH 03249  
603-293-8912

# Notice of Privacy Practices

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

**PLEASE REVIEW IT CAREFULLY.**

## **Our Company's Pledge to You**

This notice is intended to inform you of the privacy practices followed by the American Dream Restaurants LLC and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on **1/1/2023**.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the plan participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. **American Dream Restaurants LLC** requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

## **Protected Health Information**

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present, or future.

## **How We May Use Your Protected Health Information**

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

**Payment.** We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

**Health Care Operations.** We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

**Treatment.** Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

**As permitted or required by law.** We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

**Pursuant to your Authorization.** When required by law, we will ask for your written authorization before using or disclosing your protected health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

**To Business Associates.** We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

**To the Plan Sponsor.** We may disclose protected health information to certain employees of **American Dream Restaurants LLC** for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

## Your Rights

**Right to Inspect and Copy.** In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

**Right to Amend.** If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

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

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

**Right to Request Restrictions.** You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend.

Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions. However, we will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the protected health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full.

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

You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

***Right to be Notified of a Breach.***

You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

***Right to Receive a Paper Copy of this Notice.***

If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

**Our Legal Responsibilities**

We are required by law to protect the privacy of your protected health information, provide you with certain rights with respect to your protected health information, provide you with this notice about our privacy practices, and follow the information practices that are described in this notice.

We may change our policies at any time. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or concerns, please contact:

***American Dream Restaurants LLC  
2761 Lake Shore Rd. Unit 26  
Gilford, NH 03249  
603-293-8912***

**Concerns**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

# Important Notice From CMS 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 2023 prescription drug coverage 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. **American Dream Restaurants LLC** has determined that the prescription drug coverage offered by **Anthem BCBS Access Blue NE plans 6UPU and 6ULM** is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

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

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 coverage will be affected. You will not be able to hold both a Medicare drug plan and your employer group coverage. You will need to choose between the two. Should you try to enroll in both, the carrier will automatically terminate your employer group coverage upon notification you have enrolled in Part D and you may be liable to any claims paid out in any timeframes where you held both coverage's.

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

## 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 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:

***American Dream Restaurants LLC  
2761 Lake Shore Rd. Unit 26  
Gilford, NH 03249  
603-293-8912***

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 prescription coverage status changes. You also may request a copy of this notice at any time.

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

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

**For more information about Medicare prescription drug coverage:** Visit [www.medicare.gov](http://www.medicare.gov).

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

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.

# Marketplace Coverage Options

## What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

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

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

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

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

However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61 percent of your household income for the year (for 2023), or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

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

## How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

You or your child may get free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP).

NEED HELP WITH YOUR APPLICATION? Visit [HealthCare.gov](https://www.healthcare.gov) or call us at 1-800-318-2596.  
Para obtener una copia de este formulario en Español, llame 1-800-318-2596.

Use this tool to gather answers about any employer health coverage that you're eligible for (even if it's from another person's job, like a parent or spouse). You'll need this information even if you don't accept the employer insurance you're eligible for. **Write your name and Social Security number in boxes 1 and 2 and ask the employer to fill out the rest of the form.**

## EMPLOYEE Information

The **employee** needs to fill out this section.

<b>1. Employee name (First, Middle, Last)</b>	<b>2. Social Security Number</b>
	- - -

## EMPLOYER Information

Ask the **employer** for this information.

<b>3. Employer Name</b>		<b>4. Employer Identification Number (EIN)</b>	
		- - -	
<b>5. Employer address</b> (the Marketplace will send notices to this address)		<b>6. Employer phone number</b>	
		( ) -	
<b>7. City</b>	<b>8. State</b>	<b>9. ZIP code</b>	
<b>10. Who can we contact about employee health coverage at this job?</b>			
<b>11. Phone number</b> (if different from above)		<b>12. Email address</b>	
( ) -			

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?  
☐ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

### *Tell us about the health plan offered by this employer.*

Does the employer offer a health plan that covers an employee's spouse or dependent?

- ☐ Yes. Which people? ☐ Spouse ☐ Dependent(s)
- ☐ No (Go to #14)  
(Go to question 14)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

**1. How much would the employee have to pay in premiums for this plan? \$** \_\_\_\_\_

**2. How often?** ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**1. What change will the employer make for the new plan year?**

- ☐ Employer won't offer health coverage
- ☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

**1. How much would the employee have to pay in premiums for this plan? \$** \_\_\_\_\_

**2. How often?** ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Quarterly ☐ Yearly ☐

Date of change (mm/dd/yyyy): \_\_\_\_\_



This guide is meant as an outline of benefits. In the event of any discrepancies between this guide and the group contract, insurance documents, and summary plan descriptions, the group contract, insurance documents, and summary plan descriptions will prevail.