



2022-2023

Benefits Enrollment Guide



**DOWN TO
EARTH**

LANDSCAPE & IRRIGATION

November 1, 2022 - October 31, 2023



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WELCOME

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Welcome to your Benefit Enrollment Period! As a member of **Down to Earth**, you are eligible for a wide range of valuable benefits designed to:

- Promote the health and wellness of you and your family
- Protect your income while you are working
- Help you balance your personal responsibilities and work life

This Enrollment Guide highlights your choices and provides an overview of the benefits available to you. During this Benefit Enrollment period, you have the opportunity to evaluate the health needs of you and your family, and make any necessary changes.

Please review your options, make final decisions, and be sure to go online to elect or decline your benefits through the benefits website: <https://dtebenefits.com>. If you have any questions, please reach out to us. We are happy to help.

Thank you for being a member of our team. We look forward to another great benefit year with you!

Sincerely,

Human Resources



2022

2023

FREQUENTLY ASKED QUESTIONS

Who is eligible for benefits?

All full-time employees regularly scheduled to work at least 30 hours per week are eligible for benefits. Coverage may also be elected for dependents, including your legal spouse and dependent children up to age 26, or age 30 in certain situations.

What benefits require election?

This year we will be having a Passive Enrollment. This means if you would like to renew your current insurance benefits as-is, they will roll over to the 2022-2023 plan year. Even if you would like things to remain the same, we ask that you reaffirm your benefit elections online in Employee Navigator.

What if I want to change my elections or I am enrolling for the first time?

New employees may elect coverages for the first time after meeting the New Hire Waiting Period. Please reach out to Human Resources for details. Once elections are made, they can only be changed once annually during the Open Enrollment Period.

What if I make a mistake in choosing coverage or change my mind?

Once Open Enrollment closes, changes cannot be made unless you experience an IRS recognized event. Please be very careful when selecting your coverage.

What is an IRS recognized event?

Examples include: marriage, divorce, birth or adoption, death, change in spouse's employment status, and change in eligibility. Notify Human Resources and complete appropriate documentation within 30 days of experiencing an IRS recognized event.

What if I need to request an ID card?

Contact Information for each insurance carrier can be found on the back cover of this Guide. You have the option of calling the carrier to request ID Cards, or you can also print a temporary card directly from the carrier's website.

When do my requested Open Enrollment elections go in to effect?

Approved Open Enrollment elections go in to effect November 1st, 2022. The complete plan year is November 1st, 2022 through October 31st, 2023.

Key Insurance Terms

Deductible (Ded.)

Deductible is the amount of money you pay for eligible medical expenses in a calendar year. For In-Network providers, you will pay the negotiated rate. Out-of-Network, you will pay the full charge. After the Deductible is met, you are only responsible for the Coinsurance or Copay amounts until you reach the Maximum Out-of-Pocket amount.

Coinsurance (Coins.)

Coinsurance is a cost sharing between you and the insurance company, once your deductible has been met.

Copay

Copay is a flat fee you pay at the time of service.

Maximum Out-of-Pocket

The most you will pay for covered expenses during the year. After meeting this amount, the plan will pay 100% of covered expenses for the rest of the year.

In/Out-of-Network

If providers are contracted within the plan (In-Network) then they are required to provide care at a negotiated fee which results in lower Out-of-Pocket costs. Providers that are not contracted within your plan's network (Out-of-Network) do not have to adhere to the negotiated contracted rates, therefore can charge you more. It is a smart financial decision to stay In-Network whenever possible.

ACCESS YOUR BENEFITS

Access the Down to Earth Benefits Website

Complete your benefit enrollment online from any computer or mobile device. Review and update your dependents and emergency contacts and choose your benefits.

Website: <https://dtebenefits.com> - then push "login to your benefits"

Enter your username and password for Employee Navigator.

If you have not previously set up a username and password, then you will need to select "Register as a new user"

You will then have to enter your first and last name, the company identifier, the last 4 digits of your social security number, and your birthday.

The company identifier: downtoearth

Employees must go through all benefits to the enrollment summary page and confirm their enrollment by clicking agree and done to finish the enrollment.

For more information regarding your Employee Navigator account, please see page 13.

Access the DTE Mobile Wallet

Down to Earth provides employees a mobile wallet in English and Spanish so they can easily access plan information and contacts

Bookmark <https://dtebenefits.com/view-my-mobile-wallet> today and view information from your computer or cell phone!



MEDICAL BENEFITS

Down to Earth is pleased to offer you two medical plan options this year through Aetna. Both plans offer In and Out-of-Network benefits. Contact Aetna directly to locate In-Network providers and facilities. Please see the table below which provides coverage highlights for both plans. For a complete benefits summary, please refer to the Aetna plan documents in Employee Navigator.

AETNA				
Coverage	OA 5500 with HSA		OA 3500	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Network Name	Open Access Managed Choice		Open Access Managed Choice	
Deductible (Ded.) Individual / Family	Calendar Year \$5,500 / \$11,000	Calendar Year \$14,000 / \$28,000	Calendar Year \$3,500 / \$7,000	Calendar Year \$9,000 / \$18,000
Coinsurance	You Pay 30% After Ded.	You Pay 50% After Ded.	You Pay 20% After Ded.	You Pay 50% After Ded.
Primary Physician Service	Ded. + 30%	Ded. + 50%	\$25 Copay	Ded. + 50%
Specialist Physician Service	Ded. + 30%	Ded. + 50%	\$75 Copay	Ded. + 50%
Preventive Care	100% Covered	Ded. + 50%	100% Covered	Ded. + 50%
Inpatient Hospitalization	Ded. + 30%	Ded. + 50%	Ded. + 20%	Ded. + 50%
Outpatient Surgery	Ded. + 30%	Ded. + 50%	\$400 Copay	Ded. + 50%
Emergency Room*	Ded. + 30%	Ded. + 30%	\$500 Copay*	\$500 Copay*
Urgent Care Services	Ded. + 30%	Ded. + 50%	\$50 Copay	Ded. + 50%
Diagnostic Lab & X-Ray	Ded. + 30%	Ded. + 50%	\$0 Copay & \$60 Copay	Ded. + 50%
Advanced Imaging	Ded. + 30%	Ded. + 50%	\$300 Copay	Ded. + 50%
Prescription Medications:	Deductible, then		Deductible, then	
Generic	\$10	50% Coinsurance after Copay	\$10	50% Coinsurance after Copay
Brand Preferred	\$50		\$45	
Brand Non-Preferred	\$80		\$70	
Specialty	30% up to \$250		30% up to \$250	
Mail-Order (90 Day Supply)	Deductible, then \$20 / \$100 / \$160	N / A	Deductible, then \$20 / \$90 / \$140	N / A
Out-of-Pocket Max Individual / Family	Calendar Year \$6,900 / \$13,800	Calendar Year \$24,000 / \$48,000	Calendar Year \$6,600 / \$13,200	Calendar Year \$18,000 / \$36,000

*Extra costs could arise for services after admittance to the Emergency Room.

Medical Payroll Deductions

Weekly Deductions (52 x per year)	OA 5500 with HSA	OA 3500
Employee	\$31.70	\$84.64
Employee + Spouse	\$250.70	\$344.92
Employee + Child(ren)	\$176.31	\$243.17
Employee + Family	\$352.64	\$484.38

HEALTH SAVINGS ACCOUNT (HSA)

PAYFLEX®

Health Savings Account

A Health Savings Account (HSA) is a savings account that belongs to you that is paired with the Aetna OA 5500 plan. It allows you to make tax-free contributions to a savings account to pay for current and future medical expenses for you and your dependents.



Start It

- Contributions to the HSA are tax-free for you.
- Plans with an HSA typically cost less than other plans so the money you save on premiums can be put into your HSA. You save money on taxes and have more flexibility and control over your health care dollars.



Build It

- All of the money in your HSA is yours even if you leave your job, change plans or retire.
- In 2022, the total of your contributions can be up to \$3,650 for individual coverage and \$7,300 for family coverage.
- In 2023, the total of your contributions can be up to \$3,850 for individual coverage and \$7,750 for family coverage.



Use It

- You can withdraw your money tax-free at any time, as you use it for qualified expenses (a list can be found on www.irs.gov).
- You can also save this money and hold onto it for future eligible health care expenses.



Grow It

- Unused money in your HSA will roll over, earn interest and grow tax-free over time.
- You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it — tax-free.

Eligibility Details

- If you are age 55 or older, you can contribute an additional \$1,000 per year.
- You are not allowed to be enrolled in any other health coverage, and cannot have an HSA if you are enrolled in any other health coverage or Medicare, or claimed as a dependent on someone else's tax return.

Quarterly Company Contributions

- For the 2022-2023 plan year, Down to Earth will provide a quarterly contribution of \$25 for individual coverage and \$50 for family coverage
- Employees must be enrolled in the HSA and actively contributing to the account in order to receive the quarterly company contributions
- Contribution months fall in February, May, August, and November
- Please be aware that company contributions count towards the annual allowable max:
 - In 2022, the total of your contributions can be up to \$3,650 for individual coverage and \$7,300 for family coverage.
 - In 2023, the total of your contributions can be up to \$3,850 for individual coverage and \$7,750 for family coverage.

DENTAL BENEFITS

Down to Earth is pleased to offer you two dental plan options this year through Mutual of Omaha. The PPO plans offer In-Network and Out-of-Network benefits. Contact Mutual of Omaha directly to locate In-Network providers and facilities. Please see the table below which provides coverage highlights for both plans. For a complete benefits summary, please refer to the Mutual of Omaha plan documents in Employee Navigator.

MUTUAL OF OMAHA				
Coverage	Option 1: Low PPO		Option 2: High PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Maximum Annual Benefit (Calendar Year)	\$1,000	\$1,000	\$1,500	\$1,500
Preventive Services	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%
Major Services	50%	50%	50%	50%
Orthodontia Dependent child (up to age 26) and adult coverage	N / A		50% up to \$1,500 lifetime maximum	

Dental Payroll Deductions

Weekly Deductions (52x per year)	Low PPO	High PPO
Employee	\$3.21	\$5.30
Employee + Spouse	\$6.53	\$10.79
Employee + Child(ren)	\$7.60	\$12.55
Employee + Family	\$10.91	\$18.02

VISION BENEFITS

Down to Earth is pleased to offer you a vision plan option this year through Mutual of Omaha. Visit an In-Network provider to access benefits for annual eye exams, prescription contacts, or lenses and frames. If you visit an Out-of-Network provider, you may be required to submit a claim form to Mutual of Omaha to access your benefits. For a complete benefits summary, please refer to the Mutual of Omaha plan documents in Employee Navigator.

MUTUAL OF OMAHA			
Coverage	Vision Plan Network Name: EyeMed Insight		
	In-Network	Out-of-Network	Frequency of Benefits
Eye Examination	\$10 Copay	Reimbursed up to \$37	Once every 12 months
Eyeglass Lenses:	\$25 Copay	Reimbursed up to: Single \$20 Bifocal \$36 Trifocal \$64	Once every 12 months
Eyeglass Frames	\$150 Allowance + 20% off Balance	Reimbursed up to \$66	Once every 24 months
Contact Lenses (In Lieu of Eyeglasses)	\$150 Allowance + 20% off Balance	Reimbursed up to \$120	Once every 12 months
Laser Vision Correction	Discount Pricing Available	N / A	N / A

Vision Payroll Deductions

Weekly Deductions (52x per year)	Vision Plan
Employee	\$1.36
Employee + Spouse	\$2.72
Employee + Child(ren)	\$2.99
Employee + Family	\$4.34



VOLUNTARY LIFE, DISABILITY, AND 401k

Voluntary Life and Accidental Death and Dismemberment (AD&D) Insurance

Voluntary Life Insurance is available for purchase on yourself, your spouse, and your child(ren) on a voluntary basis. Premiums are based on your age and the coverage amount selected, and will be payroll deducted. Employees must be actively working to enroll in this benefit. Refer to the Mutual of Omaha plan documents in Employee Navigator for complete benefit information and rates.

Insured	Available Increments	Maximum Benefit	Guaranteed Issue Amount
Employee	\$10,000	5X Annual Salary up to \$500,000	5X Annual Salary up to \$150,000
Spouse	\$5,000	100% of Employee Election up to \$150,000	100% of Employee Election up to \$25,000
Child(ren)	\$2,000	\$10,000	\$10,000

Note: Evidence of Insurability (health history questionnaire) may be required if you are electing coverage after your initial new hire enrollment period and/or over the Guaranteed Issue amount.

Disability Insurance

Disability insurance provides income protection, should you become disabled due to a non-work-related illness or injury. **This benefit is available to management & salaried employees only.** Rates are based on age and coverage, please refer to the Mutual of Omaha plan documents in Employee Navigator for complete plan information. Disability insurance is 100% voluntary and coverage is paid by the employee.

MUTUAL OF OMAHA		
Coverage	Voluntary Short-Term Disability	Voluntary Long-Term Disability
Benefit Pays	60% of Base Salary	60% of Base Salary
Maximum Benefit	\$2,500 per Week	\$12,000 per Month
Benefits Begin	Accident: Day 1 Illness: Day 8	Day 91
Maximum Benefit Period	11 Weeks	Social Security Normal Retirement Age (SSNRA)
Pre-Existing	3 months look back / 12 months insured	3 months look back / 12 months insured

Note: Evidence of Insurability (health history questionnaire) may be required if you are electing coverage after your initial enrollment period.

401(k) Retirement Savings Plan

The Down to Earth 401(k) Retirement Savings Plan offers a convenient way to save for your future through payroll deductions. You are eligible to participate in the plan on the first day of the quarter following 6 months of service with the company. Contributions from your pay are made on a pretax basis or post-tax Roth — up to the IRS annual limit. If you are 50 years of age or older, (or if you will reach age 50 by the end of the year), you may make a catch-up contribution in addition to the normal IRS annual limit. Employee 401 (k) deferrals and Safe Harbor contributions are always 100% vested.

401(k) benefits are not accessed through the Employee Navigator enrollment flow. To enroll in this benefit please visit <https://americanfunds.retirementpartner.com/participant> and click the register button to set up your account.

SUPPLEMENTAL BENEFITS

Accident Insurance

Colonial Life's accident Insurance policy is an indemnity plan that provides you and your family with hospital, doctor, accidental death and catastrophic accident benefits in the event of a covered accident. These benefits can help with the unexpected Out-of-Pocket medical and non-medical expenses associated with an accident. Coverage is worldwide and in force 24 hours a day, 365 days per year.



Weekly Rates (52x per year)	Accident Insurance
Employee	\$2.60
Employee + Spouse	\$4.17
One Parent Family	\$4.31
Two Parent Family	\$5.88



Critical Illness

Colonial Life's Critical Illness Insurance pays a lump sum benefit if you are diagnosed with a covered specified critical illness such as a heart attack, stroke or specified disease. This coverage is available to you and your covered dependents. Even those who plan for unexpected events with life, disability and health insurance may discover that some expenses associated with a critical illness can still remain unpaid. Without adequate protection, you may have not have access to retirement savings or rely on other financial sources in your time of need. This policy helps preserve your lifestyle in the event of a specified critical illness. It provides benefits to you directly and allows you to use the funds however you choose. Premiums are based on age and the coverage amount selected, please refer to Employee Navigator for full plan details and rates.



Hospital Indemnity

Colonial Life's Hospital Indemnity plan, (Medical Bridge) provides you and your family with cash payments in the event of a hospital admission or a non-admission stay of 20 hours or more. This plan is particularly effective at covering deductible and coinsurance costs which can escalate quickly due to a hospital stay. As with all Colonial policies, payments are made directly to you and you maintain control as to what the funds are used for. Colonial Life payments do not coordinate with any medical insurance, facility or doctor, giving you the peace of mind of having complete control over your financial resources.



DTE I CARE

OUR I CARE VALUES

Integrity: We act with honesty, transparency, and reliability, always doing what is right for our customers, our environment and our teams.

Community: We are one team that respects and cares for each other, continuously striving to beautify and improve the communities we serve.

Accountable: We meet our commitments to each other and to our valued customers and act if we fall short of expectations.

Relentless: We are constant in our efforts to provide solutions to customers and to satisfy their needs.

Excellence: We strive to deliver best-in-class quality and safety while improving our services and results every day.

HOW TO APPLY FOR FUNDS:

Call Helping Hands™ at
706.754.6884 (Mention you
are with Down To Earth)

**You must meet the grant guidelines and
criteria to be eligible to receive money from the
DTE I Care Fund.*

DTE I Care Fund

We have created the Down To Earth I Care fund to help our valued team members during times of personal crisis. This fund is made of donations from team members and contributions from the company.

A grant up to \$1,000 can be given to a team member to help cover funeral expenses or a home catastrophe. It could also match up to \$500 for money raised by our employees for their team member in need.

CONTRIBUTE TO THE DTE I CARE FUND TODAY!

Contributions are tax deductible and can be made weekly via payroll deduction or directly to the fund by check sent to Provision Bridge, PO Box 157, Tallulah Falls, GA 30573
(Note: Down to Earth I Care Fund—Fund #16085 on the memo)

For Payroll deductions you can sign up to contribute to the DTE I Care fund through the benefits enrollment system during your new hire period, and annually during the open enrollment period. Throughout the year, you can send an email to ICARE@down2earthinc.com to request a contribution start/stop.

The DTE I Care Fund is a 501(c)3 charitable foundation made possible through ProvisionBridge and Helping Hands™





Employee Benefits Website & Enrollment Instructions



Welcome to Down to Earth's Open Enrollment benefits website! As you know, your benefits are an important part of your overall compensation. Down to Earth is proud to introduce a simple, convenient online benefits enrollment system that will make enrollment faster and easier than ever before! Please visit our employee benefits website to register:

<https://dtebenefits.com>



HOW TO REGISTER:

- Go to link provided above.
- Then click on "Login to Your Benefits" and you will be redirected to the Employee Navigator website.
- If you have any questions or concerns, please reach out to the benefits call center at 1-800-ENROLL-0 (1-800-367-6500)



You can access the website from your computer, tablet or phone. Once inside, you will be asked to register as a user on the system by creating a new user account. When creating a new user account, you must create a username (work or personal e-mail is recommended), password, enter your PIN (the last 4 of your SSN). Once that has been completed you will be logged into the website and gain access to the enrollment system.

BEFORE YOU BEGIN:

- Please review the plan information available on this benefits website. Your benefit guide is available. It is important that you understand your benefit options BEFORE starting the enrollment process.
- If you are enrolling your spouse and/or children, please have their dates of birth and social security numbers.



Please make sure your spouse is aware of this valuable resource. By providing you with this comprehensive benefits website, we want to emphasize the significant investment we are making in you, and we encourage you to take advantage of all the programs and opportunities we offer.

EMPLOYEE NAVIGATOR

You must register before you can enroll. Please follow the steps below:

1. Open your internet browser and navigate to: <https://dtebenefits.com>
2. Then click on "Login to Your Benefits" and you will be redirected to the Employee Navigator website.
3. Click on "Register as a New User" and then enter your information as shown below.

Your Company Identifier is: **DOWNTOEARTH**

Find your employment information

If you do not know your company identifier or your information cannot be found, then please contact your administrator.

First Name

Last Name

Company Identifier

Last 4 Digits of SSN

Birth Date

[Next](#)

3. Set up your user name and password by following the instructions. Please keep in a safe place.

Set up user name and password

Choose a user name and password. If your email address is on file, it is pre-populated as a recommended user name.

User Name

(Company e-mail address is recommended)

New Password

Confirm Password

- Passwords must be at least 6 characters
- It must contain a symbol and a number
- Using uppercase, numbers and symbols greatly improves security

☐

I agree with the Employee Navigator

[terms of use.](#)

[Register](#)

4. Now that you're registered, log into the enrollment portal and select "Start" to begin the enrollment process.

EMPLOYEE NAVIGATOR

5. Fill in or edit any personal information listed in your employee profile. Then click "Save & Continue."
6. Add a legal spouse or child(ren) if applicable. Then click "Save & Continue."
You will need to provide the SSN and birthdate of any added dependents
7. You are now entering the area where you will make your elections. Your screen may differ from the one below. It is customized to your specific plan.

BENEFITS ▾

- Medical
- ☐ Tobacco Attestation
- ☐ Wellness Program
- ☐ Dental
- ☐ Vision
- ☐ Life
- ☐ Voluntary Life
- ☐ Voluntary Short-Term Disability
- ☐ Voluntary Long-Term Disability

FORMS ▸

SUMMARY ▸

Enroll or waive coverage below. If you waive coverage at this time it means that you will not be eligible to enroll until the next Open Enrollment unless you have a change in status and the requested benefit change is due to and consistent with the change in status. Additionally, you may be asked to provide evidence of insurability and/or be subjected to certain waiting periods involving any preexisting conditions.

Who am I enrolling?

Myself

Which plan do I want?

OPTION 1

\$ 0 Effective on 07/01/2015
Cost per pay period Employee
[select plan](#)
[compare](#) [details](#)

OPTION 2

\$ 0 Effective on 07/01/2015
Cost per pay period Employee
[select plan](#)
[compare](#) [details](#)

[backdate the election?](#)

[Save & Continue](#)

[Don't want this benefit?](#)

MY SELECTIONS

Open Enrollment:
No election yet
Current:
No election on file

HELPFUL RESOURCES

- CBC Medical Claim Form
- Summary and Benefits of Coverage - Option 1
- Summary of Benefits
- Summary of Benefits and Coverage - Option 2

8. Move through each plan and make your elections. At the end, you are provided with a summary of all elections. Review them for accuracy and when ready, click "Agree" and then "Done" to end the enrollment process. Be sure to print the confirmation sheet for your records.

QUESTIONS?

If at any point during this process you have questions or require technical support, please call your Human Resources Department.

EMPLOYEE NAVIGATOR

ENROLLMENT HAS NEVER BEEN EASIER!

Once inside the site, you will go through a series of screens – each screen takes only a few moments to complete. All of your benefit elections will be displayed on a cost “per paycheck” basis based on your specific benefit options.

Profile Information: Please begin with the profile section. Click “Profile” and work through the first 3 sections – Profile, Dependents, and Emergency Contacts. Please verify that all the information is accurate. If you see any blank fields or need to make changes, please update the information on this screen by clicking “Edit” and changing the information. Be sure to hit “Save” after completing each section.

Dependent Information: If you have a legal spouse and/or child(ren) that you wish to cover, please enter their information in this section. Remember that you will need correct names, dates of birth and social security numbers for all covered individuals.

Benefit Selections: Once you have completed the Profile section, select the “Home” icon next to your name at the top of the screen. This should take you back to your welcome screen. Now you are ready to start your benefit elections. Click the “Benefits” icon in the middle of the screen. Select the dropdown link below -“Annual Open Enrollment”. The next few screens will present benefit selections by product (Medical, dental, vision, life insurance, etc.). Each page will show you the benefits you are eligible for along with a cost “per paycheck”. If at any point in time you would like to see more information, simply click the link on the right side of the page under Helpful Resources. After you've made your selection, click “Save & Continue” to go to the next benefit.

Beneficiary Information: It is important that you complete this information. You may select a dependent from the second screen, or you can designate any other person, organization or estate trust. We recommend updating this information on an annual basis or after any major life event.

Benefits Review: This is the final step. Please review your benefit choices and costs. If you wish to make changes to your selections, click on the “Edit” button to update your information. Once you have completed your review, agree to the terms and hit “Continue”. You will then be given an opportunity to print a Benefits Confirmation Statement for your personal records.

WHEN CAN I ENROLL?

Open Enrollment: Open Enrollment is conducted in September with an effective date of November 1st. You may enroll and make changes online during this Open Enrollment season. Once Open Enrollment is closed, you may not make any changes to your benefit elections unless you experience a recognized event.



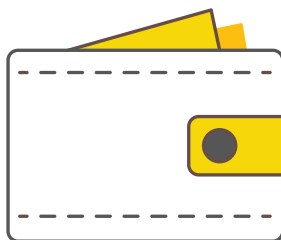
GoodRx

Save up to 80%
on your prescriptions

How does it work?



Compare
Prices



Get Free
Coupons



Show to your
Pharmacist

Did you know?

75%

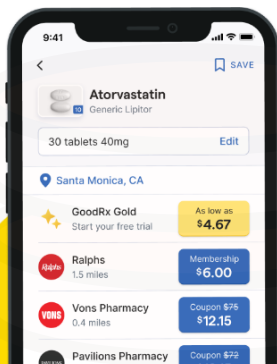
GoodRx customers
also have medical
insurance

70,000+

U.S. pharmacies
accept GoodRx

\$100+

How much prices
can differ between
pharmacies



Search, Compare and Save
with the free GoodRx Mobile App.

Visit goodrx.com/mobile to learn more



KNOW WHERE TO GO
71%

of Emergency
Room visits are
unnecessary or could
have been avoided

Teladoc

- Cold, Flu or Fever
- Cough
- Rashes
- Bronchitis
- Sore Throat
- Headache/Migraine
- Pink Eye
- Poison Ivy/Oak
- Sprains & Strains
- Sinusitis
- Allergies
- Urinary Tract Infections

FROM THE
COMFORT
OF YOUR HOME

OPEN 24/7

Walk-In Clinic

- Allergies
- Bladder Infections
- Cold Sores
- Ear Infections
- Eye Infections
- Immunizations
- Sinus Infections
- Strep Throat
- Colds
- Head Lice
- Diabetes
- Blood Pressure Management

WALK-IN OR
SCHEDULE
APPOINTMENT

WEEKEND
HOURS
AVAILABLE

Urgent Care

- Strains, Sprains, or Breaks
- Infections
- Mild Burns
- Diagnostic Services (X-Rays, Lab tests)
- Minor Broken Bones (Toes, Fingers)
- Severe Sore Throat or Cough
- Skin Rashes or Infections
- Vomiting, Diarrhea or Dehydration
- Controlled bleeding, cuts that require stitches

TYPICALLY A
30 MINUTE WAIT
EXTENDED HOURS
ON WEEKENDS

Emergency Room

- Chest Pain
- Abdominal Pain
- Stroke
- Severe Head Injury
- Major Trauma
- Compound Fractures
- Knife or Gunshot Wounds
- Moderate/Severe Burns
- Poisoning
- Seizures or Loss of Consciousness
- Head, Neck or Back Injuries
- Uncontrollable Bleeding


AVERAGE WAIT
TIME IS 2 HOURS

OPEN 24/7

5 WAYS TO CUT DOWN YOUR HEALTHCARE COSTS





1 ALWAYS USE IN-NETWORK PROVIDERS, WHENEVER POSSIBLE




An In-Network provider is a provider who is contracted with your health insurance company to provide services to plan members at pre-negotiated rates. In general, if you visit an In-Network provider, you will get your healthcare at a lower price.

2 ASK THE RIGHT QUESTIONS

- 
- Why is this treatment necessary?
 - How much will my treatment cost?
 - Can I be treated another way that is equally effective but less costly?


- 
- Shop around at local pharmacies to find the best price on your prescription.
 - Ask your doctor about generic or over-the-counter drug alternatives to brand name prescriptions.
 - Look into discount prescription programs.



In its broadest definition, prevention includes a healthy lifestyle, exercise, diet and other similar efforts. When preventive care services like physical examination, screenings and immunizations are combined with a lifestyle that is focused on wellness, significant savings can be achieved.

4 PRACTICE PREVENTION

3 KEEP PRESCRIPTION COSTS DOWN



Learn to shop for value when it comes to healthcare. Ask your doctor the right questions, conduct price comparisons, read reviews, and review all the medical bills carefully. With a little effort, you can ensure that you are getting the best value for your healthcare dollars.

5 TAKE CONTROL OF YOUR HEALTHCARE



HOW TO ACCESS YOUR ID CARDS

AETNA MEDICAL CARDS

There are 2 ways you can access your ID cards:

1. You can log into the Aetna website using your social security number by visiting www.Aetna.com. Once you've logged in you have the option of printing out your card at the top of the page.
2. You can download the Aetna HealthSM App and set up a user profile using your Social Security number. Once set up, the App has a digital ID card that you will be able to access for any appointments you may need it for.

If you have any issues you can always call Aetna using the following contact information:

Plan: Aetna
Network: Managed Choice POS (Open Access)
Group #: 0169907
Phone: 800.238.6716
Web: www.aetna.com

MUTUAL OF OMAHA DENTAL CARDS

You don't need an ID card to visit a provider, or for your provider to file a claim just let your provider know that you're a Mutual of Omaha member and they can locate you through the provider portal using your Social Security Number.

For account information you can access the Mutual of Omaha website <https://mutualofomahamwp.skygenusystems.com/MWP/Landing>. The button to register as a new user is located on the left side of the page towards the bottom.

You can also call 800-927-9197 to request an ID Card.

MUTUAL OF OMAHA VISION CARDS

You don't need an ID card to visit a provider, or for your provider to file a claim just let your provider know that you're an EyeMed Vision member (part of the Mutual of Omaha EyeMed network) and they can locate you through the provider portal using your Social Security Number.

For account information, you can access the EyeMed website using your social security number by visiting <https://member.eyemedvisioncare.com/mutual/en/>. Once logged in there should be an option to print your ID in case you want it.

EMPLOYEE ASSISTANCE PROGRAM

Available Services When You Need Help the Most



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap
or call us: 1-800-316-2796

Basic EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	<ul style="list-style-type: none">▪ An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments▪ Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters▪ Access to subject matter experts in the field of EAP service delivery
Counseling Options	<ul style="list-style-type: none">▪ Three calls per year (per household) with our in-house Master's level EAP professionals, who will provide the caller with community resources<ul style="list-style-type: none">▪ Additional community resources or possible counseling options come at the expense of the employee
Access	<ul style="list-style-type: none">▪ 1-800 hotline with direct access to a Master's level EAP professional▪ 24/7/365 services available▪ Telephone support available in more than 120 languages▪ Online submission form available for EAP service requests

EMPLOYEE ASSISTANCE PROGRAM

Basic EAP Services (*continued*)

Features	Value to Company and Employees
Online Services	<ul style="list-style-type: none"> An inclusive website with resources and links for additional assistance, including: <ul style="list-style-type: none"> Current events and resources Family and relationships Emotional well-being Financial wellness Substance abuse and addiction Legal assistance Physical well-being Work and career Bilingual article library
Employee Family Legal Services	<ul style="list-style-type: none"> Valuable resources available via website <ul style="list-style-type: none"> Legal libraries & tools Legal forms 1 Legal consultation with an attorney per year (up to 30 minutes) <ul style="list-style-type: none"> 25% discount for ongoing legal services for same issue
Employee Family Work/Life Services	<ul style="list-style-type: none"> Child care resources and referrals Elder care resources and referrals
Employee Family Financial Services	<ul style="list-style-type: none"> Inclusive financial platform powered by Enrich Personal financial assessment tool Personalized courses, articles & resource to meet financial needs Ongoing progress reports on financial health
Employee Communication	<ul style="list-style-type: none"> All materials available in English and Spanish
Eligibility	<ul style="list-style-type: none"> Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	<ul style="list-style-type: none"> EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible

WILL PREPARATION

MUTUAL
SOLUTIONS

WHAT YOU NEED TO KNOW ABOUT A WILL?

Services provided by Epoq, Inc.

No one likes to think about what happens when they're gone. But, it's important for you to have a plan and one of the best ways to plan is to make a will.

What Is A Will?

A will, more formally known as a "last will and testament," is a legal document that explains what to do with your things after you die. Requirements are different in each state, but wills typically include:

- What to do with possessions
- What to do with real estate
- What to do with money
- Who should be the guardian for any children
- Who is in charge of making sure the instructions in the will are followed

A will makes sure that people know your wishes after you're gone. It also makes a big difference to your loved ones. They'll already have a lot on their minds as they grieve, and a will can help save them the unnecessary upset and hardship of trying to figure out what you would have wanted.

Why Do I Need A Will?

Did you know that only 33% of Americans have a will? When you die, something needs to be done with the items you own, and any debts will have to be paid. A will allows you to appoint a person (an "executor" or "personal representative") to handle the everyday tasks of settling your estate, like paying bills and hiring brokers to sell any real estate. They'll oversee the distribution of property to the people who have a right to

inherit it. It could be a car, medical reimbursement, or even an insurance settlement if they were in an accident. Also, if you have minor children and wish to appoint someone to take care of them after you pass, a will can serve that purpose.

Courts will honor your wishes as much as possible. If you don't have a will, the state decides what happens with your belongings. Things will be settled according to state laws, even if the state law isn't what you and your family want.

Who should create a will?

Wills are important for almost everyone, but the following people should consider making one:

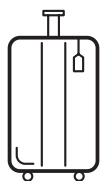
- Parents
- Married couples
- Unmarried couples
- Home or property owners
- Retired people.

How Do I Get Started?

To create your will, visit www.willprepservices.com and use the code MUTUALWILLS to register. Once registered, you can get started drafting your will.



Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company



Worldwide Travel Assistance and Identity Theft Protection for You and Your Family

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip up to 120 days in length, and more than 100 miles from home.

PRE-TRIP ASSISTANCE*

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport and other documentation needs
- Travel, health advisories and inoculation requirements for foreign countries
- Daily foreign currency exchange rates
- Consulate and embassy locations

IMMEDIATE ATTENTION FOR EMERGENCIES WHILE TRAVELING

While traveling more than 100 miles from home, call Travel Assistance toll-free 24/7 for immediate help from a multi-lingual professional.

**Available at any time, not subject to 100 mile travel radius*

EMERGENCY TRAVEL SUPPORT SERVICES

- **Translation and interpreter services** – 24/7 access to translators or interpreters
- **Locating legal services** – referrals for local attorney or consular offices and help maintaining business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- **Baggage** – assistance with lost, stolen or delayed baggage while traveling on a common carrier
- **Emergency payment and cash** – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- **Emergency messages** – assistance with recording and retrieving messages between you, your family and/or business associates at any time
- **Document replacement** – coordination of credit card, airline ticket, or other documentation replacement
- **Vehicle return** – if evacuation or repatriation is necessary

MUGC9550

Fold Here

Worldwide Travel Assistance



Services available for business and personal travel.

For inquiries within the U.S. call toll free:

1-800-856-9947

Outside the U.S. call collect:

(312) 935-3658

CARRY THIS CARD WITH YOU WHEN YOU TRAVEL

Brought to you by Mutual of Omaha.

Travel Assistance Services provided by AXA Assistance USA, Inc.

Fold Here

TRAVEL ASSIST

MEDICAL ASSISTANCE

- Locating medical providers and referrals
- Communication on your medical status with family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

TRAVEL ASSISTANCE PLAN LIMITATIONS

AXA Assistance USA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- Traveling against the advice of a physician
- Traveling for medical treatment
- Pregnancy and childbirth (exception: complications of pregnancy)

Expenses for emergency evacuation, medically necessary repatriation, repatriation of remains, return of dependent children, family or friend transportation arrangement and vehicle return are covered up to \$200,000 per person per event.

IDENTITY THEFT

Your Travel Assistance benefit automatically includes Identity Theft Assistance, coordinated at no additional cost. Whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity.

EDUCATION AND PREVENTION

- Comprehensive ID theft assistance guide
- Tips to defend against ID theft

RECOVERY INFORMATION

- Information regarding the steps to recover from credit card and check fraud
- Guidelines if your Social Security number is compromised
- Instructions for lost or stolen passport
- Contact list for financial institutions, credit bureaus and check companies

ASSISTANCE

If you need help with an ID theft issue, case managers are available 24 hours a day, seven days a week and can be reached by calling the same toll-free number used to contact AXA: 800-856-9947.



CONTACT INFORMATION

Questions Regarding	Carrier	Phone / Website
Medical Plan	Aetna	800-238-6716 www.aetna.com
Teladoc	Aetna	855-835-2362 www.teladoc.com/aetna
Health Savings Account (HSA)	PayFlex	844-729-3539 www.payflex.com
Dental Plan	Mutual of Omaha	800-927-9197 www.mutualofomaha.com
Vision Plan	Mutual of Omaha	800-775-6000 www.eyemedvisioncare.com/mutualofomaha
Accident Insurance	Colonial Life	800-325-4368 www.coloniallife.com
Critical Illness Insurance		
Hospital Indemnity		
Voluntary Life & AD&D Insurance	Mutual of Omaha	888-493-6902 www.mutualofomaha.com/support/claims
Voluntary Disability Insurance salaried employees only	Mutual of Omaha	800-388-9606 www.mutualofomaha.com/disability-insurance
Down to Earth 401(k) Plan	American Funds	800-204-3731 https://americanfunds.retirementpartner.com
DTE I Care Fund	Helping Hands	706-754-6884 https://dtebenefits.com/dte-i-care email: icare@downtoearth.com

In this booklet we describe the highlights of our benefit package in non-technical language. In every respect, your rights to benefits under each plan are solely governed by the official document, not the information in this overview packet. If there is a discrepancy, the official Plan documents will prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Please be aware that any and all elements of our benefit package may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Down to Earth. This booklet may not be reproduced or redistributed in any form or by any means without express, prior permission in writing, from Down to Earth.

Medicare Part D

Creditable Coverage Notice

Important Notice from Seasons Service Select LLC dba Down To Earth Group Health Plan About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Seasons Service Select LLC dba Down To Earth Group Health Plan 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. Seasons Service Select LLC dba Down To Earth Group Health Plan has determined that the prescription drug coverage offered by the Aetna Health Plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan while enrolled in Seasons Service Select LLC dba Down To Earth Group Health Plan coverage as an active employee, please note that your Seasons Service Select LLC dba Down To Earth Group Health Plan coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Seasons Service Select LLC dba Down To Earth Group Health Plan coverage as a former employee.

You may also choose to drop your Seasons Service Select LLC dba Down To Earth Group Health Plan coverage. If you do decide to join a Medicare drug plan and drop your current Seasons Service Select LLC dba Down To Earth Group Health Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Seasons Service Select LLC dba Down To Earth Group Health Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Seasons Service Select LLC dba Down To Earth Group Health Plan 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
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Name of Entity/Sender: Seasons Service Select LLC dba Down To Earth Group Health Plan

Contact--Position/Office: Melissa Fairman, Director of Human Resources, Maitland FL

Address: 2701 Maitland Center Parkway Suite 200 Maitland Florida, 32751

Phone Number: 321-626-8966

HIPAA Special Enrollment Rights Notice

If you are declining enrollment in Seasons Service Select LLC dba Down To Earth group health coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

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

To request special enrollment or obtain more information, contact Melissa Fairman , Director of Human Resources 321-626-8966.

HIPAA Notice of Availability of Notice of Privacy Practices

The Seasons Service Select LLC dba Down To Earth Group Health Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan’s Notice of Privacy Practices, please contact Melissa Fairman , 2701 Maitland Center parkway Suite 200 Maitland Florida, 32751, 321-626-8966.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of October 15, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840
INDIANA – Medicaid	MINNESOTA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

KANSAS – Medicaid	MONTANA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KENTUCKY – Medicaid	NEBRASKA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	NEVADA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
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	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	TEXAS – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	VERMONT– Medicaid

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid	WASHINGTON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://mywvhpp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since October 15, 2021, or for more information on special enrollment rights, contact either:

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

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

Women's Health Cancer Rights Act (WHCRA) Notice

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your plan administrator at 321-626-8966.

Newborns' and Mothers' Health Protection Act (NMHPA) Notice

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

Model General Notice of COBRA Continuation Coverage Rights

**** Continuation Coverage Rights Under COBRA****

Introduction

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

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

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

What is COBRA continuation coverage?

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

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

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

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

- Your spouse dies;

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

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

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

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- 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: Melissa Fairman, Director of Human Resources, Maitland FL.

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. You must provide a copy of the notice from Social Security regarding their disability determination in order to receive the additional extension within 60 days of the date of the notice.

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.

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 period¹ 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/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Melissa Fairman , 2701 Maitland Center Parkway Suite 200 Maitland Florida, 32751, 321-626-8966

Cultivate Well-Being

Promoting colleague well-being through robust benefit programs and resources, encourages professional and personal development, and celebrates opportunities to pursue a healthy well-being outside of work.



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