



2022 Benefit Guide

Benefits are effective January 1, 2022

Cigna Medical Plans



Resi Media recognizes every employee has different health needs. We offer three medical plans with Cigna. We refer to these plans as the Bronze HSA, Silver PPO and Gold PPO. You may go out of network with these plans, but we suggest finding a provider in the **Cigna Open Access Plus network** to keep medical costs down. To locate a provider go to www.cigna.com.

Cigna Benefits	Bronze HSA	Silver PPO	Gold PPO
Network	Open Access Plus	Open Access Plus	Open Access Plus
Calendar Year Deductible	\$5,000 Individual \$10,000 Family	\$3,000 Individual \$9,000 Family	\$1,500 Individual \$4,500 Family
Maximum Out of Pocket (Ded/Coin/Copays Incl.)	\$5,000 Individual \$10,000 Family	\$8,150 Individual \$16,300 Family	\$5,000 Individual \$10,000 Family
Coinsurance (Cigna/Member)	100% / 0%	70% / 30%	80% / 20%
Office Visit Copays	Deductible Only	\$50 Primary Care \$80 Specialist	\$30 Primary Care \$60 Specialist
Lab & X-Ray	Deductible Only	Deductible + 30%	Deductible + 20%
MRI, CAT, PET Scans	Deductible Only	\$200 Copay + 30%	Deductible + 20%
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Telemedicine	Deductible Only	\$0	\$0
Urgent Care Copay	Deductible Only	\$80	\$30
Emergency Room	Deductible Only	\$500 Copay + 30%	\$400 Copay + 20%
Hospital Services - Inpatient & Outpatient	Deductible Only	Deductible + 30%	Deductible + 20%
Prescription Drug Copays	Deductible Only	\$10 / \$50 / \$100	\$10 / \$50 / \$100
Specialty Prescription Drug Copays	Deductible Only	\$150	\$150
Out of Network Benefits			
Calendar Year Deductible	\$10,000 / \$20,000	\$6,000 / \$18,000	\$3,000 / \$9,000
Maximum Out of Pocket	\$20,000 / \$40,000	\$28,000 / \$56,000	\$28,000 / \$56,000
Coinsurance	50% / 50%	50% / 50%	60% / 40%

Health Savings Account (HSA)



What are HSAs?

Health savings accounts (HSAs) are a great way to save money and efficiently pay for medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs).

HSA money can be used tax-free when paying for qualified medical expenses, helping you pay your HDHP's larger deductible. At the end of the year, you keep any unspent money in your HSA. This rolled over money can grow with tax-deferred investment earnings, and, if it is used to pay for qualified medical expenses, then the money will continue to be tax-free. Your HSA and the money in it belongs to you—not your employer or insurance company.

An HSA can be a tremendous asset as you save for and pay medical bills because it gives you tax advantages, more control over your own spending and the ability to save for future expenses.

You must be enrolled in the Bronze HSA Plan to contribute to the Health Savings Account.

HSA Advantages

- Tax-advantaged savings account that you use to pay for eligible medical expenses as well as deductibles, co-insurance, prescriptions, vision and dental care.
- Unused funds that will roll over year to year. There's no "use it or lose it" penalty.
- Potential to build more savings through investing. You can choose from a variety of HSA self-directed investment options with no minimum balance required.
- Additional retirement savings. After age 65, funds can be withdrawn for any purpose without penalty.

How do I enroll in the HSA?

If you elect the Bronze HSA plan in Employee Navigator, you will be able to choose to participate in the HSA. You can elect any amount you want up to the 2022 contribution limit identified below. **Medcom is our HSA Administrator.** You will be sent information from them regarding setting up your bank account. Contributions to the HSA will be pre-taxed through your payroll deductions at Resi.

2022 HSA Contribution Limit	
Self-Only	\$3,650
Family	\$7,300

Additional Cigna Services

MDLive Telehealth

Cigna provides covered employees and covered dependents 24/7 access to board-certified doctors to care for non-urgent health needs such as allergies, asthma, nausea, sinus infections, cold/flu, ear problems, and more through telemedicine or MDLive. This benefit is \$0 on the Silver and Gold Plans.

Cigna OneGuide

Allows members to experience the highest level of personalized benefit service. It's a digital experience through the Cigna mobile application. Services include: Onboarding support to help you use the plan; Education on health plan features; guidance in finding the right doctor, lab or pharmacy; Immediate connection to health coaches, pharmacists and other resources; Dedicated one-on-one support.

Call 1-888-806-5094

24/7 Customer Service & Nurseline

Available for Cigna members, giving you access to registered nurses and trained customer service representatives who can assist you as needed and provide information about your health plan.

MotivateMe Wellness Platform

Employees can earn up to \$100 reward by completing health goals. Visit www.mycigna.com for more information about how to sign up and get started!

Cigna Emotional Health & Well-Being

Cigna members can receive 3 free EAP visits which includes 3 face-to-face visits with a licensed behavioral health provider in Cigna's EAP network. Unlimited telephone counseling and access to work-life resources also available.

Other Self-Service tools and resources include:

TalkSpace – iPrevail – Happify

More information can be found on www.mycigna.com

Other Value Adds

View the drug list online at cigna.com/PDL. Scroll down until you see the Cigna Advantage 4-Tier Drug List

Preventive generics at no member cost share for those enrolled in the Bronze HSA plan.

Patient Assurance Program – members will not pay more than \$25 for a 30-day supply of insulin.



An Incentive Program through Cigna called MotivateMe offered to those enrolled in the medical plan. Incentives can lead to better health engagement, better clinical outcomes and lower health care costs.

Easy to use: As goals are met, the MotivateMe program automatically applies the reward selected. Employees can easily monitor their programs on myCigna.com.

Eligibility: Employee only

Reward options: Gift card only. Maximum \$100 reward amount

Goal Type	Description	Reward
<p>Preventive exam or OB/GYN exam¹</p>	<p>A preventive exam that's used to reinforce good health, address potential & chronic problems</p>	<p>Preventive exam Reward = \$50</p>
<p>Get my annual OB/GYN exam</p>	<p>A preventive exam that can identify early ovarian & cervical cancers, HPV, breast cancer & more</p>	<p>Preventive OB/GYN exam Reward = \$50</p>
<p>Personal health assessment</p>	<p>A confidential questionnaire that asks you about your health and well-being and provides a personalized assessment of your current health</p>	<p>Personal health assessment Reward = \$50</p>
<p>Diabetes Prevention</p>	<p>A confidential questionnaire that asks you about your health and well-being and provides a personalized assessment of your current health</p>	<p>Diabetes Prevention Reward = \$50</p>
	<p>Learn how to reduce your risk for heart disease & diabetes-related complications with OMADA (for those who qualify)</p>	<p>Max Reward: \$100</p>

Dental Select Dental Plans



Resi Media recognizes that good dental hygiene is important to good health and participating in a dental insurance plan can help. We offer a dental plan through Dental Select. These plans offer out of network benefits but the out of network dentist can charge you the maximum allowable charge for services over the contracted fee schedule. You will want to find a dentist contracted with Dental Select for the best savings. Visit www.dentalselect.com for provider information within the Platinum Network (coinsurance plan).

Dental Plan Highlights	
Calendar Year Deductible Applies to Basic & Major Services Only	\$50 Individual \$150 Family
Maximum Calendar Year Benefit per Member	\$1,500
Preventive & Diagnostic Services <ul style="list-style-type: none"> Oral Exams, Cleanings, X-Rays 	Plan pays 100%
Basic Restorative Services <ul style="list-style-type: none"> Fillings, Simple Extractions 	Plan pays 80%
Major Restorative Services <ul style="list-style-type: none"> Surgical Extractions, Crowns, Bridges, Dentures 	Plan pays 50%
Periodontics/Endodontics <ul style="list-style-type: none"> Gum Treatments/Root Canals 	Plan pays 50%
Orthodontic Services (Adult & Child) <ul style="list-style-type: none"> Maximum benefits per member 	Plan pays 50% \$1,500
Waiting Period	No Waiting Period
Max Rewards	For every consecutive year on the plan, each member will receive increased maximums to a max of \$2,000 (Year 2: \$100, Year 3: \$200, Year 4: \$300, Year 5: \$400)
Out of Network Reimbursement	Maximum Allowable Charge

Visit www.dentalselect.com for provider information

Summary of Benefits for:

Resi Media

PPO MAC Classic - MaxRewards

Platinum Network

	Contracted Dentist	Non-Contracted Dentist
Preventive		
Routine exams, cleanings (2 per year), topical fluoride, x-rays, space maintainers, sealants	100%	100% of Fee Schedule
Basic		
Composite fillings, extractions	80%	80% of Fee Schedule
No Waiting Period		
Major		
Crowns, bridges, dentures, endodontics, periodontics, oral surgery, implant alternate	50%	50% of Fee Schedule
No Waiting Period		
Orthodontics		
Children and Adults	50%	50%
Waiting Periods	No Waiting Period	
Lifetime Maximum	\$1,500	
Maximum Benefit		
<i>Applies to Preventive, Basic and Major Services</i>	Benefit Period is:	\$1,500.00
	Per Calendar Year	
Deductible		
<i>Applies to Basic and Major Services</i>	<i>Per Benefit Period</i>	
	Per Person:	\$50.00
	Family Maximum:	\$150.00

Dental Notes for:

Resi Media

Dental Plan Notes

Co-Insurance R&C Plans

- **Contracted:** All payments made to contracted General Dentists and Specialists are based on the contracted dental fee schedule and are accepted as payment in full after the required deductible amount, as shown. Dental procedures not covered under your plan may also be subject to a discounted fee in accordance with a participating provider's contract and subject to state law.*
- **Non-Contracted:** Dental Select will allow up to the Reasonable & Customary (R&C) amount for dental procedures and services after the required deductible amount, as shown. Charges above the plan payment are the patient's responsibility.

Co-Insurance MAC Plans

- **Contracted:** All payments made to contracted General Dentists and Specialists are based on the contracted dental fee schedule and are accepted as payment in full after the required deductible amount, as shown. Dental procedures not covered under your plan may also be subject to a discounted fee in accordance with a participating provider's contract and subject to state law.*
- **Non-Contracted:** Dental Select will allow up to the contracted dental fee schedule amount for dental procedures and services after the required deductible amount, as shown. Charges above the plan payment are the patient's responsibility.

MAC refers to the Maximum Allowable Charge in Utah and Texas.

MAB refers to the Maximum Allowable Benefit in all other states.

R&C refers to the Reasonable & Customary amount in Utah and Texas.

U&C refers to or Usual & Customary amount in all other states.

* Please contact Dental Select's Customer Care at 800-999-9789 or consult your provider to confirm availability.

This summary of benefits is current as of 11/11/2021. To verify up to date benefits, please contact Dental Select Customer Care at 800-999-9789.

Co-Pay Plans (Available in Texas and Utah only)

- **Contracted:** All payments made to contracted General Dentists are based on the contracted dental fee schedule for co-pay plans. Contracted General Dentists accept a combination of fixed co-payments and insurance plan payments as payment in full. Dental procedures not covered under your plan may also be subject to a discounted fee in accordance with a participating provider's contract and subject to state law*.
- **Non-Contracted:** All payments made to non-contracted General Dentists are based on the contracted dental fee schedule for co-pay plans. The member is responsible for paying the difference between the plan payment and the General Dentist's usual charges.

MaxRewards

For every consecutive year on the plan, each member will receive increased maximums by the schedule outlined below. The annual maximum benefit of each member will never exceed \$2,000.

Year 2 - \$100

Year 3 - \$200

Year 4 - \$300

Year 5 - \$400

Contracted Dentist refers to a network dentist in UT and TX.

Participating Provider refers to a network dentist in all other states.

Non-Contracted Dentist refers to a non-network dentist in UT and TX.

Non-Participating Provider refers to a non-network dentist in all other states.



This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. Group dental and vision products are issued by Ameritas Life Insurance Corp. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2020 Ameritas Mutual Holding Company.

Dental Select Vision Plan



Resi Media offers a vision plan through Dental Select using the VSP Choice network, giving you the option to get quality vision exams and services for less than you would pay on your own. Provider information can be found at www.DentalSelect.com and search within the VSP Provider network.

Benefit Highlights	Frequency (In Months)	
	Eye Examination	Once every 12 Months
Lenses or contact lenses	Once every 12 Months	
Frames	Once every 12 Months	
	In Network	Out of Network
Exam	\$10	Up to \$45
Lenses Copay		Reimbursed:
• Single	\$10 copay	Up to \$30
• Bifocal	\$10 copay	Up to \$50
• Trifocal	\$10 copay	Up to \$65
Frames Allowance	\$150 + 30% discount on amount over	Up to \$70
Elective Contact Lenses Allowance	\$150 allowance	Up to \$105
Medically Necessary Contact Lenses	\$25	Up to \$210
Visit www.DentalSelect.com for provider information within the VSP network		

Vision Summary

Summary of Benefits for:

Resi Media



VSP 4 Plan

	Contracted		Non - Contracted
Exam			
Exam	\$10 Deductible		\$45 Allowance
Contact lens exam (fitting and evaluation)	\$60 Deductible		N/A
Frames			
	\$10 Deductible		
	\$150 Frame allowance		
	\$170 Featured frame brands allowance		\$70 Allowance
	\$80 Costco/Walmart/Sam's Club frame allowance		
Lenses			
Single vision	Covered in full*		\$30 Allowance
Bifocal	Covered in full*		\$50 Allowance
Trifocal	Covered in full*		\$65 Allowance
Standard progressive	\$0 Deductible: covered in full		N/A
Lens Options - Member Cost			
	Single Vision	Multi-Focal	
UV protection	\$10	\$10	N/A
Tint (solid & gradient)	\$15	\$15	N/A
Standard scratch-resistant coating	\$17	\$17	N/A
Standard impact resistant coating	\$31	\$35	N/A
Polycarbonate for adults			
Standard anti-glare coating	\$41	\$41	N/A
Premium progressive lenses	N/A	\$95-\$105	N/A
Custom progressive lenses	N/A	\$150-\$175	N/A
Other add-ons and services	Average savings of 30% on other lens enhancements. Based on applicable laws, reduced costs may vary by doctor location.		
Contact Lenses			
Conventional	\$150 Allowance		\$105 Allowance
Disposables	\$150 Allowance		\$105 Allowance
Medically necessary	\$0 Deductible: covered in full		\$210 Allowance
Laser Correction (US Laser Network)			
LASIK or PRK	Average 15% off retail price -or- 5% off promotional price; discounts only available from contracted facilities.		Not covered
<small>Based on applicable laws, reduced costs may vary by doctor location.</small>			
Frequency			
Exam	Once every 12 months		Once every 12 months
Frames	Once every 12 months		Once every 12 months
Lenses or contact lenses	Once every 12 months		Once every 12 months

Dental Notes for: Resi Media

Vision Plan Notes

Discounts

Glasses and Sunglasses

- Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.
- 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam.
- Or get 20% from any VSP Provider within 12 months of your last WellVision Exam.

Routine Retinal Screening

- No more than a \$39 deductible on routine retinal screening as an enhancement to a WellVision Exam

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. In the state of Washington VSP Vision Care, Inc. is the legal name of the corporation through which VSP does business.

Based on applicable laws, benefits may vary by location.

Discounts on products and Services are not insured benefits and not underwritten by Ameritas Life Insurance Corp.

*Included in materials copay.

Laser Vision Correction

Average of 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. Based on applicable laws, reduced costs may vary by doctor location.

Vision Plan Exclusions

Limitations and exclusions may vary by state. Refer to your policy or contact us.

- (1) Services and/or materials not specifically included in this Schedule as covered Plan Benefits,
- (2) Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section below,
- (3) Services or materials that are cosmetic, including plano contact lenses to change eye color and artistically painted contact lenses,
- (4) Two pairs of glasses in lieu of bifocals,
- (5) Replacement of spectacle lenses, frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available,
- (6) Orthoptics or vision training and any associated supplemental testing,
- (7) Medical or surgical treatment of the eyes,
- (8) The refitting of contact lenses after the initial 90-day filing
- (9) Contact lens insurance policies or service contracts.
- (10) Additional office visits associated with contact lens pathology,
- (11) Local, state and/or federal taxes, except where law requires us to pay.

This summary of benefits is current as of 11/11/2021. To verify up to date benefits, please contact Dental Select Customer Care at 800-999-9789.



This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. Group dental and vision products are issued by Ameritas Life Insurance Corp. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2021 Ameritas Mutual Holding Company.

Employee Contributions

The values below indicate how much you're responsible for contributing towards coverage. The amounts illustrated below are semi-monthly, per pay period.

Per Pay Period Contribution	Medical			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Bronze HSA	\$0.00	\$130.54	\$99.67	\$230.21
Silver PPO	\$24.47	\$280.76	\$234.18	\$490.45
Gold PPO	\$47.95	\$330.07	\$278.78	\$560.90

Per Pay Period Contribution	Dental			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Dental Plan	\$15.56	\$31.12	\$33.96	\$51.97

Per Pay Period Contribution	Vision			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Vision Plan	\$4.90	\$9.13	\$9.88	\$15.39



Resi Media offers employees the opportunity to elect voluntary short-term and/or long-term disability through Cigna Disability is paycheck insurance, providing you with income protection should you suffer an illness or off-the-job injury resulting in your inability to work. Maternity is treated as any other illness so short-term disability is a great way to fund a maternity leave from work. Rates are based on your age and the amount elected. When enrolling in Employee Navigator, you will be able to choose the amount and see the per pay period rate.

Voluntary Short-Term Disability	
Weekly Benefit	60% of covered weekly earnings based on annual salary, excluding bonus, overtime, commissions or extra compensation
Maximum Weekly Benefit	\$2,300
Benefits Begin	On day 8 for Accident or Sickness
Maximum Benefit Duration	26 Weeks
Pre-Existing Condition Limitation	3 months Prior/12 months Insured
Rates per \$10 of weekly benefit	
Age Brackets	<u>Employee</u>
< 25	\$0.250
25-29	\$0.250
30-34	\$0.280
35-39	\$0.330
40-44	\$0.380
45-49	\$0.450
50-54	\$0.480
55-59	\$0.590
60-64	\$0.660
65-69	\$0.880
70+	\$0.950

How to Calculate your Cost:

- $\text{Weekly Salary} \times 60\% = \text{Your Weekly Benefit}$ divide by 10 \times Age Band Rate = Your Monthly Cost
- Multiply by 12 and divide by 24 for per pay period cost (*Note: Maximum benefit is \$2,300*)



Resi Media offers employees the opportunity to elect voluntary short-term and/or long-term disability through Cigna Disability is paycheck insurance, providing you with income protection should you suffer an illness or off-the-job injury resulting in your inability to work. Maternity is treated as any other illness so short-term disability is a great way to fund a maternity leave from work. Rates are based on your age and the amount elected. When enrolling in Employee Navigator, you will be able to choose the amount and see the per pay period rate.

Voluntary Long-Term Disability	
Monthly Benefit	60% of covered monthly earnings based on annual salary, excluding bonus, overtime, commissions or extra compensation
Maximum Monthly Benefit	\$10,000
Benefits Begin	After 180 Days of Disability
Maximum Benefit Duration	SSNRA
Own Occupation	24 Months
Pre-Existing Condition Limitation	3 months Prior/12 months Insured
Rates per \$100 of covered payroll	
Age Brackets	<u>Employee</u>
< 25	\$0.250
25-29	\$0.250
30-34	\$0.280
35-39	\$0.330
40-44	\$0.380
45-49	\$0.450
50-54	\$0.480
55-59	\$0.590
60-64	\$0.660
65-69	\$0.880
70+	\$0.950

How to Calculate your Cost:

- $\frac{\text{Monthly Salary}}{100} \times \text{Age Band Rate} = \text{Your Monthly Cost}$
- Multiply by 12 and divide by 24 for per pay period cost (*Note: Maximum benefit is \$2,300*)



Resi Media employees have the option of electing voluntary life insurance. The spouse and child(ren) may also elect voluntary life if employee also elects. The spouse can elect up to 100% of the employee's election. Rates are based on your age and per \$1,000 of benefit coverage and can be found in Employee Navigator. Select the amount and the payroll deduction will automatically be listed. You will be asked to select a Beneficiary if you enroll in Voluntary Life.

Voluntary Life Insurance	Benefits
<p>Employee Rate based on Age & Amount Elected</p>	<p>Purchase in \$10,000 increments to the lesser of Of 5x salary or \$500,000</p>
<p>Spouse Rate based on Employee's age</p>	<p>Purchase in \$5,000 increments to a maximum of \$150,000 or 100% of Employees' Voluntary Amount</p>
<p>Children Rate applies to all dependent children enrolled</p>	<p>Birth to 6 Months - \$500 6 Months to 26 Years - \$1,000 to \$10,000</p>
<p>Guaranteed Issue*</p>	<p>Employee : \$100,000 Spouse: \$25,000 Children \$10,000</p>
<p>Age Reduction</p>	<p>35% at age 60 55% at age 70</p>
<p>Portability</p>	<p>Employee and covered dependents can continue this benefit when/if leaving employment. Coverage ends at age 70.</p>
<p><i>Guaranteed Issue is the amount you can elect before completion of a health questionnaire or Evidence of Insurability form. Any benefit amounts above the Guaranteed Issue are subject to medical underwriting. This is a great time to purchase voluntary life!</i></p>	

Resi Media

Employee Assistance Program (EAP)



Alliance Work Partners is
here for you as life happens.

AWP is proud to serve as your EAP, offering you and your household valuable, confidential services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

All benefits can be
accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

We are available to take your call
24 hours a day, 7 days a week.



Visit your EAP website at

awpnow.com

and create a
customized account.

Go to

<https://www.awpnow.com>
Select "Access Your Benefits"

Registration Code:

AWP-RESI-5221

Your EAP Benefits:

LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.

WorkLife

Resources and referrals for everyday needs. Available by telephone.

SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

1 to 6 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. *(Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)*

Newsletters

Webinar Training Series

Tips for Everyday Living

Here for you as life happens ...



Criteria for Benefits Eligibility

Full Benefits:

- Employee, retiree, married/divorced spouse, partner, significant other
- Any household member, regardless of age or relationship, residing in employee's home, including significant other and their children
- All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- Children and grandchildren, age 26 or under, residing in US or Puerto Rico. This includes children and grandchildren of significant other or partner.
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay-off or termination. Benefits are extended for 6 months from date of employee's call within this timeframe.

Assessment & Referral:

- Children and grandchildren age 27 and over of employee, married/divorced spouse, partner, or significant other living outside employee's home
- Employee instructed by law to receive court-ordered counseling
- All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise covered
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay-off or termination. Benefits are extended 1 year from date of

Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status

Children under the age of 18 must have a written, signed release by their guardian who has custody (whether living in the home or not) to attend counseling on their own. This release is given to their affiliate provider. Divorced parents who bring their children in for counseling must bring a copy of their divorce decree or have signed permission from the other parent before bringing a child into counseling. Grandparents who bring their grandchildren into counseling must have proof of guardianship or written permission from the child's parents.

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)**. Updated as of January 31, 2020.

TEXAS – Medicaid

<https://www.gethipptexas.com>

Phone: 1-800-440-0493

COLORADO – Health First Colorado (Medicaid) & Child Health Plan Plus (CHP+)

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

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/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

OMB Control Number 1210-0137 (expires 01/31/2023)

Required Notices

Woman's Health and Cancer Rights Act Annual Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the 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, call Human Resources.

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.

This Notice of Privacy Practices ("Notice") applies to Protected Health Information (defined below) associated with Group Health Plans (defined below) provided by Resi Media, LLC to its employees, its employee's dependents and, as applicable, retired employees. This Notice describes how Resi Media, LLC collectively we, us, or our may use and disclose Protected Health Information to carry out payment and health care operations, and for other purposes that are permitted or required by law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of Protected Health Information and to provide individuals covered under our group health plan with notice of our legal duties and privacy practices concerning Protected Health Information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by us. If we make material changes to our privacy practices, copies of revised notices will be mailed to all policyholders then covered by the Group Health Plan. Copies of our current Notice may be obtained by contacting Human Resources.

DEFINITIONS

Group Health Plan means, for purposes of this Notice, the following employee benefits that we provide to our employees, employee dependents and, as applicable, retired employees such as major medical coverage, dental coverage, vision coverage or life insurance.

Protected Health Information ("PHI") means individually identifiable health information, as defined by HIPAA, that is created or received by us and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

Required Notices Continued

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

Your Authorization – Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Uses and Disclosures for Payment – We may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your PHI for the payment purposes of a health care provider or a health plan.

Uses and Disclosures for Health Care Operations – We may use and disclose your PHI as necessary for our health care operations. Examples of health care operations include activities relating to the creation, renewal, or replacement of your Group Health Plan coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance, and other functions related to your Group Health Plan.

Family and Friends Involved in Your Care – If you are available and do not object, we may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals. For example, we may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim.

Business Associates – At times we use outside persons or organizations to help us provide you with the benefits of your Group Health Plan. Examples of these outside persons and organizations might include vendors that help us process your claims. At times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations.

Other Products and Services – We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your PHI for the purpose of communicating to you about our health insurance products that could enhance or substitute for existing Group Health Plan coverage, and about health-related products and services that may add value to your Group Health Plan.

Other Uses and Disclosures – We may make certain other uses and disclosures of your PHI without your authorization.

We may use or disclose your PHI for any purpose required by law. For example, we may be required by law to use or disclose your PHI to respond to a court order.

We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations

We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.

We may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.

We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).

We may disclose your PHI to the proper authorities for law enforcement purposes.

We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.

We may use or disclose your PHI for cadaveric organ, eye or tissue donation.

We may use or disclose your PHI for research purposes, but only as permitted by law.

We may use or disclose PHI to avert a serious threat to health or safety.

We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.

Required Notices Continued

We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination. We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as described above, we will restrict our uses or disclosure of your Protected Health Information in accordance with the more stringent standard.

RIGHTS THAT YOU HAVE

Access to Your PHI – You have the right of access to copy and/or inspect your PHI that we maintain in designated record sets. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative (e.g., requests for medical records provided to us directly from your health care provider).

Amendments to Your PHI – You have the right to request that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request. Amendment request forms are available from us at the address below.

Accounting for Disclosures of Your PHI – You have the right to receive an accounting of certain disclosures made by us of your PHI. Examples of disclosures that we are required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your representative. Accounting request forms are available from us at the address below. The first accounting in any 12-month period is free; however, we may charge you a fee for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your PHI – You have the right to request restrictions on certain of our uses and disclosures of your PHI for insurance payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that we not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. We are not required to agree to your request but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. You may make a request for a restriction (or termination of an existing restriction) by contacting Human Resources.

Request for Confidential Communications – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. We are required to accommodate reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative, and sent to us at the address below.

Right to a Copy of the Notice – You have the right to a paper copy of this Notice upon request by contacting us at the telephone number or address below.

Complaints – If you believe your privacy rights have been violated, you can file a complaint with us in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact Resi Media, LLC's Privacy Officer by writing to: Resi Media, LLC, Attn HR Person, Address. 3409 N Central Expy, Ste 201, Plano, TX 75074

EFFECTIVE DATE

This Notice is effective January 1, 2022