



EMPLOYEE BENEFITS NEW HIRE GUIDE

BENEFIT HIGHLIGHTS

- Eligibility & Enrollment
- Employee Contributions
- Enrollment Process
- Medical Insurance
- Medicare Information
- Prescription Assistance Program
- Finding a Provider
- MotivHealth Programs
- Telehealth Program
- Prescription Drug Discount program
- Dental Insurance
- Vision Insurance
- Basic Life/AD&D Insurance
- Voluntary Life/AD&D Insurance
- Disability Insurance
- Accident & Critical Illness Insurance
- Health Savings Account
- Employee Assistance Program
- Employee Discount Program
- In-Network vs. Out-of-Network
- Benefit Terms
- Annual Required Notices

WELCOME TO YOUR EMPLOYEE BENEFITS!

We understand that your life extends beyond the workplace. That is why we offer a variety of benefit plans to help you and your family. Within this guide, you will find the highlights of the benefits offered by the company.

As an employee of Sharp Transportation, Inc. you have the opportunity to enroll in valuable benefits to protect the health and financial security of you and your family. Within this guide you will find the highlights of each of the benefits. All of the benefits (if elected) will be paid for through convenient payroll deductions as long as you are a benefit-eligible employee of Sharp Transportation, Inc.

New Employees

This is your chance to elect benefits and enroll yourself and your eligible dependents. **Some benefits have “guarantee issue” at your first opportunity only, so please carefully consider this before you decline any coverages.**

If you take no action now, you will have no benefits and you will not have another chance to elect them until next year’s open enrollment—unless you experience a qualifying life event like a birth, adoption, marriage, or divorce before that time.

CONTACTS

COVERAGE	CARRIER	PHONE NUMBER	WEBSITE/EMAIL
Medical Insurance	MotivHealth	Med: 844-234-4472 Rx: 385-308-4400	www.motivhealth.com
Health Savings Account	MotivHealth	844-234-4472	www.motivhealth.com
Dental Insurance	Guardian	(888) 600-1600	www.guardianlife.com
Vision Insurance	Guardian/VSP	(888) 600-1600	www.guardianlife.com
Life/AD&D Insurance	Guardian	(888) 600-1600	www.guardianlife.com
Voluntary Life Insurance			
Voluntary STD			
Voluntary LTD			
Accident Insurance			
Critical Illness Insurance			
Employee Assistance Program			
Discount & Perks	PerkSpot		www.cottinghambutler.com.perkspot.com

SHARP TRANSPORTATION, INC. BENEFITS CONTACT

Human Resources Department	435-227-2178	holli@sharptrucking.com
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DISCLAIMER: The information described within this guide is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description for a complete explanation of your benefits. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail. You can obtain a copy of the Summary Plan Description from the Human Resources Department.

ELIGIBILITY & ENROLLMENT

Employee Eligibility

All full-time employees working 30 or more hours per week will be eligible for benefits. As a new employee, you have **60 days** from your initial start date to enroll in benefits.

- Medical, Dental, Vision: Medical, Dental, and Vision coverages will take effect on the first of the month following **60 days** of employment.
- Other Coverages: All other coverages will take effect on the first of the month following **60 days** of employment.

**These benefits may require employees to be actively at work at the time benefits become effective. Please review policy documents, or contact HR, for additional information.*

Dependent Eligibility

- Medical, Dental, Vision: Employees enrolled in Medical, Dental, and Vision coverages also have the option to enroll their Dependent Spouse and Dependent Children on these plans. See below for a definition of an “eligible dependent” under these plans.
- Other Coverages: Employees enrolled in Voluntary Life/AD&D coverage also have the option to enroll their Dependent Spouse and Dependent Children. It is the responsibility of the employee to ensure dependents are eligible for coverage under these policies. See page **20** for definitions of an “eligible dependent” under the Voluntary Life/AD&D Policy. Please refer to the policy certificate or HR for more information.
- Working Spouse Provision: **Spouses who have access to medical coverage through their employer must elect their employer’s coverage as primary. Spouses with other coverage available will only be allowed as secondary on the plan.** Routine audits will be performed to check for compliance.

Definition of “Eligible Dependents”

The below definitions refer to Medical, Dental, and Vision Coverages.

- Your legal spouse who is a resident of the same country in which the Employee resides. Such spouse must have met all requirements of a valid marriage contract of the State in which the marriage of such parties was performed. For the purposes of this definition, “spouse” shall not mean a common law spouse or domestic partner.
- The employee’s dependent children on the date in which, they attain age 26, legally adopted children from the date the employee assumes legal responsibility, foster children that live with the employee and for whom the employee is the primary source of financial support, children for whom the employee assumes legal guardianship and stepchildren.
- Also included are the employee’s children (or children of the employee’s spouse) for whom the employee has legal responsibility resulting from a valid court decree.
- Children who are mentally or physically disabled and totally dependent on the employee for support, past the age of 26 or older. To be eligible for continued coverage past the age of 26, certification of the disability is required within 31 days of attainment of age 26. A certification form is available from the employer or from the claims administrator and may be required periodically. You must notify the claims administrator and/or the employer if the dependent’s marital or tax exemption status changes and they are no longer eligible for continued coverage. {If Applicable}

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it’s time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

When to Enroll

As a new employee, you have 60 days from your initial start date to enroll in benefits. All coverages take effect on the first of the month following 59 days of employment.

How to Make Changes

Unless you experience a qualifying life event, you cannot make changes to your benefits until the next open enrollment period. An election change must be made within 30 days of the qualifying event.

Qualifying life events include:

- Marriage, divorce, legal separation or death of a spouse
- Birth or adoption of a child
- Change in child’s dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan.

BI-WEEKLY EMPLOYEE CONTRIBUTIONS

If you have questions or concerns, please speak with Human Resources.

MEDICAL COVERAGE	TRADITIONAL PLAN \$3,000	H.S.A. PLAN \$3,000
Employee Only	\$151.44	\$119.17
Employee + Spouse	\$393.74	\$309.83
Employee + Child(ren)	\$287.74	\$226.42
Family	\$530.04	\$417.09

DENTAL COVERAGE	BI-WEEKLY RATES
Employee Only	\$6.23
Employee + Spouse	\$13.22
Employee + Child(ren)	\$14.22
Family	\$22.66

VISION COVERAGE	BI-WEEKLY RATES
Employee Only	\$1.48
Employee + 1 Dependent	\$2.91
Family	\$4.64

LIFE/AD&D COVERAGE	BASIC	VOLUNTARY
Employee Only	100% Company-Paid	100% Voluntary – See Employee Navigator for Rates
Employee + Spouse	N/A	100% Voluntary – See Employee Navigator for Rates
Employee + Child(ren)	N/A	100% Voluntary – See Employee Navigator for Rates
Family	N/A	100% Voluntary – See Employee Navigator for Rates

DISABILITY COVERAGE	SHORT-TERM	LONG-TERM
Employee Only	100% Voluntary – See Employee Navigator for Rates	100% Voluntary – See Employee Navigator for Rates

ACCIDENT COVERAGE	BI-WEEKLY RATES
	See Page 22 for Rates

CRITICAL ILLNESS COVERAGE	BI-WEEKLY RATES
	See Page 24 for Rates.

BENEFITS ENROLLMENT

Employee Navigator

Your Benefits, Your Way

Access your employee benefits from your computer, tablet, or smartphone!



Save Time

Manage your benefits whenever and wherever you are.



Find Resources

Search providers, carrier customer service numbers, and your company contacts.



Access Benefits

View your benefits, plan documents, and other educational materials.



Download/Print Materials

Download and print generic ID cards, benefit materials, and forms.



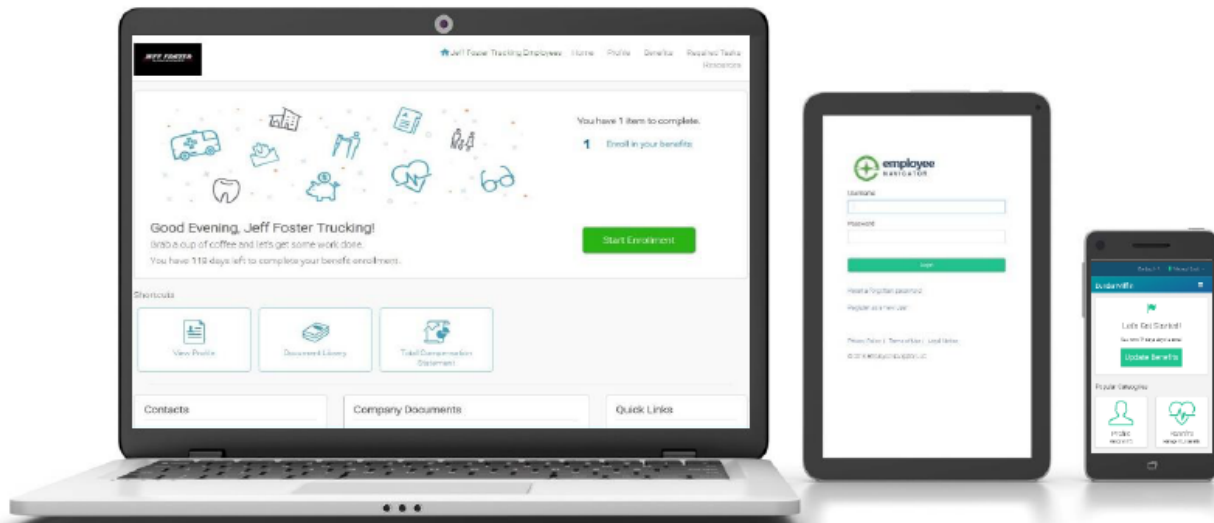
Make Decisions

Decide which benefits you want to elect, change, or decline.



Make Changes

Update dependents and beneficiaries if you experience a life-changing event.



Get Started Today!

<https://employeenavigator.com/benefits/Account/Login>

Click 'Register as a new user' to get started.

Company Identifier: Sharp Transportation

MEDICAL INSURANCE

MotivHealth – MotivHealth Network/Wise Network/First Health Network

We provide you the option to purchase affordable medical coverage. The below plans allow you to visit any doctor or facility you choose—however, you will get the best coverage when you choose an in-network provider.

MEDICAL COVERAGE HIGHLIGHTS	Traditional Plan \$3,000		H.S.A. Plan \$3,000	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Individual	\$3,000	\$6,000	\$3,000	\$6,000
Family	\$6,000	\$12,000	\$6,000	\$12,000
Coinsurance (percent paid after you reach your annual deductible)				
Plans Pays	80%	60%	80%	60%
You Pay	20%	40%	20%	40%
Annual Out-of-Pocket Maximum				
Individual	\$6,500	\$13,000	\$5,000	\$10,000
Family	\$13,000	\$26,000	\$10,000	\$20,000
Covered Services				
Preventive Care	No charge	40% coinsurance	No charge	40% coinsurance
Primary Care Office Visit	\$25 copay	40% coinsurance	20% coinsurance	40% coinsurance
Specialist Office Visit	\$50 copay	40% coinsurance	20% coinsurance	40% coinsurance
Urgent Care	\$75 copay	40% coinsurance	20% coinsurance	40% coinsurance
Emergency Room	\$250 copay		20% coinsurance	
Hospitalization	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance

PRESCRIPTION DRUG COVERAGE HIGHLIGHTS	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 1	\$10 copay	40% coinsurance	\$10 copay	40% coinsurance
Tier 2	\$35 copay	40% coinsurance	25% coinsurance	40% coinsurance
Tier 3	50% coinsurance	40% coinsurance	50% coinsurance	40% coinsurance
Tier 4	25% coinsurance up to \$250	40% coinsurance	25% coinsurance up to \$250	40% coinsurance

Please review the full summary plan documents for a list of your exclusions and limitations. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

INFORMATION FOR THOSE ELIGIBLE FOR MEDICARE

Medicare Resources

What Are My Options Once I Turn 65?

Will you retire or will you decide to stay in the workforce? If you continue to work full-time, you may remain on the company medical plan as long as you meet eligibility requirements. However, you may also be eligible for Medicare and a supplement policy that costs you less out-of-pocket. Please read the summary below and explore your options.

Working Beyond Age 65

Save some money:

If you are purchasing medical insurance through your employer, a Medicare plan could help you save money on your health care expenses. Medicare can coordinate with your employer-sponsored coverage or be purchased in lieu of it. It may make sense for you to sign up for Medicare in addition to OR instead of the coverage you have today.

It starts with basic coverage at no cost (Part A):

Many people who choose to work past age 65 enroll in Part A (Hospital Coverage) because there is no monthly premium. Many choose to enroll in both Parts A and B together. Part B (Physician Coverage) requires a small monthly premium. A Supplement Plan, along with a Medicare Part D (Prescription coverage) plan, can also be purchased to cover most out-of-pocket costs for a very affordable premium. In some cases, these options are far less costly than staying on an employer sponsored plan. It is recommended that you explore all options to determine what is best for you. You may also shop for and change plans each year based on your specific needs.

Understanding Your Options

If you continue working:

If you are enrolled in Medicare, your coverage can either coordinate with the company plan or it can be elected separately. Paying for both may not be cost effective.

An employee still working may drop the company medical plan to enroll in Medicare and/or a Medicare Supplement Policy certain points throughout the year as long as there is a Qualifying event. You just need to prove that you had creditable coverage past your Initial Enrollment Period for Medicare.

Making Changes to Your Medicare Plans:

Health care needs can change from year to year. Be sure to review your needs (upcoming surgeries, current

prescription drugs, new wellness goals) so you can find a plan to best meet them.

Retiring At or After Age 65

Are you ready?

Whether you retire or decide to work part-time, once you turn age 65 you will be eligible for Medicare (Parts A and B) and other Medicare Supplement Plans. If you don't have employer-sponsored coverage, you should consider enrolling during your Initial Enrollment Period. You can enroll any time within the 3 months before your 65th birthday month, your birthday month or 3 months after.

Multiple Medicare Resources Available

Our Medicare library is available 24/7 online. Here you can browse videos, download guides/presentations, listen to an agent and access information at your convenience.

Visit: www.employeenavigator.com/benefits/Account/Login

Login using the following credentials:

- USERNAME: Medicare
- PASSWORD: Medicare

You may also contact the **Medicare Pathways Hotline** Monday-Friday during business hours (8 am to 8 pm) at: **1-833-897-8965** to speak to agent and receive assistance with questions related to Medicare as well as explore affordable options available based on your specific needs.

It is important to note that **Medicare resources and options vary by state**. Each state has a **SHIP** (Senior Health Insurance Information Program) that offers free education and assistance specific to their state. To find your state resource and get the number to speak to a licensed counselor, you may either **visit: www.shiptacenter.org, call 877-839-2675 or email: info@shiptacenter.org.**

Additional Information (Government resources):

- Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit www.Medicare.gov

PRESCRIPTION ASSISTANCE PROGRAM

MotivHealth

Medications can be expensive, especially if you or a loved one is taking high-cost name brand or specialty medications, including insulin. That is why MotivHealth has established a prescription assistance program that could lower or eliminate your monthly out of pocket prescription expenses. If you or anyone in your household is taking a medication that cost \$200 or more, per month, please contact MotivHealth today.

Common Medications that qualify for assistance include, but are not limited to:

Common High Cost Medications	
Enbrel	Humira
Novolog	Lantus
Levemir	Vyvanse
Simponi	Auvi-Q (alternative to Epi Pen)
Aimovig	Emgality
Dulera	Stelara
Xolair	Abiraterone
Tecfidera	Tysabri
Sprycel	Humalog
Epclusa	Rebif
Truvada	Biktarvy
Trulicity	

How to Participate:



Call Us

Call and speak with one of our Prescription Benefit Analysts: 385-247-1030.



Stay in Touch

When you are prescribed new medication, let us know.

Member Savings Examples:



\$25,251 saved monthly
MEMBER 1



\$5,197 saved monthly
MEMBER 2



\$720 saved monthly
MEMBER 3

Contact us at

844-234-4472



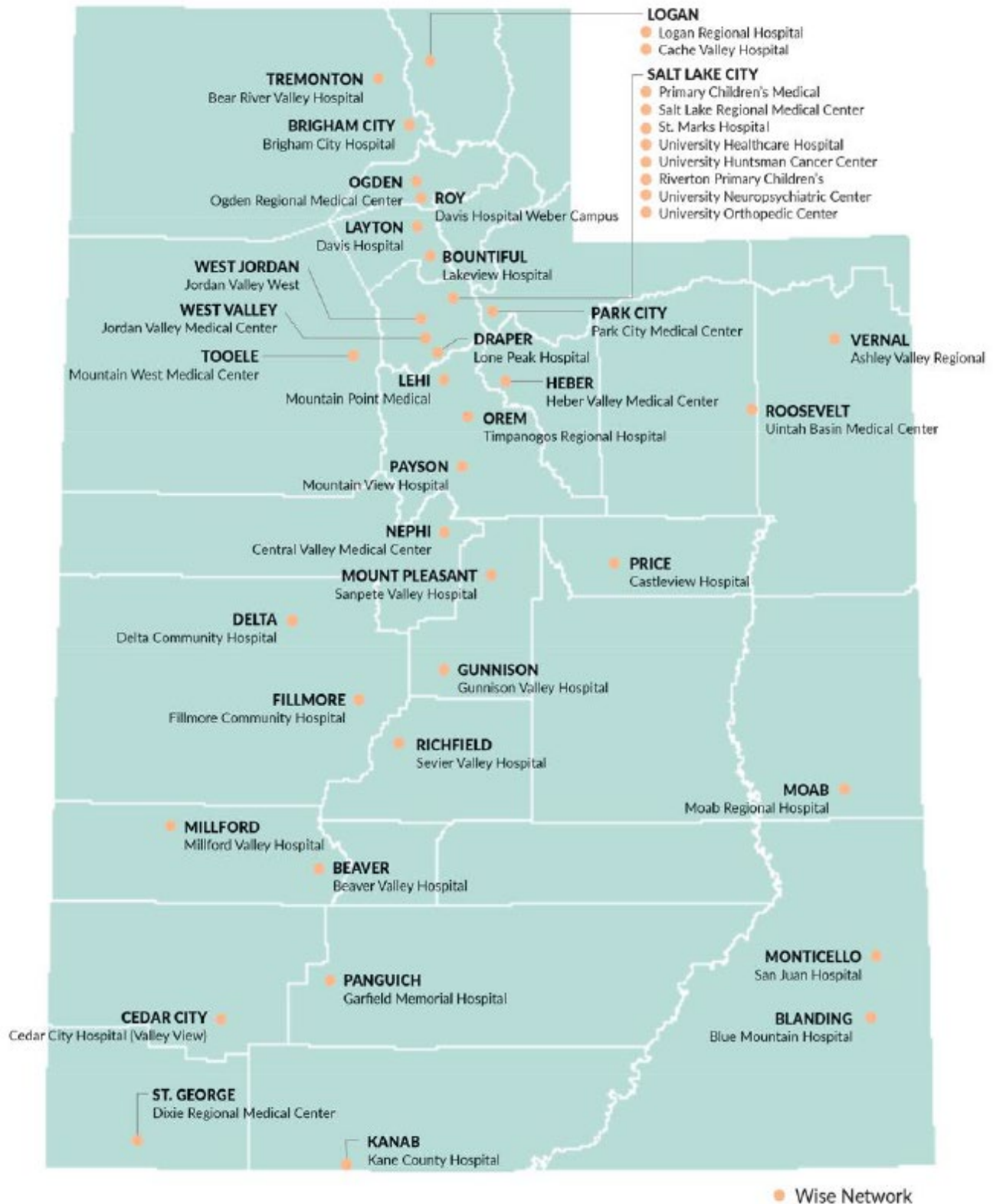
MOTIVHEALTH INSURANCE COMPANY

Learn More

[motivhealth.com](https://www.motivhealth.com)

PROVIDER NETWORK

MotivHealth



PROVIDER SEARCH

MotivHealth – Find a Provider

How to Search for Providers

To help you earn, save and spend your health care dollars effectively, we encourage you to identify and use only high-value health care providers. To help you identify in-network providers, we've provided you this brief guide. If you have questions regarding the provider search tool or need assistance identifying an in-network provider in your area, please contact a Personal Health Assistant by dialing **844-234-4472**.

1. Go To MotivHealth.com

Click “Log In.” Enter your username and password.

2. Click “Find Care”

The screenshot shows the MotivHealth website dashboard for user BONO. The top navigation bar includes links for HOME, INSURANCE, HSA, SAVE/EARN, and FIND CARE. A welcome message "Welcome BONO" is displayed. Below this is a "QUICK LINKS" section with icons for Find Care, TeleHealth, View Claims, Research Costs, ID Card, and Rx Pricing. The dashboard features four main cards: "Deductible Met" showing \$536.04 of \$5,600, "Available HSA Balance" showing \$1,068.83, "Apr Steps" showing 8 of 20 days with 8,000 steps, and "Earn/Save Potential" showing \$56. There are also links for "Health Insurance" and "Health Savings Account". A "Coming Soon... MotivU" section is present. The bottom section shows "Your Activity" with a table of dates and amounts, and a "Steps Program" section for April with a progress ring and a list of actions.

Date	Activity	Amount
MAR 23, 2020	06 – JOHN ANDERSON	\$55.45
MAR 18, 2020	01 – JOHN ANDERSON	\$5.12
MAR 06, 2020	06 – JOHN ANDERSON	\$16.00
MAR 05, 2020	06 – JOHN ANDERSON	\$49.99
FEB 21, 2020	06 – JOHN ANDERSON	\$49.99

Steps Program: April	JOHN
Earned YTD	\$60
Today's Steps	4,711
Steps history	
Manually enter steps	
Sync a new device	

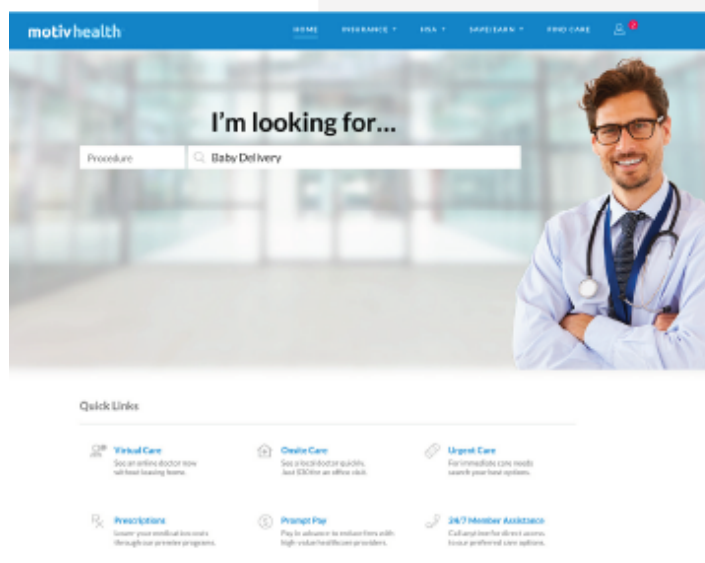
If you have questions concerning our provider search tool or need assistance locating an in-network provider, please contact us, we're available 24/7 by dialing 844-234-4472.



PROVIDER SEARCH

MotivHealth – Search by Provider, Procedure, or Facility

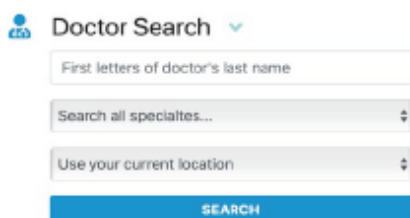
Find In-Network Providers



The screenshot shows the MotivHealth homepage. At the top is a navigation bar with links: HOME, INSURANCE, FIND, ABOUT US, and FIND CARE. Below the navigation bar is a large hero section with the text "I'm looking for..." and a search bar containing "Baby Delivery". To the right of the search bar is a photo of a smiling male doctor with a stethoscope. Below the hero section is a "Quick Links" section with six icons and descriptions: Virtual Care, Onsite Care, Urgent Care, Prescriptions, Prompt Pay, and 24/7 Member Assistance.

Navigation

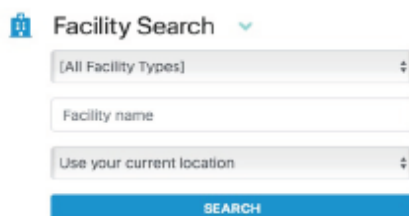
Click the down arrows next to "Doctor Search," "Procedure Search," or "Facility Search" to begin. Or, you can use the links on the right to find telemedicine options, Onsite Care, and more.



The screenshot shows the "Doctor Search" form. It has a title "Doctor Search" with a dropdown arrow. Below the title are three input fields: "First letters of doctor's last name", "Search all specialties..." (with a dropdown arrow), and "Use your current location" (with a dropdown arrow). At the bottom is a blue "SEARCH" button.

Doctor Search

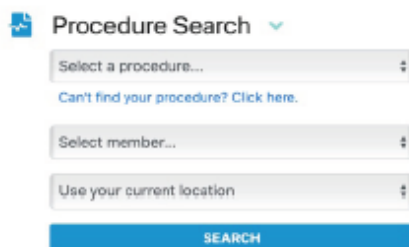
Search by name, or use the dropdown to search by specialty.



The screenshot shows the "Facility Search" form. It has a title "Facility Search" with a dropdown arrow. Below the title are three input fields: "[All Facility Types]" (with a dropdown arrow), "Facility name", and "Use your current location" (with a dropdown arrow). At the bottom is a blue "SEARCH" button.

Procedure Search

Choose from a variety of procedures, select the member needing care, and a location.



The screenshot shows the "Procedure Search" form. It has a title "Procedure Search" with a dropdown arrow. Below the title are three input fields: "Select a procedure..." (with a dropdown arrow), "Select member..." (with a dropdown arrow), and "Use your current location" (with a dropdown arrow). At the bottom is a blue "SEARCH" button.

Facility Search

Choose a facility type, or search with a facility name.

For Assistance Regarding Your Account, Please Call Us at 844-234-4472
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PROVIDER SEARCH

MotivHealth – Find a Provider

Who do I choose?

Choosing a Provider

DOCTOR SEARCH

motivhealth HOME INSURANCE HSA SAVE/EARN FIND CARE

Home > Search > Procedures > Baby Delivery (C-Section) (19)

Best value More filters

Results: Baby Delivery (C-Section) Estimated procedure price: \$7,640 to \$20,122 Your expected cost: \$2,914 to \$5,162

Tricia A. Twelves, MD
Obstetrics & Gynecology
5.0 ★★★★★
COMPARE

Granger Riverton Clinic
12391 S. 4000 W.
Riverton, Utah 84096
(801) 302-1700

Procedure price range
Full price range: \$7,640 to \$15,697
What you pay: \$2,914 to \$4,568
[See more]

Jordan Valley Medical Center
2640 W. 9200 S.
West Jordan

Procedure Price: \$7,640
What You Pay: \$2,914
Prompt Pay Discount: \$950
[Call to Schedule]

Salt Lake Regional Hospital
1050 E. Temple
Salt Lake City

Procedure Price: \$7,640
What You Pay: \$2,914
Prompt Pay Discount: \$950

St. Mark's Hospital
1200 E. 7000 S.
Salt Lake City

Procedure Price: \$13,437
What You Pay: \$4,219

* You must call 855-582-4472 before your procedure to qualify for this pricing and the Prompt Pay Discount.

Edwin R. England, DO
Obstetrics & Gynecology
5.0 ★★★★★
COMPARE

Granger Riverton Clinic
12391 S. 4000 W.
Riverton, Utah 84096
(801) 302-1700

Procedure price range
Full price range: \$7,640 to \$15,697
What you pay: \$2,914 to \$4,568
[See more]

Tricia A. Twelves, MD
Obstetrics & Gynecology
5.0 ★★★★★
COMPARE

Procedure price range
Full price range: \$7,640 to \$15,697
What you pay: \$2,914 to \$4,568
[See more] [Call to Schedule]

Compare costs for common procedures, and compare ratings. Click on a provider's name to see more details about services, contact information, etc.

PROCEDURE SEARCH

motivhealth Doctors Procedures Facilities Search Hello John Anderson Logout

Baby Delivery - C-Section

Price Ranges: \$8,640 to \$20,122
Your Estimated Out of Pocket Costs: \$2,968 to \$5,000
These estimates do not include claims for newborn care (see the Newborn Care procedure for details)

Procedure for: MARLO ANDERSON

Top Matches:

Provider	Facility	Distance	Cost Breakdown
Ingele Judd, MD ★★★★★	Jordan Valley Medical Center - West Jordan	7.5 mi.	Total Estimated Cost*: \$8,639.51 Plan Pays: \$4,671.61 Your Responsibility: \$3,967.90 Prompt Pay Discount: \$1,000.00 You Pay: \$2,967.90
Jeffrey Quinn, MD ★★★★★	Jordan Valley Medical Center - West Jordan	15 mi.	Total Estimated Cost*: \$8,639.51 Plan Pays: \$4,671.61 Your Responsibility: \$3,967.90 Prompt Pay Discount: \$1,000.00 You Pay: \$2,967.90
Joanne Hinson, MD ★★★★★	Salt Lake Regional Medical Center - Salt Lake City	17.5 mi.	Total Estimated Cost*: \$8,639.51 Plan Pays: \$4,671.61 Your Responsibility: \$3,967.90 Prompt Pay Discount: \$1,000.00 You Pay: \$2,967.90

* You must call 855-582-4472 before your procedure to qualify for this pricing and the Prompt Pay Discount.

Other Providers:

Provider	Facility	Distance	Cost Breakdown
DAVID MATTHEWS, DO ★★★★★	Jordan Valley Medical Center - West Jordan	7.5 mi.	Total Estimated Cost*: \$8,639.51 Plan Pays: \$4,671.61 Your Responsibility: \$3,967.90 Prompt Pay Discount: \$1,000.00 You Pay: \$2,967.90

Compare costs for a given procedure between facilities. Also see opportunities to earn a Prompt Pay discount. To participate with Prompt Pay, please contact MotivHealth.

If you have questions concerning our provider search tool or need assistance locating an in-network provider, please contact us, we're available 24/7 by dialing 844-234-4472.

motivhealth™

PROVIDER SEARCH

MotivHealth - Find a provider outside of Utah.

MotivHealth uses the First Health Network outside of the state of Utah. All employees traveling or living outside of Utah will need to use the below instructions to find a provider.



Option 1: Call us at 844-234-4472

Our team of personal health assistants is available 24/7 to help you find the best care at the best price.

Option 2: Search on your own

Locate a Provider English | Español
Home - Network selection

Tell us what network you would like to search :

Network Options

* Network type

☒ First Health network ☐ Cofinity network ☐ Client specific network

Enter Client Code Required
Clients that require a specific log-in code in the box to get you client access

By clicking on the Start now button you agree to the [\[+\] terms of use](#)

Start now

* Indicates required field

Providerlocator.firsthealth.com

Go to this url to access the First Health search tool. Click on the circle next to "First Health network," and then click "Start Now."

Locate a Provider English | Español
Home - Network selection - Search criteria

Type of provider

What type of provider are you looking for?

* Provider type: ☒ Physician ☐ Hospital ☐ Urgent care center ☐ Lab and radiology ☐ All providers

☐ Accepting new patients

Search by

Do you want to search by ZIP or state?

* Select ZIP or state: ☒ Search by ZIP code ☐ Search by state

* ZIP code: within: 10 miles Distance: Minimum 5 miles Maximum 100 miles

Please enter a valid ZIP code. [Find a ZIP code.](#)

Narrow your search

Search by physician, hospital, etc., and enter your geographical location. Then click "Search now."

MOTIVHEALTH PROGRAMS

Prompt Pay Discount Program

Have you ever wanted to know the cost of a planned medical procedure before it was performed? With MotivHealth you can! MotivHealth has a team of Personal Health Assistants that can assist Sharp Transportation employees and dependents with pricing a procedure, scheduling a planned medical procedure, and with choosing a provider.

When our members choose to have certain planned medical procedures performed by our high-value providers, and pay in advance, we can reduce member out-of-pocket expenses between **\$250-\$3000**.



Pay Less

Lower your out-of-pocket expense.



Get Rewarded

Save extra for being a savvy healthcare consumer.



Get Excellent Care

Receive treatment from high value providers.

HOW TO PARTICIPATE

- 1 Call Us**
Call our Personal Health Assistants (844-234-4472) prior to scheduling a planned medical procedure.
- 2 Choose Care**
Choose a preferred high value provider.
- 3 Pay Reduced Fee**
Pay your reduced cost in advance.
- 4 Get Care**
Receive the medical care you need.

Steps Incentive Program

H.S.A. Plan participants can earn money into H.S.A. accounts simply by walking! MotivHealth wants to encourage an active and healthy lifestyle. By participating in this program employees and their covered spouses are eligible to earn \$1 for each day they walk 8,000 or more steps, up to 20 days a month.

Earn \$1 for every day you and your covered spouse walk 8,000 or more steps, up to 20 days per month. Earnings are deposited into your HSA.



Earn Money

Earn up to \$250 a year (\$500 with enrolled spouse) in HSA contributions.



Free Stuff

Get a free Garmin device.



Be Healthier

Improved health and cardiovascular capacity.

HOW TO PARTICIPATE

- 1 Create Member Account**
Go to motivhealth.com and click "Log In."
- 2 Choose a Steps Device**
Fitbit/Garmin (free)/Apple Watch. Download app, create account, sync device.
- 3 Connect With Member Account**
Allow your app to sync with your member account.
- 4 Start Earning by Walking**
Earn cash for cardio.

Contact us at

844-234-4472



MOTIVHEALTH INSURANCE COMPANY

Learn More

motivhealth.com

VIRTUAL DOCTOR VISITS

Teladoc

Teladoc is available to all Sharp Transportation employees. You do not need to be enrolled on the medical plan to take advantage of this program! Teladoc can be a great alternative to visiting your normal doctor or an urgent care facility, when you are suffering from one of the many common non-emergency medical conditions. With 24/7/365 access to U.S. board-certified doctors you can access medical care **at no cost to you**, from the home or on the road – and in some cases, doctors can write a prescription to a local pharmacy near you.*



How it works?

Log in to your account or register if you don't have one set-up. Then, contact Teladoc from anywhere—and let the doctor come to you!

Teladoc

Phone: (800) 835-2362

Online: www.teladoc.com

Teladoc doctors can then diagnose non-emergency medical problems, recommend treatment, and can even call in a prescription to your pharmacy of choice, when necessary.*

*Prescription services may not be available in all states.

When can I use Teladoc?

- When you need care now.
- If you're considering the ER or urgent care center for a non-emergency issue.
- On vacation, on a business trip, or away from home.
- For short-term prescription refills.

Common Conditions We Treat

- Allergies
- Colds, respiratory problems, flu
- Ear Infections
- Sore Throat
- Pink eye
- Urinary tract infection

- And More!

Save Money and Time!

With no consult cost, Teladoc provides significant savings over urgent care and emergency room visits. Plus, you can use it from the convenience of home or work, allowing you to avoid the hassle of sitting in a waiting room.

Meet our doctors:

- U.S. board-certified with an average of 15 years of practice experience.
- U.S. residents and licensed in your state.



**DOWNLOAD THE FREE TELADOC APP
OR GO TO WWW.TELADOC.COM
AND GET REGISTERED TODAY!**

Please review the full summary plan documents for a list of your exclusions and limitations. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

PRESCRIPTION DRUG DISCOUNT PROGRAM

CleverRx

What is CleverRx?

Clever RX is a prescription savings card that is 100% free to use. You can unlock discounts on thousands of medications and save up to 80% off prescription drugs. Clever RX is accepted at most pharmacies nationwide. Never over pay for prescriptions again – now that's clever! **All employees and their family members can use CleverRx – You do not have to be on the Sharp Transportation, Inc. medical plan to use this program!**

Contact CleverRx

Customer Help Line: (800) 873-1195

Website: www.cleverrx.com/sharp

Sharp Transportation, Inc. CleverRx Program Info.

Group: 3024

Member ID: 1061



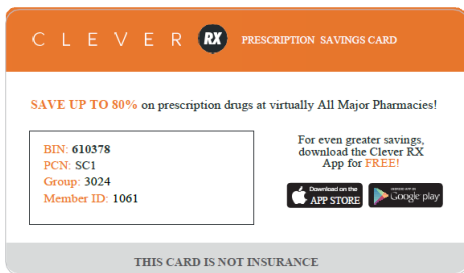
Download your Clever RX App or use your Clever RX card to unlock exclusive savings.



Present your Clever RX App or Clever RX card to your pharmacist.



FREE to use. Save up to 80% off prescription drugs and beat copay prices.



START SAVING TODAY WITH CLEVER RX



100% FREE to use



Save up to 80% off of your prescription drugs – often beats the average copay



Unlock discounts on thousands of medications



Accepted at most pharmacies nationwide



STEP 1:

Download the FREE Clever RX App. From your App Store search "Clever RX" and hit download. Be sure to enter in Group ID and Member ID to complete the process. This will unlock exclusive savings for you and your family!



STEP 2:

Find where you can save on your medication. Using your zip code, when you search for your medication Clever RX checks which pharmacies near you offer the lowest price. Savings can be up to 80% compared to what you're currently paying.



STEP 3:

Click the voucher with the lowest price, closest to you, and/or at your preferred pharmacy. Show the voucher on your screen to the pharmacist when you pick up your medication. Click "share" to text yourself the voucher for easy access when you are ready to use it.



STEP 4:

Share the Clever RX App. Click "Share" on the bottom of the Clever RX App to send to your friends, family, and anyone else you want to help receive instant discounts on their prescription medications. Over 70% of people can benefit from a prescription savings card.

NOW THAT IS NOT ONLY CLEVER, IT IS CLEVER RX.

DID YOU KNOW?

70%

Over 70% of people can benefit from a prescription savings card due to high deductible health plans, high copays, and being underinsured or uninsured.

30%

Over 30% of prescriptions never get filled due to high costs.

40%

40% of the top ten most prescribed drugs have increased by over 100% in price.

70%

Clever RX prices are lower than competitor prices 70% of the time.

DENTAL INSURANCE

Guardian

In addition to protecting your smile, dental insurance helps pay for dental care. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

DENTAL COVERAGE HIGHLIGHTS	In-Network / Out-of-Network
Individual Deductible	\$50
Family Deductible	\$150
Annual Benefit Maximum	\$2,000
Orthodontia Lifetime Maximum	\$1,000
Preventive Care	100% covered, deductible waived
Basic Services	80%
Major Services	50%
Orthodontia Services	50%

VISION INSURANCE

Guardian / VSP

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

VISION COVERAGE HIGHLIGHTS	In-Network	Out-of-Network
Exam Once every 12 months	\$10	\$39 max
Lenses <ul style="list-style-type: none">• Single Vision• Bifocal• Trifocal• Lenticular Once every 12 months	\$10	\$23 max \$37 max \$49 max \$64 max
Frames Once every 12 months	\$130 Allowance	\$46 max
Contact Lenses <ul style="list-style-type: none">• Elective• Medically Necessary	\$130 Allowance Covered	\$100 max \$210 max

Please review the full summary plan documents for a list of your exclusions and limitations. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

BASIC LIFE/AD&D INSURANCE

Guardian

Sharp Transportation, Inc. wants you and your family to be covered and protected, which is why we are offering all full-time eligible employees Company-Paid Life and Accidental Death & Dismemberment coverage through Guardian.

The designated beneficiary will receive a benefit to help ease the financial burden if you die from a covered accident or illness. Accidental Death and Dismemberment (AD&D)* provides an additional benefit if you die or become dismembered due to a specifically covered accident.

Employees will receive Company-Paid Life Insurance in the amount of \$25,000. The benefit would double if your death is due to a covered accident.

If you do not update your beneficiaries, it will make it harder for the right person to receive your benefit, if ever needed. Please update your beneficiaries periodically!

HOW MUCH LIFE INSURANCE COVERAGE DO YOU NEED?

Depending on your personal situation, you may wish to purchase additional coverage that you can buy at affordable group rates.

Use this worksheet to estimate how much additional life insurance you need and see the details of the voluntary life on the following page.

When considering how much life insurance you need, it's important to think about your outstanding debt, ongoing expenses and the future plans of your family. Fill in the blanks to figure out how much life insurance you may wish to purchase.

Outstanding Debt – How much will be left for your family to pay?

Mortgage balance	\$ _____
Other debt (credit cards, loans, car payment)	\$ _____
TOTAL (A)	\$ _____ (A)

Ongoing Expenses – How much do your dependents need each year?

Utilities (electric, phone, cable, internet)	\$ _____
Medical costs, insurance	\$ _____
Food, clothing, gasoline	\$ _____
Saving contributions	\$ _____
TOTAL (B)	\$ _____ (B)

Future Plans – How much will loved ones need for the future?

College	\$ _____
Other (retirement, long term care)	\$ _____
TOTAL (C)	\$ _____ (C)
Grand Total (A+B+C)	\$ _____
Subtract existing coverage	\$ _____
Subtract company-paid life	\$ _____
Consider this amount of life insurance	\$ _____

**AD&D pays a benefit for loss of life or dismemberment resulting from a covered accidental bodily injury. Your beneficiary may receive up to 100% of the AD&D amount if you die as the result of a covered accidental injury. You may receive an accidental dismemberment benefit for losses to a hand, a foot, or the sight of an eye due to an accidental injury. See the policy for exact schedule of losses and benefits.*

VOLUNTARY LIFE/AD&D INSURANCE

Guardian

While the Sharp Transportation, Inc. offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can purchase coverage for yourself or for your eligible dependent spouse and child(ren).

NEW HIRE NOTICE! *If you are a new hire, this is your chance to receive Guarantee Issue for yourself and your dependents. If you do not take advantage of this benefit at your initial new hire enrollment but then wish to enroll at a later date, you will be subject to evidence of insurability (answer medical questions).*

TERM LIFE/AD&D COVERAGE HIGHLIGHTS

Life/AD&D Benefit Amount	Employee: Increments of \$10,000, up to \$500,000 Spouse: Increments of \$10,000, up to \$250,000, not to exceed 100% of EE benefit Child(ren): Up to \$10,000, not to exceed 100% of EE benefit
Guarantee Issue Amount	Employee: \$150,000 Spouse: \$25,000 Child(ren): \$10,000 <i>*If you enroll when first offered, you receive up to the listed amount without having to answer medical questions. **If age 65+ your guarantee issue amount reduces slightly. See Employee Navigator or your policy for full details.</i>
Reduction Schedule	65% at 65, 50% at 70

Definition of “Eligible Dependents”

- **Spouse** – eligibility may terminate at Spouse age 70.
- **Child** – eligibility terminates earliest of age 26, married, or employed full time, or no longer a Full Time Student. Terms may vary for children with special needs.

Important – Please Read!

- Dependents may have a delayed effective date based on his/her medical status at time of enrollment. Please refer to the policy certificate or HR for more details.
- Please update your beneficiaries periodically! If you do not update your beneficiaries, it will make it harder for the right person to receive your benefit, if ever needed.
- It is the responsibility of the employee to ensure dependents are eligible for coverage under these policies. Please refer to the policy certificate or HR for more information.

Please review the full summary plan documents for a list of your exclusions and limitations. *This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.*

Benefits may be reduced for employees over age 65 per ADEA.

DISABILITY INSURANCE

Guardian

Short Term Disability Insurance can pay you a portion of your gross weekly earnings (up to the maximum allowed by your plan) if you are unable to work for a few weeks or months due to an illness or injury—or childbirth. It can help you cover your expenses and protect your finances at a time when you’re not getting a paycheck and have extra medical bills. You can take advantage of affordable group rates and your cost is conveniently deducted from your paycheck.

IMPORTANT NOTICE! *If you are a new hire, this is your chance to receive Guarantee Issue for yourself. If you do not take advantage of this benefit at your initial new hire enrollment but then wish to enroll at a later date, you will be subject to evidence of insurability (answer medical questions).*

VOLUNTARY SHORT-TERM DISABILITY COVERAGE HIGHLIGHTS	
Weekly Benefit Amount	60% at \$1,000
Elimination Period	14 Days Accident 14 Days Illness
Benefit Duration	11 Weeks
Pre-Existing Condition Limitations	Condition diagnosed in the 3 months prior to enrollment / Excluded for the first 12 months of the policy

Long Term Disability Insurance can pay you a percentage of your gross monthly earnings (up to the maximum allowed by your plan) if you become ill or injured and can’t work for an extended period. It can help you pay your bills and protect your finances at a time when you have extra medical costs but don’t get a paycheck. You can take advantage of affordable group rates and your cost is conveniently deducted from your paycheck.

IMPORTANT NOTICE! *If you are a new hire, this is your chance to receive Guarantee Issue for yourself. If you do not take advantage of this benefit at your initial new hire enrollment but then wish to enroll at a later date, you will be subject to evidence of insurability (answer medical questions).*

VOLUNTARY LONG-TERM DISABILITY COVERAGE HIGHLIGHTS	
Monthly Benefit Amount	60% to \$5,000
Elimination Period	90 Days
Benefit Duration	2 Years
Pre-Existing Condition Limitations	Condition diagnosed in the 3 months prior to enrollment / Excluded for the first 12 months of the policy

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ACCIDENT INSURANCE

Guardian

If you or your eligible family members are accidentally injured, accident insurance can help you take care of out-of-pocket expenses and medical costs beyond what your existing health insurance plan covers.

ACCIDENT INSURANCE COVERAGE DETAILS (Bi-Weekly)	
Employee Only	\$6.36
Employee + Spouse	\$10.54
Employee + Child(ren)	\$10.88
Family	\$15.06

ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE HIGHLIGHTS	Benefit Amounts
	Employee: \$50,000 Spouse: \$25,000 Child: \$10,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of AD&D benefit
Dismemberment: Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment: Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
Wellness Benefit- Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
Rainy Day Fund	Benefit Amount: \$400 Rollover Max: \$200 Fund Max: \$800
FEATURES	
Air Ambulance	\$1,000
Ambulance	\$200
Blood/Plasma/Platelets	\$300
Burns (2 nd Degree/3 rd Degree)	9 sq. inches to 18 sq. inches: \$0/\$2,000 18 sq. inches to 35 sq. inches: \$1,000/\$4,000 Over 35 sq. inches: \$3,000/\$12,000
Burns- Skin Graft	50% of burn benefit
Child Organized Sport- Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate	25% increase to child benefits
Chiropractic Visits	\$50/visit, up to 6 visits
Coma	\$10,000
Concussion Baseline Study	\$25
Concussions	\$200
Diagnostic Exam (Major)	\$200
Dislocations	Schedule up to \$5,000
Doctor Follow-Up Visits	\$50, up to 6 treatments
Emergency Dental Work	\$300/crown, \$75 extraction
Emergency Room Treatment	\$200
Epidural Anesthesia Pain Management	\$100, 2 times per accident
Eye Injury	\$300
Family Care- Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital,	\$20/day, up to 30 days

ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	
Fractures	Schedule up to \$6,000
Gun Shot Wound	\$750
Hospital Admission	\$1,000
Hospital Confinement	\$250/day- up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$500/day- up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$100
Joint Replacement (Hip/Knee/Shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging- The hospital stay must be more than 50 miles from the insured's residence	\$125/day, up to 30 days for companion hotel stay
Medical Appliance- Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck	Schedule up to \$500
Outpatient Therapies	\$35/day, up to 10 days
Post-Traumatic Stress Disorder	\$400
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$100/day, up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,250 Hernia: \$250
Surgery (Exploratory or Arthroscopic)	\$400
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
Transportation- Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident	\$0.50 per mile, limited to \$500/round trip, up to 3 times per accident
Traumatic Brain Injury- A nondegenerate, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms	\$4,000
X-Ray	\$40

Please review the full summary plan documents for a list of your exclusions and limitations. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

CRITICAL ILLNESS INSURANCE

Guardian

If you are diagnosed with a critical illness, critical illness insurance can help you pay for expenses that aren't covered by your existing health insurance plan, and pays you a lump-sum cash benefit to help pay for treatment or bills. Below are plan highlights. See policy for full details.

Rates are based upon amount elected and your age. See Employee Navigator for rate information.

CRITICAL ILLNESS COVERAGE DETAILS		
Employee Benefit Amount	Employee may choose a lump sum benefit of \$5,000 to \$30,000 in \$5,000 increments.	
Spouse Benefit Amount	May choose a lump sum of \$2,500 to \$15,000 in \$2,500 increments up to 50% of the employee's lump sum benefit	
Child Benefit Amount	50% of employee's lump sum benefit	
Guarantee Issue	All Amounts	
Portability	Included	
Pre-Existing Condition Limitation	Not Applicable	
CRITICAL ILLNESS CONDITIONS		Occurrence
Cancer		1st Occurrence
Invasive Cancer		100%
Carcinoma In Situ		30%
Benign Brain Tumor		75%
Skin Cancer		\$250 per lifetime
		2nd Occurrence
		50%
		0%
		0%
		Not Covered
Vascular		1st Occurrence
Heart Attack		100%
Stroke		100%
Heart Failure		100%
Coronary Arteriosclerosis		30%
		2nd Occurrence
		50%
		50%
		50%
		0%
Other		1st Occurrence
Organ Failure		100%
Kidney Failure		100%
		2nd Occurrence
		50%
		50%
ADDITIONAL CONDITIONS		1 st Occurrence Only
Addison's Disease		30%
ALS (Lou Gehrig's Disease)		100%
Alzheimer's Disease		50%
Coma		100%
Huntington's Disease		30%
Loss of Hearing		100%
Loss of Sight		100%
Loss of Speech		100%
Multiple Sclerosis		30%
Parkinson's Disease		100%
Permanent Paralysis		50% for 1 limb, 100% for 2 limbs
Severe Burns		100%
CHILDHOOD CONDITIONS		1 st Occurrence Only
Cerebral Palsy		100%
Cleft Lip/Palate		100%
Club Foot		100%
Cystic Fibrosis		100%
Down's Syndrome		100%
Muscular Dystrophy		100%
Spina Bifida		100%
Type 1 Diabetes		100%

HEALTH SAVINGS ACCOUNT (H.S.A.)

MotivHealth

Available to employees enrolled on **H.S.A. \$3,000 Plan**

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany a Health Savings Account Qualified Plan, such as a High Deductible Health Plan (HDHP). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

What Are the Benefits of an HSA?

There are many benefits of using an HSA, including the following:

- **It saves you money.** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver.** HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

HSA Contribution Limits

The maximum amount that you can contribute to an HSA is \$3,550 (individual) or \$7,100 (family) in 2020, and \$3,600 (individual) or \$7,200 (family) in 2021. If you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

HSA Case Study

Justin is a healthy 28-year-old single man who contributes \$1,000 each year to his HSA. His plan's annual deductible is \$1,500 for individual coverage. Here is a look at the first two years of Justin's HSA plan, assuming the use of in-network providers. This example only includes HSA contribution amounts and does not reflect any investment earnings.

Year 1		→	Year 2	
HSA Balance	\$1,000		HSA Balance	\$1,850
Total Expenses: Prescription drugs: \$150	(-\$150)		Total Expenses: Office visits: \$100 Prescription drugs: \$200 Preventive care services: \$0 (covered by insurance)	(-\$300)
HSA Rollover to Year 2	\$850	→	HSA Rollover to Year 3	\$1,550
Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.			Once again, since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.	

Your eligibility for an HSA may be misrepresented if you and/or your spouse currently utilize an FSA. Check with the plan administrator or Human Resources to learn more.

EMPLOYEE ASSISTANCE PROGRAM

Guardian

Your Employee Assistance Program

WorkLifeMatters Employee Assistance Program offers services to help promote well-being and enhance the quality of life for you and your family. Support and guidance is available for assistance with family and personal issues online at ibhworklife.com and by phone at **1-800-386-7055**.

Connect to a counselor for free support services:

Email: eapcounselor@ibhcorp.com

Phone: 1-800-386-7055

Available 24 hours a day, 7 days a week*

Web: ibhworklife.com

(User name: Matters Password: wlm70101)



HELP WITH HEALTH	HELP WITH FAMILY	HELP WITH LEGAL & FINANCIAL
Healthy Living	Parenting Support	Legal issues
Stress Management	Child and Elder Care	Will preparation
Mental Health	Learning Program	Taxes
Diet and Fitness	Special needs help	Debt
Overall Wellness		Financial Planning tools and assistance

Employee Assistance Program Overview:

Employee Assistance Program (EAP) consultative services

Face-to-face counseling — Up to 3 visits per employee/ household member per year

Telephonic counseling — Unlimited, 24/7 consultations with master's- and doctoral-level counselors

Bereavement — Support available through telephonic or face-to-face sessions; online resources available on EAP website

Tobacco cessation coaching — Unlimited telephonic support and resources to assist with tobacco cessation; refers members directly to the American Lung Association's Quit program

EAP website resources — Comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP consultant or email an EAP counselor through the website

Work/Life assistance & resources

WorkLife services — Unlimited 24/7 access to WorkLife specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional wellbeing, daily living, balancing work and life responsibilities

Child and elder care referral — Unlimited telephonic consultation with a WorkLife specialist (part of WorkLife services)

Employee discounts — Access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more

Webinars, podcasts, articles and FAQs — Various topics available on the EAP website

Legal/financial assistance & resources

Legal consultation — Unlimited telephonic support and free initial 30 minute face-to-face consultation with an attorney, with a 25%

discount on attorney services thereafter; online legal forms; extensive online law library

Financial consultation — Unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators

ID theft — Free consultation with a trained Fraud Resolution Specialist that will assist with ID theft resolution and education; ID theft educational materials available online

Will prep — Online self-service documents available on EAP website; 30 minute consultation (part of Legal Consultation offering) can be used for estate planning/will preparation

Legal document preparation — Online self-service documents available on the EAP website

Tax consultation — Tax questions only can be answered as part of the Financial Consultation offering

Online self-service documents — Examples include, but are not limited to: living trust, will, power of attorney, deeds

Resources for managers

Introductory employee orientation — Webinars can be complimentary, while an on-site orientation is available for a fee of \$250 per counselor, per hour with no charge for travel time or travel expenses

The Guardian Life Insurance Company of America (Guardian) does not provide any part of WorkLifeMatters Program or WillPrep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters Program or WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. The WorkLifeMatters and Will Prep Programs are not an insurance benefit and may not be available in all states. Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation. GUARDIAN® and the GUARDIAN G® logo are registered service marks of The Guardian Life Insurance Company of America®

EMPLOYEE DISCOUNT PROGRAM

Perkspot

Through our partnership with Cottingham & Butler, we have access to the Perkspot Employee Discount Program at no cost to you!

This program provides you access to an online marketplace that delivers thousands of discounts for everyday business and personal purchases, leveraging the purchasing power of some of the largest employers in the United States.

What is PerkSpot?

- Online savings resource for employees
- Headquartered in Chicago, IL
- Founded in 2006
- 750+ clients nationwide
- 15 million members
- 30,000+ discount offers

Website Features

- **Recommended for You:** chosen based on your top interests
- **Featured Offers:** hand-selected to help you stretch your dollars
- **Today's Perk Alters:** today's best limited-time sales
- **Popular Savings:** trending offers
- **Categories:** shop by category
- **Local Discounts:** shop by location

Create Your Account

1. Visit <https://cottinghambutler.perkspot.com>
2. Click **"Create an Account"**
3. Enter your Name, Email, Gender, Zip Code and create a Password
4. Sign up for email updates
 - a. **Weekly Perks:** Stay up to date on the best discounts and exclusive offers available to you
 - b. **theLOOP:** PerkSpot's weekly resource for how to excel in the 21st century workplace. Providing insights into workplace trends, lifestyle practices, and strategies for success
5. Click **"Register"**
6. Browse discount offers from over 25 categories

Shop for a Variety of Coupons & Deals from these Categories:

- Apparel
- Auto Buying
- Automotive
- Beauty & Fragrance
- Books, Movies, & Music
- Business Perks
- Cell Phones
- Education
- Electronics
- Financial Wellness
- Flowers & Gifts
- Food
- Health & Wellness
- Hobbies & Creative Arts
- Home & Garden
- Home Services
- Insurance & Protection Services
- Jewelry & Watches
- Movie Tickets
- Office & Business
- Pets
- Real Estate & Moving Services
- Sports & Outdoors
- Tickets & Entertainment
- Toys, Kids & Babies
- Travel

Popular Discounted Brands*:

- Avis
- Canon
- Casper
- Columbia
- Dell
- Enterprise
- Holiday Inn
- Home Chef
- HP
- Ray-Ban

**All brands and discounts available are subject to change. For a current listing of discounts and brands offered visit the website at www.cottinghambutler.perkspot.com*

IN-NETWORK VS OUT-OF-NETWORK

The Basics

Knowing the difference between an in-network and out-of-network provider can save you a lot of money.

In-network Provider—A provider who is contracted with your health insurance company to provide services to plan members at pre-negotiated rates.

Out-of-network Provider—A provider who is not contracted with your health insurance company.

Getting the Most Out of Your Care

Calling the physician directly and double-checking with your insurance company is the best way to ensure that the provider is in-network.

If you are receiving surgery, make sure to ask if the service is completely in-network. Often times, things such as anesthesia are not covered even though the primary physician is in-network.

Billing & Claim Differences

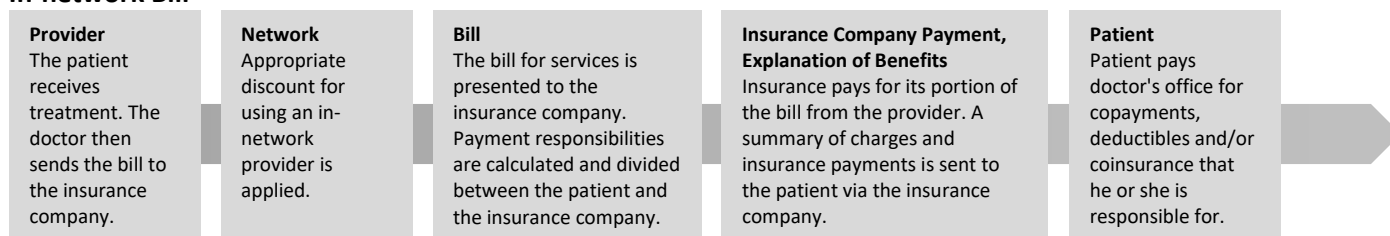
Because in-network and out-of-network providers are treated differently by your health insurance company, you will be billed differently depending on the type of provider you use for your care.

Preventive Care

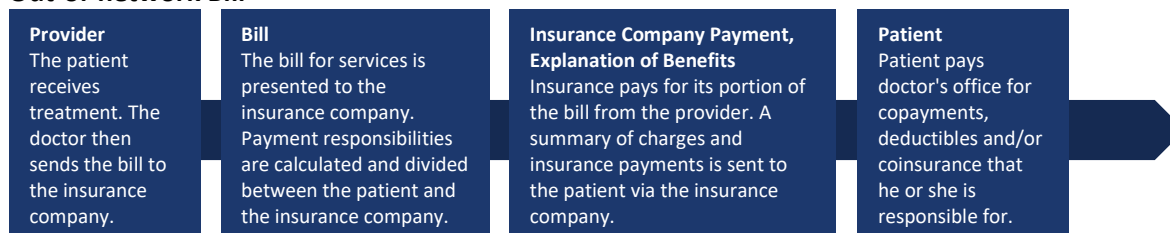
Preventive care is a type of health care whose purpose is to shift the focus of health care from treating sickness to maintaining wellness and good health. This includes a variety of health care services, such as a physical examination, screenings, laboratory tests, counseling and immunizations.

Preventive care also helps lower the long-term cost of managing disease because it helps catch problems in the early stages when most diseases are more readily treatable. The cost of early treatment or diet or lifestyle changes is less than the cost of treating and managing a full-blown chronic disease or serious illness.

In-network Bill



Out-of-network Bill



BENEFIT TERMS

The world of health insurance has many terms that can be confusing. Understanding your costs and benefits—and estimating the price of a visit to the doctor—becomes much easier once you are able to make sense of the terminology.

Definitions

- **Annual limit**—Cap on the benefits your insurance company will pay in a given year while you are enrolled in a particular health insurance plan.
- **Claim**—A bill for medical services rendered.
- **Cost-sharing**—Health care provider charges for which a patient is responsible under the terms of a health plan. This includes deductibles, coinsurance and copayments.
- **Coinsurance**—Your share of the costs of a covered health care service calculated as a percentage of the allowed amount for the service.
- **Copayment (copay)**—A fixed amount you pay for a covered health care service, usually when you receive the service.
- **Deductible**—The amount you owe for health care services each year before the insurance company begins to pay. Example: John has a health plan with a \$1,000 annual deductible. John falls off his roof and has to have three knee surgeries, the first of which is \$800. Because John hasn't paid anything toward his deductible yet this year, and because the \$800 surgery doesn't meet the deductible, John is responsible for 100 percent of his first surgery.
- **Dependent Coverage**—Coverage extended to the spouse and children of the primary insured member. Age restrictions on the coverage may apply.
- **Explanation of Benefits (EOB)**—A statement sent from the health insurance company to a member listing services that were billed by a provider, how those charges were processed and the total amount of patient responsibility for the claim.
- **Group Health Plan**—A health insurance plan that provides benefits for employees of a business.
- **In-network Provider**—A provider who is contracted with your health insurance company to provide services to plan members at pre-negotiated rates.
- **Inpatient Care**—Care rendered in a hospital when the duration of the hospital stay is at least 24 hours.
- **Insurer (carrier)**—The insurance company providing coverage.
- **Insured**—The person with the health insurance coverage. For group health insurance, your employer will typically be the policyholder and you will be the insured.
- **Open Enrollment Period**—Time period during which eligible persons may opt to sign up for coverage under a group health plan.
- **Out-of-network Provider**—A provider who is not contracted with your health insurance company.
- **Out-of-pocket Maximum (OOPM)**—The maximum amount you should have to pay for your health care during one year, excluding the monthly premium. After you reach the annual OOPM, your health insurance or plan begins to pay 100 percent of the allowed amount for covered health care services or items for the rest of the year.
- **Outpatient Care**—Care rendered at a medical facility that does not require overnight hospital admittance or a hospital stay lasting 24 hours or more.
- **Policyholder**—The individual or entity that has entered into a contractual relationship with the insurance carrier.
- **Premium**—Amount of money charged by an insurance company for coverage.
- **Preventive Care**—Medical checkups and tests, immunizations and counseling services used to prevent chronic illnesses from occurring.
- **Provider**—A clinic, hospital, doctor, laboratory, health care practitioner or pharmacy.
- **Qualifying Life Event**—A life event designated by the IRS that allows you to amend your current plan or enroll in new health insurance. Common life events include marriage, divorce, and having or adopting a child.
- **Qualified Medical Expense**—Expenses defined by the IRS as the costs attached to the diagnosis, cure, mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body.
- **Summary of Benefits and Coverage (SBC)**—An easy-to-read outline that lets you compare costs and coverage between health plans.

Acronyms

- **ACA**—Affordable Care Act
- **CDHC**—Consumer driven or consumer directed health care
- **CDHP**—Consumer driven health plan
- **CHIP**—The Children's Health Insurance Program. A program that provides health insurance to low-income children, and in some states, pregnant women who do not qualify for Medicaid but cannot afford to purchase private health insurance.
- **CPT Code**—Current procedural terminology code. A medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities, such as physicians, health insurance companies and accreditation organizations.
- **FPL**—Federal poverty level. A measure of income level issued annually by the Department of Health and Human Services (HHS) and used to determine eligibility for certain programs and benefits.
- **FSA**—Flexible spending account. An employer-sponsored savings account for health care expenses.
- **HDHP**—High deductible health plan
- **HMO**—Health maintenance organization
- **HRA**—Health reimbursement arrangement. An employer-funded arrangement that reimburses employees for certain medical expenses.
- **HSA**—Health savings account. A tax-advantaged savings account that accompanies HDHPs.
- **OOP**—Out-of-pocket limit. The maximum amount you have to pay for covered services in a plan year.
- **PCE**—Pre-existing condition exclusion. A plan provision imposing an exclusion of benefits due to a pre-existing condition.
- **PPO**—Preferred provider organization. A type of health plan that contracts with medical providers (doctors and hospitals) to create a network of participating providers. You pay less when using providers in the plan's network, but can use providers outside the network for an additional cost.
- **QHP**—Qualified health plan. A certified health plan that provides an essential health benefits package. Offered by a licensed health insurer.

ANNUAL REQUIRED NOTICES

Sharp Transportation, Inc. Health Law Notices

Michelle's Law Notice

If there is a medically necessary leave of absence from a post-secondary educational institution or other change in enrollment that: (1) begins while a dependent child is suffering from a serious illness or injury; (2) is certified by a physician as being medically necessary; and (3) causes the dependent child to lose student status for purposes of coverage under the plan, that child may maintain dependent eligibility for up to one year. If the treating physician does not provide written documentation when requested by the Plan Administrator that the serious illness or injury has continued, making the leave of absence medically necessary, the plan will no longer provide continued coverage.

Benefits During Family Medical Leave

Assuming the Plan Administrator meets certain criteria during the preceding calendar year, the Plan will comply with the Family and Medical Leave Act (FMLA) of 1993 as amended, which provides benefit continuation rights during an approved medical leave of absence. If the Plan Administrator is subject to the law, an employee and any dependents covered under a health benefit plan may be eligible to continue the coverage under that plan for a certain period of time.

Any employer contributions made under the terms of the Plan shall continue to be made on behalf of such employee electing to maintain coverage while on FMLA leave. An employee on FMLA leave must make any applicable contributions to maintain coverage. To the extent required under the FMLA and in accordance with procedures established by the Plan Administrator such employee contributions may be payable:

- prior to the employee taking the leave; or
- during the leave; or
- repaid to the employer through payroll deductions upon return to work following the leave.

Contact the Plan Administrator for additional information on the FMLA leave policy or to request leave. Certain rights under specific state family leave laws may also apply.

Uniformed Services Employment and

Reemployment Rights Act of 1994 (USERRA)

Under USERRA, an employer is required to offer COBRA-like continuation of coverage to covered employees in the uniformed services if their absence from work during military duty would result in a loss of coverage as a result of such active duty. The maximum length of USERRA continuation of coverage is the lesser of 24 months beginning on the date of the employee's departure, or the period beginning on the date of the employee's departure and ending on the date on which the employee failed to return from active

duty or apply for reemployment within the time allowed by USERRA. If an employee elects to continue coverage pursuant to USERRA, such employee, and any covered dependents, will be required to pay up to 102% of the full premium for coverage elected. For military leaves of 30 days or less, the employee is not required to contribute more than the amount he or she would have paid as an active employee. Continued coverage under this provision pursuant to USERRA will reduce any coverage continuation provided under COBRA Continuation.

Premium Assistance Under Medicaid and The Children's Health Insurance Program (CHIP) – Applies to Group Health Plans Only

If an Employee or an Employee's children are eligible for Medicaid or CHIP and are eligible for health coverage from an employer, the state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If the Employee or his/her children are not eligible for Medicaid or CHIP, they will not be eligible for these premium assistance programs but they may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If an Employee or his/her dependents are already enrolled in Medicaid or CHIP and they live in a State listed below, contact their State Medicaid or CHIP office to find out if premium assistance is available.

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

If an Employee or his/her dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under their employer plan, the employer must allow the Employee to enroll in the employer plan if they are not already enrolled. This is called a "special enrollment" opportunity, and **the Employee must request coverage within 60 days of being determined eligible for premium assistance**. If the Employee has questions about enrolling in the employer's plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

Employees living in one of the following States, may be eligible for assistance paying employer health plan premiums. The following list of States is current as of July 31, 2019. Contact the respective State for more information on eligibility –

ALABAMA-Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

ALASKA-Medicaid

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>

ARKANSAS-Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Website: <https://www.healthfirstcolorado.com/>
Phone: 1-800-221-3943
CHP+ Website: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
Phone: 1-800-359-1991

FLORIDA-Medicaid

Website: <http://flmedicaidtprecovery.com/hipp/>
Phone: 1-877-357-3268

GEORGIA-Medicaid

Website: Medicaid www.medicaid.georgia.gov
- Click on Health Insurance Premium Payment (HIPP) Phone: 678-564-1162 ext 2131

INDIANA-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: <http://www.indianamedicaid.com> Phone: 1-800-403-0864

IOWA-Medicaid

Website: <http://dhs.iowa.gov/hawk-i> Phone: 1-800-257-8563

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-785-296-3512

KENTUCKY-Medicaid

Website: <https://chfs.ky.gov> Phone: 1-800-635-2570

LOUISIANA-Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

MAINE-Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS-Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: 1-800-862-4840

MINNESOTA-Medicaid

Website: <https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI-Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA-Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA-Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA-Medicaid

Medicaid Website: <http://dhcfp.nv.gov/Medicaid>
Phone: 1-800-992-0900

NEW HAMPSHIRE-Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
Phone: 603-271-5218
Toll-Free: 1-800-852-3345, ext 5218

NEW JERSEY-Medicaid and CHIP Medicaid

Website: <http://www.state.nj.us/humanservices/dmahs/clients/mcicaid/>
Medicaid Phone: 609-631-2392 CHIP Website: <http://www.njfamilycare.org/index.html> CHIP
Phone: 1-800-701-0710

NEW YORK-Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

NORTH CAROLINA-Medicaid

Website: <https://dma.ncdhhs.gov/> Phone: 919-855-4100

NORTH DAKOTA-Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA-Medicaid and CHIP

Website: <http://www.insureoklahoma.org> Phone: 1-888-365-3742

OREGON-Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx> <http://www.oregonhealthcare.gov/index-es.html> Phone: 1-800-699-9075

PENNSYLVANIA-Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippogram/index.htm>
Phone: 1-800-692-7462

RHODE ISLAND-Medicaid

Website: <http://www.eohhs.ri.gov/> Phone: 855-697-4347 or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA-Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA-Medicaid

Website: <http://dss.sd.gov> Phone: 1-888-828-0059

TEXAS-Medicaid

Website: <http://gethipptexas.com/> Phone: 1-800-440-0493

UTAH-Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip> Phone: 1-877-543-7669

VERMONT-Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA-Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON-Medicaid

Website: <http://www.hca.wa.gov/>
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA-Medicaid

Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN-Medicaid and CHIP

Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.p_d_f
Phone: 1-800-362-3002

WYOMING-Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/>
Phone: 307-777-7531

To see if any other States have added a premium assistance program since July 31, 2019, 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

Important Disclosures**Women's Health and Cancer Rights Act of 1998**

The Federal Women's Health and Cancer Rights Act of 1998 requires coverage of treatment related to mastectomy. If the participant is eligible for mastectomy benefits under health coverage and elects breast reconstruction in connection with such mastectomy, she is also covered for the following:

- Reconstruction of the breast on which mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses;
- Treatment of physical complications of all states of mastectomy, including lymphedemas.

Coverage for reconstructive breast surgery may not be denied or reduced on the ground that it is cosmetic in nature or that it otherwise does not meet the coverage definition of "medically necessary." Benefits will be provided on the same basis as for any other illness or injury under the Plan. Coverage for breast reconstruction and related services will be subject to applicable deductibles, co-payments and coinsurance amounts that are consistent with those that apply to other benefits under the Plan.

Maternity Coverage Length of Hospital Stay

Group health plans and health insurance issuers offering group health insurance coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal 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 or 96 hours, as applicable. Additionally, no group health plan or issuer may require that a provider obtain authorization from the Plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Medical Child Support Orders

A Component Benefit Plan must recognize certain legal documents presented to the Plan Administrator by participants or their representatives. The Plan Administrator may be presented court orders which require child support, including health benefit coverage. The Plan Sponsor must recognize a Qualified Medical Child Support Order (QMCSO), within the meaning of ERISA section 609(a)(2)(B), under any Component Benefit Plan providing health benefit coverage.

A QMCSO is a state court or administrative agency order that requires an employer's medical plan to provide benefits to the child of an employee who is covered, or eligible for coverage, under the employer's plan. QMCSOs usually apply to a child who is born out of wedlock or whose parents are divorced. If a QMCSO applies, the employee must pay for the child's medical coverage and will be required to join the Plan if not already enrolled.

The Plan Administrator, when receiving a QMCSO, must promptly notify the employee and the child that the order has been received and what procedures will be used to determine if the order is "qualified." If the Plan Administrator determines the order is qualified and the employee must provide coverage for the child pursuant to the QMCSO, contributions for such coverage will be deducted from the employee's paycheck in an amount necessary to pay for such coverage. The affected employee will be notified once it is determined the order is qualified. Participants and beneficiaries can obtain a copy of the procedure governing QMCSO determinations from the Plan Administrator without charge.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law took effect in 2014, a new way to buy health insurance became available: the Health Insurance Marketplace. To assist Employees as they evaluate options for themselves and their family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by their employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help individuals and families find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Employees may also be eligible for a new kind of tax credit that lowers their monthly premium right away. The open enrollment period for health insurance coverage through the Marketplace began on Nov. 1st, and ended on Dec. 15. Individuals must have enrolled or changed plans prior to Dec. 15, for coverage starting as early as Jan. 1st. After Dec. 15th, individuals can get coverage through the Marketplace only if they qualify for a special enrollment period.

Can individuals Save Money on Health Insurance Premiums in the Marketplace?

Individuals may qualify to save money and lower monthly premiums, but only if their employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on premiums depends on household income.

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

Yes. If the Employee has an offer of health coverage from his/her employer that meets certain standards, they will not be eligible for a tax credit through the Marketplace and may wish to enroll in their employer's health plan. However, an individual may be eligible for a tax credit that lowers their monthly premium, or a reduction in certain cost-sharing if their employer does not offer coverage at all or does not offer coverage that meets certain standards. If the cost of a plan from an employer that would cover the Employee (and not any other members of their family) is more than 9.56% of household income for the year, or if the coverage the employer provides does not meet the "minimum value" standard set

by the Affordable Care Act, the Employee may be eligible for a tax credit. *

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

How Can Individuals Get More Information?

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

The Marketplace can help when evaluating coverage options, including eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in the area.

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.

Special Enrollment Periods

Special Enrollment Rights – If an employee declines enrollment for him/herself or for their dependents (including their spouse) because of other health insurance coverage, they may be able to enroll him/herself or their dependents in this Plan in the future, provided they request enrollment within 30 days after their other coverage ends. Coverage will begin under this Plan on the first day of the month after the Plan receives the enrollment form.

If an employee acquires a new dependent as a result of marriage, birth, adoption, or placement for adoption, they may be able to enroll him/herself and their dependents provided that they request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If an employee adds coverage under these circumstances, they may add coverage mid-year. For a new spouse or dependent acquired by marriage, coverage is effective no later than the first day of the first month beginning after the date the plan receives a timely request for the enrollment. When a new dependent is acquired through birth, adoption, or placement for adoption, coverage will become effective retroactive to the date of the birth, adoption, or placement for adoption. The plan does not permit mid-year additions of coverage except for newly eligible persons and special enrollees.

Individuals gaining or losing Medicaid or State Child Health Insurance Coverage (SCHIP) - If an employee or their dependent was:

1. covered under Medicaid or a state child health insurance program and that coverage terminated due to loss of eligibility, or
2. becomes eligible for premium assistance under Medicaid or SCHIP, or within 60 days of becoming eligible for the premium assistance from Medicaid or the SCHIP. Coverage under the plan will become effective on the date of termination of eligibility for Medicaid/state child health insurance program, or the date of eligibility for premium assistance under Medicaid or SCHIP.

HIPAA Notice of Privacy Practices **Effective Date: March 1, 2013**

THIS NOTICE DESCRIBES HOW INDIVIDUAL MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HIPAA Notice of Privacy Practices

The Sharp Transportation, Inc. Group Medical Plan (the "Plan"), which includes medical and dental coverages offered under the Sharp Transportation, Inc. Plans, are required by law (under the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 HIPAA's privacy rule) to take reasonable steps to ensure the privacy of personally identifiable health information. This Notice is being provided to inform employees (and any of their dependents) of the policies and procedures Sharp Transportation, Inc. has implemented and their rights under them, as well as under HIPAA. These policies are meant to prevent any unnecessary disclosure of individual health information.

Use and Disclosure of individually identifiable Health Information by the Plan that Does Not Require the Individual's Authorization: The plan

may use or disclose health information (that is protected health information (PHI)), as defined by HIPAA's privacy rule) for:

1. Payment and Health Care

Operations: In order to make coverage determinations and payment (including, but not limited to, billing, claims management, subrogation, and plan reimbursement). For example, the Plan may provide information regarding an individual's coverage or health care treatment to other health plans to coordinate payment of benefits. Health information may also be used or disclosed to carry out Plan operations, such as the administration of the Plan and to provide coverage and services to the Plan's participants. For example, the Plan may use health information to project future benefit costs, to determine premiums, conduct or arrange for case management or medical review, for internal grievances, for auditing purposes, business planning and management activities such as planning related analysis, or to contract for stop-loss coverage. Pursuant to the Genetic Information Non-Discrimination Act (GINA), the Plan does not use or disclose genetic information for underwriting purposes.

2. Disclosure to the Plan Sponsor: As required, in order to administer benefits under the Plan. The Plan may also provide health information to the plan sponsor to allow the plan sponsor to solicit premium bids from health insurers, to modify the Plan, or to amend the Plan.

3. Requirements of Law: When required to do so by any federal, state or local law.

4. Health Oversight Activities: To a health oversight agency for activities such as audits, investigations, inspections, licensure, and other proceedings related to the oversight of the health plan.

5. Threats to Health or Safety: As required by law, to public health authorities if the Plan, in good faith, believes the disclosure is necessary to prevent or lessen a serious or imminent threat to an individual's health or safety or to the health and safety of the public.

6. Judicial and Administrative Proceedings: In the course of any administrative or judicial proceeding in response to an order from a court or administrative tribunal, in response to a subpoena, discovery request or other similar process. The Plan will make a good faith attempt to provide written notice to the individual to allow them to raise an objection.

7. Law Enforcement Purposes: To a law enforcement official for certain enforcement purposes, including, but not limited to, the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

8. Coroners, Medical Examiners, or Funeral Directors: For the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law.

9. Organ or Tissue Donation: If the person is an organ or tissue donor, for purposes related to that donation.

10. Specified Government Functions: For military, national security and intelligence activities,

protective services, and correctional institutions and inmates.

11. Workers' Compensation: As necessary to comply with workers' compensation or other similar programs.

12. Distribution of Health-Related Benefits and Services: To provide information to the individual on health-related benefits and services that may be of interest to them.

Notice in Case of Breach

Sharp Transportation, Inc. is required maintain the privacy of PHI; to provide individuals with this notice of the Plan's legal duties and privacy practices with respect to PHI; and to notify individuals of any breach of their PHI.

Use and Disclosure of Individual Health Information by the Plan that Does Require Individual

Authorization: Other than as listed above, the Plan will not use or disclose without your written authorization. You may revoke your authorization in writing at any time, and the Plan will no longer be able to use or disclose the health information. However, the Plan will not be able to take back any disclosures already made in accordance with the Authorization prior to its revocation. The following uses and disclosures will be made only with authorization from the individual: (i) most uses and disclosures of psychotherapy notes (if recorded by a covered entity); (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this notice.

Individual Rights with Respect to Personal Health Information: Each individual has the following rights under the Plan's policies and procedures, and as required by HIPAA's privacy rule:

Right to Request Restrictions on Uses and Disclosures: An individual may request the Plan to restrict uses and disclosures of their health information. The Plan will accommodate reasonable requests; however, it is not required to agree to the request, unless it is for services paid completely by the individual out of their own pocket. A wish to request a restriction must be sent in writing to HIPAA Privacy Officer, at Sharp Transportation, Inc., 390 N 900 E #9312, Wellsville, UT 84339, (435) 245-6053.

Right to Inspect and Copy Individual Health Information: An individual may inspect and obtain a copy of their individual health information maintained by the Plan. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. A written request must be provided to HIPAA Privacy Officer at Sharp Transportation, Inc., PO Box 3452, Logan, UT 84323, (435) 245-6053. If the individual requests a copy of their health information, the Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with their request.

Right to Amend Your Health Information: You may request the Plan to amend your health information if you feel that it is incorrect or incomplete. The Plan

has 60 days after the request is made to make the amendment. A single 30-day extension is allowed if the Plan is unable to comply with this deadline. A written request must be provided to HIPAA Privacy Officer, at Sharp Transportation, Inc., PO Box 3452, Logan, UT 84323, (435) 245-6053. The request may be denied in whole or part and if so, the Plan will provide a written explanation of the denial.

Right to an Accounting of Disclosures: An individual may request a list of disclosures made by the Plan of their health information during the six years prior to their request (or for a specified shorter period of time). However, the list will not include disclosures made: (1) to carry out treatment, payment or health care operations; (2) disclosures made prior to April 14, 2004; (3) to individuals about their own health information; and (4) disclosures for which the individual provided a valid authorization.

A request for an accounting form must be used to make the request and can be obtained by contacting the HIPAA Privacy Officer at Sharp Transportation, Inc., PO Box 3452, Logan, UT 84323, (435) 245-6053. The accounting will be provided within 60 days from the submission of the request form. An additional 30 days is allowed if this deadline cannot be met.

Right to Receive Confidential Communications: An individual may request that the Plan communicate with them about their health information in a certain way or at a certain location if they feel the disclosure could endanger them. The individual must provide the request in writing to the HIPAA Privacy Officer at Sharp

Transportation, Inc., PO Box 3452, Logan, UT 84323, (435) 245-6053. The Plan will attempt to honor all reasonable requests.

Right to a Paper Copy of this Notice: Individuals may request a paper copy of this Notice at any time, even if they have agreed to receive this Notice electronically. They must contact their HIPAA Privacy Officer at Sharp Transportation, Inc., PO Box 3452, Logan, UT 84323, (435) 245-6053 to make this request.

The Plan's Duties: The Plan is required by law to maintain the privacy of individual health information as related in this Notice and to provide this Notice of its duties and privacy practices. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains.

Complaints and Contact Person: If an individual wishes to exercise their rights under this Notice, communicate with the Plan about its privacy policies and procedures, or file a complaint with the Plan, they must contact the HIPAA Contact Person, at Sharp Transportation, Inc., PO Box 3452, Logan, UT 84323, (435) 245-6053. They may also file a complaint with the Secretary of Health and Human Services if they believe their privacy rights have been violated.

Important Notice from Sharp Transportation, Inc. About Your Prescription Drug Coverage and Medicare (Creditable Coverage)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sharp Transportation, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

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

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Sharp Transportation, Inc. coverage will not be affected.

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

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

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

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

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Sharp Transportation, Inc. 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).

Date: 6/2/2020

Name of Entity/Sender: Sharp Transportation, Inc.

Contact--Position/Office: Human Resources

Address: PO Box 3452, Logan, UT 84323

Phone Number: (435) 245-6053

APPLIES TO HIGH DEDUCTIBLE HEALTH PLAN ONLY

Important Notice from Sharp Transportation, Inc. About Your Prescription Drug Coverage and Medicare (Non-Creditable Coverage)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sharp Transportation, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your

prescription drug coverage is at the end of this notice.

There are three 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. Sharp Transportation, Inc. High Deductible Health Plan has determined that the prescription drug coverage offered by Sharp Transportation, Inc. is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-

Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Sharp Transportation, Inc. high deductible health plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

3. You can keep your current coverage from Sharp Transportation, Inc. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

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 decide to drop your current coverage with Sharp Transportation, Inc., since it is employer/union sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Sharp Transportation, Inc. high deductible health plan.

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

Since the coverage under the Sharp Transportation, Inc. high deductible health plan, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

If you decide to join a Medicare drug plan, your current Sharp Transportation, Inc. coverage will not be affected.

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

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 Sharp Transportation, Inc. 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).

Date: 6/2/2020

Name of Entity/Sender: Sharp Transportation, Inc.

Contact--Position/Office: Human Resources

Address: PO Box 3452, Logan, UT 84323

Phone Number: (435) 245-6053

