2021 MEDICAL PLAN

COMBINED TRANSPORT
Logistics Group, Inc.

WELCOME!

Combined Transport Logistics Group, Inc. is committed to providing you and your family with affordable healthcare and the means and ability to secure savings for retirement. We offer you a comprehensive portfolio of benefits that reach far beyond the paycheck.
This guide is designed to assist you in making benefit choices. It provides key information on the various aspects of the plans and helps you sort through your options. Please review the material, discuss it with your family, and make an informed choice when selecting coverage.

Additional benefit details can be found in the Plan documents, available from Human Resources, or at the various websites and customer service numbers for each Plan. If there is a conflict between the group insurance contracts and this guide, the group insurance contracts prevail.

YOU MUST SUBMIT THE ENROLLMENT FORM TO HUMAN RESOURCES NO LATER THAN 1/24/21

BENEFITS AT A GLANCE

We've Got You Covered

The Benefits Plan year begins on 02-01-2021 and ends the following 01-31-2022. You and Combined Transport Logistics Group share the cost of your benefits coverage. Combined Transport Logistics Group pays the majority of the premium for your health benefits. Your cost will vary based on whether you elect single or family coverage. Combined Transport Logistics Group offers you and your eligible dependents comprehensive benefits, including:

- Medical and Prescription Drug coverage
- Dental coverage
- Vision coverage
- Employee Assistance Program (EAP)
- Life and Accidental Death & Dismemberment (AD&D) Insurance
- Short Term Disablity

2021
Benefit Highlights

- No network for dental or vision. Members may see any willing provider. Usual & Customary rates may apply.
- In-Network PPO (First Choice) discounts available in: OR, WA, ID, MT, AK = no balance billing to the member
- LifeBalance – wellness, recreational, cultural resource and discount program (nationwide)

ELIGIBILITY

All full and part-time staff regularly scheduled to work at least 30 hours per week are eligible to participate in the Benefits Plan. Coverage begins 02-01-2021. For new hires, coverage begins the 8th day following conditional date of hire.

ELIGIBLE DEPENDENTS

Your eligible dependents include:

- Your Legal Spouse (unless you are legally separated)
- Your Dependent Children up to age 26, unless the child is eligible for other employer-sponsored coverage. Your child may be married or unmarried, however if married, coverage does not extend to the dependent child's spouse or children.
    - This includes natural and adopted children, stepchildren or foster children who live with you in a parent-child relationship;
    - Children of any age if physically or mentally handicapped and claimed as a dependent on your federal income tax return, provided the child becomes handicapped before age 26.

MONTHLY PREMIUM CONTRIBUTIONS

	2021 Cost	2021 Cost with HIP discount
Individual	**$50**	**$0**
Employee & Spouse	**$301**	**$251**
Employee & Child(ren)	**$301**	**$251**
Family	**$445**	**$395**

Changing Benefit Elections due to qualifying Life event

Once you make your election, your benefits will be effective until the end of the Plan Year unless you have a Qualified Life Event change in status. The following list highlights the most common Qualifying Life Events:

- Change in marital status (marriage, death of spouse, divorce, legal separation);
- Change in number of dependents (birth, death, adoption, eligibility status, child support order);
- Change in employment status for you or your spouse (commencement, termination, leave of absence, full-time to part-time or vice versa);
- Change in residence or worksite for you, your spouse or your child;
- Special enrollment rights under HIPAA; or
- You, your spouse or child gains or loses Medicare or Medicaid coverage

You will have only **30 days** to update your coverage for any Qualifying Life Event listed above. For further information on eligible Qualifying Life Events or to update your coverage, please contact Human Resources.

Medical Plan

Reference-Based Pricing

Our plan continues to use Reference-Based Pricing in all 50 states, but for employees living or receiving care in OR, WA, ID, MT, AK, we have joined with First Choice Health to bring you a network of providers and contracted rates. You (and we) pay less when you see an in-network provider, and there is no balance billing. The medical plan maintains your ability to choose any health care provider or facility you wish, nationwide.

How Reference-Based Pricing Lowers Your Hospital Bills

With most plans, hospitals set their own prices – and some charge a lot more than others! With reference-based pricing, your medical plan sets the amount based on a reference determined by Medicare. Since the price is based on the hospitals' actual costs, we can ensure that the price is fair for everybody. The result: lower prices across the board, with the savings passed along to you.

What You Need To Know

When your provider recommends a procedure that requires a hospital visit, they call to precertify the service. Precertification confirms the estimated price with the hospital before you even receive the service. Your bill – generally the deductible and coinsurance – is based on that price, which is almost always lower than what the hospital would have charged on a traditional plan.

COMPARATIVE SHOPPING FOR CARE

When you are scheduling a service at a hospital – knee surgery or maternity care, for example – where you go affects what you pay. Usually your doctor will recommend a facility for your procedure: if the facility costs are unusually expensive. By choosing wisely, you can keep your costs as low as possible.

Key Terms

- **Balance Bill:** A bill sent to a patient by a provider for charges not paid by the medical plan
- **Coinsurance:** The percentages of the total medical bill that you pay once you meet your deductible
- **Copay:** The flat dollar amount that you pay for an office visit to a provider
- **Deductible:** The amount you pay out of your pocket for covered health expenses (such as surgery, hospital services, lab work, ambulance, and other non-co-payment services) before your plan begins paying a percentage of your costs
- **Out-Of-Pocket Maximum:** The most you will pay each year in deductibles and your share of coinsurance before your plan begins paying most of your covered expenses at 100% for the rest of the year
- **Pre-Certification:** When your physician recommends an expensive test or procedure, they first authorize it with the medical plan, who ensures that both cost and quality of the provider are appropriate
- **Usual & Customary:** The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.
- **First Choice (In-Network):** Contracted providers OR, WA, ID, MT, AK

Medical Plan Coverage Overview

The table below outlines coverage for some of the most common services

FEATURES/SERVICES	BENEFIT
Physician Visits	$20 Primary / $35 Specialist
Chiro/Acu/Massage/ Physical Therapy	$20 copay
Deductible (See "key terms" on page 6)	$500 Individual / $1,500 Family
Coinsurance (See "key terms" on page 6)	20%
Balance Billing (See "key terms" on page 6)	Yes
Out-of-Pocket Maximum (See "key terms" on page 6)	$4,000 Individual / $12,000 Family
ACA Preventative Care	Covered 100%
Maternity Care - Delivery	20% after deductible
Lab Tests & Diagnostics	Fully covered if done as part of an office visit, otherwise 20% after; deductible waived.
High-Tech Imaging	20%, and deductible waived
Outpatient Procedures	20% after deductible
Hospitalization	20% after deductible
ER Visits	$250 copay, waived if admitted
Urgent Care	$35 copay after deductible

YOUR OUT-OF-POCKET (OOP) MAXIMUM

Your medical plan includes an annual Out-of-Pocket (OOP) maximum. Once you have paid the OOP maximum, you will no longer pay copayments or coinsurance for your covered services for the remainder of the calendar year. You will only be responsible for non-covered services. Both Medical and Pharmacy copays and coinsurance accumulate toward this OOP maximum ($4,000 Individual/$12,000 Family).

Pricing Example

What will you pay for care? Your costs will be different for each procedure and each hospital, but they will be lower than with a traditional health plan. Here is an example of what might be charged for a surgery:

Sample Procedure	Traditional PPO Plan:	Combined Transport Pricing Plan:
Starting Price:	$25,000 (What the Hospital wants to bill for the surgery)	$5,000 (What Medicare would pay for the same procedure)
Plan Price:	$15,000 (What the Hospital agrees to pay an insurance company by contract	$8,000 (Hospital agrees to 160% of the standard Medicare price)
Deductible you pay:	$500	$500
Coinsurance:	You pay 20% of $14,500 which is $2,900	You pay 20% of $7,500 which is $1,500
Your Total Bill:	$500 + $2,900 = $3,400	$500 + $1,500 = $2,000
Exception: First Choice In-Network for (OR, WA, ID, MT, AK).		

(You would pay your deductible and coinsurance, up to the annual out-of-pocket maximum.) As you can see, Combined Transport pricing can save you significant costs per procedure.

Billing Issues? Contact Health Solutions

Since our plan is based on fair and transparent pricing, you should not have to worry about unexpected bills. However, as with any plan, you may occasionally receive a hospital bill above and beyond what was agreed on your statement. (This is known as “balance billing”.)

Tel: 541-618-6533
E-Mail: admin@aahealthsolutions.com

SUMMARY OF BENEFITS & COVERAGE

In compliance with the Affordable Care Act, we supply a Summary of Benefits and Coverage (SBC). The SBC standardizes and simplifies the way medical and prescription drug benefit details are communicated so that you can easily compare plan options. SBCs are based on established, uniform terminology to describe the specific benefit details and your share of the costs.

DENTAL

COVERED DENTAL EXPENSES

Charges are limited to Usual and Customary Fees.
Participant will be responsible for any amount over the Usual and Customary amount.

Dental	
Deductible per Participant	**Individual: $50** **Family: $150**
Maximum benefit per calendar year for Preventive Care, Repair, Restoration and Major Dental Repair	**$2,000 Per Participant**
Maximum Lifetime benefit for Orthodontics	**$1,000 Per Participant**

Covered Dental Expenses	
Preventive Care	**100% No Deductible**
Repair and Restoration	**80% After Deductible**
Major Dental Repair	**50% After Deductible**
Orthodontics	**50% After Deductible**

Members may see any willing provider
Usual & Customary rates apply; balance billing will apply for amounts over usual & customary

VISION

COVERED VISION EXPENSES

Charges are limited to Usual and Customary Fees.
Participant will be responsible for any amount over the Usual and Customary amount.

Eyeglasses	
Routine Eye Exam, 1 per participant, per 12 months	$10 Copay
Prescription Glasses Copay (single copay for frames & lenses)	$25 Copay
Frame-type lenses, per pair, per 12 months: - Single vision - Bi-Focal -Tri-Focal - Polycarbonate, for dependant children	100% after $25 prescription glasses copay
Lens enhancements, per participant, per 12 months: - Standard progressive lenses - Premium progressive lenses - Custom progressive lenses	$50 Copay $80 Copay $120 Copay
Frames, per pair, per 24 months	100% up to $140 maximum

Contact Lenses	
Routine eye exam, 1 per participant, per 12 months	Up to $60 copay
Contact lenses (instead of eyeglasses), per participant, per 12 months - Soft - Hard - Bi Focal - Disposable	100% up to $120 maximum

Other Covered Vision Expenses	
Non-routine eye exams and retinal screenings: For those related to diabetic eye disease, glaucoma and age-relation macular degeneration (AMD) on an as-needed basis. Coordination with medical coverage may apply.	$20 Copay
Routine Retinal Screening	Maximum $39 Copay

Members may see any willing provider
Usual & Customary rates apply; balance billing will apply for amounts over usual & customary

Prescription Drug Coverage

Prescription Drug coverage is provided through Ayin Administrative Health Solutions brought to you by Providence Plan Partners with a nationwide network of participating pharmacies and mail order prescription service.

KEY TERMS

- **Generic:** Generic drugs contain the same active ingredients as brand-name drugs, but they generally cost less than brand alternatives
- **Brand:** Brand-name drugs are protected by U.S. patent laws and only a single manufacturer has the rights to produce and sell them.
- **Preferred/Non-preferred drugs:** Your benefits include drugs listed on our formulary as preferred or non-preferred drugs. Generally, your cost share will be less when filling prescriptions for preferred drugs.

Generics Offer the Best Value

If you're looking for the best value in prescription drugs, generic medications are often the most cost effective option. They often cost less than brand-name drugs, and those savings are passed directly on to you. They are safe to use and just as effective as brand-name medications. The Food and Drug Administration (FDA) requires rigorous testing of both generic and brand-name medications to ensure they are safe and effective.

Mail Order

Some medications taken on a regular basis are considered maintenance medications that can be filled for up to a 90-day supply of at a participating mail-order pharmacy. Go to either (1) **www.Costco.com/Pharmacy/Home-Delivery** or call **800-607-6861** OR (2) **www.PPSRx.com** or call **800-552-6694** to get started.

For more information and to see which prescription medications are generic, preferred brand, or non-preferred brand go to AyinAdministrativeHealthSolutions.com or call 1-877-246-3644.

Prescription Drug Category	Copay
Generic medication*	$10 retail (30 days) $25 retail or mail order (90 days)
Preferred Brand and Specialty*	$40 retail (30 days) $115 retail or mail order (90 days)
Non-Preferred Brand and Specialty*	$60 (30 days) $175 retail or mail order (90 days)
All Specialty Drugs must be ordered through Credena Health, our designated specialty pharmacy. Credena Health provides specialty medications and some clinical support for complex conditions. To learn more about Credena Health, please call 1-855-360-5476 or visit www.Providence.org/Credena-Health. **Certain limitations may apply, including prior authorization, step therapy, and quantity limits.*	

Dear Member,

Welcome to Ayin Administrative Health Solutions®. We're pleased to be a part of your health journey and are committed to offering you access to:

- Nationwide network of pharmacies,
- Timely and accurate claims payment, and
- Resources to help you make the most of your health.

We invite you to read through the information below to get the most from our pharmacy care services.

Knowledge is power

When you understand your benefits, you'll know what questions to ask about your care and treatment options. You'll learn where and how to use your benefits in the most cost-effective and appropriate ways. We provide a wealth of pharmacy resources online to help you do just that. Resources include:

- A complete view of your covered benefits
- Our formulary - a list of FDA-approved prescription drugs developed by physicians and pharmacists, designed to offer drug treatment choices for covered medical conditions. The formulary includes both brand-name and generic medications.

Show your card

Presenting your member ID card when filling a prescription at a participating pharmacy ensures we are billed for your medications. You are only responsible for your share of the cost.

Ask about generics

If you're looking for the best value in prescription drugs, generic medications are often the most cost effective option. They generally cost less than brand-name drugs, and those savings are passed directly on to you.

Generic medications are widely available, safe to use and just as effective as brand-name drugs. The Food and Drug Administration (FDA) requires rigorous testing of both generic and brand-name medications to ensure both are safe and effective.

Brand-name drugs cost more for two reasons:

1) Research and Development – it costs a lot of money to conduct clinical trials to bring drugs to market.

2) Advertising – drug companies spend money to advertise new drugs to the public. Generic manufacturers do not have to spend money on clinical trials or advertising so they can keep their prices much lower than the brand-name counterparts.

Additional alternatives

If no generic medication is available for your brand-name drug, ask your doctor if a comparable generic drug is available. You may be surprised at your cost savings.

Medication approval process

Certain drugs require prior authorization before the medication is covered. Prior authorization is a process initiated by the prescribing medical provider, to determine appropriateness of some drugs before they are dispensed. To see a list of drugs that need prior authorization, review your formulary.

Use a participating pharmacy

Filling your prescriptions at one of our participating pharmacies nationwide is not only convenient, it can provide a significant cost savings. To locate a pharmacy near you, use our online pharmacy directory, AyinAdministrativeHealthSolutions.com.

Retail and preferred retail pharmacies

More than 34,000 pharmacies participate in our nationwide pharmacy network.

A participating retail pharmacy can fill up to a 30-day supply of medication while a preferred retail pharmacy can fill a 30-day supply of a medication or provide up to a 90-day supply of maintenance medication. By filling a prescription at one of these pharmacies, you can usually pay less for your medication. Most major pharmacy chains are preferred retail pharmacies, including: Bi-Mart, Costco, Fred Meyer/Kroger/QFC, Rite Aid, CVS, and Walgreens.

For a complete list of participating pharmacies, use the Pharmacy Directory at AyinAdministrativeHealthSolutions.com or call a member service representative at 1-877-216-3644, TTY711.

Mail order pharmacies

Some medications taken on a regular basis are considered maintenance medications. If you take a maintenance medication, consider using one of our participating mail-order pharmacies to fill a 90-day supply. This will reduce your need to go to the pharmacy and may help you take your medications as directed without running out. In addition, getting 90-day supplies may actually save you money due to better drug pricing!

- Costco Home Delivery
  Phone: 1-800-607-6861

Website: www.Costco.com/Pharmacy/Home-Delivery

- Postal Prescription Services
  Phone: 1-800-552-6694
  Website: www.PPSRx.com

Specialty pharmacy

Credena Health is our designated specialty pharmacy. All Specialty Pharmacy medications will need to be filled through Credena Health. Credena Health provides medications for conditions such as rheumatoid arthritis, multiple sclerosis, cancer, hepatitis C, and more.

Credena Health promotes the well-being of patient through the following services:

- Quick access to specialized medications
- Trusted pharmaceutical experts
- Help securing financial assistance
- 24/7 availability by phone

To learn more about Credena Health, call 1-855-360-5476 or visit www.Providence.org/Credena-Health.

Questions?

Once your plan is effective, visit AyinAdministrativeHealthSolutions.com to receive the latest details about pharmacy benefits and to set up your online account. Or call our member service team at 1-877-216-3644, TTY 711, and we will be happy to assist you.

Sincerely,

Pharmacy Services

Employee Assistance Program (EAP)

The EAP (Employee Assistance Program) helps you privately solve problems that may interfere with your work, family, and life in general. EAP services are FREE to you, your dependents, all household members. EAP services are always confidential and provided by experts.

Confidential Counseling

24-hour Crisis Help – toll-free access for you or a family member experiencing a crisis.
In-person Counseling – up to 3 face-to-face counseling sessions are available for each new issue. Simply call for access to qualified, local counselors who can help you with a variety of problems such as family, parenting, relationship, stress, anxiety, and other challenges.
Online Consultations – convenient access to online consultations with licensed counselors through RBH eAccess at MyRBH.com.
Online consultations are a great way to get support for brief issues, even when time is limited.

Worksite Tools

All supervisors have fast access to phone consultations, trainings about the EAP and management topics, critical incident response, and online supervisor resources for using the EAP and making employee referrals during workplace challenges.

MyRBH.com

At MyRBH.com you can access current health news, tools for parenting, health topic movies, wellness resources, financial calculators, legal forms, and over 50 online trainings.

Lunch + Learn Webinars

Free supervisor and employee webinars are presented each month. Visit MyRBH.com for more information or to register. Archived webinars can be accessed on the RBH YouTube channel.

Work-Life Tools

- Legal Services – access a free, half-hour consultation, by phone or in person, for any non-work related issue, followed with a 25% discount in legal fees.
- Financial Services – access free phone support for up to 30 days for each new financial issue, such as debt counseling, budgeting, and college or retirement planning.
- Mediation Services – request free consultations for personal, family, and non-work related issues such as divorce, neighbor disputes, or real estate.
- Will Preparation Resources – easily access free online will templates. Wills can be interactively completed online, saved, revised, downloaded, printed and emailed.
- Home Ownership Program – get free support and information about making smarter choices when shopping for a new home; making financing decisions; relocating; or selling a home.
- Identity Theft Services – access support in planning the recovery process for restoring your identity and credit after an incident.

To find out more about your EAP services, call 866-750-1327 or go to **www.MyRBH.com**
Once you're in MyRBH.com, use access code GoCombinedTransport

Basic Life/Accidental Death & Dismemberment Insurance (AD&D)

Life insurance protects the ones who depend on you. Combined Transport Logistics Group offers full-time employees Basic Life and AD&D benefits at no cost to you. If you are an eligible employee, you and your eligible family members are automatically covered by the plans; you do not have to enroll. These benefits are offered through Cigna Life.

Your Life Insurance benefit is a flat amount of $10,000 for you and $5,000 for each of your dependents.

Your AD&D Insurance will pay an additional benefit if you suffer a covered injury, such as the loss of a limb or an eye; you would receive a portion of your Life benefit. AD&D also pays an additional benefit if you die due to an accidental injury.

Designate A Beneficiary

It is important that you designate a beneficiary for your Basic Life and AD&D Insurance benefits, and to keep your designations as up-to-date as possible. If you die, your benefits will be paid to the most recent beneficiary(ies) on file. Note that you may change and update your beneficiary at any time, and not just at open enrollment.

Standard Insurance Company
Combined Transport, Inc.
Group Policy #165600
Effective Date March 1, 2019

Group Short Term Disability Insurance

Group Short Term Disability insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a weekly benefit in the event of a covered disability.

The cost of this insurance is paid by Combined Transport, Inc.

Eligibility

Definition of a Member	You are a member if you are a regular employee of Combined Transport, Inc., actively working at least 30 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows or coincides with 90 consecutive days as a member.

Benefits

Weekly Benefit	60 percent of the first $1,667 of weekly predisability earnings as of the date of disability, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Weekly Benefit	$1,000
Minimum Weekly Benefit	$15
Benefit Waiting Period	Your weekly benefit becomes payable after you have been continuously disabled for 7 days for disability caused by accidental injury and after 14 days for disability caused by physical disease, pregnancy or mental disorder.

Definition of Disability	For the benefit waiting period and while the Short Term Disability benefits are payable, you are considered disabled if you: • Are unable – as a result of physical disease, injury, pregnancy or mental disorder – to perform with reasonable continuity the material duties of your own occupation, and • Suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license. You will no longer be considered disabled when your earnings from any occupation meet or exceed 80 percent of your predisability earnings.
Maximum Benefit Period	90 days

Other Features and Services

- Reasonable Accommodation Expense Benefit
- Return to Work Incentive
- Temporary Recovery Provision

This information is only a brief description of the group Short Term Disability insurance policy sponsored by Combined Transport, Inc. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and Combined Transport, Inc. may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13275-D-OR-165600 (2/19)
5948010-316046

Questions & Contacts

Topic	Who to Contact	How
Benefits, enrollment and eligibility	Jessica Rios, Human Resources	541-618-6527 email: jrios@combinedtransport.com
Medical, Dental, Vision	Ayin Administrative Health Solutions	800-935-0404 AyinAdministrativeHealthSolutions.com
Pharmacy claims or coverage	Ayin Administrative Health Solutions	1-877-216-3644 AyinAdministrativeHealthSolutions.com
Specialty Pharmacy claims or coverage	Credena Health	503-962-1700 855-360-5476 http://www.providence.org/credena-health
Employee Assistance Program (EAP)	Reliant Behavioral Health	866-750-1327 www.myRBH.com (access code: GoCombinedTransport)
Life/AD&D Insurance	Cigna Life	800-732-1603 www.cigna.com
Flexible Spending Accounts	Discovery Benefits	866-451-3399 email: customerservice@discoverybenefits.com www.discoverybenefits.com
Supplemental Benefits	AFLAC - Steffanie Desautel	541-621-9705 email: Steffanie_Desautel@us.aflac.com www.aflac.com
Balance Bill	Health Solutions	If a balance bill is received contact Health Solutions 541-618-6533 email: admin@aahealthsolutions.com

Must be completed by Employer: ❑ **New Group**

Employer Name: _____

Client # and Sub Group #: _____ -- _____

Following Employee is:

❑ COBRA - Qualifying Event Date: _____

❑ New Hire by your Firm ❑ Other

❑ Applying during Open Enrollment

❑ Special Enrollment Event _____

Date Event Occurred: _____

Requested effective date of coverage: _____

Ayin Administrative Health Solutions
brought to you by Providence Plan Partners

5300 S Broadband Ln
Sioux Falls, SD 57108-2221
1-800-935-0404

EMPLOYEE ENROLLMENT APPLICATION

Please PRINT Clearly

Applicant Information

Employee Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Your SSN is required solely for the purpose of your positive identification. Your SSN will be protected from disclosure and will not be released or disclosed to any person or party, unless required by law.

Legal Last Name _____ **Legal First Name** _____ **MI** ___

❑ Single ❑ Divorced ❑ Married Date of Event:	Address / City / State / Zip		
Phone No.	Gender ❑ M ❑ F	Date of Birth	Annual Salary
Date Employed Full-Time ❑ Salaried ❑ Hourly	Average Hours Worked Per Week	Occupation	
This request for health coverage is for: ❑Self ❑Family ❑ Employee/Spouse ❑ Employee/Child(ren)	Dental ❑ Self ❑ Family	Vision ❑ Self ❑ Family	

Family Information

Legal First Name and M.I. (legal last name if different)	Gender	Date of Birth	Social Security No. (required)	Marital Status	Relationship to Employee
	❑ M ❑ F			❑ Single ❑ Married	
	❑ M ❑ F			❑ Single ❑ Married	
	❑ M ❑ F			❑ Single ❑ Married	
	❑ M ❑ F			❑ Single ❑ Married	
	❑ M ❑ F			❑ Single ❑ Married	

(If more space is needed, attach an additional sheet of paper, sign and date it.)

WAIVER SECTION

I have been informed that an employer-sponsored health benefit plan is available through my employer to my dependents and me and I have been offered the opportunity to participate in the benefit plan. On behalf of myself and my dependents, I am voluntarily electing not to enroll in the health benefit plan sponsored by my employer. I am not applying for coverage because I am:

❑ Covered by a spouse's group benefit plan

❑ Other
Explain: _____

Signature: _____

Date: _____

OTHER COVERAGE INFORMATION

Are you or any family member covered by any medical insurance, including Medicare, which will continue **AFTER** the proposed effective date with us? ❑ No ❑ Yes*

*If yes, a copy of the Other Insurance or Medicare card **MUST** be attached.

Are you currently or have you previously been enrolled by us?
❑ No ❑ Yes ID Number: _____

Do you have a court order which states who is responsible to provide medical coverage on the dependents? ❑ No ❑ Yes*

*If yes, a copy of the court order **MUST** be attached.

Authorization to Release Information

TO: Physicians, Hospitals and Other Providers of Health Care Services; Insurer's; Employers; and Group Policyholders:

I request that you provide us with any and all health, job status, or other information about me or any family member named on this application. I also request that you provide the above referred to information to the application department of any reinsurer requesting such information. Health information includes any and all records existing both prior to and subsequent to my application for health care coverage with us which may encompass: (a) my medical history; (b) my physical and mental health; and (c) my possible drug and alcohol use. Health information also includes any and all of the above referred to records which may be created or produced at any time in the future. The purpose of this release is to facilitate evaluation of my application, provide assistance in processing any claims submitted to us or for utilization review activities. A photocopy of this form is as valid as the original, and I may receive a copy of this form upon written request. This authorization is valid for the term of enrollment and this release is a waiver of any physician/patient privilege as they apply to me or any of my dependents. If employee contributions are required, I authorize deductions from my earnings of the required contributions, if any towards the cost of coverage.

EMPLOYEE SIGNATURE _____ DATE _____

Healthy Incentive Program Enrollment Form

In order to become eligible for the Combined Transport/Cardmoore Trucking/Blackwell Consolidation Health Incentive Program (HIP) this form must be completed, signed and returned to the Combined Transport benefits department.

HIP provides a number of health benefits to our employees but primarily gives a reduction in the amount of monthly employee contribution to their health insurance.

Plan Type	Your Cost Per Month	Your Cost Per Month With Discount
Individual	$50	$0
Employee & Spouse	$301	$251
Employee & Child(ren)	$301	$251
Family	$445	$395

NOTE: If you or your spouse are currently a Nicotine/Tobacco user, to be eligible for the Healthy Incentive Program, you must enroll in the Nicotine/Tobacco Cessation Program offered by Combined Transport. This program is offered at no cost to you. If you think you might be unable to meet a standard for this incentive, you might qualify for an opportunity to earn the same incentive by different means. Contact Human Resources and we will work with you to find an alternative nicotine/tobacco cessation program that is right for you.

1) Do you use nicotine/tobacco products? Yes _____ No _____
If YES, would you be willing to enter a FREE nicotine/tobacco cessation program?
Yes _____ No _____

2) I will complete an annual Health Assessment. Yes _____ No _____

I understand that before my monthly contributions for the health insurance will be reduced, I must not use nicotine/tobacco products, or, I am enrolled in a nicotine/tobacco cessation program and I will provide a certificate of completion for the Health Assessment.

_____ NAME

_____ DATE

_____ ADDRESS

_____ PHONE NUMBER

_____ ADDRESS

_____ E-MAIL ADDRESS

_____ SIGNATURE

PERSONAL HEALTH ASSESSMENT

User Instructions – Special Access Code

1. Create an account at www.myProvidence.com

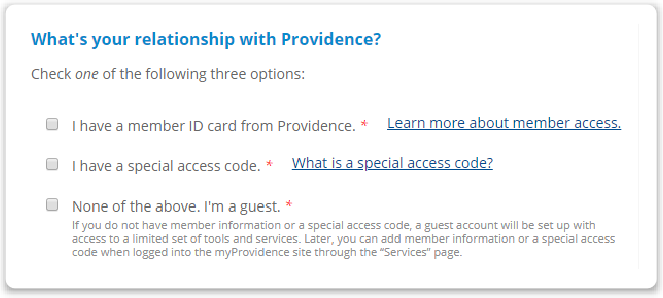
Follow the instructions below to create an account. Registration is quick, easy and secure.

You will need a few pieces of information to get started:

- Personal information (Name, birthdate, gender, zip code)
- Email address
- Special access code (combined)

1	Go to www.myProvidence.com
2	Under the Create an account section click the Register button: REGISTER
3	Fill in all required fields in the registration form - required fields are indicated by *

> In the section, What's your relationship with Providence?, you have three options to choose from. Choose "I have a special access code."

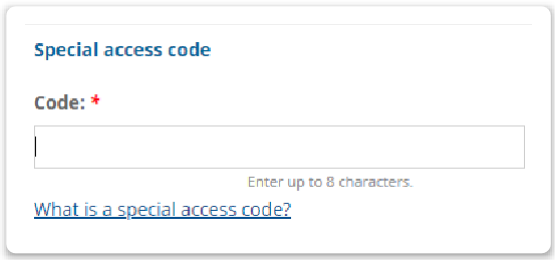


← Select "I have a special access code." Your special access code is "combined"

← Do not create a Guest Account

> Select NEXT In the lower right corner of the screen

4	Enter the special access code: combined

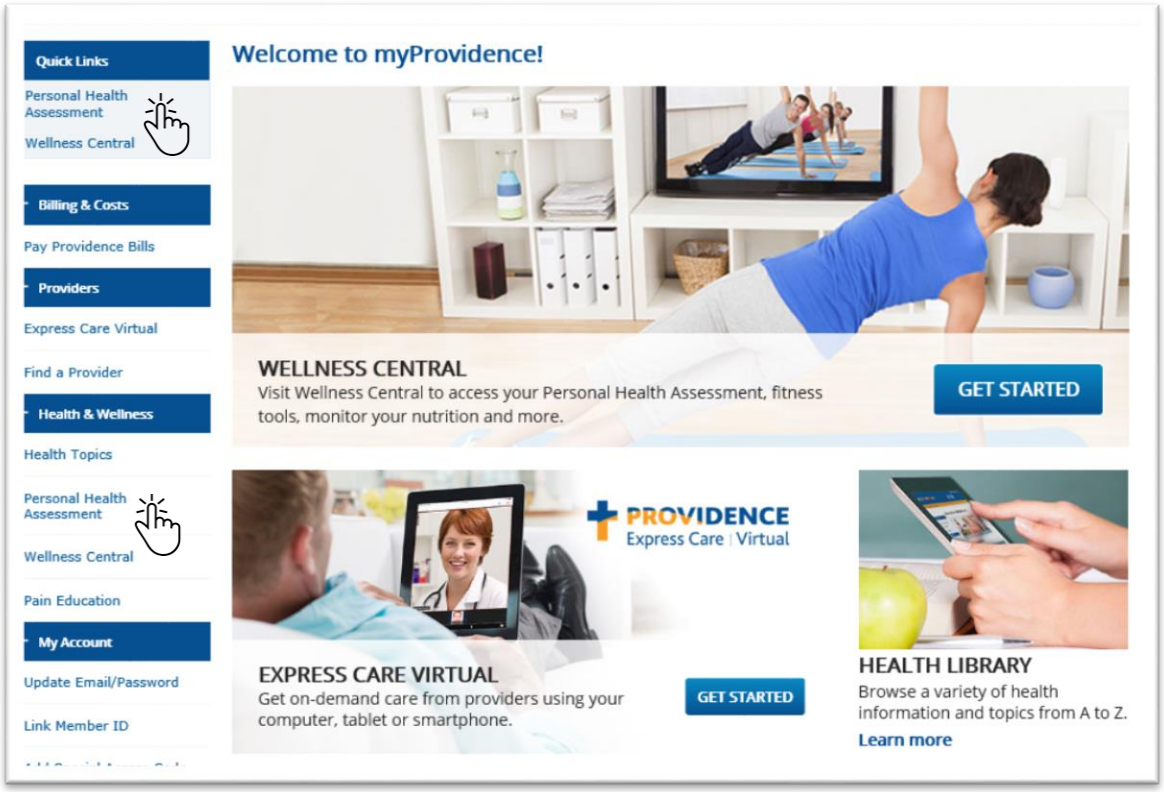


> Select NEXT In the lower right corner of the screen

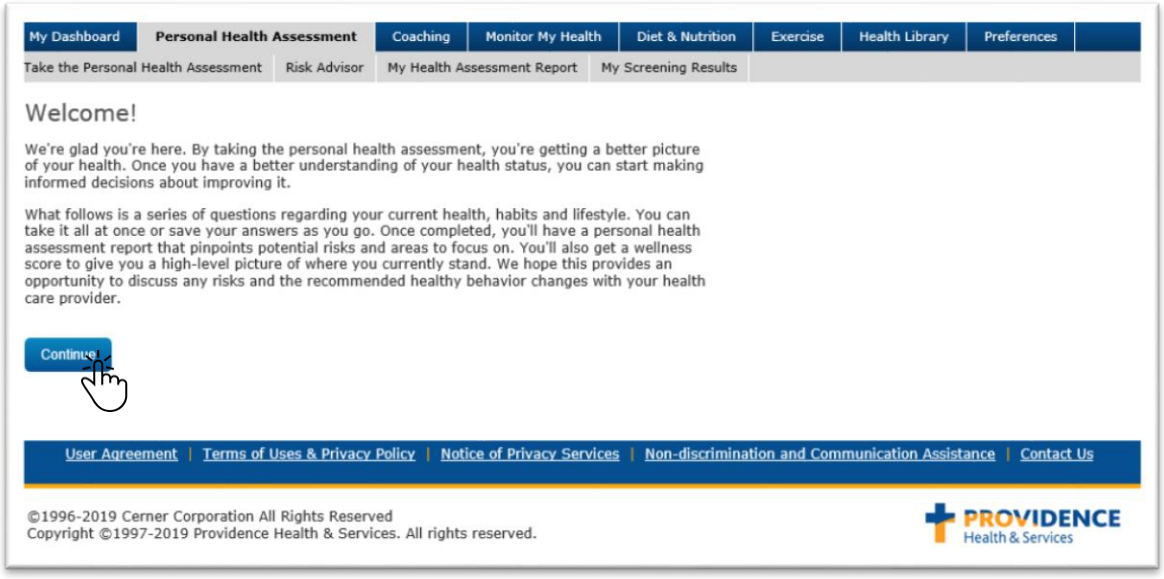
Have questions or need assistance? Contact myProvidence customer service at 877-569-7768.

2. Take the Personal Health Assessment

Step 1: Once logged into myProvidence, click on **Personal Health Assessment**., which can be found in the left-hand navigation, under Quick Links and Health & Wellness.



Step 2: Select **Continue** and follow the on-screen prompts to complete the Personal Health Assessment. It takes about 15 minutes to complete.



Frequently Asked Questions

What is a personal health assessment?

The personal health assessment is a tool that helps you evaluate your current health and quality of life. The assessment reviews your personal practices and helps identify lifestyle changes that can improve your health.

The benefits of using a personal health assessment include:

- A greater awareness about your overall health.
- Seeing a "big picture" view of your health, and learning how your personal choices impact your health.
- Identifying the areas of your health that would be helpful to maintain or improve.

Will the results of my personal health assessment be shared with anyone?

The results of your personal health assessment are confidential, unless you decide to share them.

Your employer may receive an aggregate report highlighting trends of employees at your organization. The report will not contain information that identifies individual employees or their results. 25 or more employees must complete the personal health assessment in order for your employer to receive an aggregate report.

If I start the personal health assessment but do not complete it, will my progress be saved?

Yes! If you begin the Personal Health Assessment but you are unable to complete it within the same interaction, your progress will be saved for you to continue the next time you log in to the site.

If I have questions while taking the personal health assessment who should I contact?

Call the myProvidence Help Desk at 1-877-569-7768. Be sure to mention that you are a Special Access Code user. Your special access code is “combined.”

LifeBalance

Ayin Administrative Health Solutions

brought to you by Providence Plan Partners

Activation Code: AHS2958

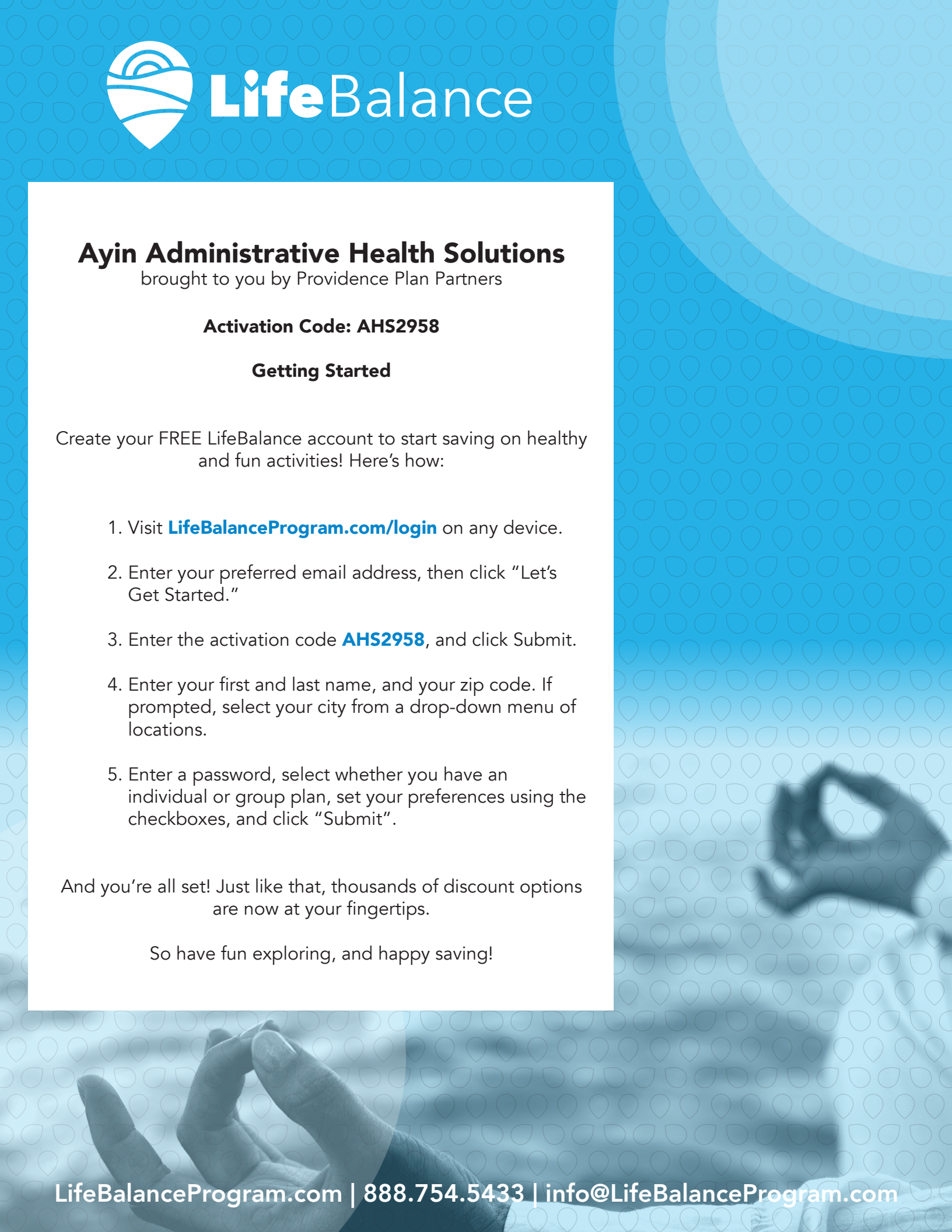
Getting Started

Create your FREE LifeBalance account to start saving on healthy and fun activities! Here's how:

1. Visit **LifeBalanceProgram.com/login** on any device.
2. Enter your preferred email address, then click "Let's Get Started."
3. Enter the activation code **AHS2958**, and click Submit.
4. Enter your first and last name, and your zip code. If prompted, select your city from a drop-down menu of locations.
5. Enter a password, select whether you have an individual or group plan, set your preferences using the checkboxes, and click "Submit".

And you're all set! Just like that, thousands of discount options are now at your fingertips.

So have fun exploring, and happy saving!



LifeBalance

Never Get So Busy Making a Living that You Never Make a Life!

Make your LifeBalance with savings on:

Fitness - Health club memberships, yoga, cycling, running, and more.

Travel - Lodging, car rentals, cruises, vacation packages, and tours.

Attractions - Admission to theme parks, water parks, zoos, and museums.

Spa & Relaxation - Massages, meditation, gardening, and more.

Movie Tickets - Tickets to theaters nationwide.

Performing Arts Tickets - Plays, musicals, family shows, symphonies, and more.

Outdoor Adventures - Outdoor gear, equipment rentals, classes, and excursions.

Sports - Sporting events tickets, sports camps, gear, and classes.

Eating Well - Weight management, meal delivery, supplements, and more.

Ski/Snowboard Lift Tickets - Tickets to over 50 resorts!

And that's just the start. Visit **LifeBalanceProgram.com/login** to find discounts on your favorite activities.

Questions? Contact the LifeBalance Member Services Team at **888.754.5433** or **info@LifeBalanceProgram.com**.

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.
This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage AyinAdministrativeHealthSolutions.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or www.cciio.cms.gov or call 1-800-935-0404 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	**$500** /Individual, **$1,500** /Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care is covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	**$4,000** /Individual, **$12,000** /Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premium, balance-billed charges, penalties for no preauthorization and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See AyinAdministrativeHealthSolutions.com or call 800-808-0450 for a list of network providers.	This plan uses a provider network within the five states of AK, ID, MT, OR and WA. You will pay less in these states if you use a provider that is in the plan's network. Outside of the five state area, this plan does not use a provider network.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$20 copay/office visit	None
	Specialist visit	$35 copay/office visit	
	Preventive care/screening/ immunization	No Charge	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	Deductible does not apply.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	Deductible does not apply. Preauthorization is required. 50% penalty for no preauthorization.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at AyinAdministrativeHealthSolutions.com or 877-216-3644	Generic drugs	Retail or Mail 30 day: $10 copay/prescription Retail or Mail 90 day: $25 copay/prescription	Coverage is limited up to a 30-day supply (retail and specialty) and a 90-day supply (preferred retail and Mail). Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits. Specialty Drugs must be filled through Credena Health: www.Providence.org/Credena-Health or 855-360-5476 ACA Preventive drugs are covered in full in-network. If you request a brand-name drug when a generic is available you will be responsible for the cost difference between the brand-name and generic drug in addition to the brand-name drug copayment, unless indicated "dispense as written" by your Physician.
	Preferred Brand Drugs and Preferred Specialty Drugs	Retail or Mail 30 day: $40 copay/prescription Retail or Mail 90 day: $115 copay/prescription	
	Non-Preferred Brand Drugs and Non-Preferred Specialty Drugs	Retail or Mail 30 day: $60 copay/prescription Retail or Mail 90 day: $175 copay/prescription	

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	Certain services may require preauthorization.
	Physician/surgeon fees	20% coinsurance	
If you need immediate medical attention	Emergency room care	$250 copay/visit	Copay waived if admitted.
	Emergency medical transportation	20% coinsurance	None
	Urgent care	$35 copay/visit	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	Preauthorization is required. 50% penalty for no preauthorization.
	Physician/surgeon fees	20% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit: $20 copay/visit Other Services: 20% coinsurance	None
	Inpatient services	20% coinsurance	Preauthorization is required. 50% penalty for no preauthorization.
If you are pregnant	Office visits	$20 copay/office visit	Cost-share does not apply for preventive services.
	Childbirth/delivery professional services	20% coinsurance	Preauthorization is required. 50% penalty for no preauthorization.
	Childbirth/delivery facility services	20% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you need help recovering or have other special health needs	Home health care	20% coinsurance	Limited to 60 visits per calendar year. Preauthorization is required.
	Rehabilitation services	$35 copay/visit	Coverage is limited to annual max of: 60 days for physical therapy, occupational therapy, speech therapy, massage therapy, pulmonary rehabilitation, cognitive therapy and Chiropractic care services; 36 days for Cardiac rehab services.
	Physical therapy	$20 copay/visit	
	Habilitation services	Not covered	None
	Skilled nursing care	20% coinsurance	Limited to 60 visits per calendar year. Preauthorization is required. 50% penalty for no preauthorization.
	Durable medical equipment	20% coinsurance	None
	Hospice services	20% coinsurance	Preauthorization is required. 50% penalty for no preauthorization.
If your child needs dental or eye care	Children's eye exam	No charge	Vision screening covered for children under age of 19 for preventative care.
	Children's glasses	Not covered	None
	Children's dental check-up	Not covered	None

*For more information about limitations and exceptions, see the plan or policy document at AyinAdministrativeHealthSolutions.com

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
• Bariatric Surgery	• Hearing Aids	• Private Duty Nursing
• Cosmetic Surgery	• Infertility Treatment (except diagnosis)	• Routine eye care (Adult & Child)
• Dental Care	• Long-Term Care	• Weight loss programs (for the treatment of morbid obesity only)
• Glasses (Adult & Child)	• Non-emergency care when traveling outside the U.S.	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Acupuncture	• Chiropractic Care	• Routine Foot Care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Ayin Administrative Health Solutions at 1-800-935-0404 or AyinAdministrativeHealthSolutions.com
Or you can contact the Oregon Division of Insurance by:

- Calling (503) 947-7984 or the toll free message line at (888) 877-4894
- Writing to the Oregon Insurance Division, Consumer Protection Unit, 350 Winter Street NE, Salem, OR 97301-3883
- Internet at http://dfr.oregon.gov/gethelp/ins-help/health/Pages/index.aspx
- E-mail at: cp.ins@state.or.us

Does this plan provide Minimum Essential Coverage? Yes
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-888-322-2115.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-322-2115.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-888-322-2115.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-888-322-2115.

———————————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*———————————

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		**Managing Joe's type 2 Diabetes** (a year of routine in-network care of a well-controlled condition)		**Mia's Simple Fracture** (in-network emergency room visit and follow up care)	
■ **The plan's overall deductible**	**$500**	■ **The plan's overall deductible**	**$500**	■ **The plan's overall deductible**	**$500**
■ **Specialist copay**	**$35**	■ **Specialist copay**	**$35**	■ **Specialist copay**	**$35**
■ **Hospital (facility) coinsurance**	**20%**	■ **Hospital (facility) coinsurance**	**20%**	■ **Hospital (facility) coinsurance**	**20%**
■ **Other coinsurance**	**20%**	■ **Other coinsurance**	**20%**	■ **Other coinsurance**	**20%**
This EXAMPLE event includes services like:		**This EXAMPLE event includes services like:**		**This EXAMPLE event includes services like:**	
Specialist office visits (*prenatal care)*		Primary care physician office visits (*including disease education)*		Emergency room care *(including medical supplies)*	
Childbirth/Delivery Professional Services		Diagnostic tests *(blood work)*		Diagnostic test *(x-ray)*	
Childbirth/Delivery Facility Services		Prescription drugs		Durable medical equipment *(crutches)*	
Diagnostic tests (*ultrasounds and blood work)*		Durable medical equipment *(glucose meter)*		Rehabilitation services *(physical therapy)*	
Specialist visit *(anesthesia)*					
Total Example Cost	**$12,700**	**Total Example Cost**	**$5,600**	**Total Example Cost**	**$2,800**
In this example, Peg would pay:		**In this example, Joe would pay:**		**In this example, Mia would pay:**	
Cost Sharing		*Cost Sharing*		*Cost Sharing*	
Deductibles	$500	Deductibles	$500	Deductibles	$500
Copayments	$40	Copayments	$1,060	Copayments	$495
Coinsurance	$2,500	Coinsurance	$400	Coinsurance	$300
What isn't covered		*What isn't covered*		*What isn't covered*	
Limits or exclusions	$60	Limits or exclusions	$55	Limits or exclusions	$0
The total Peg would pay is	**$3,100**	**The total Joe would pay is**	**$2,015**	**The total Mia would pay is**	**$1,295**

The **plan** would be responsible for the other costs of these EXAMPLE covered services.

Language Access Information

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-878-4445 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-878-4445 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-878-4445 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-878-4445 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-878-4445 (телетайп: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-878-4445 (TTY: 711) 번으로 전화해 주십시오

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-878-4445 (телетайп: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-878-4445 (TTY: 711) まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-878-4445 (رقم هاتف الصم والبكم: (TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-878-4445 (TTY: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-878-4445 (TTY: 711)។

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-878-4445 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-878-4445 (TTY: 711).

توجه: اگر به فارسی زبان بهای رایگان به صورت زبانی تسهیلات کمکی می‌گیرید. شما باید تماس بگیرید 1-800-878-4445 (TTY: 711) با.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-878-4445 (ATS: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-878-4445 (TTY: 711)

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – 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	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	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
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
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	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
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	

To see if any other states have added a premium assistance program since July 31, 2018, 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

Paperwork Reduction Act Statement

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

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

Employee Notices

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see below for more details, and be sure to give this notice to your Medicare-eligible dependents covered under the Combined Transport, Inc. group health plans.

Important Notice from Combined Transport, Inc. About Your Prescription Drug Coverage and Medicare - CREDITABLE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Combined Transport, 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. Combined Transport, Inc. has determined that the prescription drug coverage offered by the Welfare Benefit Plan for Combined Transport, Inc. 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 Combined Transport, Inc. coverage will not be affected. See the Contact listed below for an explanation of your plan benefits including the prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current Combined Transport, 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 Combined Transport, 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 Combined Transport, 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:

Employee Notices

- 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:	12/15/18
Sender:	Combined Transport, Inc.
Contact--Position/ Office: Address:	Jessica Rios, Human Resources 5656 Crater Lake Avenue Central Point, OR 97502
Phone Number:	(541) 618-6527

Notice of Privacy Practices – Effective February 1, 2019

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights
You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices
You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures
We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge areasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures
  (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

We can share health information about you for certain situations such as:

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- *Example: We use health information about you to develop better services for you.*

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
- *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena. **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html. **Changes to the Terms of this Notice**

Combined Transport, Inc.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and we will mail a copy to you.

If you have any questions about this Notice or about our privacy practices, please contact: Jessica Rios at 541-618-6527 or 5656 Crater Lake Ave., Central Point, OR 97502.

(C)(ii) of the Internal Revenue Code of 1986)

Combined Transport, Inc.

Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

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

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates their employment. If you notify your employer within **30 days** of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Marriage, Birth, or Adoption

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

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within **30 days** from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within **60 days** of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired by us, your children received health coverage under CHIP and you did not enroll them in our health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within **60 days** of the date of their loss of CHIP coverage.

Women's Health and Cancer Rights Act

This communication is to provide notice as required under the federal Women's Health and Cancer Rights Act, effective October 21, 1998. Please review this information carefully.

As a Plan participant or beneficiary of the Combined Transport Health Plan, if you or a covered dependent elects breast reconstruction in connection to a mastectomy, coverage will also be provided for:

- reconstruction of the breast on which the mastectomy was performed
- surgery and reconstruction of the other breast to produce symmetrical appearance; and
- prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

This coverage will be provided after consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

This notice is provided to you for informational purposes, no action is required on your part.

Please keep this information with your other group health plan documents. If you have any questions regarding this notice, please contact Member Services at the number found on your Medical ID Card.

Combined Transport, Inc.

NOTICE REGARDING WELLNESS PROGRAM

Combined Transport's Healthy Incentive Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a $50 discount on your monthly health insurance premiums for the remainder of the plan year. Although you are not required to complete the Health Assessment, only employees who do so will receive the discount.

The information from your Health Assessment will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through a wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Combined Transport Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, HealthSCOPE will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and

no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 541-618-6527.