hpi®

Health Plans, Inc.

Administrative Guide

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Introduction

Thank you for choosing Health Plans, Inc. (HPI) for your health and welfare plan needs. For over forty years, HPI has been an industry leader, providing comprehensive health plan administration to hundreds of employers and municipalities.

Today, HPI ranks as one of the largest health care administrators of self-funded plans in the region and serves employers and advisors from coast to coast. HPI offers employers unprecedented, cost-saving health plan benefit solutions proven to control medical costs, lower risk and improve productivity.

This administrative guide contains general information about our health and welfare plans and administration. If any statement in this guide conflicts with terms set forth in your Administrative Service Agreement (ASA) or Plan Document/Summary Plan Description (PD/SPD), the ASA or PD/SPD governs.

Your Contacts and Your Plan

HPI developed a team of specialists who are dedicated to assisting you in the management of all aspects of your company's health benefits plan. Each specialist will help you to resolve inquiries related to plan management, as well as issues that may arise from your employees.

The foundation of your self-funded benefits plan is your customized Plan Document. Our team works closely with you to design a plan that meets the specific needs of your workforce and your budget, and with the requirements of federal regulations such as the Affordable Care Act of 2010 (ACA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Employee Retirement Income Security Act of 1974 (ERISA), as applicable.

Your Contacts at HPI

Your contact team includes representatives that specialize in all areas of your plan including enrollment, account funding, COBRA, claims and general plan administration.

HPI Contacts				
	Name	**Email**	**Phone#**	**Fax#**
Account Management				
Claim Account Funding				
Enrollment/ Eligibility				
COBRA				
Claims Services				
Flexible Spending Accounts/Health Reimbursement Arrangements				

Please note: your employees may contact HPI by calling the toll-free number shown on their Member ID card.

Plan Document/Summary Plan Description

Your Plan Document/Summary Plan Description (PD/SPD), as initially stated and subsequently amended, governs all aspects of your plan and is drafted in our Compliance Department. The document is customized to include specific details about your benefit plan as well as important provisions under the Affordable Care Act (ACA), HIPAA, ERISA and other federal regulations. It is important to keep an updated copy of the Plan Document available for reference. Please note that under ERISA you, as the Plan Administrator, are required to distribute your PD/SPD to all plan participants.

Plan Amendments

If you make changes to your plan design, our Compliance Department will draft Plan Amendments to keep your Plan Document current. The Compliance Department will also draft amendments if any mandated regulations affect your plan or Plan Document language. Plan Amendments will be sent to you for approval and execution; they then will be incorporated into a future restatement of your Plan Document. In addition to distributing the Plan Document, you must also distribute any amendments to all plan participants. This will help your employees and dependents understand how the plan works and help avoid confusion if they call you or HPI to confirm provisions which were changed by an amendment.

Summary of Benefits and Coverage (SBC)

SBCs are uniform notices that were introduced under the ACA. They highlight key aspects of your plan, with the format and specific content strictly defined by regulation. The goal is that health care consumers may easily compare coverage offered by different employers and insurance companies. SBCs must be included with enrollment (and open enrollment) materials and must be updated when you make changes to the benefits under your plans. HPI will draft and update your SBCs as your plan changes.

Administrative Service Agreement

HPI will draft an Administrative Service Agreement (ASA) for you to review and execute. This agreement outlines all services that HPI will provide or arrange for and the provisions of each service. The ASA may also include a Business Associate Agreement in compliance with HIPAA. At the end of the ASA is your Schedule of Administration and Other Charges (also known as a Schedule A), which details all agreed upon fees and charges.

Administrative Services

Managing a self-funded benefits plan requires an understanding of a wide range of administrative functions. Your HPI team is dedicated to providing you with expert service for all components of your benefits plan. This includes common tasks such as keeping you up to date with the latest regulatory changes that affect your plan, answering questions about administering COBRA benefits for former employees, or ensuring that enrolled dependents meet your plan's eligibility requirements.

Your Account Manager

Your main contact will be your Account Manager, who can help you get the answers you need concerning any aspect of your plan or the administration of your plan. Your Account Manager also can guide you through the process of implementing benefit updates and plan enhancements. As a key member of the Client Services team, your Account Manager will have a solid understanding of your organization's plan design(s) and can coordinate everything from employee benefit information sessions to corporate-level plan review meetings.

Your Account Manager's contact information is included in Section 1 of this manual ("Your Contacts and Your Plan"). *Please note: your employees should contact the Customer Service team with any questions about their plan and benefits by calling the toll-free number shown on their Member ID card.*

Fund Accounting

During your implementation, you select a claim funding option that will work best for your organization. Clients may choose to operate their own bank account or allow HPI to set up an account on their behalf, known as an FBO account (For the Benefit Of). Based on your chosen method for funding your account, your dedicated funding specialist will send you a weekly email to provide you with information on claims that will be released for payment. The Funding Request and Claims Awaiting Funding report indicate the dollar amount for the claims that require funding. In this section, you will find a sample Funding Request and Claims Awaiting Funding report.

The monthly billing statement for administrative fees and reinsurance premium is also sent to you via email and, depending on your organization's preference, you may remit a check for these fees or they may be deducted from your account. A sample statement is also included at the end of this section.

Please note, if you take part in monthly level funding, the fund accounting process described above does not apply to your plan. Alternatively, you fund your account on a monthly basis based on a cost estimate for the entire year. The monthly billing statement for your premium is also sent to you via email. A sample monthly billing statement for monthly level funding is included in this section.

COBRA Administration

Clients may select HPI to administer their COBRA obligations according to the timeframes and guidelines mandated by the federal government. This includes sending COBRA election notices to qualified beneficiaries upon notice of qualifying events, providing record keeping services and processing COBRA premium payments. When a member elects COBRA coverage, their COBRA premium checks are made payable to the client, but are sent to HPI to be credited to the member's COBRA account. HPI processes COBRA payments on a daily basis, and then on a weekly basis either mails the checks to the client or deposits them into the FBO account on the client's behalf.

If you selected an outside vendor to administer your COBRA needs, HPI can coordinate the transmittal of current COBRA enrollments and terminations to ensure your census files remain current.

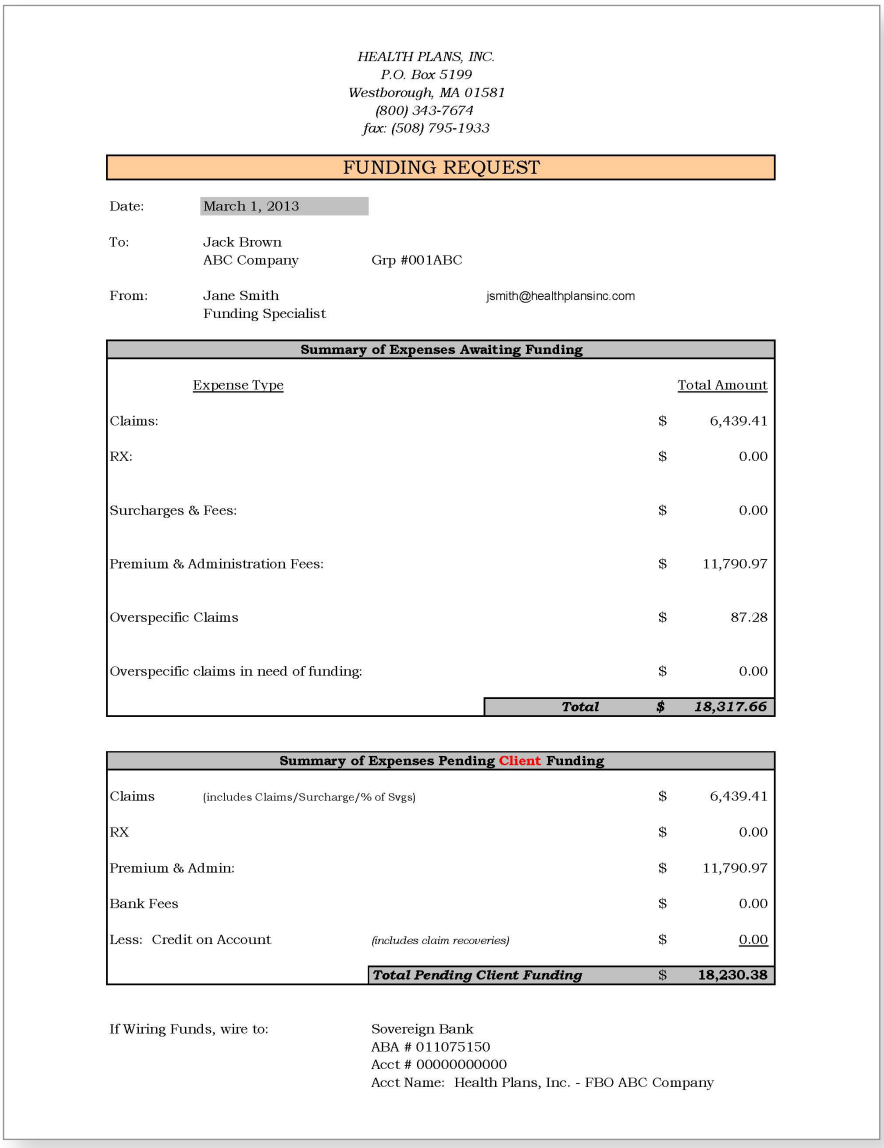
Form MA 1099-HC Issuance (Massachusetts mandated health insurance)

Residents of the Commonwealth of Massachusetts age 18 and older are generally required to have health insurance that provides minimum creditable coverage as defined by state regulation. When submitting their income tax returns, residents who cannot provide proof of minimum creditable coverage for all or part of the prior year may be subject to a tax penalty for any periods without coverage. However, the penalty may be waived under specific circumstances.

In accordance with state law, HPI issues a Form MA 1099-HC by January 31 each year to anyone who was a plan subscriber and a Massachusetts resident at any time during the prior calendar year. Form MA 1099- HC shows if the subscriber and plan dependents (if any) were enrolled in a plan administered by HPI providing minimum creditable coverage for the entire year, or the month(s) in which each plan member carried such coverage. Subscribers who were enrolled in other health coverage for part of the year should receive a Form MA 1099-HC from each plan administrator or insurance company that supplied the other coverage.

Sample Administrative Services Documents

Funding Request



HEALTH PLANS, INC.
P.O. Box 5199
Westborough, MA 01581
(800) 343-7674
fax: (508) 795-1933

FUNDING REQUEST

Date: March 1, 2013

To: Jack Brown
ABC Company Grp #001ABC

From: Jane Smith jsmith@healthplansinc.com
Funding Specialist

Summary of Expenses Awaiting Funding

Expense Type		Total Amount
Claims:	$	6,439.41
RX:	$	0.00
Surcharges & Fees:	$	0.00
Premium & Administration Fees:	$	11,790.97
Overspecific Claims	$	87.28
Overspecific claims in need of funding:	$	0.00
Total	***$***	***18,317.66***

Summary of Expenses Pending Client Funding

Claims	(includes Claims/Surcharge/% of Svgs)	$	6,439.41
RX		$	0.00
Premium & Admin:		$	11,790.97
Bank Fees		$	0.00
Less: Credit on Account	*(includes claim recoveries)*	$	0.00
	Total Pending Client Funding	$	**18,230.38**

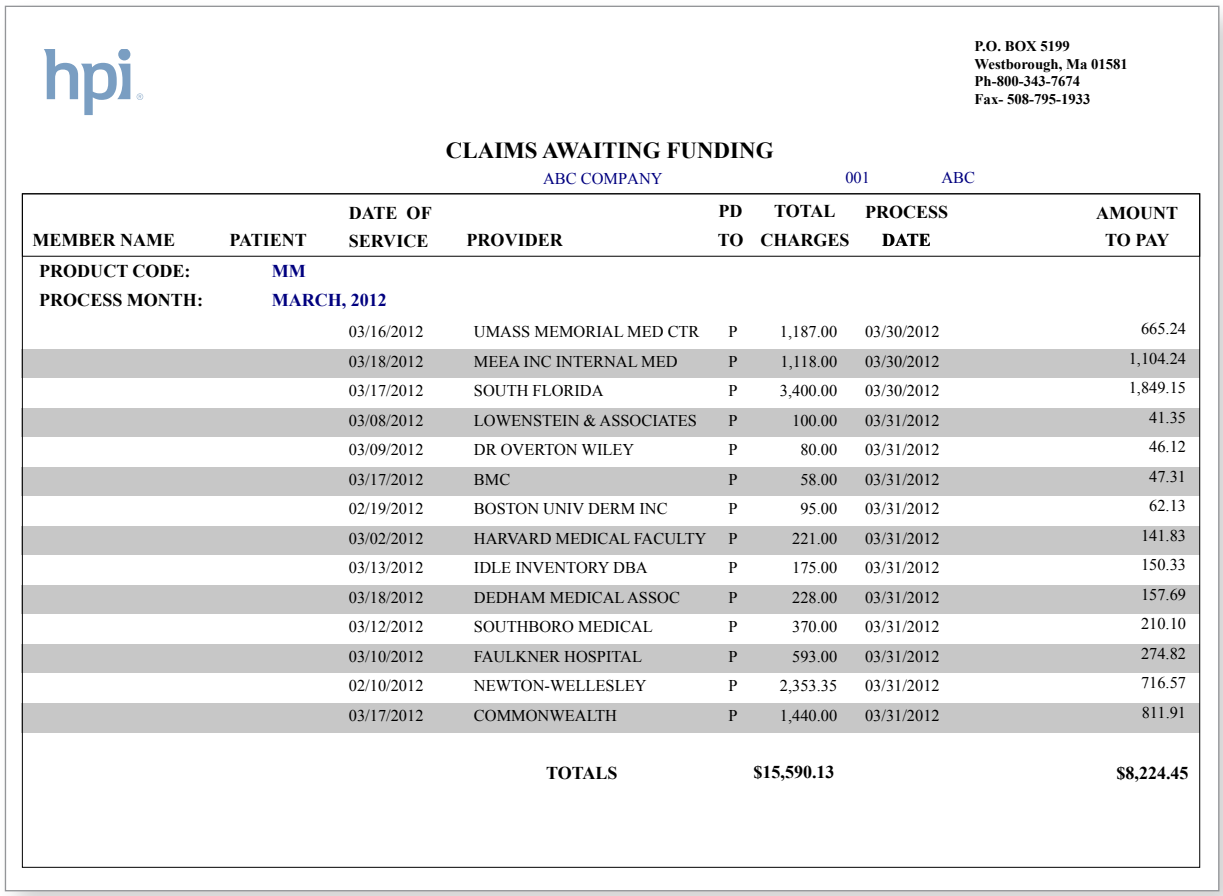
If Wiring Funds, wire to: Sovereign Bank
ABA # 011075150
Acct # 00000000000
Acct Name: Health Plans, Inc. - FBO ABC Company

Your Funding Request may look similar to this document. It outlines the expenses that are awaiting funding and breaks them down into categories such as Claims, Rx, Surcharges & Fees, Premium & Administration Fees, and Overspecific Claims.

The total expenses awaiting client funding are shown in the bottom table of the request.

Please note: if you participate in monthly level funding, you will not receive this request.

Claims Awaiting Funding Report



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P.O. BOX 5199
Westborough, Ma 01581
Ph-800-343-7674
Fax- 508-795-1933

CLAIMS AWAITING FUNDING

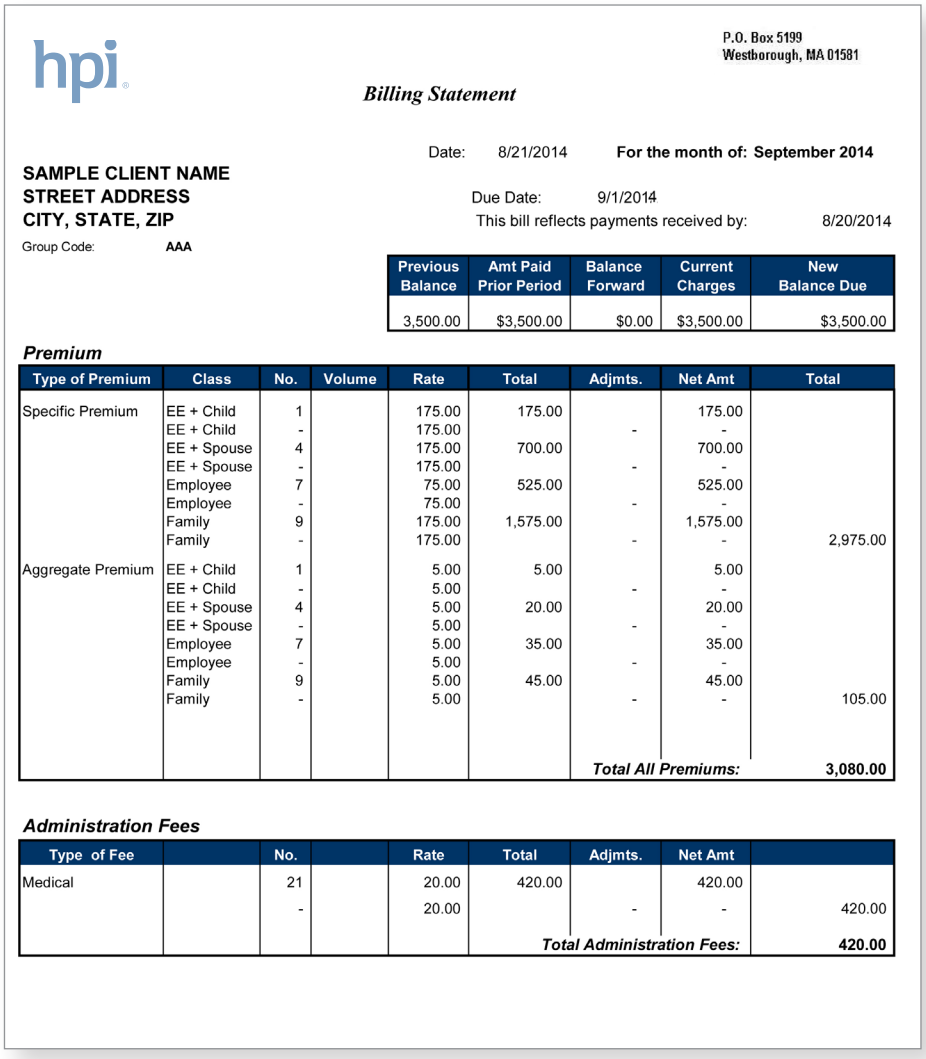
ABC COMPANY 001 ABC

MEMBER NAME	PATIENT	DATE OF SERVICE	PROVIDER	PD TO	TOTAL CHARGES	PROCESS DATE	AMOUNT TO PAY
PRODUCT CODE:	**MM**						
PROCESS MONTH:	**MARCH, 2012**						
		03/16/2012	UMASS MEMORIAL MED CTR	P	1,187.00	03/30/2012	665.24
		03/18/2012	MEEA INC INTERNAL MED	P	1,118.00	03/30/2012	1,104.24
		03/17/2012	SOUTH FLORIDA	P	3,400.00	03/30/2012	1,849.15
		03/08/2012	LOWENSTEIN & ASSOCIATES	P	100.00	03/31/2012	41.35
		03/09/2012	DR OVERTON WILEY	P	80.00	03/31/2012	46.12
		03/17/2012	BMC	P	58.00	03/31/2012	47.31
		02/19/2012	BOSTON UNIV DERM INC	P	95.00	03/31/2012	62.13
		03/02/2012	HARVARD MEDICAL FACULTY	P	221.00	03/31/2012	141.83
		03/13/2012	IDLE INVENTORY DBA	P	175.00	03/31/2012	150.33
		03/18/2012	DEDHAM MEDICAL ASSOC	P	228.00	03/31/2012	157.69
		03/12/2012	SOUTHBORO MEDICAL	P	370.00	03/31/2012	210.10
		03/10/2012	FAULKNER HOSPITAL	P	593.00	03/31/2012	274.82
		02/10/2012	NEWTON-WELLESLEY	P	2,353.35	03/31/2012	716.57
		03/17/2012	COMMONWEALTH	P	1,440.00	03/31/2012	811.91
			TOTALS		**$15,590.13**		**$8,224.45**

You may receive a report similar to this document. The report outlines provider charges and the total amount to be paid, pending account funding. This report supports the funding request.

Please note: if you participate in monthly level funding, you will not receive this report.

Billing Statement



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P.O. Box 5199
Westborough, MA 01581

Billing Statement

Date: 8/21/2014 **For the month of: September 2014**

SAMPLE CLIENT NAME
STREET ADDRESS
CITY, STATE, ZIP

Due Date: 9/1/2014
This bill reflects payments received by: 8/20/2014

Group Code: **AAA**

Previous Balance	Amt Paid Prior Period	Balance Forward	Current Charges	New Balance Due
3,500.00	$3,500.00	$0.00	$3,500.00	$3,500.00

Premium

Type of Premium	Class	No.	Volume	Rate	Total	Adjmts.	Net Amt	Total
Specific Premium	EE + Child	1		175.00	175.00		175.00	
	EE + Child	-		175.00		-	-	
	EE + Spouse	4		175.00	700.00		700.00	
	EE + Spouse	-		175.00		-	-	
	Employee	7		75.00	525.00		525.00	
	Employee	-		75.00		-	-	
	Family	9		175.00	1,575.00		1,575.00	
	Family	-		175.00		-	-	2,975.00
Aggregate Premium	EE + Child	1		5.00	5.00		5.00	
	EE + Child	-		5.00		-	-	
	EE + Spouse	4		5.00	20.00		20.00	
	EE + Spouse	-		5.00		-	-	
	Employee	7		5.00	35.00		35.00	
	Employee	-		5.00		-	-	
	Family	9		5.00	45.00		45.00	
	Family	-		5.00		-	-	105.00
						Total All Premiums:		**3,080.00**

Administration Fees

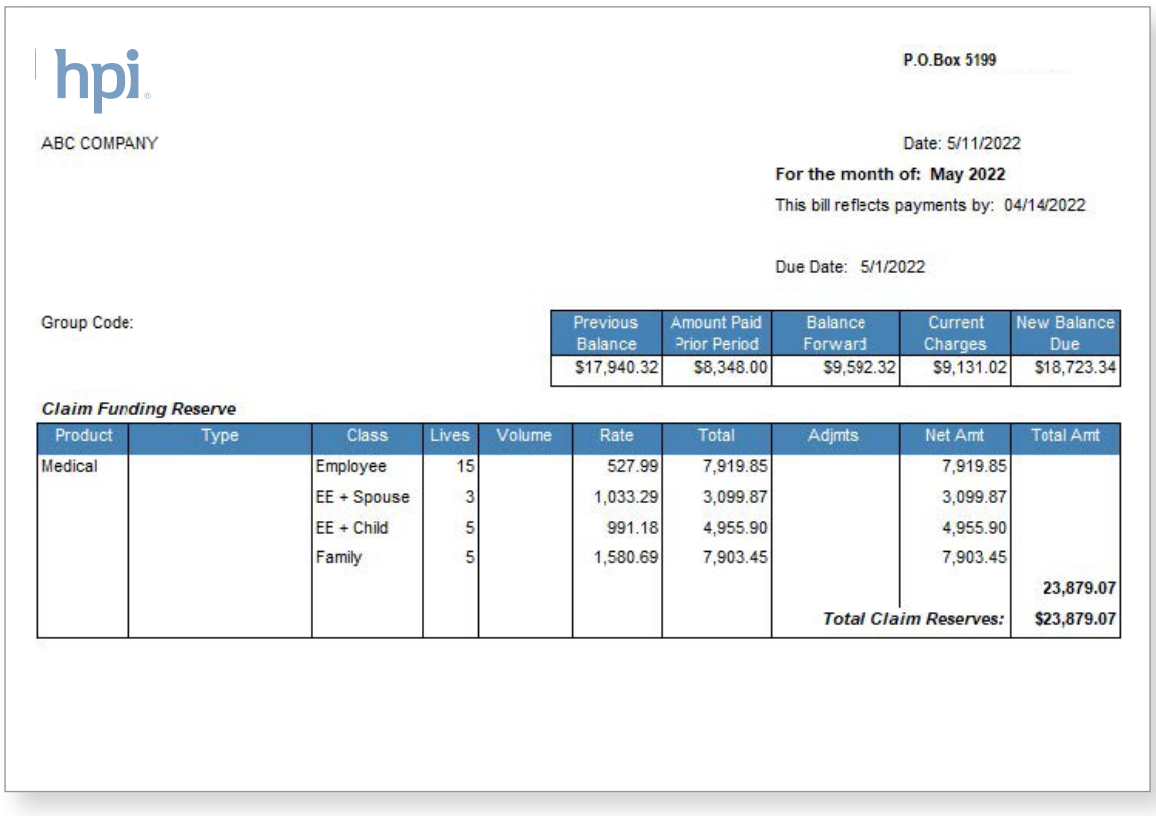
Type of Fee		No.		Rate	Total	Adjmts.	Net Amt	
Medical		21		20.00	420.00		420.00	
		-		20.00		-	-	420.00
						Total Administration Fees:		**420.00**

Your billing statement details your premium and administration fees. It breaks down the premium rates by class and administration rates per number of employees for the selected month.

Premium and administration fees may also be listed in a funding request each month, if desired.

A sample Billing Statement for plans with monthly level funding can be found on the next page.

Monthly Level Funding Billing Statement



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P.O.Box 5199

ABC COMPANY

Date: 5/11/2022

For the month of: May 2022

This bill reflects payments by: 04/14/2022

Due Date: 5/1/2022

Group Code:

Previous Balance	Amount Paid Prior Period	Balance Forward	Current Charges	New Balance Due
$17,940.32	$8,348.00	$9,592.32	$9,131.02	$18,723.34

Claim Funding Reserve

Product	Type	Class	Lives	Volume	Rate	Total	Adjmts	Net Amt	Total Amt
Medical		Employee	15		527.99	7,919.85		7,919.85	
		EE + Spouse	3		1,033.29	3,099.87		3,099.87	
		EE + Child	5		991.18	4,955.90		4,955.90	
		Family	5		1,580.69	7,903.45		7,903.45	
									23,879.07
								Total Claim Reserves:	**$23,879.07**

Your billing statement details your Claim Reserve and breaks down the rates by class for the selected month.

Form MA 1099-HC

2014 Form MA 1099-HC Individual Mandate Massachusetts Health Care Coverage

1. Name of insurance company or administrator		2. FID number of insurance co. or administrator		
Health Plans, Inc.		042734278		
3. Name of subscriber	4. Date of birth	5. Subscriber Number		
John Smith	1980-02-10	HHXX00000		
6. Street address		7. City/Town	8. State	9. Zip
1 Main Street		Anytown	MA	01555

Full-year minimum creditable coverage? [X] Yes [ ] No

If No, check months with minimum creditable coverage: [ ] Jan [ ] Feb [ ] Mar [ ] Apr [ ] May [ ] Jun [ ] Jul [ ] Aug [ ] Sep [ ] Oct [ ] Nov [ ] Dec

Corrected: [ ]

Claims Services

As a part of the administration of your company's benefits plan, our Claims Department receives and processes claims for your members. Our Claims Department also provides Coordination of Benefits services when another benefits plan has primary responsibility for the charges. These circumstances may include the availability of Medicare coverage or another benefits plan through an employee's spouse (or ex-spouse).

The Claims Department also reviews the information contained in a claim to determine if subrogation opportunities exist—if another party could be legally liable for the charges (as may be the case with an injury or accident). If a claim contains details that may indicate subrogation potential, HPI will send a letter to the member to gather details about how the incident occurred. This investigation can result in successful subrogation of the charges, putting those funds back into your plan.

HPI has a variety of online services available to help you and your members view and understand claim and benefit information.

Claim Processing

HPI uses an efficient and streamlined claim system that offers significant cost savings as well as excellent information management. The use of this system ensures accurate and rapid claim processing, provider utilization control and effective and useful management reports. The claim system is capable of processing electronic claims from any source and incorporates the newest process technology. Once claims are adjudicated and provider payment is made, an explanation of benefits (EOB) is sent to the provider and member explaining the claim payment. A sample EOB is included at the end of this section.

Customer Service Representatives are able to view member- and claim-specific information along with health-related information. If members or providers call with claims questions, representatives are able to create a call record about the call in the claim system.

Coordination of Benefits

HPI requests other insurance information from new enrollees in an effort to ensure that your plan pays accordingly in situations where a person may be covered under multiple plans. HPI sends a request each August and February to all new enrollees whose plans cover one or more active dependents. A sample request letter is included in this section. Members may respond to the request via phone, mail or online.

Based upon the response to the request for other insurance information, HPI adjudicates the claims in accordance with the Coordination of Benefits provision outlined in the Plan Document. If information is received indicating that other insurance exists, the member and dependents' files will be flagged, and claims will be reviewed for appropriate coordination.

If there is no response to the request, HPI will send out a second request within 45 days of the initial request indicating that claims will be denied if a response is not received. If there is still no response from the employee, dependent claims are denied until the necessary information is obtained.

Claims Subrogation

HPI actively investigates when circumstances suggest that benefits may be payable by a third party and, in the case of an accident, may be reimbursable to the plan. HPI requests information from the member about the accident, including date of injury, place of injury, and description of how the accident occurred (a sample letter is provided in this section). Claims are pended until the necessary information is obtained, at which time claims are reviewed for subrogation potential based upon the diagnosis and injury sustained. If the information is not received within 45 days, claims are denied until the information is received and can be reviewed for subrogation potential.

HPI works with The Phia Group to manage subrogation services. The Phia Group provides claim recovery services to reduce plan costs and protect plan assets. Appropriate claims are referred to The Phia Group so they may participate in securing rights and reaching settlements in recovery cases where another party is responsible for the costs of the medical services provided. Members may receive letters from The Phia Group requesting specific information about their case.

Provider Network and Pharmacy Benefit Manager Links

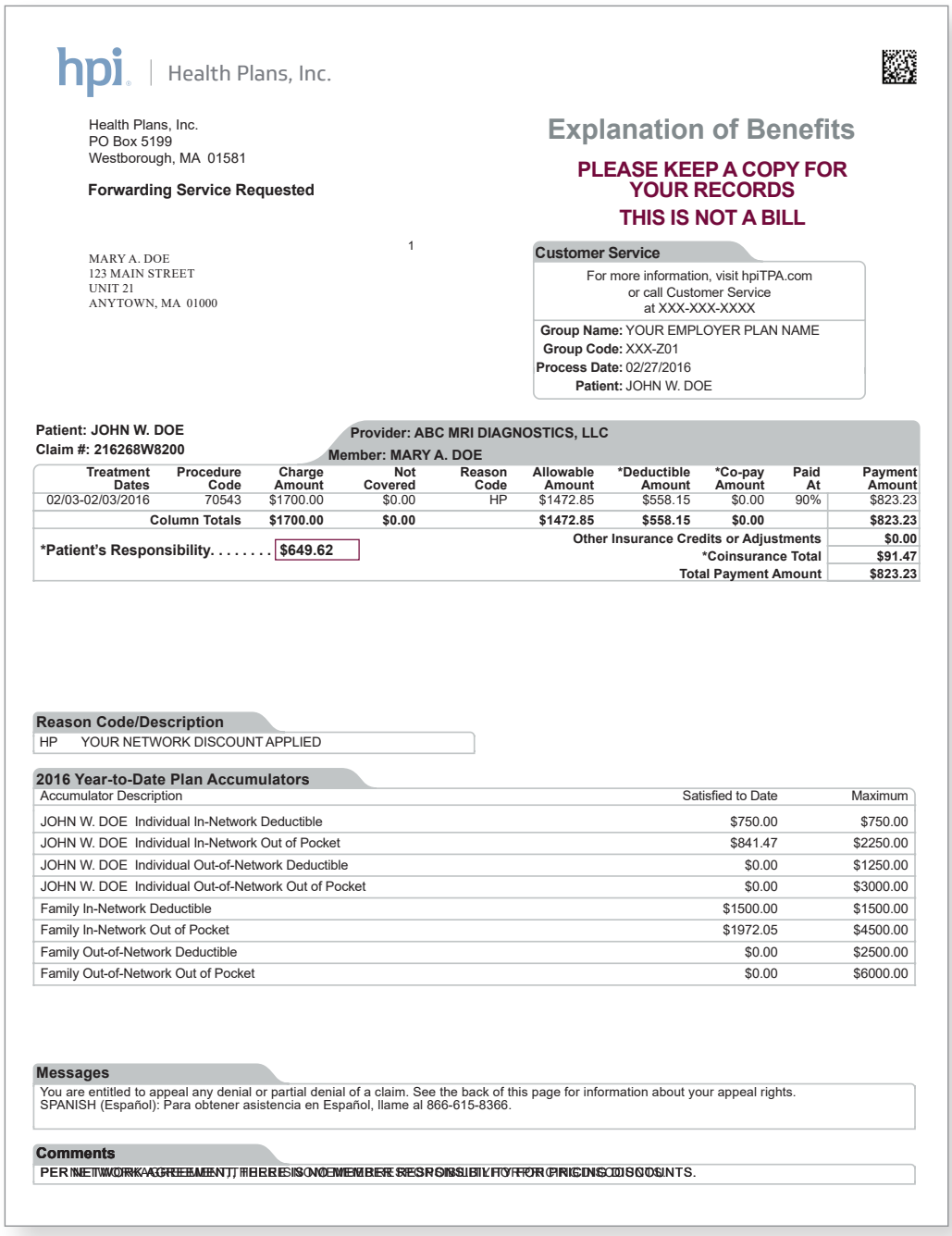
HPI has developed, and continues to develop, partnerships with some of the most respected networks in the country, including both regional and high-performance networks. We leverage these relationships to find the right fit for every employer. HPI partners with you to find a network solution that will work best for your population

In addition to leading healthcare providers, HPI works with A-rated stop-loss carriers and integrates with most major pharmacy benefit managers (PBMs) nationwide.

The HPI website contains links to provider networks with which we partner. If you have a custom network that is not listed on the **Find a Provider** page, you may access your search tool by logging into the **Employer Portal** and selecting **Your Plan Benefits**. Under **Your Plan Benefits** you also will find a link to the website for your plan's Pharmacy Benefit Manager (PBM). You may visit your PBM for information regarding your organization's prescription drug plan.

Sample Claims Services Documents

Explanation of Benefits



hpi | Health Plans, Inc.

Health Plans, Inc.
PO Box 5199
Westborough, MA 01581

Forwarding Service Requested

MARY A. DOE
123 MAIN STREET
UNIT 21
ANYTOWN, MA 01000

1

Explanation of Benefits

PLEASE KEEP A COPY FOR YOUR RECORDS

THIS IS NOT A BILL

Customer Service

For more information, visit hpiTPA.com
or call Customer Service
at XXX-XXX-XXXX

Group Name: YOUR EMPLOYER PLAN NAME
Group Code: XXX-Z01
Process Date: 02/27/2016
Patient: JOHN W. DOE

Patient: JOHN W. DOE
Claim #: 216268W8200

Provider: ABC MRI DIAGNOSTICS, LLC
Member: MARY A. DOE

Treatment Dates	Procedure Code	Charge Amount	Not Covered	Reason Code	Allowable Amount	*Deductible Amount	*Co-pay Amount	Paid At	Payment Amount
02/03-02/03/2016	70543	$1700.00	$0.00	HP	$1472.85	$558.15	$0.00	90%	$823.23
Column Totals		**$1700.00**	**$0.00**		**$1472.85**	**$558.15**	**$0.00**		**$823.23**
								Other Insurance Credits or Adjustments	**$0.00**
***Patient's Responsibility. . . . . .**		**$649.62**						***Coinsurance Total**	**$91.47**
								Total Payment Amount	**$823.23**

Reason Code/Description

HP YOUR NETWORK DISCOUNT APPLIED

2016 Year-to-Date Plan Accumulators

Accumulator Description	Satisfied to Date	Maximum
JOHN W. DOE Individual In-Network Deductible	$750.00	$750.00
JOHN W. DOE Individual In-Network Out of Pocket	$841.47	$2250.00
JOHN W. DOE Individual Out-of-Network Deductible	$0.00	$1250.00
JOHN W. DOE Individual Out-of-Network Out of Pocket	$0.00	$3000.00
Family In-Network Deductible	$1500.00	$1500.00
Family In-Network Out of Pocket	$1972.05	$4500.00
Family Out-of-Network Deductible	$0.00	$2500.00
Family Out-of-Network Out of Pocket	$0.00	$6000.00

Messages

You are entitled to appeal any denial or partial denial of a claim. See the back of this page for information about your appeal rights.
SPANISH (Español): Para obtener asistencia en Español, llame al 866-615-8366.

Comments

PER NETWORK AGREEMENT, THERE IS NO MEMBER RESPONSIBILITY FOR PROVIDER DISCOUNTS.

Initial "Other Insurance" Request Letter

hpi

Health Plans, Inc.
P.O. Box 5199
Westborough, MA 01581

tel 800.532.7575
fax 508.754.9664

January 16, 2014

John Smith
1 Main Street
Springfield, MA 05555

Dear Member,

As your health plan administrator, we would like to ensure that the information we have on file for you and your dependents is current. To accurately process your claims, we need to know if you or any of your dependents are covered by another health insurance plan. We would also like to verify that the names, address and dates of birth that we have on file are correct. Please provide the requested information by <Month day, 2013> to avoid a delay in processing of your dependents' claims.

Save time and money...Report your information online in just a few minutes:

- Go to **www.HealthPlansInc.com/Other-Insurance**
- Enter your name, date of birth and member ID number
- Your password is: XXXXXXXX

You also may complete the attached questionnaire and return it in the enclosed envelope or by fax at 508-754-9664.

If you have any questions, we will be glad to assist you. Please call our office toll-free at **800-532-7575**, Monday through Friday from 8:00AM to 5:00PM (ET), or visit us online and click on ***Contact Us***. Thank you for your assistance. We look forward to serving you now and in the future!

Sincerely,

Customer Service Department
Health Plans, Inc.

"Other Insurance" Request Questionnaire

Health Plans, Inc.
P.O. Box 5199
Westborough, MA 01581

tel 800.532.7575
fax 508.754.9664

HHABC0001 NOI

JOHN SMITH
1 MAIN STREET
SPRINGFIELD, MA 0555

Please note any address change above, next to your address. Please also verify the date(s) of birth and spelling of the name(s) of your dependent(s) next to the information listed below.

Group No: 001ABC Member ID: HHABC0001

Phone number: _____ E-mail:_____

Medical Coverage: Are you or any of the dependents listed covered by another medical plan?

Other Medical Insurance? Yes*	No	If yes, what is the effective date:	DOB:	NAME:	CHANGES
☐	☐	_____	01/01/1950	SMITH, JOHN	_____
☐	☐	_____	05/01/1963	SMITH, JANE	_____
☐	☐	_____	06/01/2001	SMITH, JULIA	_____
☐	☐	_____	07/01/2002	SMITH, JASON	_____

If yes, please indicate the following information: (Please Include Medicare if it applies)

Subscriber Name	Subscriber DOB	Subscriber ID	Policy or Group Number	Name of Medical Plan
_____	_____	_____	_____	_____

I certify that the above information is accurate and complete:

_____ _____ _____
Employee Signature Print Name Date

Accident Details Request Letter

Health Plans, Inc.
P.O. Box 5199
Westborough, MA 01581
tel 800.532.7575
fax 508.754.9664

HWW HHX-OO-0000 SALLY NEWHIRE

SEPTEMBER 29, 2011

SALLY NEWHIRE
10 SAMPLE STREET
ANYTOWN, MA 01000

CLAIM NO: 21180010111
GROUP ID: XOO
PROVIDER: ABC PHYSICIANS, LLC

PATIENT: SALLY NEWHIRE
MEMBER ID: HHX-OO-0000

Dear SALLY NEWHIRE,

We have received a claim from ABC PHYSICIANS, LLC for services on 08/02/2011. To process your claim we need additional information. Please use separate paper if additional space is needed.

1. Date of the injury/accident?

2. Description of the injury/accident.

3. Was this a motor vehicle accident? If yes, please provide:
   A. Member's automobile insurance information.
   B. Responsible party's automobile insurance information.

4. Did the injury/accident occur at home?

5. Was this a slip and fall (outside the home)?

6. Was this a school related sports injury?

7. Did you file a claim (other than with the health plan)?

8. Have you contacted an attorney? Please provide the name and address of the attorney.

9. Was this a work related injury/accident?

Sincerely,

CLAIMS DEPARTMENT
Health Plans, Inc.
008

COPY TO:
ABC PHYSICIANS, LLC
3 MAIN STREET
ANYTOWN, MA 01000

Online Employer Portal

When you register for the Employer Portal at hpiTPA.com, you may have access to plan enrollment tools, eligibility and member claim information, plan reports, a replacement ID card request tool, and benefit plan and provider network information.

Registering for the Portal and Online Security Measures

HPI uses highly-sophisticated intrusion detection and protection services to ensure that information available and transactions processed through our website are safe from unauthorized access. Our website, with the secure **https** URL, is certified as secure by Network Solutions, a leading Internet security certification authority.

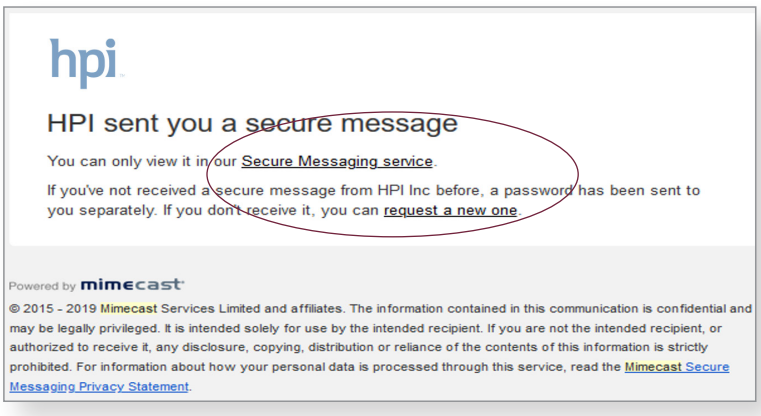
Employer Portal Access Form

Your organization's Plan Document defines those classes of employees who, due to a legitimate business need and in compliance with HIPAA regulations, may be provided online access to the enrollment, eligibility, and claim information of your organization's plan members. HPI requires that an Employer Portal Access Form be signed by each employee or business associate for which access is being requested and approved by an authorized representative of the Plan Sponsor. Once access has been approved, each individual will receive a user ID and temporary password via secure email. You can download the form by going to the **Get Registered** page in the **Employer Portal** section of the site.

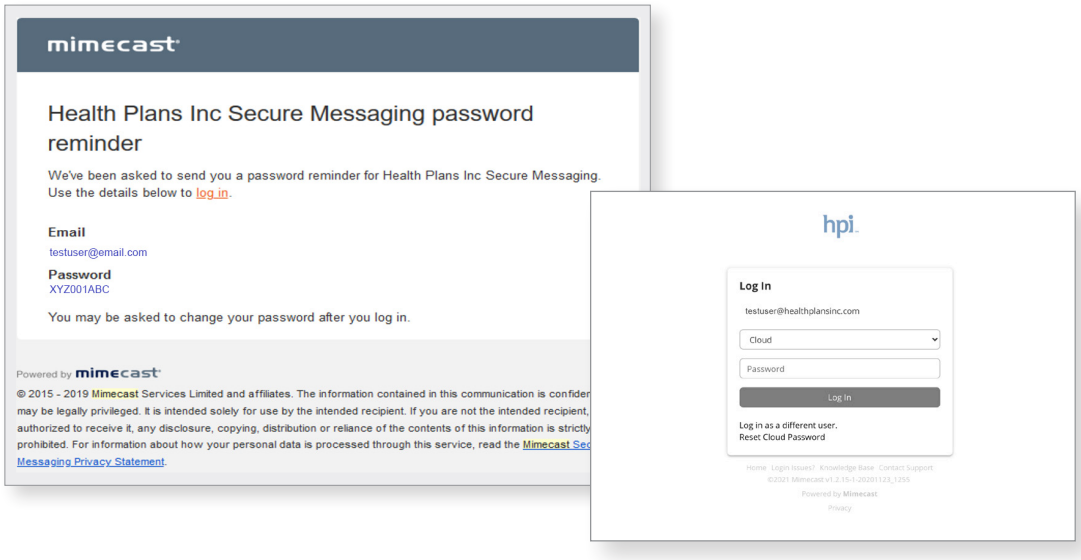
Secure Email (Mimecast Portal)

Confidential information that needs to be shared electronically from HPI is sent using a secure email portal, Mimecast. The email is encrypted when it is distributed, and the recipient is notified that they have received a secure email from HPI.

If HPI sends a secure email message to you through the Mimecast portal, you will receive a notification in your email inbox of a new secure email from HPI. This email will contain an active link to our secure email portal. Click on the link within the email to log in to the portal and retrieve the confidential email.



The first time you retrieve a secure email, you will be sent a temporary password and then prompted to create a new password upon your first login. When you receive subsequent secure emails, click on the link in the notification email and enter your password. You will be brought to your secure email Inbox where you can open any new and unread secure emails.



Step-by-step instructions for accessing secure emails and retrieving forgotten passwords can be found on the **Get Registered page** in the **Employer Portal** section of the site.

reCAPTCHA Security Feature

reCAPTCHA is a website security tool used to protect against automated access by computer programs known as "bots." It uses images of distorted words that software cannot read and requires direct human interaction to proceed. You will see this feature when logging in to the **Employer Portal**.

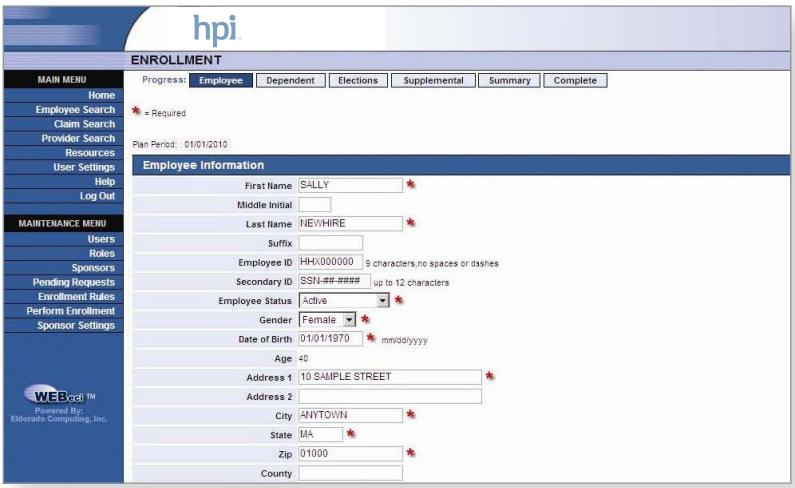
Enrollment and Claims

Powered by Eldorado Computing, Inc., WEBeci™ is a secure online application that HPI makes available to authorized individuals via the **Employer Portal**. You may process and maintain eligibility data in an efficient, streamlined manner or search for member claims through the **Claim Search** option.

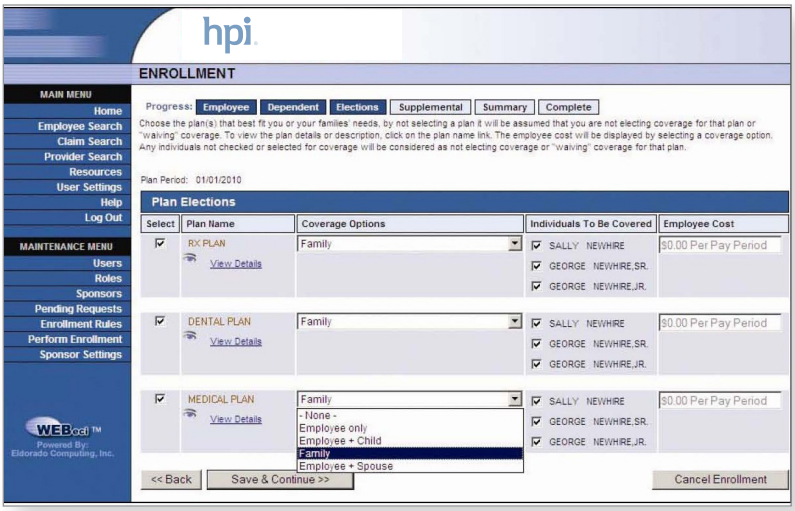
Enrollment and Eligibility

When data is submitted to HPI, our Enrollment and Eligibility team members verify that the information is complete. New member materials, such as ID cards or plan kits, are mailed to the member within 2-3 business days. You may add new enrollments for members and their dependents and process changes due to "Life Change Events." Detailed instructions for processing new member enrollment and member eligibility changes are available online in the **Helpful Information** page in the **Employer Portal**.

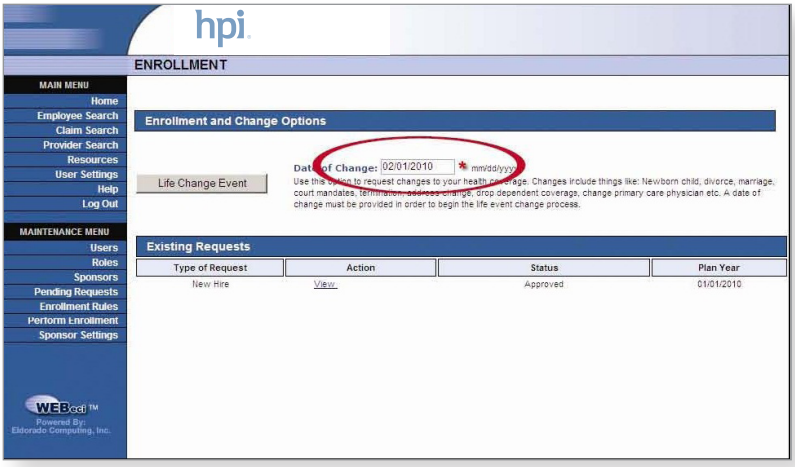
Employee Enrollment Screen



Plan Selection Screen

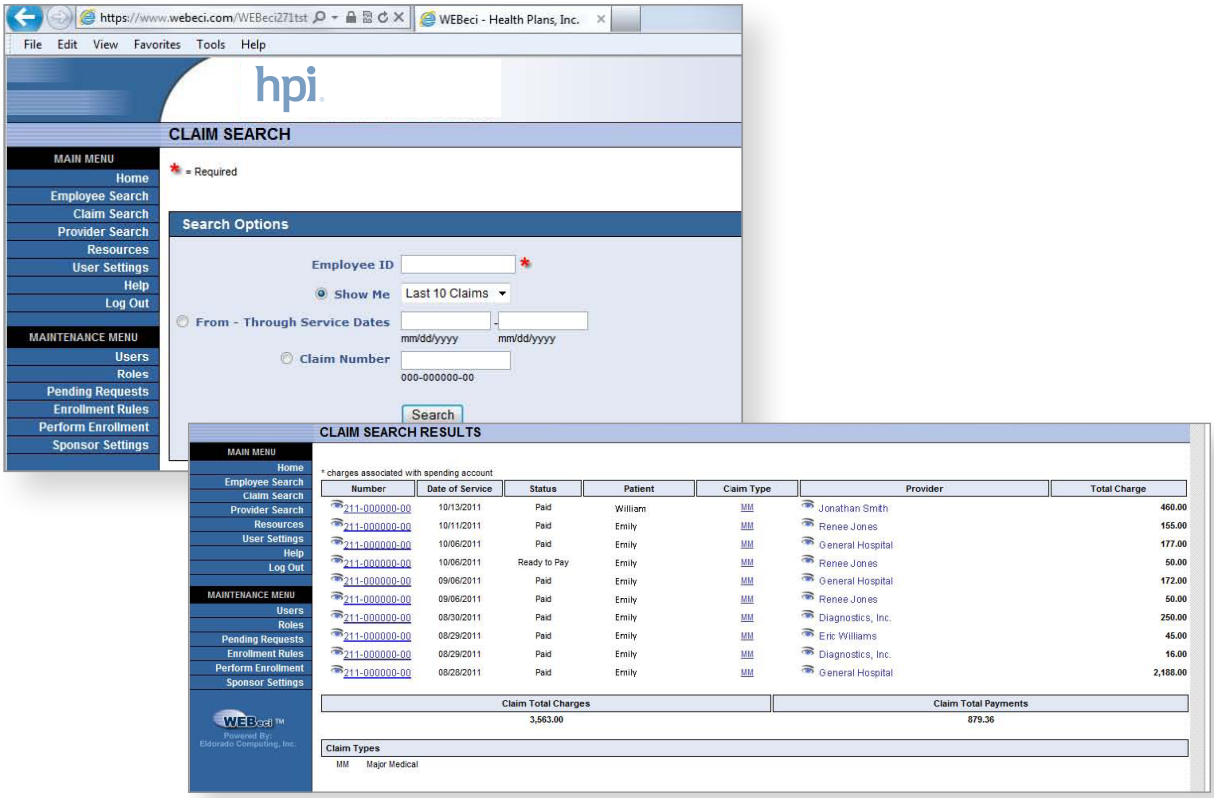


Life Change Event Screen



Claims

You may also search member claims by recent claim history, services dates or claim numbers as shown in the examples below.



Online Reporting

You can access online reporting through the **Employer Portal**. This tool will give you the ability to manage your health plan on your own schedule, with access to reports that offer comprehensive breakdowns of claim, utilization, membership, and provider data. The reports may help you:

- Analyze periodic changes in membership or utilization
- Evaluate trends that may impact plan costs and facilitate plan change decisions
- Recognize important areas of concern that may require in-depth analysis and review

You will be able to access some, perhaps all, of the reports listed below. These are cost and membership reports and the data included in each will be based on your granted permission level. If you are not authorized to view Protected Health Information (PHI), PHI-specific data will

be excluded from your reports. When you reach the section of the tool where you are able to choose your reports you will see the list of reports available to your account.

- Member Census
- Check Journal Extract
- No-Pay
- Benefit Analysis
- Paid Claims Summary by Member
- High Cost Claimant
- Top Providers (Physicians & Hospitals)
- Diagnosis Ranked by Total Paid
- Denied Claims
- Pended Claims
- Major Diagnostic Category
- Claims Lag Analysis
- Year-to-Date HRA/FSA Summary

Detailed descriptions for each report can be found by clicking the "**What is this report?**" link found next to each report selection in the reporting tool. You may also hover your mouse over the link for a brief report description. Additionally, a resource guide is available by clicking on the **Getting Started Guide** located under Helpful Information in the main menu.

Order an ID Card Census

Print a temporary member ID card or request a new card for a member directly from your member census. You may create a census on-demand without the need to enter online reporting.

Your Plan Benefits

Access your plan documents, Prescription Drug Benefits vendor information and provider search tool in Your Plan Benefits.

Wellness Programs

Wellness programs have become key components in any well-rounded benefits plan. Our Wellness programs contribute to the overall efficacy of your self-funded benefits plan by providing encouragement, support, and education on a wide range of topics and health screenings. Our Wellness Consultants can work with you to customize a Wellness program based on your employees' needs.

Should you choose to expand upon your wellness programs in the future, HPI can provide you with a wellness menu of options. The menu includes detailed descriptions of the programs listed below in addition to helpful tools for getting those most out of your current wellness program. Please contact your Account Manager to obtain a copy of the menu.

Please note: additional costs may be associated with the programs and services described below.

MyAchieveWell® Wellness Portal

The *MyAchieveWell* Portal provides a fun, engaging, user-friendly platform that offers interactive ways to engage members in their health and wellness while offering administrators a tool to manage wellness programs, and incentive rewards.

The portal presents a collection of resources, tools, activities and opportunities for members to improve overall health and fitness. Each activity can be assigned a point value to help motivate and encourage members to reach their goals. If your organization manages incentive programs, the points are a great way to tie the portal to incentives such as cash prizes or money toward employer-sponsored HRA accounts.

With *MyAchieveWell*, members get a personalized, secure platform to engage in health assessments, wellness classes, fitness challenges and education; measure progress over time; share success stories and track program goals and rewards.

AchieveWell® Onsite Programs

AchieveWell Onsite Programs offers employers an extensive menu of innovative workshops and screenings that reach employees in the most convenient setting — the workplace. Our Wellness team can work with you to determine the specific needs of your workforce and the programs that can be put into place to address those needs. Programs are provided à la carte and include, but are not limited to, biometric screenings, chair massages and one-hour seminars. Please contact your Account Manager to obtain a menu of *AchieveWell* Onsite Programs offerings.

Mind the Moment

Mindfulness is a concentrated state of awareness that helps people see and respond to situations with clarity. Research has demonstrated that the secular practice of mindfulness meditation can effectively help participants reduce stress, strengthen the immune system, and increase their overall sense of well-being. Mind the Moment mindfulness programs are offered in a variety of formats, from 1 hour seminars to multi-week programs. These programs are offered a la cart and are available onsite or via webinar.

Health Coaching

Our Wellness Coaching program provides effective, targeted interventions for individuals at risk for negative health outcomes. Our program is built around the concept of personalized, telephonic and face-face coaching to help individuals make direct changes in their lives that will help them address and reduce their health risks. Wellness coaching is the art and science of facilitating behavior change. Using evidenced based coaching psychology, HPI Wellness Coaches work in supportive partnership with members to facilitate long lasting change and a higher level of wellbeing. The Wellness Coaching relationship emphasizes client strengths, accentuating the positive versus focusing on what needs to be fixed. A holistic approach that encompasses all aspects of wellness is utilized. Individuals are encouraged to draw on their innate abilities and resources to make positive and lasting lifestyle changes.

Through the course of regular telephone conversations between the member and the Wellness Coach, a vision is created, realistic long and short term goals are established, and an action plan is agreed upon. Obstacles are identified and strategies to overcome these obstacles are developed. This process allows individuals to take charge of their challenges in tailored ways. The overall goal of the program is to reduce health risks, increase self-efficacy, and ultimately assist individuals to live their best lives.

Member Savings and Discounts

HPI members have the benefit of enjoying discounts on many health-related products and services. The Member Discounts and Savings program is frequently adding new offerings. Please visit our website for the most up-to-date listing of available discounts (located in the **Members** section under **Discounts & Savings**).

Typically, members can enjoy discounts on memberships at select area fitness clubs, discounted eyewear, contacts and hearing aids, athletic footwear, alternative complementary medicine (such as acupuncture) and much more. And because this discount program is not part of your company's benefits plan, there is no cost to you associated with providing these discounts.

Prepare for Surgery, Heal Faster™

Prepare for Surgery, Heal Faster is a specialized program to assist members facing a surgical procedure. Medical research documents that people who actively participate in this program have less pain, fewer complications and recover sooner. This holistic educational program focuses on providing members with the tools to promote a successful healing experience. Participants are provided a program book and relaxation CDs or MP3s. Staff trained in the program provide a one-on-one telephonic workshop to assist members in achieving an optimal surgical outcome. This five-step program includes relaxation, visualization, support from friends and family, healing statements and meeting the anesthesiologist.

Savory Living

Savory Living offers a proven 12 session online anti-inflammatory nutrition and cooking curriculum that inspires participants to eat to support their health. The program combines actionable nutrition information with food skills and accountability to support turning eating well into an enjoyable and sustainable lifestyle. Ninety-five percent of program graduates say they maintained sustainable change in their eating style and 92% saw improvement in their health. This program guides participants step-by-step to apply the power of evidence-based healthy eating to reduce inflammation and resolve health issues. Membership includes a nutrition coach.

Wellness Online

HPI's website includes links to information and resources to assist members in reaching their health and wellness goals. Resources include Health Topics A-Z; Symptom Checker; Medication, Herb and Supplement Information; Mindfulness Resources and Meditations; Member Discounts; Smoking Cessation Resources and more.

AchieveHealth® Services

The goal of the HPI *AchieveHealth* department is to promote high quality, cost effective care through the programs offered to our groups. *AchieveHealth* includes a comprehensive range of services that facilitate care and promote wellness and prevention for your entire population. Services include the coordination of Utilization and Case Management, as well as Chronic Condition and Complex Case Management Services. The *AchieveHealth* approach ensures that the member receives the appropriate care, at the right time, and at the appropriate level. Through Chronic Condition and Complex Case Management, members may receive assistance in managing and controlling common and rare chronic conditions such as asthma, diabetes, chronic obstructive pulmonary disease (COPD), cystic fibrosis, Parkinson's disease, seizure disorders and ALS.

Chronic Condition Management

HPI provides or arranges for Chronic Condition Management (CM) services for common chronic and rare conditions. CM is a key component of *AchieveHealth* services. The goal of CM is to manage chronic conditions through education about illnesses, potential complications, and the importance of treatment plan compliance. Our chronic condition management programs combine information and clinical expertise that help individuals with common and rare chronic diseases better manage their conditions. CM candidates are identified for URAC- accredited programs through a comprehensive review of claims data and/or analysis of wellness assessment responses. Members who have been diagnosed with selected diagnoses for common and rare chronic conditions are identified for outreach. CM interventions may include dissemination of health education materials, health- coaching services, including contact with members and care providers by phone, email or direct mail, or recommendations for work site health education and wellness programs.

Complex Case Management

Complex Case Management (CCM) is provided or arranged for in a collaborative effort with members and their provider(s). The process promotes high quality, cost-effective outcomes and includes planning, facilitation, and advocacy for options and services to meet the member's health needs. Members in need of CCM are identified through a case review of those with high dollar claims, trigger diagnoses, extended length of stay, frequent readmissions, and referral by their UM review nurses.

Case Managers will facilitate the provision of medically appropriate treatment, while also providing or arranging for concurrent review of inpatient hospitalizations; monitor member progress and adherence to the physician's plan of care; identify and pursue cost containment opportunities; coordinate discharge planning to identify the appropriate setting and continuation of care needs, and monitor anticipated recovery milestones; refer members to the chronic condition program when appropriate; provide education and support.

Consumer-Driven and Flexible Spending Accounts

Consumer-Directed Health Plans, or CDHPs, use federally-established funding tools, such as Flexible Spending Accounts (FSAs), Health Savings Accounts (HSAs), and Health Reimbursement Arrangements (HRAs), to give the consumer more power in managing health care and its associated costs. Each funding mechanism has tax advantages, contribution and expense guidelines, and plan and eligibility requirements. Your HPI Sales and Account Management teams can work with you to determine which funding options are best for your company and your employees.

Our administrative services include providing expert account management assistance to plan members, processing eligible expenses for reimbursement, providing secure online account access, and for FSAs and HRAs, offering the convenience of the Prepaid Benefits Debit Card, which enables members to access their funds on the spot at the time of service. Members can access claim reimbursement forms for FSA and HRA accounts online by selecting the **Forms & Resources** link in the Members section.

Flexible Spending Accounts (FSAs)

A Flexible Spending Account, or FSA, is a way to pay for certain out-of-pocket health- or dependent care-related costs using pre-tax dollars. The account is funded through payroll deduction before taxes are calculated and withheld. Prior to the start of a new plan year, members elect an annual contribution to their FSA plan, and that amount is deducted from their payroll over the course of the year in equal installments on a pre-tax basis.

Through a Medical Care Reimbursement account, members can use that money to pay for eligible health care expenses that are not paid for by any medical or dental insurance, including office visit copayments, prescription drugs, and durable medical equipment. Through a Dependent Care Reimbursement account, members may also use the funds to pay for eligible child or dependent care expenses such as the cost of a day care center, babysitter, or nurse in the home. These FSA accounts work much like checking accounts; members may receive prepaid benefit debit cards and use the card at the time the eligible health expense is incurred, or they may submit a claim form with supporting documentation to HPI and be reimbursed from the FSA account for either health or dependent care expenses.

FSAs are governed by the Internal Revenue Service (IRS). A full list of eligible and ineligible expenses can be found in the IRS Publication 502 (http://www.irs.gov/publications/p502/index.html).

Members may file a claim at any time during a plan year or applicable grace period for eligible health expenses incurred during that plan year or grace period. For Medical Care

Reimbursement accounts, the full allotment of deductions is immediately available for reimbursement. For Dependent Care Reimbursement accounts, the full annual allotment of deductions is not immediately available. Members will only be reimbursed based on the total dollar amount available in the account at the time the claim is submitted. If a member has expenses that are covered by any medical, dental, or vision plan, the member needs to first submit claims for the expenses to the applicable plan. If the member is not reimbursed in full for the covered expenses, he or she may then submit a Flexible Spending Account claim form or log in to their *My Plan* account to submit the claim online. Please see the "Your FSA and HRA Accounts Online" section below for more details on online claim submission.

Health Reimbursement Arrangements (HRAs)

A Health Reimbursement Arrangement (HRA) is a tax-favored employee benefit plan that is owned and funded by the employer and is used to reimburse participating employees for eligible health care expenses, as defined by the employer. To receive reimbursement, the HRA member may submit valid receipts for eligible expenses to HPI, which then issues payment from the employee's HRA account. Member claim forms can be found online through the **Forms & Resources** link in the Member section. Members may also receive a prepaid benefit debit card for eligible HRA accounts. Clients may also choose to set up automatic processing of deductible payments from the HRA account.

Unlike FSAs, HRAs are funded entirely by employer contributions and employers establish eligibility to participate in an HRA. For example, eligibility may depend on whether an employee is covered under the employer's health plan. Under IRS rules, no one else, including a participating employee, is permitted to contribute to an HRA. Additionally, the reimbursements received by members are excluded from taxable income. Employers can deduct all qualified distributions as business expenses.

Because individual employers are allowed to define covered expenses (within the limits of the qualified medical expenses, as defined in Section 213(d) of the Internal Revenue Code), each employer's HRA may vary from any other. This means that some plans may reimburse only certain out-of-pocket expenses under their group health plan (e.g., deductibles, coinsurance and/or copayments), while others may reimburse any expense that is eligible under Section 213(d). HPI administers payments from the HRA account according to the covered expenses established by the employer.

Prepaid Benefits Debit Card

You may choose to distribute a debit card known as the Prepaid Benefits Debit Card to members who participate in an FSA. If you fund the full amount of your employer contribution to members' HRA accounts up front, you may also distribute the card to members participating in the HRA. The debit card is attached to the applicable HRA and FSA accounts. It looks like a typical credit card and is issued under the Visa logo but is only accepted at specific health care merchants or provider locations, and it can only be used to pay for eligible health care expenses. The card provides members with easy access to their HRA and FSA on the date of service to cover qualified expenses authorized by the IRS. Using the card reduces paying out-of-pocket and submitting paper reimbursement claims, speeds up processing time, and eliminates waiting for reimbursement checks.

All debit card transactions are audited by the HPI team on a daily basis. Certain provider types are flagged and transactions from those providers require additional documentation from the member. Examples of flagged provider types include plastic surgery providers, collection agencies, weight management and wellness providers, massage facilities, and gyms.

You can choose to "stack" the debit card for members who participate in both an HRA and an FSA. This allows a member to use a single Benny Card for both the HRA and FSA accounts. Eligible expenses will be deducted first from the HRA account; once the available balance of the HRA account is exhausted, funds will be deducted from the FSA account. Any non-HRA eligible expenses (i.e. dental and vision) will be deducted only from the FSA account.

Your FSA and HRA Accounts Online

Members in FSAs and HRAs have online access to view account information, enter FSA or HRA reimbursement claim data, and check the status of previously-submitted claims by logging in to their *My Plan* account. (Members can also download FSA and HRA claim forms for manual submission if they are more familiar with this method.) There is also a link to the online claims/benefit viewing system, so members can review their medical plan details as they pertain to their FSA/HRA plans.

Health Savings Accounts (HSAs)

A Health Savings Account (HSA) is similar to an FSA in that pre-tax contributions may be made to a specified account to be used to reimburse a participating employee for qualified medical expenses on a tax-free basis. HSAs operate in conjunction with an HSA-qualified High-Deductible Health Plan (HDHP), unlike FSAs which can operate as a stand-alone account. Employees who are covered by an HSA-qualified HDHP are eligible to establish and contribute

to HSAs. An employer may also elect to contribute to employees' HSAs. Qualified employer contributions may also be deducted as business expenses.

HSAs stay with the participating employees from year to year, even if the member is no longer covered by an HSA-qualified HDHP or if he or she changes jobs. This means that members can continue to be reimbursed for qualified medical expenses at any point in the future. This differs from an FSA, where members must use all contributions made during a specific plan year for expenses incurred during that year (or grace period)—or lose the remaining balance. In addition, members may also earn tax-free interest on an HSA balance, unlike FSAs, which do not earn interest. Under an HSA, any amount paid for anything other than qualified medical expenses would be taxable income and would be subject to a 10% penalty (unless the member is over age 65, disabled, or deceased).

HPI collaborates with Health Equity to offer claim administration of HSA accounts. Members can view balance and transaction history and claims information online, pay claims electronically and make contributions.

FSA, HRA and HSA At-a-Glance Comparison

	FSA	HRA	HSA
What does it stand for?	Flexible Spending Account	Health Reimbursement Arrangement	Health Savings Account
Who "owns" it?	Employee	Employer	Employee
Who funds it?	Employee	Employer	Employer and/or Employee
Who is eligible to participate?	All employees	All employees	Employees who are covered by an HSA-qualified High-Deductible Health Plan (HDHP).
How is it funded, and how are funds dispersed?	Prior to the start of the FSA plan year, employee determines an annual amount to contribute through pre-tax payroll deductions. Funds are dispersed as employee reimbursements.	Employer funds employees' arrangements and reimburses employees upon presentation of valid receipt(s).	Employee and/or employer fund employee's account and HSA Trustee reimburses employees upon presentation of valid receipts.
Are there insurance requirements?	No. Employee is not required to participate in the employer's health plan.	No. However, most HRAs are offered paired with a high deductible health plan.	Yes. Employees must participate in an HSA-qualified HDHP to make or receive contributions to an HSA.
What constitutes a covered medical expense?	All Qualified Medical Expenses, as defined by the IRS*, except for health insurance premiums and long-term care services or insurance premiums.	Determined by employer, subject to IRS limits*.	All Qualified Medical Expenses, as defined by the IRS*, health plan coverage premiums while receiving unemployment compensation, COBRA premiums, Medicare premiums and expenses, qualified long-term care premiums (no Medigap premiums).
	*Internal Revenue Code Section 213(d); go to www.irs.gov/publications/p502 for details about Qualified Medical Expenses.		
Are distributions for other expenses allowed?	No	No	Yes, but distributions are taxable income, and (unless over 65, deceased or disabled) subject to additional 10% tax penalty.
Continued on next page			

	FSA	HRA	HSA
Does unused money carry over?	No. FSAs have a "use it or lose it" provision, unless the employer has not elected to offer a $2^{1/2}$ month grace period. In which case $570 is allowed to be carried to the following year.	Determined by the employer.	Yes, without limit.
Is the account portable?	No. Unused funds must be spent by the end of the year or the end of employment (whichever is first); otherwise the employee forfeits the money.	No, the money belongs to the employer.	Yes. An HSA is a personal account belonging to the employee. Upon the employee's death, the named beneficiary receives the remaining account balance.
What are the tax benefits?	Employee contributions are tax-free and reduce employee's annual taxable income. Distributions are also tax-free.	The employer may deduct qualified distributions as business expenses. Distributions to employees are tax-free.	The employer may deduct contributions as business expenses. Employee contributions are tax-free, and distributions to employees for covered medical expenses are tax-free.
Does COBRA apply?	Yes	Yes	No

Compliance

The Compliance Department stays current with all regulatory changes that affect self-funded benefits plans. Understanding how state and federal laws apply to your company's benefits plan is critical to effectively designing and administering your employee group benefit plan, and to managing all of the regulatory requirements.

It's absolutely essential for employers to remain up to date on all of the new laws that affect the way they provide health care coverage to their employees. In response to this need, our Compliance Department issues periodic bulletins and alerts that describe changes in state and federal laws that affect your plan and provide guidance for working within newly-implemented regulations. You can refer any compliance-related questions to your Account Manager who will work with the Compliance Department as necessary to help address your concerns.

Compliance Initiatives

To provide you with tools and support to help your plans comply with all relevant requirements, the Compliance Department:

- Drafts customized plan documents and amendments for your review and approval, and calls attention to any provisions that may be in conflict with our understanding of current regulations
- Drafts SBCs, consistent with the strict content and format requirements of the Affordable Care Act (ACA)
- Responds to your compliance questions based on our understanding of existing regulations
- Drafts the various agreements (e.g., Business Associate, Privacy and Data Security) required under state and federal law to help protect your employees' health information
- Works with you and other HPI teams to analyze and implement mandated eligibility and benefit changes, such as those required under the ACA, mental health parity and other state and federal laws
- Issues a variety of communications to you and your broker, including:
  - Periodic Compliance Bulletins and Compliance Alerts, containing regulatory updates on topics such as the ACA, COBRA changes, evolving privacy and security requirements, and state and federal plan reporting and assessment requirements
  - Model notices to help you meet mandated notice requirements, including notices regarding the availability of Health Insurance Marketplaces (aka "Exchanges"), Medicare Part D Notice of Creditable Prescription Drug Coverage, the Women's Health and Cancer Rights Act, the Children's Health Insurance Program (CHIP) and more
  - Amendments to incorporate mandated changes affecting all plans
- Drafts your Administrative Service Agreement, as well as your Schedule A

Regulatory Compliance Online

HPI has a dedicated regulatory compliance section on its website to help you understand new regulations enacted under state and federal law. From the **Employers** section select **Health Care Reform & Compliance**. As regulations are implemented, HPI regularly posts informational Compliance Bulletins and Alerts that describe when and how regulations may impact your plan.

Required Notices

Compliance periodically sends bulletins reminding you of certain required notices that must be distributed to your plan participants. Below is a chart of the required plan notices that outlines the purpose of the notices and the frequency that they must be distributed. HPI may not distribute all of the notices below.

Notice	Purpose	Requirement	Recommendation
Marketplace Notice of Coverage Options	To inform new employees about the availability of medical coverage and the potential for premium credits through the Health Insurance Marketplace (aka Exchanges).	Distribute to all new employees within 14 days of hire date.	Distribute with tax and I-9 forms that must be completed by all new employees.
Summary of Benefits and Coverage (SBC)	To easily compare health coverage offered by different employers and insurance companies.	Provide: • With enrollment and open enrollment materials; • At start of plan year if benefits modified since open enrollment • Upon request	Include in initial enrollment package, and with all open enrollment materials; have available to send upon individual request.
HIPAA Special Enrollment Notice	To advise eligible employees of the circumstances under which they may enroll outside the open enrollment period if they waive coverage when first eligible.	Provide upon initial eligibility and any time offered opportunity to enroll.	Include in initial enrollment package; also include in open enrollment materials.

Continued on Next Page

Notice	Purpose	Requirement	Recommendation
HIPAA Notice of Privacy Practices	Statement regarding members' rights relating to their protected health information (PHI) for their health plan.	Required at initial enrollment; employees must be reminded at least every 3 years thereafter that they have a right to the notice.	Include in initial enrollment package and reminder in open enrollment materials.
COBRA General Notice	To inform new enrollees of COBRA rights.	Provide within 90 days of enrollment; distribution of SPD within 90 days satisfies requirement.	Provide SPD within 90 days of enrollment; otherwise provide separate COBRA General Notice within 90 days.
Women's Health and Cancer Rights Act of 1998 (WHCRA) Notice	Notice of the availability of benefits for the treatment of mastectomy-related services covered by the plan.	At initial enrollment and required annually thereafter.	Include in open enrollment materials.
Children's Health Insurance Program (CHIP) Notice	Notice of special enrollment rights related to the available coverage under CHIP. Informs employees of the potential premium assistance available for coverage under the plan.	Required annually for all employees (not just plan participants).	Include in open enrollment materials.
Medicare Part D Notice	Informs Medicare-eligible participants whether the prescription drug coverage offered under the plan is considered creditable or non-creditable.	Must be sent at these times: • By October 15, annually. • To a Medicare-eligible employee when he or she first enrolls in the plan. • Upon request to terminating/retiring employee. • When there is a change in the creditable or non-creditable status of the health plan's prescription drug coverage.	Send out by October 15, annually. Distribute otherwise as requested or required.

Notice	Purpose	Requirement	Recommendation
Notice of Grandfathered Plan Status	For plans that maintain Grandfathered status. The notice describes the potential impact of Grandfathered status on benefits provided under-the plan and provides contact information for employees with questions.	Required on all materials (except SBCs) that describe benefits under those plans that retain Grandfathered status.	Include in SPD/PD, Summary of Benefits, open enrollment materials.
Summary of Material Modification	To inform plan participants about changes to plan provisions.	Distribute 60 days in advance of any material mid-year changes or within 210 days following the end of the plan year for other plan changes	Distribute as soon as possible following the determination to make changes under your plan