



**JACS Enterprises Inc.  
Variable Hour/Crew Team**



**2024**  
**EMPLOYEE BENEFIT  
SUMMARY**

**BENEFIT PLANS AND CONTRIBUTIONS EFFECTIVE**

**JANUARY 1, 2024 - DECEMBER 31, 2024**

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# Introduction to Your Employee Benefits

In support of our philosophy to provide our eligible crew team members and their families with a complete compensation package, JACS Enterprises Inc. is pleased to offer you the opportunity to participate in a quality benefits program.

This guide is designed to make it easy for you to understand your benefits and other pertinent information. Although it will provide summaries of some of the services available to you, it is not a substitute for the benefit book provided by the healthcare carrier.

## What' New for This Year?

You are eligible for this plan because you have averaged 30 or more hours per week during the last 12 months of your employment with JACS Enterprises Inc. When we measure your hours, we take into account all your hours of service including vacation, holiday, illness, jury duty, or military leave of absences (if applicable).

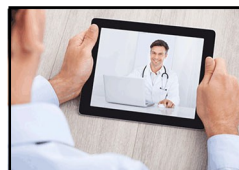
You are now eligible to participate for the next 12 months as long as you continue to be employed and pay your share of the premium regardless of the actual hours you work. Your costs for participation are illustrated on page 9.

Your payroll deductions are adjusted each year to reflect changes in the plans and affordability rules so please review these costs on page 10 of this booklet.

Please carefully review the benefit summaries in this book for details on your benefits.

## What are my Benefit Options?

- Blue Cross Blue Shield of MI Medical
- Delta Dental
- Delta Vision



BCN Medical includes "Blue Cross Online Visits". With this service you will have access to online Medical and Behavioral Health services anywhere in the U.S.

This affordable service provides easy-to-use online "Virtual Doctor Visits" for minor, non-emergency illnesses.

## Who is Eligible?

Variable Hour employees working 30+ hours per week (based upon criteria established by the ACA) are eligible to enroll for Medical coverage as mandated by the Affordable Care Act. Eligibility will be based upon our standard measurement period (existing employees) or an initial measurement period (new employees).

## When will my Benefits Begin?

Your benefits will begin on the 1st of the month following the completion of your measurement period.

## Who You Can Cover

You can cover any "eligible dependents". Eligible dependents include:

- Your legally recognized spouse.
- Legal children until age 26, coverage will term the end of the year in which your dependent turns age 26.

# Introduction to Your Employee Benefits

## New Hire Enrollment Instructions

To enroll for coverage, you will need to complete the following items and return them to Jeannie Philips as soon as possible but no later than 30 days after your eligibility date.



New Enrollment

- Subscriber New Enrollment Form

## Open Enrollment Instructions

The open enrollment period will occur annually in December with changes to your coverage effective January 1.

The elections you make during open enrollment will be effective for the period January 1, 2024, through December 31, 2024.

Please complete the following items and return them to Jeannie Philips as soon as possible.

New Enrollment

- Subscriber New Enrollment Form

Adding or Deleting Dependents or Other Changes – Please complete member change form.

**Important: If you are waiving coverage for any reason, including covered under a spouse or family member you must complete and turn in a waiver form.**

## Mid-Year Status Changes *(Can I change coverage in the middle of the year?)*

Once you make your elections for coverage, you cannot change them until the next open enrollment period with changes effective January 1, 2025.

Your benefit election is generally irrevocable for the period of coverage unless you experience a qualified change in status event that affects your eligibility for coverage and you request a benefit change that is consistent with and on account of the qualified event.

Events may include:

- a change in marital status
- change in number of dependents
- change in employment status
- significant plan cost or coverage changes
- loss of coverage under a government plan
- a judgment, decree or order
- Medicare or Medicaid entitlement,
- a qualified Family Leave of Absence
- or a HIPAA special enrollment event.

Coverage changes must be consistent with you or your dependents' "status change" that affects eligibility under an employer's plan.

**Employees have 30 days after a status change to make a change in benefits. Changes not made within 30 days must wait for the next open enrollment period.**

# Introduction to Your Employee Benefits

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## Actively at Work Requirement

If an employee is not in active employment because of injury, sickness, temporary layoff or leave of absence on the date that coverage would otherwise become effective, some benefits may be delayed.

If a family member is totally disabled on the date coverage would otherwise begin, some benefits may not begin until he or she is no longer totally disabled. Generally, your family member is totally disabled if he or she is confined in a hospital or similar institution; is unable to perform two or more activities of daily living because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; or has a life-threatening condition.



## When Coverage Ends

Your coverage will end when you are no longer an eligible employee of JACS Enterprises, Inc. Dependent coverage will end when your coverage ends, or earlier if the individual is no longer an eligible dependent (i.e., divorce or child reaches limiting age).

Because your hours were measured for 12 months to determine eligibility, your coverage will generally be provided for 12 months (known as your stability period) regardless of your actual hours worked during the stability period. Each year we will complete a “look back” measurement period to determine your continued eligibility.

Certain coverage may continue after your termination date through a Conversion, COBRA or Portability option. Premiums are fully paid by the employee in each of these options.

## Medical Plan Waiver Option

If you are waiving this coverage because you are currently covered by another medical plan, you will not lose future eligibility for this plan. However, you must enroll in this plan within 31 days of your current plan benefits ending. This provision applies to both you and your dependents.

In addition, if you acquire a new dependent as a result of marriage, birth, adoption, or placement for adoption, you will be able to enroll yourself and your dependent, provided you elect coverage within 31 days of the qualifying event.

## Compliance with the ACA

The medical plan offered to you does provides minimum essential coverage and the minimum value standard (pays at least 60% of allowed charges) as defined by the Affordable Care Act.

JACS Enterprises, Inc. will make the lowest cost medical plan available to you at an affordable cost for single coverage as defined by the Affordable Care Act.

# Overview of Your Employee Benefits



## What are my benefits and how much will they cost me?

### Overview of Employee Benefits

Summaries of employee Medical, and Prescription benefits are included on the following pages.

The benefit charts included in this document are provided as an easy-to-read summary; they are not contracts. Additional limitations and exclusions may apply. For an official description of benefits, please see each carrier's benefit book.

### Covered Services

Your medical benefits provided include:

- Routine physical examinations covered at 100%
- Hospital care and surgical procedures
- Outpatient services
- Mental Health and Substance Abuse Rehabilitation
- Prescription drugs



### About the Medical Plan

#### The Blue Cross and Blue Shield (PPO)

This plan will provide you with the largest Preferred Provider (PPO) Network in Michigan. When you receive services from a provider in the PPO network you will limit your out-of-pocket costs because the PPO providers accept the BCBSM approved amount as payment in full, which means you will be responsible only for any deductible and/or copayments required by your contract.

The advantages of using a PPO provider are:

- The Plan pays more when services are received from a PPO provider.
- Reduced out-of-pocket expenses.
- No claim forms.
- Freedom of choice at time of service.
- No mandatory referrals prior to receiving treatment.

You may also use an out-of-network provider to receive services; however, you may have to pay up front at the time of service and submit the claim to BCBSM. In addition, an out-of-network provider may bill you the difference if their fees are higher than the BCBSM approved amounts.

# Medical Benefit Summary

Simply Blue HSA PPO Plan \$6,350		
Benefits	In-Network	Out-of-Network
Deductible Individual/Family	\$6,350 Individual/\$12,700 Family	\$12,700 individual/\$25,400 Family
Coinsurance	None	20%
Total Out of Pocket Maximum	\$6,350 Individual/\$12,700 Family	\$15,000 individual/\$30,000 Family
Preventive Care Services	100%	Not Covered
Office Visit	100% after in-network deductible	80% after out-of-network deductible
Specialist Visit	100% after in-network deductible	80% after out-of-network deductible
Urgent Care Facility	100% after in-network deductible	80% after out-of-network deductible
Emergency Room Visit	100% after in-network deductible	100% after in-network deductible
Diagnostic test & X-rays	100% after in-network deductible	80% after out-of-network deductible
Maternity (Routine Prenatal Care)	100% (no deductible)	80% after out-of-network deductible
Hospital Care	100% after in-network deductible	80% after out-of-network deductible
Surgical Care	100% after in-network deductible	80% after out-of-network deductible
Inpatient Mental/Substance Abuse Treatment	100% after in-network deductible	80% after out-of-network deductible
Outpatient Mental/Substance Abuse Treatment	100% after in-network deductible	80% after in-network deductible
Rehabilitation Services	100% after in-network deductible	80% after out-of-network deductible
Prescription Drugs (Deductibles Apply)	100% after in-network deductible	After in-network deductible is met you pay an additional 20%.

**The benefits described above are intended to be only a Summary Description. For details, please review the Certificate of Coverage Agreement.**

# Dental and Vision Summaries

Delta Dental		
	In Network	Out of Network
<b>Deductible</b>		
<b>Individual</b>	\$50	\$50
<b>Two Person</b>	\$100	\$100
<b>Family</b>	\$150	\$150
<b>Preventive Care</b>	100%	100%
<b>Basic Care</b>	80%	80%
<b>Major</b>	50%	50%
<b>Calendar Year Max</b>	\$1,000	\$1,000



Delta Vision VSP Network		
	In Network	Out of Network
<b>Eye Exams</b>	\$10 copay	Up to \$45 less \$10
<b>Lenses</b>	\$25 copay	Up to approved amount less \$25
<b>Frames</b>	\$25 copay \$130 allowance	Up to \$70 less \$25
<b>Contact Lenses</b>		
<b>Medically Necessary</b>	\$25 copay \$130 allowance	Up to \$210 less \$25 \$105 allowance
<b>Elective</b>		





# Employee Contributions

JACS Enterprises Inc. shares the cost of your medical, dental and vision benefits with you. The amount you are responsible for paying is automatically deducted from your paycheck. This does not include any additional costs for copayments, medicines or other out-of-pocket expenses that are your responsibility.

Salaried Employees are provided Employee Life and AD&D benefits, and Short-term Disability at no cost.

**Employee costs are based on your rate of pay and vary by employee based on earnings. You may also add dependents by paying the additional costs of those dependents. Please contact your supervisor to confirm your actual deductions.**

## Sample Employee Medical Deductions. Contributions are based on your Rate of Pay

Hourly Rate	Per Pay Deduction
\$12.00	\$60.41
\$12.50	\$62.93
\$13.00	\$65.44
\$13.50	\$67.96
\$14.00	\$70.48
\$14.50	\$72.99
\$15.00	\$75.51
\$15.50	\$78.03
\$16.00	\$80.54
\$16.50	\$83.06
\$17.00	\$85.58
\$17.50	\$88.10
\$18.00	\$90.61
\$18.50	\$93.13
\$19.00	\$95.65
\$19.50	\$98.16
\$20.00	\$100.68
\$20.50	\$103.20

Hourly Rate	Per Pay Deduction
\$21.00	\$105.71
\$21.50	\$108.23
\$22.00	\$110.75
\$22.50	\$113.27
\$23.00	\$115.78
\$23.50	\$118.30
\$24.00	\$120.82
\$24.50	\$123.33
\$25.00	\$125.85
\$25.50	\$128.37
\$26.00	\$130.88
\$26.50	\$133.40
\$27.00	\$135.92
\$27.50	\$138.44
\$28.00	\$140.95
\$28.50	\$143.47
\$29.00	\$145.99
\$29.50	\$148.50
\$30.00	\$151.02

Delta Dental Plan	
Per Paycheck Dental Deductions	
Employee	\$12.23
Employee + 1 Dependent	\$22.95
Employee + Family	\$43.03

Delta Vision Plan	
Per Paycheck Vision Deductions	
Employee	\$2.69
Employee + 1 Dependent	\$5.38
Employee + Family	\$8.66

# 125 Premium Only Plan (POP)

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This benefit allows you to make your medical contributions with pre-tax dollars. **This benefit will save you valuable tax dollars and put more money in your “take home” check.**

The Section 125 Premium Only Plan lets you pay your portion of group medical premiums with pre-tax dollars. With Section 125, premium payments are deducted from your paycheck before Federal and Social Security taxes (and, in some cases, before State taxes).

By paying premiums with pre-tax dollars, you reduce taxable income and **take home a larger portion of your income.**

For an employee who pays \$2,922 per year toward medical premium, the increases in take-home pay could be up to \$876. The exact amount will depend on your personal tax situation.

Here are a few facts you should know about the Section 125 Premium Only Plan:

- Participation in the plan does not affect benefits or the amount of premium for these benefits - it simply allows you to pay for these benefits on a pre-tax basis.
- Your future W-2 (tax withholding) statements will reflect your reduced taxable income (gross income minus your pre-tax premium payments).
- You cannot change this election during the plan year unless there has been a significant change in cost of coverage on account of and consistent with a change in status (such as marriage or divorce, birth or adoption of a child, death of a spouse or child, termination or commencement of employment of a spouse, taking an unpaid leave of absence or switching from part-time to full-time status or vice versa by you or your spouse).
- Your portion of the premium paid with before-tax dollars will automatically increase or decrease, as the case may be, to reflect the changes in the medical and dental benefit premiums.
- Because you'll be paying less in Social Security taxes, participation in the Section 125 Plan may reduce your future Social Security benefits.

Because the Section 125 Premium Only Plan is an important part of eligible employee benefit program you will automatically be included Premium Only Plan unless you request in writing that you do not want to participate and provide it with your Enrollment Election form to the Human Resources Department.

# **Important Benefit Notices**

**JACS ENTERPRISES, INC.**

**Health and Welfare Benefits Plan**

**8305 S. Saginaw Street, Suite 11**

**Grand Blanc, MI 48439**

**(810) 606-0885**

*Created on: 10/25/2023*

**Important Notice From JACS Enterprises Inc.  
About Your Prescription Drug Coverage and Medicare  
Non-Creditable**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage under Blue Cross Blue Shield of Michigan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Your Employer determined the prescription drug coverage offered by its Health Plan is, on average for all plan participants, **NOT** expected to pay out as much as standard Medicare prescription drug coverage pays. **Therefore, your coverage is considered *Non-Creditable* Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the your employer's Health Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.**
3. You can keep your current coverage from your employer's Health Plan. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>.

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

Since the coverage under your employer's Health Plan, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

If you decide to join a Medicare drug plan, your current employer's coverage will likely be affected. If you do decide to join a Medicare drug plan and drop your current employer's coverage, be aware that you and your dependents may not, be able to get this coverage back.

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through your employer changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

**REMEMBER: KEEP THIS NON-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 (penalty).**

Questions? Please contact your Plan Administrator: Daniel S. Ward, RHU at (248) 359-0583 or email [dward@thesalusgroup.com](mailto:dward@thesalusgroup.com) or Valerie B. Hovland, Salus Group's Director of Compliance at [vbrucehovland@thesalusgroup.com](mailto:vbrucehovland@thesalusgroup.com).

*Distribute before October 14, 2023*

# Important Notifications

## Newborns' and Mothers' Health Protection Act Statement of Rights

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



## Women's Health and Cancer Rights Act (WHCRA) Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.



# Employer’s Children’s Health Insurance Program (CHIP) Notice

## 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](http://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](http://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](http://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 January 31, 2023. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>ALASKA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>FLORIDA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268



<b>GEORGIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
<p>GA HIPP Website:  <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>            Phone: 678-564-1162, Press 1            GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>            Phone: (678) 564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64            Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>            Phone: 1-877-438-4479            All other Medicaid            Website:  <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>            Phone 1-800-457-4584</p>
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>KANSAS – Medicaid</b>
<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>            Medicaid Phone: 1-800-338-8366            Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>            Hawki Phone: 1-800-257-8563            HIPP Website:  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>            HIPP Phone: 1-888-346-9562</p>	<p>Website:  <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>            Phone: 1-800-792-4884            HIPP Phone: 1-800-766-9012</p>
<b>KENTUCKY – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328            Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>            KCHIP Website:  <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718            Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or  <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207            (Medicaid hotline) or            1-855-618-5488 (LaHIPP)</p>
<b>MAINE – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>            Phone: 1-800-442-6003            TTY: Maine relay 711            Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740            TTY: Maine relay 711</p>	<p>Website:  <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>            Phone: 1-800-862-4840            TTY: (617) 886-8102</p>
<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
<p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>            Phone: 1-800-657-3739</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005</p>
<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084            Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>            Phone: 1-855-632-7633            Lincoln: 402-473-7000            Omaha: 402-595-1178</p>

<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website:  <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone:  1-800-992-0900</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website:  <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone:  1-800-701-0710</p>	<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website:  <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website:  <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone:  919-855-4100</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825</p>
<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website:  <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p align="center"><b>OREGON – Medicaid</b></p> <p>Website:  <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  Phone: 1-800-699-9075</p>
<p align="center"><b>PENNSYLVANIA – Medicaid and CHIP</b></p> <p>Website:  <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>  Phone: 1-800-692-7462  CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/ChildrensHealthInsuranceProgram(CHIP).aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a>  CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center"><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website:  <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or  401-462-0311 (Direct RItE Share Line)</p>
<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website:  <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>	<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website:  <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<p align="center"><b>TEXAS – Medicaid</b></p> <p>Website:  <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>  Phone: 1-800-440-0493</p>	<p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website:  <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669</p>
<p align="center"><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.vermont.gov/health/hipp">Health Insurance Premium Payment (HIPP) Program</a>    <a href="http://www.vermont.gov/health">Department of Vermont Health Access</a> Phone: 1-800-250-8427</p>	<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a>  Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website:  <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>	<p align="center"><b>WEST VIRGINIA – Medicaid and CHIP</b></p> <p>Website:  <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Medicaid Phone: 304-558-1700  CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center"><b>WISCONSIN – Medicaid and CHIP</b></p>	<p align="center"><b>WYOMING – Medicaid</b></p>

Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

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### 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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

## Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

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The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the McLaren Health & Welfare Plan] with respect to mental health or substance use disorder benefits, please contact your plan administrator at (248) 349-0583.

# Notice of Privacy Practices

## Your rights and responsibilities regarding your personal information

**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices (the "Notice") describes the legal obligations of JACS Enterprises Inc. group health plan (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information". Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, that relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) The provision of health care to you; or
- (3) The past, present or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please **contact Cynthia Villaire**.

### **Effective Date...**

This Notice is effective January 1, 2024.

### **Our Responsibilities...**

We are required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by mail to the employees last known address on file.

### **How We May Use & Disclose Your Protected Health Information...**

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

**For Payment.** We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**For Health Care Operations.** We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

**To Business Associates.** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

**As Required by Law.** We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

**To Plan Sponsors.** For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

### **Special Situations...**

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

# Notice of Privacy Practices

## Your rights and responsibilities regarding your personal information

**Organ and Tissue Donation.** If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose your protected health information for public health actions. These actions generally include the following.

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

**Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may disclose your protected health information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

**Coroners, Medical Examiners and Funeral Directors.** We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or are in the custody

of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary:

- (1) for the institution to provide you with health care;
- (2) to protect your health and safety or the health and safety of others; or
- (3) for the safety and security of the correctional institution.

**Research.** We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

### **Required Disclosures...**

The following is a description of disclosures of your protected health information we are required to make.

**Government Audits.** We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

**Disclosures to You.** When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

### **Other Disclosures...**

**Personal Representatives.** We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or
- (2) treating such person as your personal representative could endanger you; and
- (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**A Spouses and Other Family Members.** With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

**Authorizations.** Other uses or disclosures of your protected health information not described above will only be made with your written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

# Notice of Privacy Practices

## Your rights and responsibilities regarding your personal information

### **Your Rights...**

You have the following rights with respect to your protected health information:

**Right to Inspect and Copy.** You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to your Human Resources Manager. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to your Human Resources Manager.

**Right to Amend.** If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to your Human Resources Manager. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include:

- (1) disclosures for purposes of treatment, payment, or health care operations;
- (2) disclosures made to you;
- (3) disclosures made pursuant to your authorization;
- (4) disclosures made to friends or family in your presence or because of an emergency;
- (5) disclosures for national security purposes; and
- (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to your Human Resources Manager. Your request must state a time period of not longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on your protected health information that we use or disclose for

treatment, payment, or health care operations. You also have the right to request a limit on your protected health information we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

Effective February 17, 2010 (or such other date specified as the effective date under applicable law), we comply with any restriction request if:

- (1) except as otherwise required by law, the disclosure is to health plan purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and
- (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, you must make your request in writing to the Human Resources Manager. In your request, you must tell us:

- (1) what information you want to limit;
- (2) whether you want to limit our use, disclosure, or both; and
- (3) to whom you want the limits to apply - for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Human Resources Manager. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

**Right to be Notified of a Breach.** You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact your Human Resources Manager.

### **Complaints...**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact your Human Resources Manager. All complaints must be submitted in writing.




You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

# Important Contacts



JACS Enterprises Inc.

## IMPORTANT EMPLOYEE BENEFITS CONTACT INFORMATION

 Blue Cross Blue Shield of Michigan	1-877-790-2583	<a href="http://www.bcbsm.com">www.bcbsm.com</a>
 DELTA DENTAL®	1-800-524-0149	<a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a>
 SALUS GROUP	Daniel S. Ward, RHU, ChHC, LIC Vice President of Franchise Sales (248) 359-0583	Crystal Johnson Client Service Rep. (586) 554-7424

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