Lexington Law
2018 Annual Notices

Please Note: The Medicare Part D Prescription Drug Creditable Coverage notice is located on page 13-14 of this document. Please review the notice for your options under Medicare Part D Prescription Drug coverage.

Lexington Law
2018 Annual Notices

The following are notices and certifications relating to the Lexington Law benefit plans. Some of these notices are required by the federal government. Please review this document carefully – it contains important information about your employee (associate) benefits. You may wish to print a copy of this document and keep it in a safe place in the event you need it in the future.

Health Insurance Portability and Accountability Act (HIPAA) of 1996

HIPAA provides you with certain special enrollment rights pertaining to your health care coverage.

You may choose not to enroll in Lexington Law's medical benefits when you first become eligible because you have coverage through another source. If the other coverage ends, you may be eligible to enroll in Lexington Law's medical benefits, provided you enroll within 31 days of when the other coverage ends.

In addition, if you gain a new dependent through marriage, birth, adoption, or placement for adoption, you may add this dependent to your medical coverage, provided you enroll your dependent within 31 days of the marriage, birth, adoption, or placement for adoption.

If you or your dependent is eligible, but not enrolled, for health benefits, you are eligible to enroll if you meet either of the following conditions and you request enrollment no later than 60 days after the date of the event:

– You or your dependent loses eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage.

– You or your dependent becomes eligible for premium assistance, with respect to coverage under the plan, due to coverage with Medicaid or CHIP."

HIPAA Privacy Notice

HIPAA and its implementing regulations impose new privacy and security requirements upon the use and disclosure of protected health information. It's the policy of Lexington Law to comply fully with HIPAA's requirements and to protect the privacy of such PHI. Accordingly, all members of Lexington Law's workforce who have access to PHI must comply with Lexington Law policy and procedures on the use and disclosure of PHI.

This notice describes how protected health information about you and your family may be used and disclosed, and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact Lexington Law's Privacy Officer.

Purpose

Lexington Law is committed to protecting health information about you and your family by ensuring that employees who have access to PHI comply with the privacy and security requirements of HIPAA. HIPAA's privacy regulations require Lexington Law to keep PHI about you and your family private, to give you notice of our legal duties and privacy practices, and to follow the terms of this notice. This notice outlines uses and disclosures of PHI that may be made by Lexington Law, as well as your individual rights and Lexington Law's legal obligations with respect to PHI.

Lexington Law's Legal Obligations

The federal privacy regulations require us to keep PHI about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

Protected Health Information (PHI)

PHI is information created, received or maintained by Lexington Law's group health plans that relates to an individual's physical or mental health or condition, the provision of medical care for that individual or the payment for that individual's medical care, which identifies or may be used to identify the individual to whom it relates.

Lexington Law's workforce includes employees, contractors, volunteers, trainees and other persons whose work performance is under the direct control of Lexington Law. The term "employee" includes all of these types of workers.

Use and Disclosure of Protected Health Information

The following categories summarize ways that Lexington Law may use and disclose PHI. Some of the categories include examples, but every type of disclosure in a category is not listed. The term "you" generically refers to you and your family member(s). Except for the purposes described below, we will use and disclose PHI only with your written permission. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your PHI for marketing; and we will not sell your PHI, unless you give us a written authorization. If you grant permission to use and disclose PHI for a purpose not discussed in this notice, you may revoke that permission, in writing, at any time by contacting the Privacy Officer.

In accordance with HIPAA, Lexington Law may use and disclose PHI for the following purposes:

- **For Treatment:** Lexington Law may disclose your PHI to a health care provider who renders treatment on your behalf.
- **For Payment:** Lexington Law may use and disclose PHI so that we or others may bill or receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may use and disclose PHI to assist employees with denied claims.
- **For Health Care Operations:** Lexington Law may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary for our operation and management purposes. For example, we may use PHI for purposes of assessing health care plan service, quality or performance, for analyzing associated costs or for underwriting, premium rating and other activities relating to plan coverage. However, we will not use your genetic information for underwriting purposes. We may also use PHI for plan enrollment/eligibility purposes on behalf of an employee, or for assisting an employee with correcting benefits problems and understanding plan coverage/terminology.
- **As Required by Law:** Lexington Law will disclose PHI when required to do so by federal, state or local law.
- **Lawsuits and Disputes**: If you are involved in a lawsuit or dispute, Lexington Law may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement/National Security and Intelligence Activities:** Lexington Law may release PHI if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process. We may also disclose PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **To a Business Associate:** Certain services are provided to Lexington Law by third-party administrators known as "business associates." The Plan requires its business associates, through contract, to appropriately safeguard your health information.
- **Military and Veterans:** If you are or become a member of the U.S. Armed Forces, Lexington Law may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety:** Lexington Law may use and disclose your PHI, when necessary, to prevent serious threat to your health and safety or the health and safety of the public or another person.

Breach of Unsecured PHI

You must be notified in the event of a breach of unsecured PHI. A "breach" is the acquisition, access, use, or disclosure of PHI in a manner that compromises the security or privacy of the PHI. PHI is considered compromised when the breach poses a significant risk of financial harm, damage to your reputation, or other harm to you. This does not include good faith or inadvertent disclosures or when there is no reasonable way to retain the information. You must receive a notice of the breach as soon as possible and no later than 60 days after the discovery of the breach.

Individual Rights

You have the following rights regarding PHI that Lexington Law maintains about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy PHI that may be used to make decisions about your care, payment for your care or for your health care operation, including your PHI maintained in an electronic format. If your PHI is available in an electronic format, you may request access electronically and that this be transmitted directly to someone you designate. To inspect and copy this PHI, you must make your request in writing to the Privacy Officer.
- **Right to Amend:** If you feel that PHI Lexington Law has is incorrect or incomplete, you may ask Lexington Law to amend the information. You have the right to request an amendment for as long as the information is kept by or for Lexington Law. To request an amendment, you must make your request, in writing, to the Privacy Officer. We may deny the request 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 request amendment of information that:

- Was not created by Lexington Law, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by Lexington Law;
- Is not part of the information that you are permitted to inspect and copy;
- Is without question accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures," including a disclosure involving an electronic health record. This is a list of the disclosures we made of your PHI that is not one of the uses and disclosures described in this notice. To request this list, you must submit your request, in writing, to the Privacy Officer.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment or health care operations. In addition, you have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not disclose your PHI to your spouse. To request a restriction, you must make your request, in writing, to the Privacy Officer. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to disclose the information in certain emergency treatment situations. In addition, you have the right to restrict disclosure of PHI to the health plan for payment or healthcare operations (but not for carrying out treatment) in situations where you have paid the healthcare provider out-of-pocket in full. In this case, we are required to implement the restrictions that you request.
- **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 certain locations. For example, you can ask that you be contacted only at work or by mail. To request confidential communications, you must make your request, in writing, to the Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask for a paper copy of this notice at any time by contacting the Privacy Officer.

Privacy Officer

Questions, concerns or complaints about the privacy of PHI should be directed to the following:

Lexington Law Privacy Officer
Human Resources Department
257 East 200 South – 9th Floor
Salt Lake City, UT 84111

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Lexington Law's Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with Lexington Law's Privacy Officer, please direct correspondence to:

Lexington Law Privacy Officer
Human Resources Department
257 East 200 South – 9th Floor
Salt Lake City, UT 84111

To file a complaint with the Department of Health and Human Services, please direct correspondence to:

DHHS, Office for Civil Rights
Hubert H. Humphrey Building
Mail Stop 506F
200 Independence Avenue, SW
Washington, DC 20201
Phone: 202-205-8725 or Email: **OCRComplaint@hhs.gov**

All complaints, whether submitted to the Lexington Law Privacy Officer or the Department of Health and Human Services, must be made in writing.

You will not be penalized or otherwise retaliated against for filing a complaint.

Changes to This Notice

Lexington Law may change the terms of this notice and privacy policies at any time. The revised or changed policies will be effective for all PHI maintained at that time, as well as for PHI received in the future.

Family Status Changes

As outlined in Internal Revenue Code Section 125, Lexington Law offers health care benefits on a tax-free basis. You do not pay federal or state income taxes, or Social Security taxes on the per pay contributions for these benefits. However, because of the tax advantages of tax-free contributions, the Internal Revenue Service (IRS) imposes certain restrictions.

After you enroll — either when you are first eligible or during the annual Open Enrollment period — you may not make changes to your benefits until the next Open Enrollment period. The only exception to this rule is if you experience an IRS-qualifying life status change.

IRS-qualifying life status changes include:

- Your marriage, divorce, or annulment;
- Birth, adoption, placement for adoption, or appointment of legal guardianship of a child;
- Your death or the death of your covered dependent;
- Your or your dependent's loss or gain of employment;
- A change in your or your dependent's employment status due to a switch from full-time to part-time or part-time to full-time;
- A change in your dependent's eligibility;
- A change in your or your dependent's place of residence or work;
- Your requirement to cover your dependent child(ren) according to a judgment, decree, or order resulting from your divorce, legal separation, annulment, change in legal custody, or death of your spouse (that requires health coverage for your dependent child(ren));
- Approved leave of absence;
- Your or your dependent's eligibility for COBRA;
- Your or your dependent's eligibility for Medicare or Medicaid (you may change the current election for the eligible person only);
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- Your or your dependent's entitlement to special enrollment rights;
- A significant reduction in coverage or increase in contributions;*
- The addition or elimination of a new coverage option;* and
- A change in your spouse's or dependent's coverage during another employer's annual enrollment when the other plan has a different period of coverage.*

**These IRS-qualified life status changes do not apply to the Health Care Spending Account. You cannot change your spending account contribution once it has been set. To change your contribution amount, you would have to wait until the next annual Open Enrollment period.*

If you experience an IRS-qualified life status change, you may only make benefit changes that are consistent with the life status change. For example, if you get married, you may add your new spouse to your medical coverage, but you cannot switch medical plans until the next annual Open Enrollment period. To make a benefit change as a result of an IRS-qualified life status event, you must do so within 31 days of the life status event; otherwise, you will have to wait until the next annual Open Enrollment period to make the change.

Family and Medical Leave Act of 1993

This section provides you with information on requesting and using leave under the Family and Medical Leave Act of 1993 (FMLA), including the expansion of FMLA under the National Defense Authorization Act for Fiscal Year 2008, allow employees, under certain circumstances, to take unpaid leave from work to care for themselves or family members.

Who is Eligible for FMLA?

You are eligible for leave under FMLA if you meet the following eligibility requirements:

- Under FMLA, you must have been employed by Lexington Law for 12 months and must have worked at least 1,250 hours to take leave.

What is FMLA?

FMLA Leave

FMLA provides eligible employees with two types of job-protected unpaid leave:

- **General FMLA Leave** — Up to 12 weeks of certain job-protected, unpaid leave within a rolling 12-month period of time:
    - For incapacity due to pregnancy, prenatal medical care, or childbirth;
    - To care for your child after the birth, placement for adoption, or foster care;
    - To care for your spouse, child, or parent who has a serious health condition*;
    - For a serious health condition* that makes you unable to perform your job; and/or
    - For any qualifying immediate need for assistance (i.e., "qualifying exigency") because your spouse, child, or parent is on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation.
- **Covered Service member FMLA Leave** — Up to a total of 26 weeks of leave during a single 12-month period to an eligible employee who is the spouse, child, parent, or next of kin of a covered service member to care for that service member during a period of recovery from a serious injury or illness incurred in the line of duty. This total of 26 weeks of leave includes any other type of leave granted under the General FMLA 12-week leave provision.

**A serious health condition is a period of incapacity or treatment that requires inpatient care or continuing treatment by a health care provider.*

When Can You Take FMLA?

The FMLA regulations include treatment for a serious illness that would result in an absence from work of three days or more due to a serious health condition. The serious condition may be yours, your child's, your spouse's, or your parent's. In the case of Covered Service member FMLA Leave, leave may be used by an eligible employee who is the spouse, child, parent, or next of kin of a covered service member to care for that service member during a period of recovery from a serious injury or illness incurred in the line of duty.

Generally, FMLA leave can be taken all at once, intermittently, or on a reduced work schedule in any 12-month period. Leave may be taken on a continuous basis (greater than a week) or intermittently (days or hours).

Lexington Law may require you to use paid leave, such as PTO, simultaneously with FMLA leave.

Returning to Work

When you return to work, your same or an equivalent job will be available to you at the same level of pay, benefits, and other terms and conditions of employment. An exception to this policy applies to "key employees." For more information about the definition of key employees, contact the Lexington Law Administration and Human Resources Department.

FMLA and Your Benefits

For the duration of FMLA, Lexington Law will continue to maintain your health coverage and pay its portion of the benefit premium. To maintain coverage, you must continue to pay your portion of the premium during your leave.

For More Information

For more information about FMLA, contact the US Department of Labor at **800-4USWAGE** (800-487-9243) or log onto the Department of Labor website at **www.dol.gove/esa/whd/fmla**.

Your Continuation Coverage Rights under COBRA

As a participant in Lexington Law's benefits (comprising medical, dental, vision, and Health Care FSA plans), you are receiving this notice that describes your right to COBRA continuation coverage.

COBRA, or the Consolidated Omnibus Budget Reconciliation Act of 1985, is a federal law affecting most employers who offer group health coverage to their employees. Under this law, you and other members of your family may have the right to temporarily continue the group health benefits when you would ordinarily lose coverage. This document describes your right to this COBRA continuation coverage, when it may become available to you and your family and what you must do to protect your right to receive it.

In addition to COBRA, there may be other coverage options for you and your family. When key parts of the health care law take effect, you'll be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

What Is COBRA Continuation Coverage?

COBRA continuation coverage extends your health plan coverage when it would otherwise end because of a life change (also known as a "qualifying event").

After a qualifying event (examples of qualifying events are discussed below), COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse and your dependent children could become qualified beneficiaries if coverage under the plan is lost because of a qualifying event.

Under the plan, qualified beneficiaries who elect COBRA continuation coverage are required to pay for it. As an employee covered by the plan, you will become a qualified beneficiary if you lose your plan coverage because:

- Your hours of employment are reduced and you are no longer eligible for benefits, or
- Your employment ends for any reason except for gross misconduct on your part.
- As the spouse of a covered employee, you will become a qualified beneficiary if you lose your plan coverage for any of the following reasons:
- Your spouse loses his or her life.
- Your spouse's hours of employment are reduced and he/she is no longer eligible for benefits.
- Your spouse's employment ends for any reason other than gross misconduct.
- Your spouse becomes entitled to Medicare benefits.
- You become divorced or legally separated from your spouse.
- As a dependent child of a covered employee, you will become a qualified beneficiary if you lose your plan coverage for any of the following reasons:
- Your employee-parent loses his or her life.
- Your employee-parent's hours of employment are reduced and you are no longer eligible for benefits.
- Your employee-parent's employment ends for any reason other than gross misconduct.
- Your employee-parent becomes entitled to Medicare benefits.
- You cease to be a "dependent child" under the plan.

When Is COBRA Coverage Available?

You are eligible for COBRA continuation coverage only after the plan administrator has been notified that a qualifying event has occurred.

Who Is Responsible For Notifying The Plan Administrator Of A Qualifying Event?

Lexington Law is responsible for notifying the plan administrator if the qualifying event is one of the following:

- Your termination or a reduction in your hours of employment and as a result, you are no longer eligible for benefits.
- Your death.
- You become entitled to Medicare.
- A filing for bankruptcy under Title 11 of the U.S. Code by Lexington Law.
- You are responsible for notifying the plan administrator that a qualifying event has occurred when the event is one of the following:
    - You become divorced or legally separated from your spouse.
    - Your dependent child ceases to be eligible under the plan.

You must notify the plan administrator within 60 days after the qualifying event has occurred. Provide this notice, in writing, to:

Lexington Law Privacy Officer
Human Resources Department
257 East 200 South – 9th Floor
Salt Lake City, UT 84111

Once the plan administrator has received notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each person will have an independent right to elect or decline the coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouse, and parents may elect the coverage on behalf of their children.

If you do not notify the plan administrator of a divorce, legal separation, or a dependent child ceasing to be eligible under the plan, within the 60 day allowable time period, the opportunity to elect COBRA Continuation Coverage will be lost.

How Long Does COBRA Continuation Coverage Last?

COBRA continuation coverage is temporary coverage. Generally, it lasts only up to 18 months when the qualifying event is a reduction in your hours of employment or your employment ends. COBRA continuation coverage can last up to 36 months when the qualifying event is one of the following:

- You lose your life.
- You become entitled to Medicare benefits.
- You and your spouse become divorced or legally separated.
- Your dependent child ceases to be eligible under the plan.
- An 18-month coverage period can be extended in two ways: through 1) disability or 2) a second qualifying event.

Disability Extension

If the Railroad Retirement Board (RRB) or Social Security Administration (SSA) determines that you or another covered individual in your family is disabled and you notify the plan administrator within 60 days of the RRB/SSA's determination, you and your family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started sometime before the 61st day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

A Second Qualifying Event

If your family experiences a second qualifying event during its 18-month period of COBRA continuation coverage, your covered spouse and dependent children can obtain an additional 18 months of coverage, for a maximum of 36 months if the plan administrator is notified of one of these second events in a timely manner:

- You lose your life.
- You become entitled to Medicare benefits.
- You become divorced or legally separated from your spouse.
- Your dependent child ceases to be an eligible dependent under the plan.

A "second qualifying event" extension may be available to your spouse and dependent children only if the event would have caused them to lose coverage under the plan had the first qualifying event not occurred.

Protect Your Rights

- Always keep the plan administrator informed of any address change for any family member.
- Whenever you correspond with the plan administrator, keep a copy for your records.
- For answers to your questions about your group health plan, review your Summary Plan Description or contact the plan administrator.
- For answers to questions concerning your rights under COBRA, ERISA, HIPAA and other laws affecting group health plans, contact the nearest regional or district office of the U.S. Department of Labor's Employee Benefits Security Administration, or visit the EBSA Web site at www.dol.gov/ebsa.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**

Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
KANSAS – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075

MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website:http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The

Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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

Women's Health and Cancer Rights Act

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications for all stages of a mastectomy, including lymphedema (swelling associated with the removal of lymph nodes).

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

Newborns' and Mothers' Health Protection Act of 1996

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 normal vaginal delivery, or
- 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 issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Mental Health Parity

Lexington Law is complying with recent legislation that removes limits on mental health benefits. For example, there must be equality between medical benefits and mental health benefits as to financial requirements (such as deductibles, co-payments, co-insurance, and out-of-pocket maximums) and quantitative treatment limitations (such as number of treatments, visits, or days of coverage)

ERISA

As a participant in the Lexington Law's benefits program, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). If you would like more information about ERISA, or if you have any questions, you may contact the Human Resources Department or the nearest area office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory. You may also contact the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Notice of Creditable Coverage (Important Notice from Lexington Law about Your Prescription Drug Coverage and Medicare)

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Lexington Law has determined that the prescription drug coverage offered by the Lexington Law Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Lexington Law coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Lexington Law coverage, be aware that you and your dependents will not be able be able to get this coverage back until the next Lexington Law Open Enrollment period.

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

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

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

For More Information about This Notice or Your Current Prescription Drug Coverage…

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 Lexington Law changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage…

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

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	09/10/2017
Name of Entity/Sender:	Lexington Law
Address:	257 East 200 South – 9th Floor Salt Lake City, UT 84111