Peters McDonald's Group
Crew Employees

EMPLOYEE BENEFITS SUMMARY

BENEFIT PLANS AND CONTRIBUTIONS

EFFECTIVE JUNE 1, 2023 TO MAY 31, 2024

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The actual terms of the your benefit program are described in the appropriate carrier's benefit book. Please refer to the appropriate benefit book when making any final benefit related decisions.

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, Peters McDonald's Group is pleased to offer you the opportunity to participate in a quality benefits program.

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 Peters McDonald's Group. 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.

Please carefully review the contributions and benefits summary in the back of this book for details.

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 are my Benefit Options?

- ☑ Blue Care Network Medical Plan
- ☑ Delta Dental of Michigan Dental Plan
- ☑ Delta Dental of Michigan VSP Vision Plan

Blue Care Network Medical Plans include online health care, 24 hours a day, 7 days a week, 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 1st of the month following completion of your measurement period.

What employers are included in Peters McDonald's Group?

If you work for any of these employers, your benefits are included in this booklet. (1) La-Di Inc. (2) Dee Mac Inc. (3) JR Mac Inc. (4) Chad Mac Inc. (5) LJP, LLC (6) LJP2 Inc. (7) BNA Management Inc. (8) Peters Management Group

Introduction to Your Employee Benefits

Eligibility, Instructions and Information to consider when choosing your benefits

Who You Can Cover

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

- Your legally recognized spouse.
- Legal children until the end of the month in which they turn age 26 for Medical and Dental; Vision—up until 20th birthday, unless a fulltime student, then age 26 (full time class schedule verification is required).

New Hire Enrollment Instructions

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

☑ New Enrollment
- Employee Enrollment Form

Open Enrollment Instructions

The open enrollment period will occur annually in May with changes to your coverage effective June 1st.

The elections you make during open enrollment will be effective for the period June 1, 2023 through May 31, 2024.

Please complete the following items and return them to your General Manager as soon as possible.

☑ New Enrollment
- Employee Enrollment Worksheet

☑ Adding or Deleting Dependents or Other Changes – Please complete the Employee Change of Status Worksheet

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

Once you make your elections for coverage, you can not change them until the next open enrollment period with changes effective June 1, 2024.

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, degree 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

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 PETERS MCDONALD'S GROUP 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).

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 plans offered to you provide minimum essential coverage and the minimum value standard (pays at least 60% of allowed charges) as defined by the Affordable Care Act.

The lowest cost Blue Care Network medical plan will be 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 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 your Medical and Prescription Drug Benefits

A Health Maintenance Organization (HMO) consists of doctors, hospitals and other healthcare providers who agree to accept an "approved amount" as payment in full for covered services less your deductible, coinsurance, and/or copay.

The advantages of using a HMO provider are:

- Overall costs are lower because providers are limited and agree to reimbursements.
- Reduced out-of-pocket expenses.
- No claim forms.
- Referrals are required prior to receiving treatment to keep costs low.
- Emergency Services are paid anywhere in the world at the Network Level.

To find a PCP (Primary Care Physician) near you go to the BCBSM website: www.bcbsm.com

- Click: **Find A Doctor Button**
- Under Get started button—Not Yet a member? Click: **Search without logging in**
- Your location: Enter: **Your Zip Code or City and State**
- Your Plan– **Click: All Plans—Choose Employer Group Plans—Choose Blue Care Network (HMO)**
- Select a category—Choose: **Doctors by specialty—Enter: PCP (Primary Care Physician)**
- List will come up in your area
- Click: **The doctor of your choice for further information**
- National Provider ID will be listed under the doctor you choose: ***This number you need to put on your PCP Selection form***

Medical Benefit Summaries

Peters McDonald's Group shares the cost of your benefits with you the employee. Your cost as an employee to participate in the $6,350 Deductible Plan is designed to meet the affordability provisions of the ACA.

Medical Benefits	Blue Care Network (HMO) $6,350 Deducible Plan
	In-Network Only
Deductibles (Individual/Family)	$6,350 Individual / $12,700 Family
Co-insurance	100% after deductible
Out-of-Pocket Maximums (Individual/Family)	$6,350 Individual / $12,700 Family
Preventive Care Services	100% (No Copay)
Office Visit Copay	100% after deductible
Specialist Copay	100% after deductible
Urgent Care Copay	100% after deductible
Emergency Room Copay	100% after deductible
Diagnostic Tests & X-Rays	100% after deductible
Advanced Diagnostics *(CT, CTA, MRI, etc.)*	100% after deductible
General Hospital Care	100% after deductible
Maternity Services	100% after deductible
Surgical Services	100% after deductible
Physical, Speech, and Other Therapies	100% after deductible
Prescription Drugs **(deductibles apply)**	Tier 1A - 100% Tier 1B - 100% Tier 2 - 100% Tier 3 - 100% Tier 4 - 100% Tier 5 - 100%

This is intended as an easy to read summary and providers only a general overview of your benefits. Additional limitations/exclusion may apply. For a complete description of benefits, please see the applicable Blue Care Network and Blue Cross Blue Shield certificate and riders. Also review the Summary of Benefits and coverage (SBC) provided by your employer.

Dental and Vision Summaries

Delta Dental	In Network	Out of Network
Deductibles (individual/ family)	$50 / $150	$50 / $150
Preventive & Diagnostic	100% (deductibles waived)	100% (deductibles waived)
Basic Services	80% after deductible	80% after deductible
Major Services	50% after deductible	50% after deductible
Calendar Year Maximum	$1,000	$1,000
Carryover Benefit— requires annual dental visits or benefit is forfeited.	$250 is added to the plan until the calendar maximum reaches $2,000	$250 is added to the plan until the calendar maximum reaches $2,000

Delta VSP Vision	In Network	Out of Network
Eye Exams	$10.00	Up to $45
Eye Glasses (Lenses)	$25.00	Single vision—up to $30 Bifocal —up to $50 Trifocal —up to $65 Progressive —up to $50 Lenticular—up to $100
Frame Allowance	$130 Allowance 20% discount over the limit	Up to $70
Contact Lenses Elective Necessary	$130 Allowance Covered in full after copay	Up to $105 Up to $210
Exam & Materials Frequency	12/12/24	12/12/24

Value Added Services from Blue Care Network

24/7 Online Healthcare

Administered by BCBS

The 24/7 online healthcare, through BCBSM, allows you and your family members access to fast, convenient, affordable online health care 24 hours a day, seven days a week— wherever you are in the US for your standard office visit copay.

Follow the registration steps, then choose an available doctor, **click and go**—no referral needed. It's as simple as using your mobile device or computer to meet with a doctor face-to-face. Easy-to-use online health care technology, for minor, nonemergency illnesses, such as: Sinus Infections, Rashes, Colds, Flu, Pinkeye, Allergies, and many more.

Easy to Use

- Sign up at: bcbsmonlinevisits.com
- Launch the online visits app or website and log in to your account.
- Choose a service: Medical, Therapy or Psychiatry.
- Pick a doctor or begin a schedule visit and enter your payment information.
- Meet with the doctor or therapist online.
- Get a prescription, if appropriate, sent to a local pharmacy.
- Send an optional visit summary to their primary care doctor or other health care provider at the end of you online visit.

Blue Cross Rewards is an innovative solution built right into your online member account. You can earn as much as $550 per family member when you shop for non-emergency health services like a CT scan, mammogram, MRI, or colonoscopies.

After you've completed your service at a cost-effective provider location and your claim is processed, you'll be eligible for an e-gift card for Amazon, Home Depot, Target, and many more stores ranging from $25 to $75 depending on the service rendered. But remember, you need to have your online member account to participate.

To Register:

- Go to bcbsm.com/register-today
- Select: Register Now—Enter your name, enrollee ID and birthdate. Select Continue and follow the instructions to verify your eligibility and identity.
- Or, use our app—download from the App Store or Google Play (search for BCBSM).

Employee Contributions

BCN (HMO) $6350 Deductible Plan Medical Plan		
Per Paycheck Deductions	Employee Only	$65.66
	Two Person	$283.49
	Family	$376.84

Delta Dental Dental Plan		
Per Paycheck Deductions	Employee Only	$14.35
	Two Person	$26.88
	Family	$50.33

Delta Dental VSP Vision Plan		
Per Paycheck Deductions	Employee Only	$2.58
	Employee + Spouse	$5.17
	Employee + Child(ren)	$5.53
	Family	$8.84

Save money and live healthier with Blue365®

Membership has its benefits

Blue Cross Blue Shield of Michigan and Blue Care Network members can score big savings on a variety of health-related products and services from businesses in Michigan and across the United States.

We've got plenty of deals to keep you and your family healthy.

Member discounts with Blue365 offers exclusive deals on things like:

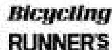
- **Fitness and wellness:** Health magazines, fitness gear and gym memberships
- **Healthy eating:** Cookbooks, cooking classes and weight-loss programs
- **Lifestyle:** Travel and recreation
- **Personal care:** Lasik and eye care services, dental care and hearing aids

Cash in on discounts

Start saving today! Show your Blue Cross or Blue Care Network ID card at participating local retailers or use an offer code online to take advantage of these savings. For a full list of discount offers, log in or register at **bcbsm.com** and click *Member Discounts with Blue365®* on your home page. You can also conveniently access discounts on the go with the Blue Cross mobile app. Search **BCBSM** in Google Play™ or the App Store® to download our mobile app.

Member discounts with Blue365

Take advantage of discounts from the businesses listed below and many more.



WeightWatchers

You can conveniently access discounts from any device — anytime, anywhere.

Blue Cross
Blue Shield
Blue Care Network
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Program information valid as of August 2018.

The Blue365 program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and Blue Shield plans. Blue365 offers access to savings on items that members may purchase directly from independent vendors, which are different from items that are covered under health care plan policies with Blue Cross Blue Shield of Michigan or Blue Care Network, its contracts with Medicare or any other applicable federal health care program. Neither Blue Cross Blue Shield of Michigan, Blue Care Network nor the Blue Cross and Blue Shield Association recommends, endorses, warrants or guarantees any specific vendor or item.

know. compare. choose.

Manage your health care plan anytime, anywhere with our mobile app

Our mobile app provides the tools and features to help you access information and make informed decisions from the convenience of your smartphone. From seeing where you stand with your deductible and out-of-pocket balances, to reviewing service claims, to finding the best doctor or place to go for treatment — count on our mobile app to give you the information you need — when and where you need it.

These are just some of the app's features:	
View claims and EOBs	See what providers charged and why before you pay. Quickly filter and search claims by time frame, member, service type or provider.
Benefit details	See what your plan covers so you're more informed when you need care.
Deductible and out-of-pocket balances	Know how much you've paid toward your balances.
Access to pharmacy and drug information *(For members with Blue Cross or Blue Care Network pharmacy coverage)*	Look up drug prices, see coverage warnings and find lower cost alternatives.
Find a Doctor	Find a doctor or hospital in your network.[1] Search by location, specialties, quality recognitions and extended office hours. Get GPS-enabled directions to get there fast.
Compare cost estimates	Compare cost information for health care services to keep your health and budget in check.[2]
ID card	Show your ID card to your doctor, so they have the information they need to look up your coverage.
Blue Cross® Health & Wellness, powered by WebMD®	Keep your personal health information in one place, set health goals, track your health measures and find credible health information from WebMD.

Get the app.

SEARCH BCBSM.

LEARN MORE TODAY AT BCBSM.COM/APP.

[1]Always call providers before visits to confirm they're in-network.
[2]Cost estimates are available to most non-Medicare members.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association. WebMD Health Services is an independent company supporting Blue Cross and BCN by providing health and wellness services.

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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.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

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

GEORGIA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
INDIANA-Medicaid	**MINNESOTA-Medicaid**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA-Medicaid and CHIP (Hawki)	**MISSOURI-Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS-Medicaid	**MONTANA-Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
KENTUCKY-Medicaid	**NEBRASKA-Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA-Medicaid	**NEVADA-Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE-Medicaid	**NEW HAMPSHIRE-Medicaid**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY-Medicaid and CHIP	SOUTH DAKOTA-Medicaid
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	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK-Medicaid	**TEXAS-Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA-Medicaid	**UTAH-Medicaid and CHIP**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA-Medicaid	**VERMONT-Medicaid**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA-Medicaid and CHIP	**VIRGINIA-Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON-Medicaid	**WASHINGTON-Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA-Medicaid	**WEST VIRGINIA-Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND-Medicaid and CHIP	**WISCONSIN-Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA-Medicaid	**WYOMING-Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, 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.

OMB Control Number 1210-0137 (expires 1/31/2023)

Notice of Privacy Practices

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 PETERS MCDONALD'S GROUP 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 y**our General Manager.

Effective Date…
This Notice is effective June 1, 2023.

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 disclosure 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

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 researches 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…

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, 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.

About Your Prescription Drug Coverage and Medicare

Important Notice from Peters McDonald's Group 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 Peters McDonald's Group 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. **Peters McDonald's Group has determined that the prescription drug coverage offered by BCN (HMO) $6,350/0% MVP 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 <u>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 BCN (HMO) $6,350/0% MVP plan. This is also important because it may mean that you pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.</u>**

3. **You can keep your current coverage from BCN (HMO) $6,350/0% MVP. 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.**

<u>**Additional Information**</u>

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 through December 7th.

[However, if you decide to drop your current coverage, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however, you may also pay a higher premium (a penalty) because you did not have creditable coverage under BCN (HMO) $6,350/0% MVP.] or [Insert if plan was previously creditable: [Since you are losing creditable prescription drug coverage, you are also eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.]

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

Since the coverage under BCN (HMO) $6,350/0% MVP 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 Peters McDonald's Group. coverage [will or will not] be affected. [[If will [If you elect Part D, this plan will coordinate with Part D coverage.] or [[f you elect Part D, your current coverage will be terminated for you and all covered dependents.] [If your current Peters McDonald's Group. coverage is terminated, be aware that you and your dependents [will or will not] (Medigap issuers must insert *"will not "*)]] be able to get this coverage back.

About Your Prescription Drug Coverage and Medicare

Where Can You Get For More Information About Your Options Under Medicare Prescription Drug Coverage?

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

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at

www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Where Can You Get More Information About This Notice Or Your Current Prescription Drug Coverage?

You will 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 Peters McDonald's Group changes. You may also request a copy of this notice at any time.

Contact the person listed below for further information.

Name of Entity: Salus Group

Contact: Daniel S. Ward, RHU, ChHC, LIC

Address: 38233 Mound Rd, Bldg. F
Sterling Heights, MI 48310

Phone: (248) 359-0583

PETERS MCDONALD'S GROUP
IMPORTANT EMPLOYEE BENEFITS CONTACT INFORMATION

Blue Care Network of Michigan A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association	1-800-662-6667	www.bcbsm.com
DELTA DENTAL	Dental: 1-800-524-0149 Vision: VSP Customer Service: 1-800-877-7195 Monday-Saturday 9a.m.- 8p.m.	www.deltadentalmi.com
SALUS GROUP	Daniel S. Ward , RHU, ChHC, LIC Vice President of Franchise Sales 248-359-0583	Heather McNamara Client Service Rep. (586) 554-7424

The information contained in this summary should in no way be construed as a promise or guarantee of employment or benefits. The PETERS MCDONALD'S GROUP Enterprises Inc. reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this notice and the actual plan policies, the policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, and policies available from the HR