FOCUS ON BENEFITS

January 2023

QUESTIONS

Deb Monk at (651) 888-3106 or dmonk@wingspanlife.org

In this issue

What's new?

Elections you make during open enrollment will become effective January 1, 2023.

This brochure includes the benefits and enrollment material offered at Wingspan Life Resources for 2023. We encourage you to take the time to read through and explore your benefits options. At Wingspan Life Resources, we value our employees and are committed to providing a comprehensive and competitive benefits package. To keep up with evolving trends, below are changes you will see in this year's benefit package:

- **Health Savings Account**
    - Maximum employee contributions are $2,850 for single coverage and $6,750 for family coverage, plus the $1,000 which Wingspan will contribute for 2023.
- **Nice Healthcare**
    - Beginning 1/1/2023 Nice will begin providing care to individuals 65+
- **Dental Insurance**
    - New policy# effective 1/1/2023. If currently enrolled, you will automatically receive a new member ID card.
- **Vision Insurance**
    - New benefit plan offering eff 1/1/2023. This is a voluntary plan, and premiums are 100% paid by the employee through pre-tax payroll deductions.
- **Medical Flexible Spending Account**
    - Maximum contribution increasing from $2,850 to $3,050 for 2023.

Certain benefits you elect require an employee contribution. In some cases, those contributions will be deducted from your check on a pre-tax basis; in other cases, the deduction will be made after-tax to avoid certain tax consequences to you and the company. For taxability of benefit elections, please contact Deb Monk at 651-888-3106 or dmonk@wingspanlife.org.

Required notices are located at the end of this packet and include:

- HIPAA Portability Notice
- HIPAA Notice of Privacy Practices
- Notice of Healthcare Exchange
- CHIP Notice
- WHCRA Notice

FOCUS ON BENEFITS 2022

Wingspan Life Resources

ELIGIBILITY AND ENROLLMENT

Benefits Overview

As a Wingspan Life Resources employee, the following benefits are available:

- Medical Insurance
- Nice Healthcare
- Health Savings Account
- Vision Insurance
- Dental Insurance
- Life/AD&D Insurance
- Short Term and Long-Term Disability
- Flexible Spending Account (FSA)
- 401(k) Retirement Plan

Who is Eligible

Employees:
Active employees regularly scheduled to work 30 hours or more per week are eligible for all benefits listed above.

There is no hourly requirement to participate in the 401(k) Retirement Plan.

Dependents:
You may choose to enroll your eligible dependents for medical and dental coverage. Your dependents cannot be enrolled unless you choose to enroll in the plan. Eligible dependents include:

- Legal Spouse
- Natural or adopted child, and stepchildren up to age 26
- Handicapped dependent that is incapable of self-sustaining employment and dependent upon you for support and maintenance.

PAYING FOR YOUR BENEFITS

Contributions:

Wingspan Life Resources and you will share in the cost of some of the benefits offered. The cost for each of the benefit programs is outlined in this benefit booklet.

Medical, dental, vision, and flexible spending account contributions are paid on a pre-tax basis, which means they are deducted from your paycheck before federal, state (if applicable), and FICA income taxes are withheld. This pre-tax deduction results in savings for you.

Wingspan Life Resources will pay 100% of the cost for Life/AD&D, Short Term and Long-Term Disability insurance for all eligible employees.

FOCUS ON BENEFITS 2022

Wingspan Life Resources

ELIGIBILITY AND ENROLLMENT

When Coverage Begins

Medical, Dental, Vision, and FSA
New employees who satisfy the hourly requirement are eligible to join the plan(s) the first of the month following 60 days from their date of hire.

Life and AD&D, Short Term and Long-Term Disability Insurance
New employees who satisfy the hourly requirement are automatically enrolled in these coverages the first of the month following 60 days of employment.

401(k) Retirement Plan
New employees are eligible to join the plan the first of the month following 30 days from their date of hire.

Important Note for New Hires and Newly Eligible Employees
If you are a new hire or newly eligible for benefits and do not enroll within the required timeframe, you will only receive coverage for the following benefits:

- **Life and AD&D, Short Term and Long-Term Disability** (effective first of the month following 6 months)

If you do not enroll in coverage when initially eligible, you will not be able to enroll until the next annual enrollment period, unless you experience a qualifying event. At that time, you may need to complete evidence of insurability or you may have contract limitations.

Changing your Benefits During the Year
Please be sure to carefully review your benefit elections when you become eligible because your elections cannot be changed during the plan year, unless you have a qualifying event. Examples of qualifying events include:

- Marriage, Legal Separation, or Divorce
- Birth or Adoption of a child
- Involuntary loss of other coverage

If you experience a qualifying event during the year, you must notify Human Resources within 30 days of the event. Your requested change must be consistent with your change in status.

ANNUAL OPEN ENROLLMENT

During annual open enrollment period, employees will be allowed to make changes to their benefit plan elections.

The annual open enrollment period is held during 4th quarter each calendar year. Most new benefit elections made during this period will become effective the following January 1st.

HEALTH PLAN SUMMARY

	$1,000-$35 Copay Plan		$3,000-100% HSA Plan	
In-Network	**Passport**	**VantagePlus**	**Passport**	**VantagePlus**
Deductible *per calendar year*	$1,000/single $3,000/family	$1,000/single $3,000/family	$3,000/single $6,000/family	$3,000/single $6,000/family
Out of Pocket Max *per calendar year*	$3,500/single $7,000/family	$3,500/single $7,000/family	$3,000/single $6,000/family	$3,000/single $6,000/family
Physician Services *Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation*	You pay $35 per visit	You pay $35 per visit	You pay 0% after deductible	You pay 0% after deductible
Preventive Services *Well child, Immunizations, Certain Prenatal Services, Screening*	You pay $0	You pay $0	You pay $0	You pay $0
Mental/ Behavioral/ Substance Use *Outpatient*	You pay $35 per visit	You pay $35 per visit	You pay 0% after deductible	You pay 0% after deductible
Ambulance	You pay 25% after deductible	You pay 25% after deductible	You pay 0% after deductible	You pay 0% after deductible
Hospital	You pay 25% after deductible	You pay 25% after deductible	You pay 0% after deductible	You pay 0% after deductible
Effective 1/1/2022 Manufacturer coupons used for prescription drugs will no longer apply to the member's annual deductible or out-of-pocket. Only the actual amount that the member pays out-of-pocket will be applied.				
Prescription Drugs ***Retail*** *(31 day supply)* Generic Preferred Brand Non-Preferred Brand	 You pay $12 You pay $50 You pay $90	 You pay $12 You pay $50 You pay $90	 You pay 0% after deductible	 You pay 0% after deductible
Preventive Drugs *Generic* *Preferred Brand* *Non-Preferred Brand*	 You pay $12 You pay $50 You pay $90	 You pay $12 You pay $50 You pay $90	 No charge deductible does not apply No charge deductible does not apply You pay 0% after deductible	 No charge deductible does not apply No charge deductible does not apply You pay 0% after deductible
Specialty Drugs* *Preferred* *Non-Preferred*	You pay 20% up to $200 You pay 40%, no deductible	You pay 20% up to $200 You pay 40%, no deductible	You pay 0% after deductible You pay 0% after deductible	You pay 0% after deductible You pay 0% after deductible

HEALTH PLAN PREMIUMS

The company will continue to pay a portion of your premiums. Premiums are shown per pay period effective January 1, 2023:

Plan Design	$1,000-$35 Copay Plan		$3,000-100% HSA Plan	
Network	Passport	VantagePlus	Passport	VantagePlus
Employee	$91.88	$66.66	$75.55	$66.63
Employee + 1 Dependent	$211.33	$189.63	$199.81	$171.49
Family	$284.83	$250.14	$263.45	$220.63

MEDICA®

Always use a network provider for highest benefit levels from your plan. Our health plans use the **Passport or VantagePlus** network. When you are out of the Medica area, use the **United Healthcare Choice Plus** network for best coverage.

BALANCE BILLING

The amount that the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Always use an in-network provider for the highest coverage of services.

SUMMARY OF BENEFITS COVERAGE

Refer to your summary of benefit coverage (SBC) for a more detailed explanation about your health plan benefits, including mail order prescriptions and other health services.

QUESTIONS?

Call customer service at **952-945-8000**, **800-952-3455** or call the phone number on the back of your ID card or visit **www.medica.com**.

FOCUS ON BENEFITS 2022

Wingspan Life Resources

What is Nice Healthcare

Nice Healthcare is a primary care clinic that offers you and your family **unlimited virtual and in-home visits with clinicians**. Wingspan Life Resources has covered 100% of these costs, so **this service is free to use** for you and your immediate family, including those over age 65. There is a $5 fee for those enrolled in an HSA medical plan.

Who Can Use Nice?

All of Nice's services, including primary care, mental health, physical therapy, and prescriptions are available to employees and their families.

The Clinic That Comes to You

Same-Day Chat and Video Visits

Diagnosis, prescriptions, treatment plans, care guidance, referrals, and more – care when you need it from anywhere you happen to be.

In-Home Visits

Need a blood draw, a rapid test, a physical exam, or any other in-person need? Nice will come to you with 35 free labs and physical tests!

Full-Service Prescriptions

Nice integrates with nearly every pharmacy in the country and provides white glove support to make your prescription experience simple. Plus, Nice provides 550 medications for free.

Virtual Physical Therapy

You'll get access to licensed physical therapists who are trained to diagnose and treat virtually, allowing you to get better without the hassle of endless in-person visits.

Virtual Mental Health Therapy

Nice mental health therapists focus on prevention, helping you to self-manage your mild to moderate mental health needs. Don't wait to start feeling better!

In-Home X-rays and EKGs

Nice can send a mobile imaging technician right to your home to conduct x-rays, EKGs.

> It seems to be as great as they made it sound like it was going to be. Overall, I was very pleased with the service and speed with which I got covered. I give them an A+ for service and exceeding my expectations!
>
> -Melissa Barglof-Johnson

> We had a great experience with Nice. The visit was easy to schedule with plenty of available times. The appointment started promptly on time and the staff was very knowledgeable and friendly. We will definitely be using this service again!
>
> -Leigh

> Everyone at Nice has helped to make me feel comfortable and confident that I'm getting the best care possible. It's nice knowing that they have my best interest in mind and go above and beyond to help when needed. Everyone should use Nice!
>
> -Jennifer Bodsgard

FOCUS ON BENEFITS 2022

Wingspan Life Resources

When to Use Nice

Routine Checkups:

- Annual Wellness Exam
- Sports Physicals
- Child Checkups

Chronic Care:

- High Blood Pressure
- High Cholesterol
- Thyroid Conditions
- Diabetes

Sick Care:

- Cold/Flu
- Strep Throat
- Sinus & Ear Infections
- UTIs
- Pink Eye
- Rashes

Short-Term Mental Health:

- Anxiety
- Depression
- Grief & Loss

Virtual Physical Therapy:

- Back Pain
- Neck Pain
- Injury Recovery

Imaging:

- X-Rays
- EKGs

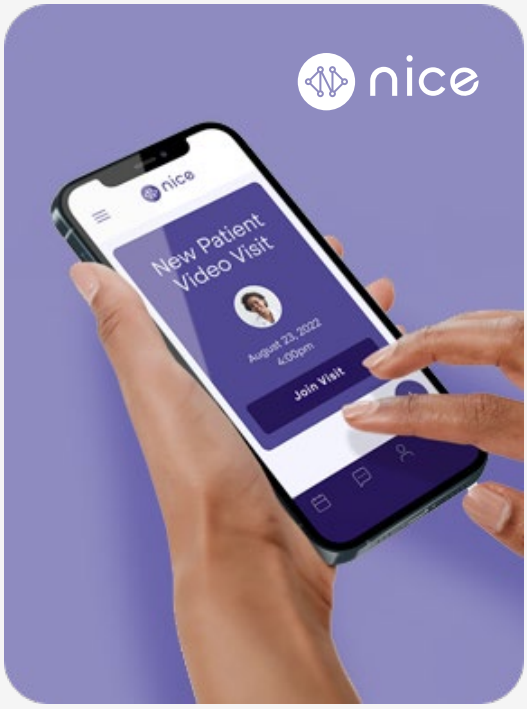
35+ Labs:

- Blood Work
- A1c

nice

It All Starts With the App

Use the Nice app to schedule visits, chat with clinicians, attend video visits, review treatment plans, upload documents, and more.



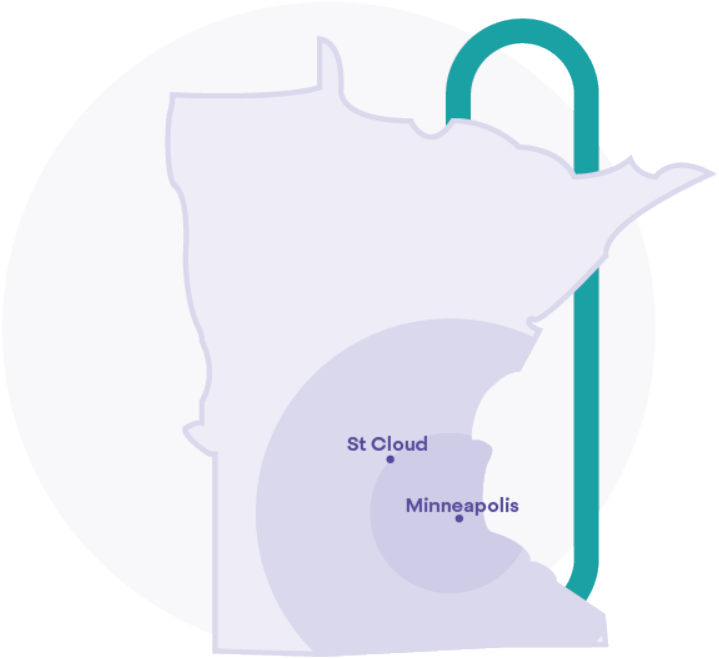
Scheduling a Visit

Whenever you and your dependents need Nice, you'll begin the process by scheduling a virtual visit with a clinician. All virtual services are conducted using the Nice app, including chat and video visits, physical therapy and mental health therapy.

In addition to scheduling and conducting visits, you will also use the Nice app to review treatment plans, upload documents and manage your accounts.

FOCUS ON BENEFITS 2022

Wingspan Life Resources



NICE HEALTHCARE'S MINNESOTA SERVICE AREA

- The purple area represents where Nice offers home visits to their patients.
- Employees who live outside of the shaded region can still use any of their virtual services and pharmacy program. They can also have a Nice clinician meet them at their workplace, or a friend/family member's home for an in-person visit if their home is not within their service area.
- Virtual care visits are available from anywhere in the country, as long as you are a resident of a state Nice is medically licensed in.
- To see an interactive map, visit https://www.nice.healthcare/locations, or find the "Locations" page on their website.

The Clinic That Comes To You

We offer our clinician services in parts of Arizona, Colorado, Idaho, Iowa, Minnesota, Nebraska, New Mexico, Nevada, Oregon, Utah, Washington, and Wisconsin.

Online Visit Hours

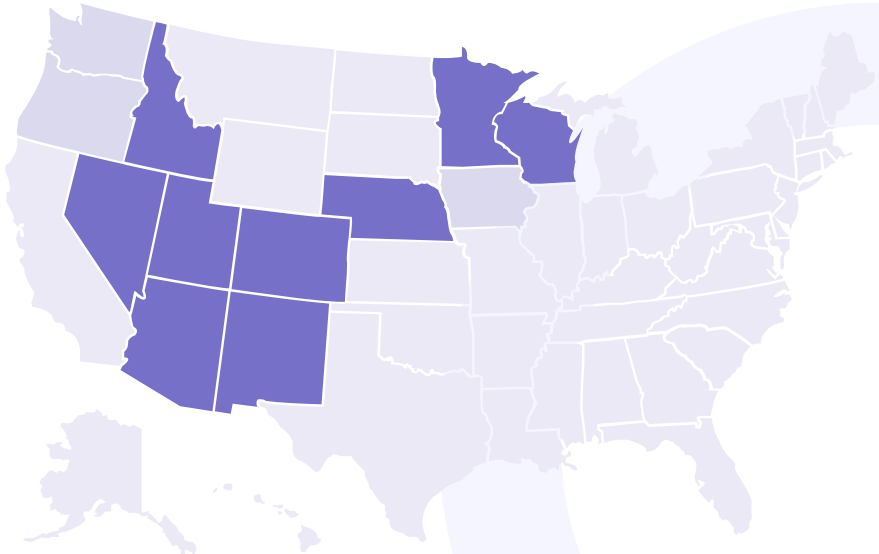
mon – fri	8am – 7pm CT
sat – sun	9am – 12pm CT
mon – fri	7am – 6pm MT
sat – sun	8am – 11am MT
mon – fri	6am – 5pm PT
sat – sun	7am – 10am

Home Visit Hours (local time)

mon – fri 9am – 5pm

Virtual Only

Virtual & In-Home



HEALTH SAVINGS ACCOUNT ADVANTAGES

Is a health savings account right for me?

Like any health care option, an HSA has advantages and disadvantages. As you weigh your options, think about your budget and what health care you are likely to need in the next year.

If you are generally healthy and want to save for future health care expenses, an HSA may be an attractive choice.

Or if you are near retirement, an HSA may make sense because the money in the HSA can be used to offset costs of medical care after retirement.

On the other hand, if you think you might need expensive medical care in the next year and would find it hard to meet a high deductible, an HSA might not be your best option.

Contributions cannot be made to the HSA of members who are entitled to (eligible and enrolled in) benefits under Medicare, or other disqualifying coverage.

If you are covered on the High Deductible Health Plan (HDHP), but you are also covered on another group health plan (such as your spouse's group plan) that is not an HDHP, you would also be ineligible to make contributions to an HSA.

Also an HSA is not available to employees who are eligible for a spouse's medical flexible spending arrangement (FSA), unless the spouse's medical FSA is a limited medical FSA.

Please notify HR if you become enrolled in Medicare or other disqualifying coverage so that HSA contributions can be terminated and avoid adverse tax consequences for you. If you are eligible for, but not enrolled in, Medicare please contact HR before deciding to continue any HSA contributions.

How much can you put in the health savings accounts?

Maximum employee contributions are **$2,850 for single coverage and $6,750 for family coverage, plus $1,000 which Wingspan will contribute for 2023.**

Your Health Savings Account will be offered through Associated Bank. To enroll, you must fill out and return applicable forms.

TOP REASONS TO HAVE AN HSA

Tax Saving & Earned Interest — Contributions are tax-deductible and earn tax-free interest.

Portability — You own your account, so even if you change jobs, your HSA funds are yours to keep.

Affordable Health Coverage — Use the HSA to cover 100% of out-of-pocket costs for routine medical expenses, such as office visits, lab tests, and prescription medications.

Reduced Insurance Premiums — The cost of coverage under a qualified HDHP is typically lower than the other plan.

Long-Term Savings — Contributions to your HSA accumulate and roll over year-to-year with no limit, which allows the account to grow tax-deferred.

Retirement Bonus — After age 65, funds may be withdrawn for any reason with no penalties. (If used for non-medical purposes, however, taxes will be imposed.)

Safety Net — AN HSA has no "use it or lose it" restrictions, so balances can be built up to use for major medical events.

Coverage for the "Extras" — HSA funds may be used to pay for services often not covered by a medical plan, including dental and vision expenses.

Money That Works for You — Balances over a certain amount may be invested.

Empowerment — Take control of your health care decisions, including which providers you want to use, to ensure your health care dollars are spent wisely.

How do I use the HSA to pay for medical care?

It is rather simple. Here are the steps:

1. You and/or the company puts money into the HSA.
2. You or a dependent receives medical services.
3. A bill for medical services is submitted as a claim to Medica.
4. You receive an Explanation of Benefits for the service, which will reflect the amount due to the provider.
5. At this time you can choose to:
    - Use your HSA funds to pay the provider directly for the amount due
    - Pay the provider with personal funds and request reimbursement
    - Use your funds and save your HSA dollars for future medical expenses
6. Process repeats until deductible and out-of-pocket maximums are met, after which benefits are paid for the remaining plan year.

How do I find information about medical costs and quality so I can make informed choices?

Call Member Services or log on to www.medica.com to search for providers and clinics that offer the medical services you need at the best cost.

Can I withdraw money from an HSA for nonmedical expenses?

Yes, but if you withdraw funds for nonmedical expenses before you turn 65, you have to pay taxes on the money and a 20% penalty. If you take money out after you turn 65, you pay normal income taxes but no penalties.

Wingspan will continue to contribute to your HSA. See table below for contribution amounts and deposit dates.

BE A SMART HEALTHCARE CONSUMER!

You have different care options to choose. Gaining a better understanding of your options now can help you save both time and money when you need to seek care. Options for treatment include:

Convenience Care, Online Care: Located inside of retail stores or online, visit these for common aliments like strep throat, pink eye, bladder infection, etc. **Cost: $**

Doctor's Office: Staffed by doctor, PA and nurses, visit this for care of illnesses, injuries, preventive care, etc.
Cost: $$

Urgent Care Clinic: Staffed by doctor, PA and nurses, visit this for care of minor illnesses or injuries that require **immediate** attention.
Cost: $$$

Emergency Room: Located inside of a hospital, visit this for serious illnesses, injuries or life-threatening issues, such as, chest pains, shortness of breath, burns, head injuries, etc.
Cost: $$$$

2023 Wingspan HSA Employer Contribution Schedule

	Date of Deposit	Single	Employee +1	Family
Quarter 1	January 16	$250	$312.50	$375
Quarter 2	April 14	$250	$312.50	$375
Quarter 3	July 14	$250	$312.50	$375
Quarter 4	October 16	$250	$312.50	$375
2023 Total Employer Contribution		$1,000	$1,250	$1,500

VALUE – ADDED SERVICES

Resources for your total health support from **Medica**:

Medica online: Visit **www.mymedica.com** to find a network provider, formulary drug lists, health information, doctor or clinics, and other information to improve or maintain your health. You will also find hundreds of personalized resources to meet your health needs. As an added bonus, you can earn valuable gift cards when you take steps to improve your health.

CallLink® Nurse Line: Sometimes a quick chat with a nurse is all you need. Our nurse line provides you with 24/7 access to registered nurses who can answer your questions, provide tips and help you choose appropriate care. Call **800-962-9497**.

Employee Assistance Program (EAP): When you need help with life's challenges – whether it's personal, financial or legal concerns – call the Medica® Optum® EAP. Experienced and credentialed counselors can help you find answers and resources to tackle the tough issues you and your family face. Talk with an EAP counselor at **800-626-7944**.

virtuwell: Your 24/7 online clinic, virtuwell is a great option for simple medical conditions like cold and flu, ear pain and sinus infections. A visit is only $49 or less depending on your benefit plan. Log on to **www.virtuwell.com**.

My Health Rewards℠: Members have access to a health and wellness center tailored to their specific needs. As an added bonus, members can earn up to hundreds of dollars in valuable gift cards each year by participating in the offered programs including tracking your activities and health. Members can also save up to $50 a month on qualified foods at participating grocery stores in Minnesota. Scan your Healthy Savings card, and save instantly on healthy food in every food group—dairy, fruits, vegetables, proteins and grains. Find out more at **www.mymedica.com**.

SAVE MONEY WHILE WORKING OUT!

Fit Choices℠: If you're looking for some motivation to get to the gym, we can help. When you take advantage of Fit Choices℠ by Medica, our health club reimbursement program, you can earn a credit toward your monthly health club dues by meeting attendance requirements at a participating health club.

For more details on Fit Choices, access the Health & Wellness tab on **www.mymedica.com**.

DENTAL PLAN SUMMARY

About the Dental Plan: This is a comprehensive plan for all dental services. You may use any dentist for your dental services; however, using an in-network provider will reduce your out-of-pocket costs. Be sure to use the new member ID card effective 1/1/2023 when you or a covered dependent are seeking care/treatment.

Wingspan Life Resources

Client #101899

Plan Benefit Highlights			
Network(s)	**Delta Dental PPO™**	**Delta Dental Premier®**	**Non-Participating***
Calendar Year Plan Maximum Per person	$1,000	$1,000	$1,000
Deductible Per person / per family per calendar year *No deductible for diagnostic and preventive*	$50/person $150/family	$50/person $150/family	$50/person $150/family
Eligible Dependents	Spouse and dependent children up to age 26		
Covered Services	**Dental Benefit Plan Coverage**		
Covered Immediately - No Waiting Period			
Diagnostic & Preventive Services Exams Cleanings X-rays Fluoride treatments	100%	80%	80%
Basic Services Emergency treatment for relief of pain Sealants Space maintainers Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth * Composite resin restorations (white fillings) on posterior (back) teeth will be paid at the amalgam allowance.	80%	50%	50%
Services Covered After a 6 Month Waiting Period is Satisfied			
Endodontics Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	50%	50%	50%
Periodontics Surgical/Nonsurgical periodontics	50%	50%	50%
Oral Surgery Surgical/Nonsurgical extractions All other covered oral surgery	50%	50%	50%
Services Covered After a 12 Month Waiting Period is Satisfied			
Major Restorative Crowns and crown repair	50%	50%	50%
Prosthetics+ Dentures (full and partial) Bridges	50%	50%	50%
Prosthetic Repairs and Adjustments Denture adjustments and repairs Bridge repair	50%	50%	50%

Dental Plan Premiums: The rates are shown per pay period and effective January 1, 2023:

Status	Employee Cost
Employee only	$15.10
Employee + 1	$31.00
Family	$49.85

Please review your plan summary document for more detailed coverage information.

DELTA DENTAL®

We offer the Delta Dental PPO and Delta Dental Premier network plans. Always use an in-network provider to obtain the highest level of benefits.

When accessing care out of network, there are no provider discounts, and the member is responsible for the difference between what is charged/billed over the Usual and Customary percentile.

INFORMATION ON THE GO!

Access your dental account information from your mobile device with Dental Delta's app. With this app, you can:

- View your benefits or claims
- Access your ID card
- Find a network dentist
- Brush with toothbrush timer

QUESTIONS?

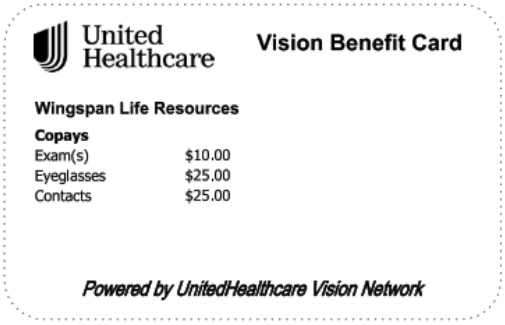
Call customer service at **800-448-3815-9536** or call the phone number on the back of your ID card or visit **www.deltadentalmn.org**.

VISION PLAN SUMMARY – NEW FOR 2023!

United Healthcare

About the Vision Plan:

	Exam with Materials
Benefit Frequency	
Comprehensive Exam(s)	Once every 12 months
Eyeglass Lenses	Once every 12 months
Frames	Once every 24 months
Contact Lenses instead of Eyeglasses	Once every 12 months
In-Network Services	
Copays	
Exam(s)	$ 10.00
Eyeglasses (lenses and frame)	$ 25.00
Contact lenses instead of Eyeglasses	$ 25.00
Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the overage)[1]	
Private Practice Provider	$130.00 retail frame allowance
Retail Chain Provider	$130.00 retail frame allowance
Lens Options	
Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full.	
Contact Lens Benefit[2] (Formulary contact lenses refer to contact lenses available on our formulary contact list. Contact lenses not on this list are referred to as Non-Formulary. A copy of the list can be found at myuhcvision.com).	
Formulary contact lenses The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay.	If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider.
Non-Formulary contact lenses An allowance is applied toward the purchase of contact lenses outside the Formulary. The allowance is for materials. No portion will be applied to the fitting and evaluation. Contact lens copay is waived.	$130.00
Necessary contact lenses[3]	Covered in full after copay (if applicable).
Children's and Maternity Eye Care Benefit	
Members age 0-12 and members pregnant or breastfeeding are eligible for a 2nd exam 60 days after the initial exam. Members age 0-12 and members pregnant or breastfeeding are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.	


United Healthcare **Vision Benefit Card**

Wingspan Life Resources

Copays

Exam(s)	$10.00
Eyeglasses	$25.00
Contacts	$25.00

Powered by UnitedHealthcare Vision Network


United Healthcare

myuhcvision.com

Customer Service & Provider Locator: (800) 638-3120

TDD for Hearing Impaired: (877) 735-2929

To print a personalized ID card, please log on to the UHC website and select "Group/Plan" then select "Print ID card" from the member benefits page.

Vision Plan Premiums: The rates are shown per pay period and effective January 1, 2023:

Status	Employee Cost
Employee only	$2.60
Employee + Spouse	$4.93
Employee + Child(ren)	$5.78
Family	$8.13

FLEXIBLE BENEFIT PLAN

We sponsor a flexible benefit plan to help you pay for everyday expenses on a pre-tax basis. Employees must be active and regularly scheduled to work 20 or more hours per week to participate in the FSA.

The flexible benefit plan year is January 1 – December 31. The flexible benefit plan helps you pay for everyday medical expenses on a pre-tax basis by:

- **Premiums:** Pre-tax contributions for medical, dental and vision premiums.
- **Medical Flexible Spending Arrangement (FSA):** You can set aside pre-tax contributions for medical, dental and vision expenses not paid by your (or your spouse's) insurance plans up to $3,050 depending on your election.
    - HSA members are limited to deductions for dental and vision expenses only until deductible amounts of **$1,500** individual or **$3,000** family (2023 limits) are satisfied (per IRS rules).
- **Dependent care:** You can set aside pre-tax contributions for dependent care expenses up to $5,000 per plan year No dollars may be carried over into the next plan year.

Participants **must enroll annually** for the plan year effective on January 1, 2023.

Each component of the flexible benefit plan requires a separate election. Funds cannot be moved from one component to another. Contributions cannot be changed unless a qualifying life event occurs and must be made within 30 days of the event. This plan is administered by Benefit Extras.

MEDICAL FSA VS HSA

We offer both a Medical Flexible Spending Arrangement and a Health Savings Account. What's the difference?

	Medical FSA	HSA
Health Plan	Use with the copay plan	Use with the HDHP with HSA plan
Ownership	Owned by your employer	Owned by you
Enrollment	Need to re-enroll each year	Enroll once
Access To Your Money	You can access entire annual election amount any time during the year, even if not all the money has been deducted.	You can access to what is deposited to date. If there are not enough funds, you pay out-of-pocket, and reimburse yourself as more funds are deposited.
Use It Or Lose It	Yes, any money left is forfeited.	No, money stays until you spend it
Substantiation	You keep receipts, as may be asked to prove that the money spent was eligible	The account is not "policed", but keep receipts in case of IRS audit.
Option to Change Contributions	You can change election amount if you have a qualifying events, (i.e., marriage, divorce, birth, etc.) or during open enrollment period.	You can change your election amount on a monthly basis, as long as it does not exceed IRS limits, and the amount is in proportion to the number of months you were covered under the HDHP plan.

ANCILLARY PLANS

All benefit-eligible employees are enrolled in life insurance, accidental death & dismemberment (AD&D), short-term disability (STD) and long-term disability (LTD) plans provided by Mutual of Omaha. We pay 100% of the premium for you.

LIFE AND AD&D

You are covered for 1x your salary up to $150,000 maximum for the basic life plan. You are also covered at the same amount for the AD&D plan. The original amount of the Life and AD&D benefits will reduce as you age and terminate upon your retirement or termination of employment. Now is a great time to review or update your beneficiary.

DISABILITY INSURANCE

Short Term Disability Insurance

Short Term Disability Insurance provides income protection from disabilities lasting less than 13 weeks. Weekly benefits will begin following a 14-day elimination period and continue for up to 11 weeks. Your benefit will be equal to 60% of your weekly pre-disability salary, up to $1,000 per week. Wingspan Life Resources pays 100% of the cost of this benefit for you.

Long Term Disability Insurance

Long Term Disability Insurance protects your income in the event you suffer a disability lasting longer than 90 days. If you are disabled longer than 90 days and exhaust your Short-Term Disability benefits, this plan will pay you a monthly disability benefit. The benefit amount is 60% of your pre-disability monthly salary, up to a maximum of $6,000 per month. Wingspan Life Resources pays 100% of the cost of this benefit for you.

NEXT STEPS

HEALTH PLAN

If you meet the eligibility criteria and would like to enroll in one of the group medical plans offered, complete the 2023 Benefit Enrollment Worksheet.

NICE HEALTHCARE

If you elected to enroll in one of our group medical plans, you will automatically be enrolled in Nice Healthcare. Wingspan pays 100% of the monthly membership fee for you and members in your household, even if the family member is not enrolled in the group medical plan.

DENTAL PLAN

If you meet the eligibility criteria and would like to enroll in group dental plan coverage, complete the 2023 Benefit Enrollment Worksheet.

VISION PLAN

If you meet the eligibility criteria and would like to enroll in group vision plan coverage, complete the 2023 Benefit Enrollment Worksheet.

HEALTH SAVINGS ACCOUNTS

If you elected to enroll in one of the HSA qualified group medical plans, you'll also need to complete paperwork to set up an HSA account. If you do not set up the account by the time Wingspan Life Resource's contributions are scheduled to be made, Wingspan Life Resources will not make those contributions. Those amounts will be forfeited and not made later after you have set up the account.

LIFE/AD&D

Be sure to designate a beneficiary(ies) for the company provided life/AD&D insurance.

FLEXIBLE BENEFIT PLAN

If you would like to contribute pre-tax dollars to an FSA (medical and/or dependent care), complete the 2023 Benefit Enrollment Worksheet.

Return the completed 2023 Benefit Enrollment Worksheet to Human Resources within 30 days. Changes to your employee benefits may only be made if you have a qualifying life event, or during the annual open enrollment period that is held during 4th quarter each year.

CARRIER QUICK LINKS

Health Plan

Medica
1-800-952-3455
www.medica.com

Nice Healthcare

www.nice.healthcare/schedule

Dental Plan

Delta Dental
1-800-906-4702
www.deltadentalmn.org

Flexible Benefit Plan

Benefit Extras
(952) 435-6858
www.flex@benefitextras.com

WHAT ARE THESE GOVERNMENT NOTICES ALL ABOUT?

Following this page are several notices that the federal government requires us to give individuals who are covered under our group health plan(s). The purpose of these notices is to inform you of certain rights you and your family may have under federal law. In addition to rights under federal law, you may have rights under state law.

You may find it helpful to review this information as you make your benefit enrollment decisions. Please keep this information with your other written plan materials.

1. HIPAA Portability Notice
2. Initial COBRA Notice
3. Notice of Exchange
4. Medicare Part D Coverage Notice
5. HIPAA Notice of Privacy Practices
6. CHIP Notice
7. WHCRA Notice

HIPAA PORTABILITY NOTICE

Our records show that you are eligible to participate in the company's Group Health Plan (to actually participate, you must complete an enrollment form and pay your share of the premium). A federal law called HIPAA requires that we notify you about some important provisions in the plan.

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

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

If you are declining enrollment because you and/or your dependents are covered under a Medicaid plan or state Child Health Plan (CHIP) and that coverage is terminated due to a loss of eligibility, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within **60 days** after the date that termination of such coverage occurred and meet certain other important conditions described in the Summary Plan Description.

If you and/or your dependents are determined to be eligible under a state's Medicaid plan or state Child Health Plan (CHIP) for premium subsidy assistance, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days of the determination of eligibility for premium subsidy assistance for you or your dependents and meet certain other important conditions as described in the respective Summary Plan Description.

To request special enrollment or obtain more information, contact Deb Monk, Director of Human Resources at 651-888-3106 or dmonk@wingspanlife.org.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction
You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, 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 the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [*choose and enter appropriate information:* must pay *or* aren't required to pay] for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 after the qualifying event occurs. You must provide this notice to: Deb Monk, Director of Human Resources at 651-888-3106 or dmonk@wingspanlife.org.

How is COBRA continuation coverage provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA continuation coverage?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, **Children's Health Insurance Program (CHIP)**, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?
In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **https://www.medicare.gov/medicare-and-you**.

If you have questions
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, 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 (EBSA) in your area or visit **www.dol.gov/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.HealthCare.gov**.

Keep your plan informed of address changes
To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information
Deb Monk, Director of Human Resources at 651-888-3106 or dmonk@wingspanlife.org.

[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Part A: General information

When key parts of the health care law took effect in 2014, there began a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in October 2013 for coverage starting as early as January 1, 2014.

Can I save money on my health insurance premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does employer health coverage affect eligibility for premium savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit[1].

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How can I get more information?
For more information about your coverage offered by your employer, please check your summary plan description or contact: Deb Monk, Director of Human Resources at 651-888-3106 or dmonk@wingspanlife.org.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Part B: Information about health coverage offered by your employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name: Wingspan Life Resources
4. Employer Identification Number (EIN):41-1742456
5. Employer address: 30 East Plato Blvd
6. Employer phone number: 651-646-3846
7. City: St Paul
8. State: MN
9. ZIP code: 55107
10. Who can we contact about employee health coverage at this job? Deb Monk, Director of Human Resources
11. Phone number (if different from above): 651-888-3106
12. Email address: dmonk@wingspanlife.org

Here is some basic information about health coverage offered by this employer

As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

X Some employees: Eligible employees are: Active employees scheduled to work 30 hours or more per week

With respect to dependents:

X We do offer coverage. Eligible employees are: Legal spouse and children up to age 26

☐ We do not offer coverage.

X If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

MEDICARE PART D CREDITABLE/NON-CREDITABLE COVERAGE NOTICE

Important notice from Wingspan Life Resources 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 Wingspan Life Resources 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. Wingspan Life Resources has determined that the prescription drug coverage offered by Medica ($1,000-$35 Copay or $3,000-100% HSA Plans) are, 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 through 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.

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 Wingspan Life Resources and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For more information about this notice or your current prescription drug coverage…
Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it if this coverage through Wingspan Life Resources 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 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 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:	January 1, 2023
Name of Entity/Sender:	Wingspan Life Resources
Contact--Position/Office:	Deb Monk, Director of Human Resources
Address:	30 East Plato Blvd, St Paul, MN 55107
Phone Number:	651-888-3106

NOTICE OF PRIVACY PRACTICE

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

Your rights
You have the right to:

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

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

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

Our uses and disclosures
We may use and share information as we:

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

YOUR RIGHTS

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

Get a copy of health and claims records

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

Ask us to correct health and claims records

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

Request confidential communications

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

Ask us to limit what we use or share

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

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

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

Get a copy of this privacy notice

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

Choose someone to act for you

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

File a complaint if you feel your rights are violated

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **877-696-6775** or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints**.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

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

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

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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

- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES

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

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you.

Example: a doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

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

Example: we use health information about you to develop better services for you.

Pay for your health services
We can use and disclose your health information as we pay for your health services.

Example: we share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.

Example: your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

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

Help with public health and safety issues

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

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

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the department of health and human services if it wants to see that we're complying with federal privacy law.

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

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

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

We can use or share health information about you:

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

Respond to lawsuits and legal actions

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

OUR RESPONSIBILITIES

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

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**

CHANGES TO THE TERMS OF THIS NOTICE

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

OTHER INSTRUCTIONS FOR THIS NOTICE

- Effective Date: January 1, 2023
- Contact: Deb Monk, Director of Human Resources
- Address: 30 East Plato Blvd, St Paul, MN 55107
- Phone: 651-888-3106
- Email: dmonk@wingspanlife.org

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 **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 **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, 2020. Contact your State for more information on eligibility.

ALABAMA – Medicaid	**ARKANSAS – Medicaid**
Website: **http://myalhipp.com/** Phone: 1-855-692-5447	Website: **http://myarhipp.com/** Phone: 1-855-MyARHIPP (855-692-7447)
ALASKA – Medicaid	**CALIFORNIA – 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: **https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx** Phone: 961-440-5676

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid – Medicaid and CHIP (Hawki)**
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	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
FLORIDA – Medicaid	**KANSAS – Medicaid**
Website: **https://flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html** Phone: 1-877-357-3268	Website: **http://www.kdheks.gov/hcf/default.htm** Phone: 1-800-792-4884
GEORGIA – Medicaid	**KENTUCKY – Medicaid**
Website: **https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp** Phone: 678-564-1162 ext 2131	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**
INDIANA – Medicaid	**LOUISIANA – 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: **www.medicaid.la.gov** or **www.ldh.la.gov/lahipp** Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid	**NEVADA – 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: Main relay 711	Medicaid Website: http://dhcfp.nv.gov/ Medicaid Phone: 1-800-992-0900
MASSACHUSETTS – Medicaid and CHIP	**NEW HAMPSHIRE – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MINNESOTA – Medicaid	**NEW JERSEY – Medicaid and CHIP**
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	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
MISSOURI – Medicaid	**NEW YORK – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MONTANA – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NEBRASKA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855 632-7633 Lincoln: 402 473-7000 Omaha: 402 595-1178	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP	**UTAH – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	**VERMONT – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: http://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Medicaid Website: http://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	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, 2020**, or for more information on special enrollment rights, contact either:

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

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

NOTICE OF RIGHTS UNDER THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

On October 21, 1998, the federal government enacted the Women's Health and Cancer Rights Act. This law requires that all group health plans that provide coverage for mastectomies must also provide coverage for breast reconstruction surgery in connection with that mastectomy. This memo is intended to provide participants and beneficiaries with notice of their rights under the Women's Health and Cancer Rights Act.

Participants and beneficiaries who receive benefits under the group health plan in connection with a mastectomy and elect breast reconstruction surgery in connection with that mastectomy are entitled to coverage for that reconstruction in a manner determined in consultation with the attending physician and the patient. Such coverage includes:

1. Reconstruction of the breast on which the mastectomy was performed
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance
3. Prostheses and physical complications at all stages of the mastectomy, including lymphedemas.

These benefits may be subject to deductibles and coinsurance limitations consistent with those established for similar benefits under the group health plan.

Please contact the Human Resources Department or the company's health insurance carrier directly for more information on your rights under the Women's Health and Cancer Rights Act.

This Focus on Benefits provides a brief summary of your benefits. It does not contain all of the details described in the official plan documents and contracts. If there is any discrepancy between what is summarized here or any verbal descriptions of the plan and the official plan documents and contracts, the plan documents and contracts will govern.

Your employer reserves the right to change, amend, suspend, or terminate any or all of the plans described in the guide at any time and for any reason. This Focus on Benefits is not a contract, and participation in any of the plans does not guarantee employment.

Information provided by USI Insurance Services.