DIGITAL PROSPECTORS
love your job

EMPLOYEE BENEFITS GUIDE

May 1, 2020 – April 30, 2021

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY

Digital Prospectors Corp. strives each year to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Benefit Guide.

This guide will outline all of the different benefits Digital Prospectors Corporation provides, so that you can identify which offerings are best for you and your family.

Elections you make during this time will become effective the first of the month following your Start Date. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to Human Resources.

Table of Contents

REVISED: April 1, 2020

WHO IS ELIGIBLE?

All regular full-time employees at Digital Prospectors Corporation are eligible. In most cases, coverage is available for you, your legal spouse, and/or dependent children.

Note: proof of dependent eligibility (e.g., marriage and/or birth certificates) might be required during annual dependent audits.

HOW AND WHEN TO ENROLL

Are you ready to enroll? Once your On-Boarding Specialist gives you the green light, login to www.workforcenow.adp.com > Benefits > Enrollments and pick the plans you want as well as adding any dependents and beneficiaries that may be applicable. Please have your elections completed before your start date and feel free to reach out to Human Resources (hr@digitalprospectors.com) should you have any questions.

HOW TO MAKE CHANGES

Deductions for Medical Insurance and Dependent Care Assistance Program (DCAP) will be made on a pre-tax basis by default, which means you save federal, state, and social security taxes on premiums paid. You cannot change pre-tax elections during the year unless you experience a qualified change in status. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

If you do not want your premiums deducted on a pre-tax basis, you may sign a Section 125 waiver form. This selection will be able to be changed annually during our Open Enrollment Period, should you choose.

Tax Implications of Covering an Ex-Spouse: Benefit contributions are made on a pre-tax basis by default. The IRS allows pre-tax contributions for employees and their eligible dependents. In most cases the IRS does not recognize ex-spouses as tax dependents. If you are covering an ex-spouse on our plan, please contact Human Resources so we may provide you with more information on the taxability of the benefit.

Medical

With Medical Insurance being the top need in benefits, Digital Prospectors Corporation provides a generous $1,025/month toward Medical Premiums. If the premium is more than $1,025, then the employee pays the difference on an optional pre-tax basis.

Open Access Plus

	In Network	Out of Network
Annual Deductible:		
Individual	$2,000	$3,000
Family	$6,000	$9,000
Out of Pocket Maximum:		
Individual	$6,500	
Family	$13,000	
Professional Services:		
Routine/Preventive	No Charge	40% after deductible
Office Visit - PCP	$20 copay	40% after deductible
Office Visit - Specialist	$20 copay	40% after deductible
Chiropractor Co-Pay:	$20 copay (12 Visits)	40% after deductible
Diagnostic Lab & X-Ray	20% after deductible	40% after deductible
Hi-tech Imaging (CT, MRI, PET, etc.)	20% after deductible	40% after deductible
Emergency Services:		
Emergency Room Copay	$100 copay	
Urgent Care	$50 copay	40% after deductible
Hospital Services:		
Inpatient Hospital:	20% after deductible	40% after deductible
Ambulatory Day Surgery:	20% after deductible	40% after deductible
Prescription Drugs:		
Retail (30 Day)	$15/$30/$60	Not Covered
Mail Order (90 Day)	$38/$75/$150	Not Covered

See final SBCs for full benefit details at www.workforcenow.adp.com > Quick Links > Benefit Summaries

Cost to You- Open Access Plus (PPO)

EMPLOYEE BI-WEEKLY DEDUCTIONS Premium per paycheck after Digital Prospectors has contributed the first $1,025.00/month				
	Employee	**Employee + Spouse**	**Employee + Child(ren)**	**Family**
OAP	$0.00	$135.51	$141.26	$462.10

MEDICAL

Open Access Plus In-Network

	In-Network
Annual Deductible:	
Individual	$2,000
Family	$6,000
Out of Pocket Maximum:	
Individual	$6,500
Family	$13,000
Professional Services:	
Routine/Preventive	No Charge
Office Visit - PCP	$25 copay
Office Visit - Specialist	$50 copay
Chiropractor Co-Pay:	$50 copay (12 Visits)
Diagnostic Lab & X-Ray	No Charge after deductible
Hi-tech Imaging (CT, MRI, PET, etc.)	No Charge after deductible
Emergency Services:	
Emergency Room Copay	$250 copay
Urgent Care	$50 copay
Hospital Services:	
Inpatient Hospital:	No Charge after deductible
Ambulatory Day Surgery:	$100 per admission deductible
Prescription Drugs:	
Retail (30 Day)	$15/$30/$50
Mail Order (90 Day)	$38/$75/$125

See final SBCs for full benefit details at www.workforcenow.adp.com > Quick Links > Benefit Summaries

Cost to You-Open Access Plus In-Network (HMO)

EMPLOYEE BI-WEEKLY DEDUCTIONS Premium per paycheck after Digital Prospectors has contributed the first $1,025.00/month				
	Employee	**Employee + Spouse**	**Employee + Child(ren)**	**Family**
OAPIN	$0.00	$164.72	$170.75	$507.00

MEDICAL

High Deductible Open Access Plus

	In Network	Out of Network
Annual Deductible:		
Individual	$3,000	$6,000
Family	$6,000	$12,000
Out of Pocket Maximum:		
Individual	$5,000	$10,000
Family	$10,000 ($6,550 max per individual)	$20,000 ($13,100 max per individual)
Professional Services:		
Routine/Preventive	No Charge	40% after deductible
Office Visit - PCP	20% after deductible	40% after deductible
Office Visit - Specialist	20% after deductible	40% after deductible
Chiropractor Co-Pay:	20% after deductible (12 Visits)	40% after deductible
Diagnostic Lab & X-Ray	20% after deductible	40% after deductible
Hi-tech Imaging (CT, MRI, PET, etc.)	20% after deductible	40% after deductible
Emergency Services:		
Emergency Room Copay	20% after deductible	
Urgent Care	20% after deductible	40% after deductible
Hospital Services:		
Inpatient Hospital:	20% after deductible	40% after deductible
Ambulatory Day Surgery:	20% after deductible	40% after deductible
Prescription Drugs:		
Retail (30 Day)	$15/$35/$50 after deductible	Not Covered
Mail Order (90 Day)	$38/$88/$125 after deductible	Not Covered

See final SBCs for full benefit details at www.workforcenow.adp.com > Quick Links > Benefit Summaries

Cost to You-HDHP Open Access Plus (PPO w/ H.S.A Option)

EMPLOYEE BI-WEEKLY DEDUCTIONS Premium per paycheck after Digital Prospectors has contributed the first $1,025.00/month				
	Employee	**Employee + Spouse**	**Employee + Child(ren)**	**Family**
HDHO OAP	$0.00	$57.12	$62.17	$341.69

DENTAL

In addition to protecting your smile, dental insurance helps pay for dental care and includes coverage for regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

High Plan

	High Plan	
Coverage Type	**In Network**	**Out of Network**
Type 1 – Preventative Services	100%	100%
Type 2 – Basic Services	80%	80%
Type 3 – Major Services	50%	50%
Type 4 – Orthodontia (to age 19)	50%	50%
Deductible: Per Member	$25 (Applies to type II & III services only)	
Deductible: Per Family	$75 (Applies to type II & III services only)	
Calendar Year Max Benefits	$1,500 per member	
Lifetime Orthodontia Max (to age 19)	$1,500 per member	

**Limitations may apply, see Summary of Benefits for full benefit details once registered in ADP.*
www.workforcenow.adp.com > Quick Links > Benefit Summaries

Cost to You-

EMPLOYEE TYPICAL BI-WEEKLY DEDUCTIONS				
	Employee	**Employee + Spouse**	**Employee + Child(ren)**	**Family**
High	$0.00	$0.00	$0.00	$0.00

DENTAL

Low Plan

	Low Plan	
Coverage Type	**In Network**	**Out of Network**
Type 1 – Preventative Services	100%	100%
Type 2 – Basic Services	80%	80%
Type 3 – Major Services	50%	50%
Type 4 – Orthodontia (to age 19)	Not Covered	Not Covered
Deductible: Per Member	$25 (Applies to type II & III services only)	
Deductible: Per Family	$75 (Applies to type II & III services only)	
Calendar Year Max Benefits	$1,500 per member	
Lifetime Orthodontia Max (to age 19)	Not Covered	

**Limitations may apply, see Summary of Benefits for full benefit details once registered in ADP.*
www.workforcenow.adp.com > Quick Links > Benefit Summaries

Cost to You-

EMPLOYEE TYPICAL BI-WEEKLY DEDUCTIONS				
	Employee	**Employee + Spouse**	**Employee + Child(ren)**	**Family**
Low	$0.00	$0.00	$0.00	$0.00

VISION

Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all of these activities depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Digital Prospectors Corporations' vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

Frequency	Standard PPO Comprehensive Plan	
Exam	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	
Frequency Period	Begins January 1 (Calendar Year Basis)	
Vision Care Service	**In-Network Member Cost**	**Out-of-Network Reimbursement**
Exam with Dilation as Necessary	$20 Copay	Up to $45
Frames	$150 Allowance	Up to $83
Standard Lenses		
Single Vision	$20 Copay	Up to $40
Lined Bifocal	$20 Copay	Up to $65
Lined Trifocal	$20 Copay	Up to $75
Progressives	$20 Copay	Up to $75
Lenticular	$20 Copay	Up to $100
Contact Lenses		
Elective	$150 Allowance	Up to $120
Therapeutic	No Charge	Up to $210

See Summary of Benefits for full benefit details once registered in ADP.
www.workforcenow.adp.com > Quick Links > Benefit Summaries

Cost to You-

EMPLOYEE TYPICAL BI-WEEKLY DEDUCTIONS				
	Employee	**Employee + Spouse**	**Employee + Child(ren)**	**Family**
Vision	$0.00	$0.00	$0.00	$0.00

DISABILITY INCOME BENEFITS

Digital Prospectors Corporation provides employees, who are regularly scheduled to work 40 or more hours a week, with short-term and long-term disability benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness. With that being stated, we want to do everything we can to protect you; that is why Digital Prospectors Corporation pays for the full cost of the short-term and long-term disability insurance for employees that chose to be fully-benefited.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Short-Term Disability

For approved, non-work-related disabilities employees receive 60% of their pay up to a weekly maximum of $2,000 for up to 13 weeks. Benefits begin on the 8th day for an accident and illness. Benefits received are taxable as income.

See Summary of Benefits for full benefit details once registered in ADP.
www.workforcenow.adp.com > Quick Links > Benefit Summaries

Long-Term Disability

Our Long-Term Disability Insurance plan is in place to protect a portion of our employee's income in the event of an extended disability of more than 90 days. Long-term disability coverage provides 60% of income up to $10,000 per month for the shorter of the term of the disability or until Age 65 (see schedule on Certificate of Coverage). Please note, the pre-existing limitation on this plan is 3/9. This means that if you have received treatment within the 3 months prior to your effective date and you become disabled within your first 9 months of coverage by the same cause for which you received treatment for, no benefits are payable for that disability. Benefits received are taxable as income.

See Summary of Benefits for full benefit details once registered in ADP.
www.workforcenow.adp.com > Quick Links > Benefit Summaries

BASIC LIFE/AD&D INSURANCE

Employees who are regularly scheduled to work at least 40 hours per week are eligible for coverage under our Life & Accidental Death and Dismemberment (AD&D) insurance plan through Cigna.

Life and AD&D insurance can help provide for your loved ones if something were to happen to you. The coverage is $50,000, decreasing after age 70. Digital Prospectors Corp. pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums.

It is important that you have up-to-date beneficiary information on file for this coverage. Please update all beneficiary information directly in ADP.

VOL. LIFE/AD&D INSURANCE

Employees who are regularly scheduled to work at least 40 hours per week are eligible for coverage under the Digital Prospectors Corporation Voluntary Life & Accidental Death and Dismemberment (AD&D) insurance plan through Cigna.

Voluntary Life and AD&D insurance can help provide additional coverage for your family if something were to happen.

- For you, the coverage is available in $10,000 increments up to a maximum of the lesser of 5 time's your annual salary or $300,000.
- For your spouse, the coverage is available in $5,000 increments up to a maximum of $150,000 or up to 50% of the employee's election.
- For your dependent children up to age 26, the coverage is available in $1,000 increments to a maximum $10,000.
- For your dependent children less than 6 months old, the coverage is $500.

The employee pays the full cost of this benefit at the discounted rates through Digital Prospectors' Group Plan.

Age	Employee Cost Per $10,000 Unit	Spouse Cost Per $5,000 Unit	Age	Employee Cost Per $10,000 Unit	Spouse Cost Per $5,000 Unit
0-19	$0.392	$0.196	60-64	$3.590	$1.795
20-24	$0.392	$0.196	65-69	$6.429	$3.214
25-29	$0.392	$0.196	70-74	$10.269	
30-34	$0.475	$0.238	75-79	$10.269	
35-39	$0.530	$0.265	80-84	$10.269	
40-44	$0.706	$0.353	85-89	$10.269	
45-49	$1.061	$0.531	90-94	$10.269	
50-54	$1.620	$0.810	95-99	$10.269	
55-59	$2.469	$1.234			

Child Cost Per $1,000 Unit = $0.120

Actual per pay period premiums may differ slightly due to rounding. Rates vary by age and may be subject to change in the future. Benefits will reduce based on age (see Benefits Reduction Schedule for details).

See Summary of Benefits for full benefit details once registered in ADP.
www.workforcenow.adp.com > Quick Links > Benefit Summaries

ACCIDENT INSURANCE

Whether it's a sports injury, a slip or a fall, a cut or a sprain, millions of people make a trip to the ER or to their doctors because of an accident. While medical insurance provides most of the coverage in these cases, there are out-of-pocket costs for copays and deductibles – and that's where Accident Insurance can help. Full-Time employees can enjoy this Voluntary Benefit.

Examples	Plan Benefits
Accident Coverage Type	Off Job
Accidental Death and Dismemberment	Employee: $10,000 Spouse: $5,000 Child: $5,000
Emergency Room Treatment	$150
Hospital Admission	$750
Hospital Confinement	$150/day - up to 1 year
Laceration	Up to $300
Fracture	Up to $4,000
Portability	You have the right to retain this benefits if you leave the company or become benefit ineligible.

See Summary of Benefits for full benefit details once registered in ADP.
www.workforcenow.adp.com > Quick Links > Benefit Summaries

EMPLOYEE BI-WEEKLY DEDUCTIONS				
	Employee	Employee + Spouse	Employee + Child(ren)	Family
Accident	$4.29	$7.25	$7.79	$10.75

CRITICAL ILLNESS INSURANCE

For Full-Time employees, Critical Illness Insurance pays you a lump-sum amount if you or a family member experiences a major health issue such as cancer, a heart attack, or a stroke.

	Benefit Highlights
Employee Benefit	Lump sum benefit of $5,000 to $25,000 in $5,000 increments. Guarantee Issue: Less than 70 up to $20,000
Spouse Benefit	Lump sum benefit of $2,500 to $12,500 in $2,500 increments up to 50% of the employee's benefit. Guarantee Issue: Less than 70 up to $10,000
Child Benefit	25% of the employee's benefit. Guarantee Issue: All Amounts
Covered Conditions	Cancer, Heart Attack, Stroke, Heart Failure, Organ Failure, Kidney Failure, ALS, Alzheimer's Disease, Huntington's Disease, Multiple Sclerosis, Parkinson's Disease, & Severe Burns
Pre-Existing Condition	6 months prior, 6 months after
Portability	You have the right to retain this benefits if you leave the company or become benefit ineligible.
Payroll Deductions	As rates are based on age and the coverage selected, please see the benefit summary for more details.

EMPLOYEE BI-WEEKLY DEDUCTIONS

EMPLOYEE + CHILD	<30	30-39	40-49	50-59	60-69	70+
$5,000.00	$1.82	$2.56	$4.92	$9.21	$14.31	$27.53
$10,000.00	$3.65	$5.12	$9.83	$18.42	$28.62	$55.06
$15,000.00	$5.47	$7.69	$14.75	$27.62	$42.92	$82.59
$20,000.00	$7.29	$10.25	$19.66	$36.83	$57.23	$110.12
$25,000.00	$9.12	$12.81	$24.58	$46.04	$71.54	$137.65
SPOUSE						
$2,500.00	$0.91	$1.28	$2.46	$4.61	$7.15	$13.77
$5,000.00	$1.82	$2.56	$4.92	$9.21	$14.31	$27.53
$7,500.00	$2.74	$3.84	$7.38	$13.81	$21.46	$41.30
$10,000.00	$3.65	$5.12	$9.83	$18.42	$28.62	$55.06
$12,500.00	$4.56	$6.41	$12.29	$23.02	$35.77	$68.83

See Summary of Benefits for full benefit details once registered in ADP.
www.workforcenow.adp.com > Quick Links > Benefit Summaries

DEPENDENT CARE ASSISTANCE PROGRAM

The BASE Dependent Care Assistance Plan, also known as a Dependent Care FSA, is a plan established by Digital Prospectors Corporation that allows employees to set aside money from each paycheck on a pre-tax basis to pay for qualifying dependent care expenses such as daycare, preschool, before & after school care, elder care, and any other IRS-Approved care..

How does it work?

The plan allows you to set aside a specified amount of pre-tax dollars from each paycheck to pay for qualifying dependent care expenses. Elected funds are available once they have been accrued from your paycheck. If you are unable to utilize the amount specified for dependent care expenses you will forfeit the remaining funds elected.

What are the Benefits?

- Peace of Mind – You can continue to work, and still have peace of mind that they have established funds to help pay for the cost of dependent care expenses.
- Increased Take-Home Pay – Since these funds are transferred your wages on a pre-tax basis, you save federal, state, Social Security, and Medicare taxes. By setting aside these dollars pre-tax, you are able to increase your take-home pay.

Dependent Care Assistance Plan Example

- Gross Annual Pay: $30,000
- Monthly Out-Of-Pocket Dependent Care Expenses: $420

	Without Cafeteria Plan	With Cafeteria Plan
Gross Paycheck	$30,000.00	$30,000.00
Dependent Care	$0.00	$5,000.00
Taxable Earnings	$30,000.00	$25,000.00
*Taxes	$8,295.00	$6,912.50
Annual Savings		$1,382.50
Monthly Savings		$115.21

COMMUTER BENEFIT

The WageWorks Commuter program is a pre-tax benefit that can save you up to a third of what you pay for parking and public transit – that includes train, subway, bus, ferry and eligible vanpool – as part of your daily commute to work.

Save Money

- Save an average of 30% on public transit and parking
- Sign up any time to start saving – there's no "use it or lose it" as long as you remain employed by your current employer
- Decide how much to contribute (up to the 2020 limit of $270 monthly maximum for transit and eligible vanpools **and** up to $270 per month for qualified parking)
    - Funds are moved from your paycheck and added to your account before taxes are deducted
    - As soon as funds are available in your account, you can start using them for qualified commuting expenses
    - You can pause, cancel, or change contributions to your account at any time.

Easier to Pay

- Public Transit Options
    - Have monthly transit passes or tickets mailed to your home.
    - Load funds onto your smart card
- Parking Options
    - Send payments directly to your parking provider.
    - Get reimbursed for eligible commuting expenses you pay out of pocket

Eligible Commuter Expenses

- Bus
- Ferry
- Parking at or near work
- Parking at or near public transportation to get to work
- Streetcar
- Subway
- Train
- Vanpool

EZ Receipts

- The EZ Receipts mobile app lets you check your balances, submit claims, snap photos of receipts and manage your account from anywhere.
    - Snap and submit photos of your receipts, making it easy to verify transactions later
    - File claims, view transactions and check account balances on the go
    - Sign up for email and text alerts to stay on top of everything

QUESTIONS/ANSWERS

HOW DO I CHANGE OR CONFIRM MY BENEFITS?

- You must login to your ADP portal to choose your benefit elections electronically. You will receive a confirmation email from ADP and once reviewed and approved by Human Resources, you should be able to view your benefits in ADP.

WHEN ARE BENEFIT ELECTIONS DUE?

- Before your start date.

WHAT IS A DEDUCTIBLE?

- The amount you owe for health care services before Cigna begins to pay.

HOW DO I KNOW WHAT SERVICES ARE SUBJECT TO THE DEDUCTIBLE?

- See your Summary of Benefits and Coverage (SBC) and Benefit Summary.

WHAT HAPPENS WHEN I SATISFY MY DEDUCTIBLE?

- Once you have satisfied your deductible most services are either covered in full by Cigna, or covered in full after a copay.

WHAT IS AN OUT-OF-POCKET MAX?

- The out-of-pocket max is protection for you. It is a cap on what you will pay during the policy period (May 1 – April 30).

WHAT HAPPENS IF I REACH THE OUT-OF-POCKET MAX?

- If you reach the out-of-pocket max Cigna will cover 100% of covered services for the rest of the year.

CONTACTS

Medical, Dental, & Vision	Cigna Member Services: 1-800-244-6224 www.cigna.com
Life and Disability	Cigna Member Services: 1-888-842-4462 www.cigna.com
Accident and Critical Illness	Guardian Member Services: 1-888-482-7342 www.guardianlife.com
Dependent Care Assistance Program	BASE Member Services: 1-888-386-9680 www.BASEonline.com
Commuter Benefits	WageWorks Member Services: 1-877-924-3967 www.wageworks.com/mycommute
Human Resources Contact	Sabrina Dugas sdugas@digitalprospectors.com or hr@digitalprospectors.com

Important Notices

Health Insurance Portability and Accountability Act (HIPAA)

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Privacy Practices is available for medical, dental, vision, and healthcare Flexible Spending Accounts from Human Resources.

Newborns' and Mothers' Health Protection Act

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 of her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Mental Health Parity and Addiction Equity Act (MHPAEA)

The Mental Health Parity and Addiction Act of 2008 general requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical and surgical benefits. For more Information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact Human Resources at (603) 772-2700

Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

Women's Health and Cancer Rights Act

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). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. 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.*

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those establishes for other benefits under the plan. If you would like more information on WHCRA benefits, contact Human Resources at (603) 772-2700

Patient Protection Rights under Health Care Reform

HMO health plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, your HMO health plan designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your HMO health plan using the contact information provided in the Benefit Guide.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your HMO health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your HMO health plan using the contact information provided in the Benefit Guide.

Medicare Part D Creditable Coverage Notice

An Important Notice from Digital Prospectors Corp. 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 Digital Prospectors Corp. 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:

- *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.*
- *Digital Prospectors Corp. has determined that the prescription drug coverage offered by the Digital Prospectors Corp. Welfare Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.*

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Digital Prospectors Corp. coverage will not be affected. Plan participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage. If they select Medicare Part D prescription drug coverage, the group health plan prescription drug coverage will coordinate with the Medicare Part D prescription drug coverage. If you do decide to join a Medicare drug plan and drop your current Digital Prospectors Corp. coverage, be aware that you and your dependents will be able to get this coverage back.

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 Digital Prospectors Corp. 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.

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).

Name of Entity/Sender: **Digital Prospectors Corporation**
Contact--Position/Office: **Human Resources**
Address: **100 Domain Drive, Suite 103, Exeter, NH 03833**
Phone Number: **(603) 772-2700**

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).

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	**INDIANA – Medicaid**
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

IOWA – Medicaid and CHIP (Hawki)	MONTANA – 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	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	**NEBRASKA – Medicaid**
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	**NEVADA – 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	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	**NEW HAMPSHIRE – 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)	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
MAINE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	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
MASSACHUSETTS – Medicaid and CHIP	**NEW YORK – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see "what if I have other health insurance?"] Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	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://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://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/publications/p1/p10095.pdf Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 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
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.

SPECIAL ENROLLMENT NOTICE

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage 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 toward 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).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

Marriage, Birth or Adoption

If you have a new dependent as a result of a 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, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information of Assistance

To request special enrollment or obtain more information, please contact:

Name	Human Resources
Address	100 Domain Drive, Suite 103
City, State	Exeter, NH 03833
Telephone	(603) 772-2700

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be 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 begins 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 Human Resources at (603) 772-2700 or hr@digitalprospectors.com.

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 **Digital Prospectors Corporation**		4. Employer Identification Number (EIN) **02-0505745**
5. Employer address **100 Domain Drive, Suite 103**		6. Employer phone number **603-772-2700**
7. City **Exeter**	8. State **NH**	9. ZIP code **03833**
10. Who can we contact about employee health coverage at this job? **Sabrina Dugas or Human Resources**		
11. Phone number (if different from above) **603-772-2700 ext. 209**	12. Email address **sdugas@digitalprospectors.com or hr@digitalprospectors.com**	

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: _____

✓ Some employees. Eligible employees are: regularly scheduled full-time employees who work an average of 30 hours or more per week.

- With respect to dependents:

✓ We do offer coverage. Eligible dependents are: legal spouse and dependent children until the last day of the month in which they attain age 26.

☐ We do not offer coverage.

✓ 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.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

General Notice of COBRA Continuation Coverage Rights

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 must 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; 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 60 days after the qualifying event occurs. You must provide this notice to: Sabrina Dugas

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, Medicaid, 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**.

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**.

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.

Notice of Benefits Available Under M.G.L. Chapter 175M

Paid Family and Medical Leave

Beginning on October 1, 2019:

- Employers will deduct payroll contributions from a covered individual's wages or other earnings to fund PFML benefits.

Beginning on January 1, 2021:

- Covered individuals may be entitled to up to 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work.
- Covered individuals may be entitled to up to 12 weeks of paid family leave in a benefit year related to the birth, adoption, or foster care placement of a child, or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces.
- Covered individuals may be entitled to up to 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member with a serious health condition.

Beginning on July 1, 2021:

- Covered individuals may be entitled to up to 12 weeks of paid family leave to care for a family member with a serious health condition.

Covered individuals are eligible for no more than 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.

Who is a Covered Individual Under the Law?

Generally, a worker qualifies as a covered individual and may be eligible for paid family and medical leave if:

- S/he is paid wages by a Massachusetts employer; or
- S/he resides in Massachusetts and is paid for contract services by a Massachusetts entity that is required to report payment for services on IRS Form 1099-MISC for more than 50 percent of its workforce; or
- S/he is a self-employed individual who resides in Massachusetts and chooses to opt-in to the program.

Job Protection

Generally, an employee who has taken paid family or medical leave must be restored to the employee's previous position or to an equal position, with the same status, pay, employment benefits, length-of-service credit, and seniority as of the date of leave.

These job protections do not apply to contractors.

Weekly Benefits

To fund PFML benefits, employers will deduct payroll contributions from a covered individual's wages or other earnings beginning on Oct. 1, 2019. Covered individuals can apply for benefits beginning in January 2021 through the Department of Family and Medical Leave. A covered individual's average weekly earnings will determine his or her benefit amount, for a maximum weekly benefit of up to $850.

No Retaliation or Discrimination

- It is unlawful for an employer to discriminate or retaliate against an employee for exercising any right to which s/he is entitled under the law.
- An employee or former employee who is discriminated or retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court, and may be entitled to damages of as much as three times his or her lost wages.

Private Plans

If an employer offers employees paid family leave, medical leave, or both, with benefits that are at least as generous as those provided under the law, the employer may apply for an exemption from paying the contributions. Employees continue to be protected from discrimination and retaliation under the law even when an employer opts to provide paid leave benefits through a private plan.

If you have questions or concerns about your Paid Family and Medical Leave rights, please contact:
MassPFML@Mass.gov or visit: https://www.mass.gov/DFML