

# North Florida Sales



2025 BENEFITS GUIDE

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Please contact Human Resources for assistance

904-928-1919

mike.tymchyn@northfloridasales.com  
2025 Open Enrollment Benefit Guide

## Welcome to 2025 Open Enrollment!

The ever-changing world of insurance plans, prices, and regulatory mandates has made it difficult for employers to offer benefit-rich plans that are affordable. North Florida Sales is happy to be able to provide the following benefit program.

This benefit guide provides information about the benefits available during open enrollment. Open enrollment is your only annual opportunity to make changes to your elections, unless you experience an eligible major life change—such as getting married, divorced, or adding a child to your family.

## Eligibility

New employees are eligible for health benefits the first of the month following 60 days of employment. You can elect coverage for yourself, your legally married spouse, and your natural or adopted children up to age 26, regardless of student and marital status.

## How to Enroll /New Hires

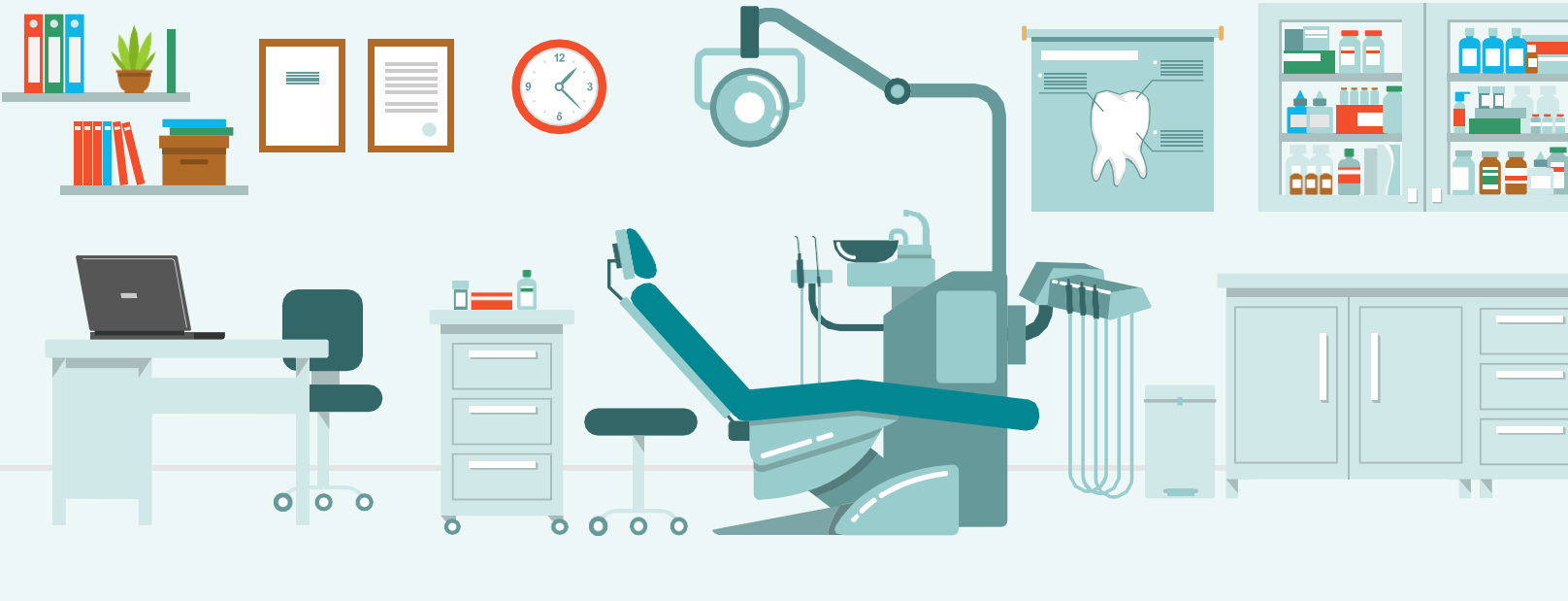
If you want to enroll in new coverage, you will need to submit an election form. Please return the completed election form to the front office in Lake City, or Human Resources in Jacksonville, by the specified deadline.



# United Healthcare - 01/01/2025

Plan Name:	CHYZ INS Choice	CRWT INS Choice	BWNC INS Choice +
Carrier:	United Healthcare	United Healthcare	United Healthcare
<b>PLAN FEATURES</b>			
Deductible Ind / Fam	\$1,500 / \$3,000	\$2,000 / \$4,000	\$500 / \$1,000
Coinsurance	80%	80%	80%
Out-of-Pocket Max Ind/Fam (includes Deductible, Copay, Coinsurance + Rx)	\$5,500 / \$11,000	\$5,500 / \$11,000	\$3,500 / \$7,000
Wellness / Preventive Care	\$0	\$0	\$0
<b>PHYSICIAN SERVICES</b>			
PCP Office Copay	\$30 Copay	\$20 Copay	\$20 Copay
Specialist Office Copay	\$60 Copay	\$40 Copay	\$40 Copay
<b>HOSPITAL CARE</b>			
Inpatient Hospital Facility Fee	20% after DED	20% after DED	20% after DED
Outpatient Diagnostic Testing	Lab: \$0 Copay; X-Ray: \$0 Copay; Advanced Imaging: \$300 Copay	Lab: \$0 Copay; X-Ray: \$0 Copay; Advanced Imaging: \$300 Copay	Lab: \$0 Copay; X-Ray: \$0 Copay; Advanced Imaging: \$300 Copay
Outpatient Surgery Facility Fee	\$400 Copay	\$400 Copay	\$400 Copay
<b>EMERGENCY MEDICAL CARE</b>			
Emergency Room Facility Fee	\$500 Copay	\$500 Copay	\$300 Copay
Urgent Care Facility Fee	\$75 Copay	\$75 Copay	\$75 Copay
Referrals	Not Required	Not Required	Not Required
<b>PHARMACY - PRESCRIPTION DRUG BENEFIT</b>			
Deductible	N/A	N/A	N/A
Prescription Drug Benefit	Tier 1: \$10 Copay	Tier 1: \$10 Copay	Tier 1: \$10 Copay
	Tier 2: \$50 Copay	Tier 2: \$35 Copay	Tier 2: \$35 Copay
	Tier 3: \$85 Copay	Tier 3: \$70 Copay	Tier 3: \$70 Copay
	N/A	N/A	N/A
<b>OUT-OF- NETWORK PROVISIONS</b>			
Deductible Ind / Fam	Not Covered	Not Covered	\$2,000 / \$4,000
Coinsurance	Not Covered	Not Covered	50%
Out-of-Pocket Max Ind/Fam (includes Deductible, Copay, Coinsurance + Rx)	Not Covered	Not Covered	\$6,000 / \$12,000
This is only a summary. Please ask your employer if you want more detail about your coverage and costs, or you can get the complete terms in the policy or plan document at the carrier website. In the event there is a conflict between this summary and your carrier coverage documents, the terms and conditions of the coverage documents will control.			
<b>Member Tier</b>	<b>Total Employee Monthly Premium / Weekly Premium</b>		
Employee Only	\$276.19/\$63.74	\$281.18/\$64.89	\$304.73/\$70.32
Employee + Spouse	\$1,468.62/\$338.91	\$1,495.18/\$345.04	\$1,620.40/\$373.94
Employee + Children	\$989.21/\$228.28	\$1,007.10/\$232.41	\$1,091.45/\$251.87
Family	\$2,125.62/\$490.53	\$2,164.05/\$499.40	\$2,345.30/\$541.22

\*RATES ARE SUBJECT TO CHANGE BASED ON FINAL ENROLLMENT\*



## Dental

You can choose from the following dental options through Humana. Deductibles apply to all services, excluding preventive services. Calendar year deductibles exclude Orthodontia services. Refer to the Humana Summary of Benefits for exact coverage of your plan choice.

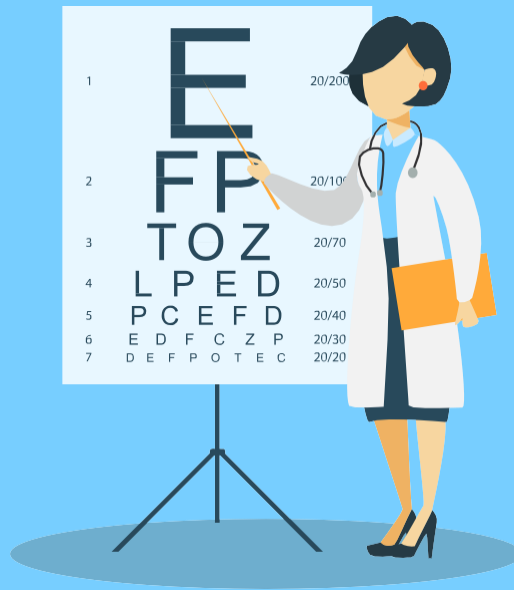
Dental Plan Features				
Benefit	Dental Traditional Preferred		Dental PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive	100% no deductible	100% no deductible	100% no deductible	80% no deductible
Basic	80% after deductible	80% after deductible	80% after deductible	50% after deductible
Major	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Individual Calendar Year Deductible	\$50	\$50	\$50	\$50
Family Calendar Year Deductible	\$150	\$150	\$150	\$150
Calendar Year Maximum	\$1,250	\$1,250	\$1,000	\$1,000
Orthodontia (Adult and Child)	N/A	N/A	N/A	N/A
Orthodontia Lifetime Maximum	N/A	N/A	N/A	N/A
Weekly Cost				
Employee Only	\$5.39		\$4.48	
Employee Plus One	\$10.47		\$9.62	
Employee Plus Family	\$17.66		\$14.36	

Regular dental cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke. Your Humana Dental plan focuses on early prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

### Finding a Dentist

With the Humana Dental Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental Traditional Preferred Network. To find a dentist in this network, log on to [Humana.com](http://Humana.com) or call 800-233-4013.





## Vision

Vision coverage is through Humana. Refer to the Humana Summary of Benefits for the exact benefit level associated with this plan.

Vision Plan Features		
Benefit	In-Network	Out-of-Network
Exam (Every 12 months)	\$10 copay; Retinal Imaging up to \$39	Up to \$30; Retinal Imaging not covered
Contact Lens Exam (Every 12 mo.)	Standard up to \$40; Premium 10% off retail	Not covered
Lenses (Every 12 months)		
Single	\$15 copay	Up to \$25
Bifocal	\$15 copay	Up to \$40
Trifocal	\$15 copay	Up to \$60
Standard Progressive	\$15 copay	Up to \$40
Contacts (Elective)	\$130 allowance	\$104 allowance
Contacts (Medically Necessary)	Covered in full	\$200 allowance
Frames (Every 24 months)		
Frames	\$130 allowance plus 20% off balance over \$130	\$65 allowance
Weekly Cost		
Employee Only		\$1.50
Employee Plus One		\$2.99
Employee Plus Family		\$4.01

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis.

## Questions

Check out Humana.com, call 866-995-9316, or use the MyHumana Mobile app to:

- View vision claims
- View your ID card
- View your plans and coverage details
- Locate vision providers in the Humana network



## Life Insurance

**Basic Life and Accidental Death and Dismemberment (AD&D) Insurance** is provided by Lincoln Financial Group. Every employee of North Florida Sales receives \$10,000 worth of free life insurance. Employees must complete the enrollment and beneficiary form. This cash benefit is provided to your loved ones in the event of your death, plus a matching benefit if you die in an accident.

**Supplemental Life and AD&D Insurance**, provided by Lincoln Financial Group, is available in addition to your North Florida Sales-provided basic life insurance and helps ensure that your family will have financial security even if something happens to you. If you purchase additional coverage for yourself, you can also purchase coverage for your spouse and children. Rates for supplemental life insurance are based on age and coverage amount. Please see the Lincoln packet for the current rate chart.

## Disability Insurance

**Short Term Disability Insurance**, provided by Lincoln Financial Group, can protect your income if an unexpected illness or injury keeps you from working. This policy pays up to 60% of your weekly salary, not to exceed \$500 per week. Benefits begin on the 8th consecutive day due to an illness, or day one for an injury, and will be paid up to a maximum of 13 weeks. Your estimated monthly premium is determined by multiplying your weekly salary amount (up to \$833) by your age-range premium rate. See Lincoln packet or visit ALEX for current rate chart.

**Long Term Disability Insurance**, provided by Lincoln Financial Group, can protect your income if you were to become totally disabled and were unable to work. This policy pays up to 60% of your monthly salary, not to exceed \$5,000 per month. Benefits begin after 90 days and last up to Social Security Normal Retirement Age or the duration of benefits period outlined in the policy details. Your estimated monthly premium is determined by multiplying your monthly salary amount (up to \$8,333) by your age-range premium rate.

## Colonial Voluntary Plans

North Florida Sales offers a variety of voluntary benefit plans through Colonial. The following plans are available:

**Critical Illness** provides you and your family with a lump sum benefit to maintain financial security during a period of critical illness. Covered illnesses include heart attack, stroke, coma, major organ failure, end stage renal failure, paralysis, blindness and infectious diseases.

**Medical Bridge** - A hospital stay can result in high out-of-pocket expenses at a time when you can at least afford them. Medical Bridge pays a flat amount for the various medical procedures, including hospital admissions, out-patient surgery, rehabilitation, ER visits, advanced imaging, and more.

**Accident Plan** - Pays you and your covered dependent for injuries received in accidents on or off the job. It covers hospital admissions and stays, fractures, dislocations, and accidental death.

**Cancer Plan** - Helps offset the out-of-pocket expenses related to cancer that most medical plans may not cover. It covers transportation, radiation/chemo treatments, hospitalization, second opinions, and more.

**Whole and Term life Insurance** plans are also available.

Contact Ken MacDougall, our Colonial representative, at 904-651-9330 or [kenneth.macdougall@coloniallife.com](mailto:kenneth.macdougall@coloniallife.com) to learn more about these voluntary plans.





## LegalShield - Legal Assistance Plan

LegalShield is a voluntary plan that provides direct access to a dedicated law firm for a range of legal services, including contracts/document review, residential loan document assistance, will preparation, traffic ticket consultations, IRS audit assistance, trial defense, uncontested divorce, separation, adoption, and/or name change representation. This plan also includes 25% preferred member discounts on bankruptcy, criminal charges, DUI, or personal injury. LegalShield offers 24/7 emergency access for covered situations.

The cost is \$5.53/week for the LegalShield family plan.

## LegalShield - Identity Theft Protection

The IDShield membership monitors all three major credit bureaus to give you total awareness, letting you know of any changes, credit requests and more. Enrollees will have unlimited access to consult with an identity theft specialist who can provide advice on any identity-related issues or concerns. IDShield can detect fraud up to 90 days earlier than traditional credit monitoring services because they carefully watch your accounts, loans and more.

The cost is \$3.22/week for the IDShield individual plan, or \$6.45/week for the IDShield family plan.

Bundle packages:

LegalShield family plan + IDShield family plan \$10.82/week

LegalShield family plan + IDShield individual plan \$7.59/week

## LegalShield - Basic Commercial Drivers Legal Plan

The Basic CDL plan provides a variety of legal services including tragic accident representation, license reinstatement, moving violations, DOT and non-moving violations, property damage collection, personal injury collection, and other transportation-related legal work.

The cost is \$6.91/week for the Basic CDL plan.

## Employee Assistance Program (EAP)

North Florida Sales provides an Employee Assistance Program (EAP) through Health Advocate Solutions at no cost to employees. EAP provides professional and confidential services to help employees and family members address a variety of personal, family, life, and work-related issues. From the stress of everyday life to relationship issues or even work-related concerns, the EAP can help with any issue affecting overall health, well-being and life management.

EAP benefits are free of charge, 100% confidential, and easily accessible with 24/7 support. Call: 877-240-6863. Visit [HealthAdvocate.com/members](https://HealthAdvocate.com/members) for more information.



## 401(k) Profit Sharing Plan

A pension benefit plan (as defined in the Employee Retirement Income Security Act of 1974) has been adopted by North Florida Sales for the purpose of rewarding long and loyal service by providing employees additional financial security at retirement.

Employees are eligible to contribute to the Plan after one (1) year of employment, and allows for quarterly enrollments on January 1, April 1, July 1, and October 1, of each year. Employees can increase their weekly contribution amount on these same dates. Employees can decrease their contributions, or stop contributing, at any time.

Employee enrollment in the Plan is automatic. Contributions of 2% will be payroll deducted the first of the quarter following eligibility. Employees can increase or decrease this percentage by logging into their Transamerica online account.

North Florida Sales provides a 20% discretionary match of what the employee contributes, on an annual basis. This is free money to you! Employee contributions are always 100% vested. Employer matching funds are based on a vesting schedule.

Bobby Dick of Merrill Lynch is the financial advisor made available to you free of charge by North Florida Sales. He can assist you with any questions regarding your 401(k).

Transamerica is the custodian of North Florida Sales 401(k) Profit Sharing Plan. Please visit [transamerica.com](https://www.transamerica.com) to enroll, make contribution changes, access your account, view quarterly statements, manage loans and access forms.

## Section 125 Benefits

North Florida Sales offers a premium-only health plan, or POP, Section 125. This allows your health, dental and vision premiums to be pre-taxed. Anyone enrolled in one of these plans is automatically enrolled in the Section 125.

If you wish to opt-out of the Section 125, you must do so in writing. This form can be found in the Summary Plan Description. The tax advantage of your enrollment in the Section 125 comes with some restrictions. Please see the Summary Plan Description for specifics. Summary Plan Descriptions are available in Human Resources and during the annual Open Enrollment period.

## Benefit Questions?

Please reach out to Michael Tymchyn, Human Resources Manager.  
Phone: 904-928-1919 Fax: 904-265-0028  
Email: [mike.tymchyn@northfloridasales.com](mailto:mike.tymchyn@northfloridasales.com)





Plan/Provider	Plan/Group/Account	Phone Number	Website
401(k) - Transamerica	Plan ID: 517214	800-755-5801	<a href="http://www.transamerica.com">www.transamerica.com</a>
401(k) - Financial Advisor Bobby Dick, Merrill Lynch	Plan ID: 517214	850-599-8969	<a href="http://fa.ml.com/mdwd">fa.ml.com/mdwd</a>
Accident - Colonial Life	Group No. BCN E3165677	904-651-9330	<a href="http://coloniallife.com">coloniallife.com</a>
Basic Life Insurance and AD&D	Account No. NOFLSALE-BL-127061 Life Policy: 00001067192-00000	800-423-2765	<a href="http://lfg.com">lfg.com</a>
Lincoln Financial Group	Account No. NOFLSALE-BL-127061 Life Policy: 00001067192-00000	800-423-2765	<a href="http://lfg.com">lfg.com</a>
Cancer - Colonial Life	Group No. BCN E3165677	904-651-9330	<a href="http://coloniallife.com">coloniallife.com</a>
Critical Illness - Colonial Life	Group No. BCN E3165677	904-651-9330	<a href="http://coloniallife.com">coloniallife.com</a>
Dental - Humana	Group No: 574233-001	800-233-4013	<a href="http://humana.com">humana.com</a>
Employee Assistance (EAP) Health Advocate Solutions	Group No. North Florida Sales Triple P Distributing	877-240-6863	<a href="http://healthadvocate.com">healthadvocate.com</a>
Identity Theft Protection - IDShield	Group No: 134925	904-509-5170	<a href="http://legalshield.com">legalshield.com</a>
Legal Assistance - LegalShield	Group No: 134925	904-509-5170	<a href="http://legalshield.com">legalshield.com</a>
Long Term Disability Lincoln Financial Group	Account No. NOFLSALE-BL-127061 LTD Policy: 000400003002-0541	800-423-2765	<a href="http://lfg.com">lfg.com</a>
Medical - United Healthcare	Account No. 0933925	877-842-3210	<a href="http://myuhc.com">myuhc.com</a>
Medical Bridge - Colonial Life	Group No. BCN E3165677	904-651-9330	<a href="http://coloniallife.com">coloniallife.com</a>
Short Term Disability Lincoln Financial Group	Account No. NOFLSALE-BL-127061 STD Policy: 000400002000-00516	800-423-2765	<a href="http://lfg.com">lfg.com</a>
Term Life Insurance - Colonial Life	Group No. BCN E3165677	904-651-9330	<a href="http://coloniallife.com">coloniallife.com</a>
Vision - Humana	Group No: 574233-001	877-877-1051	<a href="http://humana.com">humana.com</a>
Whole Life Insurance - Colonial Life	Group No. BCN E3165677	904-651-9330	<a href="http://coloniallife.com">coloniallife.com</a>

The descriptions included of available benefit options are purely informational and have been provided to you for illustrative purposes only. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular benefit option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition or element of the policies or certificates of coverage that govern the benefit options described in this summary.

# Annual Employer Health Benefits Notice

## **Newborns' and Mothers' Health Protection Act of 1996 (Newborn's 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 or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **The Women's Health and Cancer Rights Act of 1998 (WHCRA, also known as Janet's Law)**

Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas. Call your Plan Administrator for more information.

## **Qualified Medical Child Support Order (QMCSO)**

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

## **Special Enrollment Rights (HIPAA)**

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. 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, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

### **Special Enrollment Rights CHIPRA – Children’s Health Insurance Plan**

You and your dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

You or your dependent’s state Medicaid or CHIP (Children’s Health Insurance Program) coverage terminated because you ceased to be eligible.

You become eligible for a CHIP premium assistant subsidy under state Medicaid or CHIP (Children’s Health Insurance Program).

You must request special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

### **Coverage Extension Rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA)**

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer’s health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

### **Michelle’s Law**

Michelle’s Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage.

The continuation of coverage applies to a dependent child’s leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:

1. One year from the start of the medically necessary leave of absence, or
2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

### **Mental Health Parity and Addiction Equity Act of 2008**

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that:

The financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

### **Genetic Information Non-Discrimination Act (GINA)**

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual.

GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited situations.

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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility -**

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

<p align="center"><b>GEORGIA Medicaid</b></p> <p>Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162 ext 2131</p>	<p align="center"><b>MASSACHUSETTS Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a>  Phone: 1-800-862-4840</p>
<p align="center"><b>INDIANA Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1-877-438-4479  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  Phone 1-800-457-4584</p>	<p align="center"><b>MINNESOTA Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>
<p align="center"><b>IOWA Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p align="center"><b>MISSOURI Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<p align="center"><b>KANSAS Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884</p>	<p align="center"><b>MONTANA Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>
<p align="center"><b>KENTUCKY Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p align="center"><b>NEBRASKA Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<p align="center"><b>LOUISIANA Medicaid</b></p> <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center"><b>NEVADA Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>
<p align="center"><b>MAINE Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: -800-977-6740.  TTY: Maine relay 711</p>	<p align="center"><b>NEW HAMPSHIRE Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>



<p align="center"><b>NEW JERSEY Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>	<p align="center"><b>UTAH Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>  Phone: 1-877-543-7669</p>
<p align="center"><b>OKLAHOMA Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p align="center"><b>VERMONT Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427</p>
<p align="center"><b>OREGON Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  Phone: 1-800-699-9075</p>	<p align="center"><b>VIRGINIA Medicaid and CHIP</b></p> <p>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a>  <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a>  Medicaid Phone: 1-800-432-5924  CHIP Phone: 1-800-432-5924</p>
<p align="center"><b>PENNSYLVANIA Medicaid</b></p> <p>Website:  <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a>  Phone: 1-800-692-7462</p>	<p align="center"><b>WASHINGTON Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>
<p align="center"><b>RHODE ISLAND Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>	<p align="center"><b>WEST VIRGINIA Medicaid</b></p> <p>Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center"><b>NEW YORK Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>	<p align="center"><b>WISCONSIN Medicaid and CHIP</b></p> <p>Website:  <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>  Phone: 1-800-362-3002</p>
<p align="center"><b>NORTH CAROLINA Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhs.gov/">https://medicaid.ncdhs.gov/</a>  Phone: 919-855-4100</p>	<p align="center"><b>WYOMING Medicaid</b></p> <p>Website:  <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>  Phone: 1-800-251-1269</p>
<p align="center"><b>NORTH DAKOTA Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>	

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

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

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

## Paperwork Reduction Act Statement

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

## **HIPAA Notice of Privacy Practices**

## NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

***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.***

North Florida Sales Company, Inc. (the “Company”) considers personal information to be confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company privacy policies.

Our employee group health plan (the “Plan”) may use or disclose medical information about participants (employees and covered spouses and dependents) as required for purposes of administering the Plan, such as reviewing and paying claims and utilization review. Some of these functions may be handled directly by our employees who are responsible for overseeing the operation of the Plan, while other functions are performed by other companies under contract with us to provide services to the Plan (“business associates”). Regardless of who handles medical information for the Plan, the Plan has established policies and entered into formal agreements with our business associates that are designed to prevent the misuse or unnecessary disclosure of protected health information.

As required by Federal law, this Notice is being provided to you to describe the Plan’s health information privacy procedures and policies. It also provides details regarding certain rights you may have under Federal law regarding medical information about you maintained by the Plan.

You should review this Notice carefully and keep it with other records relating to your health coverage. The Plan is required to abide by the terms of this Notice while it is in effect.

If the Plan’s health information privacy policies and procedures are changed so that this Notice is no longer accurate, the Plan will provide a new updated Privacy Notice. The Plan reserves the right to apply any changes in its health information policies retroactively to all health information maintained by the Plan, including information received or created before the policies were revised.

### **Protected Health Information**

This Notice applies to health information held by the Plan that includes identifying information about you (or your spouse or dependents). Such information, regardless of the form in which it is kept, is referred to in this Notice as Protected Health Information, or “PHI”. For example, any health information that includes details such as your name, street address, dates of birth, or social security number is PHI. However, information that does not include such identifying details may be considered PHI if that information could reasonably be expected to allow the person reviewing that information to identify you as the subject of the information. Information that the Plan possesses that is not PHI is not covered by this Notice and such information may be used for any purpose that is consistent with applicable law and with the Plan’s policies and requirements.

## **How the Plan Uses or Discloses Protected Health Information**

PHI may be used or disclosed by the Plan as necessary for the operation of the Plan. Specifically, PHI may be used or disclosed for the following purposes:

**Payment.** If the Plan needs PHI to help pay for your covered services, the Plan may use or disclose PHI in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; collecting payroll deductions; calculating cost-sharing amounts; reviewing claims or making payment to our health plan claims administrator or for similar payment-related purposes. The Plan may use that information or request that information, and review the information for payment purposes.

**Other Health Care Operations.** The Plan may also use PHI as needed for various purposes that are related to the operation of the Plan. These purposes include quality assessment and review programs, utilization review programs, contacting providers or participants regarding treatment alternatives, renewals of insurance or reinsurance contract and other functions that are appropriate for purposes of administering the Plan. Most of these health care operations are handled by our business associates.

In the event that the Plan uses PHI for underwriting, genetic information will not be used or disclosed for any underwriting purposes such as determining eligibility or premiums, as prohibited by the Genetic Information Nondiscrimination Act of 2008 (GINA).

The Plan may contact you with treatment reminders, treatment alternatives or other health-related benefits or services that may be of interest to you, generally through our business associates.

Any information possessed by one Health Plan that is subject to this Notice may be used or disclosed to another Health Plan that is subject to this Notice if appropriate for the payment, treatment or other health care operations purposes described above.

In addition to the typical Plan purposes described above, PHI may also be used or disclosed as permitted or required under applicable law for the following purposes:

**Use Or Disclosure Required By Law.** If the Plan is legally required to provide PHI to a government agency or anyone else, it will do so. In such cases, the Plan will make reasonable efforts to avoid disclosing more information than required by applicable law.

**Disclosure For Public Welfare.** The Plan may disclose PHI to address matters of public interest as required or permitted by law (for example, child abuse and neglect, threats to public health and safety, and matters of national security).

**Health Oversight Activities.** The Plan may disclose PHI to health oversight agencies, including state insurance departments, boards of pharmacy, U.S. Food and Drug Administration, U.S. Department of Labor and other Federal, State, or local agencies that are responsible for overseeing the health care system or particular government program for which health information is needed, for oversight activities authorized by law.

**Disclosures For Judicial And Administrative Proceedings.** The Plan may disclose PHI in response to a court order or other lawful process.

**Disclosures For Law Enforcement Purposes.** The Plan may disclose PHI for a law enforcement purpose to a federal, state or local law enforcement official if certain detailed restrictive conditions are met.

**Disclosures For Research Purposes.** If certain detailed restrictions are met, the Plan may disclose PHI for research purposes.

**Disclosure For Workers' Compensation Purposes.** The Plan may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

### **Uses and Disclosures Not Mentioned Above: Authorization Required**

The Plan will not sell your PHI or use or disclose PHI for marketing purposes (not considered treatment or health care operations), without a signed authorization by you. Furthermore, the Plan will not use or disclose psychotherapy notes without a signed authorization by you.

In addition, the Plan will not use or disclose PHI for any purpose that is not mentioned above (in the *How the Plan Uses or Discloses Protected Health Information* section) except as specifically required or permitted by law or authorized by you. If the Plan needs to use or disclose PHI for a reason not listed above or required or permitted by law, it will request your permission for that specific use and will not use PHI for that purpose except according to the specific terms of your authorization. You may complete an Authorization Form if you want the Plan to disclose health information to someone else at your request, for any reason.

Any authorization you provide will be limited to specific information, and the intended use or disclosure as well as any person or organization that is permitted to use, disclose or receive the information must be specified in the Authorization Form. Also, an authorization is limited to a specific limited time period and it expires at the end of that period. You always have the right to revoke a previous authorization by making a written request to the Plan. The Plan will honor your request to revoke an authorization but the revocation will not apply to any action that the Plan took in accord with the authorization before you informed the Plan that you were revoking the authorization.

### **Your Health Information Rights**

Under Federal law, you have the following rights:

**You have the right to restrict disclosures to the health plan for services for which you paid 100% of the cost.** You may request to restrict disclosures of your protected health information to the health plan when it pertains to items or services for which you have paid for "out of pocket".

**For uses and disclosures regarding services paid partially or fully by the plan, you may request restrictions with regard to certain types of uses and disclosures.** This includes the uses and disclosures described above for treatment, payment and other health plan operations purposes. We may consider but may not agree to such requests. If the Plan agrees to a restriction you request, it will abide by the terms of that restriction. However, under the law, *the Plan is not required to accept any restriction regarding medical benefits or services paid in full or partially by the plan.*



**If PHI is being provided to you, you may request that the information be provided to you in a confidential manner.** This right applies only if you inform the Plan in writing that the ordinary disclosure of part or all of the information might endanger you. For example, an individual may request that information about certain types of treatment be sent to a different address than the home address. The Plan will honor such requests as long as they are reasonable.

**You may request access to certain medical records, including electronic medical records, possessed by the Plan and you may inspect or copy those records.** This right applies to all enrollments, claims processing, medical management and payment records maintained by the Plan also to any other information used to make decisions about you or your health coverage. We may ask you to make your request in writing and, in certain cases, may deny the request.

**You may request that PHI maintained in any form by the Plan be amended.** If you feel that certain information maintained by the Plan is inaccurate or incomplete, you may request that the information be amended. The Plan may deny your request if it finds that the information is accurate and complete. If the Plan denies your request, you may file a written statement of disagreement.

The Plan will normally respond to a request for an amendment within 60 days after it receives your request. In certain cases, the plan may take up to 30 additional days to respond to your request.

**You have the right to receive details about certain non-routine disclosures of health information made by the Plan.** You may request an accounting of all disclosures of health information made by the Plan about you, such as disclosures of health information to government agencies, with certain exceptions. The request will not apply to any disclosures made for any period earlier than 6 years from the date your request is properly submitted to the Plan. If you request an accounting of disclosures more than once in a 12-month period, the Plan may charge you a reasonable fee.

**You have the right to receive a notice if a breach of your unsecured PHI occurs.** If there is a security breach and your unsecured PHI is accessed or disclosed, you will receive a notification of the breach to your last known address within 60 days of the discovery of the breach. The notification will include:

- Specific information about the breach including a brief description of what happened,
- A description of the types of unsecured PHI involved in the breach
- Any steps you should take to protect yourself from potential harm resulting from the breach
- A brief description of what the Plan is doing to investigate the breach, mitigate the harm to you and protect against further breaches;
- Contact information for you to ask questions or learn additional information

**You have the right to receive a paper copy of this Privacy Notice.** If the Plan provides this Notice to you in an electronic form, you may request a paper copy and the Plan will provide one.

### **Health Information Complaint Procedures**

If you believe your health information privacy rights have been violated, you may file a complaint with the Plan. To file a complaint, you should contact:

Michael Tymchyn  
Manager, Human Resources  
North Florida Sales Company, Inc.  
3601 Regent Blvd  
Jacksonville, FL 32224  
904-645-0283

In addition to your right to file a complaint with the Plan, if you feel your privacy rights have been violated, you may file a complaint with the U.S. Department of Health & Human Services and we will provide you with an address upon your request. You will never be penalized or retaliated against in any way as a result of any complaint that you file.

### **Additional Information**

After reading this Notice, if you have any questions about the Plan's health information privacy policies and procedures or if you need additional information, you should contact:

Michael Tymchyn  
Manager, Human Resources  
North Florida Sales  
3601 Regent Blvd  
Jacksonville, FL 32224  
904-645-0283