

# Benefits Overview

At Guthrie Mainstream Services (GMS), we believe every employee plays an important role in our company's success. That is the reason we strive to provide our employees with a comprehensive and competitive benefits program that rewards them for their hard work and dedication. When you join our team please see what benefits you can look forward to below!

## Full-Time Employee Benefits

Employees who work 30 hours or more per week are eligible to enroll in the following benefits on the first of the month following 60 days of employment:

- **Medical & Group Life** through *United HealthCare (UHC)*
  - GMS pays a portion of the employee cost for medical!
  - All employees who enroll in a medical plan through GMS will receive a life insurance policy at no cost to you!
- **Dental** coverage through *EDS*
- **Vision** coverage through *VSP*
- Various supplemental insurance through *AFLAC*
- Telemedicine through *TelaDoc/Healthiest You*
- Legal and identity theft coverages through *Legal Shield*
- **401K** with discretionary employer match at the end of the year!
- **Paid Sick Time** – available to use after 90 days of employment

## Part-Time Employee Benefits

Part-time employees who work a minimum of 20 hours per week are eligible to enroll in the following benefits the first of the month following 60 days of employment:

- **Dental** coverage through *EDS*
- **Vision** coverage through *VSP*
- Various supplemental insurance through *AFLAC*
- Telemedicine through *TelaDoc/Healthiest You*
- **Paid Sick Time** – available to use after 90 days of employment

## All Employee Benefits

Part-time and full-time employees without regard to the number of hours worked per week are eligible to enroll in the following benefits the first of the month following 60 days of employment:

- Telemedicine through *TelaDoc/Healthiest You*
- **Paid Sick Time** – available to use after 90 days of employment and once accrued (rate of accrual is 1 hour per every 30 hours worked)



# Legal Notices

## Guthrie Mainstream Services, LLC HIPAA Notice of Privacy Practices

This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Obtain Access To This Information

**Please Review It Carefully.**

### INTRODUCTION

This is the HIPAA Notice of Privacy Practices for the Guthrie Mainstream Services, LLC Health Care Plan (the "Group Health Care Plan"). Throughout this notice, the terms "we," "us" and "our" refer to the Group Health Care Plan.

The Group Health Care Plan is required by law to maintain the privacy of protected medical information and to provide covered individuals with notice of its legal duties and privacy practices with respect to protected medical information. However, the Plan is permitted to use and disclose this information under the circumstances described in this notice.

This Notice describes how we protect any personal health information that we have about you ("Personal Health Information"), and how we may use and disclose this information. Personal Health Information includes individually identifiable information that relates to your past, present or future health, treatment or payment for health care services. This Notice also describes your rights with respect to the Personal Health Information and how you can exercise those rights.

We are required to provide this Notice to you by federal law known as the Health Insurance Portability and Accountability Act ("HIPAA"). For additional information regarding the privacy policies described in this Notice or to obtain a copy of the Privacy Policies and Procedures of the Group Health Care Plan, you may contact us through the HR Department.

The Group Health Care Plan is required to abide by the terms of this notice until it is amended. The Plan reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that it maintains. All individuals covered under the Group Health Care Plan will receive a revised notice of a material revision to the notice.

### PERMITTED USES AND DISCLOSURES

In order for the Employer's Group Health Care Plan to pay for your eligible medical expenses, the Plan and those administering the Plan must create or receive certain medical information about you. This information may involve:

- **Payment activities** such as billing and collection activities, eligibility determinations, adjudication of claims, pre-certification and utilization review, and coordination of benefits, or
- **Health care operation activities** such as quality assessment, case management, subrogation or business management and general administrative activities, or
- **Treatment activities** by your health care provider, such as providing information about other treatments you have received.

By your enrolling in the Group Health Care Plan, you have agreed to allow the Plan and its administrators to create or use your medical information in order to perform these duties without your express authorization. The Plan may also disclose medical information about you without your authorization to business associates of the plan, such as actuaries who price the cost of coverage, the claims administrator who pays the claims or other professionals who perform services on behalf of the Plan. All disclosures made by the Plan of medical information for purposes of payment or

health care operation activities shall be the minimum necessary to accomplish the intended purpose of the disclosure, and any business associate who receives the information must agree to keep it confidential.

The law requires the Group Health Care Plan to make certain disclosures. These include disclosures:

- As necessary to comply with workers compensation or other similar programs.
- As necessary for courts and law enforcement agencies. Disclosures to a law enforcement agency may occur if required by law (such as the occurrence of certain types of wounds) or if required by a court order other legal process. The Plan may also disclose medical information: for the purpose of identifying or locating a suspect, witness, fugitive or missing person; about a crime victim, if the victim agrees or emergency circumstances require disclosure without consent; about a person who has died if the nature of the death suggests that it may be the result of criminal conducts; or if there is evidence to suggest that a crime occurred on the premises.
- As necessary for public health research and disclosure, including reporting of communicable diseases to the applicable authorities (who may contact exposed individuals) and workforce medical investigations.
- As necessary to health oversight activities authorized by law. However, this will generally not include an investigation of a particular individual unless it involves receipt of health care, public health benefits or public benefits contingent on the individual's health.
- As necessary if disclosure is required by another law.

The Plan may also be permitted or required to disclose medical information without your authorization under the following circumstances:

- If authorized by law, to proper authorities for purpose of reporting child abuse or domestic violence. Subject to certain restrictions, the Plan may also report this information to social services, but must generally inform the victim of the abuse for which it is making the disclosure.
- To state insurance departments, U.S. Department of Labor and other government agencies that may regulate us.
- Upon your death, to a coroner, funeral director or to tissue or organ services, as necessary to permit them to perform their functions.
- Under certain circumstances, for research purposes.
- To prevent or lessen a serious threat to the health or safety of a person or the public.
- If authorized by law, in connection with military matters or matters of national security and intelligence.

In addition, the Plan may disclose medical information to the Plan Sponsor (Guthrie Mainstream Services, LLC Health Care Plan) under the following conditions:

- Employer may not use any such information for employment-related decisions.
- Employer may receive such information as the Plan documents allow.
- You have the right to inspect the Plan documents allowing disclosures.

### **SPECIAL SITUATIONS**

We may disclose Personal Health Information about you to a relative, a friend, the subscriber of your health benefits plan or any other person you identify, provided the information is directly relevant to that person's involvement with your health care. For example, if a family member of a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by contacting the Benefits Administrator.

If you are a minor, you also may have the right to block parental access to your Personal Health Information in certain circumstances, if permitted by law. You should contact the Benefits Administrator to obtain further information about this right.

If necessary, under certain circumstances, we may also use your Personal Health Information to notify a family member, or another person responsible for your care, of your location, general condition, or death.

Other uses and disclosures of your medical information will be made only with your written authorization and you may revoke the authorization at any time, upon request.

### **MINIMUM NECESSARY STANDARDS**

When using or disclosing Personal Health Information or when requesting Personal Health Information from another entity covered by HIPAA, we will make reasonable efforts not to use, disclose or request more than the minimum amount of Personal Health Information necessary to accomplish the intended purpose of the use, disclosure, or request, taking into consideration practical and technological limitations.

However, the minimum necessary standards will not apply to disclosure to or requests by a health care provider for treatment, uses or disclosures made by you, disclosures made to the Secretary of Health and Human Services, uses or disclosures that are required by law, and uses or disclosures that are required for the Group Health Plan's compliance with law.

You have the right:

- To request restrictions on certain uses and disclosures of your medical information. The Plan does not have to agree with a requested restriction, but if the Plan does agree, the Plan will abide by that restriction.
- To receive your own confidential health information by alternative means or at alternative locations, if receipt of the information in the usual manner could endanger you. You should contact Employer to request the alternative delivery. You must include a statement that disclosure of the information in the usual manner could endanger you.
- To inspect and copy your own health information, but exceptions apply to certain types of information. If you request to see or copy your own health information at that time, including the circumstances under which you may challenge the exception.
- To amend your own health information when that information is incorrect.
- To obtain an accounting of any disclosure of your confidential health information, other than disclosures for purpose of payment, health care operations or treatment, or disclosures made in accordance with your written authorization.
- To obtain a paper copy of this notice upon request.

In each case, you must make your request to the Employer in writing. Depending upon the nature of the request, you will be given more information at that time, including any exceptions to the rules that may apply to your case.

Individuals may complain to the Plan sponsor and/or to the Secretary of Health and Human Services if they believe their privacy rights have been violated. If you wish to file such a complaint, please contact Employer and you will be given information on how to proceed. You will not be retaliated against by the Plan or Plan sponsor for the complaint. The Department of Health and Human Services may be contacted in Washington D.C. or listings may be found in local telephone directories.

For further information contact Employer.

## 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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 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. You should contact your State for further information on eligibility –**

<b>ALABAMA – Medicaid</b> Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	<b>NEW HAMPSHIRE</b> Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>ALASKA – Medicaid</b> Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	<b>NEW JERSEY – Medicaid and CHIP</b> 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: 1-800-356-1561 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>ARIZONA – CHIP</b> Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a> Maricopa County Phone: 602-417-5437 Outside Maricopa County Phone: 1-877-764-5437	<b>NEW YORK – Medicaid</b> Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>COLORADO – Medicaid</b> Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone: 1-800-866-3513 Medicaid Phone (Out of state): 1800-221-3943	<b>NORTH CAROLINA – Medicaid</b> Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>FLORIDA – Medicaid</b> Website: <a href="http://www.flmedicaidprecovery.com/">http://www.flmedicaidprecovery.com/</a> Phone: 1-877-357-3268	<b>NORTH DAKOTA – Medicaid</b> Website <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
<b>GEORGIA - Medicaid</b> Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPPI) Phone: 1-800-869-1150	<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742

<b>IDAHO – Medicaid and CHIP</b>	<b>OREGON – Medicaid and CHIP</b>
Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> Medicare Phone: 1-800-926-2588 CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> CHIP Phone: 1-800-926-2588	Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijosaludablesoregon.gov">http://www.hijosaludablesoregon.gov</a> Phone: 1-877-314-5678
<b>INDIANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949	Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462
<b>IOWA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300
<b>KANSAS – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884	Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>KENTUCKY – Medicaid</b>	<b>SOUTH DAKOTA – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>LOUISIANA – Medicaid</b>	<b>TEXAS – Medicaid</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493
<b>MAINE – Medicaid</b>	<b>UTAH – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>MINNESOTA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 800-657-3739	Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
<b>MISSOURI – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
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	Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> Phone: 1-800-562-3022 ext. 15473
<b>MONTANA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>NEBRASKA – Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-800-383-4278	Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
<b>NEVADA – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.health.wyo.gov/healthcare">http://www.health.wyo.gov/healthcare</a> Phone: 307-777-7531

To see if any more States have added a premium assistance program, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/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, Ext. 61565

### **Special Enrollment Notice**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources.

### **Newborns' Act Disclosure**

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### **Women's Health and Cancer Rights Act Disclosure**

Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Call UnitedHealthcare services for more information. The phone number is on the back of your ID card.

### **Preventive Care Services for Women**

Effective for plan years beginning on or after August 1, 2012, your non-grandfathered plan must cover specific preventive care services for women without cost-sharing requirements. The covered preventive care services for women include: well-woman visits; gestational diabetes screening; human papillomavirus (HPV) testing; sexually transmitted infection (STD) counseling; human immunodeficiency virus (HIV) screening and counseling; FDA-approved contraception methods and contraceptive counseling; breastfeeding support, supplies and counseling; and domestic violence Screening and counseling. Exceptions to the contraceptives requirement apply to certain religious employers. The preventive care guidelines for women are available at: [www.hrsa.gov/womensguidelines/](http://www.hrsa.gov/womensguidelines/).

### **Notice of Extension of Adult Child Coverage to age 26 (medical plan)**

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in Guthrie Mainstream Service's Health Care Plan. Individuals may request enrollment for such children for 30 days from the date of notice.

### **Patient Protection Disclosure (choice of providers)**

Guthrie Mainstream Service's Health Care Plan does not require the designation of a primary care provider. You do not need prior authorization from UnitedHealthcare 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.

## Prescription Drug Coverage & Medicare

### CREDITABLE COVERAGE

Important Notice from  
Guthrie Mainstream Services, LLC Health Plan  
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 Guthrie Mainstream Services, LLC Health Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Guthrie Mainstream Services, LLC has determined that the prescription drug coverage offered by UnitedHealthcare 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 15<sup>th</sup> through December 7<sup>th</sup>.

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 coverage will not be affected.

UnitedHealthcare currently offers participants a 4 tier co-pay plan - \$20 for Tier 1 drugs, \$50 for Tier 2 drugs, \$100 for Tier 3 drugs and \$250 for Tier 4 drugs. You can compare this coverage to the Medicare Prescription Drug plan offerings by reviewing a summary of the plans at <http://www.cms.hhs.gov/CreditableCoverage.com> In addition; your current coverage pays for other health expenses in addition to prescription drugs. You will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan."

If you do decide to join a Medicare drug plan and drop your current 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 Guthrie Mainstream Services, LLC and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Guthrie Mainstream Services, LLC changes. You also may request a copy of this notice at any time.

### For More Information about Your Options under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

<b>Date:</b>	12/01/2018
<b>Name of Entity/Sender:</b>	Guthrie Mainstream Services, LLC
<b>Contact – Position/Office:</b>	Kathlyn Sloan – Human Resource Specialist
<b>Address:</b>	Ability Center 6549 E University Dr, Mesa, AZ 85205
<b>Email:</b>	hr@gmsaz.org
<b>Phone Number:</b>	(480)-633-8881