

**2019 – 2020**

B E N E F I T S  
D E C I S I O N G U I D E

**OPEN ENROLLMENT:**  
MAY 17 – MAY 31, 2019

**BENEFITS EFFECTIVE:**  
JULY 1, 2019 – JUNE 30, 2020



WELCOME TO YOUR

# BENEFITS ENROLLMENT

**MAY 17 – MAY 31**

ULTRADENT PRODUCTS, INC. IS PLEASED TO OFFER A WIDE SELECTION OF BENEFITS FOR 2019 – 2020 THAT OFFERS YOU FLEXIBILITY AND CHOICE, AN EASY ONLINE SHOPPING EXPERIENCE AND THE ABILITY TO TAKE CHARGE OF YOUR BENEFITS SPENDING.

## HERE'S HOW IT WORKS:

1

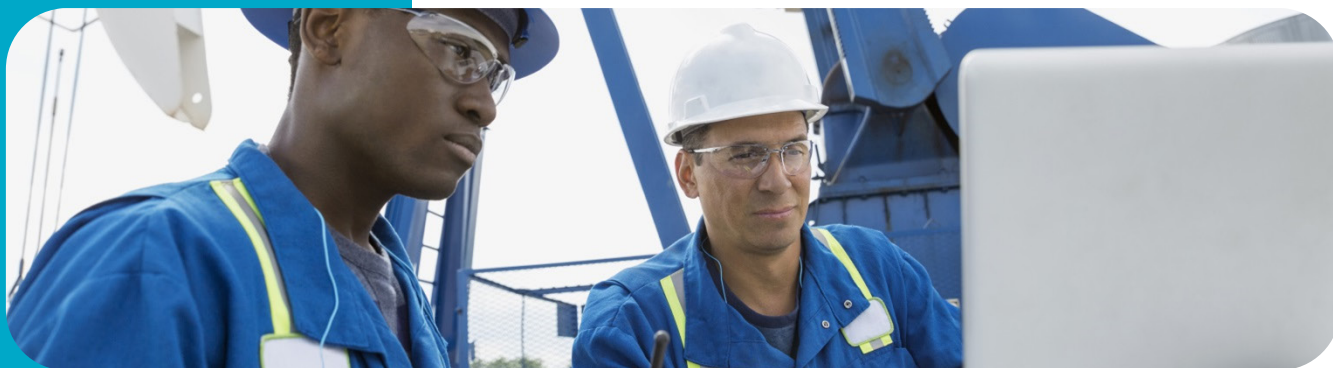
Visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts) or log in to your Workday account, select Benefit Worklet and then Mercer Marketplace 365 to access built-in decision support to guide you through the benefits selection process.

2

Review the benefits available to you, which are summarized in this guide and on the website.

3

Choose the plans that best meet your needs and fit your budget.



## WHAT'S NEW FOR 2019 - 2020

Below are the coverage offerings that are updated or new for 2019 - 2020. More details about the plans can be found in this guide and on [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).



### MEDICAL PLANS

- You will be offered the same medical plans as last year with the exception of the SelectHealth SelectCare Medical Plan.



### DENTAL PLANS

- You will be offered the same dental plans as last year.



### VISION PLANS

- You will be offered the same vision plans as last year.

---

## OTHER CHANGES

- Cigna and SelectHealth are now offering an infertility benefit with their plans
- IRS HSA maximum contribution has increased to \$3,500 for single coverage and \$7,000 for family coverage

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Creditable Prescription Drug Coverage and Medicare Notice in the Legal Notices at the back of this booklet for more details.





**TO START THE ENROLLMENT PROCESS, VISIT [WWW.MERCERMARKETPLACE.COM/ULTRADENTPRODUCTS](http://WWW.MERCERMARKETPLACE.COM/ULTRADENTPRODUCTS). IF YOU DON'T HAVE ACCESS TO A COMPUTER, YOU CAN ENROLL WITH A BENEFITS COUNSELOR BY CALLING 1-844-344-8830.**

The first time you visit the Mercer Marketplace 365 website, select "Create an account" and follow the instructions provided to register.

To access Mercer Marketplace 365 through Workday, log in to your Workday account, select Benefit Worklet and then Mercer Marketplace 365.

To access Mercer Marketplace 365 from home, you will need to have the username and password you created previously while enrolling in your benefits. If you forgot your username, please contact Mercer Marketplace 365 at 1-844-344-8830. However, if you forgot your password, you will be able to click on "Can't access your account?" on [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts) and answer a series of questions that will let you reset your password.

#### **WHAT HAPPENS IF I DON'T ENROLL?**

Remember, your enrollment period ends on May 31! If you do not enroll by this date, you will be automatically enrolled in your current coverage with the exception of spending and savings account elections. Spending and savings account elections do not roll over from year to year, so you must make a new election for each year if you want to participate.

#### **ULTRADENT PRODUCTS, INC. CONTRIBUTIONS**

Mercer Marketplace 365 brings you many advantages, including a way to pay for your benefits that shows exactly how much Ultradent Products, Inc. is paying and how much you are paying, giving you more control over your benefits spending. Ultradent Products, Inc. will give you a dollar amount that you can apply toward your benefit costs. You'll be able to use this money to purchase certain benefits and you'll see how the contribution is being applied while enrolling. If you spend more on benefits than the company-provided contribution, you will pay the additional amount through payroll deductions.

#### **CLICK TO CHAT:**

If you have questions while enrolling, a "Chat Now" button is located in the bottom right corner of each page on the Mercer Marketplace 365 website. By clicking this, you will be able to have a secure, live chat with a benefits counselor during the hours the benefits center is open. No phone call required!

#### **SHOPPING TIP:**

Take advantage of helpful information and resources available on the enrollment site. As you enroll, you'll find key information displayed for each plan, including coverage details and cost. You'll also find a variety of tools, educational videos and reference documents to help you better understand your benefit options.

## ACCESSING YOUR MERCER MARKETPLACE 365 BENEFITS

### ANYWHERE

With the “Mercer Marketplace 365 Benefits” mobile app, you have convenient access to your benefits on the go. You can use the app to access plan information, such as coverage levels, effective dates and copays.

The mobile app is available to download from the App Store or Google Play. When you access the app for the first time, you will be asked to enter a company ID, which is ULTR22. This code can also be found on the homepage after logging in to the Mercer Marketplace 365 enrollment site. You will log in to the app with the same username and password you use for the Mercer Marketplace 365 website.

### ANYTIME

After you enroll in your benefits, don’t wait until next year to come back! The Mercer Marketplace 365 website is a great resource throughout the year for your benefits and coverage information.

Here’s what you’ll find:

Cost of the coverage in which you are currently enrolled

Detailed plan summaries

Videos and tips to help you get the most out of your coverage

## CHANGING YOUR BENEFIT SELECTIONS

You can change any of your benefit selections before your enrollment deadline. Simply return to the Mercer Marketplace 365 website to make changes. After the enrollment deadline, you may be able to make changes to some of your benefits if you have a change in personal circumstances, such as getting married or having a baby. To change your benefits due to a qualifying life event, you must make the change within 30 days of the event.



### TAKE ACTION!

YOU MUST ENROLL IN YOUR 2019 - 2020 BENEFITS BETWEEN MAY 17 AND MAY 31 TO HAVE THE COVERAGE YOU WANT FOR 2019 - 2020.



# WHAT'S INSIDE



## QUESTIONS?

Mercer Marketplace 365 benefits counselors are ready to help you understand your options and make the right choices for your needs and budget.

Beginning May 17, simply call or start an online chat for personal assistance.

### MERCER MARKETPLACE 365

1-844-344-8830

Monday through Friday

7 am to 9 pm ET

[www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts)

## HEALTH BENEFITS

Medical and Prescription Drug Coverage .....	Page 7
Mercer Marketplace 365 HUB .....	Page 10
Spending and Savings Accounts .....	Page 11
Supplemental Medical Insurance .....	Page 13
Dental Insurance .....	Page 14
Vision Insurance .....	Page 15

## FINANCIAL BENEFITS

Life Insurance .....	Page 17
Disability Insurance .....	Page 18

## ADDITIONAL BENEFITS ..... Page 19

## OUTSIDE BENEFITS ..... Page 20

## CONTACT INFORMATION ..... Page 22

## LEGAL NOTICES ..... Page 23

# MEDICAL AND PRESCRIPTION DRUG COVERAGE

## HEALTH BENEFITS

Medical coverage offers valuable benefits to help you stay healthy and pay for care if you or your covered family members become sick or injured.

Which medical plan is right for you?

When you go online, you can answer a few questions about your medical insurance usage, payment preference and ability to afford an unexpected medical expense. Then, Mercer Marketplace 365 will show you one or more plans that may best match your situation. While the decision is yours, these matches may help you make an appropriate choice.

Before you choose your benefits, think about:

- How much health care and what type of care did you need this year?
- Do you expect your needs to be similar next year?
- Do you prefer to pay less from your paycheck or less out of your pocket when you need care?

### NEED MORE COVERAGE?

Consider combining medical insurance with supplemental medical insurance, like hospital indemnity, accident and critical illness insurance. Based on your situation, you may be able to save money by purchasing a lower cost medical plan and adding one or more supplemental plans offering effective protection against out-of-pocket expenses at a lower plan cost.

### HAVE YOU CONSIDERED A HIGH-DEDUCTIBLE HEALTH PLAN?

High-Deductible health plans cost less from your paycheck and may result in lower annual medical costs. These plans offer several advantages to reward you for taking an active role in your health care spending.

- Lower paycheck costs – allowing you to keep control over more of your money
- Tax-advantaged savings account – enrolling in a Health Savings Account (HSA) helps you pay your deductible and out-of-pocket costs
- Ultradent Products, Inc. will contribute to your HSA – helping you with your out-of-pocket costs
- Comparable benefits – these plans use the same networks that other plans offer, and in-network preventive care is still 100% covered

### KEY WORDS TO KNOW:

**Copay:** An amount you pay for a covered service each time you use that service. It usually does not apply toward the deductible.

**Deductible:** The amount you pay before the plan begins to pay.

**Out-of-Pocket Costs:** Expenses you pay yourself, such as deductibles, copays, coinsurance and non-covered services.

**Out-of-Pocket Maximum:** The maximum amount you pay for covered services in a year (you may need to pay additional amounts if coverage is received from an out-of-network provider).

**Coinsurance:** Percentage of the charge that your plan will pay, typically after you have met the deductible.

### USING IN-NETWORK PROVIDERS

You'll save money when receiving care from an in-network provider. To access a list of in-network providers, click on the carrier's link from the Mercer Marketplace 365 medical enrollment page.

## PREScription DRUG COVERAGE

Your prescription drug coverage depends on the medical coverage level you choose. Medications are grouped into tiers, which determine your portion of the drug cost.

TIER	YOU PAY	WHAT'S COVERED
1	Lowest Cost Sharing	<b>Most Generic Prescription Drugs</b> Generic drugs that are equivalent to a brand product in dosage form, strength, quality and intended use.
2	Second Lowest Cost Sharing	<b>Preferred Brand Name Drugs</b> Drugs sold under specific trade names that are favorably priced by the pharmacy plan.
3	Highest Cost Sharing	<b>Non-Preferred Brand Name Drugs</b> Drugs sold under specific trade names that have a reasonable, more cost-effective alternative on Tier 1 or Tier 2.

## REVIEW YOUR MEDICAL PLAN OPTIONS

**SELECTMED** (For Utah residents only)

**CIGNA (Open Access Plus)** (Available in Utah and nationally)

### MEDICAL PLAN SUMMARY

(The following benefits are included in your plan options. Unless otherwise noted, all benefits and maximums are per insured person.)

	\$800 / \$1,600 DEDUCTIBLE		\$1,500 / \$3,000 DEDUCTIBLE		\$2,500 / \$5,000 DEDUCTIBLE	
HSA Eligible	No		Yes		Yes	
HSA Funding by employer	No		Up to \$720 / year (Individual) Up to \$1,440 / year (Family)		Up to \$720 / year (Individual) Up to \$1,440 / year (Family)	
Benefit Details	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible: Individual Family	\$800 \$1,600	\$2,400 \$4,800	\$1,500 \$3,000	\$3,000 \$6,000	\$2,500 \$5,000	\$4,500 \$9,000
Out-of-Pocket Max: Individual Family	\$2,400 \$4,800	\$4,800 \$9,600	\$3,000 \$6,000	\$6,000 \$12,000	\$4,500 \$6,850	\$9,000 \$13,700
Plan Coinsurance	80%	60%	80%	60%	70%	50%
Preventive Care	100%	60%**	100%	60%**	100%	50%**
Office Visit: Primary Care Specialist	80%**	60%**	80%**	60%**	70%**	50%**
Inpatient Hospital	80%**	60%**	80%**	60%**	70%**	50%**
Outpatient Hospital	80%**	60%**	80%**	60%**	70%**	50%**
Emergency Room	80%**	80%**	80%**	80%**	70%**	70%**
Retail Prescriptions (30-day supply)	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 1	70% (\$10 min, \$20 max)	70% (\$10 min, \$20 max)	80%**	80%**	70%**	70%**
Tier 2	70% (\$25 min, \$50 max)	70% (\$25 min, \$50 max)	80%**	80%**	70%**	70%**
Tier 3	55% (\$40 min, \$80 max)	55% (\$40 min, \$80 max)	80%**	80%**	70%**	70%**



	\$ 800 / \$1,600 DEDUCTIBLE		\$1,500 / \$3,000 DEDUCTIBLE		\$2,500 / \$5,000 DEDUCTIBLE	
Mail Order Prescriptions (90-day supply)	In-Network	Out-of- Network	In-Network	Out-of- Network	In-Network	Out-of- Network
Tier 1	70% (\$25 min, \$50 max)	Not covered	80%**	Not covered	70%**	Not covered
Tier 2	70% (\$62 min (Cigna), \$62.50 min (SelectHealth), \$125 max)	Not covered	80%**	Not covered	70%**	Not covered
Tier 3	55% (\$100 min, \$200 max)	Not covered	80%**	Not covered	70%**	Not covered

\*\* After deductible

For additional plan details, visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).

### HELPFUL INFORMATION ABOUT DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS

Under the \$1,500 and \$2,500 Deductible Plans, if you cover any family member(s) in addition to yourself:

- The entire Family Deductible must be met before benefits begin to pay out for any family member.
- The entire Family Out-of-Pocket Maximum must be met before the plan pays in full for any family member.

For the \$800 Deductible Plan, if you cover any family member(s) in addition to yourself:

- Once one family member meets the Individual Deductible, benefits begin to be paid for that individual.
- Once one family member meets the Individual Out-of-Pocket Maximum, the plan pays covered benefits in full for that individual.

### TOBACCO SURCHARGE

To encourage a healthier lifestyle, the contribution from Ultradent Products, Inc. to use towards your medical plan costs will be reduced by \$40/month if you use tobacco.

However, if you agree to participate in a tobacco cessation program provided at no cost by your employer, you will qualify to receive the same rates as a non-tobacco user. Refer to your carrier to learn more about this program offering.

Contact SelectHealth at 1-866-QUIT-4-LIFE (1-866-7848-4-5433) or by visiting [www.quitnow.net](http://www.quitnow.net).

Contact Cigna at 1-800-CIGNA24 (1-800-244-6224) or by visiting [www.mycigna.com](http://www.mycigna.com).

# MERCER MARKETPLACE 365 HUB

## HEALTH BENEFITS

Have you needed help finding the right doctor or getting an appointment scheduled? Can you locate a convenient, lower-cost provider for medical services that you need? Do you think you might need a second opinion from an expert? Have you ever had a claim issue with your insurance that you couldn't resolve?

Now you can get personalized support with all of this and more by enrolling in Mercer Marketplace 365 HUB. Information and tools that can help you improve the quality and cost of your care are just a click or phone call away!

### TAKE ADVANTAGE OF ALL OF YOUR HEALTH CARE BENEFITS

Once you are enrolled in a medical plan, you are eligible to elect the Mercer Marketplace 365 HUB. Simply visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts) to access great tools online or call us at 1-866-385-8032 to talk to a dedicated Personal Health Advocate.

### GET HELP FINDING DOCTORS WHO PROVIDE HIGH-QUALITY CARE FOR YOUR NEEDS

With the Mercer Marketplace 365 HUB, you can review the quality scores of doctors in your area based on your condition and need. Quality matters, especially when it comes to you and your family's health! You'll be more likely to get the care you need to recover faster and save money. In-network physicians are ranked by data-driven quality scores for easy selection.

### FIND THE BEST PRICE FOR YOUR HEALTH CARE SERVICES

The cost of health care can vary widely, even within the same area, so it's important to know how much a service can cost in advance. Use the Mercer Marketplace 365 HUB to help you save money on your health care.

### GET AN EXPERT SECOND OPINION FOR PEACE OF MIND

You shouldn't hesitate to get another opinion, especially if it's for a concerning or serious condition. The Mercer Marketplace 365 HUB gives you and your covered family members access to world-class specialists that will review your case and give you an expert opinion on your diagnosis and treatment plan. About 40% of people receive an improved diagnosis and 99% recommend this service. It's peace of mind at a time when you may need it most. Mercer Marketplace 365 HUB accepts all cases and sticks with you every step of the way.

### CORE ADVOCACY:

If you choose to not take advantage of the benefits of the Mercer Marketplace 365 HUB, Ultradent Products, Inc. will still provide you the ability to connect with a Personal Health Advocate by phone. While you won't be able to access price or quality comparisons or expert medical opinions, you will have support for claims and billing issues, questions about test results and treatments, elder care resources and more. For more information about what your employer provides through Core Advocacy, visit the Resource Center at [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).



# SPENDING AND SAVINGS ACCOUNTS

## HEALTH BENEFITS

You can save money on your health care and dependent care costs through the use of tax-advantaged accounts that allow you to use before-tax dollars to pay for eligible expenses. For additional details about the following accounts, visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).

### ACCESS YOUR ACCOUNTS ANYWHERE

The “Mercer Marketplace Accounts” mobile app is available for Health Care Flexible Spending Accounts, Dependent Care Flexible Spending Accounts, Health Savings Accounts and Commuter Benefits. Use it to view account balances, upload receipts, review plan details, see your account activity and contact customer service.

The mobile app is available to download from the App Store or Google Play. Once downloaded, you will log in to the mobile app with the spending and savings account username and password you created when you opened your reimbursement account. These login credentials may differ from your Mercer Marketplace 365 enrollment account.

### HEALTH SAVINGS ACCOUNT (HSA)

With the \$1,500 Deductible Plan and the \$2,500 Deductible Plan, you’re eligible to contribute money to a Health Savings Account (HSA). HSAs are tax-advantaged savings accounts you can use to help pay for eligible health care expenses as you incur them. You can also build up the money in your account and use it for future expenses, even during retirement. Your HSA is always yours to keep — if you leave your employer, your HSA goes with you.

#### KEY FEATURES

- **Company contribution for the plan.** Receive a \$30/individual or \$60/family per pay period contribution amount from Ultradent Products, Inc. for enrolling in and contributing to an HSA (see HSA Contributions section below for details). Ultradent Products, Inc. will provide this contribution if you are enrolled in an HSA and contributing the minimum of \$15 per pay period for individual coverage or \$30 per pay period for family coverage.
- **Works like a bank account.** Use account funds to pay for eligible health care expenses by using your debit card when you receive care, or submit a claim for reimbursement for payments you’ve made (up to the available balance in your account).
- **You can save.** You decide how much to contribute to your HSA and can change that amount at any time.
- **It’s tax-advantaged.** You don’t pay taxes on contributions made from your paycheck.
- **It’s your money.** Unused funds can be carried over each year and invested for the future — you can earn tax-free interest on your HSA balance. Once your account reaches a certain balance, you will have other investment choices for the money. You can even take the account with you if you leave Ultradent Products, Inc., or save it to use during retirement.
- **Can be paired with a Combination Flexible Spending Account (FSA).** Combine the HSA with this account for additional tax savings. Eligible dental and vision expenses can be paid for with Combination FSA funds from the first day of the plan year. Once you have incurred \$1,350/individual (\$2,700/family) in out-of-pocket medical expenses, you can also use your account to pay for eligible medical expenses for the remainder of the plan year.
- You are not eligible to contribute to an HSA if you:
  - Are enrolled in Medicare or Tricare
  - Are covered by any health insurance other than a qualified high deductible health plan
  - Can be claimed as a dependent on another person’s tax return
  - Have access to reimbursement under a Health Care Flexible Spending Account (FSA) established by another employer for you, your spouse or domestic partner, or other family member

## HSA CONTRIBUTIONS

To help you get your HSA started, Ultradent Products, Inc. will contribute:

- Individual coverage = \$30/pay period if you contribute \$15/ pay period
- Family coverage = \$60/pay period if you contribute \$30/ pay period

For 2019, you can make pre-tax contributions from your paycheck up to the following amounts, or to the maximum indexed amount announced by the IRS for the plan year, if different.

- Individual coverage = \$3,500\*
- Family coverage = \$7,000\*
- If you're age 55 or older, you can contribute an additional \$1,000 per year.

\*The contribution amounts listed above include both your contributions and any contributions you receive from Ultradent Products, Inc..

## FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSA) provide a great way to save money on your health and dependent care expenses.

	HEALTH CARE FLEXIBLE SPENDING ACCOUNT	COMBINATION FLEXIBLE SPENDING ACCOUNT	DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT
<b>Do you have an HSA?</b>	You are not eligible to have a Health Care FSA if you or Ultradent Products, Inc. contributes to a Health Savings Account (HSA).	You must contribute to a Health Savings Account (HSA) to have a Combination FSA.	You are eligible to have a Dependent Care FSA whether or not you contribute to a Health Savings Account (HSA).
<b>Eligible expenses</b>	Eligible medical, dental and vision.	Eligible dental and vision (medical after you have incurred \$1,350/individual (\$2,700/family) in out-of-pocket medical expenses).	Expenses for child/elder care for eligible dependents that allow you and/or your spouse or domestic partner to work (medical, dental and vision expenses are not eligible for reimbursement with this account).
<b>How it's funded</b>	<p>You can make paycheck contributions up to \$2,700 per year, or to the maximum indexed amount announced by the IRS for the plan year, if different.</p> <p>Your election is made during your enrollment period. You cannot change it unless you have a qualifying life event during the year (such as getting married or having a baby).</p> <p>Your entire annual contribution is available to you at the beginning of the plan year.</p>	<p>You can make paycheck contributions up to \$2,700 per year, or to the maximum indexed amount announced by the IRS for the plan year, if different.</p> <p>Your election is made during your enrollment period. You cannot change it unless you have a qualifying life event during the year (such as getting married or having a baby).</p> <p>Your entire annual contribution is available to you at the beginning of the plan year.</p>	<p>You can make paycheck contributions up to \$5,000 per year per household (or to the maximum indexed amount announced by the IRS for the plan year, if different) to use for qualified dependent care or elder care expenses.</p> <p>Your election is made during your enrollment period. You cannot change or elect it unless you have a qualifying life event during the year (such as having a baby or a change in dependent care expenses).</p> <p>Your funds are only available to you after they have been deposited into your account each pay period.*</p>
<b>Unused funds</b>	You should estimate your expenses carefully before enrolling because unused funds in your account do not carry over at the end of the plan year and are forfeited.		
<b>How to access</b>	<p>You will receive a benefits debit card that you can use to pay for eligible expenses. Or, you can submit claims for reimbursement of eligible expenses.</p> <p>NOTE: You'll receive only one debit card to use for all accounts.</p>		

\* Your contribution could be impacted by other reimbursements and your tax filing status. Consult your tax advisor for more information.



# SUPPLEMENTAL MEDICAL INSURANCE

## METLIFE

Supplemental medical insurance can help protect you from significant expenses not covered by your medical plan. In fact, based on your situation, you may be able to save money by adding a supplemental plan to a lower cost medical plan. Be sure to consider your anticipated medical needs for the year along with the cost of the medical plans available to you.

This coverage supplements your medical plan by providing benefits to help pay for out-of-pocket medical expenses or everyday living expenses. Benefits are paid in addition to your medical plan and are payable regardless of any other insurance plans you may have.

*Supplemental medical plan designs may vary in some states based upon the carrier selected. Complete details about coverage and cost can be found at [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).*

## HEALTH BENEFITS

SUPPLEMENTAL MEDICAL PLANS ARE INTENDED TO ENHANCE YOUR MEDICAL PLAN. ON THEIR OWN, THEY DON'T PROVIDE COMPREHENSIVE MEDICAL COVERAGE.

### ACCIDENT

Provides cash benefits in cases of accidental injuries

### CRITICAL ILLNESS

Provides a lump-sum payment for certain illnesses

### HOSPITAL INDEMNITY

Provides payments for certain covered hospital treatments



# DENTAL INSURANCE

## HEALTH BENEFITS

### CIGNA

(Total Cigna DPPO)

Research shows there may be a connection between poor dental health and serious health conditions. Regular dental check-ups and good oral hygiene are an essential part of your general health and well-being.

### KEY WORDS TO KNOW:

The service examples below are not guarantees of coverage; refer to Plan Documents to confirm covered services.

ANNUAL MAXIMUM BENEFIT	DEDUCTIBLE	PREVENTIVE SERVICES	BASIC SERVICES	MAJOR SERVICES	ORTHODONTIA
<ul style="list-style-type: none"> <li>Maximum total amount the plan will pay during the plan year</li> </ul>	<ul style="list-style-type: none"> <li>Amount you pay before the plan begins to pay</li> </ul>	<ul style="list-style-type: none"> <li>Oral evaluations</li> <li>Routine cleanings</li> <li>X-rays</li> <li>Fluoride treatments and sealants</li> </ul>	<ul style="list-style-type: none"> <li>Basic restorations</li> <li>Some oral surgery</li> <li>Endodontics</li> </ul>	<ul style="list-style-type: none"> <li>Crowns</li> <li>Dentures</li> <li>Implants</li> <li>Some oral surgery</li> <li>Periodontics</li> </ul>	<ul style="list-style-type: none"> <li>Straightening or moving misaligned teeth and/or jaws with braces and/or surgery</li> </ul>

### DENTAL PLAN SUMMARY

	ENHANCED WITH ORTHODONTIA	STANDARD
Annual Maximum Benefit	\$2,000	\$1,500
Individual Deductible:	\$50	\$50
Family Deductible:	\$150	\$150
Preventive Services	Plan pays 100%*	Plan pays 100%*
Basic Services	Plan pays 80%	Plan pays 80%
Major Services	Plan pays 50%	Plan pays 50%
Orthodontia Services	Plan pays 50%	Not covered
Orthodontia Lifetime Maximum	\$1,500	Not covered
Orthodontia Eligibility	Eligible children and adults	Not covered

\* Deductible does not apply.

In-Network and Out-of-Network benefit provisions are the same, but may be applied differently for Out-of-Network services. Please refer to Plan Documents for additional details.

For additional plan details, visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).

# VISION INSURANCE

## CIGNA

Having an annual eye exam is one of the best ways to make sure you're keeping your eyes healthy. Eye exams can help prevent and treat easily correctable vision problems which can cause permanent vision impairment.

### KEY WORDS TO KNOW:

**Copay:** An amount you pay for a covered service each time you use that service.

**Retail Allowance:** Maximum allowance paid toward the cost of vision materials. You are required to pay any amounts in excess of the retail allowance.

### IN-NETWORK VISION PLAN SUMMARY

	ENHANCED	STANDARD
IN-NETWORK BENEFITS	COPAYS	COPAYS
Exam	\$10 (1 per 12 months)	\$10 (1 per 12 months)
Lenses	\$10 (1 per 12 months)	\$25 (1 per 12 months)
IN-NETWORK BENEFITS	RETAIL ALLOWANCE	RETAIL ALLOWANCE
Frames	Up to \$180 (1 per 12 months)	Up to \$130 (1 per 24 months)
Contact Lenses (in lieu of frames/lenses)	Up to \$180 (1 per 12 months)	Up to \$130 (1 per 12 months)

For additional plan details, including out-of-network benefits, visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).



# LIFE INSURANCE

Life and accident insurance provide important financial protection for you and your family. You can choose from different levels of life insurance coverage to meet your needs.

## EMPLOYER-PAID TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE CIGNA

Your employer provides you with a base level of employee term life and AD&D insurance at no cost to you. Visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts) to view your coverage level. **If both you and your spouse work for Ultradent Products, Inc., you will be covered as both an employee and a spouse under employer-paid basic life insurance. Dependent children are only allowed to be covered once.**

You can purchase additional term life and/or AD&D insurance for yourself and your dependents.

## EMPLOYEE-PAID LIFE AND AD&D COVERAGE OPTIONS CIGNA

- **Employee Term Life:** Elect in \$25,000 increments, up to \$800,000
- **Employee AD&D:** Elect in \$25,000 increments, up to the lesser of 10 times your salary, or \$800,000 (If family coverage elected, dependent benefits are a portion of employee benefits – see plan documents for details)
- **Spouse or Domestic Partner Term Life:** Elect in \$25,000 increments, up to \$400,000, not to exceed 100% of employee coverage
- **Child Term Life:** Elect in \$5,000 increments, up to \$20,000; coverage is \$1,000 for ages birth to 6 months; coverage ends at age 26

This coverage is tied to your employment and typically ends if you leave your employer. However, you may be offered the opportunity to retain coverage on your own with the same insurance carrier.

## PERMANENT LIFE INSURANCE TRANSAMERICA

With a permanent life insurance policy, you are the policy owner and can maintain the coverage, whether or not you leave your employer, for as long as you choose to continue to pay the premium. This option offers you the ability to provide lasting protection for your family. Visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts) for coverage options and costs.

## FINANCIAL BENEFITS



### SELECT A BENEFICIARY:

It's important to choose a beneficiary or beneficiaries to receive the policy's benefit payment in the event of the insured person's death. You should designate your beneficiary/beneficiaries at [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts). For Spouse or Domestic Partner and Child term life policies, you (the employee) are automatically listed as the beneficiary.

### STATEMENT OF HEALTH:

Life insurance coverage over a certain amount may require an approval from the insurance company. After electing coverage, you will receive more information.



# DISABILITY INSURANCE

## FINANCIAL BENEFITS

### CIGNA

A disability can be one of the biggest financial risks you face. Your work income will end, but your living expenses will continue. When you need to miss work for an extended period of time, disability insurance can replace a percentage of your lost income for a certain period of time.

### SUMMARY OF DISABILITY BENEFITS



BENEFIT PROVIDED	40% of salary	For full coverage details, visit <a href="http://www.mercermarketplace.com/ultradentproducts">www.mercermarketplace.com/ultradentproducts</a>
MAXIMUM BENEFIT AMOUNT	\$1,500 per week	
MAXIMUM BENEFIT PERIOD	13 weeks	
WAITING PERIOD	14 days	
OPTIONAL BUY-UP PLAN	Yes*	Yes*

\* For cost and coverage details visit [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts).

If your employer is required under state law to offer you short-term disability benefits, your disability benefits will be coordinated between your employer and the state. This applies to employees in California, New York, New Jersey, Rhode Island, Hawaii and Puerto Rico.

# ADDITIONAL BENEFITS

## ADDITIONAL BENEFITS

As part of Ultradent Products, Inc.'s benefits package, you have access to a variety of additional programs that can help save you money and provide important assistance with everyday needs. For detailed benefits information, log on to [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts) and visit the Resource Center.

### COMMUTER BENEFITS

Commuter benefits allow you to lower your commuting costs by using before-tax dollars to pay for qualified transportation expenses, such as transit passes and parking. You decide how much to contribute, and the money will be automatically deducted from your paycheck and placed on a debit card for your use.

### LEGAL PLAN

#### METLIFE® HYATT LEGAL

The MetLife® Hyatt Legal Assistance Plan offers you economical access to attorneys for common legal services, such as will preparation, estate planning, family law and more. You and your family will have access to a nationwide network of 15,000 experienced attorneys that are just a phone call away! If you choose, you also have the flexibility to use a non-plan attorney and get reimbursed for covered services according to a set fee schedule.

When you call, a knowledgeable client service representative can help you locate a plan attorney in your area. You'll also have convenient online access to resources that will assist with court appearances, document review and preparation, and/or real estate matters.

### IDENTITY THEFT PROTECTION

#### INFOARMOR®

Get peace of mind by protecting yourself against the damage of identity theft. Identity theft protection services from InfoArmor® monitor your identity, detect fraud and restore your identity in the event of theft. Certified privacy advocates are also available to act as dedicated case managers on your behalf to resolve any identity theft issues.

### PET INSURANCE

#### NATIONWIDE

Pets are unpredictable. While it's hard to anticipate accidents and illnesses, Nationwide® pet insurance makes it a little easier to be prepared for them. From preventive care visits to significant medical incidents, Nationwide provides protection for pets when you need it most.

Nationwide policies cover a multitude of medical problems and conditions related to accidents and illnesses, including cancer. You are free to use any veterinarian worldwide—even specialists and emergency care providers. Best of all, Mercer Marketplace 365 participants are eligible to receive preferred pricing.

### AUTO/HOME INSURANCE

#### METLIFE

Purchasing auto and home insurance through Mercer Marketplace 365 could provide you with savings of up to 15%. MetLife gives you access to a variety of personal insurance policies, including automobile, home (not offered in Massachusetts and Florida), landlord's rental dwelling, condo, mobile home, renters, recreational vehicle, boat and personal excess liability.

### ONLINE DISCOUNT MALL

#### PERKSPOT

PerkSpot Online Discount Mall offers you 24/7 access to exclusive prices, discounts and offers from hundreds of local and national merchants. Choose from health clubs, movie theaters, restaurants, retailers and all major cell phone providers. Offers are updated frequently.

As a Mercer Marketplace 365 participant, you pay nothing for this service. Once you register with an email address, you can sign up to receive email alerts for discounts you may be interested in. You will be connected to exclusive discounts and savings of up to 40%.

# OUTSIDE BENEFITS

## OUTSIDE BENEFITS

The following benefits are not administered by Mercer Marketplace 365, but are offered to you by your employer. If you have questions regarding these benefits, please refer to the Contact Information table at the bottom of the page.

### EMPLOYEE ASSISTANCE PROGRAM BLOMQUIST HALE

Blomquist Hale Consulting helps you and your family cope with life's challenges. For everyday issues arising from job pressures, relationships, retirement planning, finding child care and/or the unexpected personal impact of grief, Bloomquist Hale can be your resource for professional support.

### CONTACT INFORMATION

BENEFIT	ADMINISTRATOR	PHONE NUMBER	WEBSITE
Employee Assistance Program	Blomquist Hale	1-801-262-9619 or 1-800-926-9619	<a href="http://www.blomquisthale.com">www.blomquisthale.com</a>

### WELLNESS PROGRAM

Ultradent Products, Inc. will be providing a medical premium discount of \$40/month for employees who have completed their preventive physical exam within the last 12 month period. Focusing on prevention and monitoring current health is very important and Ultradent Products, Inc. wants to support you in these efforts. Preventive exams will need to be completed once every 12 months prior to the beginning of the new plan year.

# CONTACT INFORMATION

## CONTACT INFORMATION

You'll find many details about the Ultradent Products, Inc. benefit plans on the Mercer Marketplace 365 website. However, you can use this table if you need to contact a benefit provider directly. [Please note that some websites and phone numbers may not be accessible until your benefits are effective.](#)

BENEFIT	ADMINISTRATOR	PHONE NUMBER	WEBSITE
Medical and Prescription	SelectHealth (Utah only)	1-801-442-5038	www.selecthealth.org
	Cigna	1-800-CIGNA24 (1-800-244-6224)	www.mycigna.com
Tobacco Cessation Program	SelectHealth	1-866-QUIT-4-LIFE (1-866-7848-4-5433)	www.quitnow.net
	Cigna	1-800-CIGNA24 (1-800-244-6224)	www.mycigna.com
Spending and Savings Accounts	Mercer Marketplace 365	1-844-344-8830	www.mercermarketplace.com/ultradentproducts
Mercer Marketplace 365 HUB	Mercer Marketplace 365	1-866-385-8032	www.mercermarketplace.com/ultradentproducts
Supplemental Medical	MetLife	1-844-344-8830	www.metlife.com/mercermarketplace
Dental	Cigna	1-800-CIGNA24 (1-800-244-6224)	www.mycigna.com
Vision	Cigna	1-800-CIGNA24 (1-800-244-6224)	www.mycigna.com
Term Life Insurance/ Accidental Death & Dismemberment	Cigna	www.cigna.com/welcome/merc	
Permanent Life Insurance	Transamerica	1-888-763-7474	www.transamericaemployeebenefits.com
Disability	Cigna	www.cigna.com/welcome/merc	
Commuter Benefits	Mercer Marketplace 365	1-844-344-8830	www.mercermarketplace.com/ultradentproducts
Legal	MetLife Hyatt Legal	1-800-438-6388	www.legalplans.com Access Code: GETLAW
Identity Theft	InfoArmor	1-800-789-2720	www.myprivacyarmor.com/ marketplace365
Pet Insurance	Nationwide	1-855-525-1458	https://my.petinsurance.com
Auto and Home	MetLife	1-800-438-6388	www.metlife.com/group-auto/mpe
Online Discount Mall	PerkSpot	1-866-606-6057	www.perkspot.com
Core Advocacy	Health Advocate	www.mercermarketplace.com/ultradentproducts	



# LEGAL NOTICES

## LEGAL NOTICES

ULTRADENT PRODUCTS, INC. RESERVES THE RIGHT TO CHANGE, AMEND OR TERMINATE ANY BENEFITS PLAN AT ANY TIME FOR ANY REASON. PARTICIPATION IN A BENEFITS PLAN IS NOT A PROMISE OR GUARANTEE OF FUTURE EMPLOYMENT. RECEIPT OF BENEFITS DOCUMENTS DOES NOT CONSTITUTE ELIGIBILITY. THESE NOTICES DO NOT APPLY TO ANY BENEFITS YOUR EMPLOYER OFFERS OUTSIDE OF MERCER MARKETPLACE 365.

The Benefits Decision Guide, combined with these legal notices, provides an overview of the benefits available to eligible employees and their dependents. In all cases, the official plan documents govern and this Benefits Decision Guide is not, and should not be relied upon as a governing document. In the event of a discrepancy between the information presented in the Benefits Decision Guide and official plan documents, the official plan documents will govern.

### STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) or Summary of Material Reductions (SMR), as applicable, to the Ultradent Products, Inc. Health and Welfare Benefit Plan summary plan description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

### SUMMARY OF BENEFITS COVERAGE

A Summary of Benefits Coverage (SBC) for each of the employer-sponsored medical plans is available at [www.mercermarketplace.com/ultradentproducts](http://www.mercermarketplace.com/ultradentproducts). You may also request a paper copy by calling Mercer Marketplace 365.

### MERCER'S ROLE AND COMPENSATION

Mercer Health & Benefits LLC facilitates the placement of insurance coverage on behalf of its clients.

Mercer is compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. This compensation may include payment from insurers for marketing related expenses, technology investments or service fees. Our compensation may vary depending on the type of insurance purchased, the insurer selected and other factors such as the volume, growth and/or retention of Mercer's book of business with the insurer or service provider.

You may obtain additional information regarding our compensation by sending an email to [mercermarketplace.compensation@mercer.com](mailto:mercermarketplace.compensation@mercer.com).

### IMPORTANT NOTICE FROM ULTRADENT PRODUCTS, INC. ABOUT CREDITABLE PRESCRIPTION DRUG COVERAGE AND MEDICARE

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Ultradent Products, Inc. medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2019 – 2020. This is known as "creditable coverage."

**Why this is important:** if you or your covered dependent(s) are enrolled in any prescription drug coverage during 2019 – 2020 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Ultradent Products, Inc. and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

### NOTICE OF CREDITABLE COVERAGE

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Ultradent Products, Inc. prescription drug plans listed below, you'll be interested to know that the prescription drug coverage under the plan is, on average, at least as good as standard Medicare prescription drug coverage for 2019 – 2020. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

- SelectHealth and Cigna \$800 Deductible Plan
- SelectHealth and Cigna \$1,500 Deductible Plan
- SelectHealth and Cigna \$2,500 Deductible Plan

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Ultradent Products, Inc. plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Ultradent Products, Inc. coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Ultradent Products, Inc. plan, assuming you remain eligible.

You should know that if you waive or leave coverage with Ultradent Products, Inc. and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future — such as before the next period you can enroll in Medicare prescription drug coverage, if this Ultradent Products, Inc. coverage changes, or upon your request.

#### 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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.**

For more information about this notice or your prescription drug coverage, contact:

Carol Pugmire  
505 West 10200 South  
South Jordan, UT 84095  
1-801-553-4410  
[carol.pugmire@ultradent.com](mailto:carol.pugmire@ultradent.com)

#### HIPAA SPECIAL ENROLLMENT NOTICE NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR HEALTH PLAN COVERAGE

If you have declined enrollment in an Ultradent Products, Inc. health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under these plans without waiting for the next Open Enrollment period, provided 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 eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Ultradent Products, Inc. will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Ultradent Products, Inc. group health plan. Note that this 60-day extension does not apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

**Note:** If your dependent becomes eligible for special enrollment rights, you may add the dependent to your current coverage or change to another medical plan.

To request a HIPAA special enrollment based on the events described above or obtain more information, contact Carol Pugmire at 1-801-553-4410.

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICE**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your medical carrier at the phone number listed on the back of your ID card.

## **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE**

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). If you would like more information on maternity benefits, call your medical carrier at the phone number listed on the back of your ID card.

## **MICHELLE'S LAW NOTICE**

### **EXTENDED DEPENDENT MEDICAL COVERAGE DURING STUDENT MEDICAL LEAVES**

The Ultradent Products, Inc. plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from a post-secondary educational institution (including a college or university). Coverage may continue for up to a year, unless the child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary, and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If the coverage provided by the plan is changed during this one-year period, the plan will provide the changed coverage for the remainder of the leave of absence.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, call Mercer Marketplace 365 at 1-844-344-8830 as soon as the need for the leave is recognized by Ultradent Products, Inc.. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

## **TAXATION OF BENEFITS**

The taxation of certain benefits may vary at the local, state and federal level. You should consult your tax advisor if you have any questions about the proper treatment of any benefits.

## CHIP/MEDICAID NOTICE

### 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 January 31, 2019. Contact your State for more information on eligibility –

<b>ALABAMA – Medicaid</b> Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	<b>LOUISIANA – Medicaid</b> Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447
<b>ALASKA – Medicaid</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/mcicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/mcicaid/default.aspx</a>	<b>MAINE – 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: 1-800-442-6003 TTY: Maine relay 711
<b>ARKANSAS – Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840
<b>FLORIDA – Medicaid</b> Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268	<b>MINNESOTA – Medicaid</b> Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739 or 651-431-2670
<b>GEORGIA – Medicaid</b> Website: Medicaid <a href="http://www.medicaid.georgia.gov">www.medicaid.georgia.gov</a> – Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	<b>MISSOURI – 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
<b>INDIANA – Medicaid</b> 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="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864	<b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>IOWA – Medicaid</b> Website: <a href="http://dhs.iowa.gov/hawk-i">http://dhs.iowa.gov/hawk-i</a> Phone: 1-800-257-8563	<b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
<b>KANSAS – Medicaid</b> Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	<b>NEVADA – Medicaid</b> Medicaid Website: <a href="http://dhcfp.nv.gov/">http://dhcfp.nv.gov/</a> Medicaid Phone: 1-800-992-0900
<b>KENTUCKY – Medicaid</b> Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570	<b>NEW HAMPSHIRE – Medicaid</b> 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: 1-800-852-3345, ext 5218



<b>NEW JERSEY – Medicaid and CHIP</b>	<b>SOUTH DAKOTA – Medicaid</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: 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	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>NEW YORK – Medicaid</b>	<b>TEXAS – Medicaid</b>
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	Website: <a href="http://gethiptexas.com/">http://gethiptexas.com/</a> Phone: 1-800-440-0493
<b>NORTH CAROLINA – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100	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
<b>NORTH DAKOTA – Medicaid</b>	<b>VERMONT – Medicaid</b>
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	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Medicaid and CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>OREGON – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
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	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>PENNSYLVANIA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>RHODE ISLAND – Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>SOUTH CAROLINA – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/">https://health.wyo.gov/healthcarefin/medicaid/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2019, 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 [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

## ULTRADENT PRODUCTS, INC. HIPAA PRIVACY NOTICE

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by Ultradent Products, Inc. health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium or as an oral communication. This notice describes the privacy practices of these plans: SelectHealth and Cigna \$800 Deductible Plan, SelectHealth and Cigna \$1,500 Deductible Plan, SelectHealth and Cigna \$2,500 Deductible Plan, Cigna Standard Dental Plan, Cigna Enhanced Dental Plan and the Health Care Flexible Spending Account. The plans covered by this notice may share health information with each other to carry out treatment, payment or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

### THE PLAN'S DUTIES WITH RESPECT TO HEALTH INFORMATION ABOUT YOU

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Ultradent Products, Inc. as an employer — that's the way the HIPAA rules work. Different policies may apply to other Ultradent Products, Inc. programs or to data unrelated to the Plan.

### HOW THE PLAN MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing "behind the scenes" plan functions, such as risk adjustment, collection or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- **Health care operations** include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

### HOW THE PLAN MAY SHARE YOUR HEALTH INFORMATION WITH ULTRADENT PRODUCTS, INC.

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Ultradent Products, Inc. for plan administration purposes. Ultradent Products, Inc. may need your health information to administer benefits under the Plan. Ultradent Products, Inc. agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Members of the Benefits Team are the only Ultradent Products, Inc. employees who will have access to your health information for plan administration functions.

Here's how additional information may be shared between the Plan and Ultradent Products, Inc., as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose "summary health information" to Ultradent Products, Inc., if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Ultradent Products, Inc. information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that Ultradent Products, Inc. cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Ultradent Products, Inc. from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs — is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

### OTHER ALLOWABLE USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative. The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

- **Workers' compensation:** Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws

- **Necessary to prevent serious threat to health or safety:** Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
- **Public health activities:** Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
- **Victims of abuse, neglect, or domestic violence:** Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
- **Judicial and administrative proceedings:** Disclosures in response to a court or administrative order, subpoena, discovery request or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
- **Law enforcement purposes:** Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises
- **Decedents:** Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
- **Organ, eye or tissue donation:** Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
- **Research purposes:** Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
- **Health oversight activities:** Disclosures to health agencies for activities authorized by law (audits, inspections, investigations or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
- **Specialized government functions:** Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
- **HHS investigations:** Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

## YOUR INDIVIDUAL RIGHTS

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the Contact section at the end of this notice for information on how to submit requests.

### RIGHT TO REQUEST RESTRICTIONS ON CERTAIN USES AND DISCLOSURES OF YOUR HEALTH INFORMATION AND THE PLAN'S RIGHT TO REFUSE

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

## **RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS OF YOUR HEALTH INFORMATION**

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

## **RIGHT TO INSPECT AND COPY YOUR HEALTH INFORMATION**

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a “designated record set.” This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested.
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint.
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn’t maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan’s cost.

## **RIGHT TO AMEND YOUR HEALTH INFORMATION THAT IS INACCURATE OR INCOMPLETE**

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested.
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint.
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

## **RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES OF YOUR HEALTH INFORMATION**

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an “accounting of disclosures.” You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the Other Allowable Uses or Disclosures of your Health Information section earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment or health care operations.
- To you about your own health information.
- Incidental to other permitted or required disclosures.
- Where authorization was provided.
- To family members or friends involved in your care (where disclosure is permitted without authorization).
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances.
- As part of a “limited data set” (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

#### **RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE FROM THE PLAN UPON REQUEST**

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

#### **CHANGES TO THE INFORMATION IN THIS NOTICE**

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on July 1, 2019. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised privacy notice.

#### **COMPLAINTS**

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, contact Carol Pugmire at 1-801-553-4410.

#### **CONTACT**

For more information on the Plan's privacy policies or your rights under HIPAA, contact Carol Pugmire at 1-801-553-4410.