

# EMPLOYEE BENEFITS GUIDE

A young child with curly hair, wearing a leopard print shirt, holding a large orange basketball. The background is a vibrant, abstract composition of teal, orange, and red shapes.

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## Benefits Overview

Jeremiah Program is proud to offer a comprehensive benefit package to employees. The complete benefit package is briefly summarized in this booklet. Plan documents, which give you more detailed information about each of these programs, are available on SharePoint/Human Resources/Benefits.

You share in the cost of some benefits (medical and dental), and Jeremiah Program provides other benefits at no cost to you. In addition, there are voluntary benefits with reasonable group rates that you can purchase through Jeremiah Program payroll deductions.

The value that you as employees bring to Jeremiah Program starts with the organization bringing the same value to you. Along with your pay, Jeremiah Program provides a total rewards benefit program with real financial value. This program has been designed to support and improve the health and wellbeing of you and your families, in alignment with our core organization values.

## ELIGIBILITY

Participation in the 403b is immediate and all other listed below are the first day of the month following date of hire.

Eligible dependents are your spouse, domestic partner, children under age 26 and disabled dependents of any age. NOTE: To add a same-gender or opposite-gender domestic partner, Jeremiah Program requires two certification forms completed. The first form certifies domestic partner status; the second form is a certification of domestic partner tax status. Any domestic partners that are not your tax dependent, a tax benefit will not apply. This means any dependent premium you pay for your domestic partner will be deducted with post-tax dollars, and any premium Jeremiah Program pays for your

domestic partner will be treated as additional taxable income to you.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact Human Resources as soon as possible up to 30 days after a qualifying event. Examples of a qualifying event include legal marital status change, birth or adoption of a child, change in number of eligible dependents, change in dependent status, or change in employment status.

You are eligible for specific benefits based on the number of hours you are regularly scheduled to work each week.

	60-80 Hours Per Pay Period	40-59 Hours Per Pay Period
403(b) Retirement Savings Plan	✓	✓
Vision Insurance	✓	✓
Employee Assistance Program (EAP)	✓	✓
Dental Insurance	✓	✓
Short Term Disability (STD)	✓	✓
Dependent Care Flexible Spending Account (DCFSA)	✓	✓
Voluntary Life and AD&D Insurance	✓	✓
Spouse Life Insurance	✓	✓
Child Life Insurance	✓	✓
Group Accident Insurance	✓	✓
Group Critical Care Insurance	✓	✓
Whole Life Insurance	✓	✓
Transportation Reimbursement Account	✓	✓
Flexible Spending Account	✓	✓
Medical Insurance	✓	✗
Health Savings Account (HSA)	✓	✗
Basic Life and AD&D Insurance	✓	✗
Long Term Disability (LTD)	✓	✗

## MEDICAL BENEFITS

### Administered by HealthPartners

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Jeremiah Program.

Jeremiah Program offers you a choice of two (2) medical plans, one Copay Plan and one High Deductible Health Plan (HDHP) that can be paired with a Health Savings Account (HSA). With both plans, you may select where you receive your medical services. If you use in-network providers, your costs will be less. Jeremiah Program will deduct premiums from the first two pay periods of the month. You can find In-Network HealthPartners doctors at **[www.healthpartners.com](http://www.healthpartners.com)**.

	Copay Open Access 25-80		HDHP Embedded HSA RxPlus 3000-100	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited		Unlimited	
Annual Deductible	None	\$10,000 single \$20,000 family	\$3,000 single \$6,000 family	\$10,000 single \$20,000 family
Annual Out-of-Pocket Maximum (includes deductible)	\$3,000 single \$6,000 family	\$20,000 single \$40,000 family	\$3,000 single \$6,000 family	\$20,000 single \$40,000 family
Coinsurance	20%	50%	0%	50%
Doctor's Office				
Primary Care Office Visit	\$25 copay	50% after deductible	0% after deductible	50% after deductible
E-visits/Retail Health Clinic	\$10 copay	50% after deductible	0% after deductible	50% after deductible
Specialist Office Visit (including Urgent Care)	\$25 copay	50% after deductible	0% after deductible	50% after deductible
Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	0%	50% after deductible (well child and prenatal is covered at 100%)	0%	50% after deductible (well child and prenatal is covered at 100%)
Outpatient Hospital Services				
Outpatient Surgery	20%	50% after deductible	0% after deductible	50% after deductible
Diagnostic Testing and Imaging	20%	50% after deductible	0% after deductible	50% after deductible
Emergency care				
Emergency Room	20%		0% after deductible	
Hospital Deductible	20%		0% after deductible	
Ambulance Service	20%		0% after deductible	
Inpatient Hospital Services				
Inpatient Service	20%	50% after deductible	0% after deductible	50% after deductible



	Copay Open Access 25-80		HDHP Embedded HSA RxPlus 3000-100	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual Deductible	None	\$10,000 single \$20,000 family	\$3,000 single \$6,000 family	\$10,000 single \$20,000 family
Annual Out-of-Pocket Maximum (includes deductible)	\$3,000 single \$6,000 family	\$20,000 single \$40,000 family	\$3,000 single \$6,000 family	\$20,000 single \$40,000 family
Coinsurance	20%	50%	You pay 0%	You pay 50%
Mental Health Services				
Inpatient Services	20%	50% after deductible	0% after deductible	50% after deductible
Outpatient Services	\$25 copay	50% after deductible	0% after deductible	50% after deductible
Substance Abuse Services				
Inpatient Services	20%	50% after deductible	0% after deductible	50% after deductible
Outpatient Services	\$25 copay	50% after deductible	0% after deductible	50% after deductible
Other Services				
Chiropractic Manipulation	\$25 copay	50% after deductible	0% after deductible	50% after deductible
Physical, Occupational and Speech Therapy Services	\$25 copay	50% after deductible	0% after deductible	50% after deductible
Prescription Drugs (Classic Network does not include CVS or Target Pharmacy)				
Retail—Preferred Generic (31-day supply)	\$15 copay	50% after deductible	0% after deductible	50% after deductible
Retail—Preferred Brand (31-day supply)	\$50 copay	50% after deductible	0% after deductible	50% after deductible
Retail—Non-preferred Generic (31-day supply)	\$100 copay	50% after deductible	0% after deductible	50% after deductible
Retail—Non-preferred Brand (31-day supply)	\$100 copay	50% after deductible	0% after deductible	50% after deductible
Specialty Preferred Generic / Brand (31-day supply)	20% (\$400 maximum)	50% after deductible	0% after deductible	50% after deductible
Specialty Non-Preferred Generic / Brand (31-day supply)	20% (\$400 maximum)	50% after deductible	0% after deductible	50% after deductible
Mail Order—Preferred Generic (93-day supply)	\$45 copay	Not covered	0% after deductible	Not covered
Mail Order—Preferred Brand (93-day supply)	\$150 copay	Not covered	0% after deductible	Not covered
Mail Order—Non-preferred Generic (93-day supply)	\$300 copay	Not covered	0% after deductible	Not covered
Mail Order—Non-preferred Brand (93-day supply)	\$300 copay	Not covered	0% after deductible	Not covered

## MEDICAL PREMIUM AND CONTRIBUTIONS

Copoly Open Access 25-80		
Health Plan	Employee Monthly Premium	Employee Biweekly Premium
Employee Only	\$91.07	\$45.54
Employee + Spouse	\$314.21	\$157.11
Employee + Child(ren)	\$230.88	\$115.44
Family	\$368.85	\$184.43
High Deductible Health Plan Embedded HSA RxPlus 3000-100		
Health Plan	Employee Monthly Premium	Employee Biweekly Premium
Employee Only	\$76.96	\$38.84
Employee + Spouse	\$265.51	\$132.76
Employee + Child(ren)	\$195.09	\$97.55
Family	\$311.68	\$155.84

## DOCTOR ON DEMAND

### Video Chat:

Can help with 18 of the top 20 most common issues:

- Sore throat
- Flu
- Bladder infection
- Sports injuries
- Pink Eye

**HSA Plan:** \$59 per visit

**\$0 Deductible Plan:** No Cost.

## MEMBER SERVICE SUPPORT

### Member Services:

- Check on your benefit coverage / Order new ID Cards
- Review Explanation of Benefits (EOB)

### Nurse Navigator Program:

- Understand health care / How to choose treatment

### Pharmacy Navigator:

- Understand medicines & costs
- Explain your Rx benefits / Prior Authorization

### CareLine Nurse Line:

- Discuss whether you should see a doctor

### Behavior Health Navigator:

- Find a mental or chemical health care provider



# Ask Your Advocate

Helping you make the most of your healthcare benefits.

Gallagher is ready to help you get the most from your benefit programs by providing an advocate at no cost to assist you with:

- **Explanation of benefits.** Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?
- **Prescription/pharmacy problems.** Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting an authorization on a medication?
- **Benefits questions.** Are you unsure if the insurance will pay for a certain procedure?
- **Claim issues.** Did you receive a bill from a doctor but don't know why?
- **Difficult situations.** Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

You have a dedicated Advocate ready to handle any situation in a discreet and confidential manner.

## CONTACT INFORMATION

**Jeremiah Program Advocate Center**

Toll Free (833) 670-1818

[bac.jeremiahprogramadvocates@ajg.com](mailto:bac.jeremiahprogramadvocates@ajg.com)

## HOURS OF OPERATION

Monday - Friday

8:00 a.m. – 6:00 p.m. CST

The services provided by an Advocate does not ensure or guarantee benefits. Applicable plan documents containing information regarding all terms, conditions and exclusions of coverages shall govern.

Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services(Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services." Neither Arthur J. Gallagher & Co., nor its affiliates provide accounting, legal or tax advice.



Insurance | Risk Management | Consulting

# HEALTH SAVINGS ACCOUNT (HSA)

## Administered by Associated Bank

If you enroll in Jeremiah Program’s high deductible medical plan, you are automatically enrolled in a Health Savings Account (HSA), and you will automatically receive a debit card from Associated Bank to use with your HSA. The HSA may be used to pay for current and future eligible health care expenses, and you may make pre-tax contributions to your HSA through payroll deductions.

You may use your HSA funds to pay for qualified health-related expenses for yourself, your spouse, your tax-dependent children and other others you claim as dependents on your federal tax return regardless of whether they are covered under your medical plan.

Once the balance in your HSA reaches \$1,000, you may invest your funds in your choice of investment options to generate tax free earnings. The money in your HSA account is yours to keep regardless of your eligibility or employment status. Your funds do not expire, which means you may roll your money over from year to year.

In order to be eligible for an HSA, these requirements must be met - 1) you must be enrolled in the Jeremiah Program high deductible medical plan, 2) you may not be claimed as a dependent on another individual’s income tax return) you may not be covered by another medical coverage, including Medicare or your spouse’s traditional medical FSA, and 3) HSA benefits cannot be elected in addition to healthcare FSA reimbursements unless a Limited Purpose FSA option is available.

## JEREMIAH PROGRAM'S CONTRIBUTIONS FOR 2023

Those enrolled in the Jeremiah Program’s high deductible medical plan will receive a contribution of **\$37.50/Single & \$50/Family** per eligible pay period to their HSA from Jeremiah Program.

Health Savings Account (HSA) Maximum Contributions for 2023	
The maximum total contribution from ALL sources (including employer contribution) is:	
HSA contribution limit (employer + employee)	Self-only: \$3,850 Family: \$7,750
HSA catch-up contributions (age 55 or older)	\$1,000
HDHP minimum deductibles	Self-only: \$1,500 Family: \$3,000
HDHP maximum out-of-pocket amounts (deductibles, co-payments and other amounts, but not premiums)	Self-only: \$7,500 Family: \$15,000

# DENTAL BENEFITS

## Administered by HealthPartners

Good oral care enhances overall physical health, appearance, and mental well-being. Keep your teeth healthy and your smile bright with the Jeremiah Program dental benefit plan.

Dental Insurance is available to employees starting the first day of the month following date of hire and premiums will be deducted from the first two pay periods of each month. Jeremiah Program will continue to contribute towards the cost of your dental premium.

	IN-NETWORK	OUT-OF-NETWORK
Annual maximum	\$2,000	\$2,000
Deductible		
Per person per calendar year	\$25	\$25
Family	\$75	\$75
Preventive/Diagnostic care		
Exams, cleanings, x-rays, fluoride	100%	100%
Sealants, space maintainers	100%	100%
Basic I Services		
Amalgam fillings	80%	80%
Posterior composite fillings	80%	80%
Simple extractions	80%	80%
Non-surgical periodontics	80%	80%
Endodontics	80%	80%
Basic II Services		
Surgical periodontics	50%	50%
Other oral surgery	50%	50%
Major Services		
Crowns, onlays	50%	50%
Bridges, dentures	50%	50%
Dental implants	50%	50%
Orthodontics - dependents under the age of 19		
Lifetime Max	\$1,000	\$1,000
Coverage	50%	50%

\*Premiums are for new business with HealthPartners Dental and are subject to Underwriting Requirements.

DENTAL PLAN COSTS

	Per Month	Per Pay Period (24x Per Year)
Dental Plan	Dental Plan Solutions Dual Option + Ortho	Dental Plan Solutions Dual Option + Ortho
Employee Only	\$22.50	\$11.25
Employee + Spouse	\$58.50	\$29.25
Employee + Child(ren)	\$76.10	\$38.05
Family	\$99.55	\$49.77

## FIND A DENTAL PROVIDER: OPEN ACCESS DENTAL

1. Go to [www.healthpartners.com/dentalopenaccess](http://www.healthpartners.com/dentalopenaccess)
2. Choose a location by typing in a city and state, or enter a ZIP code.
3. Select what you are looking for.
  - “Dentist”: You may enter a last name to limit your search, or leave it blank to search for all dentists.
  - “Dental Clinic”: You may enter a clinic name, or leave it blank to search all clinics in the area.

The search will initially default to a 20 mile radius to begin, but you can change the distance to narrow your search or expand your search, if necessary, by selecting [Filter My Results](#).

4. At the bottom of the search result page, there is a link that allows you to save the search in a PDF.

HealthPartners [Pay Bill](#) [Sign in](#)

Home / [HealthPartners networks](#) / Find care /

# Find care in your network

## HP Dental Open Access

To search your specific coverage, please [log on](#) to your account.

I am looking for a **last name** **to help me with** **near**

3 Dentist ▼

2 Location required  
ZIP or City, State

Search

Specialty, condition or procedure

Need help?

[Search instructions \(PDF\)](#) [CareLine 800-551-0859](#) [Contact us](#)

4 [Download search results \(PDF\)](#)

# VISION BENEFITS

## Administered by EyeMed

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Jeremiah Program offers a vision plan with reduced rates on vision exams, frames, lenses and contact lenses. Employees enrolled in Jeremiah Program’s medical plan receive one covered vision exam per calendar year - an annual vision exam is considered preventive care and is covered at 100%, however, the medical plan does not cover frames, lenses or contact lenses. Locate participating EyeMed providers by visiting [eyemedvisioncare.com](http://eyemedvisioncare.com).

## YOUR COVERAGE FROM AN EYEMED DOCTOR

Service	In-Network	Out-of-Network
Eye Exam — once every 12 months	\$10 copay; covered in full	\$40
Lenses — once every 12 months		
Single Vision Lenses	\$25 copay; covered in full	\$30
Lined Bifocal Lenses	\$25 copay; covered in full	\$50
Lined Trifocal Lenses	\$25 copay; covered in full	\$70
Lenticular Lenses	\$25 copay; covered in full	\$70
Frames — once every 24 months	\$0 copay; \$130 allowance, 20% off balance over \$130	\$91
Contact Lenses — once every 12 months in lieu of lenses		
Conventional	\$0 copay; \$130 allowance, 15% off balance over \$130	\$130
Disposable	\$0 copay; \$130 allowance, plus balance over \$130	\$130
Medically Necessary	\$0 copay; covered in full	\$210

Employee Premium		
	Monthly Premium	Biweekly Premium
Employee Only	\$6.67	\$3.34
Employee + Spouse	\$12.69	\$6.35
Employee + Child(ren)	\$13.36	\$6.68
Family	\$19.63	\$9.82



# LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Administered by UNUM

## BASIC LIFE AND AD&D INSURANCE

Life Insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while employed by Jeremiah Program. Accidental Death and Dismemberment Insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. This insurance is 100% paid for by Jeremiah Program and your coverage is 1x your annual salary to a maximum of \$100,000. Your benefit will be effective starting the first day of the month following date of hire.

## VOLUNTARY LIFE AND AD&D INSURANCE

You may elect a specified amount of insurance with Evidence of Insurability – called a “guaranteed issue” – if you enroll within your first 30 days of employment. The Evidence of Insurability (EOI) is a health questionnaire that you complete for Unum’s review, and it is required on any amount larger than the guaranteed issue, or if you do not enroll for these coverages during your initial enrollment period.

You may purchase Voluntary Life in increments of \$10,000 up to the lesser of five times your annual base salary or \$500,000. The cost of coverage is based on your age and the amount of coverage you elect. If you enroll within the first 30 days of your employment, you may enroll in coverage up to \$70,000 without having to provide an EOI. Any amount greater than \$70,000 is subject to EOI and Unum approval.

**Spouse Life Insurance:** If you elect Voluntary Life Insurance you may also elect Spouse Life in increments of \$5,000 up to a maximum of your elected amount. The cost of coverage is based on your spouse’s age and the amount of coverage you elect. If you elect spouse coverage within the first 30 days of your employment, you may elect coverage up to \$25,000 without your spouse being subject to EOI. If you elect spouse coverage within the first 30 days of marriage, you may elect coverage up to \$25,000 without your spouse being subject to EOI. Any amount greater than \$25,000 is subject to EOI and Unum approval.

**Child Life Insurance:** If you elect Voluntary Life Insurance you may also purchase Child Life in increments of \$2,000 up to the lesser of your elected amount or \$10,000. An EOI is never required and Child Life may be elected within your first 30 days of employment or within the first 30 days after the birth of a child.

Employees and their spouses that have previously elected coverage may increase their amounts up to the respective guaranteed issue amounts during Open Enrollment without EOI. Any increase in coverage over the guarantee issue amounts will require EOI.

### QUICK TIP:

Make sure you update your beneficiary annually if there are any changes!

Voluntary Life Rates		
Employee Age	Employee per \$10,000	Spouse per \$5,000
00-24	\$0.690	\$0.370
25-29	\$0.760	\$0.405
30-34	\$1.020	\$0.540
35-39	\$1.510	\$0.775
40-44	\$2.310	\$1.165
45-49	\$3.600	\$1.820
50-54	\$5.300	\$2.700
55-59	\$7.590	\$3.985
60-64	\$9.770	\$5.525
65-69	\$13.890	\$7.870
70-74	\$26.280	\$14.885
75-99	\$81.230	\$46.015
Child per \$2,000	\$0.748	
Voluntary AD&D Rates		
Employee per \$10,000	\$0.371	
Spouse per \$5,000	\$0.195	
Child(ren) per \$2,000	\$0.072	

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

## Administered by UNUM

As a Jeremiah Program employee, you have access to the Employee Assistance Program (EAP) through Unum. The EAP is designed to help you lead a happier and more productive life at home and at work. Call 24/7 at 1-800-854-1446 for confidential access to a Licensed Professional Counselor who can help you. You can also visit their website for additional resources, [www.unum.com/lifebalance](http://www.unum.com/lifebalance).

In-Person Support: You have up to 3 visits available at no cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

# GROUP ACCIDENT INSURANCE

## Administered by Colonial Life

You can't predict when or where an accident will strike. But you can make sure you have a safety net of financial protection to help if an accidental injury occurs. Accident Insurance helps you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury, and with this coverage you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses related to a covered accident.

# GROUP CRITICAL CARE INSURANCE

## Administered by Colonial Life

Critical Care Insurance helps you maintain financial security during the lengthy, expensive recovery period of a serious medical event—such as heart attack, stroke, or cancer—by providing a lump sum benefit to help with out-of-pocket medical and/or non-medical expenses so you can concentrate on what's most important—your treatment, care and recovery.

# WHOLE LIFE INSURANCE

## Administered by Colonial Life

You can't predict your family's future, but you can be prepared for it. You like to think that you'll be there for your family in the years to come, but if something happened to you, would your family have the income it needs? It's not easy to think about such serious circumstances, but it's important to make sure your family is financially protected. You can gain peace of mind with Whole Life Insurance. Whole Life Insurance can help provide protection for you and those who depend on you. You won't have to worry about becoming uninsurable later in life, and your premiums won't increase as you get older. With Whole Life Insurance you receive a guaranteed death benefit, which can help with funeral costs and other immediate expenses. Also, throughout the life of the policy, you can access its cash value through a policy loan and use the money for emergencies. Your premiums will never increase because of changes in your health or age, you can take the policy with you even if you change jobs or retire with no increase in premium, a guaranteed purchase option means you can purchase additional whole life coverage - without having to answer health questions - at three different points in the future, and there is also an accelerated death benefit. If you're interested in purchasing Spouse Whole Life Insurance or Child Whole Life Insurance, these options are also available through Colonial Life.

# GROUP ACCIDENT RATES

On and Off Job Coverage	24 Deductions/ Per Pay Period Rates	
	(MN, MA, ND & TX)	(NY)
Named Insured	\$5.61	\$6.96
Employee & Spouse	\$9.08	\$10.50
One-Parent Family	\$10.64	\$12.16
Two-Parent Family	\$14.11	\$15.70

## GROUP CRITICAL CARE RATES

24 Deductions/Per Pay Period Rates-MN (MA, ND & TX included)

Plan 1 \$20,000 Benefit Non-Tobacco rates	Employee Only	Employee & Spouse	One-Parent Family	Two-Parent Family
Issue Age 16-29	\$4.39	\$7.48	\$4.99	\$7.98
Issue Age 30-39	\$7.29	\$11.78	\$7.79	\$12.28
Issue Age 40-49	\$13.89	\$21.68	\$14.39	\$22.28
Issue Age 50-59	\$24.29	\$38.08	\$24.89	\$38.58
Issue Age 60-74	\$38.89	\$60.18	\$39.49	\$60.78
Plan 1 \$20,000 Benefit Tobacco rates	Employee Only	Employee & Spouse	One-Parent Family	Two-Parent Family
Issue Age 16-29	\$6.33	\$10.47	\$6.83	\$10.96
Issue Age 30-39	\$10.63	\$16.97	\$11.13	\$17.36
Issue Age 40-49	\$21.43	\$33.17	\$22.03	\$33.76
Issue Age 50-59	\$38.43	\$59.97	\$39.03	\$60.56
Issue Age 60-74	\$63.33	\$97.97	\$63.93	\$98.56
Plan 1 \$30,000 Benefit Non-Tobacco rates	Employee Only	Employee & Spouse	One-Parent Family	Two-Parent Family
Issue Age 16-29	\$5.69	\$9.43	\$6.54	\$10.13
Issue Age 30-39	\$10.04	\$15.88	\$10.74	\$16.58
Issue Age 40-49	\$19.94	\$30.73	\$20.64	\$31.58
Issue Age 50-59	\$35.54	\$55.33	\$36.39	\$56.03
Issue Age 60-74	\$57.44	\$88.48	\$58.29	\$89.33
Plan 1 \$30,000 Benefit Tobacco rates	Employee Only	Employee & Spouse	One-Parent Family	Two-Parent Family
Issue Age 16-29	\$8.43	\$13.57	\$9.13	\$14.26
Issue Age 30-39	\$14.88	\$23.32	\$15.58	\$23.86
Issue Age 40-49	\$31.08	\$47.62	\$31.93	\$48.46
Issue Age 50-59	\$56.58	\$87.82	\$57.43	\$88.66
Issue Age 60-74	\$93.93	\$144.82	\$94.78	\$145.66

## GROUP CRITICAL CARE RATES

### 24 Deductions/Per Pay Period Rates-NY

Plan 1 \$20,000 Benefit Non-Tobacco rates	Employee Only	Employee & Spouse	One-Parent Family	Two-Parent Family
Issue Age 16-29	\$5.83	\$9.11	\$6.44	\$9.82
Issue Age 30-39	\$9.14	\$14.11	\$9.73	\$14.62
Issue Age 40-49	\$16.23	\$24.71	\$16.84	\$25.31
Issue Age 50-59	\$28.94	\$44.40	\$29.44	\$45.22
Issue Age 60-74	\$47.54	\$72.61	\$48.64	\$75.22
Plan 1 \$20,000 Benefit Tobacco rates	Employee Only	Employee & Spouse	One-Parent Family	Two-Parent Family
Issue Age 16-29	\$7.51	\$11.87	\$8.22	\$12.57
Issue Age 30-39	\$12.71	\$19.56	\$13.22	\$20.06
Issue Age 40-49	\$24.31	\$36.96	\$24.82	\$37.57
Issue Age 50-59	\$44.91	\$69.27	\$45.31	\$69.97
Issue Age 60-74	\$76.51	\$117.27	\$77.92	\$120.37
Plan 1 \$30,000 Benefit Non-Tobacco rates	Employee Only	Employee & Spouse	One-Parent Family	Two-Parent Family
Issue Age 16-29	\$7.13	\$11.06	\$7.99	\$12.07
Issue Age 30-39	\$12.09	\$18.56	\$12.93	\$19.27
Issue Age 40-49	\$22.73	\$34.46	\$23.59	\$35.31
Issue Age 50-59	\$41.79	\$64.00	\$42.49	\$65.17
Issue Age 60-74	\$69.69	\$106.31	\$71.29	\$110.17
Plan 1 \$30,000 Benefit Tobacco rates	Employee Only	Employee & Spouse	One-Parent Family	Two-Parent Family
Issue Age 16-29	\$9.46	\$14.82	\$10.47	\$15.82
Issue Age 30-39	\$17.26	\$26.36	\$17.97	\$27.06
Issue Age 40-49	\$34.66	\$52.46	\$35.37	\$53.32
Issue Age 50-59	\$65.56	\$100.92	\$66.11	\$101.92
Issue Age 60-74	\$112.96	\$172.93	\$115.02	\$177.53

## WHOLE LIFE INSURANCE RATES

Paid-up at Age 70 Plan for MN, MA, ND and TX

Issue Age	\$25,000 Non-Tobacco	\$25,000 Tobacco	\$50,000 Non-Tobacco	\$50,000 Tobacco	\$100,000 Non-Tobacco	\$100,000 Tobacco
25	\$11.54	\$17.56	\$19.46	\$28.02	\$37.42	\$55.38
35	\$17.02	\$24.54	\$29.73	\$38.36	\$57.96	\$86.19
45	\$27.18	\$37.12	\$50.56	\$64.12	\$99.62	\$148.68

## WHOLE LIFE INSURANCE RATES

Paid-up at Age 100 Plan for MN, MA, ND and TX

Issue Age	\$25,000 Non-Tobacco	\$25,000 Tobacco	\$50,000 Non-Tobacco	\$50,000 Tobacco	\$100,000 Non-Tobacco	\$100,000 Tobacco
25	\$10.71	\$17.44	\$18.00	\$26.42	\$34.50	\$51.33
35	\$14.72	\$22.50	\$25.48	\$34.63	\$49.46	\$67.75
45	\$21.93	\$31.65	\$39.44	\$53.23	\$77.37	\$104.96
55	\$35.94	\$56.53	\$61.29	\$85.25	\$121.08	\$169.00
65	\$52.65	\$70.85	\$103.79	\$140.21	\$206.08	\$278.91

## WHOLE LIFE INSURANCE RATES

Paid-up at Age 65 Plan for NY

Issue Age	\$25,000 Non-Tobacco	\$25,000 Tobacco	\$50,000 Non-Tobacco	\$50,000 Tobacco	\$100,000 Non-Tobacco	\$100,000 Tobacco
25	\$11.87	\$15.38	\$22.23	\$29.25	\$37.83	\$47.04
35	\$17.74	\$24.70	\$33.98	\$47.90	\$62.58	\$77.62
45	\$32.36	\$37.13	\$63.21	\$72.75	\$117.79	\$137.58

# WHOLE LIFE INSURANCE RATES

## Paid-up at Age 95 Plan for NY

Issue Age	\$25,000 Non-Tobacco	\$25,000 Tobacco	\$50,000 Non-Tobacco	\$50,000 Tobacco	\$100,000 Non-Tobacco	\$100,000 Tobacco
25	\$10.28	\$13.99	\$19.06	\$26.48	\$32.92	\$42.96
35	\$15.01	\$21.37	\$28.52	\$41.23	\$51.04	\$66.08
45	\$23.04	\$31.70	\$44.58	\$61.90	\$80.58	\$106.16
55	\$38.79	\$56.21	\$76.08	\$110.91	\$128.33	\$175.75
65	\$71.70	\$95.26	\$141.89	\$189.02	\$213.83	\$283.53

## DISABILITY BENEFITS

**Short-Term Disability administered by Sun Life | Long-Term Disability administered by UNUM**

Disabilities can happen to anyone, anywhere, at any time. One out of three Americans can expect to have sickness or a disability lasting at least 90 days at some time during their working years. Meeting your basic living expenses can be a real challenge if you become disabled and are unable to work for a period of time. Jeremiah Program provides employees with Short-Term and Long-Term Disability coverage to protect against financial hardship if you become disabled.

The Short-Term Disability (STD) program provides income if you become disabled due to a non work-related injury or illness. Benefits begin on the 6th day after an illness or injury and can continue up to 13 weeks. After satisfying the waiting period, the weekly benefit is payable through payroll with a weekly benefit equal to 60% of your base pay up to a maximum of \$2,000 per week.

Long-Term Disability (LTD) insurance provides income when you have been disabled through the 90 day elimination period with a qualified illness or injury. The benefit amount is 60% of your monthly earnings up to a maximum of \$5,000 per month.

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)

**Administered by Further**

As a Jeremiah Program employee, you are eligible to enroll in the Dependent Care FSA which allows you to contribute a maximum of \$5,000 (\$2,500 if you're married and filing taxes separately) pre-tax to cover a variety of dependent care expenses, such as fees for licensed daycare facilities, preschool programs, before and after school care, elder care, in-home child care services and payments to a relative who cares for your qualified dependent. Jeremiah Program will pay the monthly administrative fee for your account, and you contribute the funds you'd like to set aside for dependent care expenses.

Any amount in your account that is not used by the end of the plan year (December 31) will be forfeited. You have until December 31, 2023, to incur eligible expenses and until March 31, 2023, to submit requests for reimbursement. You cannot stop or change contributions during the year unless you have an IRS qualified life event change. All eligible expenses must be incurred on or after your first date of eligibility. You will be reimbursed for Dependent Care expenses only up to the amount funded in your account.



# ADDITIONAL BENEFITS

## PAID PARENTAL LEAVE PROGRAM

Jeremiah Program offers a Paid Parental Leave Program. To learn about the program, please contact Human Resources or go to: [SharePoint/Human Resources/Benefits](#).

## PAID TIME OFF (PTO)

All employees of Jeremiah Program are entitled to Paid Time Off as part of our total rewards benefit program. Depending on your status (Part-time, Full-time) as well as the average number of hours you work, your PTO accrual may fluctuate. In addition, you will receive two paid Personal Holidays you can coordinate with your manager.

## PTO ANNIVERSARY AWARD

Employment Status	Biweekly PTO Accrual	Annual PTO Benefit
Part-time (under 20 hours per week)	1 hour of PTO per 30 hours worked	Based on hours worked
Part-time (20-29 hours per week)	3.08 hours per pay period	80 hours PTO per year
Full-time (30-39 hours per week)	5.23 hours per pay period	136 hours PTO per year
Full-time (40+ hours per week)	6.15 hours per pay period	160 hours PTO per year

Jeremiah Program values employees who work with the organization for many years and rewards our employees with additional time off accrual based on your years of service with the organization. The additional hours are spread into your bi-weekly PTO accrual at the end of the pay period your anniversary date of hire resides. The maximum amount of hours an employee can accrue is 248 in a calendar year. Employees may roll 80 hours of accrued, unused PTO into the next calendar year.

Employment Status	Year 1	Year 2	Year 3	Year 4	Year 5	Year 10
Part-time (20-29 hours/week)	+ 4 hours	+ 4 hours	+ 4 hours	+ 4 hours	+ 8 hours	+ 20 hours
Part-time (30-39 hours/week)	+ 6 hours	+ 6 hours	+ 6 hours	+ 6 hours	+ 12 hours	+ 30 hours
Full-time (40 hours/week)	+ 8 hours	+ 8 hours	+ 8 hours	+ 8 hours	+ 16 hours	+ 40 hours

# ADDITIONAL BENEFITS CONT.

## HOLIDAYS

Jeremiah Program provides ten (10) paid holidays per year for all full-time employees. Part-time employees will receive pro-rated holiday pay if the holiday falls on a day which ordinarily would have been worked. If a holiday occurs during your scheduled paid time off, you will receive holiday pay for that day. Employees are also eligible for two (2) Personal Holidays per year (pro-rated based on your date of hire and normal hours worked).

**These are the holidays included in each year's schedule:**

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve
- Christmas Day

If, due to the nature of Jeremiah Program business, it is necessary for some employees to work on a scheduled holiday, the following guidelines apply:

- Where possible, exempt employees will be given a substitute holiday, the date to be determined mutually between you and your supervisor.
- Non-exempt employees will receive holiday pay at a rate of time and one-half for hours actually worked on a holiday and will be provided with a substitute day off, the day to be agreed upon with your supervisor.

## MEMBER DISCOUNTS

Various discounts are available to members for fitness centers, exercise equipment, food, pet care, skin and body care, eyewear, hearing aids, healthy eating delivery services, swim lessons and more!

## WELLBEATS

Offers fitness classes anytime, anywhere on-demand. This activity will be available to you through your health and well-being experience.

**TIP:** After you sign in to your HealthPartners online account, get started by selecting the Living Well tab. If you need help, give us a call at 800-311-1052.

## DISCOUNTS ON GYM MEMBERSHIPS

### GlobalFit's Gym Network 360

Provides discounts on memberships at more than 11,000 fitness centers, weight loss programs and wellness brands.

### The Active&Fit Direct™ program

Offers more than 11,000 fitness centers nationwide for a flat monthly fee.

## STAFF DISCOUNTS ON JEREMIAH PROGRAM CHILD DEVELOPMENT CENTER TUITION

All full-time staff will be granted a 30% discount on tuition rates for Minneapolis MN, St. Paul, MN, Fargo ND, and Austin, TX Child Development Centers. This discount is available for all classrooms based on the needs of the Child Development Center and program enrollment.

# 403(B) RETIREMENT SAVINGS PLAN

## Administered by Mutual of America

Jeremiah Program's 403(b) retirement savings plan is administered by Mutual of America and offers the convenience of contributing to your retirement savings through payroll deductions. You may start contributing, stop contributing, change your contribution amount or change your investment options at any time. You may also transfer balances from other retirement accounts into the plan.

No age or service requirements need to be met before joining the 403(b) plan – you may join the plan immediately following your employment.

In 2023, you may contribute up to \$20,500, or if you are age 50 or older anytime during the calendar year, you may contribute up to \$26,000.

The amount Jeremiah Program contributes to your 403(b) is dependent upon on the amount you contribute to the plan. The current match is 100% of your contributions, up to 3%.

You are always 100% vested in any contribution you make to the 403(b).

### The vesting schedule for company match is:

1/3 after year 1

2/3 after year 2

You are fully vested after 3 years

The 403(b) plan offers you the opportunity to choose to contribute on a pre-tax basis, a Roth after-tax basis, or a combination of both. What's the difference? Both options offer federal tax benefits; which contribution option you choose depends on when you'd like to receive the tax benefit.

Your pre-tax contributions are deducted from your pay before federal income taxes and income taxes of most states, so the amount of your salary subject to taxation is lower. Because your taxable wages are lower, the amount of income taxes you pay is also lower. When you make pre-tax contributions, federal income taxes on the contributions and earnings in your account are postponed until you make a qualified withdrawal.

When you contribute to a Roth after-tax 403(b) account, you pay standard income taxes in the year you make your contributions, so there is no initial tax savings because your contributions are taken out after taxes. Instead, your tax benefits are postponed until you make a qualified withdrawal. Qualified withdrawals of your contributions and all earnings on your contributions are generally not taxable at the time of withdrawal.

Generally, vested employer and employee contributions may be withdrawn for the following reasons:

- Disability
- Termination of employment
- Plan termination
- Attainment of age 59 1/2

Hardship withdrawals and loans are not offered through the Jeremiah Program 403(b) plan.

If you would like additional information about the 403(b) plan, contact Mutual of America at (952) 820-0089 to speak with a Mutual of America representative or visit their website at [www.mutualofamerica.com](http://www.mutualofamerica.com).

# FLEXIBLE SPENDING ACCOUNT

## Administered by Navia Benefit Solutions

Flexible Spending Accounts allow you to fund out-of-pocket healthcare expenses with pre-tax dollars, lowering your taxable income and increasing your take-home pay!

The **Healthcare FSA** can accompany our current co-pay health plan, or it can be elected on its own. You can use a Healthcare FSA to pay for qualified out-of-pocket medical, dental and vision care costs for you and your eligible dependents. The maximum amount that can be contributed to a Healthcare FSA in 2023 is \$3050.

The **Limited Purpose FSA** can accompany our current high deductible health plan. You can use a Limited Purpose FSA to pay for qualified out-of-pocket dental and vision care costs for you and your eligible dependents. The maximum amount that can be contributed to a Limited Purpose FSA in 2023 is \$3050.

The FSA covers you, your spouse, or someone you can claim as an exemption for federal income tax purposes. Even if your spouse and dependents are on a separate benefits plan, their expenses are still eligible under your FSA.

### How does it work?

- Estimate your expenses for the plan year and enroll in the plan
- Your annual election amount will be evenly deducted pre-tax from your paycheck throughout the plan year
- You may access the entire elected amount upon enrollment
- You cannot change your election amount during the year unless you experience a qualifying event. Common qualifying events include a marital status change, a change in the number of dependents, a change in employment status for you or your dependents, and a change in dependent eligibility.
- When you have eligible expenses, you can pay for them with your Navia Benefits Card or submit a reimbursement claim form online, by using Navia's secured mobile app, by secured email, by fax, or by mail. You can also set up direct deposit to allow reimbursement funds from your Navia account to be directly deposited into your personal bank account.

### Use-It or Lose-It, Grace Period and Run-Out Period

The FSA is subject to the "Use-It or Lose-It" rule, which means that if you do not use all of your annual election within the plan year, the remaining funds are returned to the employer to offset the cost of administering the plan. However, Jeremiah Program has elected to allow a two and a half month "grace period" in which employees may continue to incur expenses once the plan year has ended, and a 90 day "run-out" period in which employees may continue to submit claims for reimbursement after the plan year has ended.

# TRANSPORTATION REIMBURSEMENT ACCOUNT

## Administered by Navia Benefit Solutions

### A Transit Transportation Reimbursement Account

helps you save money on work-related transportation costs. **Pre-tax dollars** are automatically deducted from your bi-weekly paycheck and deposited into a TRA, which decreases the amount of taxes you pay, and **increases your take-home pay!** Work-related public transit expenses include, but are not limited to, subways, commuter trains, buses and vanpools. The maximum monthly election amount in 2023 is \$300, and you can set up a recurring monthly election, or adjust your election amount each month.

You will receive a Navia Benefits Card in the mail and it will be loaded with your transit order before the 1st of the order month. This card may be used at any transit vendor that accepts MasterCard. Future orders will be loaded onto the same card, and any unused funds may be used in subsequent months.

Transit expenses should be paid for with your Navia Benefits Card. Although Navia is able to reimburse you for transit expenses in one-off situations, their claims system doesn't allow the function to submit transit expenses at will.

The balance will roll over from month-to-month as long as you are an active employee and remain eligible for this benefit. Upon termination, your Navia Benefit Card will be shut off and any unused balance on the card will be forfeited.

### A Parking Transportation Reimbursement Account

helps you save money on work-related parking costs. **Pre-tax dollars** are automatically deducted from your bi-weekly paycheck and deposited into a TRA, which decreases the amount of taxes you pay, and **increases your take-home pay!** Work-related parking expenses include parking lots and parking garages. The maximum monthly election amount in 2023 is \$300, and you can set up a recurring monthly election, or adjust your election amount each month.

You will receive a Navia Benefits Card in the mail and it will be loaded with your parking order before the 1st of the order month. This card may be used at any parking vendor that accepts MasterCard. Future orders will be loaded onto the same card, and any unused funds may be used in subsequent months.

You can pay for parking expenses with your Navia Benefits Card or submit claims for reimbursement – you can request to be paid directly, and a paper check will be mailed to you, or set up direct deposit to allow reimbursement funds to be directly deposited into your personal bank account.

The balance will roll over from month-to-month as long as you are an active employee and remain eligible for this benefit. Upon termination, your Navia Benefit Card will be shut off and any unused balance on the card will be forfeited.

# NATIONWIDE® PET INSURANCE

## My Pet Protection® plan summary

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible without worrying about the cost. Simply pay for coverage through a convenient after-tax payroll deduction.

### MY PET PROTECTION COVERAGE HIGHLIGHTS

We offer a choice of reimbursement options so you can find coverage that fits your budget.

All plans have a \$250 annual deductible and \$7,500 maximum annual benefit. Coverage includes\*:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

Plus, every My Pet Protection policy includes these additional benefits to maximize your value:

- Advertising and reward expenses
- Emergency boarding
- Loss due to theft
- Mortality benefit

### INCLUDED WITH EVERY POLICY



- 24/7 access to veterinary experts (\$150 value)
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs



- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations

### ADDITIONAL HIGHLIGHTS

- Exclusive product for employer groups only
- Preferred pricing for employees
- Multiple-pet discounts
- Guaranteed issuance
- No waiting period for hereditary condition coverage

**Get a fast, no-obligation quote today.**

**PetsNationwide.com • 877-738-7874**

Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling.

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# CANINE INSURANCE RATES

## My Pet Protection<sup>®</sup> from Nationwide<sup>®</sup>

My Pet Protection<sup>®</sup> plans are available only to companies that offer Nationwide<sup>®</sup> pet insurance as a voluntary benefit.

### MONTHLY PAYMENTS BASED ON STATE OF RESIDENCE\*

State	My Pet Protection	
	50%	70%
California	\$32.77	\$43.68
Connecticut	\$37.61	\$50.14
Maryland	\$35.90	\$47.86
Massachusetts	\$35.60	\$47.46
Minnesota	\$32.48	\$43.30
New York	\$38.97	\$51.97
North Dakota	\$31.34	\$41.78
Tennessee	\$27.52	\$36.70
Texas	\$27.07	\$36.09

Rates include preferred pricing and reflect 50% and 70% reimbursement levels. All rates subject to change.  
Note: Multi-policy discounts available up to 10% are not included in the current rates shown.



#### EXCLUSIVE

Available only for employees,  
not to the general public



#### EASY ENROLLMENT

Just a few simple questions  
to get coverage



#### BIGGER SAVINGS

Save an average of 30% over  
similar plans from other  
pet insurers

Rates are guaranteed for 1 year from the policy effective date.

\*Reimbursement options may not be available in all states. Per pay-check pricing is based on your employer's payment schedule. Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Rates subject to change due to state insurance filings.

Kentucky includes 1.8% state surcharge.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an A.M. Best A+ rated company (2020); National Casualty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2020). Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide.



**Nationwide<sup>®</sup>**  
is on your side

# FELINE INSURANCE RATES

## My Pet Protection® from Nationwide®

My Pet Protection® plans are available only to companies that offer Nationwide® pet insurance as a voluntary benefit.

### MONTHLY PAYMENTS BASED ON STATE OF RESIDENCE\*

State	My Pet Protection	
	50%	70%
California	\$19.66	\$26.21
Connecticut	\$22.56	\$30.09
Maryland	\$21.54	\$28.72
Massachusetts	\$21.36	\$28.48
Minnesota	\$19.48	\$25.98
New York	\$23.38	\$31.18
North Dakota	\$18.80	\$25.07
Tennessee	\$16.51	\$22.02
Texas	\$16.25	\$21.65

Rates include preferred pricing and reflect 50% and 70% reimbursement levels. All rates subject to change.  
Note: Multi-policy discounts available up to 10% are not included in the current rates shown.



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\*Reimbursement options may not be available in all states. Per pay-check pricing is based on your employer's payment schedule. Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Rates subject to change due to state insurance filings. Kentucky includes 1.8% state surcharge.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an A.M. Best A+ rated company (2020); National Casualty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2020). Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide.



**Nationwide®**  
is on your side

## CONTACT INFORMATION

If you have specific questions about the benefit plans, please contact the administrator listed below or send an email to [HR@jeremiahprogram.org](mailto:HR@jeremiahprogram.org). Benefits information may also be found on Jeremiah Program's intranet – SharePoint/ Human Resources/Benefits.

Benefit	Administrator	Phone	Website
Medical	HealthPartners	952.883.5000	<a href="http://www.healthpartners.com">www.healthpartners.com</a>
Dental	HealthPartners	800.298.4235	<a href="http://www.healthpartners.com">www.healthpartners.com</a>
Vision	EyeMed	866.939.3633	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
Life and AD&D Insurance	UNUM	866.679.3054	<a href="http://www.unum.com">www.unum.com</a>
Short-Term Disability	Sun Life	800.786.5433	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>
Long-Term Disability	UNUM	866.679.3054	<a href="http://www.unum.com">www.unum.com</a>
Group Accident Insurance	Colonial Life	844.492.5026	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
Group Critical Care Insurance	Colonial Life	844.492.5026	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
Whole Life Insurance	Colonial Life	844.492.5026	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
Dependent Care Flexible Spending Account (FSA)	Further	800.859.2144	<a href="http://www.helloofurther.com">www.helloofurther.com</a>
Employee Assistance Program (EAP)	UNUM	800.854.1446	<a href="http://www.unum.com/lifebalance">www.unum.com/lifebalance</a>
403(b) Retirement Plan	Mutual of America	952.820.0089	<a href="http://www.mutualofamerica.com">www.mutualofamerica.com</a>
Health Savings Account (HSA)	Associated Bank	800.270.7719	<a href="http://www.client.hsaplus.associatedbank.com">www.client.hsaplus.associatedbank.com</a>
Transportation Reimbursement Account	Navia Benefit Solutions	800.669.3539	<a href="http://www.naviabenefits.com">www.naviabenefits.com</a>
Flexible Spending Account	Navia Benefit Solutions	800.669.3539	<a href="http://www.naviabenefits.com">www.naviabenefits.com</a>
Pet Insurance	Nationwide	800.540.2016	<a href="http://petsnationwide.com">petsnationwide.com</a>

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

## LEGAL NOTICES

- **HIPAA Special Enrollment Rights**
- **Women's Health & Cancer Rights Act**
- **HIPAA Notice of Privacy Practices Reminder**
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**
- **Annual Medicare Part D Certification (Notice of Creditable Coverage)**

## HIPAA SPECIAL ENROLLMENT RIGHTS

### Jeremiah Program Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Jeremiah Program Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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 31 days after your or your dependents' coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request

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Please take time to familiarize yourself with this information. If you have dependents that are enrolled in Jeremiah Program plan(s), please make sure they also have the opportunity to review this information.

enrollment with 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you must be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program –** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Nakia Bennett - HR Generalist at 612.404.1523 or [NBennett@jeremiahprogram.org](mailto:NBennett@jeremiahprogram.org).

### Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

## WOMEN'S HEALTH & CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). 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 the plan. Therefore, the following deductibles and coinsurance apply:

**Plan 1:** Copay Open Access 25-80 (Individual: 20% coinsurance and No deductible; Family: 20% coinsurance and No deductible)

**Plan 2:** HDHP Embedded HSA RxPlus 3000-100 (Individual: 0% coinsurance and \$3,000 deductible; Family: 0% coinsurance and \$6,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 612.259.3003 or [nbennett@jeremiahprogram.org](mailto:nbennett@jeremiahprogram.org).

# HIPAA NOTICE OF PRIVACY PRACTICES

## Protecting Your Health Information Privacy Rights

Jeremiah Program is committed to the privacy of your health information. The administrators of the Jeremiah Program Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Nakia Bennett - HR Generalist at 612.404.1532 or [NBennett@jeremiahprogram.org](mailto:NBennett@jeremiahprogram.org).

# PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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



**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility.**

**ALABAMA – Medicaid**

myalhipp.com  
1-855-692-5447

**ALASKA – Medicaid**

**The AK Health Insurance Premium Payment Program**

myakhipp.com  
1-866-251-4861  
CustomerService@MyAKHIPP.com

**Medicaid Eligibility**

health.alaska.gov/dpa/Pages/default.aspx

**ARKANSAS – Medicaid**

myarhipp.com  
1-855-MyARHIPP (855-692-7447)

**CALIFORNIA – Medicaid**

**Health Insurance Premium Payment (HIPP) Program**

dhcs.ca.gov/hipp  
Phone: 916-445-8322  
Fax: 916-440-5676  
hipp@dhcs.ca.gov

**COLORADO – Health First Colorado**

**Colorado's Medicaid Program & Child Health Plan Plus (CHP+)**

**Health First Colorado**  
www.healthfirstcolorado.com

**Health First Colorado Member Contact Center**  
1-800-221-3943/ State Relay 711

**CHP+**

www.colorado.gov/pacific/hcpf/child-health-plan-plus

**CHP+ Customer Service**

1-800-359-1991/ State Relay 711 Health Insurance

**Health Insurance Buy-In Program (HIBI)**

www.colorado.gov/pacific/hcpf/health-insurance-buy-program

**HIBI Customer Service**

1-855-692-6442

**FLORIDA – Medicaid**

www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html  
1-877-357-3268

**GEORGIA – Medicaid**

**GA HIPP**

medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp  
678-564-1162, Press 1

**GA CHIPRA**

medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-programreauthorization-act-2009-chipra  
(678) 564-1162, Press 2

**INDIANA – Medicaid**

**Healthy Indiana Plan for low-income adults 19-64**

www.in.gov/fssa/hip  
1-877-438-4479

**All other Medicaid**

www.in.gov/medicaid  
1-800-457-4584

**IOWA – Medicaid and CHIP (Hawki)**

**Medicaid**

dhs.iowa.gov/ime/members  
1-800-338-8366

**Hawki**

dhs.iowa.gov/Hawki  
1-800-257-8563

**HIPP**

dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp  
1-888-346-9562

**KANSAS – Medicaid**

www.kancare.ks.gov  
1-800-792-4884

**KENTUCKY – Medicaid****Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)**

chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx  
1-855-459-6328  
KIHIPP.PROGRAM@ky.gov

**KCHIP**

kidshealth.ky.gov/Pages/index.aspx  
1-877-524-4718

**Kentucky Medicaid**

chfs.ky.gov

**LOUISIANA – Medicaid**

www.medicaid.la.gov or www.ldh.la.gov/lahipp

**Medicaid hotline**

1-888-342-6207

**LaHIPP**

1-855-618-5488

**MAINE – Medicaid****Enrollment**

www.maine.gov/dhhs/ofi/applications-forms  
1-800-442-6003  
TTY: Maine relay 711

**Private Health Insurance Premium**

www.maine.gov/dhhs/ofi/applications-forms  
1-800-977-6740  
TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**

www.mass.gov/info-details/masshealth-premium-assistance-pa  
1-800-862-4840  
TTY: (617) 886-8102

**MINNESOTA – Medicaid**

mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp  
1-800-657-3739

**MISSOURI – Medicaid**

www.dss.mo.gov/mhd/participants/pages/hipp.htm  
573-751-2005

**MONTANA – Medicaid**

dphhs.mt.gov/MontanaHealthcarePrograms/HIPP  
1-800-694-3084  
HSHIPPProgram@mt.gov

**NEBRASKA – Medicaid**

www.ACCESSNebraska.ne.gov  
1-855-632-7633

**Lincoln**

402-473-7000

**Omaha**

402-595-1178

**NEVADA – Medicaid**

http://dhcfp.nv.gov  
1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program  
603-271-5218  
Toll free number for the HIPP program:  
1-800-852-3345, ext 5218

**NEW JERSEY – Medicaid and CHIP****Medicaid**

www.state.nj.us/humanservices/dmahs/clients/medicaid  
609-631-2392

**CHIP**

www.njfamilycare.org/index.html  
1-800-701-0710

**NEW YORK – Medicaid**

[www.health.ny.gov/health\\_care/medicaid](http://www.health.ny.gov/health_care/medicaid)  
1-800-541-2831

**NORTH CAROLINA – Medicaid**

[medicaid.ncdhhs.gov](http://medicaid.ncdhhs.gov)  
919-855-4100

**NORTH DAKOTA – Medicaid**

[www.nd.gov/dhs/services/medicalserv/medicaid](http://www.nd.gov/dhs/services/medicalserv/medicaid)  
1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**

[www.insureoklahoma.org](http://www.insureoklahoma.org)  
1-888-365-3742

**OREGON – Medicaid**

[healthcare.oregon.gov/Pages/index.aspx](http://healthcare.oregon.gov/Pages/index.aspx)  
[www.oregonhealthcare.gov/index-es.html](http://www.oregonhealthcare.gov/index-es.html)  
1-800-699-9075

**PENNSYLVANIA – Medicaid**

[www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx](http://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx)  
1-800-692-7462

**RHODE ISLAND – Medicaid and CHIP**

[www.eohhs.ri.gov](http://www.eohhs.ri.gov)  
1-855-697-4347, or 401-462-0311  
(Direct Rite Share Line)

**SOUTH CAROLINA – Medicaid**

[www.scdhhs.gov](http://www.scdhhs.gov)  
1-888-549-0820

**SOUTH DAKOTA – Medicaid**

<http://dss.sd.gov>  
1-888-828-0059

**TEXAS – Medicaid**

[gethipptexas.com](http://gethipptexas.com)  
1-800-440-0493

**UTAH – Medicaid and CHIP**

**Medicaid**  
[medicaid.utah.gov](http://medicaid.utah.gov)

**CHIP**  
[health.utah.gov/chip](http://health.utah.gov/chip)  
1-877-543-7669

**VERMONT – Medicaid**

[www.greenmountaincare.org](http://www.greenmountaincare.org)  
1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

[www.coverva.org/en/famis-select](http://www.coverva.org/en/famis-select)  
[www.coverva.org/en/hipp](http://www.coverva.org/en/hipp)

**Medicaid**  
1-800-432-5924

**CHIP**  
1-800-432-5924

**WASHINGTON – Medicaid**

[www.hca.wa.gov](http://www.hca.wa.gov)  
1-800-562-3022

**WEST VIRGINIA – Medicaid**

<https://dhhr.wv.gov/bms/>  
<http://mywvhipp.com/>

**Medicaid**  
304-558-1700

**CHIP**  
Toll-free phone: 1-855-MyWVHIP  
(1-855-699-8447)

**WISCONSIN – Medicaid and CHIP**

[www.dhs.wisconsin.gov/badgercareplus/p-10095.htm](http://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm)  
1-800-362-3002

**WYOMING – Medicaid**

[health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility](http://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility)  
1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, 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 1/31/2023)

## ANNUAL MEDICARE PART D CERTIFICATION IMPORTANT INFORMATION

Applies if you or one of your dependents is on Medicare or becomes covered under Medicare while you remain an active employee.

Medicare offers insurance coverage for prescription drugs through Medicare Part D. Jeremiah Program Medical Plan will continue to offer prescription drug coverage as a benefit under these plans for active employees and their covered dependents. Jeremiah Program coverage is considered ‘creditable coverage’, which means Jeremiah Program Medical Plans’ prescription drug benefits provide coverage at least as good as or better than Medicare Part D. **If you or one of your dependents is on Medicare or becomes covered under Medicare while you remain an active employee, please print the Certificate of Creditable Coverage, and keep it in your records. This Certificate of Creditable Coverage will allow you and your dependents to join Medicare Part D in the future without paying late enrollment fees.**

During your employment, you have the option to choose to continue your prescription drug coverage through Jeremiah Program Medical Plan or to elect Medicare Part D. However, if you choose to elect Medicare Part D, you will not be eligible to participate in Jeremiah Program Medical Plan that provide both medical and prescription drug coverage. Please read materials sent to you from Medicare or other Medicare Part D providers carefully before making your decision.

# NOTICE OF CREDITABLE COVERAGE

## Important Notice from Jeremiah Program 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 Jeremiah Program 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. Jeremiah Program has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Company coverage will not be affected. Members may keep this coverage if they elect part D and this plan will coordinate with Part D coverage. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at

<http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Jeremiah Program coverage, be aware that you and your dependents may 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 Jeremiah Program 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 Jeremiah Program changes. You may also 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).

#### **Date:**

January 01, 2023

#### **Name of Entity/Sender:**

Jeremiah Program

#### **Contact—Position/Office:**

Nakia Bennett - HR Generalist

#### **Office Address:**

615 1st Ave NE Suite 210  
Minneapolis, Minnesota 55413  
United States

#### **Phone Number:**

612.404.1523

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### **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).

# Jeremiah Program

AUSTIN | BALTIMORE | BOSTON | BROOKLYN | FARGO-MOORHEAD | LAS VEGAS | MINNEAPOLIS | ST. PAUL | ROCHESTER-SOUTHEAST MN