MIRATECH

2021–2022

# Benefits Guide

October 1, 2021—September 30, 2022

# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work the minimum number of hours required. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## Open Enrollment

- Open Enrollment **begins on September 17, 2021** and **ends on September 27, 2021.**
- **Every employee must login to UltiPro to make benefit elections for the 2021-2022 plan year.**
- Go to: https://nw13.ultipro.com. There, you will go to the "Myself" tab and click on "Open Enrollment." This will begin the Open Enrollment process.
- For anyone currently using a prescription mail order service, please request a new prescription from your doctor to provide to the new mail order vendor.

## Making Changes

**To make changes to your benefit elections, you may do so during Open Enrollment OR you must contact Human Resources within 30 days of a Qualifying Event.**

Following are examples of the most common Qualifying Events:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Child reaching age 26
- Death of a spouse or child
- Change in child custody
- Change in coverage election made by your spouse during his/her employer's Open Enrollment period
- Loss of coverage under your spouse's plan
- Switch from part-time to full-time

## New Hires

Coverage is available the first of the month following your date of hire. You must complete the enrollment process prior to that effective date.

If you do not enroll on time, you will NOT have coverage and cannot enroll until the next Open Enrollment.

***Required Information—****When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a federal tax penalty. This information will be securely submitted to the IRS and will remain confidential.*

# Inside

For employees with a MIRATECH email, please use your single sign on, or https://miratech.ultipro.com/ to log on to UltiPro. Your username is your MIRATECH email and the password you created.

For employees that do not have a MIRATECH email, please log on to UltiPro via https://nw13.ultipro.com/Login.aspx. Your username is the email address you used for Ultipro and the password you created.

If you have any trouble logging into UltiPro, please reach out to your HR representative for help.

**To begin Open Enrollment, go to "Myself", and then click "Open Enrollment"**

To complete your enrollment:

- Use the "next" arrow to move to the next page. 


- If you need to go back, click the back arrow. 


1. On the "Verify Beneficiary and Dependent Information" page, if you need add or edit contacts,


   a. Click the blue plus button to add:
   b. If you have a dependent in the system already, you can click their blue name to edit.
   c. Fill in all required information including Date of birth, Social Security Number and Gender (otherwise you will not be able to enroll a dependent for coverage).
   d. If you plan to enroll the dependent in medical, dental or vision coverage, remember to check the box next to "Dependent" under "Designation".

2. Once all of your dependents and beneficiaries are listed, click the Next arrow 

to get to the next page.

3. For each page, you can elect the benefit if you would like to enroll or re-elect your current coverage. Simply select the plan (and tier if applicable). If you would like to waive the plan, put a check in the "I decline" box 

. Then click next.

4. Once you have made decisions for all your plans, you will get to a confirmation screen. Review your information carefully to be sure that all of your elections are correct.
   a. If you would like to make a change, click the back button or click the plan name in the steps box on the left-hand side.
   b. If you see a blue box on the confirmation screen, that means that a benefit was not elected or declined. Go back to that section and record your choice.
   c. If you are happy with your elections, click the "Submit" 

button at the top of the page. This will save your elections for the new benefit plan year.

# Medical Plan

**We are moving to a NEW plan this year with BlueCross BlueShield!** Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

| BENEFITS | BlueCross BlueShield PPO BlueAdvantage MOBAP 0141 | |
|---|---|---|
| | In-Network | Out-of-Network[1] |
| **Network Name** | BlueAdvantage | |
| **Deductible (per calendar year)** | | |
| **Individual / Family** | $6,000 / $12,000 | $12,000 / $24,000 |
| **Out-of-Pocket Maximum (per calendar year)** | | |
| **Individual / Family** | $7,000 / $14,000 | $21,000 / $42,000 |
| **Covered Services** | | |
| **Office Visits** (physician / specialist) | $30 copay / $50 copay | 30%* |
| **Routine Preventive Care** | $0 copay | 30%* |
| **Outpatient Diagnostic** (lab / X-ray) | No additional copay | 30%* |
| **Complex Imaging** | 50%* | 50%* |
| **Emergency Room** | $300 copay, then 50%* | $300 copay, then 50%* |
| **Urgent Care Facility** | PCP: $30 copay / Specialist: $50 copay | 50%* |
| **Inpatient Hospital Stay** | $500 copay, then 50%* | $500 copay, then 50%* |
| **Outpatient Surgery** | $250 copay, then 50%* | $250 copay, then 50%* |
| **Prescription Drugs** | | |
| **Retail Pharmacy** (30-day supply) | $0 copay / $10 copay (Tier 1)<br>$10 copay / $20 copay (Tier 2)<br>$50 copay / $70 copay (Tier 3)<br>$100 copay / $120 copay (Tier 4)<br>$150 copay (Tier 5)<br>$250 copay (Tier 6) | Copay, then 50% of allowable charge, then difference between non-network charge & network allowable |
| **Prescription Notes** | Lower copay applies at preferred pharmacies, such as Walgreens and Walmart / Mandatory Generic: if member or physician requests brand when generic is available, member pays applicable copay plus difference between generic price & brand price / **CVS is an excluded pharmacy** | |
| **Mail Order** (90-day supply) | 2.5 x copay | No benefit |

*** Benefits with an asterisk ( * ) require that the deductible be met before the Plan begins to pay.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Health Reimbursement Arrangement

**We are continuing our Health Reimbursement Arrangement (HRA) through Benefit Resources, Inc.**

### Employer Reimbursement

- For a covered employee with **individual coverage**, Miratech will reimburse for qualified deductible expenses incurred AFTER the first $1,500 of the deductible has been paid by the employee. The maximum reimbursable benefit allowed each year is $4,500 per employee with individual coverage.
- For a covered employee with **family coverage**, Miratech will reimburse for qualified deductible expenses incurred AFTER the first $1,500 of the deductible (per family member) has been paid by the employee. The maximum reimbursable benefit allowed each year is $7,500 per family unit.
- Employees must submit an Explanation of Benefits (EOB) and HRA claim form (included in this booklet) to receive reimbursement.

### Get the Most from your Health Plan through Blue Access for Members (BAM)

- Go to bcbsok.com/member and sign up for the secure member website. Find the “Log In” tab and click “Register Now.” Use the information on your ID card to complete the process. On this site, you can check your claims, order more ID cards, get health information, and much more.
- Text BCBSOKAPP to 33633 to get the BCBSOK App that lets you use BAM while you’re on the go.

# Miratech Group, LLC
## Health Reimbursement Arrangement
## Claim Form
## Plan Year January 1, 2021 – December 31, 2021

**EMPLOYEE:** _____ **SOCIAL SECURITY #**_____

**EMPLOYER: Miratech Group, LLC**

**HOME ADDRESS:**_____

☐ *Please **X** if new address* *Street/Apt No.* *City* *State* *Zip*

**HOME PHONE:**_____ **WORK PHONE:**_____

A Deductible Credit Letter or all EOB's must be requested from your carrier and submitted with this claim to accurately determine your allowable reimbursement.

Employees must submit an Explanation of Benefits (EOB) and HRA claim form to receive reimbursement. It is not necessary to submit EOB's if you have a Deductible Credit Letter.

List below the Deductible Credit Letter you are submitting with this claim for reimbursement.

| | Date of Service | Patient's Name | Relationship | Deductible Amount | (BRI) |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| | | | **Total** | | |

(*Remember:* ***Retain a copy of claim form & letter for your records)***

| | | |
|---|---|---|
| **Amount Applied to Deductible** | | |
| ***FOR BRI USE ONLY*** | | |
| ☐ **Employee Only Coverage:** Miratech will reimburse for qualified deductible expenses incurred AFTER the first $1,500 of the deductible has been paid by the employee. The maximum reimbursable benefit allowed each plan year is $4,500 per employee with individual coverage. | | |
| ☐ **Family Coverage**: (employee/spouse, employee/child, or family election): Miratech will reimburse for qualified medical expenses incurred AFTER the first $1,500 of the deductible (per family member) has been paid by the employee. The maximum reimbursable benefit allowed each plan year is $7,500 per family unit. | | |
| Amounts previously reimbursed this plan year | | |
| Total Amount Eligible for Reimbursement | | |

**Employee Signature**:_____ **Date**:_____

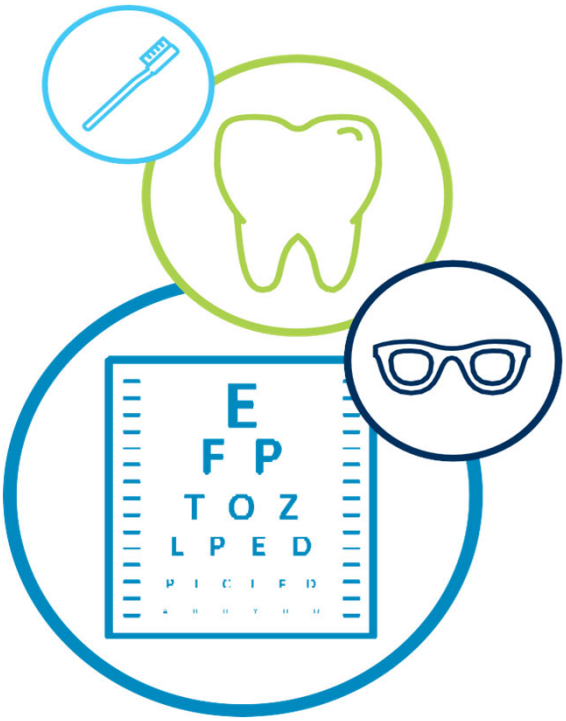
**Benefit Resources, Inc.**
4775 E. 91st Street, Suite 100
Tulsa, OK 74137-2805
**Phone:** (918) 481-6161 (800) 339-7493
**Fax:** (918) 481-6181 Toll free fax (866) 364-7052
**Email:** claims@britulsa.com

# Dental Plan

**We are moving to NEW Dental plan this year with BlueCross BlueShield!** Following is a high-level overview of the coverage available.

| BENEFITS | BlueCross BlueShield Dental PPO DONHR32 | |
|---|---|---|
| | In-Network | Out-of-Network[1] |
| **Network Name** | BlueCare Dental | |
| **Deductible** (per calendar year, waived for preventive services) | | |
| Individual / Family | $50 / $150 | |
| **Benefit Maximum** (per calendar year; preventive, basic, and major services combined) | | |
| Per Individual | $2,000 | |
| **Covered Services** | | |
| **Preventive Services** (exams, cleanings, x-rays) | 100% | 100% |
| **Basic Services** (periodontia, root canals, oral surgery) | 80% | 80% |
| **Major Services** (crowns, bridges, implants) | 50% | 50% |
| **Orthodontia (adult and child)** | 50% | 50% |
| | $2,000 lifetime ortho maximum per individual | |

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.




# Vision Plan

We are renewing the current coverage with VSP this year. Following is a high-level overview of the coverage available.

| BENEFITS | In-Network VSP Choice | Out-of-Network Reimbursement |
|---|---|---|
| **Exam** (once every 12 months) | $10 copay | Up to $45 |
| **Materials Copay** | $20 copay | Varies |
| **Lenses** (once every 12 months) | $20 copay | Up to $30 |
| Single Vision | | Up to $50 |
| Bifocal | | Up to $65 |
| Trifocal | | |
| **Frames** (once every 24 months) | $20 copay, up to $130 allowance; 20% discount on amount over allowance | Up to $70 |
| **Contact Lenses** (once every 12 months; in lieu of glasses) | Up to $130 allowance | Up to $60 |

# Flexible Spending Accounts

**You may participate in two different flexible spending accounts (FSAs) administered through Benefit Resources, Inc.** FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security, and Medicare taxes.

## Health Care FSA

**For 2021, you may contribute up to $2,750** to cover qualified health care expenses incurred by you, your spouse, and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams / eyeglasses
- Lasik eye surgery

**For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf**

## Dependent Care FSA

**For 2021, you may contribute up to $5,000** (per family) to cover eligible dependent care expenses ($2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

**For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf**

# FSA Rules

**YOU MUST ENROLL EACH YEAR TO PARTICIPATE.**

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health care FSA:** Unused funds of up to $500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually.

Unused funds over $500 will **NOT** be returned to you or carried over to the following year.

**Dependent care FSA:** Unused funds will **NOT** be returned to you or carried over to the following year.

**PLAN YEARS**
**January 1, 2021 to December 31, 2021**
**January 1, 2022 to December 31, 2022**

**You can incur expenses through 12/31 but claims must be filed by 2/28 each year.**

# Life and AD&D Insurance

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life / AD&D (Company-paid)

**This benefit is provided at NO COST to you through CIGNA.**

| | |
|---|---|
| **Benefit Amount**** | 2 x annual earnings, rounded to next higher $1,000 ($500,000 max)<br>Benefits over $400,000 require health statement (EOI) approval<br>Coverage above $50,000 is taxed according to IRS regulations and is reflected on your pay statement. |

## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through CIGNA for yourself and your eligible family members.

| Benefit Option** | | Guaranteed Issue* |
|---|---|---|
| **Employee** | $10,000 increments up to the lesser of 5 x annual earnings or $500,000 | $200,000 |
| **Spouse** | $5,000 increments up to $250,000, not to exceed 50% employee amount | $20,000 |
| **Child(ren)** | Birth to 6 months: $500<br>6 months to age 26: $2,000 increments up to $10,000 | $10,000 |

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

**Benefits reduce at age 65 and 70

# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. Please note that any benefits from a claim are considered taxable income.

| Short Term Disability | |
|---|---|
| Provided at NO COST to you through CIGNA | |
| **Benefit Percentage** | 66.67% |
| **Weekly Benefit Maximum** | $1,500 |
| **When Benefits Begin** | Illness: 14 days<br>Accident: 14 days |
| **Maximum Benefit Duration** | 26 weeks |

| Long Term Disability | |
|---|---|
| Provided at NO COST to you through CIGNA | |
| **Benefit Percentage** | 60% |
| **Weekly Benefit Maximum** | $12,000 |
| **When Benefits Begin** | 180 days |
| **Maximum Benefit Duration** | Social Security Normal Retirement Age (SSNRA) |

# Life Assistance & Work / Life Support Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The life assistance program (LAP) is provided at **NO COST** to you through Cigna.

**The LAP can help with the following issues, among others:**

- Mental health
- Legal consultation
- Parenting
- Senior care
- Child care
- Pet care
- Financial Services & Referral

## LAP Benefits

- Assistance for you and your household members
- Up to 3 in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources

# Cost of Benefits

Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

## MEDICAL COVERAGE

| Coverage Tier | Employee Contribution (Biweekly) |
|---|---|
| Employee Only | $50.72 |
| Employee + Spouse | $184.63 |
| Employee + Child(ren) | $146.08 |
| Family | $286.08 |

## DENTAL COVERAGE

| Coverage Tier | Employee Contribution (Biweekly) |
|---|---|
| Employee Only | $3.33 |
| Employee + Spouse | $9.98 |
| Employee + Child(ren) | $13.29 |
| Family | $22.23 |

## VISION COVERAGE

| Coverage Tier | Employee Contribution (Biweekly) |
|---|---|
| Employee Only | $0.81 |
| Employee + Spouse | $1.78 |
| Employee + Child(ren) | $1.84 |
| Family | $3.46 |

## SUPPLEMENTAL LIFE / AD&D / DISABILITY

Deductions for supplemental Life/AD&D and/or voluntary disability are taken from your paycheck after taxes. Rates are available online during enrollment.

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Rachel Jaudon, 918-442-2434.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| 3. Employer name | 4. Employer Identification Number (EIN) |
|---|---|
| Miratech Group, LLC | 465452602 |
| **5. Employer address** | **6. Employer phone number** |
| 420 S. 145th East Ave, Mail Drop A | 918-622-7077 |

| 7. City | 8. State | 9. ZIP code |
|---|---|---|
| Tulsa | OK | 74108 |

| 10. Who can we contact about employee health coverage at this job? | |
|---|---|
| Rachel Jaudon | |
| **11. Phone number (if different from above)** | **12. Email address** |
| 918-442-2434 | rjaudon@miratechcorp.com |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

  ☒ All employees. Eligible employees are:

  Employees working 30 or more hours per week.

  ☐ Some employees. Eligible employees are:

- With respect to dependents:

  ☒ We do offer coverage. Eligible dependents are:

  Spouse and dependent children to the age of 26.

  ☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

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

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☑ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $ 50.72
b. How often? ☐ Weekly ☑ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?_____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

# Legal Notices

## Medicare Part D Creditable Coverage Notice

**Important Notice from Miratech Group, LLC 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 Miratech Group, LLC (the "Plan Sponsor") 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) The Plan Sponsor has determined that the prescription drug coverage offered by the Miratech Group, LLC Health & Welfare 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 Plan Sponsor coverage may be affected. Moreover, if you do decide to join a Medicare drug plan and drop your current Plan Sponsor coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the person listed at the end of this notice for more information about what happens to your coverage if you enroll in a Medicare Part D prescription Drug Plan.

**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 the Plan Sponsor 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 the Plan Sponsor changes. You also may request a copy of this notice at any time.

**For More Information about Your Options under Medicare Prescription Drug Coverage…**

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You"

handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**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).**

| | |
|---|---|
| Date: | 10/1/2021 |
| Name of Entity/Sender: | Miratech Group, LLC |
| Contact-Position/Office: | Rachel Jaudon, Employee Experience Specialist |
| Address: | 420 S 145th East Ave, Mail Drop A, Tulsa, OK 74108 |
| Phone Number: | 918-442-2434 |

# CHIPRA/CHIP 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**.

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

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

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

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**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, 2021 Contact your State for more information on eligibility** –

| **ALABAMA – Medicaid** | **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Health First Colorado Website:<br>https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/ State Relay 711<br>CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br>https://www.colorado.gov/pacific/hcpf/ health-insurance-buy-program<br>HIBI Customer Service: 1-855-692-6442 |
| **ALASKA – Medicaid** | **FLORIDA – Medicaid** |
| The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website:<br>https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |
| **ARKANSAS – Medicaid** | **GEORGIA– Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162 ext 2131 |
| **CALIFORNIA – Medicaid** | **INDIANA – Medicaid** |
| Website:<br>Health Insurance Premium Payment (HIPP) Program<br>http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Email: hipp@dhcs.ca.gov | Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>Phone 1-800-457-4584 |

| IOWA – Medicaid and CHIP (Hawki) | MONTANA – Medicaid |
|---|---|
| Medicaid Website:<br>https://dhs.iowa.gov/ime/members<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>http://dhs.iowa.gov/Hawki<br>Hawki Phone: 1-800-257-8563<br>HIPP Website:<br>https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp<br>HIPP Phone: 1-888-346-9562 | Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 |
| **KANSAS – Medicaid** | **NEBRASKA – Medicaid** |
| Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884 | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **KENTUCKY – Medicaid** | **NEVADA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br><br>KCHIP Website:<br>https://kidshealth.ky.gov/Pages/index.aspx<br>Phone: 1-877-524-4718<br><br>Kentucky Medicaid Website: https://chfs.ky.gov | Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 |
| **LOUISIANA – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) | Website: https://www.dhhs.nh.gov/oii/hipp.htm<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext 5218 |
| **MAINE – Medicaid** | **NEW JERSEY – Medicaid and CHIP** |
| Enrollment Website:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br><br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: -800-977-6740.<br>TTY: Maine relay 711 | Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 |
| **MASSACHUSETTS – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa<br>Phone: 1-800-862-4840 | Website:<br>https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **MINNESOTA– Medicaid** | **NORTH CAROLINA – Medicaid** |
| Website:<br>https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br>Phone: 1-800-657-3739 | Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 |

| MISSOURI – Medicaid | NORTH DAKOTA – Medicaid |
|---|---|
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** | **UTAH – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |
| **OREGON – Medicaid** | **VERMONT – Medicaid** |
| Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 | Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 |
| **PENNSYLVANIA – Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx<br>Phone: 1-800-692-7462 | Website: https://www.coverva.org/hipp/<br>Medicaid Phone: 1-800-432-5924<br>CHIP Phone: 1-855-242-8282 |
| **RHODE ISLAND – Medicaid and CHIP** | **WASHINGTON – Medicaid** |
| Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) | Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 |
| **SOUTH CAROLINA – Medicaid** | **WEST VIRGINIA – Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: http://mywvhipp.com/<br>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **SOUTH DAKOTA - Medicaid** | **WISCONSIN – Medicaid and CHIP** |
| Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 | Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 |
| **TEXAS – Medicaid** | **WYOMING – Medicaid** |
| Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

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

**Employee Benefits Security Administration**

U.S. Department of Labor
**www.dol.gov/agencies/ebsa**
1-866-444-EBSA (3272)

**Centers for Medicare & Medicaid Services**

U.S. Department of Health and Human Services
**www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

# Annual Notice of Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Right Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **918-442-2434** for more information.

# Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no later than **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment no later than **30 days** after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, if either of the following two events occur, you will have **60 days** after the date of the event to request enrollment in your employer's plan:

- Your dependents lose Medicaid or CHIP coverage because they are no longer eligible.
- Your dependents become eligible for a state's premium assistance program.

To take advantage of special enrollment rights, you must experience a qualifying event *and* provide the employer plan with timely notice of the event and your enrollment request.

To request special enrollment or obtain more information, contact **Rachel Jaudon**, Human Resources Dept. at **918-442-2434**.

# General COBRA Notice

## General Notice of COBRA Continuation Coverage Rights

### Continuation Coverage Rights Under COBRA

### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage **must pay** for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

**When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Miratech Group, LLC Health and Welfare Plan.

**How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.dol.gov/ebsa/www.healthcare.gov**.

### Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **https://www.medicare.gov/medicare-and-you**.

### If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa** (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov**.

### Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### Plan contact information

Rachel Jaudon, Employee Experience Specialist
420 S 145th East Ave, Mail Drop A
Tulsa, OK 74108
918-442-2434
rjaudon@miratechcorp.com

[1] **https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods**.

# Contact Information

| Coverage | Carrier | Phone # | Website/Email |
|---|---|---|---|
| **Medical** | BlueCross BlueShield of Oklahoma | (800) 942-5837 | www.bcbsok.com |
| **Dental** | BlueCross BlueShield of Oklahoma<br>Policy #11353030 | (800) 348-4512 | www.bcbsok.com |
| **Vision** | Vision Service Plan<br>Policy #30064347 | (800) 877-7195 | www.vsp.com |
| **Flexible Spending Accounts (FSAs) &**<br>**Health Reimbursement Arrangement (HRA)** | Benefit Resources, Inc. | (918) 481-6161 | www.britulsa.com |
| **Life and AD&D** | Cigna<br>Life / Vol Life Policy #SGM605567<br>AD&D / Vol AD&D Policy #SOK603832 | Rachel Jaudon<br>(918) 442-2434 | rjaudon@miratechcorp.com |
| **Disability** | Cigna<br>STD Policy #SGD605653<br>LTD Policy #SGD605654 | (800) 362-4462<br>for claims | |
| **Life Assistance Program (LAP)** | Cigna Behavioral Health, Inc. | (800) 538-3543 | www.cignabehavioral.com/cgi |

## Benefits Website

Our benefits website (https://nw13.ultipro.com/) can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

Rachel Jaudon
(918) 442-2435
rjaudon@miratechcorp.com

Monica Hanson
(952) 226-8112
mhanson@miratechcorp.com