



Benefit Summary

Helping you make informed choices about your employee benefits.



JETRO
CASH & CARRY





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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.

Benefits Overview

JetroRD is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week or more. The complete benefits package is briefly summarized in this booklet. Your plan booklets will give you more detailed information about each of these programs.

You share the costs of some benefit, and JetroRD provides other benefits at no cost to you. In addition, there are voluntary benefits with reasonable group rates that you can purchase through JetroRD payroll deductions.

Benefits Offered

- Medical
- Dental
- Vision
- Life Insurance and AD&D
- Voluntary Life and AD&D
- Long-Term Disability
- Supplemental Benefits
- Employee Discounts

Eligibility

You and your dependents are eligible for JetroRD benefits on the first of the month following 90 days of employment.

Eligible dependents are your spouse, domestic partner, children under age 26, or disabled dependents of any age. 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 HR within 30 days.

Eligible Qualifying Life Events (QLE)

- Marriage
- Birth of a child
- Divorce
- Legal Separation
- Employment status change
- Dependent eligibility
- Death
- Loss of Coverage

How to Enroll Your Benefits Administered by EnrollMyGroup

Jetro's 2020 Benefits Open Enrollment will be completely paperless via our online system EnrollMyGroup.

This year we are conducting a Passive Enrollment. Should you wish not to make any changes to your current health, dental or life elections NOTHING Needs to be done. You will be automatically enrolled in your current elections. We would appreciate your help by updating your email address or cell phone number within the system to help us better communicate with you. Below are the instructions for online enrollment.

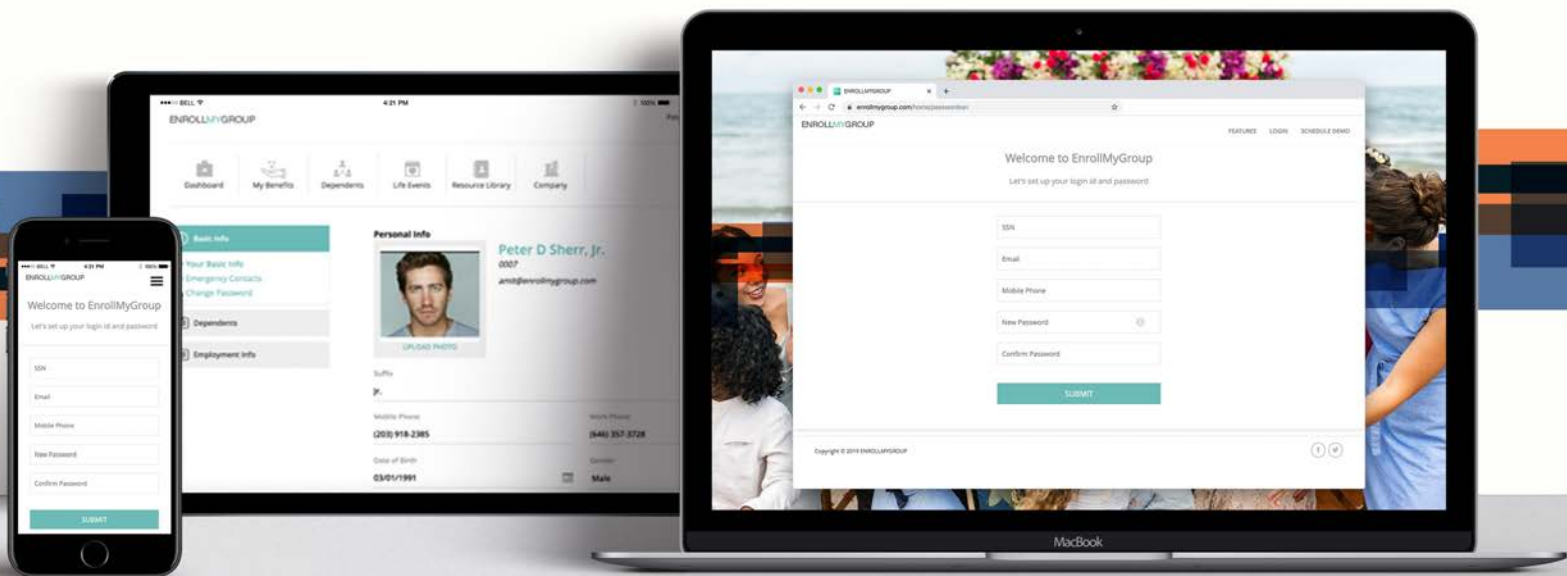
You will receive an email or text message from EnrollMyGroup when 2020 Enrollment is open. The email will include a link to access EnrollMyGroup. You'll be asked to set up a system password. Just follow the prompts and you'll be on your way.

If we don't have an email or mobile number on file, you can set up your ID and password at www.enrollmygroup.com/home/passwordssn.

1. Go to www.enrollmygroup.com/home/passwordssn
2. Enter your Social Security Number
3. Enter an email and/or mobile number. This will be your login ID.
4. Create a password
5. Confirm your password

Anytime you want access the system, select Login on EnrollMyGroup.com main page.

You can also find any benefits documentation including benefit plan details and commonly used forms in the EnrollMyGroup Resource Library. **All demographic information changes (i.e. update personal information, dependent information, etc.) MUST be made in ADP — <https://portal.adp.com/public>**
For first time users, your Company Registration Code is: JetroRD-123



Passive Enrollment

If we don't have an email or mobile number on file, you can set up your ID and password at www.enrollmygroup.com/home/passwordssn

Medical Benefits

Administered by Cigna

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 JetroRD.

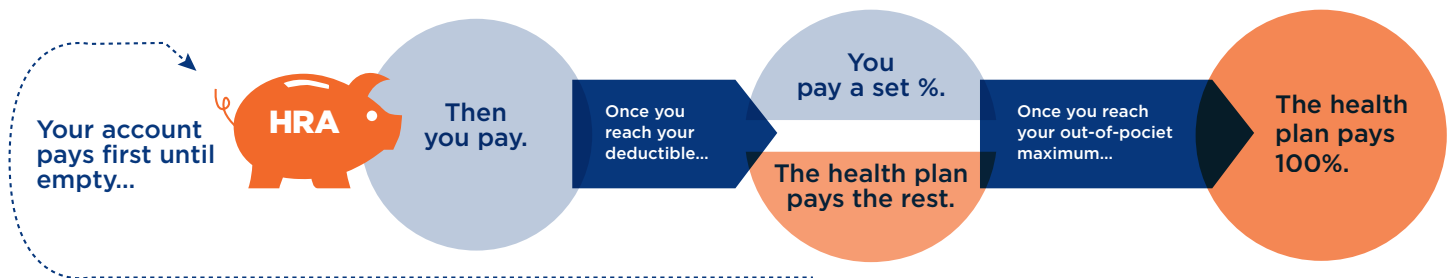
Cigna Care Designation (CCD) is designed to help promote quality care and to help employees and their families select the Health Care Professional (HCP) that’s best for them. Utilizing Cigna claim information, HCPs are assigned the CCD designation when they meet Cigna’s criteria for certain quality, and cost-efficiency measures. CCD is available in certain geographic locations.

This Cigna Care Network (CCN) Plan provides a higher level of In-Network benefits (coinsurance and/or copayment) when services are received from CCD HCPs.

	Planning for your medical costs — HRA Plan		
	In-Network		Out-of-Network
Deductible (Individual/Family)	\$1,500 person / \$3,000 family		\$3,750 person / \$7,500 family
Out-of-Pocket Maximum (Individual/Family)	Individual: \$4,000 Individual — In a Family: \$4,000 Family: \$8,000		Individual: \$8,000 Individual — In a Family: \$16,000 Family: \$16,000
Physical Office Visit	Tier 1 85% After the deductible	Non-tier 1 65% After the deductible	50% After the deductible
Specialist Office Visit	Tier 1 85% After the deductible	Non-tier 1 65% After the deductible	50% After the deductible
Preventive Care	Plan pays 100%		50% After the deductible
Labe and X-ray	85% After the deductible		50% After the deductible
Inpatient Hospital	85% After the deductible		50% After the deductible
Outpatient Hospital	85% After the deductible		50% After the deductible
Tele-health	85% After the deductible		Not covered
Urgent Care	85% After the deductible		85% After the deductible
Emergency Room	85% After the deductible		85% After the deductible

Your employer has established a Health Reimbursement Account (HRA) that you can use to pay for eligible out-of-pocket expenses during the Calendar Year. **Employer Contribution Employee: \$300 and Family: \$600**

Employees who complete a physical (including a well-woman exam) will receive an Additional \$300 (single) and up to \$600 (family) the *following* Plan Year.



Dental Benefits

Administered by Cigna

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the JetroRD dental benefit plan.

	In-Network PPO	Out-of-Network PPO
Annual Deductible Deductibles waived for Diagnostic & Preventive (D&P) and Orthodontics	\$50 per person / \$150 per family each calendar year	
Progressive Benefit Maximum	Year 1: \$1,000 Year 2: \$1,050 Year 3: \$1,100 Year 4: \$1,150	
Preventive Dental Services (cleanings, exams, x-rays)	100%	100%
Basic Dental Services (fillings and stainless steel crowns)	80%	80%
Endodontics (root canal therapy- non-molar teeth)	80%	80%
Endodontics (root canal therapy- molar teeth)	50%	50%
Periodontics (gum treatment) Covered under Basic Services	80%	80%
Oral Surgery Covered under Basic Services	80%	80%
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50%	50%
Orthodontic Services Dependent children to age 19	50%	50%
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime

Employees can select either HMO or PPO option for their dental coverage

What is the Cigna Dental Care® (DHMO) Plan?

The Design Dental Care (DHMO) plan requires you to select a general dentist for routine, preventive, diagnostic and emergency care. They will refer you to specialists as needed.

If you choose a Cigna Dental Care plan, it's important to know how it works.

- This plan covers most preventive and diagnostic services at a competitive rate, or at no extra cost.

- Once your coverage begins, you can easily search for network providers in the directory on [myCigna.com](https://mycigna.com).
- Cigna Dental Care plans don't have a deductible or a yearly dollar limit. There is also no coverage waiting period.
- After you enroll, refer to the Patient Charge Schedule (PCS) for a list of detailed cost and copays for all covered services received from network dentists.

** This plan does not have out-of-network coverage, except for emergency dental care (as defined by your plan documents) or where required by state law.*

We Keep You Smiling

Get The Most From Your Cigna Dental plan but visiting [MyCigna.com](https://mycigna.com)

Vision Benefits

Administered by Cigna

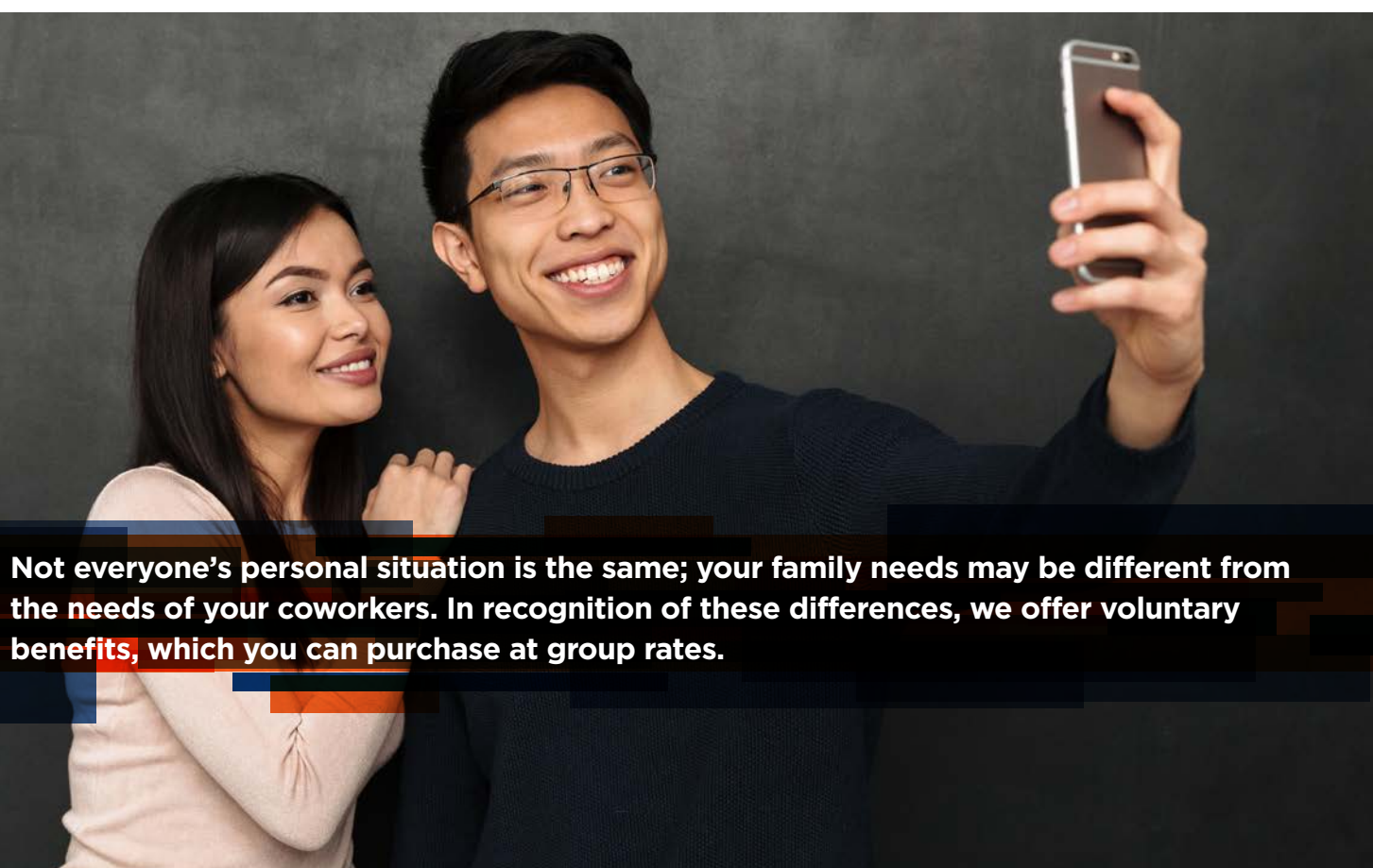
Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from a Cigna doctor:

Service	In-Network (any Cigna provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam (Once every 24 months)	\$20 copay	Up to \$50
Lenses (Once every 12 months)		
Single Vision Lenses		Up to \$50
Lined Bifocal Lenses	\$20 copay	Up to \$75
Lined Trifocal Lenses		Up to \$100
Lenticular Lenses		Up to \$75
Lens Enhancements	Tints/Photochromic adaptive lenses: \$0 Standard progressive lenses: \$50 Premium progressive lenses: \$80-\$90 Custom progressive lenses: \$120-\$160	N/A
Frames (Once every 12 months)	\$130 allowance	Up to \$70
Contact Lenses (once every 12 months if you elect contacts instead of lenses/frames)	\$130 allowance	Up to \$105

No need for an ID card.

To take advantage of your Cigna vision benefit, simply contact a Cigna provider and let them know you have Cigna coverage—they handle the paperwork for you. **Contact Cigna at 800.877.7195 or www.Cigna.com.**



Not everyone's personal situation is the same; your family needs may be different from the needs of your coworkers. In recognition of these differences, we offer voluntary benefits, which you can purchase at group rates.



Life and Accidental Death & Dismemberment Insurance

Administered by UNUM

Life 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 JetroRD.

The company provides basic life insurance of an amount equal to 3x's annual salary benefit (for those making above 30k); Employees making less than 30K receive 2x's annual salary benefit. Employees receive this benefit on the first of the month following 90 days of employment.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. JetroRD provides AD&D coverage of an amount equal to Your Basic Life Insurance at no cost to you.

This coverage is in addition to your company-paid life insurance described above if you participate in the medical plans offered by JetroRD.

The plan maximum has the following age reduction formula:

- Reduces by 35% at age 65
- Reduces by 65% at age 70
- Reduces by 75% at age 75
- Reduces by 80% at age 80

Term Life Features:

- Continuation of Life Insurance while totally disabled as defined by the Group Policy
- Accelerated Benefits Option
- Life Settlement Account

AD&D Features:

- Seat Belt Benefit
- Common Carrier Benefit
- Air Bag Benefit
- Total Control Account
- Travel Assistance and Identity Theft Solutions

Voluntary Life and AD&D Insurance

Administered by UNUM

Employees who want to supplement their JetroRD paid life insurance benefits may purchase additional coverage through MetLife's voluntary program. When you enroll yourself and your dependents you are responsible for paying the full cost through payroll deductions. Employees who would like to

purchase additional coverage might be asked to complete an Evidence of Insurability (EOI) questionnaire. You are guaranteed coverage if you are an active full-time non-union employee who is working at least 30 hours per week.

	Employee	Spouse	Child
Life Coverage: provides a benefit in the event of death	Life Coverage: provides a benefit in the event of death	Increments of \$5,000	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000
Overall Benefit Maximum	\$500,000	\$100,000	\$10,000
AD&D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident	An amount equal to 1X, 2X, or 3X Your Basic Annual Earnings rounded to the next higher \$1,000	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
AD&D Maximum	\$500,000	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage
Employee Contribution	100%	100%	100%

Rate Summary Rates per \$1,000	Effective: Current/Renewal Employee/Spouse
< Age 25	\$0.060
Ages 25 to 29	\$0.060
Ages 30 to 34	\$0.080
Ages 35 to 39	\$0.110
Ages 40 to 44	\$0.160
Ages 45 to 49	\$0.280
Ages 50 to 54	\$0.470
Ages 55 to 59	\$0.730
Ages 60 to 64	\$1.130
Ages 65 to 69	\$1.770
Ages 70+	\$3.11

Long-Term Disability Insurance Insured by First Reliance

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income. JetroRD generously provides Long-Term Disability Insurance (LTD) coverage for you at no cost.

LTD coverage provides income when you have been disabled for 90 days or more.

Your benefit is 60% of your monthly earnings¹, up to \$10,000 per month. The minimum monthly benefit is greater of \$100 or 10% of Gross benefit. This amount may be reduced by other deductible sources of income or disability earnings.

Supplemental Benefits & Employee Discount Program

Supplemental Benefits *The Farmington* Employees can purchase individual policies for items that include: cancer, hospitalization and additional life insurance. **100% Employee Sponsored.** For any questions about Voluntary Benefits, please contact Farmington at 1-800-621-0067.

Employee Discount Program *Perkspot.com* Employees can immediately enroll to receive a vast majority of discounts to cover social, sports, electronics and other recreational events. **100% Employer Sponsored**

Important Notices

Women's Health and Cancer Rights Act (WHCRA) Notice

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;

- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: \$1,500 in-network and 85% coinsurance after deductible or \$3,750 out-of-network and 50% coinsurance after deductible. If you would like more information on WHCRA benefits, contact the Benefits Team at 718.762.8700 or email: BenefitDepartment@jetrord.com.

Children's Health Insurance Program (CHIP)

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).

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, 2017. Contact your State for more information on eligibility

ALABAMA - Medicaid

www.myalhipp.com
1-855-692-5447

ALASKA - Medicaid

<http://health.hss.state.ak.us/m/programs/medicaid/>
(Outside of Anchorage): 1-888-318-8890
(Anchorage): 1-907-269-6529

COLORADO - Medicaid

Medicaid <http://www.colorado.gov/hcpf>
Medicaid 1-800-221-3943

FLORIDA - Medicaid

<https://www.flmedicaidtplecovery.com/>
1-877-357-3268

GEORGIA - Medicaid

<http://dch.georgia.gov/>
Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)
1-404-656-4507

INDIANA - Medicaid

<http://www.in.gov/fssa>
1-800-889-9949

IOWA - Medicaid

www.dhs.state.ia.us/hipp/
1-888-346-9562

KANSAS - Medicaid

<http://www.kdheks.gov/hcf/>
1-800-792-4884

KENTUCKY - Medicaid

<http://chfs.ky.gov/dms/default.htm>
1-800-635-2570

LOUISIANA - Medicaid

<http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
1-888-695-2447

MAINE - Medicaid

<http://www.maine.gov/dhhs/ofi/public-assistance>
1-800-977-6740 • TTY: 1-800-977-6741

MASSACHUSETTS - Medicaid and CHIP

<http://www.mass.gov/MassHealth>
1-800-462-1120

MINNESOTA - Medicaid

http://www.dhs.state.mn.us/id_006254
Click on Health Care, then Medical Assistance
1-800-657-3739

MISSOURI - Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 1-573-751-2005

MONTANA - Medicaid

<http://medicaid.mt.gov/member>
Phone: 1-800-694-3084

NEBRASKA - Medicaid

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

NEVADA - Medicaid

Medicaid <http://dwss.nv.gov/>
Medicaid 1-800-992-0900

NEW HAMPSHIRE - Medicaid

<http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>
1-603-271-5218

NEW JERSEY - Medicaid and CHIP

Medicaid <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid 1-609-631-2392

CHIP <http://www.njfamilycare.org/index.html>
CHIP 1-800-701-0710

NEW YORK - Medicaid

http://www.nyhealth.gov/health_care/medicaid/
1-800-541-2831

NORTH CAROLINA - Medicaid

<http://www.ncdhhs.gov/dma>
1-919-855-4100

NORTH DAKOTA - Medicaid

<http://www.nd.gov/dhs/services/medicalserv/medicaid/>
1-800-755-2604

OKLAHOMA - Medicaid and CHIP

<http://www.insureoklahoma.org>
1-888-365-3742

OREGON - Medicaid

<http://www.oregonhealthykids.gov>
<http://www.hijossaludablesoregon.gov>
1-800-699-9075

PENNSYLVANIA - Medicaid

<http://www.dhs.state.pa.us/hipp>
1-800-692-7462

RHODE ISLAND - Medicaid

<http://www.eohhs.ri.gov/>
1-401-462-5300

SOUTH CAROLINA - Medicaid

<http://www.scdhhs.gov>
1-888-549-0820

SOUTH DAKOTA - Medicaid

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

TEXAS - Medicaid

<https://www.gethipptexas.com/>
1-800-440-0493

UTAH - Medicaid and CHIP

Medicaid <http://health.utah.gov/medicaid>
CHIP <http://health.utah.gov/chip>
1-866-435-7414

VERMONT - Medicaid

<http://www.greenmountaincare.org/>
1-800-250-8427

VIRGINIA - Medicaid and CHIP

Medicaid http://www.coverva.org/programs_premium_assistance.cfm
Medicaid 1-800-432-5924
CHIP http://www.coverva.org/programs_premium_assistance.cfm
CHIP 1-855-242-8282

WASHINGTON - Medicaid

<http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx>
1-800-562-3022 ext. 15473

WEST VIRGINIA - Medicaid

<http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>
1-877-598-5820, HMS Third Party Liability

WISCONSIN - Medicaid and CHIP

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
1-800-362-3002

WYOMING - Medicaid

<https://wyequalitycare.acs-inc.com/>
1-307-777-7531

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/ebsa • 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

HIPAA Privacy Notice

THIS NOTICE APPLIES TO FULL-TIME EMPLOYEES WHO ELECT TO PARTICIPATE IN JETRO RD'S HEALTH BENEFITS PLANS. IT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

This Notice of Privacy Practices ("Notice") applies to Protected Health Information (defined below) associated with Group Health Plans (defined below) provided by Jetro RD to its employees, its employee's dependents and, as applicable, retired employees. This Notice describes how Jetro RD, collectively we, us, or our, may use and disclose Protected Health Information to carry out payment and health care operations, and for other purposes that are permitted or required by law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of Protected Health Information and to provide individuals covered under our group health plan with notice of our legal duties and privacy practices concerning Protected Health Information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by us. If we make material changes to our privacy practices, copies of revised notices will be mailed to all policyholders then covered by the Group Health Plan. Copies of our current Notice may be obtained by contacting Jetro RD Benefits Team at 718.762.8700 or email: BenefitDepartment@jetror.com.

DEFINITIONS

Group Health Plan means, for purposes of this Notice, the following employee benefits that we provide to our employees and their dependents, to include medical coverage, dental coverage and vision coverage.

Protected Health Information ("PHI") means individually identifiable health information, as defined by HIPAA, that is created or received by us and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

Your Authorization – Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Uses and Disclosures for Payment – We may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your PHI for the payment purposes of a health care provider or a health plan.

Uses and Disclosures for Health Care Operations – We may use and disclose your PHI as necessary for our health care operations. Examples of health care operations include activities relating to the creation, renewal, or replacement of your Group Health Plan coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance, and other functions related to your Group Health Plan.

Family and Friends Involved in Your Care – If you are available and do not object, we may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals. For example, we may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim.

Business Associates – At times we use outside persons or organizations to help us provide you with the benefits of your Group Health Plan. Examples of these outside persons and organizations might include vendors that help us process your claims. At times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations.

Other Products and Services – We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your PHI for the purpose of communicating to you about our health insurance products that could enhance or substitute for existing Group Health Plan coverage, and about health-related products and services that may add value to your Group Health Plan.

Other Uses and Disclosures – We may make certain other uses and disclosures of your PHI without your authorization.

- We may use or disclose your PHI for any purpose required by law. For example, we may be required by law to use or disclose your PHI to respond to a court order.
- We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.

- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for cadaveric organ, eye or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as described above, we will restrict our uses or disclosure of your Protected Health Information in accordance with the more stringent standard.

RIGHTS THAT YOU HAVE

Access to Your PHI – You have the right of access to copy and/or inspect your PHI that we maintain in designated record sets. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative (e.g., requests for medical records provided to us directly from your health care provider). Access request forms are available from [Insert company name] at the address below. We may charge you a fee for copying and postage.

Amendments to Your PHI – You have the right to request that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request. Amendment request forms are available from us at the address below.

Accounting for Disclosures of Your PHI – You have the right to receive an accounting of certain disclosures made by us of your PHI. Examples of disclosures that we are required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your representative. Accounting request forms are available from us at the address below. The first accounting in any 12-month period is free; however, we may charge you a fee for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your PHI – You have the right to request restrictions on certain of our uses and disclosures of your PHI for insurance payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that we not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. We are not required to agree to your request but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. You may make a request for a restriction (or termination of an existing restriction) by contacting us at the telephone number or address below.

Request for Confidential Communications – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. We are required to accommodate reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative, and sent to us at the address below.

Right to a Copy of the Notice – You have the right to a paper copy of this Notice upon request by contacting us at the telephone number or address below.

Complaints – If you believe your privacy rights have been violated, you can file a complaint with us in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact:

Jetro RD Benefits Team at 718.762.8700 or email: BenefitDepartment@jetror.com.

EFFECTIVE DATE

This Notice is effective January 1, 2020.



To learn more, register via the online portal
or contact the **Benefits Team at 718.762.8700**
or email **BenefitDepartment@jetrord.com**

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Medical, Dental and Vision

Cigna

800.CIGNA24 (800.244.6224)

myCigna.com

DISCLAIMER The information in this brochure is a general outline of the benefits offered under the benefits program. This brochure may not include all relevant limitations and conditions. Specific details and limitations are provided in the plan documents, which may include a Summary of Benefits and Coverage (SBC), Summary Plan Description (SPD), Evidence of Coverage (EOC), and/or insurance policies. The plan documents contain the relevant plan provisions. If the information in this brochure differs from the plan documents, the plan documents will prevail.

PREPARED BY



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