

YOUR 2022 BENEFITS GUIDE

Delivering Benefit Choices with **You** in Mind

Plan Year: January 1, 2022 — December 31, 2022





ABOUT THIS GUIDE

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan descriptions (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.



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BENEFITS YOU CAN COUNT ON

Project HOPE is committed to providing employees with a benefits package that is both comprehensive and competitive. Our benefits offer health coverage and a degree of financial security to our employees and their families. This guide provides a general overview of your benefit choices and enrollment information to help you select the coverage that is right for you.

ELIGIBILITY

If you are a full-time employee regularly scheduled to work at least 30 hours per week, or a part-time employee regularly scheduled to work at least 20 hours per week, you are eligible to participate in the benefit plans upon meeting eligibility requirements. Benefits become effective on your date of hire.

Your dependents are also eligible based on the following guidelines:

- Your spouse
- Your dependent children up to age 26 regardless of marital or student status for medical, dental, and vision
- Your unmarried children of any age who are incapable of supporting themselves due to a mental or physical disability and who are dependent on you

MAKING CHANGES DURING THE YEAR

Choose your benefits carefully. Medical, dental and vision contributions are made on a pre-tax basis and IRS regulations state that you have to experience a qualifying life event in order to make changes during the plan year.

Qualifying life events include but are not limited to:

- Marriage or divorce
- Death of your spouse, or dependent
- Birth or adoption of a child
- Your spouse terminating or obtaining new employment (that affects eligibility for coverage)
- You or your spouse switching employment status from full-time to part-time or vice versa (that affects eligibility for coverage)
- Significant cost or coverage changes
- Your dependent no longer qualifies as an eligible dependent

You must notify and submit any applicable forms and/ or documentation to Human Resources within 30* calendar days of the event. Human Resources will review your request and determine whether the change you are requesting is allowed. Only benefit changes which are consistent with the qualified life event are permitted.

**60 calendar days if you, your spouse or eligible dependent child loses coverage under Medicaid or a State Children's Health Insurance Program (CHIP) or becomes eligible for state-provided premium assistance.*

Enrollment Periods

NEWLY HIRED EMPLOYEES

As a newly hired employee of Project HOPE, you become eligible for benefits on your date of hire. You have 30 calendar days from your hire date to enroll.

ANNUAL ENROLLMENT

As a benefits eligible employee, you have the once-a-year opportunity to enroll in or make changes to your benefit plans during our annual enrollment period unless you experience a qualified life event.

Our benefits plan year runs from **January 1, 2022 - December 31, 2022.**

PAYING FOR YOUR BENEFITS

Some benefits are provided to you at no cost by Project HOPE. The cost of other benefits is shared by you and Project HOPE. Additional benefits, such as flexible spending accounts, are paid by you.

Having benefit options available allows you to customize your benefits to meet your needs and your lifestyle.

BENEFIT	WHO PAYS
Medical/Prescription	Project HOPE & You
Dental	Project HOPE & You
Vision	Project HOPE & You
Basic Life and AD&D	Project HOPE
Long-Term Disability	Project HOPE
Flexible Spending Accounts	You
Business Medical Travel	Project HOPE
Retirement Benefits	Project HOPE & You

PAYROLL DEDUCTIONS

Full-time payroll deductions for the medical and dental plans effective 1/1/2022 - 12/31/2022:

Employee Cost Per Pay Period		
MEDICAL	METLIFE WORLDWIDE MEDICAL	METLIFE WORLDWIDE DENTAL
Employee Only	\$33.78	\$2.60
Employee + Spouse	\$141.38	\$10.57
Employee + Child	\$141.38	\$10.57
Employee + Children	\$219.09	\$16.54
Employee + Family	\$219.09	\$16.54

HEALTH CARE PLAN INFORMATION

IN-NETWORK ADVANTAGE

Consider your health care options highlighted in this guide. Some plans give you the freedom to use any healthcare provider of your choice. However, when you use an in-network provider, the percentage you pay out-of-pocket will be based on a negotiated fee, which is usually lower than the actual charges. If you use a provider who is outside of the network, you may be responsible for paying the difference between your insurance carrier's allowable charges and what the provider charges. This is called balance billing. Allowable charges are set by the insurance carrier and are the amounts that are generally considered reasonable based on what most providers charge for a particular service in a geographic area.

COPAYMENTS AND COINSURANCE

A copayment (copay) is the fixed dollar amount you pay for certain in-network services. In some cases, you may be responsible for the deductible or coinsurance after the copay is made.

Coinsurance is the percentage of covered expenses shared by the employee and the plan. For example, if you pay 20% of an in-network covered charge, the plan pays 80%. In some cases, coinsurance is paid after the insured meets a deductible.

ANNUAL DEDUCTIBLE

Your annual deductible is the amount of money you must first pay before your plan begins paying for services covered by coinsurance. Some services, such as office visits, may require copays and may not apply to the deductible.

- **Your annual medical deductible is on a calendar year basis.**
- **Your annual dental deductible is on a calendar year basis.**

After you meet your deductible, the plan pays for a percentage of eligible expenses (coinsurance) until you meet your out-of-pocket maximum. If you receive services from an out-of-network provider, you may have a larger deductible and the plan may pay a lower percentage of coinsurance. Refer to your health care plan summaries for more information.

OUT-OF-POCKET MAXIMUM

Some plans feature an out-of-pocket maximum, which limits the amount you will pay for eligible health care expenses. Once you reach that maximum, the plan begins to pay 100% of eligible expenses. There may be separate in- and out-of-network out-of-pocket maximums. All copays, deductibles and coinsurance accrue to the out-of-pocket maximums.

- **Your out-of-pocket maximum is on a calendar year basis.**

Medical Benefits: Preventive Care Services

Preventive care is covered in-network at 100% (no deductible or copay) for those services that are generally linked to designated routine wellness exams and screenings. Examples of preventive care services include:

- Annual routine physicals, immunizations
- Well baby care
- Mammograms
- Prostate cancer screenings

There may be limits on how often you can receive preventive care treatments and services. You should ask your health care provider whether your visit is considered preventive or non-preventive care. Please refer to <https://www.healthcare.gov/coverage/preventive-care-benefits/> for a list of eligible preventive services.

MEDICAL BENEFITS

METLIFE WORLDWIDE BENEFITS | WWW.METLIFEWORLDWIDE.COM

1.913.814.6142 (CLAIMS INCURRED WITHIN US)

1.302.661.8674 (CLAIMS INCURRED OUTSIDE US)



Providing comprehensive and quality medical coverage at a reasonable cost is a challenge for all employers. Project HOPE meets this challenge by providing employees with the MetLife Worldwide medical plan which includes prescription drug coverage.

The information below is a summary of medical coverage only. Please contact MetLife Worldwide or Human Resources for plan summaries detailing coverage information, limitations, and exclusions. Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts for which you are responsible.

KEY FEATURES	METLIFE WORLDWIDE MEDICAL PLAN		
	INTERNATIONAL	IN-NETWORK US	OUT-OF-NETWORK US
Calendar Year Deductible (resets Jan. 1) Individual / Family	\$0 / \$0	\$0 / \$0	\$0 / \$0
Calendar Year Out-of-Pocket Maximum (resets Jan. 1) Individual / Family	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000
Physician Services Primary Care / Specialist	10%	10%	10%
Preventive Care Well Baby/Child Adult Physical Examinations Immunizations	No Charge	No Charge	No Charge
Diagnostic Services Lab/X-Ray/Imaging	10%	10%	10%
Hospital Services Inpatient Services Outpatient Services		10%	10%
Emergency Room Care		10%	
Prescription Drug Coverage Retail: Generic / Brand		10%	
Physical/Occupational/Speech Therapy	10% up to a combined maximum of 60 visits per calendar year		
Spinal Manipulation/Acupuncture/Acupressure	10% up to a combined maximum of 20 visits per calendar year		

GLOBAL EVACUATION & EMERGENCY ASSISTANCE

INCLUDED WITH YOUR METLIFE WORLDWIDE BENEFITS

CALL THE NUMBER ON THE BACK OF YOUR MEMBER ID CARD



Emergency assistance services and arrangements can be made to evacuate or repatriate you or your dependents from your location to the nearest medical facility equipped to handle the emergency.

Services include:

- Medical repatriation and evacuation services
- Medical and dental referrals
- Medical care monitoring
- Repatriation of mortal remains
- Family or travel companion transportation arrangements
- Escort of dependent children
- Prescription transfer assistance
- Hotel convalescence arrangements
- Guarantee of hospital admission
- Advance of medical expenses
- Health hazard advisory
- Inoculation requirements

AXA Assistance will perform any necessary evacuations and care will be monitored and coordinated between your Regional Service Center and AXA Assistance.

DENTAL BENEFITS

METLIFE WORLDWIDE BENEFITS | WWW.METLIFEWORLDWIDE.COM

1.913.814.6142 (CLAIMS INCURRED WITHIN US)

1.302.661.8674 (CLAIMS INCURRED OUTSIDE US)



Dental coverage is a key component of your overall health and wellness. Project HOPE offers you access to a dental plan through MetLife Worldwide which covers three main types of expenses:

- **Preventive and Diagnostic Services:** Oral examination, diagnostic x-rays, and periodontal maintenance
- **Basic Services:** basic restorations, endodontics, periodontics, fillings, root canal, scaling, root planning and repairs to bridgework and dentures
- **Major Services:** major restorations, dentures, bridgework, and crowns.

KEY FEATURES	METLIFE EXPATRIATE DENTAL PLAN		
	INTERNATIONAL	IN-NETWORK US	OUT-OF-NETWORK US
Calendar Year Maximum (per member)	Plan pays up to \$1,500 per person each plan year		
Calendar Year Deductible (applies to basic and major services only)		\$25 Individual \$75 Family	
Preventive Services		100%	
Basic Services		80%	
Major Services		50%	



VISION BENEFITS

METLIFE WORLDWIDE BENEFITS | WWW.METLIFEWORLDWIDE.COM

1.913.814.6142 (CLAIMS INCURRED WITHIN US)

1.302.661.8674 (CLAIMS INCURRED OUTSIDE US)



Project HOPE offers you access to vision coverage through MetLife Expatriate. The plan frequency is every 24 months for exams, lenses, and frames.

KEY FEATURES	METLIFE EXPATRIATE VISION PLAN		
	INTERNATIONAL	IN-NETWORK U.S.	OUT-OF-NETWORK U.S.
Eye Exam		No charge	
Frames		\$100 allowance	
Lenses Single Vision Bifocal Trifocal		\$100 allowance	
Contact Lenses (instead of glasses)		\$100 allowance	

INCOME PROTECTION

METLIFE WORLDWIDE BENEFITS | WWW.METLIFEWORLDWIDE.COM

1.913.814.6142 (CLAIMS INCURRED WITHIN US)

1.302.661.8674 (CLAIMS INCURRED OUTSIDE US)

BASIC LIFE AND AD&D INSURANCE

Project HOPE provides you with basic life insurance and accidental death and dismemberment (AD&D) coverage administered by MetLife Worldwide with a benefit of two times your annual salary up to a maximum of \$300,000 for basic life and AD&D. The benefit reduction schedule is 35% at age 65 and an additional 15% at age 70. Benefits terminate upon retirement.

LONG-TERM DISABILITY INSURANCE

Project HOPE provides a long-term disability plan administered by MetLife Worldwide that pays 60% of your monthly covered earnings, up to a maximum benefit of \$10,000 per month. Benefits begin after 90 consecutive days of disability. Benefits continue as long as you are disabled until age 65.

INTERNATIONAL EMPLOYEE ASSISTANCE PROGRAM

INCLUDED WITH YOUR METLIFE WORLDWIDE BENEFITS

24/7 HELPLINE: +44.1865.397.074



Project HOPE cares about your total health management—both physical and emotional. For that reason, we offer an International Employee Assistance Program (EAP) for eligible employees provided by MetLife Worldwide through Lifeworks.

Global employees and their families experience unique stress and situations. You have access to counseling and support services for you and your family members to help maintain balance and wellbeing in your personal life and work life. Guidance is available 24/7 via phone for independent advice, information and support that is completely confidential and offered at no cost to you.

Services include:

- 24/7 on-demand telephone counseling by highly qualified, licensed professionals
- In-person sessions
- Crisis management, legal, financial and specialist advice
- Interactive online tools

You can also visit [MetLifeWorldwide.com](https://www.MetLifeWorldwide.com) for useful information and fact sheets on health, personal support, and work/life balance.



FLEXIBLE SPENDING ACCOUNTS (US TAX SAVINGS)

WEX

1.866.451.3399 | WEXINC.COM



Flexible Spending Accounts (FSAs) help you save money by allowing you to pay for certain types of healthcare and dependent care expenses on a pre-tax basis. You decide how much money to put aside annually in one or both FSAs. The plan year is January 1, 2022 - December 31, 2022.

ACCOUNT	2022 IRS LIMITS
General Purpose Healthcare FSA	\$2,850 maximum (allows \$570 Rollover* into the next plan year)
Dependent Care FSA	\$5,000 maximum (\$2,500 if married and filing separately)

To be eligible to participate, you do not need to be enrolled in the medical plan, but you do need to remain enrolled in the FSA plan for the full 12 months. No mid-year changes are permitted without a qualifying event.

Eligible healthcare expenses may include:

- Office visit & prescription drug co-payments
- Eligible over-the-counter items**
- Deductibles
- Co-insurance
- Out-of-pocket dental, vision, or hearing related expenses

The run-out period for filing claims from the 2022 plan year is March 30th.

***Remember, you cannot use a Healthcare FSA to pay for most over-the-counter (OTC) medications that are not prescribed, in writing, by a licensed physician or healthcare provider.*

Dependent Care Account

The Dependent Care Flexible Spending plan is designed to help you save money on the child care expenses you and your spouse incur during the year. Child care expenses may include day care, nursery school costs, or after-school programs. This plan can also be used for expenses incurred in the care of elderly parents, a disabled spouse or a disabled child.

Please note, the Dependent Care Flexible Spending Account is not for dependent medical expenses; this account is specifically for the care of your child or dependent while you and/or your spouse are at work or attending school. Note that certain conditions must be met for eligibility. Please see HR for more details on eligibility requirements.

*FSA Rollover Provision

To help eliminate the effect of the "use it or lose it" rule, the FSA Health Care plan include a Rollover provision. The Rollover provision allows \$570 of unused FSA funds to be rolled over automatically to the next plan year after the conclusion of the run out period (90 days). No action is required to take advantage of this Rollover provision. Any unused amount in excess of \$570 remaining at the end of the run-out period for the plan year will be forfeited.

This provision does not affect the ability to elect the maximum amount the following year. Even if funds are rolled over from a previous plan year, a participant can still elect up to the maximum FSA contribution amount allowed under their plan. Note: The FSA Rollover Provision **does not apply to the Dependent Care FSA** plan and does not apply to terminated employees.

RETIREMENT BENEFITS

403(B) PLAN | PRINCIPAL | 1.800.547.7754 | PRINCIPAL.COM

As an employee of Project HOPE you are encouraged to contribute a portion of your income to a tax deferred 403(b) plan, which includes a Roth plan option. From day one of employment you are eligible to contribute up to the 2022 IRS limit. After 6 months of employment Project HOPE will match your contribution 100% up to the first 3%, and 50% for an additional 2% of deferred contributions, therefore if you contribute 5%, Project HOPE will match up to a total of 4%. This benefit will be 100% vested immediately. In addition, Project HOPE will contribute 3% to your retirement after 6 months of employment that will be 100% vested after 3 years of service on a discretionary basis.

TIME AND LEAVE

HOLIDAYS

U.S. based Project HOPE employees receive eleven (12) paid holidays annually. Holidays at international program sites may vary by location to fit local custom.

- New Year's Day
- Martin Luther King, Jr's Birthday
- Presidents' Day
- Memorial Day
- Juneteenth Day
- Independence Day
- Labor Day
- Indigenous Peoples' Day
- Veteran's Day
- Thanksgiving
- The day after Thanksgiving
- Christmas

VACATION LEAVE

Project HOPE employees accrue vacation time each pay period based on their rate of accrual and paid hours. The accrual begins with the first day in an eligible status. Vacation is accrued on all paid hours, up to full time hours each pay period. The maximum accrued vacation that an employee may carry over at the end of the calendar year is 100 hours.

Years of Service	Annual Vacation Accrual	Hourly Vacation Accrual
0-3	13 days	.0500 per hour worked
4-10	18 days	.0692 per hour worked
>10	23 days	.0885 per hour worked

SICK LEAVE

Sick Leave is accrued at the rate of eight (8) hours per month and up to 720 hours may be accumulated. It is provided to cover illness and doctor's appointments, and may be used to care for a dependent as well as the employee.

PERSONAL DAYS

Employees are provided five (5) personal days annually to use as needed. Available after 30 days of employment. Personal days must be used as full days within the calendar year. No rollover option and no payout for unused personal days. New hires starting after September 30th will receive two (2) personal days.

FLEXIBLE HOLIDAYS

Employees are provided three (3) flexible holidays annually to be used for any official or unofficial holiday not observed as a holiday by Project HOPE. Use of flexible holidays for any given day are at the discretion of the employee. Flexible holidays must be used as full days within the calendar year. No rollover option and no payout for unused flexible holiday days.

EMPLOYER-PAID TRAVEL BENEFITS

BUSINESS TRAVEL ACCIDENT PLAN | CHUBB

Project HOPE provides a business travel accident plan administered by Chubb for all employees, US Expatriates, Third Country Nationals, and Local Nationals, who are traveling on an approved active assignments for Project HOPE. This Travel Accident coverage provides coverage for unforeseen accidents or illnesses while traveling on an approved business trip outside your country of residence.

- Inside the US: 1.800.243.6124
- Worldwide, call collect: 1.202.659.7803
- OPS@europassistance-usa.com
- Policyholder Name: Project HOPE – The People to People Health Foundation
- Plan Number: 01AH585
- Policy Number: ADDN16747877

SECURITY/NATURAL DISASTER EVACUATION | UNITEDHEALTHCARE GLOBAL

Project HOPE provides a Security/Natural Disaster Evacuation plan administered by UnitedHealthcare Global for all employees who are on travel outside their country of origin or permanent assignment. Security Evacuation and Natural Disaster Services cover the transportation of a covered person to the nearest place of safety. Upon the request of the covered person, UnitedHealthcare Global will arrange and pay for this service. Coordination of insurance benefits, if applicable, will not be payable unless UnitedHealthcare Global authorizes all expenses in advance and these services are approved by our designated Safety and Security Team. This objective is overridden by UnitedHealthcare Global in a life-threatening event. UnitedHealthcare Global is responsible for the availability of transportation services. Where an evacuation is impractical due to hostile or dangerous conditions, UnitedHealthcare Global will make every effort to maintain contact until evacuation is possible.

How to Access Services:

- Call Collect: +1.410.453.6330
- Check UnitedHealthcare Global ID Card for Toll Free Access dialed within a specific country
- Client: Project HOPE
- UnitedHealthcare Global ID: 357051
- To set up an account to access all the information and services of UnitedHealthcare Global go to: <http://members.uhcglobal.com>

IMPORTANT LEGAL NOTICES FROM PROJECT HOPE

EMPLOYEE HEALTH CARE PLAN 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 later 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).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e., legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment)
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP)

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

Human Resources
1220 19th Street, NW, Ste. 800
Washington, DC 20036
844.349.0188
hr@projecthope.org

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

The Project HOPE Employee Health Care Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections 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
- Protheses
- Treatment of physical complications of the mastectomy, including lymphedemas

The Project HOPE Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please refer to your Summary Plan Description or contact your Plan Administrator.

MATERNITY NEWBORN AND INFANT COVERAGE

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a caesarian section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

QUALIFIED MEDICAL CHILD SUPPORT ORDERS

A qualified medical child support order (QMCSO) is a judgment from a state court or an order issued through an administrative process under state law that requires you to provide coverage for a dependent child under the Project HOPE health care plans. You may obtain a copy of the QMCSO administrative procedures, free of charge, from the Plan Administrator. In any case, if you are subject to an order, you and each child will be notified about the procedures.

CREDITABLE COVERAGE NOTICE: YOUR PROJECT HOPE 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 Project HOPE and your options under Medicare's prescription drug coverage (if you are eligible for Medicare). 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 a 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 better coverage for a higher monthly premium.
2. Project HOPE has determined that the prescription drug coverage offered under the group health care plans under Project HOPE Health and 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 it and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable coverage, through no fault of your own, you will also be eligible for a two 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 Project HOPE coverage will not be affected. If you drop your coverage with Project HOPE and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of Medicare prescription drug coverage in your area.

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 Project HOPE 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 19 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 November to join.

For More Information About this Notice or Your Current Prescription Drug Coverage

To obtain more information about this notice or your current prescription drug coverage, contact Human Resources. You'll get this notice each year. You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You 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 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

Remember: Keep this notice. If you enroll in one of the Medicare-approved plans offering prescription drug coverage, you may need to provide a copy of this notice when applying for the coverage to show that you are not required to pay a higher premium amount.

Date: January 1, 2022

Sender: Project HOPE

Contact: Human Resources

Address: 1220 19th Street NW, Suite 800
Washington, DC 20036

Phone: 844.349.0188

Email: hr@projecthope.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.

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, 2021. Contact your State for more information on eligibility.

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	IOWA – Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hip HIPP Phone: 1-888-346-9562
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	KANSAS – Medicaid Website: http://www.kancare.ks.gov/ Phone: 1-800-792-4884
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/hipp Phone: 1-916-445-8322 Email: hipp@dhcs.ca.gov	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442	LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
FLORIDA – Medicaid Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268	MAINE – Medicaid Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
GEORGIA – Medicaid Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/info-details/masshealth-premium-assistance-pa> Phone: 1-800-862-4840

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
 Phone: 1-800-699-9075

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp> Phone: 1-800-657-3739

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx> Phone: 1-800-692-7462

MISSOURI – Medicaid

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

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
 Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
 Phone: 1-800-694-3084

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
 CHIP Website: <http://health.utah.gov/chip>
 Phone: 1-877-543-7669

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
 Phone: 1-855-632-7633
 Lincoln: 402-473-7000 | Omaha: 402-595-1178

VERMONT – Medicaid

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

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
 Medicaid Phone: 1-800-992-0900

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
 Medicaid Phone: 1-800-432-5924
 CHIP Phone: 1-800-432-5924

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
 Phone: 603-271-5218 Toll free number for the HIPP program:
 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid AND CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
 Medicaid Phone: 609-631-2392
 CHIP Website: <http://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
 Phone: 1-800-562-3022

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
 Phone: 1-800-541-2831

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>
 Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
 Phone: 919-855-4100

WISCONSIN – Medicaid and CHIP

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

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
 Phone: 1-844-854-4825

WYOMING - Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/> Phone: 1-800-251-1269

OKLAHOMA – Medicaid and CHIP

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

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

U.S. Department of Labor
 Employee Benefits Security Administration
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
 1-877-267-2323, Menu Option 4, Ext. 61565

BENEFIT CONTACTS

BENEFIT	WHO TO CALL	PHONE NUMBER	WEBSITE/EMAIL
Project HOPE Human Resources	Human Resources	1.540.837.9433	hr@projecthope.org
Medical	MetLife Worldwide Benefits	1.913.814.6142 (Claims Incurred <u>within</u> US) 1.302.661.8674 (Claims Incurred <u>outside</u> US)	www.metlifeworldwide.com
Dental			
Vision			
Life, AD&D, and Disability			
International Employee Assistance Program	MetLife Worldwide Benefits	+44.1865.397.074	www.metlifeworldwide.com
Medical Global Evacuation & Emergency Assistance	MetLife Worldwide Benefits	Call the # on the back of your member ID card for a regional coordinator	www.metlifeworldwide.com
403(b)	Principal	1.800.547.7754	www.principal.com
Flexible Spending Accounts	WEX	1.866.451.3399	www.wexinc.com
Business Travel Accident	CHUBB	US: 1.800.243.6124	www.ACETravelAssistance.com Group ID: aceah Activation Code: security Policy Number: ADDN16747877
Security/National Disaster Evacuation	UnitedHealthcare Global	Call Collect: 1.410.453.6330 Check UHC Global ID card for toll-free access within specific countries	http://members.uhcglobal.com Client: Project HOPE UnitedHealthcare Global ID: 357051
AHT Insurance Broker	Kim Urban Samantha Rondeau	1.703.669.1127 1.703.554.6732	kim.urban@ahtins.com samantha.rondeau@ahtins.com