

YOUR 2022 BENEFITS GUIDE

Delivering Benefit Choices with **You** in Mind

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



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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.

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 qualifying 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 qualifying 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 voluntary life, are paid by you at discounted group rates.

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
Voluntary Short-Term Disability	You
Long-Term Disability	Project HOPE
Voluntary Life & AD&D	You
Voluntary Benefits: Accident, Critical Illness & Hospital Indemnity	You
Employee Assistance Program (EAP)	Project HOPE
Flexible Spending Accounts (FSA)	You
Health Savings Account (HSA)	Project HOPE & You
Business Medical Travel	Project HOPE
Retirement Benefits	Project HOPE & You

PAYROLL DEDUCTIONS

Full-Time employee payroll deductions for medical, dental, and vision benefits effective 1/1/2022 - 12/31/2022:

Employee Cost Per Pay Period					
	UHC MEDICAL		DELTA DENTAL		UHC VISION
	CHOICE PLUS	CHOICE PLUS HDHP W/ HSA	LOW PLAN	HIGH PLAN	
Employee Only	\$49.43	\$36.00	\$1.65	\$5.49	\$0.73
Employee + Spouse	\$200.02	\$145.68	\$6.66	\$18.00	\$2.19
Employee + Child	\$148.00	\$107.79	\$6.97	\$18.76	\$2.79
Employee + Children	\$148.00	\$107.79	\$6.97	\$18.76	\$2.79
Employee + Family	\$287.57	\$209.43	\$12.07	\$36.74	\$4.05
Opt-Out Credit	\$33.33		\$3.12		N/A

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 (subject to age frequency / limitations)
- Cholesterol screening
- Mammograms, pap smears, pelvic exams
- PSA (Prostate Specific Antigen) exams

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

UNITEDHEALTHCARE (CHOICE PLUS NETWORK)

1.866.873.3903 | MYUHC.COM



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 UnitedHealthcare Choice Plus and Choice Plus HDHP w/ HSA plans which both include prescription drug coverage.

The information below is a summary of medical coverage only. Please contact UnitedHealthcare 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	CHOICE PLUS	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible (resets January 1) Individual / Family	\$500 / \$1,500	\$1,000 / \$3,000
Calendar Year Out-of-Pocket Maximum (resets January 1) Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000
Physician Services Primary Care / Specialist Virtual Visit	\$30 copay / \$60 copay \$0	Deductible then 40% Deductible then 40%
Preventive Care Well Baby / Child Adult Physical Examinations	No charge No charge	Deductible then 40% Deductible then 40%
Diagnostic Services Lab & X-Ray Major Diagnostic and Imaging	Deductible then 20% Deductible then 20%	Deductible then 40% Deductible then 40%
Hospital Services (prior authorization required) Inpatient Stay Outpatient Surgery	Deductible then 20% Deductible then 20%	Deductible then 40% Deductible then 40%
Emergency Services Urgent Care Center Emergency Room	\$75 copay \$300 copay	Deductible then 40% Covered as in-network
PRESCRIPTION DRUG		
Retail: Up to a 31-day supply Tier 1 / Tier 2 / Tier 3	\$10 / \$35 / \$60	
Mail Order: Up to a 90-day supply Tier 1 / Tier 2 / Tier 3	\$25 / \$87.50 / \$150	

MEDICAL BENEFITS

UNITEDHEALTHCARE (CHOICE PLUS NETWORK)

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KEY FEATURES	CHOICE PLUS HDHP W/ HSA	
	IN-NETWORK	OUT-OF-NETWORK
Project HOPE Sponsored HSA Contribution* Individual / Family	\$1,250 / \$2,500	
Calendar Year Deductible (resets January 1) Individual / Family	\$2,500 / \$5,000	\$5,000 / \$10,000
Calendar Year Out-of-Pocket Maximum (resets January 1) Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000
Physician Services Primary Care / Specialist Virtual Visit	Deductible then 20% Deductible then \$0	Deductible then 40% Deductible then 40%
Preventive Care Well Baby / Child Adult Physical Examinations	No charge No charge	Deductible then 40% Deductible then 40%
Diagnostic Services Lab & X-Ray Major Diagnostic and Imaging	Deductible then 20% Deductible then 20%	Deductible then 40% Deductible then 40%
Hospital Services (prior authorization required) Inpatient Stay Outpatient Surgery	Deductible then 20% Deductible then 20%	Deductible then 40% Deductible then 40%
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PRESCRIPTION DRUG		
Retail: Up to a 31-day supply Tier 1 / Tier 2 / Tier 3	Deductible then: \$10 / \$35 / \$60	
Mail Order: Up to a 90-day supply Tier 1 / Tier 2 / Tier 3	Deductible then: \$25 / \$87.50 / \$150	

**Funding deposited semi-annually in January and June, and pro-rated based on your date of hire.*

MEDICAL SERVICES



24/7 NURSELINESM | UNITEDHEALTHCARE | 1.877.440.0547

Call to speak with registered nurses at no extra cost, 24/7.

The NurseLine can help you with:

- Choosing appropriate medical care
- Finding a doctor or hospital
- Understanding treatment options
- Achieving a healthier lifestyle
- Answering medication questions

VIRTUAL VISITS | MYUHC.COM

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. A virtual visit lets you see a doctor via your smartphone, tablet or computer. Refer to the medical benefit tables in this guide to see what your cost share is for virtual visits. Utilize virtual visits to seek care for non-emergency medical conditions and behavioral health visits that are secure and confidential.

Common Virtual Visit conditions:

- Allergies
- Bladder infections
- Bronchitis
- Cough/colds
- Diarrhea
- Fever

Use virtual visits when your doctor is not available, you become ill while traveling (within the US), or when you are considering visiting a hospital emergency room for a non-emergency health condition. Virtual visits are not a suitable option for anything requiring an exam or test, complex or chronic conditions, injuries requiring bandaging or sprains/broken bones. Find a Designated Virtual Visit Network Provider Group at myuhc.com or by calling Customer Care at the telephone number on your ID card.

For covered services related to mental health and substance abuse, you have access to the **UnitedHealthcare Behavioral Health Benefit**. Telemental visits with UnitedHealthcare Behavioral Health network providers cost the same as an in-office visit.

- Go to **myuhc.com** to search for a video telehealth specialist
- Call to make an appointment with your selected provider

EMPLOYEE ASSISTANCE PROGRAM | 1.888.887.4114

The EAP gives you confidential support to help with: depression, stress and anxiety; relationship difficulties; financial and legal resources; child and elder care support; substance use and recovery and more! You have access to three face-to-face sessions at no cost. Call the member phone number on your health plan ID card and ask to speak to an EAP consultant or contact EAP directly 24/7 at 1.888.887.4114.

UNITEDHEALTHCARE HEALTH4ME® MOBILE APP

Easily manage your benefits on the go with the UnitedHealthcare Health4Me® mobile app. The app keeps your health information within reach, wherever you go. You'll have instant access to view your health plan details, generate a health plan ID card, check claims or find a doctor. You can also use the Talk to Me tool to ask a service representative to call you and answer questions about claims and benefits. Search for the Health4Me® app in the Apple App Store or the Google Play Store.

MEDICAL SERVICES



REAL APPEAL WELLNESS BENEFIT | [UHC.REALAPPEAL.COM](https://www.uhc.realappeal.com)

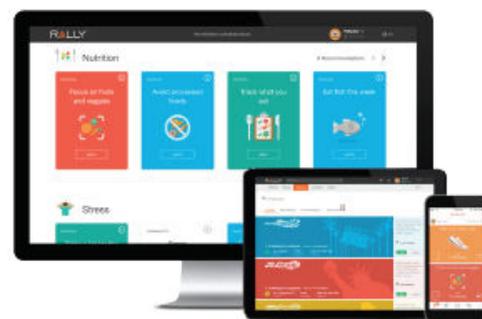
Real Appeal is a simple, step-by-step program designed to help you get on the fast track to lasting weight loss without turning your life upside down. And, because of its potential to transform so many lives here at Project HOPE, Real Appeal is available at no additional cost to all eligible UnitedHealthcare plan members, including covered spouses and adult dependents.

What's exciting about Real Appeal is that it can work for most anyone, no matter how much weight you want to lose or what kind of shape you are in. Depending on your needs, a personal weight-loss coach will customize a plan specific to your health goals, fitness level and lifestyle and will provide ongoing support for an entire year. Members of Real Appeal also receive a Success Kit which includes everything you need to put you on the road to results - step-by-step program guides, workout DVDs, recipes, healthy cooking tools and even your own personal blender. A healthier lifestyle is only a click away. Enroll in Real Appeal today by visiting www.uhc.realappeal.com.

RALLY BENEFIT

Rally is a user-friendly digital interface with personalized health recommendations while winning rewards, just for you. Start with the quick Health Survey and get your Rally Age, a measure to help you assess your overall health. Rally will then recommend missions for you: activities designed to help improve your diet, fitness and mood. Start easy, and level up when you're ready.

There are lots of ways to earn Rally Coins, which you can use for chances to win rewards. Rack up Rally Coins for taking healthy actions, like joining missions, completing healthy activities, or pushing yourself in a Challenge.



ADDITIONAL FREE SERVICES OFFERED THROUGH UNITEDHEALTHCARE

There are additional services available at no cost to you, such as Tobacco Cessation that provides online coaches anytime you need support. Log on to myuhc.com to see and access all available resources and services for UnitedHealthcare members.



HEALTH ADVOCATE

HEALTHADVOCATESM | 1.866.695.8622

[HEALTHADVOCATE.COM/MEMBERS](https://www.healthadvocate.com/members) | ANSWERS@HEALTHADVOCATE.COM

Health Advocate is an added service available to you at no cost! With Health Advocate, you have access to a personal Health Advocate courtesy of Project HOPE. Health Advocate experts make healthcare easier by supporting you and your eligible family members with a wide range of health and insurance-related issues, all through a single toll-free number.

This service is available to all eligible employees, spouses/partners, dependent children, parents and parents-in-law.

24/7 Nurse Line

Reach the on-call nurse advice line 24/7 at 1.866.695.8622 for advice on medical issues and symptoms.

Assistance with Care

Health Advocate experts can:

- Support medical issues
- Answer questions about diagnoses and treatments
- Research the latest treatment options
- Find the right in-network doctors and make appointments
- Research and arrange expert second opinions
- Facilitate pre-authorizations and coordinate benefits
- Resolve insurance claims and billing issues
- Explain benefits and your share of the costs



Turn to Health Advocate for anything healthcare related. Services are confidential and available via the mobile app, phone, or email from 8AM-9PM EST. Staff is also available for assistance outside of business hours.

Download the mobile app in the App Store or Google Play.



DENTAL BENEFITS

DELTA DENTAL OF PENNSYLVANIA
1.800.932.0783 | DELTAEDENTALINS.COM



Dental coverage is a key component of your overall health and wellness. Project HOPE offers you access to a choice of two dental plans through Delta Dental. The low plan covers preventive and basic services while the high plan offers coverage for the below four types of expenses:

- **Preventive and Diagnostic Services:** Routine exams and cleanings, fluoride treatments (through age 18), sealants (through age 15), and X-rays
- **Basic Services:** Simple fillings and extractions, root canals, oral surgery, and gum disease treatment
- **Major Services (High option only):** Crowns, bridgework and dentures
- **Orthodontia (High option only):** Included for adults and children up to age 26

Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts for which you are responsible.

KEY FEATURES	DELTA DENTAL LOW OPTION		
	IN-NETWORK		OUT-OF-NETWORK
	PPO	PREMIER	
Calendar Year Maximum (per member)	Plan pays up to \$1,000 per person each plan year		
Calendar Year Deductible (waived for preventive, diagnostic, and orthodontia services)	\$50 Individual / \$150 Family		
Preventive Services	0%	0%	0%
Basic Services	10%	20%	20%
Major Services	Not Covered		
Orthodontia Coverage	Not Covered		

KEY FEATURES	DELTA DENTAL HIGH OPTION		
	IN-NETWORK		OUT-OF-NETWORK
	PPO	PREMIER	
Calendar Year Maximum (per member)	Plan pays up to \$5,000 per person each plan year		
Calendar Year Deductible (waived for preventive, diagnostic, and orthodontia services)	\$50 Individual / \$150 Family		
Preventive Services	0%	0%	0%
Basic Services	10%	20%	20%
Major Services	40%	50%	50%
Orthodontia Coverage (adults and children up to age 26)	50%	50%	50%
Orthodontia Lifetime Max	\$2,500 per person		

DENTAL BENEFITS

DELTA DENTAL OF PENNSYLVANIA
1.800.932.0783 | [DELTADENTALINS.COM](https://www.deltadentalins.com)



CHOOSING A DENTIST

You may select the dentist of your choice. However, to get the full advantage of your Delta Dental coverage, you should choose a dentist who participates in the Delta Dental network(s) covered by your plan.

Delta Dental PPO and Delta Dental Premier dentists have agreed to accept Delta Dental's plan allowance, plus any required coinsurance and deductible (if applicable) as payment in full.

⇒ **Choose a PPO Dentist whenever possible for the lowest out-of-pocket cost.**

Please visit [DeltaDentalIns.com](https://www.DeltaDentalIns.com) to find a participating dentist in your area.



HELPFUL TIPS

If you plan to enter a course of treatment with an anticipated cost of \$300 or more or any major treatment, please ask your provider to submit a pre-treatment estimate.

A pre-treatment estimate gives your carrier the chance to review what the claim may look like before you've received the services and incurred charges. Upon review, they'll send both you and your dentist an estimate of what will be covered by the plan.



VISION BENEFITS

UNITEDHEALTHCARE

1.800.638.3120 | MYUHCVISION.COM



Project HOPE offers you access to vision coverage through UnitedHealthcare. The plan frequency is every 12 months for exams, lenses, and frames. When searching for providers, please use the Spectera network.

KEY FEATURES	UHC Vision	
	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Eye Exam	No charge	Up to \$40 allowance
Frames	\$150 allowance + 30% discount	Up to \$45 allowance
Lenses Single Vision Bifocal Trifocal	No charge	Up to \$40 allowance Up to \$60 allowance Up to \$80 allowance
Contact Lenses Covered Selection Non-Selection Medically Necessary	Up to 4 boxes at no charge \$125 allowance No charge	N/A Up to \$125 allowance Up to \$210 allowance

Note: Contact lenses are in lieu of frames and/or eyeglass lenses. UnitedHealthcare has partnered with QualSight LASIK, the largest LASIK manager in the United States, to provide members with access to discounted laser vision correction providers. Member savings represent up to 35% off the national average price of Traditional LASIK. Contracted prices start at \$945 per eye for Traditional LASIK and \$1,395 per eye for Custom LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. For more information, visit myuhcvision.com.

UnitedHealthcare Hearing Aids

As a UnitedHealthcare vision plan member, you can save on custom-programmed hearing aids when you buy them from UnitedHealthcare Hearing. To find out more go to UHChearing.com. When placing your order use promo code MYVISION to get the special price discount.



SHOP EYEGLASSES AND SUNGLASSES AT WARBYPARKER.COM/UNITED OR VISIT A LOCATION NEAR YOU!

You and any covered dependents can now shop for glasses at Warby Parker online and at their retail locations nationwide, as part of your UnitedHealthcare vision network.

Glasses start at just \$95, and any glasses under \$150 will be covered at no cost to you after your frames allowance benefit is applied. Lenses are included!

Warby Parker's frames are designed in-house and crafted from top-tier materials. Their eyeglasses come with scratch-resistant, smudge-resistant, and anti-reflective treatments at zero additional cost. And for every pair purchased, a pair is distributed to someone in need.

Find your member ID on your ID card or at myuhcvision.com to apply your benefits. Or, call Warby Parker at 855.550.0743 to have your benefits verified without it.

INCOME PROTECTION

PRUDENTIAL

1.888.598.5671 | PRUDENTIAL.COM



BASIC LIFE AND AD&D INSURANCE

Project HOPE provides you with basic life insurance and accidental death and dismemberment (AD&D) coverage administered by Prudential 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 50% at age 75.

VOLUNTARY LIFE & AD&D INSURANCE

You have the option to obtain additional life and AD&D insurance with Prudential for yourself, your spouse, and your children. The AD&D benefit matches the voluntary life election. The benefit reduction schedule for voluntary life is 35% at age 65 and 50% at age 70. Coverage must be elected within 30 calendar days of your date of hire or medical evidence of insurability will be required. Guaranteed Issue is available during your initial eligibility period only. Any amounts over the guarantee issue amount will require submission of evidence of insurability.

Employees must participate in voluntary plan for dependents to participate.

FOR YOURSELF	FOR YOUR SPOUSE	FOR YOUR CHILDREN
Coverage is available in increments of \$10,000 up to a maximum of \$300,000.	Coverage is available in increments of \$5,000 up to a maximum of \$150,000 and not to exceed 50% of your employee election.	Coverage is available for children to age 26 years with a flat benefit amount of \$10,000 and not to exceed 50% of your employee election.
Guaranteed Issue: \$150,000	Guaranteed Issue: \$50,000	All amounts guaranteed

VOLUNTARY SHORT-TERM DISABILITY

You have the option to purchase one of two short-term disability plans that pay up to 60% of your weekly covered earnings to a maximum benefit of \$1,000 per week. Option 1: the benefits for accident or illness begin on the 16th consecutive day of a covered disability and will continue for a maximum of 11 weeks. Option 2: the benefits for accident or illness begin on the 31st consecutive day of a covered disability and will continue for a maximum of 9 weeks.

LONG-TERM DISABILITY

Project HOPE provides a long-term disability plan 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 through Social Security Normal Retirement Age (SSNRA) or a schedule depending on your age at the time you are disabled.

VOLUNTARY INCOME PROTECTION

PRUDENTIAL

1.844.455.1002 | PRUDENTIAL.COM



VOLUNTARY ACCIDENT INSURANCE

Group Accident Insurance, offered through Prudential, complements your medical coverage by helping to ease the financial impact of an accident that may otherwise be devastating to your family's finances. Accident Insurance provides you with a cash benefit for every covered expense - from x-rays to ambulance service – regardless of what is paid by your medical insurance. Benefits are paid directly to you and you are free to use them to cover whatever expenses you deem fit.

You can use your benefits to pay for child care during your recovery, household expenses, injury-related modifications to your home or vehicle, medical copayments, deductibles, out-of-pocket expenses and more.

In addition, Prudential offers a Child Sports Benefit to enhance the payout for dependent children enrolled on the plan who are injured during an organized sport event.

Accident Insurance coverage includes services related to:

- Emergency care such as ambulance, air ambulance, emergency treatment
- General treatment such as inpatient hospital admission, ICU confinement, rehabilitation facility confinement, follow-up visits, transportation and lodging
- Injury and treatment such as fractures, dislocations, burns, coma, concussion, dental and eye injuries
- Surgery including knee cartilage, ruptured disc, tendon, ligament, or rotator cuff

WELLNESS BENEFIT

Prudential Accident coverage includes a \$75 per year benefit for completing certain routine wellness screenings or procedures. Please refer to your plan documents for example procedures that qualify for this benefit. The \$75 benefit may be paid once per year to each covered employee, spouse, and child. Be sure to take advantage of this benefit annually for covered preventive services.



VOLUNTARY INCOME PROTECTION

PRUDENTIAL

1.844.455.1002 | PRUDENTIAL.COM



VOLUNTARY CRITICAL ILLNESS INSURANCE

Critical Illness Insurance, offered through Prudential, complements your medical and disability income coverage while narrowing the gaps in coverage caused by out-of-pocket expenses. If you suffer a critical illness, your financial burden may include many expenses not covered by medical insurance during a time where your income may be compromised. Critical Illness insurance provides you with a lump-sum payment upon diagnosis of a covered critical illness to use as you see fit. The cash benefit is paid directly to you and can help with any of the out of pocket expenses you may incur as a result of a critical illness, such as insurance deductibles, copays, and transportation to/from medical centers, childcare and more.

Critical illnesses fall into four categories, as follows:

- Cancer related
- Cardiovascular related: such as heart attack, stroke, heart failure, or coronary arteriosclerosis
- Other: major organ failure, kidney failure, Alzheimer's
- Childhood conditions: Sickle Cell Anemia, cerebral palsy, cleft lip/palate, cystic fibrosis, Down's Syndrome, Muscular Dystrophy and Spina Bifida
- **Infectious Disease Benefit:** coverage for the contraction of an infectious disease, for example: coronavirus.

VOLUNTARY HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity insurance, also through Prudential, is a plan that pays you benefits when you are confined to a hospital, whether for planned or unplanned reasons, or for other medical services. This benefit can help you fill gaps in your medical coverage by providing cash to help cover deductibles, pharmacy prescriptions and other non-covered expenses that may arise from hospital stays and services. Pregnancy is covered under this plan with no waiting periods on claims.

BENEFITS	COVERAGE AMOUNT
HOSPITAL ADMISSIONS (over 24 hours) Limited to 1 admissions per covered person, per covered accident, injury or illness not to exceed 5 admissions per calendar year.	
Hospital Admission	\$1,000
ICU Admission (paid in addition to the General Hospital Admission benefit)	\$1,000
HOSPITAL CONFINEMENT pays a benefit if a covered person is confined in the hospital for treatments of a covered accident, injury or illness. Payable for up to 30 days per confinement not to exceed 5 confinements per calendar year.	
Hospital Confinement (begins on day 2)	\$150 per day
ICU Confinement (begins on day 2)	\$300 per day

WELLNESS BENEFIT

Prudential Critical Illness and Hospital Indemnity coverage includes a \$75 per year benefit for completing certain routine wellness screenings or procedures. Please refer to your plan documents for example procedures that qualify for this benefit. The \$75 benefit may be paid once per year to each covered employee, spouse, and child. Be sure to take advantage of this benefit annually for covered preventive services.

VALUE ADD SERVICES

INCLUDED WITH PRUDENTIAL EMPLOYER-PAID BENEFITS
(FULL AND PART-TIME EMPLOYEES)



EMPLOYEE ASSISTANCE PROGRAM (EAP) | 1.800.311.4327

WEBSITE: WWW.GUIDANCERESOURCES.COM | COMPANY WEB ID: GEN311

Project HOPE employees have access to an Employee Assistance Program (EAP) which provides confidential and professional assistance at no cost to eligible employees, their dependents and/or significant others living in the employees' household. Help is available for a variety of health, family and financial issues including stress management, diet and fitness, parenting support, child and elder care, legal issues, will preparation, taxes, and debt management.

Services include:

- Unlimited access to support and helpful resources online
- Consultation with a professional counselor via telephone
- Up to 5 face-to-face counseling sessions for you and your eligible dependents, free of charge
- Unlimited telephonic support for financial problems or planning needs

TRAVEL ASSISTANCE SERVICES | IMG | WITHIN US: 1.855.847.2194

GLOBALLY: 1.317.927.6881 | EMAIL: ASSIST@IMGGLOBAL.COM

This comprehensive travel assistance service offers you and your dependents medical and travel assistance services, 24 hours a day, 365 days a year. When faced with an emergency while traveling in a foreign country for up to 180 consecutive days, or domestically when more than 100 miles away from your home residence, you and your dependents are eligible to access these services. Call the number listed above for immediate access to trained multilingual personnel who can assist you quickly and professionally in a travel emergency.

Services include, but are not limited to:

- **Medical Assistance Services** including convalescence arrangements, medical monitoring or referrals, advice or translation assistance, telemedicine and much more
- **Emergency Medical Transport services** including emergency evacuation, repatriation or remains, return of dependent children or travel companion, etc.
- **Travel Assistance Services** including lost documentation or luggage assistance, ID theft, pre-trip and cultural information and much more
- **Security Services** in the case of natural disaster or political evacuation needs

ADDITIONAL BENEFITS

LEGAL RESOURCES

PRE-PAID LEGAL SERVICES | 1.800.728.5768 | WWW.LEGALRESOURCES.COM

Legal Resources is an employee paid benefit offered to all Project HOPE employees. Through Legal Resources you have access to attorneys and legal counsel for a small monthly fee. Please contact Legal Resources directly at 1.800.728.5768 to enroll or reach out to Human Resources for additional information on this benefit.

HEALTH SAVINGS ACCOUNT

WEX

1.866.451.3399 | WEXINC.COM



Take charge of your healthcare spending with a health savings account (HSA) which works alongside the qualified HDHP/HSA Plan. An HSA is a personal healthcare bank account that you can use to pay out-of-pocket medical expenses with pre-tax dollars. The contributions made to your HSA are tax-free, and the money remains in the account for you to spend on eligible expenses, no matter where you work or how long it stays in the account. HSAs allow you to control your own money, year in and year out.

Project HOPE provides an employee HSA contribution of \$1,250 annually for those enrolled in the HDHP/HSA Plan with employee-only coverage and \$2,500 annually for those enrolled in the HDHP/HSA plan with family coverage. Project Hope's contribution will be made semi-annually. Half will be deposited in January and the other half in July.

You are eligible to open and fund an HSA if:

- You are covered by an HSA-eligible high deductible health plan
- You are not covered by your spouse's healthcare flexible spending account (FSA) or health reimbursement arrangement (HRA)
- You are not eligible to be claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare or TRICARE
- You are not receiving Social Security benefits
- You have not received Veterans Administration benefits in the last three months

Your HSA account can be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP. Eligible expenses include doctor's office visits, eye exams, prescription expenses, and LASIK surgery. IRS Publication 502 provides a complete list of eligible expenses and can be found at www.irs.gov.

INDIVIDUALLY OWNED ACCOUNT

You own your HSA. You determine how much you will contribute to your account, when to use the funds to pay for eligible medical expenses, and when to reimburse yourself. Like a bank account, you must have a balance in order to be reimbursed. Although receipts are not required for reimbursement, we recommend that you keep receipts for tax documentation. HSAs allow you to save and "roll over" funds if you do not spend the funds within the calendar year. The funds in this account are always yours, even if you change health plans or jobs. There are no vesting requirements or forfeiture provisions.

MAXIMIZE YOUR TAX SAVINGS*

Contributions to an HSA are tax-free; they can be made through payroll deduction on a pre-tax basis when you open an account with WEX. If your HSA is with another financial institution, you can make after-tax contributions and take the tax credit at the end of the year when you file your taxes. The money in this account (including interest and investment earnings) grows tax-free. As long as the funds and any earnings are used for qualified medical expenses, they are spent tax-free.

HSA FUNDING AND LIMITS

The 2022 IRS maximum contributions, including employer contributions for these accounts, are:

Single coverage - \$3,650

Dependent coverage - \$7,300

Note: Individuals age 55 and older may make an additional annual contribution of \$1,000. The maximum contribution includes both employer and employee HSA contributions and is pro-rated for the number of months you are eligible for an HSA. Your contributions can be changed at any time throughout the year.

**HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. Please consult your personal tax advisor or contact your plan administrator for information about your state.*

FLEXIBLE SPENDING ACCOUNTS

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 your FSAs. The plan year is January 1, 2022 - December 31, 2022.

To be eligible to participate, you do not need to be enrolled in the UHC medical plans, 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 life event.

GENERAL PURPOSE HEALTH CARE FSA

ACCOUNT	2022 IRS LIMITS
General Purpose Healthcare FSA	\$2,850 maximum (allows \$570 Rollover* into the next plan year)

The general purpose health care FSA is available to eligible employees who are not enrolled in an HSA (if enrolled in an HSA, please see the Limited Purpose Health Care FSA). **You will be able to rollover up to \$570 in unused funds from your General Purpose Health Care FSA into the next plan year.** Eligible health care expenses may include:

The run-out period for filing claims from the 2021 plan year is March 30th.

- Office visit & prescription drug copayments
- Eligible over-the-counter items
- Deductibles and coinsurance
- Expenses not covered under your plan
- Out-of-pocket dental, vision, or hearing related expenses

LIMITED-PURPOSE HEALTH CARE FSA (HSA PLAN PARTICIPANTS ONLY)

ACCOUNT	2022 IRS LIMITS
Limited Purpose Healthcare FSA	\$2,850 maximum (allows \$570 Rollover* into the next plan year)

Limited-Purpose Health Care FSA Plans are designed for employees who are also contributing to a Health Savings Account and are not eligible for a General Purpose Health Care FSA plan. You are only eligible to participate in this plan if you are also enrolled in an HSA. Eligible expenses are limited to qualified dental and vision expenses for you, your spouse/partner, and your eligible dependents. By participating in this plan you are able to save money on expenses you are already paying for like dental care, vision exams, eyeglasses, and much more. **You will be able to rollover up to \$570 in unused funds from your Limited-Purpose Health Care FSA into the next plan year.**

Please reach out to HR for more details on the Limited-Purpose Health Care FSA Plan option.

*FSA Rollover Provision

To help eliminate the effect of the “use it or lose it” rule, the Healthcare FSA plans 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.

FLEXIBLE SPENDING ACCOUNTS

WEX

1.866.451.3399 | WEXINC.COM



DEPENDENT CARE ACCOUNT

ACCOUNT	2022 IRS LIMITS
Dependent Care FSA	\$5,000 maximum (\$2,500 if married and filing separately)

The Dependent Care FSA is designed to help you save money on the child/elder care expenses you and your spouse/partner incur during the year. Child care expenses may include day care, nursery school costs, or after-school programs through age 12. This plan can also be used for eligible expenses incurred in the care of elderly parents, a disabled spouse/partner or a disabled child that are considered IRS eligible dependents.

Note: the Dependent Care FSA is not for dependent medical expenses; this account is specifically for the care of your child or dependent while you and/or your spouse/partner are at work or attending school. The Dependent Care FSA annual election is not pre-funded and reimbursements will be based on what has been contributed. Note that certain conditions must be met for eligibility. Please see HR for more details on eligibility requirements.

It is your responsibility to manage the annual maximum imposed by the IRS on a calendar year basis. This is particularly important if you are married or change jobs and have already contributed for the year. The Dependent Care FSA IRS limit is a "household" maximum. You cannot exceed these maximums within the calendar year.



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, on a discretionary basis, Project HOPE will contribute 3% to your retirement after 6 months of employment that will be 100% vested after 3 years of service.

TIME AND LEAVE

HOLIDAYS

U.S. based Project HOPE employees receive twelve (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 Day
- The day after Thanksgiving
- Christmas Day

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 Holidays 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 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@eruopassistance-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
- Prostheses
- 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://mywvhpp.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	UnitedHealthcare	1.866.873.3903	www.myuhc.com
Dental	Delta Dental of Pennsylvania	1.800.932.0783	www.deltadentalins.com
Vision	UnitedHealthcare	1.800.638.3120	www.myuhcvision.com
Life, AD&D, and Disability	Prudential	1.888.598.5671	www.prudential.com
Voluntary Accident, Critical Illness, and Hospital Indemnity	Prudential	1.844.455.1002	www.prudential.com
Employee Assistance Program	GuidanceResources	1.800.311.4327	guidanceresources.com Web ID: GEN311
Travel Assistance Services	IMG	Within US: 855.847.2194 Globally: 317.927.6881	website: imglobal.com email: assist@imglobal.com
403b	Principal	1.800.547.7754	www.principal.com
Health Savings Account	WEX Health	1.866.451.3399	www.wexinc.com
Flexible Spending Accounts	WEX Health	1.866.451.3399	www.wexinc.com
Health Advocate	HealthAdvocate SM	1.866.695.8622	www.healthadvocate.com
Business Travel Accident	CHUBB Assistance Provider: Europ Assistance USA	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
Legal Resources	Saima Razzaque Customer Service	301.654.9490 1.800.728.5768	www.legalresources.com
AHT Insurance Broker	Kim Urban Samantha Rondeau	1.703.669.1127 1.703.554.6732	kim.urban@ahtins.com samantha.rondeau@ahtins.com