

CSI Insurance Plan Retiree Coverage

IMPORTANT INFORMATION ABOUT YOUR PLAN FOR THE 2022 PLAN YEAR

This guide provides you with information regarding your legal rights and responsibilities under various laws with respect to benefits offered under the Plan.

NOTICE OF WOMEN'S HEALTH AND CANCER RIGHTS ACT

This Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides group health benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema (swelling caused by the removal of lymph nodes).

Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the Plan. If you would like more information on these benefits, contact the Plan Administrator.

NOTICE OF NEWBORNS AND MOTHERS HEALTH PROTECTION NOTICE

Group health plans 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 cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending health care provider, after consulting with the mother, from discharging the mother or newborn earlier than 48

hours (or 96 hours, if applicable). In any case, the Health Plan will not require a provider to obtain authorization from the Health Plan for prescribing a length of stay of 48 hours (or 96 hours, if applicable) or less.

NOTICE OF PRESCRIPTION DRUG OPTIONS FOR MEDICARE MEMBERS

This notice is important to you if you or one of your covered dependents currently have Medicare coverage or if you expect to begin Medicare coverage within the next 14 months. The notice provides information about how the prescription drug coverage with your employer currently works and what your prescription drug options are under Medicare prescription drug coverage.

Your employer has determined that the prescription drug coverage offered under the Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay. All Medicare prescription drug plans will provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium. If you or a covered dependent are currently covered under your employer's prescription drug plan, your coverage is on average at least as good as standard Medicare prescription drug coverage. As a result, you will not pay extra if you later decide to enroll in a Medicare drug plan.

People with Medicare can enroll in a Medicare prescription drug plan each year from October 15 through December 7. If you lose your existing prescription drug coverage

through your employer's plan, through no fault of your own, you will also be eligible for a two-month special enrollment period to join a Medicare drug plan.

If you decide to enroll in a Medicare prescription drug plan, your coverage will be affected. Refer to your plan book or certificate of coverage for details on your current drug coverage.

If you do decide to enroll in a Medicare prescription drug plan and your employer prescription drug coverage is dropped, be aware that you may not be able to get this coverage back. Before you decide to enroll in a Medicare prescription drug plan, you should compare your *employer* plan options – including which drugs are covered – with the coverage and cost of the Medicare prescription drug plans available in your area.

You should also know that if you drop or lose coverage with your employer and don't enroll in Medicare prescription drug coverage after your employer prescription drug coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage, your monthly premium will go up at least 1% per month after that you did not have that coverage. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the following October to enroll.

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 also request a

copy. Please keep this notice in a safe place for future reference.

If you enroll in one of the Medicare prescription drug programs, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount. For more information, please contact the Plan Administrator.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare and 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.com
- Call your State Health Insurance Assistance Program for personalized help
- Call 1-800-MEDICARE (1.800-772-1213. TTY users should call 1-877-486-2048

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

HIPAA SPECIAL ENROLLMENT RIGHTS

If you gain a new dependent as the result of marriage, birth, adoption or placement for adoption, you may be able to enroll your new dependents, provided that enrollment is requested within 30 days after the marriage, birth, adoption, or placement for adoption.

HIPAA NOTICE OF PRIVACY PRACTICES

The CSI Insurance Plan is committed to maintaining the privacy of protected health information for participants in the Plan in compliance with the privacy rules under the Health Insurance Portability and Accountability Act (HIPAA). The benefit options subject to HIPAA are the medical, dental, and vision coverage available through the Plan.

This is a reminder that in compliance with HIPAA, the Plan's Notice of Privacy Practices is available to employees upon request. It is also available on the CSI website at www.csionline.org. (Click on Employee Benefits, US Insurance, Publications.) This Notice of Privacy Practices explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI. To obtain a copy or view the Notice of Privacy Practices, or for further information regarding the issues covered by this Notice, please contact the Plan Administrator.

ERISA RIGHTS

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974, as amended (ERISA). ERISA provides that all plan participants shall be entitled to the following:

Receive Information About Your Plan and Benefits

You can examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites all documents governing the Plan, including insurance contracts and a copy of the latest annual report (Form 5500

Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefit Security Administration.

You can obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and copies of the latest annual report (Form 5500 Series) and an updated summary plan description. The administrator may make a reasonable charge for the copies.

Continue Group Health Plan Coverage

You can continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. Your or your dependents may have to pay for such coverage. Review your summary plan description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so in the interest of you and other Plan participants and beneficiaries. No one, including your Employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of

reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in state or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue

N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

PLAN ADMINISTRATOR CONTACT INFORMATION

For more information about any of the notices contained herein, or any of your rights under the Plan, please contact the Plan Administrator at:

Trustees of the CSI Insurance Plan
2969 Prairie St. SW
Suite 102
Grandville MI 49418
(616) 957-1070