



Employee Benefits Enrollment Guide

Health Insurance Plan Year: February 1, 2024 through January 31, 2025



WHAT'S NEW FOR 2024?

Capital Driver Leasing offers you and your eligible family members a comprehensive and valuable benefits program. We believe the health and welfare of our Employees and their families is essential to our success as an organization. We encourage you to take the time to educate yourself about the available options and choose the best coverage for you and your family. Below you will find a brief description of the employees' benefits package for the 2024 plan year.

- **Medical:** We will be renewing with Blue Cross Blue Shield. We will continue to offer the HMO Blue NE \$3,000 w/HCCS plan and the HMO Blue NE Basic Saver plan. For employees outside of New England, we will continue to offer the PPO Preferred Blue \$3,000 with HCCS. Please read below for details.
- **Voluntary Vision:** Our voluntary Vision plan will continue with EyeMed.
- **Dental:** Our voluntary Dental plan continues with Delta Dental.
- **Life and AD&D:** Our Life and AD&D insurance will remain with Mutual of Omaha.

Who is Eligible?

If you are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. If you enroll in our Group Health and/or Dental plans you may also enroll your spouse and any legal dependents. In addition, in accordance with the Affordable Care Act, non-dependent children of an employee are also eligible to participate in our group health plan until they attain the age of 26.

How to Enroll

Enrollment will be completed through ADP. You will find detailed information about the plans and costs to you in the ADP benefits portal. Please be on the lookout for an e-mail from ADP with instructions.

When to Enroll

The ADP portal will be open for enrollment from January 1st through January 26th. The benefits you elect during open enrollment will be effective from February 1, 2024 through January 31, 2025.

How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. Qualifying events must be reported within 30 days of the event and are effective the date of the event.

CONTACT INFORMATION

Below you will find a list of our carriers' names and their member services phone numbers. Please refer to this list when you have a question regarding your benefits, or you need to check to see if a provider is in a network.

MEDICAL

Blue Cross Blue Shield of MA
Member Services: 800.262.BLUE (2583)
Behavioral Health: 800.444.2426
24/7 Nurse Line: 888.247.BLUE (2583)
Mail Service Pharmacy: 800.892.5119
www.bcbsma.com

DENTAL

Delta Dental
Customer Care: 800.872.0500
Email: customer.care@deltadentalma.com
www.deltadentalma.com

VISION


EyeMed
Member Services: 866.939.3633
www.eyemedvisioncare.com

LIFE AND AD&D

Mutual of Omaha
Customer Service: 800.775.6000
Claims Customer Service: 888.493.6902
www.mutualofomaha.com


MEDICAL AND PRESCRIPTION DRUGS

The tables below outline the medical plans that is available to you and your family members.

 MASSACHUSETTS	Blue Cross Blue Shield of MA HMO Blue NE \$3,000 with Hospital Choice Cost Sharing	
Benefits		
Deductible	\$3,000 Individual / \$6,000 Family	
Out-of-Pocket Maximum	\$9,100 Individual / \$18,200 Family	
Routine Physical Exams	Covered in full	
PCP Office Visits	\$35 copay	
Specialist Office Visits	\$60 copay	
Emergency Room	\$800 copay after deductible	
Inpatient Hospitalization – Low Cost Providers	\$500 copay after deductible	
Inpatient Hospitalization – High Cost Providers	\$1,500 copay after deductible	
Outpatient Surgery – Low Cost Providers	\$500 copay after deductible	
Outpatient Surgery – High Cost Providers	\$1,500 copay after deductible	
Labs – Low Cost Providers	\$45 copay after deductible	
Labs – High Cost Providers	\$80 copay after deductible	
X-rays – Low Cost Providers	\$75 copay after deductible	
X-rays – High Cost Providers	\$175 copay after deductible	
MRI, PET & CT Scans – Low Cost Providers	\$500 copay after deductible	
MRI, PET & CT Scans – High Cost Providers	\$950 copay after deductible	
Prescription Drugs		
	30 day supply at retail pharmacy	90 day supply through mail order pharmacy
Generic	\$10 / \$45 copay	\$20 / \$90 copay
Preferred	\$200 copay	\$400 copay
Non-Preferred	\$250 copay	\$750 copay
Preferred Specialty	50% up to \$350 maximum per Rx	N/A
Non-Preferred Specialty	50% up to \$500 maximum per Rx	N/A


*Please refer to the Blue Cross Blue Shield Summary of Benefits and Coverage for complete details regarding network access, covered benefits and copays.

HIGH DEDUCTIBLE HEALTH PLAN

 MASSACHUSETTS	Blue Cross Blue Shield of MA HMO Blue NE Basic Saver	
Benefits		
Deductible	\$3,350 Individual / \$6,550 Family	
Out-of-Pocket Maximum	\$7,100 Individual / \$14,200 Family	
Routine Physical Exams	Covered in full	
PCP Office Visits	\$45 copay after deductible	
Specialist Office Visits	\$75 copay after deductible	
Emergency Room	\$1,500 copay after deductible	
Inpatient Hospitalization	\$1,500 copay after deductible	
Outpatient Surgery	\$1,000 copay after deductible	
Labs	\$75 copay after deductible	
X-rays	\$125 copay after deductible	
MRI, PET & CT Scans	\$1,000 copay after deductible	
Prescription Drugs		
	30 day supply at retail pharmacy	90 day supply through mail order pharmacy
	Overall deductible applies first, then:	
Generic	\$10 / \$45 copay	\$20 / \$90 copay
Preferred	\$175 copay	\$350 copay
Non-Preferred	\$250 copay	\$750 copay
Preferred Specialty	50% up to \$350 maximum per Rx	N/A
Non-Preferred Specialty	50% up to \$500 maximum per Rx	N/A

*Please refer to the Blue Cross Blue Shield Summary of Benefits and Coverage for complete details regarding network access, covered benefits and copays.

PPO PLAN – FOR EMPLOYEES OUTSIDE OF NEW ENGLAND

 MASSACHUSETTS	Blue Cross Blue Shield of MA Preferred Blue PPO \$3,000 with Hospital Choice Cost Sharing	
Benefits		
In Network Deductible	\$3,000 Individual / \$7,500 Family	
In Network Out-of-Pocket Maximum	\$8,750 Individual / \$17,500 Family	
Routine Physical Exams	Covered in full	
PCP Office Visits	\$40 copay after deductible	
Specialist Office Visits	\$55 copay after deductible	
Emergency Room	\$500 copay after deductible	
Inpatient Hospitalization – Low Cost Providers	10% after deductible	
Inpatient Hospitalization – High Cost Providers	20% after deductible	
Outpatient Surgery – Low Cost Providers	\$500 copay after deductible	
Outpatient Surgery – High Cost Providers	\$1,500 copay after deductible	
Labs – Low Cost Providers	\$35 copay after deductible	
Labs – High Cost Providers	\$70 copay after deductible	
X-rays – Low Cost Providers	\$55 copay after deductible	
X-rays – High Cost Providers	\$155 copay after deductible	
MRI, PET & CT Scans – Low Cost Providers	\$350 copay after deductible	
MRI, PET & CT Scans – High Cost Providers	\$750 copay after deductible	
Out of Network Deductible	\$6,000 Individual / \$13,000 Family	
Out of Network Coinsurance	20% after deductible	
Out of Network Out-of-Pocket Maximum	\$17,500 Individual / \$35,000 Family	
Prescription Drugs		
	30 day supply at retail pharmacy	90 day supply through mail order pharmacy
Generic	\$10 / \$45 copay	\$20 / \$90 copay
Preferred	\$150 copay	\$300 copay
Non-Preferred	\$250 copay	\$750 copay
Preferred Specialty	50% up to \$350 maximum per Rx	N/A
Non-Preferred Specialty	50% up to \$500 maximum per Rx	N/A

*Please refer to the Blue Cross Blue Shield Summary of Benefits and Coverage for complete details regarding network access, covered benefits and copays.

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a special savings account that can be paired with a High Deductible Health Plan (HDHP). An HSA allows you and your eligible family members to pay for various qualified medical expenses such as office visit co-pays, pharmacy costs, dental and vision care, and more.

Important information regarding HSA's:

- The maximum HSA contribution that is allowed in 2024 is \$4,150 per individual and \$8,300 per family. A \$1,000 catch-up contribution can be made by employees who are at least 55 years old.
- There is no “use it or lose it” penalty; unused funds will roll over each year, and the employee owns the account.
- Individuals that are 65 years old, or will be turning 65 during the plan year, should not enroll in an HSA.
- One family member can meet the full family deductible. There is no protective limit as there is with a traditional deductible plan.
- ALL services will apply toward the deductible, including prescription drugs.

You can open an HSA account with any administrator you choose, however we recommend HSA Bank at <https://www.hsabank.com/hsabank/homepage>.

HEALTHY ACTIONS – EARN UP TO \$300

Healthy Actions is a voluntary wellness program that rewards you with up to \$300 for learning to get healthy and stay healthy.

The program will require you to create an account at www.healthy-actions.com. You'll take a short online assessment, have your doctor complete the Clinician Health Review form, and submit the form to Healthy Actions. If your doctor determines your health is fine, **you will receive a \$300 Visa debit card.**

If you need to improve your health: after submitting your Clinician Health Review form, **you will still receive a \$100 Visa debit card**, and your doctor will set a goal for you to meet before your next visit. You will work with your doctor to set an appropriate time frame to meet your goal. When you reach your goal, your doctor will complete a follow-up form and sign off on your progress. Just submit the form to Healthy Actions, and **you will receive a \$200 Visa debit card.**

For more information, please visit www.healthy-actions.com.

**HEALTH INSURANCE WEEKLY DEDUCTIONS
HMO BLUE NE \$3,000 WITH HOSPITAL CHOICE COST SHARING**

	Employer Contribution		Employee Contribution	
Individual	50%	\$83.51	50%	\$83.51
Employee + Spouse	33%	\$110.23	67%	\$223.79
Employee + Child(ren)	33%	\$101.96	67%	\$207.01
Family	33%	\$157.07	67%	\$318.91

**HEALTH INSURANCE WEEKLY DEDUCTIONS
HMO BLUE NE BASIC SAVER**

	Employer Contribution		Employee Contribution	
Individual	65%	\$91.04	35%	\$49.02
Employee + Spouse	35%	\$98.04	65%	\$182.08
Employee + Child(ren)	35%	\$90.69	65%	\$168.42
Family	35%	\$139.71	65%	\$259.46

**HEALTH INSURANCE WEEKLY DEDUCTIONS
PREFERRED BLUE PPO \$3,000 WITH HOSPITAL CHOICE COST SHARING**

	Employer Contribution		Employee Contribution	
Individual	50%	\$90.14	50%	\$90.14
Employee + Spouse	33%	\$118.98	67%	\$241.57
Employee + Child(ren)	33%	\$110.06	67%	\$223.46
Family	33%	\$169.55	67%	\$344.24

VOLUNTARY VISION

Vision benefits are 100% employee paid.

	EyeMed	
	In Network	Out of Network
Exams	\$10 copay	\$50 maximum reimbursement
Single Vision Lenses	\$25 copay	\$42 maximum reimbursement
Bifocal Lenses	\$25 copay	\$78 maximum reimbursement
Trifocal Lenses	\$25 copay	\$130 maximum reimbursement
Lenticular Lenses	\$25 copay	\$130 maximum reimbursement
Contact Lenses		
Elective	\$130 allowance	\$130 maximum reimbursement
Medically Necessary	Covered in full	\$210 maximum reimbursement
Frames	\$130 allowance	\$104 maximum reimbursement
Frequency		
Exams	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	

*Please refer to the EyeMed Summary of Benefits for complete details regarding network access, covered benefits and copays.

VISION INSURANCE WEEKLY DEDUCTIONS

	Employee Contribution	
Individual	100%	\$1.83
Employee + Spouse	100%	\$3.48
Employee + Child(ren)	100%	\$3.66
Family	100%	\$5.39

VOLUNTARY DENTAL

Dental benefits are 100% employee paid through Pre-tax Payroll Deductions (FTE Only).
This plan allows you to see treatment from the dentist of your choice.

	Delta Dental PPO Plus Premier	
Calendar Year Maximum	\$1,000	
Deductible	\$50 Individual / \$150 Family	
	In Network	Out of Network
Type I Services - Preventive	100% (Deductible waived)	100% (Deductible waived)
Type II Services - Basic	80% after deductible	80% after deductible
Type III Services - Major	50% after deductible	50% after deductible

*Please refer to the Delta Dental Summary of Benefits for complete details regarding network access, covered benefits and copays.

DENTAL INSURANCE WEEKLY DEDUCTIONS

	Employee Contribution	
Individual	100%	\$12.23
Employee + 1	100%	\$24.46
Family	100%	\$35.31

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

YEARLY NOTIFICATIONS

Special Benefit for Maternity 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 cesarean section. However, Federal law generally does not prohibit the attending provider or physician, 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 a plan or the issuer for prescribing the length of stay not in excess of 48 hours or 96 hours, as the case may be.

Special Benefit for Women’s Health Coverage

The Women’s Health and Cancer Rights Act of 1998 (“WHCRA”) requires group health plans, insurance issuers and HMOs who already provide medical and surgical benefits for mastectomy procedures to provide insurance coverage for reconstructive surgery following mastectomies. This expanded coverage includes (i) reconstruction of the breast on which the mastectomy has been performed, (ii) surgery and reconstruction of the other breast to produce a symmetrical appearance, and (iii) prostheses and physical complications at all stages of mastectomy, including lymphedemas. These procedures may be subject to annual deductibles and coinsurance provisions that are similar to those applying to other medical or surgical benefits provided under the Group Medical Coverage Feature. For answers to specific questions regarding WHCRA benefits, contact the Plan Administrator. Additional state laws may be applicable as more fully described in other materials detailing your medical benefits.

CMS Letter

We have attached the annual CMS notification letter to this open enrollment letter for your convenience. This letter is to certify that our prescription drug program is as good as or better than that offered by Medicare.

CHIPRA

We will also provide you with a copy of the new annual CHIPRA notification and contact information. If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

Continue Group Health Plan Coverage

COBRA continuation coverage is the temporary extension of group health plan coverage that must be offered to certain participants and their eligible family members and their eligible dependents at group rates. The right to COBRA continuation coverage is triggered by the occurrence of a life event that results in the loss of coverage. The coverage must be identical to the coverage that the member had immediately before the Qualifying Event occurred. See Human Resources for information on COBRA continuation coverage.

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, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	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
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
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/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – 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/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US 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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com

MINNESOTA – Medicaid	MISSOURI – 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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: https://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	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

This important notice only applies to Capital Driver Leasing employees or their dependents who currently participate in our group health & prescription drug coverage who are also eligible (or will soon be eligible) for Medicare.

Important Notice from Capital Driver Leasing About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Capital Driver Leasing and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Capital Driver Leasing has determined that the prescription drug coverage offered by Blue Cross Blue Shield is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan and maintain your current Capital Driver Leasing coverage, your current Capital Driver Leasing coverage will not be affected. However, you should inform Capital Driver Leasing that you also have a Medicare drug plan so that your prescription drug coverage will be coordinated. Please note that your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits as long as you remain an eligible employee. You should carefully research the cost and benefits of maintaining two prescription drug plans before making this decision.

If you do decide to join a Medicare drug plan and drop your current Capital Driver Leasing coverage, be aware that you and your dependents will only be able to get this coverage back under limited circumstances. In order to get this coverage back for you and your dependents, you must be eligible for health plan benefits and you will only be able to enroll yourself and your dependents upon open enrollment or if you have a loss of coverage that qualifies under special enrollment rights.

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 Capital Driver Leasing and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get a new copy of this notice if this coverage through Capital Driver Leasing changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Date:	January 2024
Name of Entity/Sender:	Capital Driver Leasing
Contact--Position/Office:	Human Resources
Address:	811 Worcester Street Springfield, MA 01151
Phone Number:	413.333.5930

***Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

CAPITAL DRIVER LEASING

EMPLOYEE BENEFITS WAIVER FORM

I decline to participate in the following programs:

Coverage Type	Check Below To Decline	Notes
Health Insurance <i>Note: You must also complete page 2 if you are waiving medical coverage.</i>		(a)(b)
Vision Insurance		(a)(b)
Section 125 Pre-Tax Premium Plan		(a)(b)

Notes:

- (a) Capital Driver Leasing will offer an annual open enrollment opportunity for you to join this plan again for coverage to be effective next February 1, 2025, provided you continue to meet our eligibility requirements.
- (b) You and your eligible dependents may be able to join this plan within 30 days of loss of coverage under another similar employer sponsored plan (i.e., you have coverage currently through another employer or through your spouse's employer or a government sponsored program) provided you continue to meet our eligibility requirements. Special enrollment rights may also apply if you lose coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for state premium assistance under Medicaid or CHIP. An employee or Dependent who loses coverage under Medicaid or CHIP as a result of the loss of Medicaid or CHIP eligibility may be able to enroll in this Plan, if enrollment is requested within 60 days after Medicaid or CHIP coverage ends. An employee or Dependent who becomes eligible for group health plan premium assistance under Medicaid or CHIP may be able to enroll in this Plan if enrollment is requested within 60 days after the employee or Dependent is determined to be eligible for such premium assistance.

I acknowledge that I have been offered an opportunity to participate in the above programs. By waiving my rights to accept coverage under these programs at this time, I understand that I may not be allowed to participate in these programs for myself or my family members in the future unless I have a special qualifying event or through an annual open enrollment opportunity as noted above.

_____ (Print Name)
 _____ (Signature)
 _____ (Date)

REASONS FOR WAIVING MY EMPLOYER SPONSORED GROUP HEALTH PLAN

On behalf of myself and my eligible dependents (if any), I waive the option to enroll in the Capital Driver Leasing Group Health Plan offered at this time for the following reason:

Reasons	Check Applicable Box Below
I am covered under another group plan as a spouse or dependent.	<input type="checkbox"/>
I am covered under a state or federally sponsored health plan such as Medicaid, Medicare, or a Veterans Program.	<input type="checkbox"/>
I am covered under another group plan sponsored by a second employer.	<input type="checkbox"/>
I am covered under a non-group, individual or private health care plan not offered through my employer for which I receive <u>NO GOVERNMENT SUBSIDY ASSISTANCE</u> .	<input type="checkbox"/>
I am covered under a non-group, individual or private health care plan not offered through my employer for which I receive <u>SOME GOVERNMENT SUBSIDY ASSISTANCE</u> .	<input type="checkbox"/>
Please provide your insurance carrier name and the primary subscriber name for your current health insurance plan below.	
Insurance Carrier Name:	Primary Subscriber Name:

I do not have other health insurance and do not wish to participate in a health insurance program at this time for the following reasons:

_____ Cost _____ Other

_____ (Print Name)
 _____ (Signature)
 _____ (Date)