A Guide to Your Benefits

NAF USCG Benefits

2022

YOUR US COAST GUARD NAF BENEFITS

As a US Coast Guard NAF employee, you have access to a variety of benefits to provide financial wellness for you and your family. Please read this guide to learn more about your benefits, and make sure to enroll by December 10, 2021!

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Enrolling in Your Benefits

Log in at Workforcenow.adp.com

Begin the benefits enrollment process

Elect the benefits you want

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ELIGIBILITY

As a US Coast Guard NAF full-time or part-time employee, you are eligible for health, dental, vision, and life insurance coverage if you work at least 30 hours or more per week. All benefits are available on the first day of hire, except the Voluntary Life, Disability, and AD&D benefits that are available after 30 days from your date of hire.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your legal spouse, same or opposite sex
- Your children up to age 26.

Once your benefit elections become effective, they remain in effect until the end of the plan year (2/1/2022 – 1/31/23). You may only change coverage within 60 days of a qualified life event, as described below.

Changes to your benefits

Generally, you may only make or change your existing benefit elections as a new hire or during the open enrollment period. However, you may change your benefit elections during the year if you experience an event such as:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse, or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- New entitlement to Medicare or Medicaid

You must notify CSC Human Resources within 60 days of a qualified life event, with the exception of Voluntary Life and AD&D coverage, which requires 30 days.

Depending on the type of event, you may need to provide proof of the event. If you do not contact Human Resources within 60 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event).

Affordable Care Act (ACA)

The Affordable Care Act (ACA) requires the employer to cover all employees working over 30 hours for medical care.

United States Coast Guard CSC pays over 79% of the premiums of our lowest cost plan while allowing the employee to pay the buy-up amount if they choose a high-cost plan.

For more information about your benefits:

Phone: 757-842-4758

Email: Paloma.Gooch@cgexchange.org

BENEFIT BASICS

US Coast Guard NAF pays for some of your benefits and you share the cost for others, as shown here.

Benefit	Tax Treatment	Who Pays
Medical Coverage	Pretax	US Coast Guard NAF & You
Dental Coverage	Pretax	US Coast Guard NAF & You
Vision Coverage	Pretax	US Coast Guard NAF & You
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	After-tax	US Coast Guard NAF
Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance	After-tax	You
Disability Coverage	After-tax	You
Flexible Spending Accounts	Pretax	You
Dependent Care Spending Account	Pretax	You
Employee Assistance Plan	N/A	US Coast Guard NAF
401(k) Retirement Savings Plan	Pretax or After-tax (depending on enrollment)	You
Health Advocate	N/A	US Coast Guard NAF
403B Retirement Savings Plan	After-tax	US Coast Guard NAF & You

BENEFIT BASICS (continued)

Dependent Documentation

Appropriate documentation must be presented when enrolling dependents in the medical/dental plans. This applies to dependents of new hires, employees enrolling dependents during open enrollment, and adult children not already enrolled in the medical plan. Adult children may be covered to age 26 regardless of whether they have access to other employer-sponsored health care coverage. A list of eligible dependents as well as the documentation that is required is as follows:

	Documentation Requirement
Spouse	• Copy of Marriage Certificate, or • A copy of the first page of the latest federal tax Form 1040 that indicates "married filing jointly"; or copy of the first page of the latest federal tax Form 1040 that indicates "married filing separately" (spouse's name must appear on the line provided after the "married filing separately" status).
Biological Child	• Copy of Birth Certificate • Proof of name if your adult child's last name is different from the name on his or her birth certificate. Examples of proof documents are marriage certificates and court documents.
Step-Child	• Copy of Birth Certificate and copy of Marriage Certificate showing the union of employee and natural parent. • Proof of name if your adult child's last name is different from the name on his or her birth certificate. Examples of proof documents are marriage certificates and court documents.
Foster, adopted or children under your legal guardianship	• Copy of Birth Certificate and Court Order recognizing Guardianship / Placement with the employee. • Proof of name if your adult child's last name is different from the name on his or her birth certificate. Examples of proof documents are marriage certificate and court documents.
Disabled Child	• Copy of Birth Certificate and physician statement certifying that the dependent child is incapable of self-sustaining employment due to mental or physical disability.

Dependents must be added within 60 days of a qualifying event; otherwise, they must wait for open enrollment and submit supporting documentation. Proof must be submitted to the Benefits Office at the time of enrollment. If you have any questions regarding these requirements, please contact Paloma Gooch, HR Generalist (Benefits) at 757-842-4758 or email at Paloma.Gooch@cgexchange.org.

YOUR HEALTH CARE COVERAGE

Your health care coverage includes medical, dental and vision plans. Detailed information about each plan is in this section. If you have questions, please contact Human Resources.

Your Medical Plan

You have six medical plan options:

- Cigna Basic High Option
- Cigna Low Option
- Cigna HRA
- Cigna Open Access (Hawaii)
- Cigna PPO Plan (Alaska)
- Kaiser Permanente HMO if you reside in one of the following states: Maryland/District of Columbia/ Virginia; Hawaii; California; Oregon; or Washington State.
- Please note residents in Texas will have the option to opt out of abortion coverage in Cigna plans for a slightly lower premium cost.

In/Out-of-Network Coverage

Each non-HMO medical plan features in- and out-of-network coverage; individual and family deductibles; copays; coinsurance; and out-of-pocket maximums. Some offer a lower monthly cost, a higher deductible, and lower coinsurance amounts, while others cost more each month but offer a lower deductible and higher levels of coinsurance. If you don't understand some of these terms, please refer to the Glossary on page 25.

Note that the Kaiser Permanente HMO plans offer all the same features except that they only offer in-network coverage.

You may use in- or out-of-network providers for non-HMO plans. You will always pay less if you see a doctor or receive services within the provider network because the plan pays more for "in-network" services.

Deductible

You must meet an annual deductible before the medical plan begins to cover a portion of your costs; however, your HRA may pay for some of those expenses on your behalf. Once the deductible is met, the medical plan begins to pay for a percentage of covered expenses (this is called coinsurance).

Note that with the HRA, prescriptions are subject to copayments.

Out-of-pocket maximums

Out-of-pocket maximums apply to all of the plans. This is the maximum amount you will pay for health care costs in a calendar year. Once you have reached the out-of-pocket maximum, the plan will fully cover eligible medical expenses for the rest of the benefits plan year (except for any copayments). If you see an out-of-network provider, you may be responsible for out-of-pocket costs that are considered above the "reasonable and customary" fees.

Health Reimbursement Account

Note that if you are enrolled for family coverage in the plan using a Health Reimbursement Account (HRA), each individual within the family will not pay more than the individual deductible and individual out-of-pocket maximum. However, the family's medical costs may be combined to meet the family deductible and out-of-pocket maximum.

You decide which medical plan will work best for you and your family based on the monthly cost of coverage, the annual deductible, and the out-of- pocket maximum, and the funding account you will use.

CIGNA MEDICAL PLANS

Here's how the plans compare..

Medical Plan Provisions	Basic High Option (Buy-Up)		Low Option		HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
HRA Contribution (Individual/Family)	Not Applicable		Not Applicable		$750/$1,500	
Annual Deductible (Individual/Family)	$300/$600	$600/$1,200	$750/$1,500	$1,500/$3,000	$1,500/$3,000	$3,750/$7,500
Out-of-Pocket Maximum (Includes Deductible)	$4,000/$8,000	$8,000/$16,000	$5,000/$10,000	$10,000/$20,000	$3,500/$7,000	$7,000/$14,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Preventive Care	100%	70%*	100%	60%*	100%	60%*
Primary Physician Office Visit	$25 copay	70%*	$35 copay	60%*	80%*	60%*
Specialist Office Visit	$40 copay	70%*	$50 copay	60%*	80%*	60%*
Telehealth	$25 copay	N/A	$35 copay	N/A	80%	N/A
Inpatient Hospital Services	90%*	70%*	70%*	60%*	80%*	60%*
Outpatient Hospital Services	90%*	70%*	70%*	60%*	80%*	60%*
Urgent Care	$50 copay	$50 copay	$50 copay	$50 copay	80%*	60%*
Emergency Room Care	$150 copay (copay waived if admitted)		$150 copay (copay waived if admitted)		80%*	
Prescription Drug Deductible (Individual/Family)	None		None		Prescription drugs are subject to the Annual Deductible	
Retail Prescription Drugs (up to a 30-day supply)						
Generic	$10 copay	70%	$10 copay	60%	$10 copay**	70%*
Brand Preferred	$40 copay		$40 copay		$40 copay**	70%*
Brand Non-Preferred	$60 copay		$60 copay		$60 copay**	70%*
Mail Order Pharmacy (90-day supply)						
Generic	$25 copay	Not covered	$25 copay	Not covered	$25 copay**	Not covered
Brand Preferred	$100 copay		$100 copay		$100 copay**	
Brand Non-Preferred	$150 copay		$150 copay		$150 copay**	

*After deductible is met

**HRA plan must satisfy deductible before copay for prescription drugs occurs.

Note: This is a summary only of your coverage. In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

CIGNA MEDICAL PLANS (continued)

Here's how the plans compare..

Medical Plan Provisions	PPO Plan (Alaska)		Open Access (Hawaii)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	$300/$600	$300/$600	$100/$300	$100/$300
Out-of-Pocket Maximum (Includes Deductible)	$2,300/$4,600	$2,300/$4,600	$2,500/$7,500	$2,500/$7,500
Lifetime Maximum	Unlimited		Unlimited	
Preventive Care	100%	80%*	100%	70%*
Primary Physician Office Visit	80%*	80%*	90%*	70%*
Specialist Office Visit	80%*	80%*	90%*	70%*
Telehealth	80%*	N/A	90%*	N/A
Inpatient Hospital Services	80%*	80%*	90%*	70%*
Outpatient Hospital Services	80%*	80%*	90%*	70%*
Urgent Care	80%*	80%*	90%*	70%*
Emergency Room Care	80%*		90%*	
Prescription Drug Deductible (Individual/Family)	None		None	None
Retail Prescription Drugs (up to a 30-day supply)				
Generic	$10 copay	You pay 20% Plan pays 80%	$10 copay	You pay 30% Plan pays 70%
Brand Preferred	$40 copay		$40 copay	
Brand Non-Preferred	$60 copay		$60 copay	
Mail Order Pharmacy (90-day supply)				
Generic	$25 copay	Not covered	$25 copay	Not covered
Brand Preferred	$100 copay		$100 copay	
Brand Non-Preferred	$150 copay		$150 copay	

*After deductible is met

Note: This is a summary only of your coverage. In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

ADDITIONAL MEDICAL PLAN INFORMATION

Cigna Medical Value Added Benefits

Cigna Telehealth Connection

Cigna medical plans provide covered employees with access to telehealth services though MDLIVE. It is called Cigna Telehealth Connection, telehealth services designed to offer employees greater control when they need to see a doctor.

With Cigna Telehealth Connection, employees can get the care they need – including most prescriptions – for a wide range of minor conditions. They can connect with a board-certified doctor when, where and how it works best for them – via video or phone – without having to leave home or work.

MDLIVE televisits can be a cost-effective alternative to a convenience care clinic or urgent care center, and costs less than going to the emergency room. Costs are the same or less than a visit with a primary care provider. Giving employees an easy-to-use and cost effective alternative to care and can help reduce costs and non-urgent emergency room visits.

myCigna.com Online Access

Register on myCigna.com and you'll be able to find all your coverage information online, when you need it. Once your Cigna coverage is in effect, go to the https://my.cigna.com website to register, using your first name, last name, date of birth, home ZIP code, and your Cigna Customer ID or Social Security Number. If you are covered by another family member's Cigna plan you may need to enter the Social Security Number of the person who enrolled in the Cigna plan through US Coast Guard Community Services Command. You will need to provide a valid email address when you register.

On the myCigna.com website you can get answers to converge questions, track claims and account activity, find doctors and services, find health advise, and manage your myCigna.com online profile. All of your personal information that Cigna has on file is completely confidential and kept in accordance with Federal HIPAA (confidentiality) Regulations.

Cigna Omada Diabetes Prevention Program

The Cigna Diabetes Prevention Program in collaboration with Omada (an in-network Cigna provider) is recognized by the CDC as a digitally-delivered intensive behavioral counseling program for people with prediabetes. Participants learn how to apply meaningful changes to their eating, activity level, sleep and stress reduction, and then focus on sustaining those behaviors for a year and beyond. This program supports one-on-one coaching/behavioral change for up to two years.

This voluntary program supports those who are obese or are overweight and have any of the following risk factors:

Prediabetes, High LDL, Hypertension, Low HDL, and High Triglycerides.

The purpose of this voluntary program is for participants to lose weight, keep it off, and lower their HBA1C.

Cigna 90 Now

Cigna 90 Now is a voluntary program for NAF USCG that enables Cigna pharmacy customers to get a 90-day supply of their maintenance medication at retail. It combines the savings of a 90-day prescription drug fill with the flexibility and convenience of being able to choose where to fill prescriptions – at one of the 29,000 retail pharmacy locations in the 90-day network or through Cigna Home Delivery Pharmacy (mail order).

This voluntary benefit offers potential cost savings, improved prescription adherence, and convenience. For some, filling maintenance prescriptions through home delivery is not ideal. So having the option to fill at a retail pharmacy can improve member satisfaction through increased convenience and cost savings. The Cigna 90 Now Network Microsite is located at https://www.cigna.com/individuals-families/member-resources/90-day-network to help you find a pharmacy.

As this is a voluntary program, customers who want to use a non-Cigna 90 Now network pharmacy may continue to do so with a limit of a 30 day supply of medication.

ADDITIONAL MEDICAL PLAN INFORMATION (continued)

Cigna Medical Value Added Benefits

Cigna One Guide

Cigna One Guide service can help you make smarter, informed choices and get the most from your plan. This is Cigna's highest level of support that combines the ease of a powerful app with the personal touch of live service. One Guide personal support, tools, and reminders can help you stay healthy and save money.

Understand Your Plan:

- Know your coverage and how it works
- Get answers to all your health care or plan questions
- Find an in-network doctor, lab, or urgent care center
- Connect to health coaches, pharmacists, and more
- Stay on track with appointments and preventive care
- Take advantage of dedicated one-on-one support for complex health situations
- Learn ways to save and get the most value from your plan
- Get cost estimates and service comparisons to avoid surprises

Download the myCigna app or call the number on the back of your ID card to talk with your personal guide

Cigna Behavioral Health Tools

Cigna Total Behavioral Health includes a comprehensive list of behavioral programs, such as inpatient care management, outpatient care management, gaps in care, autism (ABA therapy), eating disorders, bipolar disorder, substance use, and cognitive behavioral modification.

The Cigna Total Behavioral Health program helps you manage health issues before they become more serious. Coping with behavioral health problems can be stressful and difficult. Call **1-800-244-6224** anytime, day or night, to pre-certify services for treatment or locate a provider.

Online resources available on **Cigna.com** and **myCigna.com** provide easy access to behavioral awareness series information, articles, podcasts and the provider directory.

Cigna Total Behavioral Health offers programs and digital tools to enhance emotional wellness. This includes on-demand peer coaching to boost mood and improve mental health through iPrevail, Digital self-guidance tool to help increase resilience through Happify, and community support (food, housing, financial) needs can be accessed via myCigna.com.

ADDITIONAL MEDICAL PLAN INFORMATION (continued)

Kaiser Permanente HMO Plans

Offered to Employees Residing in

- Maryland/District of Columbia/Virginia
- Hawaii
- California
- Oregon
- Washington State

Advantages

- High-quality care at a price that fits your budget
- Hassle-free access to care, when and how you want it
- Online scheduling of doctor appointments
- Kaiser Permanente App is available
- Use Electronic Health Record
- Save time and reduce stress as most location offer many services all under one roof – pharmacy, lab, and X-ray
- View most test results via email or online as soon as they are available
- Refill most prescriptions online with no-cost shipping for most orders
- Email your Kaiser doctor with routine questions and expect a reply usually within 48 hours
- No balance billing as all services are in-network
- Five star NCQA rating
- Convenience of telemedicine (video visit, remote monitoring, and mobile health applications)
- At certain locations 24/7 urgent care is available

Kaiser On the Go App

Kaiser has a digital app which you can register by going to kp.org to start taking advantage of the digital tools available through your plan. The top 10 ways to manager your health digitally are:

1. Schedule video visits with your primary care provider
2. Use a video visit for urgent health concerns
3. Schedule an appointment with your primary care doctor
4. Contact a nurse for care 24/7
5. View bills, email doctors office, request prescription refills, get lab results, and more
6. Review cost estimates for treatments
7. Set reminders for your medicine and supplements
8. Access Care when Away from Home- 951-268-3900 for questions when you are traveling
9. Use Wellness Coaching
10. Get texted reminders for your appointments

Health and Wellness Website to use with Kaiser:

https://thrive.kaiserpermanente.org/thrive-together/health-care-101

https://healthy.kaiserpermanente.org

KAISER PERMANENTE HMO PLANS

Base Plan Name	HMO 5 20/30	HMOKPMP	HMO KPMP Basic	HMO KPMP Basic	HMO 5 KPMP Basic
Plan Type	HMO (MD/DC/VA)	HMO (Hawaii)	HMO (California)	HMO (Oregon)	HMO (Washington)
Network	Signature	Signature	Signature	Signature	Signature
Annual Deductible (Individual/Family)	None/None	None/None	None/None	None/None	None/None
Out-of-Pocket Maximum (Includes Deductible)	$1,300/$2,600	$2,500/$7,500	$2,500/$5,000	$3,000/$6,000	$3,000/$6,000
Primary Care	$20 copay	$15 copay	$20 copay	$30 copay	$30 copay
Specialist Office Visit	$30 copay	$15 copay	$20 copay	$40 copay	$40 copay
Inpatient Hospital	$300 copay	Plan pays 90%	$500 copay	$500 copay	$500 copay
Outpatient Surgery	$75 copay	Plan pays 90%	$250 copay	$100 copay	$100 copay
Emergency Room Care	$100 copay	$100 copay	$100 copay	$150 copay	$150 copay
Ambulance	$75 copay	Plan pays **80**%	$100 copay	$100 copay	$100 copay
Lab/Radiology	$0 copay (Specialty Imaging $75)	$15 basic X-ray; Imaging, CT, PET, MRI 20%	$10 copay (Specialty Imaging $50)	$10 copay (MRI/CT/PET$50)	$10 copay (MRI/CT/PET$50)
Eye Exams and Treatments (Optometry/Ophthalmology)	$20/$30 copay	$15 copay - child only	$20 copay	$30 copay - child only	$20/$30 copay
Durable Medical Equipment	Plan Pays 100%	Plan Pays 80%, with 50% for diabetic supplies	Plan Pays 80%	Plan Pays 80%	Plan Pays 80%
Infertility (Limitations apply)	50% Coinsurance $100,000 benefit max/life, 3 procedures/life	Covered with Limitations	Plan Pays 50% for covered services	Plan Pays 50% for covered services	Plan Pays 50% for covered services
Acupuncture Rider	$30 copay/Visit; 20 visits/cont. Yr.	Not covered	Not covered	Not covered	$20 copay up to 12 visits
Chiropractic Rider	$30 copay/Visit; 20 visits/cont. Yr.	Not covered	Not covered	Not covered	$20 copay up to 10 visits
Prescription Drug Deductible (Individual/Family)	30 day 1 copay, 90 day 3 copay, MO 90 day 2 copay; KP $7/$15/$30;CM $20/$35/$50; MO $7/$15/$30	$10/$35 up to 30 days supply retail $20/$70 up to 90 day mail order $200 retail specialty drugs	$15/$35 up to 30 days supply $30/$70 to 100 days Specialty is 30% not to exceed $250 retail	$15/$30 up to 30 day supply Specialty 20% not to exceed $150	$15/$30 up to 30 days supply Specialty 20% not to exceed $150

Note: This is a summary only of your coverage. In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

DENTAL PLAN

Your dental plan provides coverage for routine exams and cleanings and pays for a portion of other services, as shown in the chart below.

You have a choice of two dental plans through Cigna–the Cigna DPPO Dental Plan and the Cigna DPPO Buy Up Plan. This table shows what the plans pay:

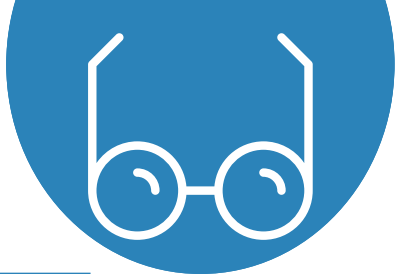
Benefit Plan Features	Cigna Dental Plan			Cigna Dental Buy Up Plan		
	Total Cigna DPPO Network		Non-Network	Total Cigna DPPO Network		Non-Network
Network Options	Cigna DPPO Advantage	Cigna DPPO	Out-of-Network	Cigna DPPO Advantage	Cigna DPPO	Out-of-Network
Dental Plan Reimbursement Levels	Most Advantageous Contracted Fees	Contracted Fees	80th Percentile	Most Advantageous Contracted Fees	Contracted Fees	80th Percentile
Annual Deductible (Individual/Family)	$0	$50/$150	$50/$150	$0	$50/$150	$50/$150
Annual Maximum per individual	$1,500	$1,250	$1,250	$1,500	$1,250	$1,250
Diagnostic and Preventive includes: Cleanings, Fluoride, sealants & x-rays	100% no deductible	80% no deductible	80% no deductible	100% no deductible	80% no deductible	80% no deductible
Basic Services includes: fillings, periodontics, scaling, and root planning	80% no deductible	80% after deductible	80% after deductible	80% no deductible	80% after deductible	80% after deductible
Major Services includes: crown, bridges, full and partial dentures	50% no deductible	50% after deductible	50% after deductible	60% no deductible	50% after deductible	50% after deductible
Orthodontia (Child only to age 19) Lifetime Benefits Maximum	50% no deductible $1,500	50% after deductible $750	50% after deductible $750	50% no deductible $2,000	50% after deductible $750	50% after deductible $750
Implants	Not Covered	Not Covered	Not Covered	60% no deductible	50% after deductible	50% after deductible

It's important to have regular dental exams and cleanings so problems are detected before they become painful—and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health.

Medical and Dental Coverage after Retirement

You and your spouse may be eligible to continue medical and dental coverage after you retire. To continue coverage, you must be enrolled in the medical & dental plan on the day before retirement and have 15 continuous years of participation in the medical plan. Your coverage will end on the first day of your 65th birth month. Spouses are eligible for this plan up to age 65 as long as you are also on the plan.

VISION PLANS
NEW PLAN OFFERED



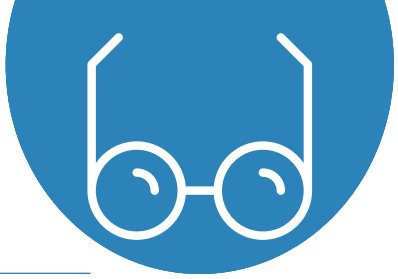
Your vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses.

This year you will have the choice of the VSP Vision Plan and the VSP Buy-Up Vision Plan, both provided through VSP. These plans provide coverage for routine eye exams and pay for all or a portion of the cost of glasses or contact lenses. You can see in- or out-of-network providers; however, you always save money if you see in-network providers. Search for providers at www.vsp.com using the VSP network or call 800-877-7195.

	VSP Vision Plan		VSP Buy-Up Vision Plan	
Benefit	**In-Network**	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
Exam	$10 copay	Up to $50	$10 copay	Up to $50
Hardware	$25 copay	See frame and lenses	$25 copay	See frame and lenses
Frequency				
• Exam	12 months	12 months	12 months	12 months
• Lenses	12 months	12 months	12 months	12 months
• Frames	12 months	12 months	12 months	12 months
Frame	$130 frame allowance or $150 for featured bands 20% savings on the amount over your allowance $130 Walmart*/Sam's Club* frame allowance $70 Costco* frame allowance	Up to $70	$200 frame allowance or $220 for featured bands 20% savings on the amount over your allowance $200 Walmart*/Sam's Club* frame allowance $110 Costco* frame allowance	Up to $70
Lenses				
• Single vision lenses	Covered 100% after copay	Up to $50	Covered 100% after copay	Up to $50
• Lined bifocal lenses	Covered 100% after copay	Up to $75	Covered 100% after copay	Up to $75
• Lined trifocal lenses	Covered 100% after copay	Up to $100	Covered 100% after copay	Up to $100
• Lenticular	Covered 100% after copay	Up to $125	Covered 100% after copay	Up to $125
Lens Enhancements	• Standard progressive lenses $0 copay • Tints/Light-reactive lenses $0 copay • Premium progressive lenses $80-$90 copay • Custom progressive lenses $120-$160 copay • Average savings of 40% on other lens enhancements	$75 N/A N/A N/A	• Progressive lenses $0 copay • Tints/Light-reactive lenses $0 copay • Anti-glare coating $0 copay • Average savings of 40% on other lens enhancements	$75 N/A N/A
Medically necessary contact lenses instead of glasses	Covered in full after copay	Up to $210	Reasonable and customary charges	Up to $210
Elective contact lenses instead of glasses	Up to $130 Up to $60 for contact lens exam	Up to $105 N/A	Up to $130 Up to $60 for contact lens exam	Up to $105 N/A

***Note,** Plan year begins in February. Impact-resistant lenses for dependent children are covered.

VISION PLANS
NEW PLAN OFFERED (continued)



Participating Retail Chains

- COSTCO Optical
- Visionworks
- SHOPKO Eyecare Center
- COHEN's Fashion Optical

Direct Pay Convenience

It's simple to use your VSP out-of-network benefits at Walmart and Sam's Club. Employees say, "I have VSP." Hundreds of frames are covered-in-full.

BI-WEEKLY RATES

Plan	EMPLOYEE ONLY	EMPLOYEE + ONE	EMPLOYEE + FAMILY
MEDICAL			
Cigna Basic High Option	$150.92	$301.62	$351.66
Cigna Low Option	$128.28	$256.32	$336.98
Cigna HRA	$72.87	$166.14	$225.65
Non-Diff PPO (Alaska)	$123.32	$246.32	$324.38
PHAW PPO (Hawaii)	$97.89	$205.62	$270.41
Cigna Texas HRA without Abortion	$70.22	$168.16	$218.83
Cigna Texas High	$147.71	$295.29	$343.36
Cigna Texas Low	$125.30	$250.46	$329.30
Kaiser HMO (MD/DC/VA)	$66.5	$241.16	$319.65
Kaiser HMO (Hawaii)	$66.5	$241.16	$319.65
Kaiser HMO (California)	$66.5	$241.16	$319.65
Kaiser HMO (Oregon)	$66.5	$241.16	$319.65
Kaiser HMO (Washington)	$66.5	$241.16	$319.65
DENTAL			
Cigna	$3.84	$7.35	$12.35
Cigna Buy Up	$4.96	$9.50	$15.96
VISION			
VSP	$1.05	$1.61	$2.89
VSP Buy Up	$1.75	$2.69	$4.83

RETIREMENT SAVINGS PLAN OPTIONS

401(k) Retirement Savings Plan

Eligibility

Employees must be age 21 and have completed 90 days of eligible service to join this plan.

Employee Contributions for Traditional 401k

Contributions from your pay are made on a pretax basis up to the IRS annual limit. If you are 50 years of age or older, (or if you will reach age 50 by the end of the year), you may make a catch-up contribution in addition to the normal IRS annual limit.

Employee Contributions for Roth IRA

Contributions from your pay are made on a post-tax basis up to the IRS annual limit. If you are 50 years of age or older (or if you will reach the age of 50 by the end of the year), you may make a catch-up contribution in addition to the normal IRS limit.

2022 IRS 401(k) Plan Limits

- You will be able to save up to **$20,500** in your 401(k)
- Catch-up contribution limits for those 50 and over remain at **$6,500**

For More Information

For additional details about the 401(k) Retirement Savings Plan or to enroll or change your contribution rates or investment elections

Call 1-800-695-7526

Visit www.mykplan.com

Retirement Pension Plan

Eligibility

Employees must have a service computation date of at least 1 year and be in a permanent position. To enroll contact your HR Benefits team.

The Coast Guard CSC pension plan is a defined benefit plan that will provide you with a monthly payment upon retirement if you contributed to the plan and met the age requirements to retire. Benefits are based on your highest three years of earnings and length of participation in the plan. The final calculation is offset by the amount you receive from Social Security. This will not affect how much you will receive from Social Security. The plan helps ensure your retirement years will be financially secure. You can start receiving full benefits at age 62 (or age 52, at a reduced amount). Survivor benefits are also available. Benefits are increased by cost-of-living adjustments. The cost of the plan is 1% of your biweekly earnings and the employer is currently contributing 12.5% towards the pension plan.

You may reference your retirement manual at https://workforcenow.adp.com/static/clients/content/Retirement%20manual.pdf?1489488261078 or by logging onto ADP and clicking on the retirement link via our home page. You may also view the new retirement video by clicking http://www.brainshark.com/willis/vu?pi=zIJz8IDmIzEyvgz0 or logging into the ADP Homepage.

FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) is a program that helps you pay for health care and dependent care costs using tax free dollars.

Each pay period, you decide how much money you would like to contribute to one or both accounts. Your contribution is deducted from your paycheck on a pretax basis and is put into the Health Care FSA, the Dependent Care FSA, or both. When you incur expenses, you can access the funds in your account to pay for eligible health care or dependent care expenses.

This chart shows the eligible expenses for each FSA; how much you can contribute to each FSA each year, and how you benefit by using an FSA.

Account Type And Eligible Expenses	Annual contribution limits	Benefit
Health Care FSA Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Maximum contribution is **$2,750** per year	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent Care FSA Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is **$5,000** per year ($2,500 if married and filing separate tax returns)	Reduces your taxable income

Example

Here's a look at how much you can save when you use an FSA to pay for your health care and dependent care expenses.

Account Type	With FSA	Without FSA
Your taxable income	$50,000	$50,000
Pretax contribution to Health Care and Dependent Care FSA	$2,000	$0
Federal and Social Security taxes*	$11,701	$12,355
After-tax dollars spent on eligible expenses	$0	$2,000
Spendable income after expenses and taxes	$36,299	$35,645
Tax savings with Medical and Dependent Care FSA	$656	N/A

*This is an example only your actual experience. It assumes a 25% Federal income tax rate marginal rate and a 7.7% FICA marginal rate. State and local taxes vary, and are not included in this example. However, you will also save on any state and local taxes.

Important information about FSAs

Your FSA elections are effective from January 1 through December 31. Claims for reimbursement must be submitted by March 31 of the following year. Please plan your contributions carefully. For plan year 2021 (to Plan Year 2022) only, rollover funds for both FSA and DSC accounts will occur with no maximum per IRS Notice 2020-29. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.

YOUR LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE PLANS

Life Insurance

Life insurance is an important part of your financial security, especially if you support a family.

The company provides basic life insurance to all eligible employees at no cost. Coverage is automatic but you will need to complete a beneficiary form upon hire to designate who the funds will go to.

Account Type	Benefit
Employer-provided basic life insurance	• $10,000

Accidental Death & Dismemberment Insurance

Accidental Death & Dismemberment (AD&D) Insurance provides a benefit in the event of your accidental death or dismemberment. The company provides basic AD&D coverage to all eligible employees at no cost. Coverage is automatic.

Account Type	Benefit
Employer-provided basic life insurance	• $10,000

Optional Additional Life Insurance

You may also decide to add additional life insurance on top of the employer funded $10,000. Additional life insurance can be added up to $150,000. Additional Spouse coverage must be half of additional life and can be brought up to $50,000. Children's life insurance can be brought up to $10,000.

Find out more information on your life insurance at ADP's Homepage under life insurance and SunLife.

Employee Optional and Spouse Life Rates per Month	
Age	Rate per $1,000
Under 23	0.121
25 – 29	0.131
30 – 34	0.161
35 – 39	0.181
40 – 44	0.231
45 – 49	0.341
50 – 54	0.511
55 – 59	0.791
60 – 64	1.241
65 – 69	2.091
70 – 74	3.041
75 – 79	5.08
80 – 84	8.361
85 and over	8.361

Child Life Insurance	
Age	Rate per $1,000
Up to age 19 (26 if in school)	0.241

What would your family do if your income was lost due to death or disability? Life and disability insurance are important for your financial security.

SHORT AND LONG TERM DISABILITY

Disability Insurance Coverage

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. You can now enroll in the long term or short term disability plan to be covered in the even that you are out of work.

Find out more information on your short and long term disability by logging onto ADP's home page and clicking the links for long and short term disability.

Short-Term Disability Salary Continuation

Basic

- % of weekly earnings — 60%
- Weekly maximum benefit — $1,700
- Period out of work before you can start — 8 days
- Max Benefit Period — 13 weeks
- Waiting Period — 30 days of employment

Long-Term Disability

Basic

- % of monthly earnings — 60%
- Monthly maximum benefit — $5,000
- Period out of work before you can start — 90 days
- Max Benefit Period — 24 months
- Waiting Period — 30 days of employment

Voluntary STD - Monthly Cost, 13 week duration

		U-25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Monthly Earnings	Covered Weekly Payroll (Volume)	$0.921	$1.022	$0.990	$0.753	$0.482	$0.521	$0.591	$0.772	$0.921	$0.871	$0.935
$2,000	$277.00	$25.51	$28.31	$27.42	$20.86	$13.35	$14.43	$16.37	$21.38	$25.51	$24.13	$25.90
$4,000	$554.00	$50.10	$55.60	$53.86	$40.96	$26.22	$28.34	$32.15	$42.00	$50.10	$47.38	$50.86
$6,000	$831.00	$76.54	$84.93	$82.27	$62.57	$40.05	$43.30	$49.11	$64.15	$76.54	$72.38	$77.70
$8,000	$1,108.00	$102.05	$113.24	$109.69	$83.43	$53.41	$57.73	$65.48	$85.54	$102.05	$96.51	$103.60
$10,000	$1,385.00	$127.56	$141.55	$137.12	$104.29	$66.76	$72.16	$81.85	$106.92	$127.56	$120.63	$129.50

Voluntary LTD - Monthly Cost, 90 Day EP

		U-25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Monthly Earnings	Covered Weekly Payroll (Volume)	$0.218	$0.320	$0.490	$0.752	$0.942	$1.142	$1.161	$1.371	$1.779	$1.422	$0.806
$2,000	$2,000	$4.36	$6.40	$9.80	$15.04	$18.84	$22.84	$23.22	$27.42	$35.58	$28.44	$16.12
$4,000	$4,000	$8.72	$12.80	$19.60	$30.08	$37.68	$45.68	$46.44	$54.84	$71.16	$56.88	$32.24
$6,000	$6,000	$13.08	$19.20	$29.40	$45.12	$56.52	$68.52	$69.66	$82.26	$106.74	$85.32	$48.36
$8,333+	$8,333	$18.17	$26.67	$40.83	$62.66	$78.50	$95.16	$96.75	$114.25	$148.24	$118.50	$67.16

ADDITIONAL BENEFITS

The US Coast Guard NAF offers you and your family additional benefits to enhance your benefits package.

Leave

Qualifying employees begin to earn leave on their first day of hire.

Annual Leave

The accrual at 0-3 years of service is 5% of total hours per pay period with a max of 4 hours; 3-15 years of service is 7.69% of total hours per pay period with a max of 6.15 hours per pay period; and 15 years of service is 10% of total hours per pay period with a max of 8 hours per pay period.

Sick Leave

Qualifying employees earn 5% of the total hours in a pay period. All unused sick leave at retirement adds to your retirement service calculation.

Holidays

Qualifying employees receive 10 paid holidays each year.

For detailed information refer to the Coast Guard NAF Personnel Manual at the following link: https://workforcenow.adp.com/static/clients/content/NAF%202015.pdf?1569594087847

Coast Guard Mutual Assistance (CGMA)

Financial assistance from the CGMA is available to all NAF employees. This program's goal is to assist employees in their time of need when it comes to everyday essentials to include emergency, housing, education, medical, and other financial resource items. Assistance can include loans, grants, and counseling. The link to the mutual assistance website is https://www.cgmahq.org/assistance/applications.html.

Health Advocate

All benefit eligible employees of the US Coast Guard NAF are eligible for Health Advocate CORE Advocacy services free of charge, for themselves, their dependents, and their parents and parents-in-law. This innovative health care resource is available to assist you in navigating through the health care and insurance systems 24 hours a day, 7 days a week. This is a completely confidential service to assist you in making more informed decisions about your health care; assist you in finding and making doctor appointments; resolving medical claim issues; address eldercare issues, clarify insurance coverage, work on claim denials, help negotiate medical bills and more. To better understand how you can use this valuable benefit take a look at the member portal at: https://members.healthadvocate.com/Home

You can also email Health Advocate at answers@HealthAdvocate.com or call at 866-695-8622.

MetLife Pet Insurance NEW

Help take the worry out of covering the cost of unexpected visits to the vet with your dog or cat by signing up with MetLife Pet Insurance. You receive a 10% discount by being a member of the US Coast Guard Community Services Command group. These policies help cover costs for accidents, illness and more. Now more than ever, pets are playing a significant role in our lives, and it is important to keep them safe and healthy. Premium costs will vary based on the age, breed, location, and coverage amount selected. Payments for this coverage are set up as an automatic payment from your bank or credit card. To obtain a quote visit www.metlife.com/getpetquote or call 1-800-GET-MET8.

COAST GUARD SUPRT

Confidential counseling, health coaching, educational and referral

When times get tough, most of us can benefit from talking through our problems with someone who is experienced and objective. Someone who can help us sort things out... a professional who will listen in confidence and help us find a good solution.

Achieve personal success with CG SUPRT

CG SUPRT counseling is goal-oriented and solution-focused. CG SUPRT counselors and coaches will help assess your concerns and develop a plan of action.

How CG SUPRT

The CG SUPRT program helps you resolve personal problems and life challenges before they negatively affect your health, relationships with others, or job performance. You can contact the program 24 hours a day, 365 days a year, be calling one toll-free number.

The CG SUPRT program provides health coaching, professional counseling, education, and referral services to you and your family members. CG SUPRT professionals can help you with a variety of issues:

- Marital and family problems
- Alcohol and/or drug abuse
- Depression and anxiety
- Work-related concerns
- Career transition issues
- Personal growth and development
- Legal and financial challenges
- Balancing work and life demands
- Health coaching
- Tobacco cessation
- Health improvement

Is there a cost for CG SUPRT Program?

CG SUPRT telephonic counseling and session with a counselor or coach are provided at no cost to you.

Between Us

Confidentiality is a vital part of the CG SUPRT program's success. No one will know you have accessed program services unless you specifically grant permission or express a concern that presents the CG SUPRT program with a legal obligation to release information.

Contact a Consultant: 1-855-CG SUPRT (247-8778)

International Country Code: + 800-02478778
Military Crisis
Line: 1-800-273-TALK(8255) Press 1

US COAST GUARD NAF WELLNESS PROGRAM

At US Coast Guard NAF we want employees to be engaged in their jobs and communities, be active and engaged in their physical health and ultimately achieve their highest level of well-being. Our wellness program is designed to:

- Provide education, resources, and support to employees
- Help you make good decisions about your health
- Increase employee engagement and productivity
- Manage health care costs

We hope to create a culture of well-being by offering programs that support good health and positive lifestyles.

Stay tuned for more information about wellness throughout the year and make sure to participate in our health risk assessments.

We provide online tools and information to help you use your benefits wisely, save money, and make smart choices about the food you eat, and staying active. The more you take care of yourself, the healthier we are as a group, which can reduce costs for us all.

GLOSSARY

Brand Name Drugs – Drugs that have trade names and are protected by patents. Brand name drugs are generally the most costly choice.

Coinsurance – The percentage of a covered charge paid by the plan.

Consumer Driven Health Plan (CDHP) – A medical plan used in conjunction with a health reimbursement account (HRA) or a health savings account (HSA).

Copayment (Copay) – A flat dollar amount you pay for medical or prescription drug services regardless of the actual amount charged by your doctor or health care provider.

Deductible – The annual amount you and your family must pay each year before the plan pays benefits.

Generic Drugs – Generic drugs are less expensive versions of brand name drugs that have the same intended use, dosage, effects, risks, safety and strength. The strength and purity of generic medications are strictly regulated by the Federal Food and Drug Administration.

High Deductible Health Plan (HDHP) – A medical plan that may be used in conjunction with a health reimbursement account (HRA) or a health savings account (HSA).

Health Reimbursement Account (HRA) – A fund you can use to help pay for eligible medical costs not covered by your medical plan. Funds are contributed to the HRA by your employer.

In-Network – Use of a health care provider that participates in the plan's network. When you use providers in the network, you lower your out-of-pocket expenses because the plan pays a higher percentage of covered expenses.

Out-of-Network – Use of a health care provider that does not participate in a plan's network.

Mail Order Pharmacy – Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.

Inpatient – Services provided to an individual during an overnight hospital stay.

Outpatient – Services provided to an individual at a hospital facility without an overnight hospital stay.

Out-of-Pocket Maximum – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of- pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year, except for prescriptions under all medical plans except the HSA Plan.

Primary Care Physician (PCP) – Physician (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions and refers patients to specialists as necessary.

Specialist – A physician who has specialized training in a particular branch of medicine (e.g., a surgeon, gastroenterologist or neurologist).

CONTACT INFORMATION

PLAN	PROVIDER	PHONE NUMBERS	WEBSITE
Medical	Cigna	(800)-244-6224	www.mycigna.com
Medical	Kaiser	800-777-7902 (MidAtlantic) 800-464-4000 (California) 800-966-5955 (Hawaii)	www.kp.org
Dental	Cigna	(800)-244-6224	www.mycigna.com
Vision	Vision Service Plan (VSP)	(800)-877-7195	www.vsp.com
Flexible Spending Accounts	Flores & Associates	(800) 532-3327	www.flores-associates.com www.flores247.com
Life, AD&D, Short-Term & Long-Term Disability, Voluntary Life and AD&D	Sun Life Financial	(800)-247-6875	www.sunlife-usa.com/planmembers/
Coast Guard Mutual Assistance	CGMA		https://www.cgmahq.org/assistance/applications.html
401(k) Retirement Savings Plan	ADP 401(k)	(800)-695-7526	www.mykplan.com
Employee Assistance Program (EAP)	CG SUPRT	(855) 247-8778	www.cgsuprt.com
Health Advocate	Health Advocate	(866) 695-8622	https://members.healthadvocate.com/Home
Pet Insurance	MetLife	1-800-GET-MET8	www.metlife.com/getpetquote

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PATIENT PROTECTION DISCLOSURE NOTICE

NAF USCG group health plans generally allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan carrier: Cigna at 1-800-244-6224; and Kaiser Permanente at the customer service number printed on your ID card. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from NAF USCG or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan carrier: Cigna at 1-800-244-6224; and Kaiser Permanente at the customer service number printed on your ID card.

NEWBORN'S AND MOTHER'S HEALTH PROTECTION ACT

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 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICE

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

- All stages of reconstruction for the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call you plan carrier: Cigna at 1-800-244-6224; and Kaiser Permanente at the customer service number printed on your ID card.

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HIPAA SPECIAL ENROLLMENT NOTICE

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 enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as 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 30 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after than coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60 day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30 day period applies to most special enrollments.

To request special enrollment or obtain more information, contact Human Resources.

CMS MEDICARE PART D CREDITABLE PRESCRIPTION DRUG COVERAGE NOTICE

Important Notice from US Coast Guard Community Services Command
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 US Coast Guard Community Services Command 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. **US Coast Guard Community Services Command has determined that the prescription drug coverage offered by the Cigna 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.**

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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, your current Cigna coverage will not be affected. They can keep this coverage if they elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage.

[See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current US Coast Guard Community Services Command coverage, be aware that you and your dependents will be able to get this coverage back.

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 US Coast Guard Community Services Command 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 October 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 it before the next period you can join a Medicare drug plan, and if this coverage through US Coast Guard Community Services Command changes. You also may request a copy of this notice at any time.

Kristi Mowry
Human Resource Manager (RA & Benefits)
US Coast Guard Community Services Command
Battlefield Technical Center 1, 510 Independence Pkwy., #500
Chesapeake, VA 23320
Phone: (757)-842-4793

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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).

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).

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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	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ALASKA – Medicaid	**FLORIDA – 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	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	**INDIANA – Medicaid**
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	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

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IOWA – Medicaid and CHIP (Hawki)	MONTANA – 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: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	**NEBRASKA – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	**NEVADA – 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	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – 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)	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
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
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: -800-977-6740. TTY: Maine relay 711	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
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – 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: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	**VERMONT– Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	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, 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

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.

About this Guide

This benefit summary provides selected highlights of the USCG CSC benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. USCG CSC reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.