
# Lubricar 2022 BENEFITS GUIDE


# BENEFITS OVERVIEW

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**Lubricar** is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week or more. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of medical benefits, and Lubricar provides other benefits at no cost to you (life, accidental death & dismemberment, and employee assistance program). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

### BENEFITS OFFERED

- Medical Insurance
- Health Savings Account
- Dental Insurance
- Vision Insurance
- Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D Insurance
- Voluntary Whole Life Insurance with Long Term Care
- Voluntary Short-Term Disability Insurance
- Voluntary Long-Term Disability Insurance
- Accident Insurance
- Critical Illness Insurance
- Employee Assistance Program

**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 21-22 for more details.**

## ELIGIBILITY

You and your dependents are eligible for Lubricar benefits on the first of the month following 60 days of meeting the 30 hours per week eligibility requirement.

For purposes of these benefits, eligible family members include:

- Your legal spouse, including domestic partner (both same and opposite sex)*
- Your child who is less than 26 years of age. Children include natural or legally adopted child, a stepchild, the child of your domestic partner, or a child who is less than 26 and has been placed under your legal guardianship.
- Your child, who satisfies the above definition of child, age 26 or older, and who is:
  - Mentally or physically incapable of earning a living, and
  - Primarily supported by you

*If adding a domestic partner, benefits will be deducted on a post-tax basis and any employer spousal contribution will be considered taxable income to you, unless your partner meets the definition of a tax dependent under Section 152 of the IRS code.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 31 days.

## QUALIFYING EVENT

The only other time you may make a change in your coverage during the plan year is if you have a qualified change in your family or employment status. You may change your coverage election upon the occurrence of one of the qualifying events listed below, providing you apply for the change in coverage within 31 days of the qualifying event:

- Marriage, divorce or legal separation
- Birth, adoption, placement, guardianship or court-ordered coverage of a dependent child
- Death of your spouse or dependent
- Eligibility for Medicare
- Covered dependent is no longer eligible
- Covered employee's spouse or dependent gains or loses coverage due to his or her employment status or own employer's open enrollment
- For the Dependent Care Reimbursement Account, a change in day care providers or a change in the amount the provider charges for services

For a complete listing of qualified changes in status, see your Human Resources department. Changes to your benefits must be made within 31 days of the event and must be consistent with your change in status.


## NEW FOR 2022

- New Medical Plans and Carrier
- New Vision Plan and Carrier
- Increased HSA Contribution Limit
- Benefit Advocacy Center

Gallagher

Insurance | Risk Management | Consulting

# Ask Your Advocate Team

## Put our team to work to maximize your healthcare benefits.

Gallagher is ready to help you get the most from your benefit program by providing support from an advocate at no cost to you. Get assistance with:

1. **Explanation of benefits**
   Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?

2. **Prescription challenges**
   Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help with an authorization for a medication?

3. **Benefits questions**
   Are you unsure if the insurance company will pay for a certain procedure?

4. **Claim issues**
   Did you receive a bill from a doctor but don't know why?

5. **Difficult situations**
   Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

**A licensed healthcare benefits advocate is ready to handle any situation in a discreet and confidential manner.**

## Hours of operation

Monday – Friday

7 a.m. – 8 p.m. Central Time

## Connect With Us

**Lubricar, Inc., DBA Jiffy Lube**

833-276-6285

bac.lubricaradvocates@ajg.com

# MEDICAL BENEFITS

**Administered by Presbyterian Health Plan**

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury.

| | SMART CARE HMO $4000 | PPO Preferred Care $5000 | | Vantage HDHP $2000* | |
|---|---|---|---|---|---|
| | Employee must live or work in NM | Open to all employees | | | |
| | In-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Deductible (single/ family) | $4,000 / $8,000 | $5,000 / $10,000 | $10,000 / $20,000 | $2,000 / $4,000 | $4,000 / $8,000 |
| Annual Out-of-Pocket Maximum (includes deductible) | $6,350 single / $12,700 family | $7,000 single / $14,000 family | $14,000 single/ $28,000 family | $4,000 single / $8,000 family | $8,000 single/ $16,000 family |
| Coinsurance | 30% | 30% | 50% | 20% | 40% |
| **DOCTOR'S OFFICE** | | | | | |
| Primary Care Office Visit | $30 copay per visit | $30 copay per visit | 50% after deductible | 20% after deductible | 40% after deductible |
| Specialist Office Visit | $40 copay per visit | $40 copay per visit | 50% after deductible | 20% after deductible | 40% after deductible |
| Preventive Care | Covered at 100% | Covered at 100% | 50% after deductible | Covered at 100% | 40% after deductible |
| **LABORATORY/ ADVANCED IMAGING** | | | | | |
| Lab and X-ray | 30% after deductible/ 0% for blood work | Covered at 100% | 50% after deductible | 20% after deductible | 40% after deductible |
| Advanced Imaging (MRI, PET/ CT scan) | 30% after deductible | $200 copay | 50% after deductible | 20% after deductible | 40% after deductible |
| **PRESCRIPTION DRUGS (Retail / Mail Order)** | | | | | |
| Tier 1 - Preferred Generic Drug | $10 / $20 copay | $10 / $20 copay | $10 / $20 copay | 20% after deductible | 20% after deductible |
| Tier 2 - Preferred Brand Drug | $35 / $87.50 copay | $35 / $87.50 copay | $35 / $87.50 copay | 20% after deductible | 20% after deductible |
| Tier 3- Non-Preferred Brand Drug | $55 / $165 copay | $55 / $165 copay | $55 / $165 copay | 20% after deductible | 20% after deductible |
| Tier 4 - Self-Administered Specialty | 20% up to $400 copay per prescription / Not covered | 20% up to $400 copay per prescription / Not available | Not Covered | 20% after deductible / Not available | Not Covered |
| **HOSPITAL SERVICES** | | | | | |
| Emergency Room | $200 copay per visit | $300 copay | $300 copay | 20% after deductible | 20% after deductible |
| Ambulance Service | $50 copay per occurrence ground; $100 copay per occurrence air; 0% inter-facility | 30% after deductible; 0% inter-facility | 30% after deductible; 0% inter-facility | 20% after deductible ground/air; 0% Inter-facility | 20% after deductible ground/air; 0% Inter-facility |
| Urgent Care | $40 copay per visit | $40 copay per visit | $40 copay per visit | 20% after deductible | 20% after deductible |
| Inpatient | 30% after deductible | 30% after deductible | 50% after deductible | 20% after deductible | 40% after deductible |
| Outpatient Surgery | 30% after deductible | 30% after deductible | 50% after deductible | 20% after deductible | 40% after deductible |

| | SMART CARE HMO $4000 | PPO Prefered Care $5000 | | Vantage HDHP $2000 | |
|---|---|---|---|---|---|
| | Employee must live or work in NM | Open to all employees | | | |
| | In-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| **MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES** | | | | | |
| Inpatient Services | 0% | 0% | 50% after deductible | 0% after deductible | 40% after deductible |
| Outpatient Services | 0% | 0% | 50% after deductible | 0% after deductible | 40% after deductible |
| **OTHER SERVICES** | | | | | |
| Maternity Services (office visits, physician and hospital services) | $30 copay per visit | $30 copay per visit | 50% after deductible | 20% after deductible | 40% after deductible |
| Chiropractic | Covered | Covered (20 visits per calendar year) | Covered (20 visits per calendar year) | Covered | Covered |
| Short-Term Rehabilitation (Physical, Occupational and Speech Therapy Services including Skilled Nursing) | $30 copay (24 visits) 30% after deductible for skilled nursing (60 days) | $30 copay (24 visits) 30% after deductible for skilled nursing (60 days) | 50% after deductible (24 visits) 50% after deductible for skilled nursing (60 days) | 20% after deductible (24 visits) 20% after deductible for skilled nursing (60 days) | 40% after deductible (24 visits) 40% after deductible for skilled nursing (60 days) |
| Gym Membership (see page 9) | No Charge | No Charge | No Charge | No Charge | No Charge |

## Medical Plan Costs

| Coverage Level | Hourly Employee Weekly Cost | | | Salaried Employee Weekly Cost | | |
|---|---|---|---|---|---|---|
| | SMART CARE HMO $4000 | PPO Preferred Care $5000 | Vantage HDHP $2000 | SMART CARE HMO $4000 | PPO Preferred Care $5000 | Vantage HDHP $2000 |
| Employee Only | $23.52 | $22.69 | $30.97 | $33.90 | $33.08 | $41.35 |
| Employee + Spouse | $112.59 | $110.69 | $129.73 | $122.97 | $121.08 | $140.11 |
| Employee + Child(ren) | $92.03 | $90.38 | $106.93 | $102.41 | $102.41 | $117.32 |
| Family | $153.70 | $151.31 | $175.31 | $164.08 | $161.69 | $185.69 |



Lubricar

## Local customer service

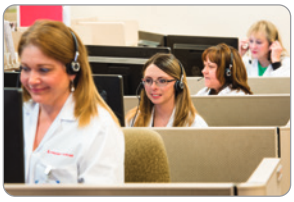
Our friendly representatives, located in Albuquerque, are standing by to answer your benefit questions Monday through Friday from 7 a.m. to 6 p.m. Contact Presbyterian Customer Service Center by phone at (505) 923-5678 or toll-free 1-800-356-2219 (TTY 711), or send an email to info@phs.org.

## myPRES


Get the information you want when you need it. Presbyterian's web-based services offer fast and convenient service any day of the year. To sign in or register, visit www.phs.org/myPRES.

- Look up benefit information securely, view claims status and track deductibles.
- View or request a replacement member ID card.

## PresRN Nurse Advice Line



Speak with a registered Presbyterian nurse for medical advice at no cost 24 hours a day, every day, including holidays. Call (505) 923-5570 or 1-866-221-9679. For details, visit www.phs.org and search for "PresRN."

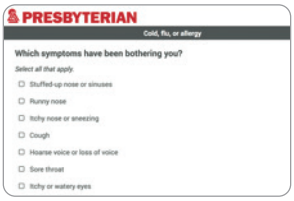
## MyChart


Members with a Presbyterian Medical Group provider can send electronic messages and communicate with their care team, request prescription renewals and schedule office or telephone visits. You can also view medical records, lab and radiology reports, procedures and test results. For details, visit www.phs.org/mychart.

## $0 Video Visits

See a provider anytime, day or night. This option offers a new way to see a medical provider for non-emergency medical conditions via secure video through a smartphone, tablet or computer webcam. Visits are $0. (Costs may apply for High Deductible Health Plan members). For details, visit www.phs.org/videovisits.

## Online Visits




With Online Visits patients who have previously visited a Presbyterian facility can save a trip to a provider's office. Through our online system, Presbyterian Medical Group providers diagnose, treat and prescribe medications. Online Visits are available 24/7. For details, visit www.phs.org/onlinevisits.

## Employee Assistance Program (EAP)

The Solutions Group

The EAP offers confidential support for complex personal challenges. Learning how to cope with stress at work and at home can improve overall well-being. Members and families living in the same household can get up to three complimentary assistance visits per situation. Services are short-term, confidential counseling sessions conducted by local licensed providers. To schedule an appointment with an EAP counselor, please call 1-866-254-3555 or (505) 254-3555.

## Estimate Your Cost of Care

Now you can better evaluate the cost of certain tests and procedures with our new Treatment Cost Estimator. This tool will provide estimates for many of your covered services and help you find more convenient, lower-cost locations to obtain care. Your provider or Presbyterian's Customer Service Center can also refer you to lower-cost locations for certain care needs. You may also log into myPRES for detailed information.

## Wellness at Work

This online tool helps you create personalized health improvement plans and features a powerful Personal Health Assessment (PHA) tool to help identify personal health risks and provide recommendations for improving those risks. To participate, visit www.phs.org and register or login to myPRES.

## Talkspace

Messaging therapy offers members age 14 and older behavioral health coaching with licensed behavioral therapists via text, video or audio messaging at a time and place that is convenient for them. Go to www.talkspace.com/php to access the program.

## Seeking care in New Mexico?

Create a personalized provider directory for providers who are close to work or home, find specific providers (including primary and specialty care providers), narrow the search to match preferences (such as a male or female provider), and find facilities and pharmacies. Visit www.phs.org/directory.

## Seeking care outside of New Mexico?

PPO members receive in-network benefits outside of New Mexico with nearly 900,000 providers through our partnership with the PHCS/MultiPlan National Network. Refer to your Summary of Benefits and Coverage (SBC) to see if your plan qualifies. If your plan does qualify, visit www.multiplan.com/presbyterian to search for providers in the national network. For PPO members only.

## Assist America

You have the protection of Assist America's global emergency travel assistance services 24 hours a day, 365 days a year. This unique program immediately connects you to services when experiencing a medical emergency while traveling 100 miles or more away from a permanent residence or in another country. First, download the *free* Assist America Mobile App, then log in with reference number 01-AA-PXI-10071. For questions, contact Assist America's Operations Center at 1-800-872-1414 (or +1-609-986-1234 outside of the USA).

## Mail-Order Pharmacy Service

Provided by OptumRx®, our mail-order pharmacy benefit allows you to order up to a 90-day supply of maintenance prescriptions (as prescribed by a physician) and have them conveniently delivered to a specified address. To register, call OptumRx at 1-866-528-5829 or visit www.optumrx.com.

## On to Better Health

This interactive software offers an alternative to traditional mental health and substance use care by providing access to tools and resources that are easy to use, confidential and available 24/7. Go to www.ontobetterhealth.com/php.

## Clickotine

Clickotine is an innovative program that uses clinically driven app technology to help you create and stick to a quit plan and overcome nicotine cravings. Go to www.clktx.com/join and enter Client ID code: LNV20C.

## TruHearing

With copayments as low as $699 per hearing aid, this benefit makes addressing hearing loss more affordable. Call TruHearing to learn more and schedule an appointment at 1-833-731-4167 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m.

## Value-Added Program

Members are automatically enrolled in the BenefitSource Value-Added program, which provides supplemental vision and hearing programs, complementary and alternative medicine, wellness and assisted living services. For a list of participating providers, fee schedules and more, visit www.benefitsource.org/presbyterian or call (505) 237-1501 or 1-888-862-8659.

## HealthEquity

Through our partnership with HealthEquity, employers can elect to offer a qualified High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) at no additional cost. HealthEquity also offers Health Reimbursement Account (HRA) and Flexible Spending Account (FSA) options to members at a reduced cost. Call 1-866-346-5800 or visit www.healthequity.com.

## Fitness/Gym Membership*

You and your enrolled dependents (ages 18 and up) have free access to more than 10,000 national, regional and local fitness, recreation and community centers. These facilities include all Defined Fitness locations in Albuquerque, Rio Rancho, Santa Fe and Farmington, as well as the nationwide Prime® Fitness network which includes select YMCA locations, Snap Fitness, Chuze, Curves and more. Discounted rates are also available from Sports and Wellness. For a list of participating locations, visit www.phs.org and search for "gym."

*This benefit is available if your employer includes it in your benefit package.

Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. If you need language assistance, services are available at no cost. Call (505) 923-5420, 1-855-592-7737 (TTY 711).

ATENCIÓN: Si usted prefiere hablar en español, están a su disposición servicios gratuitos de ayuda lingüística. Llame al (505) 923-5420, 1-855-592-7737 (TTY 711).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih (505) 923-5420, 1-855-592-7737 (TTY 711).

For more information, visit https://www.phs.org/pages/nondiscrimination.aspx.

MPC102127 Pending OSI approval

# Keep your story moving with a new fitness membership.

As a Presbyterian Health Plan member, you and your enrolled dependents (ages 18 and up) now have **free access** to more than 8,500 national, regional, and local fitness, recreation, and community centers.* These facilities include all Defined Fitness locations in Albuquerque, Rio Rancho, and Farmington, as well as the nationwide Prime Fitness network.

DEFINED FITNESS

Defined Fitness is one of New Mexico's premier health clubs, offering a wide variety of group exercise classes, supervised child care and state-of-the-art strength training and cardiovascular equipment. All locations feature an aquatic complex with an indoor pool, hot tub, dry sauna, and steam room.

prime℠

The Prime Fitness network provides group exercise classes and amenities such as pools, sport courts, tracks and more. You can visit participating locations nationwide as often as you like, including select YMCAs, Snap Fitness, Curves®, and more. When you use Prime Fitness, your fitness travels with you.

Visit **defined.com** or **www.primemember.com** for a list of participating locations. After your enrollment with Presbyterian, you'll receive detailed instructions on how to get started.

It's never been easier to keep your story moving.

**PRESBYTERIAN** Health Plan, Inc.

SPORTS & WELLNESS

Sports & Wellness is where Albuquerque has gone to find fun, friends and fitness for more than 25 years. Enjoy a special Presbyterian Health Plan member rate and experience five-star service and first-rate amenities at five New Mexico locations and other clubs across the country. Visit **sportsandwellness.com**

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# HEALTH SAVINGS ACCOUNT (HSA)

Administered by HealthEquity

**High Deductible Health Plans and HSA**
You must be enrolled in the HSA plan to be eligible for a HSA and to make HSA contributions.

**What is a Health Savings Account (HSA)?**

A Health Savings Account (HSA) is an individually-owned, tax-advantaged account that you can use to pay for current or future IRS-qualified medical expenses. With an HSA, you'll have the potential to build more savings for healthcare expenses or additional retirement savings through self-directed investment options.

**Are you eligible for an HSA?**

Your HSA is administered through HealthEquity. You can open and contribute to an HSA if you:

1. Are covered by an HSA-qualified health plan (HDHP);
2. Are not covered by other health insurance (with some exceptions);
3. Are not enrolled in Medicare;
4. Are not enrolled in TriCare;
5. Are not eligible to be claimed as a dependent on another person's tax return (unless it's your spouse);
6. Have not received health benefits from the Veterans Administration with the exception of services for a "service related disability" or an Indian Health Services facility within the last three months; and
7. Do not have a spouse with a Healthcare FSA

**Lubricar will contribute up to $250 annually towards your HSA account, if you are enrolled in the HSA medical plan. The actual contribution will be based on Lubricar's profitability.**

When you open an account, HealthEquity will request certain information to verify your identity and to process your application.

**How does an HSA Account work?**

- You can contribute to your HSA via payroll deductions, or online banking transfer, or by sending a personal check to HealthEquity. Your employer or third party, such as a spouse or parent, may contribute to your account as well.
- You can pay for qualified medical expenses with your Health Benefits Debit Card directly to your medical provider or pay out-of-pocket. You can choose to either reimburse yourself or keep the funds in your HSA to grow your savings.
- Unused funds will roll over year to year. After age 65, funds may be withdrawn for any purpose without a penalty (subject to ordinary income taxes).
- Check balances and account information via HealthEquity's Member Website at www.healthequity.com, or use their mobile app 24/7.

**Contributing Towards Your HSA**

Any contributions made by all parties can not exceed the IRS annual HSA limit. Below are the IRS limit amounts for the 2022 calendar year.

Catch-up Contributions

Employee age 55 or older, who are not enrolled in Medicare*, may contribute an additional $1,000 to their HSA account. Spouses who are 55 or older and covered under the employee's medical insurance through Lubricar may also make a catch-up contribution into a separate HSA account in their own name.

*If you enroll in Medicare mid-year, your catch-up contribution should be prorated.

According to IRS guidelines, each year you have until the tax filing deadline to contribute to your HSA (typically April 15 of the following year). Online contributions must be submitted by 2:00 p.m., Central Time, the business day before the tax filing deadline. Wire contributions must be received by noon, Central Time, on the tax filing deadline, and contribution forms with checks must be received by the tax filing deadline.

| HSA CONTRIBUTION | 2022 Calendar Year Maximums |
|---|---|
| Employee Only | $3,650 |
| Family | $7,300 |
| Catch-Up | Age 55+ may contribute an additional $1,000 |

*Maximum contribution includes contributions made by Lubricar, up to $250 per year.

# IRS Qualified Expenses

Below is a list of some of the common expenses claimed against Health Savings Accounts (HSA), This is not a comprehensive list of the IRS qualified expenses. For more information, please refer to the IRS publication 502 title “Medical and Dental Expenses”.

The eligible expenses have been expanded to include:

- Feminine hygiene products
- Over-the counter (OTC) medications without a prescription
- COVID-19 related Personal Protective Equipment such as masks and hand sanitizer

**Common IRS-Qualified Medical and Dental Expenses**

Acupuncture
Ambulance service
Annual physical examination
Artificial limb or prosthesis
Birth control pills (by prescription)
Blood sugar test kits
Breast pumps and lactation supplies
Chiropractor
Childbirth/ delivery
Convalescent home
(medical treatment only)
Crutches
Doctor’s fees (copay, etc.)
Dental treatments
(including x-rays, braces, dentures, fillings, oral surgery)
Dermatologist
Diagnostic services
Disabled dependent care
Drug addiction therapy
Feminine hygiene products
Fertility enhancement
(including in-vitro fertilization)
Guide dog (or other service animal)
Gynecologist
Hearing aids and batteries
Hospital bills
Infertility treatments
Insurance premiums**
Laboratory fees
Laser eye surgery
Lodging
(away from home for outpatient care)
Medical alert bracelet
Medical transportation expenses
Midwife
Obstetrician
Osteopath
Orthodontics
Orthotic Inserts (custom or off the shelf)
Over-the-counter medicines and drugs
Physical therapy
Pregnancy test kit
Podiatrist
Prenatal care & postpartum treatment
Psychiatrist
Psychologist
Smoking cessation programs
Special education tutoring
Surgery
Transplants
Vaccines
Vasectomy
Vision care
(including eyeglasses, contact lenses, Lasik surgery)
Walker, cane
Weight loss programs
(for a specific disease diagnosed by a physician, such as obesity, hypertension, or heart disease)
Wheelchair
X-rays

**SPECIAL CONSIDERATIONS:**

1. You cannot use HSA dollars on domestic partners or their children unless they are your legal tax dependent(s)

2. Your adult children under age 26 MUST be a tax dependent to be eligible to use your HSA dollars for their expenses. At age 19 your non-tax dependent child may open and contribute to their own HSA if they are no longer your tax dependent.

**Insurance premiums only qualify as an IRS qualified expenses while continuing coverage under COBRA; for long-term care coverage; coverage while receiving unemployment compensation; for any healthcare coverage for those age 65 including Medicare (except Medicare supplemental coverage).

**Keep Your Receipts**

While you do not need to submit your receipts to HealthEquity to be reimbursed for HSA funds used, you must save your bills and receipts for tax purposes.

## ACCIDENT INSURANCE

**Insured by Allstate**

Accidental Injury insurance can provide you and your family with the additional financial protection you may need for expenses associated with an unexpected covered accident. While you can't predict life's unexpected events, you can plan for them by choosing benefits that can help protect your financial future. Regular expenses, big and small, can add up. Think about your ability to pay for those expenses if you or your family member were seriously injured in a covered accident. The plan pays benefits directly to you. What you do with the money is up to you.

| Accident Insurance MONTHLY Rates | | | | |
|---|---|---|---|---|
| Benefit Coverage | Employee Only | Employee + Spouse | Employee + Child | Family |
| Rate | $10.07 | $23.38 | $28.83 | $37.27 |

## CRITICAL ILLNESS INSURANCE

**Insured by Allstate**

Lubricar offers you the opportunity to purchase Critical Illness insurance on a voluntary basis to ease the financial impact of a major illness. If you or a covered family member is diagnosed due to an illness and meets the group policy and certificate requirements, you will receive a payment to use as you see fit. It can be used to help cover your health insurance deductibles, copays, incidental hospital charges (e.g. TV, phone, etc.) or for any purpose you choose. Critical Illness provides payments for illnesses such as a heart attack, stroke, end stage renal failure, cancer, and major organ transplant.

You can choose between a $10,000 or a $20,000 benefit amounts for Critical Illness.

If you complete a health screening, this plan will pay you a benefit of $50. These health screenings include annual physicals, biometrics, preventive cancer screenings, etc.

| Critical Illness MONTHLY Rates | | | | |
|---|---|---|---|---|
| Option 1 - $10,000 of Coverage | | | | |
| Issue Age | Non-Tobacco | | Tobacco | |
| | Employee, & Child | Employee & Family | Employee, & Child | Employee & Family |
| 18 - 29 | $4.48 | $7.87 | $7.15 | $11.35 |
| 30 - 39 | $8.26 | $13.02 | $13.11 | $20.28 |
| 40 - 49 | $15.10 | $23.27 | $27.29 | $41.57 |
| 50 - 59 | $26.12 | $39.81 | $45.37 | $68.67 |
| 60 - 63 | $42.13 | $63.83 | $74.44 | $112.30 |
| 64+ | $54.27 | $82.02 | $97.21 | $146.45 |
| Option 2 - $20,000 of Coverage | | | | |
| 18 - 29 | $8.41 | $13.25 | $13.07 | $20.22 |
| 30 - 39 | $15.29 | $23.55 | $24.94 | $38.05 |
| 40 - 49 | $28.95 | $44.05 | $53.36 | $80.65 |
| 50 - 59 | $51.00 | $77.12 | $89.48 | $134.85 |
| 60 - 63 | $83.03 | $125.16 | $147.65 | $222.09 |
| 64+ | $107.29 | $161.56 | $193.19 | $290.40 |

**Note**: Critical Illness insurance is not available to employees under 18 years of age.

# DENTAL BENEFITS

**Insured by Unum**

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems.

With the Unum, you and your family members may visit any licensed dentist but will receive the greatest out-of-pocket savings if you see an in-network dentist. If you choose to see an out-of-network dentist, you will incur additional out-of-pocket expenses, and you may be billed for the difference in the cost of the services (called balance billing). When you see an in-network Dentist, you are protected from balance billing.

To find an in-network provider or view and print your ID cards, go to Unum's website at www.unum.com.

| SERVICES | COVERAGE |
|---|---|
| Annual Deductible<br>(waived for preventive services) | $50 per person;<br>$150 family limit |
| Annual Benefit Maximum | $1,000* |
| Preventive Services (cleanings, exams, x-rays) | Covered at 100%; no deductible |
| Basic Services (fillings, posterior composite restoration) | You pay 20% after deductible |
| Major Services (extractions, oral surgery, endodontics, periodontics, crowns, inlays, onlays, bridges, dentures, repairs) | You pay 50% after deductible |
| TMJ | Waiting period 12 months<br>Separate lifetime max $1,000<br>You pay 50% after deductible |
| Orthodontia Services | Not covered |

*Part of your annual maximum may be carried over year to year. See plan booklet for details.

## Dental Plan Costs

| Coverage Level | Weekly Cost |
|---|---|
| Employee Only | $5.19 |
| Family | $13.68 |

# VISION BENEFITS

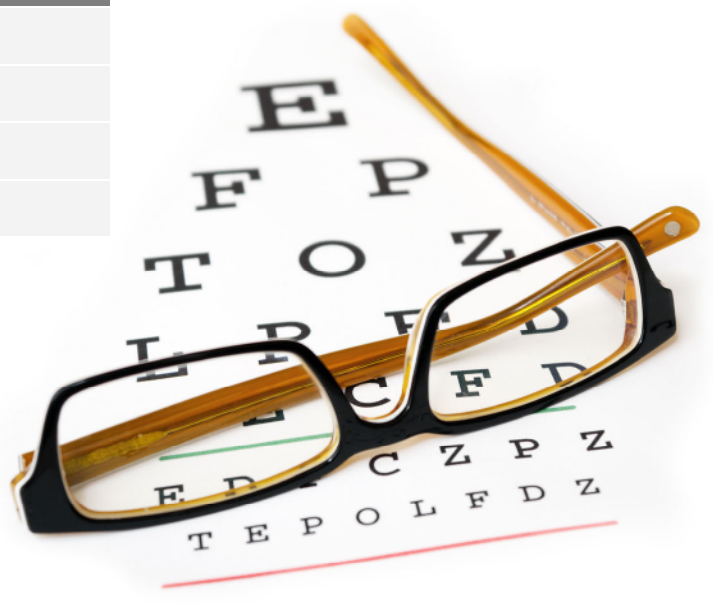
**Insured by Ameritas**

Your eyes can provide a window to your overall health. Through routine exams your provider may be able to detect general health problems in their early stages along with determining if you need corrective lenses. Lubricar knows your vision care is personal and so is your relationship with your eye doctor. That's why Lubricar has partnered with Ameritas and the EyeMed network of providers to provide you with access to affordable care, and quality eyewear. Find an EyeMed vision provider at www.eyemed.com.

| SERVICE | IN-NETWORK | OUT-OF-NETWORK |
|---|---|---|
| Eye Exam — once every 12 months | $10 copay | Up to $35 |
| LENSES — ONCE EVERY 12 MONTHS | | |
| Single Vision Lenses | $25 copay | Up to $25 |
| Lined Bifocal Lenses | $25 copay | Up to $40 |
| Lined Trifocal Lenses | $25 copay | Up to $55 |
| Standard Progressive Lenses | $90 copay | N/A |
| FRAMES — ONCE EVERY 12 MONTHS | | |
| Frames | $130 allowance | Up to $65 |
| CONTACT LENSES — ONCE EVERY 12 MONTHS IN LIEU OF GLASSES | | |
| Medically Necessary Lenses | Covered in full | Up to $200 |
| Elective Lenses | $130 allowance | Up to $104 |
| Fit & Follow Up<br><br>Standard<br>Premium | <br><br>Member cost $40 allowance<br>10% off of retail | <br><br>N/A |

## Vision Plan Costs

| Coverage Level | Weekly Cost |
|---|---|
| Employee Only | $1.52 |
| Employee + Spouse | $2.89 |
| Employee + Child(ren) | $3.05 |
| Family | $4.48 |



# LIFE INSURANCE AND DISABILITY BENEFITS

## LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

**Insured by Unum**

### Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Lubricar. The company provides basic life insurance of $10,000 **at no cost** to you if you if you are a full time employee.

### Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Lubricar provides AD&D coverage of $10,000 **at no cost** to you. This coverage is in addition to your company-paid life insurance described above if you are a full time employee.

## VOLUNTARY TERM LIFE AND AD&D INSURANCE

**Insured by Unum**

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to $130,000 or five times your salary, and up to $25,000 for your spouse) without answering medical questions if you enroll when you are first eligible. If you wish to elect or increase coverage after you are first eligible, you must submit an Evidence of Insurability (EOI) and be approved by Medical Underwriting.

**Employee**— Up to five times your salary in increments of $10,000; $130,000 maximum amount

**Spouse**— Up to $25,000 in increments of $5,000

**Children**— $2,000 increments to $10,000 (birth to 6 months $1,000)

| Monthly Voluntary Life Rates | | | | |
|---|---|---|---|---|
| Age | Employee Rates Per $10,000 of Coverage | | Spouse Rates Per $5,000 of Coverage | Child Rates Per $2,000 of Coverage |
| | Non-Tobacco Use | Tobacco Use | | |
| <25 | $0.75 | $1.12 | $0.345 | $0.683 |
| 25 - 29 | $0.86 | $1.28 | $0.395 | |
| 30 - 34 | $1.07 | $1.60 | $0.50 | |
| 35 - 39 | $1.48 | $2.38 | $0.73 | |
| 40 - 44 | $2.04 | $3.60 | $1.045 | |
| 45 - 49 | $3.25 | $5.69 | $1.635 | |
| 50 - 54 | $4.98 | $9.59 | $2.55 | |
| 55 - 59 | $8.14 | $13.53 | $3.91 | |
| 60 - 64 | $13.00 | $20.23 | $6.685 | |
| 65 - 69 | $22.81 | $33.83 | $11.42 | |
| 70 - 74 | $41.16 | $59.45 | $20.345 | |
| 75+ | $83.36 | $107.56 | $40.75 | |
| **Monthly Voluntary AD&D Rates** | | | | |
| | $0.779 per $10,000 | | $0.41 per $5,000 | $0.082 per $2,000 |

## VOLUNTARY SHORT TERM DISABILITY INSURANCE

**Insured by Allstate**

Short-Term Disability insurance can provide employees with the peace of mind that a protected paycheck brings, if you are unable to work because of an illness or injury that occurs off the job. Allstate Short-Term Disability plan provides income, after satisfying the elimination period, if you become disabled due to an injury or illness. Once enrolled in the plan, you can take advantage of the following benefits:

Elimination Period: 7 days for an illness / 7 days for an injury

Benefit Amount: 60%

Benefit Maximum: $5,000 monthly

Benefit Duration: 3 months

If you wish to elect coverage after you are first eligible, you must submit an Evidence of Insurability (EOI) and be approved by Medical Underwriting.

## VOLUNTARY LONG TERM DISABILITY INSURANCE

**Insured by Unum**

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Long Term Disability insurance provides protection for your most valuable asset — your ability to earn an income.

Elimination Period: 90 days

Benefit Amount: 60%

Benefit Maximum: $3,000 monthly

Benefit Duration: To age 65 for those disabled prior to age 60. Based on a reducing schedule for those disabled at or beyond age 60.

If you wish to elect coverage after you are first eligible, you must submit an Evidence of Insurability (EOI) and be approved by Medical Underwriting.

**Short-Term and Long-Term rates are based on your age and your monthly earnings. Contact Human Resources for your rates.**

# EMPLOYEE ASSISTANCE PROGRAM

**Administered by Unum**

Lubricar cares about your total well-being, which is why we offer the employee assistance program (EAP) **at no cost** to you. This program provides a counseling service that helps you manage problems before they adversely affect your personal life, health and/or job performance. All employees and their spouse or domestic partner, dependent children, parents and parent-in-laws are eligible for the EAP regardless of whether they participate in our benefit plans.

You receive up to 3 face-to-face and unlimited, confidential telephonic counseling sessions per incident, per year. They are available 24/7 to assess your needs and find an appropriate solution for a range of concerns, including:

| A Licensed Professional Counselor can help with: | |
|---|---|
| • Stress, depression, anxiety | • Family and parenting issues |
| • Relationship issues, divorce | • Anger, grief and loss |
| • Job stress, work conflicts | • And more |

| Work/ Life Specialist can help with: | |
|---|---|
| • Child care | • Financial services, debt management, credit report issues |
| • Elder Care | |
| • Legal Questions | • Medical Bill Saver<br>⇒ Helps you save on medical/ dental bills |
| • Identity Theft | |
| • And more | |

**Visit:** www.unum.com/lifebalance

**24/7 Toll-Free Phone:**
(800) 854-1446 (multi-lingual)

# LEGAL NOTICES

## HIPAA SPECIAL ENROLLMENT RIGHTS

### Lubricar Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Lubricar Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program –** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Angelica Anaya - HR Manager at 505.897.6701 ext. 106 or angelica@myjiffy.com.

### Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

## WOMEN'S HEALTH & CANCER RIGHTS ACT

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 of 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 the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: SMART CARE HMO $4000 (Individual: 30% coinsurance and $4,000 deductible; Family: 30% coinsurance and $8,000 deductible)

Plan 2: PPO Preferred Care $5000 (Individual: 30% coinsurance and $5,000 deductible; Family: 30% coinsurance and $10,000 deductible)

Plan 3: Vantage HDHP $2000 (Individual: 20% coinsurance and $2,000 deductible; Family: 20% coinsurance and $4,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 505.897.6701 ext. 106 or angelica@myjiffy.com.

## NEWBORNS' AND MOTHERS' 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 "WELLSTONE ACT"

Under the Wellstone Act, large group health plans (i.e., employers who employ 51 or more employees) that choose to offer mental health and substance abuse benefits under their health plan are not allowed to set annual or lifetime dollar limits, nor office visit or inpatient day limits on mental health and substance abuse benefits that are lower than any other limits imposed by the medical plan for other medical and surgical benefits. In addition, the group health plan must provide the same out-of-network coverage for mental health and substance abuse coverage that is available for out-of-network medical and surgical benefits.

## UNIFORMED SERVICES EMPLOYMENT & REEMPLOYMENT RIGHTS ACT (USERRA)

The Uniformed Services Employment and Reemployment Rights Act (USERRA) was enacted in 1994 following U.S. military action in the Persian Gulf. USERRA prohibits discrimination against individuals on the basis of membership in the uniformed services with regard to any aspect of employment. Since its enactment, USERRA has been modified and expanded by additional federal laws, such as Veterans Benefits Improvement Act of 2008 (2008 Act). Please contact Human Resources for additional details about USERRA.

## NOTICE OF CREDITABLE COVERAGE

**Important Notice from Lubricar**
**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 Lubricar 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. **Lubricar has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep 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, your current Lubricar coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Lubricar coverage, be aware that you and your dependents may not 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 Lubricar 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 Lubricar 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).

**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).**

| | |
|---|---|
| **Date:** | **January 01, 2022** |
| **Name of Entity/Sender:** | **Lubricar** |
| **Contact—Position/Office:** | **Angelica Anaya - HR Manager** |
| **Office Address:** | **3520 Calle Cuervo NW**<br>**Albuquerque, New Mexico 87114-9220**<br>**United States** |
| **Phone Number:** | **505.897.6701 ext. 106** |

## HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

### Protecting Your Health Information Privacy Rights

Lubricar is committed to the privacy of your health information. The administrators of the Lubricar Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Angelica Anaya - HR Manager at 505.897.6701 ext. 106 or angelica@myjiffy.com.

## COBRA GENERAL NOTICE

### Model General Notice of COBRA Continuation Coverage Rights
### (For use by single-employer group health plans)

### ** Continuation Coverage Rights Under COBRA**

**Introduction**

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

**What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

**When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Angelica Anaya.**

**How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

**Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov/**.

**Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

**If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov**.

**Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Plan contact information**

**Lubricar**
**Angelica Anaya - HR Manager**
**3520 Calle Cuervo NW**
**Albuquerque, New Mexico 87114-9220**
**United States**
**505.897.6701 ext. 106**

[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.

## 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).**

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**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 October 15, 2021. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | CALIFORNIA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Website:<br>Health Insurance Premium Payment (HIPP) Program<br>http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Email: hipp@dhcs.ca.gov |
| **ALASKA – Medicaid** | **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** |
| The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Health First Colorado Website:<br>https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/ State Relay 711<br>CHP+:<br>https://www.colorado.gov/pacific/hcpf/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br>https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program<br>HIBI Customer Service: 1-855-692-6442 |
| **ARKANSAS – Medicaid** | **FLORIDA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |

| GEORGIA – Medicaid | MASSACHUSETTS – Medicaid and CHIP |
|---|---|
| Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162 ext 2131 | Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa<br>Phone: 1-800-862-4840 |
| **INDIANA – Medicaid** | **MINNESOTA – Medicaid** |
| Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>Phone 1-800-457-4584 | Website:<br>https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br>Phone: 1-800-657-3739 |
| **IOWA – Medicaid and CHIP (Hawki)** | **MISSOURI – Medicaid** |
| Medicaid Website: https://dhs.iowa.gov/ime/members<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website: http://dhs.iowa.gov/Hawki<br>Hawki Phone: 1-800-257-8563<br>HIPP Website:<br>https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp<br>HIPP Phone: 1-888-346-9562 | Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 |
| **KANSAS – Medicaid** | **MONTANA – Medicaid** |
| Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884 | Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 |
| **KENTUCKY – Medicaid** | **NEBRASKA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br>KCHIP Website:<br>https://kidshealth.ky.gov/Pages/index.aspx<br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website: https://chfs.ky.gov | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **LOUISIANA – Medicaid** | **NEVADA – Medicaid** |
| Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or<br>1-855-618-5488 (LaHIPP) | Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 |
| **MAINE – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Enrollment Website:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: -800-977-6740.<br>TTY: Maine relay 711 | Website: https://www.dhhs.nh.gov/oii/hipp.htm<br>Phone: 603-271-5218<br>Toll free number for the HIPP program:<br>1-800-852-3345, ext 5218 |

| NEW JERSEY – Medicaid and CHIP | SOUTH DAKOTA – Medicaid |
|---|---|
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |
| **NEW YORK – Medicaid** | **TEXAS – Medicaid** |
| Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 | Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 |
| **NORTH CAROLINA – Medicaid** | **UTAH – Medicaid and CHIP** |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |
| **NORTH DAKOTA – Medicaid** | **VERMONT – Medicaid** |
| Website:<br>http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 | Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 |
| **OKLAHOMA – Medicaid and CHIP** | **VIRGINIA – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Website: https://www.coverva.org/en/famis-select<br>https://www.coverva.org/en/hipp<br>Medicaid Phone: 1-800-432-5924<br>CHIP Phone: 1-800-432-5924 |
| **OREGON – Medicaid** | **WASHINGTON – Medicaid** |
| Website: http://healthcare.oregon.gov/Pages/index.aspx<br>http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 | Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 |
| **PENNSYLVANIA – Medicaid** | **WEST VIRGINIA – Medicaid** |
| Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx<br>Phone: 1-800-692-7462 | Website: http://mywvhipp.com/<br>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **RHODE ISLAND – Medicaid and CHIP** | **WISCONSIN – Medicaid and CHIP** |
| Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or 401-462-0311<br>(Direct RIte Share Line) | Website: https://www.dhs.wisconsin.gov/badgercareplus/p- 10095.htm<br>Phone: 1-800-362-3002 |
| **SOUTH CAROLINA – Medicaid** | **WYOMING – Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: https://health.wyo.gov/healthcarefin/medicaid/programs- and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since October 15, 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.

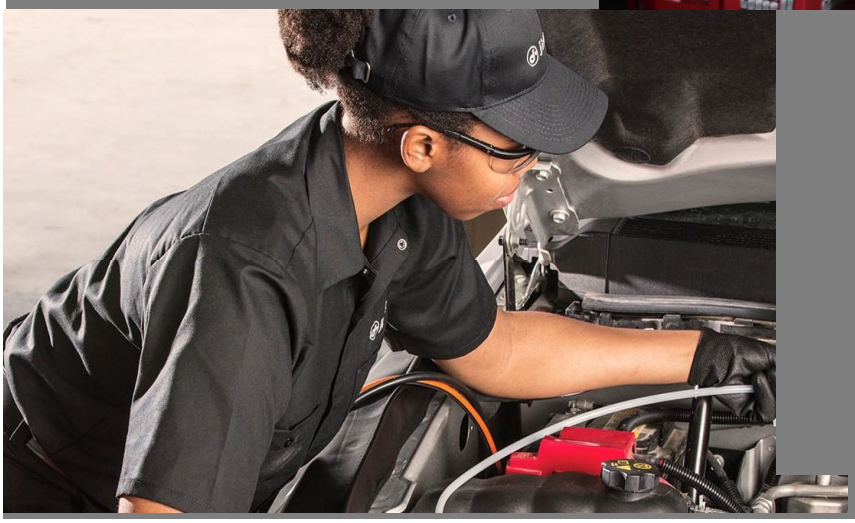
OMB Control Number 1210-0137 (expires 1/31/2023)

# Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

| BENEFIT | ADMINISTRATOR | PHONE | WEBSITE/EMAIL |
|---|---|---|---|
| Medical | Presbyterian Health Services | 505.923.5256 | www.phs.org |
| Dental | Unum | 866.679.3054 | www.unum.com |
| Vision | Ameritas | 800.659.2223 | www.ameritas.com |
| Health Savings Account | HealthEquity | 866.346.5800 | www.healthequity.com |
| Basic Life and AD&D | Unum | 866.679.3054 | www.unum.com |
| Voluntary Life and AD&D | Unum | 866.679.3054 | www.unum.com |
| Voluntary Whole Life | Unum | 866.679.3054 | www.unum.com |
| Voluntary Short-Term Disability | Allstate | 800.521.3535 | www.allstatebenefits.com |
| Voluntary Long-Term Disability | Unum | 866.679.3054 | www.unum.com |
| Accident Insurance | Allstate | 800.521.3535 | www.allstatebenefits.com |
| Critical Illness | Allstate | 800.521.3535 | www.allstatebenefits.com |
| Employee Assistance Program | Unum | 800.854.1446 | www.unum.com/lifebalance |
| Human Resources | Angelica Anaya | 505.897.6701 ext. 106 | angelica@myjiffy.com |
| Benefit Advocacy Center | | 833.276.6285 | bac.lubricaradvocates@ajg.com |

# Notes

*This benefit summary prepared by*

Gallagher

Insurance | Risk Management | Consulting