

2022

Benefit Guide



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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Benefits Overview

m3 Engineering & Technology Corporation is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. 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 some benefits (medical, dental and vision), and **m3 Engineering & Technology Corporation** provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered:

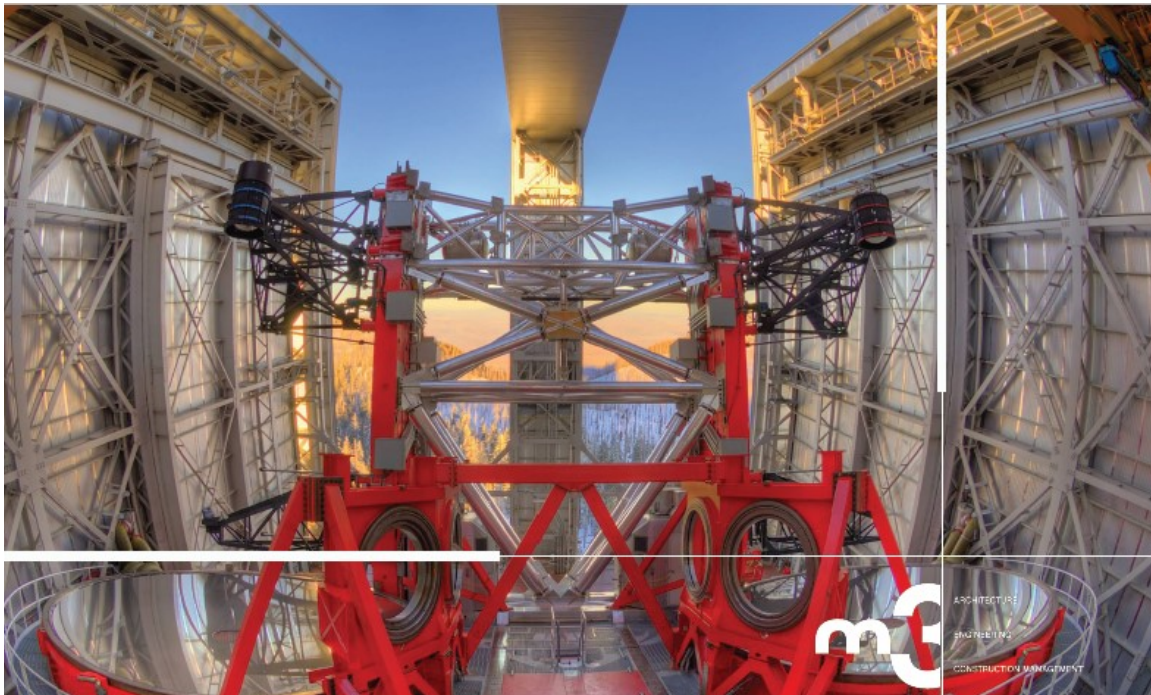
- Medical
- Dental
- Vision
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Short-Term Disability
- Long-Term Disability
- Employee Assistance Program
- Teladoc
- Voluntary Accident Insurance
- Voluntary Critical Illness Insurance

Eligibility

You and your dependents are eligible for **m3 Engineering & Technology Corporation** benefits on the first of the month following date of hire.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or **m3 Engineering & Technology Corporation** eligible dependents.

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 30 days.



Medical Benefits

Administered by BlueCross BlueShield of Arizona

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through **m3 Engineering & Technology Corporation**.

m3 Engineering & Technology Corporation offers you a choice of one (1) PPO and one (1) HSA medical plans. With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

	PPO		HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited		Unlimited	
Annual Deductible	\$0 single / \$0 family	\$500 single / \$1,000 family	\$1,400 single / \$2,800 family	\$1,400 single / \$2,800 family
Annual Out-of-Pocket Maximum (includes deductible)	\$3,000 single / \$6,000 family	\$4,500 single / \$9,000 family	\$2,800 single / \$5,600 family	\$5,600 single / \$11,200 family
Coinsurance	0%	40%	0%	50%
Doctor's Office				
Primary Care Office Visit	\$15 copay	40% after deductible	0% after deductible	50% after deductible
Specialist Office Visit	\$30 copay	40% after deductible	0% after deductible	50% after deductible
Preventive Care (screening, immunizations)	0%	40% after deductible	0%	50% after deductible
Diagnostic Test (x-ray, blood work)	0%	40% after deductible	0% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	Non-hospital: \$25 copay; Hospital: \$200 copay	40% after deductible	0% after deductible	50% after deductible
Prescription Drugs				
Retail—Generic Drugs (30-day supply)	\$10 copay	\$10 copay	\$10 copay after deductible	\$10 copay after deductible
Retail—Preferred Brand Drugs (30-day supply)	\$35 copay	\$35 copay	\$30 copay after deductible	\$30 copay after deductible
Retail—Non-Preferred Brand Drugs (30-day supply)	\$45 copay	\$45 copay	\$45 copay after deductible	\$45 copay after deductible
Specialty Drugs (30-day supply)	\$60 copay	Not covered	\$60 copay after deductible	Not covered
Mail Order—Generic Drugs (90-day supply)	\$25 copay	Not covered	\$25 copay after deductible	Not covered
Mail Order—Preferred Brand Drugs (90-day supply)	\$75 copay	Not covered	\$75 copay after deductible	Not covered
Mail Order—Non-Preferred Brand Drugs (90-day supply)	\$112.50 copay	Not covered	\$112.50 copay after deductible	Not covered

	PPO		HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Services				
Emergency Room	\$100 copay	\$100 copay	0% after deductible	0% after deductible
Inpatient	\$100 copay per admission (up to 5 copays max)	40% after deductible	0% after deductible	50% after deductible
Outpatient Surgery	\$100 copay	40% after deductible	0% after deductible	50% after deductible
Ambulance Service	0%	0%	0% after deductible	0% after deductible
Mental Health Services				
Inpatient Services	\$100 copay per admission (up to 5 copays max) Inpatient Subacute Hospitalization: \$100 copay per admission	40% after deductible	0% after deductible	50% after deductible
Outpatient Services	0%	40% after deductible	0% after deductible	50% after deductible
Substance Abuse Services				
Inpatient Services	\$100 copay per admission (up to 5 copays max) Inpatient Subacute Hospitalization: \$100 copay per admission	40% after deductible	0% after deductible	50% after deductible
Outpatient Services	0%	40% after deductible	0% after deductible	50% after deductible
Other Services				
Maternity Services	0%	40% after deductible	0% after deductible	50% after deductible
All other maternity hospital/ physician services	\$100 copay per admission (up to 5 copays max)	40% after deductible	0% after deductible	50% after deductible
Muscle Manipulation Services (unlimited visits)	\$30 copay	Covered	0% after deductible	Covered
Physical, Occupational and Speech Therapy Services (60 visits/calendar year)	\$20 copay	40% after deductible	0% after deductible	50% after deductible
Skilled Nursing 100-day calendar year maximum	\$100 copay per admission	40% after deductible	0% after deductible	50% after deductible

How the Plans Work

Both plans use the **BlueCross BlueShield of Arizona** network and cover 100% of the cost for preventive care services like annual physicals and routine immunizations. The way you pay for care is different with each plan.

With the **HDHP**, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the annual out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. Your paycheck deductions for this plan are lower than the PPO plan.

The **PPO plan** has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum. This plan has higher paycheck deductions than the HDHP.

	HDHP	PPO Plan
Per-paycheck Cost for Coverage	\$0	\$0
Annual Deductible	\$1,400 single / \$2,800 family	\$0 single / \$0 family
Annual Out-of-pocket Maximum	\$2,800 single / \$5,600 family	\$3,000 single / \$6,000 family
Using the Plan	Pay less with each paycheck and more when you need care	Pay more with each paycheck and less when you need care
Spending Account Options	Health savings account (HSA)	

Paying For Health Care

m3 Engineering & Technology Corporation offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	HSA
What medical plan can I choose?	HDHP
What expenses are eligible?	Medical, prescription, dental & vision care (See IRS publication 502 for a full list)
When can I use the funds?	Funds are available as you contribute to the account
Can I roll over funds each year?	Yes, funds roll over from year-to-year and are yours to keep (even if you change jobs)
How do I pay for eligible expenses?	With your MyBlue Savings debit card (You can also submit claims for reimbursement online at https://www.azblue.com/MyBlueSavings)
How much can I contribute each year?	You can contribute \$3,650 for individual coverage or \$7,300 for family coverage (this total includes company funding) in 2022
Can I change my contributions throughout the year?	Yes, you can log on to https://www.azblue.com/MyBlueSavings to change your HSA contributions at any time

Dental Benefits

Administered by MetLife

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. Keep your teeth healthy and your smile bright with the **m3 Engineering & Technology Corporation** dental benefit plan.

Services	In-Network PPO	Out-of-Network PPO
Annual Deductible	\$25 per person; \$75 family limit	\$50 per person; \$150 family limit
Annual Benefit Maximum	\$5,000	\$5,000
Preventive Dental Services (cleanings, exams, x-rays)	100%	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80% after deductible	80% after deductible
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50% after deductible	50% after deductible
Orthodontia Services (adult and child to age 26)	50% to \$2,500 lifetime maximum	50% to \$2,500 lifetime maximum

Administered Employer Dental Services

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. Keep your teeth healthy and your smile bright with the **m3 Engineering & Technology Corporation** dental benefit plan.

Services	In-Network and Out-of-Network
Annual Deductible	\$0 per person; \$0 family limit
Annual Benefit Maximum	No maximum
Preventive Dental Services (cleanings, exams, x-rays)	Various copay applies
Basic Dental Services (fillings, root canal therapy, oral surgery)	Various copay applies
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	Various copay applies
Orthodontia Services (covered to age 26)	Various copay applies; No maximum

Vision Insurance

Administered by Superior Vision

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from a Superior Vision doctor

Service	In-Network (any Superior Vision provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	\$10 copay	Ophthalmologist: Up to \$34; Optometrist: Up to \$26
Lenses — once every 12 months		
Single Vision Lenses	\$25 copay	Up to \$29
Lined Bifocal Lenses	\$25 copay	Up to \$43
Lined Trifocal Lenses	\$25 copay	Up to \$53
Lenticular Lenses	\$25 copay	Up to \$84
Frames — once every 24 months	\$100 allowance plus 20% off balance	Up to \$47
Contact Lenses —once every 12 months		
Elective	\$100 allowance plus 20% off balance	Up to \$80
Medically Necessary	Covered in full	Up to \$210

No need for an ID card. To take advantage of your Superior vision benefit, simply contact a Superior Vision provider and let them know you have Superior Vision coverage—they handle the paperwork for you.



Life and Accidental Death & Dismemberment Insurance

Insured by Mutual of Omaha

Basic Life and AD&D insurance:

- m3 provides Basic Life/AD&D at no cost to you. (m3 pays 100% of the premium).
- The online enrollment system will show the amount of your basic life/AD&D benefit.

Voluntary Life and AD&D Insurance

Insured by Mutual of Omaha

Employees may purchase via payroll deduction.

- **Employee Benefit** — In increments of \$10,000; five times your salary or Up to \$500,000 maximum amount
- **Spouse Benefit** — In increments of \$5,000; Up to \$130,000 not to exceed 100% of EE's amount
- **Child or Children Benefit** — \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000 not to exceed 100% of EE's amount.
- To increase coverage you will need to complete a statement of health and possibly go through a medical exam.
- Please remember to update your life insurance beneficiary designations.

Disability Insurance

m3 Engineering & Technology Corporation also provides disability insurance through Mutual of Omaha. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How it Works	Who Pays for the Benefit
Short-Term Disability	You receive 70% of your income up to \$1,700 per week. Benefits begin after 7 calendar days for illness and 0 calendar days for Injury of absence from work and continue for up to 26 weeks.	Company
Long-Term Disability	You receive 60% of your income up to \$7,500 per month. Benefits begin when short-term disability benefits end and continue until you reach the Social Security Normal Retirement Age.	Company

Employee Assistance Program - Jorgensen Brooks

- **100% Confidential**
- **6 face to face counseling sessions per year**
- Available at **no cost to the** employee or family member
- Identity theft consultation
- Dependent care assistance
- Work/life services for assistance with child care, finding movers, pet care, vacation planning, and more.
- Unlimited access to legal, financial and work - life services
- Personal Health/Wellness coaching

Toll Free 888.520.5400

www.jorgensenbrooks.com

Code: m3eng

Care available for the following:

- Anger management
- Legal and financial issues
- Grief and bereavement
- Stress management
- Substance abuse
- Marital difficulties
- Communication skills
- Managing depression and anxiety
- Parenting support

Teladoc

What is Teladoc?

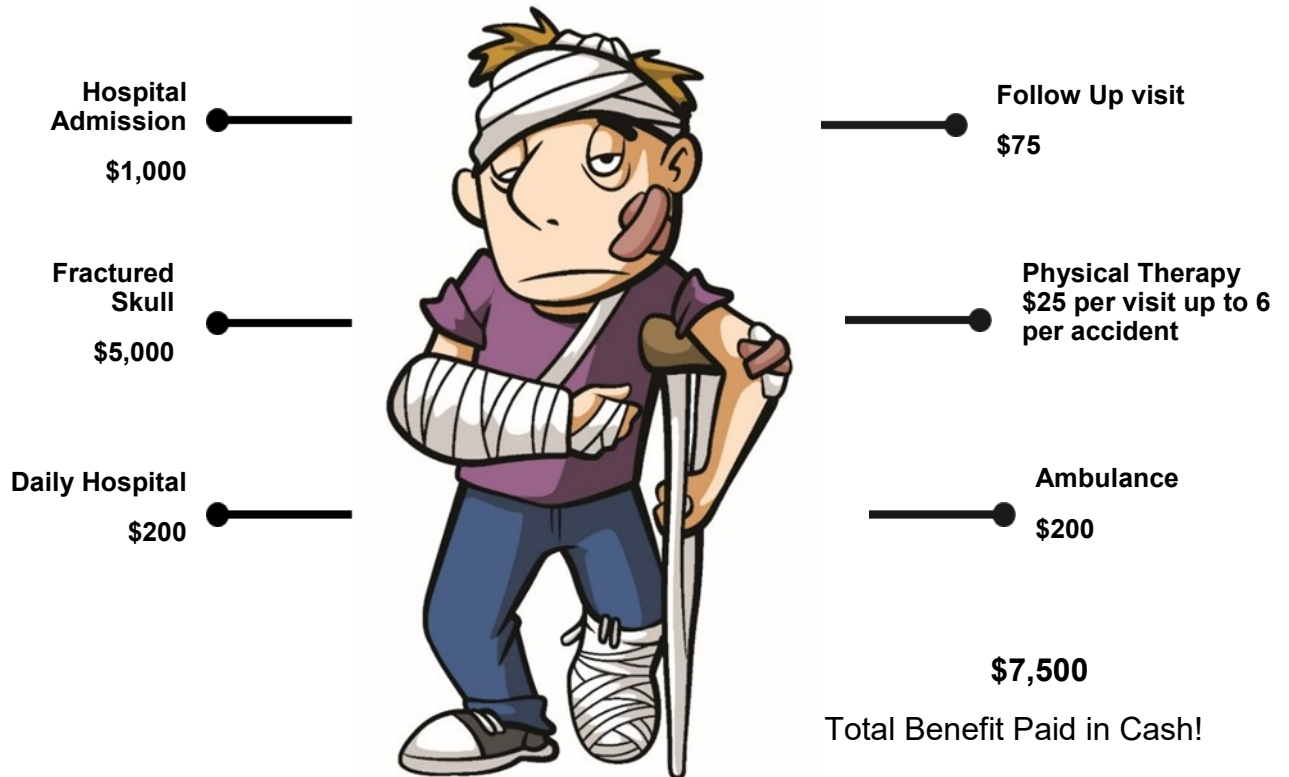
- NO COST TO USE THE SERVICE!!!
- Telephonic or video/webcam physician consultations
- Board Certified physicians authorized to write prescriptions (you pay for cost of prescription)
- Available 24/7/365
- English & Spanish speaking consultants and physicians
- Saves you time and money!!!

Who can use Teladoc?

- ALL employees and dependents enrolled under our company sponsored medical plan can use Teladoc.
- Texas allows telephonic consultations only. Idaho allows only video consultations. Services are not available in Puerto Rico.

Voluntary Accident Insurance

This plan pays you in the event you are injured and the type of care you receive.



COVERAGE TIER	PREMIUM AMOUNT (Bi-weekly)
Employee (EE) Only	\$4.90
EE + Spouse	\$8.08
EE + Child(ren)	\$10.91
EE + Family	\$14.80

This is not intended to show the exact pay out on every broken leg. Payouts may be higher or lower depending on your situation. Please refer to your actual policy.

Voluntary Critical Illness Insurance

WHY DO I NEED IT?

Critical Illness insurance can help relieve the financial impact of an illness. You can use the payment in any way you choose including:

- Deductibles and co-insurance
- Everyday living expenses like bills, groceries, and rent/mortgage
- Recovery and rehabilitation
- Child care or caregiver expenses
- Travel expenses to and from treatment center

WHAT DOES IT COVER?

- Critical Illnesses like Cancer, Heart Attack, & Stroke
- Coverage options available include \$10,000, \$20,000, or \$30,000 for employee; 50% for spouse; 25% for child(ren) up to \$5,000
- Coverage is all guarantee issue with no medical questions up to \$30,000 for employee and \$15,000 for spouse

Reality Check:

High Deductible Health Plans and traditional medical insurance may not cover all of the expenses related to the treatment and recovery from a major illness.

\$100 Wellness Benefit for preventive care!

Voluntary Critical Illness Benefit Details & cost (Bi Weekly)

Coverage Guidelines	Guarantee Issue Amount	Maximum
For you <i>In increments of \$10,000</i>	\$30,000	\$30,000
Spouse <i>In increments of \$5,000</i>	\$15,000	50% of employee's Principal CI Sum, up to \$15,000
Child(ren) <i>For each child</i>	\$5,000	*25% of employee's Principle CI Sum, up to \$5,000

*The amount of insurance for child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000. Child dependent coverage if offered at no additional cost.

Employee bi-weekly rates, includes child coverage



Spouse bi-weekly rates, can elect 50% of EE coverage



Age	\$10,000	\$20,000	\$30,000
0 - 29	\$1.75	\$3.51	\$5.26
30 - 39	\$3.00	\$6.00	\$9.00
40 - 49	\$6.09	\$12.18	\$18.28
50 - 59	\$12.18	\$24.37	\$36.55
60 - 69	\$24.23	\$48.46	\$72.69
70 - 79	\$46.57	\$93.14	\$139.71
80+	\$66.74	\$133.48	\$200.22

Age	\$5,000	\$10,000	\$15,000
0 - 29	\$0.90	\$1.80	\$2.70
30 - 39	\$1.55	\$3.09	\$4.64
40 - 49	\$3.28	\$6.55	\$9.83
50 - 59	\$6.37	\$12.74	\$19.11
60 - 69	\$11.82	\$23.63	\$35.45
70 - 79	\$22.08	\$44.17	\$66.25
80+	\$32.47	\$64.94	\$97.41

Employee Benefits Website

To access the m3 Benefits Website go to: www.mym3benefits.com.



HOME

WELCOME

MY BENEFITS

401(K) RETIREMENT PLAN

THE POCKETPAL

Welcome to the M3 Benefits Portal!

We are proud to announce our HR and benefits communication platform.

READ MORE >



Download the M3 Pocketpal

Our new POCKETPAL mobile app puts the benefits info you need at your fingertips.

BenefitsCONNECT Benefit Enrollment

Employees will complete enrollment through the BenefitsCONNECT system.

- You will log in as noted below.
- Employees will then proceed to the Welcome Screen to start the enrollment process.
- All fields in **RED** require data entry from the employee. When completed click **Next** at the bottom of each page.



WELCOME!

Hello! If you're looking to enroll in your workplace benefit programs, you've come to the right place. To get started, please enter the username and password provided to you by your employer.

* Please note, by logging into this website you are bound by the terms and conditions as set forth in our "Terms of Use" and "Privacy Policy".

testj8888 [FORGOT USERNAME ?](#)

PASSWORD: [FORGOT PASSWORD ?](#)

SIGN IN

English Español 844-397-4255 7AM TO 4PM PT

Welcome

Nothing is more important than your good health.

That is why Our Company offers you the opportunity to select coverage that best suits your individual circumstances. Selecting benefits that match your lifestyle, family needs, and financial obligations is a very important task. It takes careful planning, where making the right choices will create the perfect benefit package for you and your family. The Team Member benefits offered to you by Our Company can do just that.

Get started today by calling the Our Company Enrollment Center to help you enroll: (844) 397-4255

GET STARTED →

*Fields in Red are Required

Personal Information

First Name Middle Initial

Last Name Suffix

SSN Birth Date

Gender Marital Status

Address Line 1 Address Line 2

City State

Zip Code

Home Phone

Work Phone Work Phone Ext

Email Address

Do you currently use any tobacco products?

☐ Yes ☒ No

BACK **NEXT →**

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	BlueCross	602.864.4400	https://www.azblue.com/employersandorganizations
HSA	MyBlue Savings	855.352.5737	https://www.azblue.com/MyBlueSavings
Dental	MetLife	800.275.4638	http://www.metlife.com
	Employer Dental Services	800.772.9772	EDSCS@principal.com
Vision	Superior Vision	800.507.3800	https://www.superiorvision.com/
Life and AD&D	Mutual of Omaha	800.775.8805	http://www.mutualofomaha.com/
Voluntary Life	Mutual of Omaha	800.775.8805	http://www.mutualofomaha.com/
Disability Insurance	Mutual of Omaha	800.877.5176	http://www.mutualofomaha.com/
EAP	Jorgensen Brooks	888.520.5400	https://www.jorgensenbrooks.com/
Telemedicine	Teladoc	800.835.2362	http://www.teladoc.com/
Voluntary Accident Insurance	Mutual of Omaha	800.769.7159	https://www.mutualofomaha.com/support/forms
Voluntary Critical Illness Insurance	Mutual of Omaha	800.769.7159	https://www.mutualofomaha.com/support/forms
Human Resources	Trish Mallon Kathy Chavez	520.293.1488 x7375 520.293.1488 x7527	Trish.Mallon@m3eng.com kathy.chavez@m3eng.com

Legal Notices

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: PPO (Individual: 0% coinsurance and \$0 deductible; Family: 0% coinsurance and \$0 deductible)

Plan 2: HSA (Individual: 0% coinsurance and \$1,400 deductible; Family: 0% coinsurance and \$2,800 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 520.293.1488 x7483 or Trish.Mallon@m3eng.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).

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	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 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 Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	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
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840

INDIANA – Medicaid	MINNESOTA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	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
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – 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://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 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 Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	NEVADA – Medicaid
Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA – Medicaid
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	Website: http://dss.sd.gov Phone: 1-888-828-0059

NEW YORK – Medicaid	TEXAS – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	VERMONT – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid	WASHINGTON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://mywvhpp.com/ 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/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	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.

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

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

m3 Engineering & Technology Corporation is committed to the privacy of your health information. The administrators of the **m3 Engineering & Technology Corporation** 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 Trish Mallon - Corporate HR Director at 520.293.1488 x7483 or Trish.mallon@m3eng.com.

HIPAA Special Enrollment Rights

m3 Engineering & Technology Corporation Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the **m3 Engineering & Technology Corporation** 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 30 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 30 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 Trish Mallon - Corporate HR Director at 520.293.1488 x7483 or Trish.Mallon@m3eng.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.

Notice of Creditable Coverage
Important Notice from m3 Engineering & Technology Corporation
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 m3 Engineering & Technology Corporation 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. m3 Engineering & Technology Corporation 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?

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individual's can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15th through December 7th. Beneficiary's leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you do decide to enroll in a Medicare prescription drug plan and drop your group health plan prescription drug 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 m3 Engineering & Technology Corporation 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 m3 Engineering & Technology Corporation changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

Date: January 01, 2022

Name of Entity/Sender: m3 Engineering & Technology Corporation

Contact—Position/Office: Trish Mallon - Corporate HR Director

Office Address: 2051 W Sunset Rd Ste 101
Tucson, Arizona 85704-1722
United States

Phone Number: 520.293.1488 x7483

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).

Notes

Prepared by:



Gallagher

Insurance | Risk Management | Consulting