



# 2022 - 2023 Benefit Summary

**blackline**safety

# 2022 - 2023 Benefit Summary

## TABLE OF CONTENTS

Benefits Overview .....	3
Medical Benefits .....	4
Flexible Spending Account .....	5
Dental Benefits .....	6
Vision Benefits .....	6
Life and Accidental Death & Dismemberment (AD&D) Insurance .....	7
Voluntary Life and AD&D Insurance .....	7
Short Term Disability Insurance (STD) .....	7
Long Term Disability Insurance (LTD) .....	7
Voluntary Critical Illness .....	8
Voluntary Accident Insurance .....	8
Voluntary Hospital Indemnity .....	8
Employee Contributions for Benefits .....	9-10
Legal Notices .....	11-18
Contact Information .....	19

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal Law gives you choices about your prescription drug coverage. Please see page 11 for more details.

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.

# 2022 - 2023 Benefit Summary

## Benefits Overview

Blackline Safety USA Corp. 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. More detailed plan information can be requested from your People Services team.

As an employee, you share the costs of Medical, Dental, and Vision benefits, and Blackline Safety USA Corp. provides other benefits at no cost to you (Life and Accidental Death and Dismemberment, Short Term Disability, Long Term Disability). In addition, you may purchase Voluntary Life Insurance through payroll deductions.

## Benefits Offered

- Medical
- Dental
- Vision
- Basic Life | AD&D
- Voluntary Life | AD&D
- Short Term Disability
- Long Term Disability
- Medical Flexible Spending Account
- Critical Illness
- Accident
- Hospital Indemnity

## Eligibility

You and your dependents are eligible for Blackline Safety USA Corp. benefits.

Eligible dependents include your spouse, children under the age of 26, and disabled dependents of any age. Elections made now will remain in effect until the next annual enrollment, unless you or your family members experience a qualifying life event.

Some examples of qualifying life events include:

- Change in legal marital status (marriage, divorce, legal separation, annulment, death of spouse)
- Change in number of dependents (birth, adoption, placement for adoption, death)
- Change in employment status (termination/commencement of employment for employee or spouse)
- Dependent satisfies or ceases to satisfy dependent eligibility requirements (reaches age 26)

**If you experience a qualifying life event, you must contact HR within 31 days to make changes to your benefit elections, or you will have to wait until the next annual enrollment period.**



# 2022 - 2023 Benefit Summary

## Medical Benefits

### Administered by Cigna

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 a lower 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 Blackline Safety USA Corp.. If you use in-network providers, your costs will be less.

Your medical benefits are based on a calendar year. This means your deductibles and out of pocket maximums will reset on a calendar year basis, every January.

	Buy-Up Plan	Base Plan
	In-Network   Out-of-Network	In-Network   Out-of-Network
Annual Deductible		
Individual	\$500   \$1,000	\$1,500   \$3,000
Family	\$1,000   \$2,000	\$3,000   \$6,000
Coinsurance	90% - 100%   70%	80%   60%
Annual Out-of-Pocket Maximum		
Individual	\$3,000   \$6,000	\$5,000   \$10,000
Family	\$6,000   \$12,000	\$10,000   \$20,000
Doctor's Office		
PCP Office Visit	\$20 copay   70% after deductible	\$30 copay   60% after deductible
Specialist Office Visit	\$40 copay   70% after deductible	\$60 copay   60% after deductible
Urgent Care	\$30 copay   70% after deductible	\$75 copay   60% after deductible
Diagnostic Test	100% after deductible   70% after deductible	100% after deductible   60% after deductible
Complex Imaging	100% after deductible   70% after deductible	100% after deductible   60% after deductible
Preventive Care	100%   70% after deductible	100%   60% after deductible
Hospital Services		
Emergency Room	\$150 copay	\$250 copay
Inpatient	90% after deductible   70% after deductible	80% after deductible   60% after deductible
Outpatient Surgery	90% after deductible   70% after deductible	80% after deductible   60% after deductible
Prescription Drugs		
Retail - Generic (30 day supply)	\$10 copay	\$15 copay
Retail - Preferred Brand (30 day supply)	\$25 copay	\$40 copay
Retail - Non-Preferred Brand (30 day supply)	\$50 copay	\$70 copay
90 day supply (Mail Order or Retail)	3x retail	3x retail

### Cigna Telehealth Connection:

MDLIVEforCigna.com 888.726.3171

Register for one or both today so you'll be ready to use a telehealth service when and where you need it.

Find In-Network providers at [www.myCigna.com](http://www.myCigna.com) or by calling 866.494.2111

24/7 Nurse/Health Information: 866.494.2111

Download the myCigna App

# 2022 - 2023 Benefit Summary

## Flexible Spending Accounts (FSA)

### Administered by iSolved

You have the option of contributing to an FSA through pre-tax payroll deductions, regardless of whether or not you are enrolled in a medical plan. **Enrollment is restricted for employees who are utilizing an HSA (ex: enrolled in a spouse's HSA).** FSA contributions are made with pre-tax dollars, which decreases your taxable income and thereby increases your take-home pay. The money you contribute to a FSA is exempt from federal taxes, as well as most state and payroll taxes.

- **Medical FSA:** This account reimburses you for eligible medical, dental, and vision care expenses. You can use these FSA funds to pay for copays and coinsurance.

With the Medical FSA, your annual election is available on the first day of the FSA plan year; however, your total FSA election amount is deducted from your paycheck in equal amounts throughout the year. The Dependent Care FSA election amounts will only be available to you as funds are available in your account.

Blackline Safety USA Corp. will deduct your pre-tax contributions from your paycheck (in equal amounts throughout the year) and deposit them into your FSA. FSA contribution limits:

- **The 2022 Medical FSA pre-tax contribution limit is \$2,850.** If you and your spouse each have a Medical FSA, you can each contribute \$2,850. If you do not use all of your funds in your account by the end of the year, you are eligible to carry over \$550. Any remaining amounts will be forfeited. The amount you carry over is in addition to your regular annual election.
- **The 2022 Dependent Care FSA pre-tax contribution limit is \$5,000.** If you and your spouse each have a Dependent Care FSA, you are limited to \$5,000 between the two of you. If you are married and file separate returns, you may each elect \$2,500 for the calendar year. Any and all unused funds at the end of the year will be forfeited.

Substantiation is required on all IRS Code Section 213(d) FSA eligible expenses. Any time you use your FSA debit card, you should request a receipt with the date of service, provider name, itemized product and/or service. This can also be found on your Explanation of Benefits (EOB).

For questions regarding your FSA, contact iSolved at 866.370.3040 or log-on to their website at <https://www.wexinc.com>

To see eligible expenses, FSA Calculator, and FSA store, please use links below.

- GUIDE & FAQs: <https://www.isolvedbenefitservices.com/resources/fsa-resource-center/participants#guides>
- FSA SAVINGS CALCULATOR: <https://www.isolvedbenefitservices.com/resources/fsa-resource-center/participants#calculator>
- FSA STORE: <https://www.isolvedbenefitservices.com/resources/fsa-resource-center/participants#fsa-store>

# 2022 - 2023 Benefit Summary

## Dental Benefits

### Administered by Cigna

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated. Keep your teeth healthy and your smile bright with the Blackline Safety USA Corp. Dental Benefit Plan.



You are always free to select the dentist of your choice; however, if you choose a dentist who does not participate in the Cigna network, your out-of-pocket expenses may be more since you will be responsible to pay any difference between the dentist's fee and Cigna payment for approved services.

Services	DPPO High Plan
	In-Network   Out-of-Network
Annual Deductible (Waived for Preventive Services)	\$50 per person \$150 family limit
Annual Benefit Maximum	\$1,500
Preventive Services	100%
Basic Restorative Services	80%
Major Restorative Services	50%
Orthodontia Services (Child only, placed by age 19)	IN*: 50% to \$1,000 lifetime max
Out of Network Claim Calculation	UCR 90th percentile
*IN = In-Network **OON = Out-of-Network	

## Voluntary Vision Benefits

### Administered by Cigna

Regular eye examinations cannot 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 priority to everyone.



Services	In-Network	Out-of-Network
<b>Eye Exam</b> — every calendar year	\$10 copay	Up to \$45
<b>Materials Copay</b>	\$25 copay	N/A
<b>Lenses</b> — every calendar year		
Single Vision	Covered in full after Materials copay	Up to \$32 allowance*
Lined Bifocal		Up to \$55 allowance*
Lined Trifocal		Up to \$65 allowance*
Standard Progressive		Up to \$80 allowance*
<b>Frames</b> — every other calendar year	\$130 allowance then 20% off balance	Up to \$71 allowance*
<b>Contact Lenses</b> — every calendar year (instead of glasses)		
Elective	\$130 allowance*	Up to \$105 allowance*
Medically Necessary	Covered in full	Up to \$210 allowance*

\*You are responsible for any amount over the allowance



# 2022 - 2023 Benefit Summary

## Basic Life and AD&D

### Administered by New York Life

Blackline Safety USA Corp. pays the full cost of Basic Life and Accidental Death and Dismemberment coverage for all eligible full-time employees. Life insurance can protect your beneficiaries from financial difficulty in the event of your death. AD&D insurance can provide assistance if you suffer dismemberment or death resulting from a covered accident.

Basic Life and AD&D Benefits	
Life Benefit Amount	1x base annual earnings up to \$300,000
AD&D Benefit Amount	Matches Life amount
Benefit Reduction Schedule	65% at age 65, 50% at age 70, 35% at age 75, terminates at retirement

## Voluntary Life

### Administered by New York Life

In addition to your employer-paid Basic Life insurance with Blackline Safety USA Corp., you are eligible to purchase additional coverage for you and your eligible dependents through Blackline Safety USA Corp.. You must elect coverage for yourself in order to elect coverage for your eligible dependents. You may elect coverage for you, your spouse and child(ren) up to the Guaranteed Issue Limits with no medical examinations or health questions asked when you first become eligible. If an amount greater than the Guaranteed Issue Limit is selected, or if you did not elect coverage when first eligible, an Evidence of Insurability (EOI) form will be required. You will only have the coverage amount not subject to EOI until New York Life has approved your application.

	Employee	Spouse	Child(ren)
Benefit Amount	Units of \$10,000 up to \$500,000.	Units of \$5,000 to \$300,000 or 100% of employee amount	Live birth to 6 months: \$500
Guarantee Issue	\$100,000	\$25,000	6 months to 26 years: \$1,000—\$10,000
Reduction Schedule	65% at age 65, 50% at age 70, 35% at age 75 Terminates at retirement	Same as employee; based on employee's age	Terminates at age 26

**Conversion Privilege & Portability Option:** When you terminate employment, retire, or lose insurance eligibility due to a status change, you have the Conversion Privilege/Portability Option available to continue your life insurance. Subject to the terms as described in the Certificate of Coverage. Portability not included for Basic Life benefit.

## Short & Long Term Disability

### Administered by New York Life

Blackline Safety USA Corp. pays the full cost of STD and LTD benefits for all eligible full-time employees. Disability coverage provides financial protection for you by paying a portion of your lost income while you are disabled. The amount you receive is based on your base salary before your disability began.

Short Term Disability	
Benefit Begins	Accident: 8th day   Illness: 8th day
% of Income Replaced	60% of base weekly earnings
Maximum Weekly Benefit	\$2,308
Max Duration of Benefits	13 Weeks (Includes Benefit Waiting Period)

Long Term Disability	
Benefit Begins	91st day
% of Income Replaced	60% of covered monthly earnings
Maximum Monthly Benefit	\$10,000
Max Duration of Benefits	Social Security Normal Retirement Age
Mental Illness/Substance Abuse	24 month lifetime limitation
Pre-Existing Condition	3 months look back; 12 months after exclusion

# 2022 - 2023 Benefit Summary

## Voluntary Critical Illness

### Administered by AllState

Being diagnosed with a critical illness can be devastating personally as well as financially. While comprehensive Medical/Rx Insurance is designed to cover the cost of treatment, the Critical Illness policy offered through AllState provides a lump sum payment that can be used at your discretion so you can focus on your health.

- If you have certain health visits or screenings, you can receive a benefit of \$50 per insured adult or child.
- Pays full amount twice on same illness with a 12-month separation between the diagnosis/occurrence dates.
- Coverage available for entire family

Voluntary Critical Illness			
Employee: \$10,000 or \$20,000 Spouse: 50% of issued employee benefit amount Child(ren): 50% of issued employee benefit amount			
Invasive Cancer	Invasive: 100%	Carcinoma in Situ: 25%	Skin Cancer: \$250 1x per life
Vascular	Heart Attack: 100%	Stroke: 100%	Coronary Artery: 25%
Other	Major Organ Failure:100%	End-Stage Renal (Kidney) Disease: 100%	
Additional	10+ Adult Conditions	4+ Childhood Conditions	
Different Category	Different: 30 day Diagnosis Separation		
Same Category	Recurrence: 12 Month Diagnosis Separation		
Reoccurrence Payout	Same Percentage as Original Amount (select illness)		
Health Screening	\$50		

## Voluntary Accident Insurance

### Administered by Cigna

Accidents can happen to anyone, at any time. While comprehensive Medical/Rx Insurance is designed to cover the cost of treatment, the supplemental off-the-job Accident policy offered through Cigna can help pay for those out-of-pocket costs, or be used on whatever you need—groceries, utilities, etc. before your disability began.

Voluntary Accident Insurance	
Emergency Care Treatment	\$200
Ground Ambulance	\$200
Physical Therapy	\$60 up to 6 sessions
AD&D	Up to \$40,000
Fractures and Dislocations	Up to \$4,000
Hospital Admission	\$1,000
Hospital Confinement	\$200 per day
Wellness Benefit	\$50 up to 4x if insured covers dependents
A covered accident must occur during the effective year.	

## Voluntary Hospital Indemnity

### Administered by Cigna

Being confined to a hospital can be financially devastating. While comprehensive Medical/Rx insurance is designed to assist with this cost, Cigna supplemental Hospital Indemnity policy pays a policyholder (you) a lump sum benefit that can be used

Voluntary Hospital Indemnity	
Coverage Type	Covered Sickness or Injury
Initial Hospitalization	\$1,000
Inpatient Confinement	\$100 per day

- Pays in addition to Medical/Rx insurance benefits
- Pays a benefit for initial hospital confinement
- Pays a benefit for daily hospital confinement
- Portable upon leaving employment
- Coverage available for the entire family



# 2022 - 2023 Benefit Summary

## 2022 - 2023 Benefit Costs

Tier	Medical Monthly Deductions	
	Buy-Up Plan	Base Plan
Employee Only	\$98.93	\$85.10
Employee + Spouse	\$494.64	\$425.49
Employee + Child(ren)	\$494.64	\$425.49
Employee + Family	\$890.35	\$765.88

Dental Monthly Deductions	
Tier	Dental Plan
Employee Only	\$3.39
Employee + One	\$30.18
Employee + Two or More	\$47.84

Vision Monthly Deductions	
Tier	Vision Plan
Employee Only	\$0.72
Employee + Spouse	\$5.74
Employee + Child(ren)	\$5.79
Employee + Family	\$9.25

### Basic Life and AD&D

Employee Only	No payroll deductions. Basic Life   AD&D is paid on your behalf by Blackline Safety USA Corp.
---------------	---

### Short-Term Disability

Employee Only	No payroll deductions. STD is paid on your behalf by Blackline Safety USA Corp.
---------------	---

### Long-Term Disability

Employee Only	No payroll deductions. LTD is paid on your behalf by Blackline Safety USA Corp.
---------------	---

### Voluntary Life Rates per \$1,000

Monthly Deductions	Employee and Spouse Rate
< 20	\$0.047
20- 34	\$0.074
35- 39	\$0.090
40- 44	\$0.130
45- 49	\$0.196
50- 54	\$0.311
55- 59	\$0.499
60- 64	\$0.766
65- 69	\$1.404
70- 74	\$2.863
75-79	\$5.782
80- 84	\$11.488
85- 89	\$21.178
90- 94	\$34.555
95- 99	\$52.453
Child(ren)	\$0.200
AD&D	\$0.030

Spouse Rate is based on the employee's age bracket.



### Voluntary Life Example Rate Calculation

Example Amount of Insurance	Divided by \$1,000	Multiplied by Rate Based on Age (age 42 for example)	Example Monthly Cost
\$100,000	/ 1,000 = 100	x \$0.130	= \$13.00
Your Volume of Insurance	Divided by \$1,000	Multiplied by Rate Based on Age	Example Monthly Cost
\$ _____	/ 1,000 = \$ _____	x \$ _____	= \$ _____

# 2022 - 2023 Benefit Summary

## 2022 Benefit Costs

Voluntary Critical Illness Monthly Deductions				
Employee Paid Guaranteed Issue Level: \$10,000				
Non– Tobacco Rates			Tobacco Rates	
Attained Age	Employee / Employee & Child(ren)	Employee & Spouse / Employee + Family	Employee / Employee & Child(ren)	Employee & Spouse / Employee + Family
0-24	\$2.74	\$4.74	\$3.06	\$5.23
25-29	\$3.44	\$5.83	\$3.80	\$6.37
30-34	\$4.60	\$7.61	\$5.63	\$9.16
35-39	\$6.65	\$10.73	\$8.61	\$13.67
40-44	\$9.11	\$14.49	\$12.14	\$19.03
45-49	\$12.65	\$19.91	\$18.12	\$28.11
50-54	\$17.40	\$27.17	\$26.30	\$40.51
55-59	\$23.00	\$35.73	\$35.73	\$54.80
60-64	\$32.67	\$50.43	\$51.39	\$78.52
65-69	\$45.71	\$70.33	\$72.69	\$110.80
70-74	\$62.50	\$95.86	\$98.62	\$150.05
75-79	\$83.31	\$127.23	\$125.04	\$189.84
80+	\$121.12	\$184.05	\$171.62	\$259.81

Voluntary Critical Illness Monthly Deductions				
Employee Paid Guaranteed Issue Level: \$20,000				
Non– Tobacco Rates			Tobacco Rates	
Attained Age	Employee / Employee & Child(ren)	Employee & Spouse / Employee + Family	Employee / Employee & Child(ren)	Employee & Spouse / Employee + Family
0-24	\$4.14	\$6.85	\$4.79	\$7.83
25-29	\$5.52	\$8.96	\$6.23	\$10.03
30-34	\$7.82	\$12.39	\$9.87	\$15.49
35-39	\$11.77	\$18.41	\$15.69	\$24.28
40-44	\$16.55	\$25.66	\$22.59	\$34.73
45-49	\$23.44	\$36.10	\$34.37	\$52.50
50-54	\$32.69	\$50.07	\$50.46	\$76.74
55-59	\$43.60	\$66.61	\$69.03	\$104.77
60-64	\$62.48	\$95.12	\$99.92	\$151.30
65-69	\$87.93	\$133.65	\$141.90	\$214.60
70-74	\$120.81	\$183.31	\$193.04	\$291.65
75-79	\$162.03	\$245.31	\$245.50	\$370.52
80+	\$237.49	\$358.61	\$338.49	\$510.10

Voluntary Hospital Indemnity			
Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$24.05	\$42.64	\$33.15	\$49.66

Voluntary Accident Insurance			
Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
\$12.79	\$20.57	\$29.45	\$37.73

# 2022 - 2023 Benefit Summary

## Legal Notices

### **The Newborns' and Mothers' Health Protection Act of 1996**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### **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 states 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 this plan. Therefore, the following deductibles and coinsurance apply:

#### **In and Out-of-Network Deductibles:**

Buy-Up PPO Plan—

In-Network: \$500 Individual | \$1,000 Family

Out-of-Network: \$1,000 Individual | \$2,000 Family

Base PPO Plan—

In-Network: \$1,500 Individual | \$3,000 Family

Out-of-Network: \$3,000 Individual | \$6,000 Family

#### **Coinsurance:**

Buy-Up PPO Plan 90%-100% In-Network | 70% Out-of-Network

Base Plan-80% In-Network | 60% Out-of-Network

If you would like more information on WHCRA benefits, call your HR contact, Dione Lockyer at 587.325.9805.

### **HIPAA Special Enrollment Rights**

#### **Blackline Safety USA Corp. Initial Notice of Your HIPAA Special Enrollment Rights**

Our records show that you are eligible to participate in the Blackline Safety USA Corp. Group Health and Welfare 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 (or according to your cafeteria plan document) after the marriage, birth, adoption, or placement for adoption.

# 2022 - 2023 Benefit Summary

**Eligibility for 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 Dione Lockyer at 587.325.9805.

## **HIPAA Notice of Privacy Practices Reminder**

Blackline Safety USA Corp. Health and Welfare Plan

## **Protecting Your Health Information Privacy Rights**

11/15/2021

Blackline Safety USA Corp. is committed to the privacy of your health information. The administrators of Blackline Safety USA Corp.'s Health and Welfare 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 Dione Lockyer at 587.325.9805.

## **Creditable Coverage Disclosure Notice:**

### **Important Notice from Blackline Safety USA Corp. 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 Blackline Safety USA Corp. Health and Welfare Plan 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. Blackline Safety USA Corp. has determined that the prescription drug coverage offered by the Blackline Safety USA Corp. Health and Welfare 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 Blackline Safety USA Corp. coverage will not be affected. You can keep this coverage if you elect part D coverage and this plan will coordinate with Part D coverage. Your coverage under Blackline Safety USA Corp.'s plan will end for you and your covered dependents.

If you do decide to join a Medicare drug plan and drop your current Blackline Safety USA Corp. coverage, be aware that you and your dependents will be able to get this coverage back.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Blackline Safety USA Corp. 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.

# 2022 - 2023 Benefit Summary

## **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 Blackline Safety USA Corp. 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 Blackline Safety USA Corp. 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](http://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](http://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: June 1, 2022**

**Name of Entity/Sender: Blackline Safety USA Corp.**

**Contact—Position/Office: Dione Lockyer, Manager, Compensation & Benefits**

**Address: 17146 Feathercraft Lane, Suite 200, Webster, Texas 77598**

**Phone Number: 587.325.9805**



# 2022 - 2023 Benefit Summary

## Summary of Material Modification/Summary of Material Reduction

The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your People Services team. The Benefits Enrollment Guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act (ERISA) as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description. This summary of material modification ("SMM") describes changes to Blackline Safety USA Corp. Health and Welfare Plan ("Plan") and supplements the Summary Plan Description ("SPD") for the Plan. The effective date of each of these changes is June 1, 2022. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

## Summary of Benefits and Coverage

Summary of Benefits Coverage for the Blackline Safety USA Corp. Medical plan(s) are available from your plan administrator. You may also request a paper copy by contacting Dione Lockyer at 587.325.9805.

## Pre Tax Contributions

In most cases, Blackline Safety USA Corp. employees' contributions for health coverage are deducted from their paychecks on a Pretax basis meaning before federal income taxes, state income taxes (in most cases), and FICA taxes are calculated. Internal Revenue Code (I.R.C) Section 152 defines what dependent contributions are eligible for Pretax deductions. The IRS does not allow employees' contributions for dependent health coverage to be deducted on a pretax basis unless the dependent(s) meet the definition of a tax dependent under I.R.C. Section 152. If they do not meet the definition of a tax dependent, they may be either ineligible for the Plan, or in some cases, the IRS taxes the additional fair market value of these benefits and treats it as Imputed Income. Contributions for medical, dental and vision coverage for eligible dependents that do not meet the definition of a tax dependent will be made on a post-tax basis and the Imputed Income will be included on your paycheck and IRS Form W-2.

## Michelle's Law

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility under Blackline Safety USA Corp. Group Medical Plan because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under Blackline Safety USA Corp. Group Medical Plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if on the day before the medically necessary leave of absence begins your child is covered under Blackline Safety USA Corp. Group Medical Plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan – for example, by reaching age 26.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's law, please contact Dione Lockyer at 587.325.9805.



# 2022 - 2023 Benefit Summary

## Notice Regarding Wellness Program

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at **587.325.9805** and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Blackline Safety USA Corp.'s Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which will include a blood test for cholesterol. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as educational information. You also are encouraged to share your results or concerns with your own doctor.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Blackline Safety USA Corp. may use aggregate information it collects to design a program based on identified health risks in the workplace, Blackline Safety USA Corp. Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) healthcare professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Dione Lockyer at 587.325.9805.

# 2022 - 2023 Benefit Summary

## 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](http://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](http://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 January 31, 2022. Contact your State for more information on eligibility –**

<b>ALABAMA - Medicaid</b> <a href="http://myalhipp.com/">http://myalhipp.com/</a> 855-692-5447	<b>FLORIDA - Medicaid</b> <a href="http://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">http://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> 877.357.3268
<b>ALASKA - Medicaid</b> The AK Health Insurance Premium Payment Program <a href="http://myakhipp.com/">http://myakhipp.com/</a> 866-251-4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	<b>GEORGIA - Medicaid</b> <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> 678.564.1162, ext. 2131
<b>ARKANSAS - Medicaid</b> <a href="http://myarhipp.com/">http://myarhipp.com/</a> 1-855-MyARHIPP (855-692-7447)	<b>INDIANA – Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> 877-438-4479 All other Medicaid: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> 1-800-403-0864
<b>CALIFORNIA – Medicaid</b> Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> 916.445.8322   Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	<b>IOWA –Medicaid and CHIP (Hawki)</b> Medicaid: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>   800.338.8366 Hawki: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>   800.257.8563 HIPP: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>   888.346.9562
<b>COLORADO – Medicaid and CHIP</b> Health First Colorado (Colorado's Medicaid Program) <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a> Member Contact Center: 800.221.3943   State Relay 711 Child Health Plan Plus (CHP+) <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> Customer Service: 800.359.1991   State Relay 711 Health Insurance Buy-In Program (HIBI) <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 855.692.6442	<b>KANSAS - Medicaid</b> Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 800.792.4884

## 2022 - 2023 Benefit Summary

KENTUCKY – Medicaid	NEVADA - Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)  Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  855.459.6328   KIHIPP.PROGRAM@ky.gov  KCHIP: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  877.524.4718  Medicaid: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p><a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  800-992-0900</p>
LOUISIANA- Medicaid	NEW HAMPSHIRE - Medicaid
<p><a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a>  888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)</p>	<p><a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>  603-271-5218  Toll free number for the HIPP program: 800-852-3345 ext 5218</p>
MAINE - Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Enrollment: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>  800.442.6003   TTY: Maine relay 711  Private Health Insurance Premium: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  800.977.6740   TTY: Maine relay 711</p>	<p>Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a>  609.631.2392  CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  800.701.0710</p>
MASSACHUSETTS – Medicaid and CHIP	NEW YORK - Medicaid
<p><a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>  800-862-4840</p>	<p><a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  800.541.2831</p>
MINNESOTA - Medicaid	NORTH CAROLINA - Medicaid
<p><a href="https://mn.gov/dhs/people-we-serve/seniors/healthcare/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/healthcare/health-care-programs/programs-and-services/other-insurance.jsp</a>  1-800-657-3739</p>	<p><a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  919-855-4100</p>
MISSOURI - Medicaid	NORTH DAKOTA - Medicaid
<p><a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  573-751-2005</p>	<p><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a>  844.854.4825</p>
MONTANA - Medicaid	OKLAHOMA – Medicaid and CHIP
<p><a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  800.694.3084</p>	<p><a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  888.365.3742</p>
NEBRASKA - Medicaid	OREGON - Medicaid
<p><a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  855.632.7633   Lincoln: 402.473.7000   Omaha: 402.595.1178</p>	<p><a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  800.699.9075</p>

# 2022 - 2023 Benefit Summary

<b>PENNSYLVANIA - Medicaid</b> <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> 800.692.7462	<b>VERMONT - Medicaid</b> <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> 800-250-8427
<b>RHODE ISLAND - Medicaid</b> <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	<b>VIRGINIA – Medicaid and CHIP</b> <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid: 800.432.5924 CHIP: 855.242.8282
<b>SOUTH CAROLINA - Medicaid</b> <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> 888-549-0820	<b>WASHINGTON - Medicaid</b> <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> 800-562-3022 ext. 15473
<b>SOUTH DAKOTA - Medicaid</b> <a href="http://dss.sd.gov">http://dss.sd.gov</a> 888-828-0059	<b>WEST VIRGINIA - Medicaid</b> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> 855-MyWVHIPP (1-855-699-8447)
<b>TEXAS - Medicaid</b> <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> 800-440-0493	<b>WISCONSIN – Medicaid and CHIP</b> <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> 800.362.3002
<b>UTAH – Medicaid and CHIP</b> Medicaid: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> 877-543-7669	<b>WYOMING - Medicaid</b> <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> 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](http://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](http://www.cms.hhs.gov)

1.877.267.2323, Menu Option 4, Ext. 61565

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

## 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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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

# 2022 - 2023 Benefit Summary

## Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or the People Services team.

Benefit	Administrator	Phone	Website/Email
24/7 Health Information	Cigna	866.494.2111	myCigna.com
Telehealth	MDLIVE	888.726.3171	MDLIVEforCigna.com
Medical   Rx	Cigna	800.244.6224	www.myCigna.com
Dental	Cigna	800.244.6224	www.myCigna.com
Vision	Cigna	800.244.6224	www.myCigna.com
Flexible Spending Account	iSolved	866.370.3040	<a href="https://www.isolvedbenefitservices.com/benefits/fsa">https://www.isolvedbenefitservices.com/benefits/fsa</a>
Life and Disability	New York Life	800.225.5695	<a href="https://www.newyorklife.com/contact-us">https://www.newyorklife.com/contact-us</a>
CI, Accident, and HI	AllState	800.255.7828	<a href="https://www.allstate.com/voluntary-employee-benefits.aspx">https://www.allstate.com/voluntary-employee-benefits.aspx</a>
People Services	Dione Lockyer Jessica Cordner	587.325.9805 825.509.2183	people@blacklinesafety.com



# blacklinesafety



Insurance | Risk Management | Consulting