



Globalpundits

2021

Benefits Enrollment Guide

Globalpundits



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The following descriptions of available benefit elections options, are purely informational and have been provided to you for illustrative purposes only. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance provider for each benefit option. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular benefit option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition or element of the policies or certificates of coverage that govern the benefit options described in this summary.

Presented by:



ENROLLMENT AND ELIGIBILITY

Offering a comprehensive and competitive benefits package is one way we recognize your contribution to the success of the organization and our role in helping you and your family to be healthy, feel secure and maintain work/life balance. This enrollment guide has been designed to provide you with information about the benefit choices available to you. Remember, open enrollment is your only opportunity each year to make changes to your elections, unless you or your family members experience an eligible "change in status."

How to Enroll in the Plans

Read your materials and make sure you understand all of the options available.

- Please go to Paychex www.myapps.paychex.com and proceed to the Benefits Administration tab on the left side of the page.
- Fill out any necessary personal information.
- Make your benefit choices.
- If you have questions or concerns, please contact your HR department.

Whom Can You Add to Your Plan?

Eligible:

- Legally married spouse
- Natural or adopted children up to age 26, regardless of student and marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- Disabled children 19 years or older
- Children placed in your physical custody for adoption

Ineligible:

- Divorced or legally separated spouse
- Common law spouse, even if recognized by your state
- Domestic partners, unless your employer states otherwise
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

Change in Status

Generally, you may enroll in the plan, or make changes to your benefits, when you are first eligible. However, you can make changes/enroll during the plan year if you experience a change in status. As with a new enrollee, you must submit your paperwork within 30 days of the change or you will be considered a late enrollee.

Examples of changes in status:

- You get married, divorced or legally separated
- You have a baby or adopt a child
- You or your spouse takes an unpaid leave of absence
- You or your spouse has a change in employment status
- Your spouse dies
- You become eligible for or lose Medicaid coverage
- Significant increase or decrease in plan benefits or cost

Did you know?



Open Enrollment is the only chance to make changes, unless you experience a "change in status."

PACKAGE OVERVIEW & CONTACT INFORMATION

GlobalPundits offers eligible employees a comprehensive benefit package that provides both financial stability and protection. Our offering provides flexibility for employees to design a package to meet their unique needs.

Effective January 1, 2021:

- Medical benefit plans with **BlueChoice**
800-868-2528 | www.bluechoicesc.com
- Dental, Life/AD&D, Voluntary Life, and Long Term Disability benefit plans with **Mutual of Omaha**
800-228-7104 | www.mutualofomaha.com
- Vision benefit plan with **EyeMed**
866-939-3633 | www.eyemed.com

After you have enrolled in insurance coverage, you will receive additional information in the mail from the insurance carriers. This information will contain your personal identification cards. In the meantime, you can look up providers for your plans on the internet.

Broker Contacts:

Carol Iverson CIVerson@OneDigital.com
803-227-8639 ext. 2

HR at GlobalPundits:

Tammie J. King, RHU, REBC
TJKing@OneDigital.com
803-227-8639 ext 1



MEDICAL PLANS

For this plan year, you can choose from the following medical options. Refer to the carrier benefits summaries for the exact benefit levels associated with your plan choice.

Carrier Name	BlueChoice	
Name of Plan	BlueChoice Advantage Plus	BlueChoice Advantage Plus HDHP
Type of Plan	PPO	PPO/HDHP
Office Visits	In Network	In Network
Primary	\$35 Copay	Deductible then 0%
Specialist	\$50 Copay	Deductible then 0%
Telemedicine	\$35	\$59
Pharmacy		
Retail Standard	\$8/\$25/\$45/\$70	Deductible then 0%
Retail Specialty	\$125/\$175	
Mail Order (90 days - Standard)	\$20/\$62.50/\$112.50/\$175/\$3 12.50/\$437.50	
Common Services		
In-Patient Facility	Deductible then 30%	Deductible then 0%
Out-Patient Facility	Deductible then 30%	Deductible then 0%
Urgent Care	\$35 Copay	Deductible then 0%
Emergency Room	\$200 Copay then 30%	Deductible then 0%
Annual Deductible		
Individual	\$1,000	\$5,000
Family	\$3,000	\$10,000
Coinsurance	30%	0%
Annual Out of Pocket	Includes Deductible	Includes Deductible
Individual	\$4,000	\$5,000
Family	\$9,000	\$10,000
Maximum Benefits	Unlimited – Life Time Maximum	Unlimited – Life Time Maximum

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

DENTAL PLAN



For this plan year, you can choose from the following dental option. Refer to the carrier benefits summary for the exact benefit level associated with your plan.

Carrier Name	Mutual of Omaha	
Name of Plan	Group Dental Plan w/ Ortho	
Type of Plan	PPO	
Class	In Network	Out of Network
Preventive	0%	0%
Basic Restorative	Deductible then 20%	Deductible then 20%
Major Services	Deductible then 50%	Deductible then 50%
Orthodontia	50%	50%
Plan Details		
Deductible applies to Preventive	No	No
Endodontics/Periodontics: Basic or Major	Major	Major
Orthodontics (Adult/Children)	Children	Children
Waiting Periods Applied	Yes	Yes
Deductible		
Person - Calendar Year	\$50	
Family - Calendar Year	\$150	
Plan Maximums		
Calendar Year Max	\$1,000	
Ortho Lifetime Max	\$1,000	

*Source: American Dental Association (ADA)

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VISION PLAN

For this plan year, you can choose from the following vision option. Refer to the carrier benefit summary for the exact benefit level associated with your plan.

Carrier Name	EyeMed	
Name of Plan	Insight Option 1	
Exam	In Network	Out of Network
Copay	\$10 Copay	Reimbursed to \$40
Frequency	12 Months	
Lenses		
Frequency	12 Months	
Single	\$25 Copay	Reimbursed to \$30
Bifocal	\$25 Copay	Reimbursed to \$50
Trifocal	\$25 Copay	Reimbursed to \$70
Contacts Elective	\$130 Allowance plus 15% off Balance	Reimbursed to \$130
Contacts Medically Necessary	\$0 Copay	Reimbursed to \$210
Frames		
Frequency	24 Months	
Frames	\$130 Allowance plus 20% off Balance	Reimbursed to \$91



Did you know?

Your eyes need a rest even while you're awake. Use the 20-20-20 rule to reduce eyestrain. After working for 20 minutes, look away about 20 feet in front of you for about 20 seconds.*

Source: National Eye Institute
<https://nei.nih.gov/health/healthyeyes>

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LIFE AND AD&D INSURANCE PLAN

Basic Life

Carrier Name	Mutual of Omaha
Life Benefit	\$10,000
AD&D Benefit	\$10,000
Guaranteed Issue Amount	\$10,000
Conversion Privilege	Yes
Waiver of Premium	Yes

Voluntary Life

Carrier Name	Mutual of Omaha
Employee Life and AD&D Benefit	Increments of \$10,000 up to Lesser of 5x Salary or \$500,000 Maximum
Dependent Life and AD&D Benefit	Spouse: Increments of \$5,000 to \$250,000; not to exceed 100% of Employee's benefit Child: Increments of \$1,000 to \$10,000 Maximum
Guaranteed Issue Amounts	Employee: \$100,000 Spouse: \$25,000 Child(ren): \$10,000 (evidence of insurability is required for amounts above these guaranteed amounts)
Conversion Privilege	Yes
Waiver of Premium	Yes

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Life & AD&D amounts reduce by 35% at age 65 and by 50% at age 70.



DISABILITY INSURANCE

Long Term Disability

Carrier Name	Mutual of Omaha	
	Core	Buy-Up
Benefit	40%	60%
Maximum Monthly Benefit	\$10,000	\$10,000
Elimination Period	180 Days	180 Days
Duration of Benefits	RBD to SSNRA	RBD to SSNRA

Buy-Up cost from Core(40%) plan to Buy-Up(60%) plan is \$0.20 per \$100 of covered monthly payroll.

Did you know?



Of today's 20 year-olds, just over 1 in 4 will become disabled before they retire.*

*Source: Council For Disability Awareness. "Disability statistics." July 3, 2013. Web Accessed November 10, 2014.

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EMPLOYEE ASSISTANCE PROGRAM (EAP) with Sun First



GlobalPundits provides these services at no cost to employees or their families. No referrals are needed to see an EAP counselor, and you never have to worry about finding a provider who is in your network. And unlike insurance-covered care, you never have a co-pay. In addition, all household family members are covered regardless if they are covered by other benefits.

The call center is open 24 hours a day, 7 days a week. All operators have clinical backgrounds and at minimum a bachelor's degree in the field. You can also talk to a licensed counselor at any time. Instead of waiting weeks to be seen by a counselor, you can contact one anytime.

We offer short-term counseling to help people work through any problems they may be having. Some counseling sessions are done over the phone, while in other instances the employee visits the counselor.

Sun First - www.sunfirst.com
(Specific benefit information in the “Additional Benefit Information” section at the end of this guide.)

- Stress Management
- Divorce/Marital Problems
- Grief
- Feeling Unmotivated
- Feeling Depressed
- Family Issues
- Feeling Stuck
- Drug and Alcohol Issues

The benefit plan information shown in this guide is illustrative only. This information is not intended to be exhaustive nor should any discussion or opinions be construed as professional advice.

401(K)

Globalpundits – 401k - 2021 Update

Globalpundits provides access to a 401k plan through Paychex and pays the administrative expenses for employees. Begin planning for your retirement with a 401(k) savings plan. Participating in the plan can also help you save taxes today. Qualifying contributions are tax-deferred until you withdraw them from your account. In addition, tax-deferral allows the full amount of your investment to work for you.

Benefit Eligibility

All employees of Globalpundits are immediately eligible as long as they are over the age of 21.

Contribution Limits

Your deferral amount can be anywhere between 0% to 96% of your compensation. There is however an annual limit of \$19,500 for 2020. If you are 50 or above there is a “catch-up” provision that allows you to increase your contribution with \$6,500. There is no matching. Your Investment Options for 2021 are 26 mutual funds choices.

Enrollment instructions

Once eligible, you can enroll at any time. Use the self-service portal to all your Paychex services and begin by registering at: www.myapps.paychex.com

Options

Once you enroll at the self-service portal.

1. Decide a contribution amount (%).
2. Decide whether you want it to be pre-taxed, Roth or a combination of both.
3. Fund selection. You have 26 Mutual Funds to choose from, in several investment divisions and you can pick any combination that you want.

The default is American Funds the Cash Management Trust of America. You have access to prospectus and past performance online.

If you have questions on what investment option would be most suitable, contact Roger Johansson.

Contact Information
Roger Johansson, LUTCF
803-376-2000 or 803-429-0448
Paychex 877-283-9520

EMPLOYEE DEDUCTIONS

GlobalPundits contributes to the cost of the medical and dental plans for you.

Coverage Tier	Employee Bi-Weekly Contribution	
Medical Plans	High Deductible Health Plan	Traditional Copay Plan
Employee Only	\$127.85	\$219.81
Employee/Spouse	\$394.96	\$583.15
Employee/Child(ren)	\$313.04	\$471.69
Employee/Family	\$580.27	\$835.27
Dental Plan		
Employee Only		\$6.51
Employee + 1		\$22.69
Family		\$41.70
Vision Plan		
Employee Only		\$3.19
Employee/Spouse		\$6.07
Employee/Child(ren)		\$6.39
Employee/Family		\$9.40

The rates shown in this guide are illustrative only. To the extent the rates contained herein differ from those in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the rates in the underlying insurance documents will govern in all cases.

REQUIRED NOTICES

Newborn 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 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 newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully. As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following benefits: 1. All stages of reconstruction of the breast on which the mastectomy has been performed; 2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3. Prostheses and treatment of physical complications of the mastectomy, including lymphedemas. Health plans must provide coverage of mastectomy related benefits in a manner to determine in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and insurance amounts that are consistent with those that apply to other benefits under the plan.



REQUIRED CHIP NOTICE

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.asksrsa.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, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	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: http://www.indianamedicaid.com Phone 1-800-403-0864

REQUIRED CHIP NOTICE (CONT)

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
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	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	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
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462

REQUIRED CHIP NOTICE (CONT)

NEBRASKA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
TEXAS - Medicaid	WEST VIRGINIA - Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP(1-855-699-8447)
UTAH - Medicaid and CHIP	WISCONSIN - Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT - Medicaid	WYOMING - Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, 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

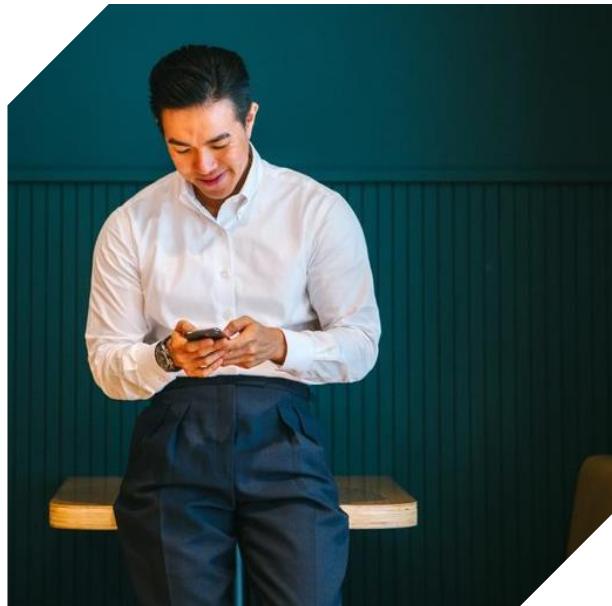
Paperwork Reduction Act Statement

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 12/31/2019)

HIPAA Notice



HIPAA Privacy Notices

HIPAA requires group health plans to provide a notice of current privacy practices regarding protected personal health information (PHI) to enrolled participants. All employers must distribute HIPAA Privacy Notices if the plan is self-funded or if the plan is fully-insured and the employer has access to PHI. If the employer maintains a benefits website, the HIPAA Privacy Notice must be included on the website.

The HIPAA Privacy Notice must be written in plain language and must describe three things: (1) the use and disclosures of PHI that may be made by the group health plan; (2) plan participants' privacy rights; and (3) the group health plan's legal responsibilities with respect to the PHI.

The Department of Health and Human Services (HHS) has developed three different model Privacy Notices for health plans to choose from: booklet version, layered version, and full-page version.

More information can be found at: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/privacy-practices-for-protected-health-information/index.html>

Link to OneDigital's privacy policy: <https://www.onedigital.com/privacy-policy/>

Model Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself 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 the appropriate time period that applies under the plan after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within the appropriate time period that applies under the plan after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the appropriate plan representative.

For additional information on your employer's privacy policy, please contact your HR department.

CONFIDENTIALITY NOTICE

Digital Insurance LLC dba OneDigital Health and Benefits does not sell or share any information we learn about our clients and understands you may have to answer sensitive questions about your medical history, physical condition and personal health habits as required by our insurance carrier partners.

We collect nonpublic personal information from the following sources:

- Information from you, including data provided on applications or other forms, such as name, address, telephone number, date of birth and Social Security number
- Information from your transactions with us and/or our partners such as policy coverage, premium, claim, and payment history.

OneDigital Health and Benefits recognizes the importance of safeguarding the privacy of our clients and prospective clients, and we pledge to protect the confidential nature of your personal information. We understand our ability to provide access to affordable health insurance to businesses and individuals can only succeed with an environment of complete trust.

In the course of business, we may disclose all or part of your customer information without your permission to the following persons or entities for the following reasons:

- To an insurance carrier, agent or credit reporting agency to detect, prevent or prosecute actual or potential criminal activity, fraud, misrepresentation, unauthorized transactions, claims or other liabilities in connection with an insurance transaction.
- To a medical care institution or medical professional to verify coverage or benefits, to inform you of a medical problem of which you may or may not be aware or to conduct an audit that would enable us to verify treatment.
- To an insurance regulatory authority, law enforcement or other governmental authority to protect our interests in detecting, preventing or prosecuting actual or potential criminal activity, fraud, misrepresentation, unauthorized transactions, claims or other liabilities in connection with an insurance transaction.
- To a third party, for any other disclosures required or permitted by law. We may disclose all of the information that we collect about you, as described above.

Our practices regarding information confidentiality and security: We restrict access to your customer information only to those individuals who need it to provide you with products or services, or to otherwise service your account. In addition, we have security measures in place to protect against the loss, misuse and/or unauthorized alteration of the customer information under our control, including physical, electronic and procedural safeguards that meet or exceed applicable federal and state standards.

Additional Benefit Information



Optional Paid Time Off

This optional benefit provides a Paid Time Off bi-weekly hour accrual to be used for future vacation, sick leave, holidays or other needs. If PTO is requested by an employee, their pay rate will be reduced based upon the bi-weekly PTO accrual. All unused accrued PTO is paid out to the employee if their employment ends with Globalpundits. If interested in this PTO Benefit speak to your Recruiter or HR.





 ONE DIGITAL