

2023

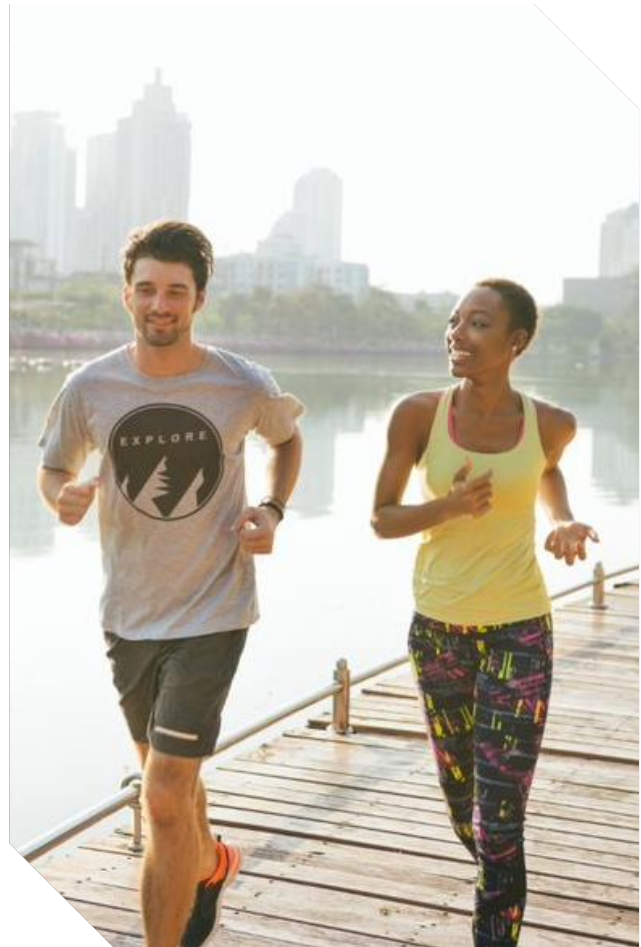
Benefits Enrollment Guide

**Providence
Anesthesiology
Associates**



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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.

- Locate your enrollment/change forms.
- 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
- Domestic partner

Ineligible:

- Divorced or legally separated spouse
- Common law spouse, even if recognized by your state
- 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

Providence Anesthesiology Associates 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, 2023:

- Medical benefit administrator: **Medcost and MaxorPlus**/no change in plan design
- Telehealth: **Teladoc**
- Dental benefit administrator: **Unum**/no change in plan design
- Vision benefit administrator: **Unum**/no change in plan design
- Basic Life / AD&D and Disability plans with **Unum**
- Short- term & long-term disability plans with **Unum**
- Voluntary Benefit plans with **Unum**

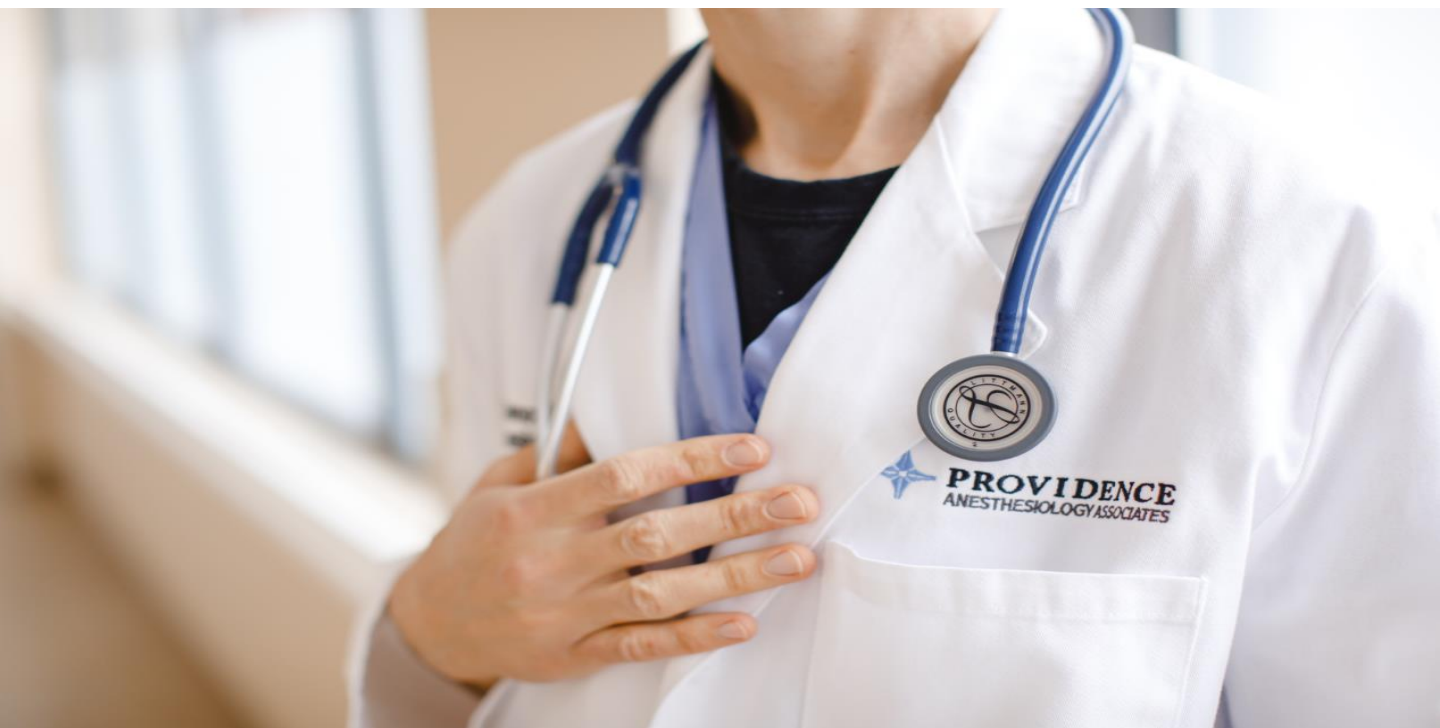
After you have enrolled in insurance coverage, you will receive additional information in the mail from the insurance carriers. This information will contain your personal identification cards. In the meantime, please use the carrier information page to access carrier portals.

HR at PAA:

Human Resources

Phone: 704-749-5801 x 2108

Email: humanresources@provanesthesiology.com



MEDICAL PLANS

For this plan year, you can choose from three medical plan options. Please make sure to visit in-network providers to receive the best benefits. To find a provider, please visit www.Medcost.com. Refer to the carrier benefits summaries for the exact benefit levels associated with your plan choice.

Carrier Name	Medcost		
Name of Plan	HDHP 2750/100%	HDHP 3500/100%	PPO 2500/60%
Type of Plan	High Deductible Health Plan	High Deductible Health Plan	Copay Plan
	In Network (You Pay)	In Network (You Pay)	In Network (You Pay)
Annual Deductible			
Individual	\$2,750	\$3,500	\$2,500
Family	\$5,500	\$7,000	\$5,000
Coinsurance	0%	0%	40%
Annual Out of Pocket			
Individual	\$2,750	\$3,500	\$6,850
Family	\$5,500	\$7,000	\$13,700
Maximum Benefits	Unlimited	Unlimited	Unlimited
Office Visits			
Primary	0% after Deductible	0% after Deductible	\$25 Copay
Specialist	0% after Deductible	0% after Deductible	40% after Deductible
Teladoc	\$0 Copay	\$0 Copay	\$0 Copay
Wellness Benefit	Covered at 100%	Covered at 100%	Covered at 100%
Pharmacy (Retail 31 Day)			
Tier 1	0% after Deductible	0% after Deductible	\$10 Copay
Tier 2	0% after Deductible	0% after Deductible	50% up to \$100 max
Tier 3	0% after Deductible	0% after Deductible	50% up to a \$100 max
Tier 4	0% after Deductible	0% after Deductible	50% up to \$100 max
Tier 5	0% after Deductible	0% after Deductible	50% up to a \$100 max
Common Services			
In-Patient Facility	0% after Deductible	0% after Deductible	\$250/admission, then 20% after Deductible
Out-Patient Facility	0% after Deductible	0% after Deductible	40% after Deductible
Urgent Care	0% after Deductible	0% after Deductible	\$100 Copay
Emergency Room	0% after Deductible	0% after Deductible	40% after Deductible

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.

Medcost works to give you information and tools to help you be a better, more active health care consumer – letting you choose providers based on the criteria most important to you. The cost estimator tool brings together information about procedures, providers, and costs in one place. This tool lets you see where certain procedures are performed near you and what the approximate costs for that procedure are likely to be. Exact costs will vary, so work with your provider for insight into your actual costs.

How to Use the Cost Estimator

When your provider suggests a procedure:

1. Log in to your member account at www.Medcost.com/myMedcost. This is the same place where you can request ID cards, check your benefit information and track your claims.
2. Under “Quick Link” chose “Cost Estimator.”
3. Set your location. The default location is Winton-Salem ZIP Code 27103. You can see it on the right side, near the top of the information box. The word(change) is in color and in parentheses. Choose change and set to your location.
4. Pick the procedure your provider recommended from the drop-down list to define your search.

You will automatically see the results of your search.

How to Use the Cost Estimator

Procedure Information: The search will give you general information about the procedure and why it is most often recommended.

Cost Range: The cost range shown under the name of the procedure is taken from nationwide claims data about this procedure. This broad range is from the lowest cost found in the claims data to the highest.

Ranges Bases on Place of Service: Under the descriptive information about the procedure, you will see a more refined breakdown that is color coded by type. These ranges are grouped by where the procedures are performed. For example, this lets you see that you are likely to be charged more at a hospital than at a doctor’s office.

Facilities or Providers: This section shows you choices on place of service. Each facility shows the price range where their price is likely to fall. The prices are not specific, as each patient is unique, but this range will let you know how a facility compares to those in your area. Work with your provider to understand the particular variables that can affect your final out-of-pocket expenses.

Medcost – TELCARE – Diabetes Management Program



The quicker, easier way to monitor your glucose readings

Managing your diabetes takes effort, but the Telcare blood glucose meter, available through Medcost's Personal Care Management (PCM) program, can help make it a lot easier. If you receive a communication from Telcare, say "yes" to the Telcare solution and experience a better way to monitor your diabetes.

Receive personalized support

The Telcare meter identifies extreme highs and lows or sustained patterns in your readings. Your personal nurse health coach through PCM will have access to your glucose readings and can provide targeted feedback to support you in attaining your goals and help prevent complications. With your permission, other members of your care team or family also may access your Telcare data. Telcare protects your privacy by following all applicable state and federal laws regarding the management of personal medical information. Telcare and Medcost will never use your personal information to solicit any business or for any other purpose, and your employer will not have access to your information.

Lose the logbook

The Telcare device is FDA-approved and the first cellular-enabled meter to wirelessly track blood glucose readings. Every time you test your blood sugar, the Telcare meter captures the readings and gives you personalized lifestyle or clinical tips on the meter. Each reading is automatically sent to your secure online account at Mytelcare.com, where you can track readings and print progress reports for your care team. No more writing logs by hand! There is also a free mobile app (Diabetes Pal) for tracking on the go with your iPhone, iPad, or Android device.

No additional cost to you

If you choose to receive the Telcare meter, the charges for your meter and strips are processed through your medical plan and covered at 100%.

Choose the Telcare diabetes management system and begin enjoying the freedom and flexibility you deserve.

Personal Care Management (PCM)

PCM identifies at-risk individuals before they develop chronic and costly medical conditions and educates you about actions you can take to lower risk levels. PCM works with dependent children, as well as spouses. Medcost's PCM nurse health coaches take a holistic approach to participant care, evaluating all aspects of a participant's situation, from lifestyle and habits to knowledge about a particular health condition, in addition to medical history and claims data.

Complex Case Management (CM)

Medcost utilizes a variety of criteria to proactively identify potential high-risk and high dollar illnesses and injuries. Complex and long-term cases, such as strokes, certain cancers, spinal cord injuries, debilitating diseases and terminal illnesses, are closely managed and monitored to ensure members receive the best possible care while effectively managing health care expenditures. Case Management nurses work in collaboration with the member, provider and others on the member's health care team to ensure the member receives the services necessary for making a swift recovery as cost effectively as possible.

Medcost'S ONLINE RESOURCES

The Medcost app allows you to get access to your Medcost account any time, any where. You'll have access to your Digital ID card, check for in-network providers, and check the status of any outstanding claims.

ANY DEVICE
ANYWHERE
24/7

Activate Your Account Today



Get access to your benefits with your MedCost account at MedCost.com/MyMedCost and the **My MedCost mobile app**



Go to MedCost.com/MyMedCost or download the My MedCost mobile app. Just search for My MedCost.



Follow the prompts. You'll need information from your health plan ID card to complete registration.



Confirm that the information you entered is correct to complete registration and sign in.

✓ **USE** your digital ID card — one less thing to carry in your wallet!

✓ **SEE** your year-to-date deductible balances and out-of-pocket limits

✓ **CHECK** claims status and Explanations of Benefits (EOBs)

✓ **GO** paperless — update your EOB delivery preference

Introduction to MaxorPlus

Maxor⁺

PHARMACY BENEFIT MANAGEMENT SERVICES

About MaxorPlus

Since 1991, MaxorPlus has provided outstanding pharmacy benefits for members and dependents. We are here to help you manage your prescriptions safely and cost-effectively, and are dedicated to providing you the best customer service anytime you need us.

Our Services

MaxorPlus provides pharmacy benefit services nationwide. We own and operate our own mail order and specialty pharmacies which allows us to provide full-service pharmacy benefits to our members. Please see below for more detailed information on these services.



MXP Pharmacy

MXP Pharmacy provides a convenient, cost effective way to mail order your maintenance prescriptions. Medications ordered through MXP Pharmacy are quickly shipped at no additional charge to you.

You can easily place your mail order refills using our website, automated phone system, or by speaking directly to a member advocate. Visit www.maxorplus.com or call (800) 687-8629 for more information.



Inspiring
What's Next

Pharmacy Plan – MaxorPlus – Pharmacy Options



Retail Pharmacy

- Present your new combination ID card at your current retail pharmacy on Jan 1st or after.
- You do not need a new prescription at retail unless expired or out of refills.
- To locate a pharmacy near you, log on to www.maxorplus.com and access our online pharmacy locator.
- You may also contact MaxorPlus **Member Services at 1-800-687-0707** and speak with a Member Advocate to assist in finding a pharmacy.

Mail Order MXP Pharmacy

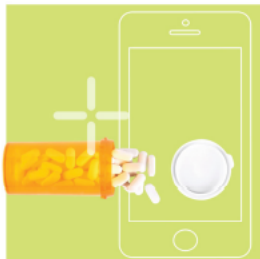
- Request your filling pharmacy transfer your mail order prescription to Maxor MXP pharmacy or request a new prescription from your prescriber be sent electronically.
- To fill through mail order, you will be required to enroll in MXP Mail Order by phone, enrollment form, or phone **MXP Pharmacy at 1-800-687-8629**.
- Provides a convenient, cost-effective way to mail order your maintenance prescriptions.
- No additional charge to you with a quick shipping time.

MaxorPlus – Member Portal

What can I do on the Member portal and app?

 <p>MY ACCOUNT</p>	<p>My Account Change your password, manage your notification settings, contact a Member Advocate, and manage your mail order information.</p>	 <p>MAXOR PHARMACY REFILLS</p>	<p>Maxor Pharmacy Refills Manage your mail order prescriptions, including refilling a prescription for yourself or a dependent.</p>
 <p>SIGN-UP FOR MAIL ORDER</p>	<p>Mail Order Sign up for mail order services for your maintenance medications.</p>	 <p>PRESCRIPTION HISTORY</p>	<p>Prescription History View and print prescription activity.</p>
 <p>DEPENDENTS</p>	<p>Dependents Add and manage your dependents.</p>	 <p>PRICE DRUG & FIND PHARMACY</p>	<p>Price Drug & Find Pharmacy Search for your medication, view estimated cost, or find pharmacies.</p>
 <p>BENEFIT DOCUMENTS</p>	<p>Benefit Documents View your plan information such as formulary and more.</p>	 <p>FAQ</p>	<p>FAQ Find answers to commonly asked member portal and mail order questions.</p>

What is the difference between the app and web portal? Where can I download the app?



They both have the same features, and the app has special phone enhancements such as the ability to log in using facial or touch recognition and camera integration for quick fills.

The app is available on the Apple App Store and Google Play store for free. Simply download, register, and go. If you've previously registered your account, log in with your web credentials.

A Health Savings Account (HSA) allows you to set aside money on a pre-tax basis to pay for qualified medical expenses. HSAs are attached to a qualified High Deductible Health Plan, such as the HSA medical plan.

THE BENEFITS OF AN HSA

Save on Taxes

- The money you contribute into your HSA is “pre-tax,” which lowers the amount of your income tax.
- When you spend the money on qualified expenses, you don’t pay any sales taxes.
- Your HSA grows over time by earning interest that is not taxed either.

The money in your HSA is always yours

- It does not expire. Unused money will roll over from year to year.
- You can take it with you to your next job or into retirement.

Lower your overall healthcare costs

- High Deductible Health Plans (HDHP) usually have very affordable premiums. Since you need to have a HDHP attached to your HSA, this helps you save money every paycheck.
- Your HSA can help you with out-of-pocket expenses that your insurance does not cover, such as copays and expenses before you meet your deductible amount.

ADDITIONAL GUIDELINES

- You cannot have an HSA if you have a Health Care FSA or any other Medical plan that is not a qualified High Deductible Health Plan such as Medicare, TRICARE, etc.
- The IRS decides what expenses are eligible for HSA spending. We recommend that you keep receipts and other documents in case of an IRS audit.
- For the new plan year, **the maximum contribution is \$3,850 for individual coverage, and \$7,750 for all other tiers of coverage.** This amount includes both employee and employer contributions in the same year.
- If you are age 55 or older, you are eligible for a ‘Catch Up Contribution’ of \$1,000

HOW TO ENROLL

Decide how much you want to put into your account for the entire year. This is your **annual election**. The HSA is funded through voluntary salary deferrals. Your annual election is divided equally into 26 paychecks, and those **deductions** will be pre-tax. You will need to enroll in the HSA Medical Plan to qualify for an HSA. Provide your annual election at the same time during Open Enrollment.

To open a new HSA account, you will need to complete an online application at:

https://secure.hsabank.com/group_enrollment/1Cloud/Pages/Landing.aspx?fedId=561748928

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HEALTH REIMBURSEMENT ACCOUNT

HRA-Flex Summary

Plan Year: 1/1/2023 – 12/31/2024
 Claims Filing Deadline: March 31, 2024

Benefit Summary

Shareholders and junior partners have the option to elect whether they want to participate in the HRA plan or not as this would be an additional payroll deduction of **\$150.00**. A person can have medical coverage and opt *not* to participate in the HRA plan.

If you are enrolled in the PPO plan the HRA-Flex funds are available to reimburse all qualified medical, dental, vision and prescription expenses for those who have enrolled.

If you are enrolled in one of the two HDHP's ,with an active HSA, the HRA-Flex balances are considered “limited purpose” and can only be used towards qualified dental and vision expenses.

Eligible employees can rollover unused balances from one plan year to the next for use towards qualified expenses incurred the following year.

MAXIMUM ANNUAL CONTRIBUTION \$1,800 TOTAL MAX BENEFIT \$15,000

Reimbursement Process

- 1 Funds accessed either by using your *Flores Benefits Card* to pay a provider directly, or you may pay with another form of payment, then file a claim to seek reimbursement from your HRA balance.
- 2 If have incurred an HRA eligible expense, submit your EOB or itemized invoice along with a copy of your HRA Reimbursement Claim Form to Flores for processing.
 Claims can be submitted either by upload at www.flores247.com, uploaded using the *Flores Mobile* application, by fax, or by mail.
- 3 HRA claims are processed for reimbursement on a weekly basis. If an email address is on file, you will be sent an email notification when we receive your claim and after your request is processed.
 Reimbursement will be sent by check, mailed to your home address, or by direct deposit, if you have provided your banking information to Flores.

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TELADOC

For quick and convenient care, employees can use Teladoc free of charge! Teladoc doctors are available 24/7/365 and can treat you for basic chronic care conditions. At the end of the call, they can also send your prescription to the pharmacy of your choice.

Teladoc® gives you 24/7/365 access to U.S. board-certified doctors through convenience of phone, video or mobile app visits. It's an affordable alternative to costly urgent care and ER visits when you need care now.

MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 20 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Sinus problems
- Sore throat
- Respiratory infection
- Skin problems
- And more!


WHY TELADOC?

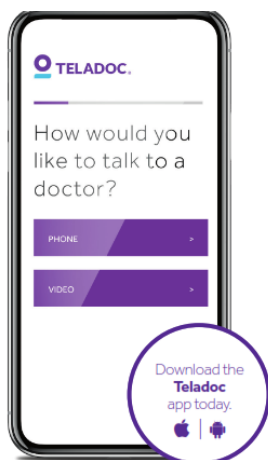
It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short term prescription refills

Talk to a doctor anytime!

 Teladoc.com

 1-800-Teladoc



Enrolled on PPO?
No Charge!

Enrolled on HDHP?
No Charge!

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Simplify your life with free healthcare.

Access Board Certified Doctors and Therapists by phone, video, or app 24/7/365.

No insurance needed!



Be your Healthiest You

Take control of your health. Download the app to start using your free healthcare services.



Talk to a doctor 24/7 \$0 visit fee - Unlimited Visits

Speak to a licensed doctor by phone or video 24/7 from anywhere



Expert Medical Services \$0 visit fee - Unlimited Visits

Receive a second opinion on an existing diagnosis and treatment for any condition



Mental Health-"myStrength Complete" \$0 visit fee - Unlimited Visits

Connect with a licensed therapist by phone/video. Explore skill building tools and resources based on your ongoing needs and preferences.



Joint/Back Care \$0 visit fee - Unlimited Visits

Relieve your back pain through guided videos with a certified health coach



Dermatology \$0 visit fee - Unlimited Visits

Upload photos of your condition to the app and get a treatment plan from a dermatologist within two business days



Nutrition \$0 visit fee - Unlimited Visits

Connect with a certified dietitian and start meeting your nutrition goals today!



Download the app and talk to a doctor for free 24/7.

Member.HealthiestYou.com | 866-703-1259

HealthiestYou is now part of Teladoc Health, the global leader in virtual care. Teladoc Health, Inc., on its own behalf and on behalf of its affiliates and/or wholly owned subsidiaries including but not limited to Best Doctors, Inc., HealthiestYou, Inc., Teladoc Physicians, P.A., and Teladoc Behavioral Health, P.A. (collectively referred to as "Teladoc Health," "we," "us," or "our"), owns and operates the websites located at www.teladoc.com, www.bestdoctors.com, www.askbestdoctor.com, members.bestdoctors.com, www.healthiestyou.com, and various mobile applications (collectively, the "site" or "sites"). Through these sites we operate various online services that enable eligible individuals ("members") to receive various types of healthcare information and telehealth services ("services"). The sites also have public portions that allow anyone to educate themselves on the services available from Teladoc Health. 105-2018, 249105700, 07272018



For this plan year, you can choose from the following dental option. Please visit in-network providers to receive the best benefits. Visit www.unumdentalcare.com to find an in-network provider. Refer to the carrier benefits summary for the exact benefit level associated with your plan.

Carrier Name	Unum	
Name of Plan	PPO	
Class	In Network (You Pay)	Out of Network (You Pay)
Preventive	0%	0%
Basic Restorative	0%	20%
Major Services	40%	40%
Orthodontia	50%	50%
Plan Details		
Deductible applies to Preventive	Waived	Waived
Orthodontics (Adult/Children)	Children to age 19	Children to age 19
Maximum Rollover		
Threshold	\$700	
Rollover Amount	\$350	
Max Rollover Limit	\$1,250	
Deductible		
Person - Calendar Year	\$50	\$50
Family - Calendar Year	\$150	\$150
Plan Maximums		
Calendar Year Max	\$1,500	\$1,500
Ortho Lifetime Max	\$1,500	\$1,500

Did you know?

One can of soda is the amount of sugar recommended for three days for a child. Sugary Sodas are a major risk factor for tooth decay*

*Source: American Dental Association (ADA)

*You could be balanced billed for out of network benefits.

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VISION PLAN

For this plan year, you can choose from the following vision option. Please visit an in-network provider to receive the best benefits. In-network providers can be found at www.eyemedvisioncare.com/unum. Refer to the carrier benefit summary for the exact benefit level associated with your plan.

Carrier	Unum	
Network	EyeMed's Insight Network	
Exam	In Network	Out of Network
Frequency	Once Every 12 Months	
Copay	\$10 Copay	Up to \$40
Lenses		
Frequency	Once Every 12 Months	
Single	\$25 Copay	Up to \$30
Bifocal	\$25 Copay	Up to \$50
Trifocal	\$25 Copay	Up to \$70
Contact Lens Fitting Fee	Up to \$40	Not Covered
Contacts (in lieu of glasses)	\$120 Allowance	Up to \$120
Contacts Medically Necessary	Covered	Up to \$210
Frames		
Frequency	Once Every 12 Months	
Frames	\$120 Allowance; 20% discount on balance	Up to \$84



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/healthyeves>

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LIFE AND AD&D INSURANCE PLAN

PAA provides you with Basic Life and AD&D coverage equal to 2x your annual salary up to \$50,000; all at a cost of just \$7.75 per month.

You are also offered the opportunity to purchase additional life insurance through UNUM. Please update your beneficiary information to ensure that the correct person receives the benefit.

UNUM	Voluntary Life Coverage
Basic Life and AD&D Benefit	\$50,000
Employee Life and AD&D Benefit	\$10,000 increments up to \$500,000, not to exceed 5x annual salary
Spouse Life and AD&D Benefit	\$5,000 increments up to \$500,000, not to exceed 100% of employee benefit
Child(ren) Life and AD&D Benefit	Birth – 6 months: \$1,000 6 months – 26 years old: \$10,000
Guaranteed Issue	Employee: \$150,000 Spouse: \$50,000 Children: \$10,000

*If you wish to elect amounts over the guaranteed issue amount, or waived coverage when initially eligible, you will need to complete an Evidence of Insurability (EOI) form on the Paylocity portal.

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DISABILITY INSURANCE

PAA provides all employees the opportunity to purchase short term disability insurance in the event that employees must miss work due to an accident or illness. PAA automatically enrolls physicians in long term disability insurance at the cost of \$233.34 in order to protect you and your family. Please refer to the carrier benefit summaries for full details.

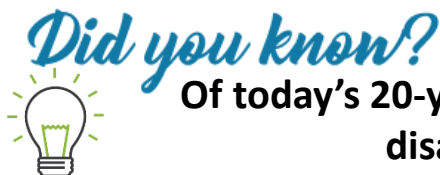
Voluntary Short Term Disability

Carrier Name	Unum
Benefit	60%
Maximum Weekly Benefit	\$1,000
Waiting Period-Accident	14 Days
Waiting Period-Sickness	14 Days
Duration of Benefits	Up to 11 Weeks

Long Term Disability

Carrier Name	Unum
Benefit	60%
Maximum Monthly Benefit	\$10,000
Elimination Period	90 Days
Duration of Benefits	Up to age 65 if you are 60 years old or younger at the time the disability occurred.
Pre-Existing Condition	3/12

If you did not elect Voluntary Short-Term Disability when first eligible, an Evidence of Insurability Form (EOI) will be required. This form can be found on the Paylocity portal.



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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CRITICAL ILLNESS

PAA provides all employees the opportunity to purchase group critical illness with cancer. This benefit provides you with a lump sum benefit if you are diagnosed with one of the covered conditions. Please see the carrier benefit summary for full details.

Tier	Benefit
Employee	\$10,000 or \$20,000 All Guarantee Issue
Spouse	\$10,000 All Guarantee Issue
Children	Automatically included with employee coverage at 50%
Wellness Benefit	\$50

How it Can Protect

- Pays a lump sum benefit upon diagnosis of covered illness after the effective date of coverage
- Benefit is paid directly to the employee and can be used however the employees choose.

Advantages

- Multiple payouts automatically included. A benefit can be paid for each covered condition.
- Coverage can be taken with you when you leave the company.
- Dependent Children are automatically covered at 50% of employee's benefit amount.

Additional Diagnosis Benefit

- Additional benefits payable for diagnosis of another critical illness if separated by 90 days or more and medically unrelated.

Category	Covered Conditions
Category 1	Heart Attack, Stroke, Coronary Artery Bypass Surgery
Category 2	Benign brain tumor, Major organ failure, End stage renal (kidney) failure, Blindness
Category 3	Coma, Occupational HIV, Permanent Paralysis
Optional Cancer Conditions	Cancer and Carcinoma in situ

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.

ACCIDENT

PAA provides all employees the opportunity to purchase accident insurance. Please see the carrier benefit summary for full details.

How it Can Protect

- Pays a lump sum benefit based on type of injury sustained and treatment needed.
- Benefits are paid directly to the employee.
- Benefit can be used however the employees choose.

Product Features

- On/Off Job coverage
- Includes a \$50 wellness benefit per year for each insured person.
- \$50 Wellness benefit is easy to collect. You just call Unum and tell us you have had your exam. No paperwork required.

Who is eligible

- Family coverage is available: Employee, Spouse, and Children.
- Children, stepchildren, and legally adopted children from newborn to age 26, regardless of marital or student status.



EMPLOYEE DEDUCTIONS

Below are your monthly premiums for your medical benefits. Please note that by enrolling, you are also authorizing your employer to deduct the cost of all eligible benefits under Section 125 of the Internal Revenue Code on a pre-tax basis unless a waiver form is received.

Coverage Tier	Monthly Contributions
Medical	2750/100%
Employee Only	\$775.60
Employee/Spouse (including Domestic Partner)	\$1,728.53
Employee/Child	\$1,086.72
Employee/Child(ren)	\$1,490.21
Employee + Family (Including Domestic Partner)	\$2,415.79
Medical	HSA 3500/100%
Employee Only	\$713.03
Employee/Spouse (including Domestic Partner)	\$1,601.26
Employee/Child	\$1,003.99
Employee/Child(ren)	\$1,379.44
Employee + Family (including Domestic Partner)	\$2,241.03
Medical	PPO 2500/60%
Employee Only	\$639.39
Employee/Spouse (including Domestic Partner)	\$1,452.17
Employee/Child	\$905.81
Employee/Child(ren)	\$1,249.44
Employee + Family (including Domestic Partner)	\$2,037.61

EMPLOYEE DEDUCTIONS

Below are your monthly premiums for your dental, vision, and accident. Please note that by enrolling, you are also authorizing your employer to deduct the cost of all eligible benefits under Section 125 of the Internal Revenue Code on a pre-tax basis unless a waiver form is received.

Coverage Tier	Monthly Contributions
Dental	Unum
Employee Only	\$48.48
Employee/Spouse (including Domestic Partner)	\$98.43
Employee/Child(ren)	\$131.78
Employee + Family (including Domestic Partner)	\$186.11
Vision	Unum
Employee Only	\$8.22
Employee/Spouse (including Domestic Partner)	\$13.82
Employee/Child(ren)	\$14.08
Employee + Family (including Domestic Partner)	\$22.28
Accident	Unum
Employee Only	\$16.14
Employee/Spouse	\$26.67
Employee/Child(ren)	\$29.03
Employee + Family	\$39.56

PROVIDENCE ANESTHESIOLOGY ASSOCIATES

2023

Required Notices



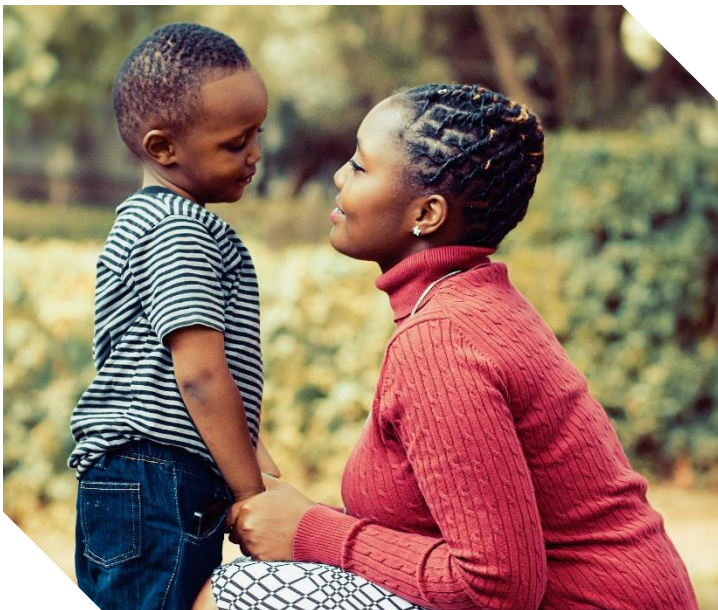
REQUIRED NOTICES

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 NOTICES

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

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Health Insurance Marketplace Options and Your Health Coverage

The Health Insurance Marketplace is designed to help individuals find, compare, and purchase private individual health insurance. The Marketplace does not affect your eligibility for coverage in your employer's group health plan.

Individuals may be eligible for a tax credit that lowers the monthly premium of coverage purchased in the Marketplace. However, if you are eligible for an employer's group health plan, you may not be eligible for a tax credit through the Marketplace if the employer group health plan meets the "minimum value" and "affordability" standards set by the Affordable Care Act. Additionally, if you purchase your own health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose the employer contribution towards coverage. This employer contribution - as well as your employee contribution towards coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage you purchase through the Marketplace are made on an after-tax basis.

Open enrollment for individual health insurance coverage through the Marketplace occurs at the end of each calendar year for coverage effective the following January 1st. If you are interested, please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

REQUIRED NOTICES

Notice Of Special Enrollment Rights

If you decline enrollment for yourself or 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 the plans offered by the company if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). 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). 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 new dependents. You must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

You may also be able to enroll if you or your dependents lose eligibility for coverage under Medicaid or a state Children's Health Insurance Plan (CHIP) and request enrollment within 60 days of losing Medicaid or CHIP. You may also be able to enroll if you or your dependents become eligible for state premium assistance from Medicaid or CHIP towards the cost of the group health plan, and request enrollment within 60 days of eligibility for state premium assistance.

Important Notice About Medicare Prescription Drug (Part D) Coverage

If you or one of your dependents is eligible for Medicare (or will be shortly), you may be able to purchase a Medicare prescription drug (Part D) plan or join a Medicare Advantage Plan that includes Part D coverage.

However, if you are enrolled in an employer group medical plan that includes "creditable" prescription drug coverage, you do not need a Medicare Part D plan, and you can enroll in a Medicare Part D plan later without paying a premium penalty. "Creditable" coverage means that the expected amount of paid claims under our prescription drug coverage is at least as much as the expected amount of paid claims under the standard Medicare Part D plan. Creditable coverage can look different between plans, and the insurance carrier makes that determination through its own actuarial analysis.

All the employer group medical plans offered to our employees include prescription drug coverage. However, some of the plans may not provide "creditable" drug coverage. If you or one of your dependents is eligible for Medicare (or will be shortly), please verify that the plan you enroll in has "creditable" coverage prior to your enrollment in plan so that you don't incur a late enrollment penalty later. We also issue a Notice of Creditable or Non-Creditable Coverage each year to plan participants. For a copy of the Notice of Creditable or Non-Creditable Coverage or for more information, please contact the employer. You may also refer to www.medicare.gov, or all 1-800-MEDICARE (1-800-633-4227).

REQUIRED NOTICES

Notice of Privacy Practices and HIPAA

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the “Notice”) describes the legal obligations of Providence Anesthesiology Associates (the “Plan”) and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- (1) your past, present, or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact HR at PAA, humanresources@provanesthesiology.com; 704-749-5801 x2108

Effective Date

This Notice is effective October 2022

REQUIRED NOTICES

Notice of Privacy Practices and HIPPA, Cont.

Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices *in the annual Benefit Guide*.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

REQUIRED NOTICES

Privacy Notice Requirement and HIPPA Cont.

For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

REQUIRED NOTICES

Privacy Notice Requirement and HIPPA Cont.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

REQUIRED NOTICES

Privacy Notice Requirement and HIPPA Cont.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law-enforcement official—

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

Coroners, Medical Examiners, and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

REQUIRED NOTICES

Privacy Notice Requirement and HIPPA Cont.

Research. We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- (2) treating such person as your personal representative could endanger you; and
- (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

REQUIRED NOTICES

Privacy Notice Requirement and HIPPA Cont.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

REQUIRED NOTICES

Privacy Notice Requirement and HIPPA Cont.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to *HR at PAA, humanresources@provanesthesiology.com; 704-749-5801 x2108*. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to *HR at PAA, humanresources@provanesthesiology.com; 704-749-5801 x210*].

REQUIRED NOTICES

Privacy Notice Requirement and HIPPA Cont.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted HR at PAA, humanresources@provanesthesiology.com; 704-749-5801 x2108. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to HR at PAA, humanresources@provanesthesiology.com; 704-749-5801 x2108. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

REQUIRED NOTICES

Privacy Notice Requirement and HIPPA Cont.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request in writing to HR at PAA, humanresources@provanesthesiology.com; 704-749-5801 x2108. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to HR at PAA, humanresources@provanesthesiology.com; 704-749-5801 x2108. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact HR at PAA, humanresources@provanesthesiology.com; 704-749-5801 x2108.

REQUIRED NOTICES

Privacy Notice Requirement and HIPPA Cont.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan HR at PAA, humanresources@provanesthesiology.com; 704-749-5801 x2108. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

CARRIERS, VENDORS & CONTACTS



Program	Vendor	Phone Number	Website
Medical	Medcost	800-795-1023	www.Medcost.com
Pharmacy	MaxorPlus	800-687-8629	www.maxorplus.com
Telemedicine	Teladoc	800-835-2362	www.teladoc.com
Dental	Unum	866-679-3054	www.unumdentalcare.com
Vision	Unum	866-679-3054	www.eyemedvision.com/unum
Life/AD&D	Unum	866-679-3054	www.unum.com
Voluntary Short Term Disability	Unum	866-679-3054	www.unum.com
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