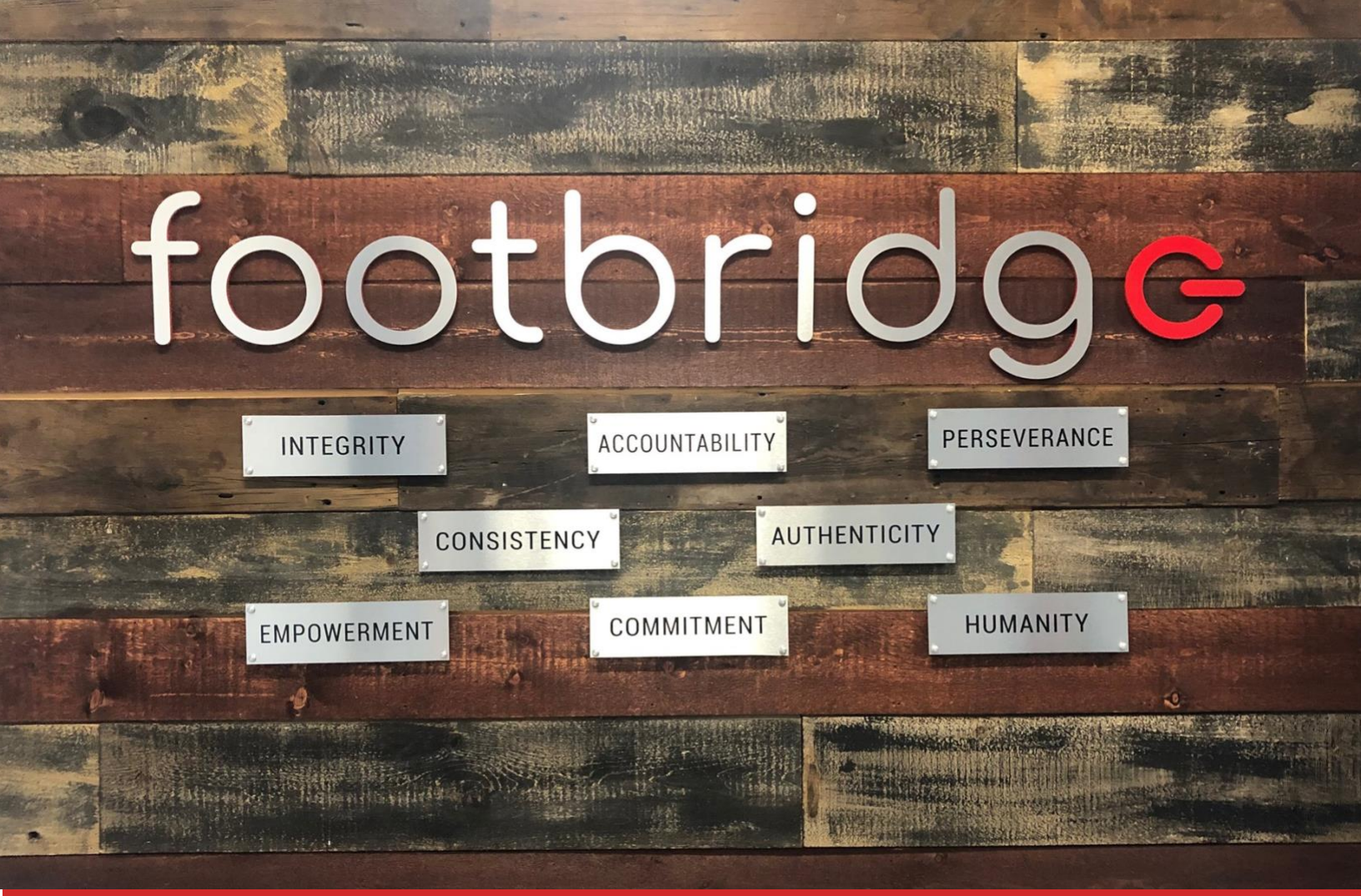


# 2023 – 2024 Benefit Plan Year

**FootBridge Consulting, LLC**

# Table of Contents

footbridge consulting

# A Message from Footbridge Consulting

At Footbridge Consulting we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution of each employee makes our accomplishments. Our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

Sincerely,
Rich O'Donnell
CEO

# Eligibility

**Eligible Employees:**
You may enroll in the Footbridge Consulting Employee Benefits Program if you are a Fulltime employee who is actively working a minimum of 30 hours per week.

**Eligible Dependents:**
If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship, as well as children of same sex state-registered domestic partners.

**When Coverage Begins**:
Newly hired employees and dependents will be effective in Footbridge Consulting's benefits programs on the 1st of the month following date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.

**Family Status Change:**
A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits.

Examples of family status changes include:
- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

*Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.*

# Medical Insurance

Footbridge Consulting will continue to offer medical coverage through Cigna.
This year, we will be utilizing a Health Reimbursement Account (HRA) with Cigna as well.
Like last year, we will offer three options for deductible expenses, a $3,000 deductible, a $2,000 deductible, and a $1,000 deductible option.

Below is a summary of the patient's responsibilities for the underlying Cigna plan.
The following page details how the HRA will assist you with the deductible and coinsurance amounts associated with your health plan deductible choice.

| Cigna | Cigna Health<br>Open Access Plus $7,050 with HRA | |
|---|---|---|
| | **In-Network Benefits** | **Out-of-Network Benefits** |
| **Annual Deductible** | | |
| Individual / Family | $7,050 / $14,100 | $10,000 / $20,000 |
| Coinsurance | 20% | 20% -40% depending on service |
| **Maximum Out-of-Pocket*** | | |
| Individual / Family | $8,350 / $16,700 | $16,700 / $33,400 |
| **Physician Office Visit** | | |
| Primary Care | $10 copay | 20% after deductible |
| Specialty Care | $40 copay | 20% after deductible |
| Chiropractic | $40 copay<br>45 visits max per year | 20% after deductible<br>(combined w/ in network max) |
| **Preventive Care** | | |
| Adult and Children Exams | Covered in full | 20% after deductible |
| **Diagnostic Services** | | |
| X-ray and Lab Tests | 20% after deductible | 40% after deductible |
| Complex Radiology<br>(CT/PET scans, MRIs) | 20% after deductible | 40% after deductible |
| Urgent Care Facility | $45 copay | 40% after deductible |
| Emergency Room Facility Charges | 20% after deductible | |
| Inpatient Facility Charges | 20% after deductible | 40% after deductible |
| Outpatient Facility and Surgical Charges | 20% after deductible | 40% after deductible |
| **Mental Health and Substance Abuse** | | |
| Inpatient | 20% after deductible | 40% after deductible |
| Outpatient | $40 copay | 20% after deductible |
| **Retail Pharmacy (30 Day Supply)** | | |
| Generic (Tier 1) | $10 copay | 20% after deductible |
| Preferred (Tier 2) | $60 copay | 20% after deductible |
| Non-Preferred (Tier 3) | $90 copay | 20% after deductible |
| **Mail Order Pharmacy (90 Day Supply)** | | |
| Generic (Tier 1) | $20 copay | 20% after deductible |
| Preferred (Tier 2) | $120 copay | 20% after deductible |
| Non-Preferred (Tier 3) | $180 copay | 20% after deductible |

# Health Reimbursement Arrangement (HRA)

The HRA is designed to pay a portion of your in-network deductible to maintain quality healthcare at an affordable cost. You may choose from three deductible options. After you've satisfied your portion of the in-network deductible, Cigna on behalf of Footbridge Consulting will then automatically pay your providers for any eligible service that applies to the remaining portion of your in-network deductible as well as any coinsurance amount that applies after the deductible.

| Medical Plan | Member Responsibility | HRA |
|---|---|---|
| **Gold Plan**<br>$1,000 / $2,000 | Members are responsible for the first $1,000 / $2,000 of the in-network deductible | The HRA will pay the remaining $6,050 / $12,100 of the deductible and any member coinsurance that may apply. |
| **Silver Plan**<br>$2,000 / $4,000 | Members are responsible for the first $2,000 / $4,000 of the in-network deductible | The HRA will pay the remaining $5,050 / $10,100 of the deductible and any member coinsurance that may apply. |
| **Bronze Plan**<br>$3,000 / $6,000 | Members are responsible for the first $3,000 / $6,000 of the in-network deductible | The HRA will pay the remaining $4,050 / $8,100 of the deductible and any member coinsurance that may apply. |
| Once the member responsibility has been met, all future in-network deductible and co-insurance related claims will be paid by Cigna. Out of Network services will not be covered by the HRA. | | |

**How your Health Reimbursement Arrangement works:**

**Step One**
Jane sees her provider for care.

**Step Two**
Her provider submits her claim to Cigna.

**Step Three**
Cigna processes the claim.

**Step Four**
If Jane has already satisfied her portion of the deductible, Cigna will pay the remaining portion of the deductible (and any applicable co-insurance) directly to the provider.

**Step Five**
Cigna sends Jane and the provider an Explanation of Benefits (EOB).

**Step Six**
Jane pays her portion of the deductible (if applicable) directly to the provider as noted on her EOB from Cigna.

| Employee Contributions (Bi-weekly 26 per yr) | OAPIN $1,000 Gold Plan | OAPIN $2,000 Silver Plan | OAPIN $3,000 Bronze Plan |
|---|---|---|---|
| Employee | $150.79 | $136.69 | $115.86 |
| Employee + Spouse | $329.04 | $300.84 | $259.19 |
| Employee + Child(ren) | $304.37 | $278.28 | $239.75 |
| Family | $468.88 | $428.70 | $369.34 |

Visit https://hcpdirectory.cigna.com/web/public/consumer/directory/search for information on specialists or contact customer service at (800) 244-6224.

# Wellness Program

As healthcare costs continue to rise, we strive to offer competitive health benefits to take care of you and your family. A successful benefits program is a win-win — it means our employees are improving their lives, and we are one step closer to managing rising health insurance costs.

Whether your goal is to have more energy, lose weight, manage stress, or improve your diet, we are providing you with ways to help you reach your goals. To compliment the great medical programs through Cigna, Footbridge Consulting provides you with tools and resources to get you the help you and your family need.

Cigna partners with Virgin Pulse, an innovative online and app-based platform. You can take a confidential personal health assessment to receive personalized and relevant topics to your lifestyle and interests. You will be able to participate in wellness challenges, get health tips and have access to self-management programs. You will have access to services such as Talkspace for online therapy programs via live video sessions or private messaging services and the Happify app for stress management.

Virgin Pulse provides an intuitive digital Homebase for Health®, with personalized support and guidance, as well as streamlined access to the resources and tools needed to build lasting, healthy behaviors.

**VIRGIN PULSE OFFERED THROUGH CIGNA OFFERS A DIGITAL HEALTH AND WELL-BEING PACKAGE THAT PROVIDES:**

- Device and app integration (Fitbit, Apple Health, Google Fit, Sleepio, etc).
- NCQA-certified health assessment and 14 multi-week guided courses available in 21 languages
- Digital health coaching journeys
- Daily content about multiple wellness topics such as finding emotional balance, managing finances, healthy eating and more
- Healthy habits daily tracking, well-being challenges and surveys
- Shared access for 10 friends and/or family members per employee at no additional cost
- Focus on social determinants of health
- Emphasis on diversity, equity, and inclusion

Join Virgin Pulse offered through Cigna today at https://enroll.virginpulse.com/#/enrollmentGroups

# Dental Insurance

Footbridge Consulting offers a Dental PPO plan through Cigna for all employees. With the Dental PPO plan you also have the ability to obtain dental care services from the dentist of your choice (contracted or not). The dental plan provides a higher level of benefit if you choose to use an in-network provider

| Cigna | Cigna Dental PPO | |
|---|---|---|
| | In-Network Benefits | Out-of-Network Benefits |
| **Annual Deductible** | | |
| Individual | $50 | $50 |
| Family | $150 | $150 |
| Waived for Preventive Care? | Yes | Yes |
| **Annual Maximum (Per Plan year)** | | |
| Per Person/Family | $1,500 | $1,500 |
| Preventive | 100% | 100% |
| Basic | 80% | 80% |
| Major | 50% | 50% |
| **Orthodontia** | | |
| Benefit Percentage | Not covered | |
| Adults | | |
| Dependent Children | | |
| Lifetime Maximum | | |

| Employee Contributions (Bi-weekly 26 per yr) | Cigna Dental PPO |
|---|---|
| Employee | $24.72 |
| Employee + Spouse | $49.44 |
| Employee + Child(ren) | $54.08 |
| Family | $82.71 |

# Vision Insurance

Footbridge Consulting provides Vision Insurance through Cigna's national network of providers. Log on https://cigna.vsp.com/eye-doctor.html

| Cigna | Cigna Vision | | |
|---|---|---|---|
| | In Network Cigna Providers | Out of Network (reimbursements) | Frequency |
| **Coverage** | | | |
| Routine Exams | $10 copay | Up to $45 | 12 Months |
| **Lenses (in lieu of contacts)** | | | |
| Single<br>Lined Bifocal<br>Lined Trifocal<br>Lenticular | $25 copay<br>$25 copay<br>$25 copay<br>$25 copay | Up to $32<br>Up to $55<br>Up to $65<br>Up to $80 | 12 Months |
| **Contact Lenses (in lieu of lenses)** | | | |
| Elective<br>Therapeutic | $130 allowance<br>$25 copay | Up to $105<br>Up to $210 | 12 Months |
| **Frames** | | | |
| Frame Retail Allowance | $130 allowance then 20% off balance | Up to $71 | 12 Months |

| Employee Contributions (Bi-weekly 26 per yr) | Cigna Vision |
|---|---|
| Employee | $2.76 |
| Employee + Spouse | $5.53 |
| Employee + Child(ren) | $5.58 |
| Family | $8.91 |

# Flexible Spending Accounts (FSA)

You can set aside tax-free dollars each year to cover eligible out-of-pocket health care and daycare expenses. The plan is comprised of a health care spending account and dependent care account. Each account is separate; you cannot use health care funds to pay for dependent care expenses or vice versa. You can elect to participate in one or more accounts, or you can waive coverage.

**How the Plans Work**

- You elect a contribution amount to deduct from your pay on a before-tax basis and put into the flexible spending account
- You may not change your contribution amount during the plan year unless it is consistent with a change in family status
- Expenses must be incurred within the enrollment period
- You may submit claims for expenses incurred within the enrollment period

It is important to plan your contribution amounts carefully. The Internal Revenue Service requires that you forfeit any money for which you have not incurred eligible expenses by the end of the plan year.

| Benefit Coverages | IRS Annual Maximum Amount |
|---|---|
| **Health Care FSA** | **$3,050** |
| **Dependent Care FSA** | **$5,000**<br>**($2,500 if married and filing separately)** |

**FSA Debit Card Process**

If you enroll in the Health Care FSA, London Health Administrators will automatically send you an FSA debit card to your home. Many eligible transactions can be auto substantiated at the point of service. However, there are certain purchases that may be declined and require you to submit receipts to validate the expense. You will be reimbursed by London Health Administrators for these purchased once the expenses have been approved.

**Substantiation and Submission of Claims**

If you incur ineligible Health Care expenses which cannot
be auto substantiated and/or are declined via debit card, you will be required to submit claims forms to London Health Administrators for processing and reimbursement.

- Education related fees for classes or camps not associated with care of a dependent
- Entertainment related expenses
- Materials fee (i.e., books, clothing, food, etc.)
- After-hours care not associated with work

Dependent Care claims will be reimbursed only up to your account's current balance. If a dependent care expense exceeds the dependent care balance, you'll be reimbursed the additional amount as contributions are made to your account through your payroll deductions.

**You cannot transfer funds from one FSA to another. Please plan your FSA contributions carefully. Re-enrollment is required each year. Members are allowed to roll over up to $570 of unused funds to the next plan year.**

# Spending Account Eligible Expenses

## Health Care FSA

Funds that you set aside in a Health Care FSA can be used to reimburse yourself for eligible health care expenses not covered under the medical, prescription drug, dental or vision plans. Reimbursements can be made for most expenses that would qualify for a health care deduction on your income tax return.

| Eligible Health Care Expenses | Ineligible Health Care Expenses |
|---|---|
| Deductibles, copayments, coinsurance,<br>Prescription drugs and medicines,<br>Over-the-counter medications that are medically necessary (Dr. prescription required),<br>Hearing aids, batteries, exams<br>Prosthetic, orthopedic, and orthotic devices<br>Acupuncture, chiropractic, and physical therapy visits<br>Vision care (exams, glasses, contacts, Lasik surgery),<br>Dental care (including orthodontia) | Over-the-counter medications not medically necessary<br>Cosmetic expenses<br>Massage therapy<br>Health club dues<br>Weight loss programs<br>Insurance premiums |

## Dependent Care Spending Account

A Dependent Care Account can be used to pay for certain child/day care, or elder care expenses incurred during the plan year. Your dependent care expenses must be necessary for you and your spouse to work or actively look for work or attend school as a full-time student.

| Eligible Health Care Expenses | Ineligible Health Care Expenses |
|---|---|
| Deductibles, copayments, coinsurance,<br>Prescription drugs and medicines,<br>Childcare for a dependent age 13 or less, provided at a day care center or through a private provider<br>Childcare for a dependent over age 13 if he/she is physically or mentally incapable of caring for him or herself<br>Nanny services in the home associated with the care of a dependent<br>Day camps associated with the care of a dependent<br>Pre-school tuition that is day care related (price of tuition alone is not eligible)<br>After-hours care that results from working odd hours or overtime | Over-the-counter medications not medically necessary<br>Tuition cost for pre-school that is not associated with day care services, or for first grade and above<br>Housekeeper/nanny services in the home that is not associated with care of a dependent<br>Education related fees for classes or camps not associated with care of a dependent<br>Entertainment related expenses<br>Materials fee (i.e. books, clothing, food, etc.)<br>After-hours care not associated with work |

# 401k Retirement Plan

After six months of service with Footbridge Consulting, employees (aged 21 and older) are eligible to participate in the 401(k) Plan. You may contribute between 1% and 80% of eligible pay into the Plan, subject to the annual maximum set by the IRS.

Employee contributions may be made on a pre-tax basis. Footbridge Consulting matches 50% of every dollar of the first 4% of your contribution and are fully vested after six years of participation.

The vendor for the 401K program is Vanguard. The 401K will enroll automatically at 4%. You can change this when you set up your Vanguard Account.

You will receive a letter in the mail from Vanguard with instructions for easy enrollment in the 401K plan once eligible. The online enrollment link is: https://my.vanguardplan.com/vanguard/account/login

If you are rolling over a balance from another plan, you will need to create an account to manage your funds.

Once the first deductions are taken from your paycheck, you will receive an additional letter from Vanguard directing you to register onto the full site.
You may also contact our director of Accounting and Finances, Jimmy, at accounting@footbridgeconsulting.com

If you would like to talk to someone about this opportunity and the benefits of a 401K Plan and / or if you have any investment questions, please call Raymond Pedrick, Investment Representative for SFP Wealth at 781-239-2071.

# Important Contacts

**Carrier Customer Service**
Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

| Carrier | Type of Coverage | Plan Name | Contact Information | Website |
|---|---|---|---|---|
| Cigna | Medical | OAP $1,000 Gold Plan<br>OAP $2,000 Silver Plan<br>OAP $3,000 Bronze Plan | 800-244-6224 | https://my.cigna.com/web |
| | Dental | Dental PPO | 800-244-6224 | https://my.cigna.com/web |
| | Vision | Vision | 877-478-7557 | https://cigna.vsp.com |
| London Health Administrators | Flexible Spending Account | FSA | 401-435-4700 | www.LondonHealthUSA.com |
| | Dependent Care | DCAP | 401-435-4700 | |

Footbridge Consulting Human Resources Contacts

Primary Contact

- Sam Lindsey
- Email Address: slindsey@footbridgeconsulting.com
- Phone: 708.846.6328


# 50 High Street Suite 2
# Andover, Massachusetts 01845
# 978-747-4455


*This brochure summarizes the benefit plans that are available to Footbridge Consulting's eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.*

# REQUIRED NOTIFICATIONS

## Important Legal Notices Affecting Your Health Plan Coverage

## THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

## NEWBORNS ACT DISCLOSURE - FEDERAL

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

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

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 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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

## STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

**Receive Information about Your Plan and Benefits**

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

**Continue Group Health Plan Coverage**

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

**Prudent Actions by Plan Fiduciaries**
In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants. No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

**Enforce your Rights**
If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

**Assistance with your Questions**
If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 2021

**Your Information. Your Rights. Our Responsibilities.**
*Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.*

**Your Rights**
You have the right to:
- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

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

**Your Choices**
You have some choices in the way that we use and share information as we:
- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

**Our Uses and Disclosures**
We may use and share your information as we:
- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

**Your Rights**
**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get a copy of health and claims records**
- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct health and claims records**
- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

**Request confidential communications**
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

**Ask us to limit what we use or share**
- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

**Get a list of those with whom we've shared information**
- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**
- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

**Your Choices**
**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:
- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases we never share your information unless you give us written permission:

Marketing purposes
Sale of your information

**Our Uses and Disclosures**
**How do we typically use or share your health information?**
We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**
We can use your health information and share it with professionals who are treating you.
*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

**Pay for your health services**
We can use and disclose your health information as we pay for your health services.
*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

**Administer your plan**
We may disclose your health information to your health plan sponsor for plan administration.
*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

**How else can we use or share your health information?**
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

**Help with public health and safety issues**
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Do research**
We can use or share your information for health research.

**Comply with the law**
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**
We can share health information about you in response to a court or administrative order, or in response to a subpoena.
**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

**Changes to the Terms of this Notice**
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

**Important Notice from FootBridge Employee Health and Welfare plan About Your Prescription Drug Coverage and Medicare**

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with FootBridge Employee Health and Welfare plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Footbridge Consulting has determined that the prescription drug coverage offered by the Cigna Open Access Plus Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**
If you decide to join a Medicare drug plan, your current FootBridge Employee Health and Welfare plan coverage will not be affected. If you joined a Medicare drug plan after a COBRA qualified event, your COBRA coverage may end.

If you do decide to join a Medicare drug plan and drop your current FootBridge Employee Health and Welfare plan coverage, be aware that you and your dependents will be able to get this coverage back.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**
You should also know that if you drop or lose your current coverage with [Insert Name of Entity] and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage…**
Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through FootBridge Employee Health and Welfare plan changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage…**
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

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

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

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

| | |
|---|---|
| Date: | April 1, 2023 |
| Name of Entity/Sender: | FootBridge Employee Health and Welfare plan |
| Contact--Position/Office: | Human Resources Department |
| Address: | 50 High Street Ste 2  Andover MA 01845 |
| Phone Number: | 978-474-4455 |

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

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

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

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

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

---

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | CALIFORNIA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Website:<br>Health Insurance Premium Payment (HIPP) Program<br>http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: hipp@dhcs.ca.gov |
| **ALASKA – Medicaid** | **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** |
| The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>https://health.alaska.gov/dpa/Pages/default.aspx | Health First Colorado Website:<br>https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/ State Relay 711<br>CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program<br>(HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program<br>HIBI Customer Service: 1-855-692-6442 |
| **ARKANSAS – Medicaid** | **FLORIDA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Website:<br>https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |

| GEORGIA – Medicaid | MASSACHUSETTS – Medicaid and CHIP |
|---|---|
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website:<br>https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra<br>Phone: (678) 564-1162, Press 2 | Website: https://www.mass.gov/masshealth/pa<br>Phone: 1-800-862-4840<br>TTY: (617) 886-8102 |
| **INDIANA – Medicaid** | **MINNESOTA – Medicaid** |
| Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>Phone 1-800-457-4584 | Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp<br>https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br>Phone: 1-800-657-3739 |
| **IOWA – Medicaid and CHIP (Hawki)** | **MISSOURI – Medicaid** |
| Medicaid Website:<br>https://dhs.iowa.gov/ime/members<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>http://dhs.iowa.gov/Hawki<br>Hawki Phone: 1-800-257-8563<br>HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp<br>HIPP Phone: 1-888-346-9562 | Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 |
| **KANSAS – Medicaid** | **MONTANA – Medicaid** |
| Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884 | Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084<br>Email: HHSHIPPProgram@mt.gov |
| **KENTUCKY – Medicaid** | **NEBRASKA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br><br>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx<br>Phone: 1-877-524-4718<br><br>Kentucky Medicaid Website: https://chfs.ky.gov | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **LOUISIANA – Medicaid** | **NEVADA – Medicaid** |
| Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) | Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 |
| **MAINE – Medicaid** | **NEW HAMPSHIRE – Medicaid** |

| | |
|---|---|
| Enrollment Website:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br><br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: -800-977-6740.<br>TTY: Maine relay 711 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext 5218 |
| **NEW JERSEY – Medicaid and CHIP** | **SOUTH DAKOTA - Medicaid** |
| Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |
| **NEW YORK – Medicaid** | **TEXAS – Medicaid** |
| Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 | Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 |
| **NORTH CAROLINA – Medicaid** | **UTAH – Medicaid and CHIP** |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |
| **NORTH DAKOTA – Medicaid** | **VERMONT– Medicaid** |
| Website:<br>http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 | Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 |
| **OKLAHOMA – Medicaid and CHIP** | **VIRGINIA – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Website: https://www.coverva.org/en/famis-select<br>https://www.coverva.org/en/hipp<br>Medicaid Phone: 1-800-432-5924<br>CHIP Phone: 1-800-432-5924 |
| **OREGON – Medicaid** | **WASHINGTON – Medicaid** |
| Website: http://healthcare.oregon.gov/Pages/index.aspx<br>http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 | Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 |
| **PENNSYLVANIA – Medicaid** | **WEST VIRGINIA – Medicaid and CHIP** |
| Website:<br>https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx<br>Phone: 1-800-692-7462 | Website: https://dhhr.wv.gov/bms/<br>http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **RHODE ISLAND – Medicaid and CHIP** | **WISCONSIN – Medicaid and CHIP** |
| Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) | Website:<br>https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 |
| **SOUTH CAROLINA – Medicaid** | **WYOMING – Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website:<br>https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
**www.dol.gov/agencies/ebsa**
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
**www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

**Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

**New Health Insurance Marketplace Coverage Options and Your Health Coverage**

Form Approved
OMBNo.1210-0149
(expires 6-30-2023)

**PART A: General Information**

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

**What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

**Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

**Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

**Note**: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

**How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your summary plan description or contact.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. 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.

1 An employer - sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

**PART B: Information About Health Coverage Offered by Your Employer**

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | |
|---|---|---|
| 3. Employer name<br>Footbridge Consulting, LLC | 4. Employer Identification Number (EIN)<br>81-4767851 | |
| 5. Employer address<br>50 High Street, Ste 2 | 6. Employer phone number<br>978-474-4455 | |
| 7. City<br>North Andover | 8. State<br>MA | 9. ZIP code<br>01845 |
| 10. Who can we contact about employee health coverage at this job?<br>James Newell | | |
| 11. Phone number (if different from above)<br>978-821-1365 | 12. Email address<br>jnewell@footbridgeconsulting.com | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - [x] All employees. Eligible employees are:

    Full time employees working 30 hours or more per week
  - [ ] Some employees. Eligible employees are:
- With respect to dependents:
  - [x] We do offer coverage. Eligible dependents are:

    Spouses Domestic Partners Dependent Children up to age 26
  - [ ] We do not offer coverage.

[x] If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

---

• An employer - sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)