



# EMPLOYEE BENEFITS

## NEW HIRE ENROLLMENT GUIDE

STAFF PARTICIPANTS

**2025-2026  
Plan Year**



If you and/or your dependent have Medicare or will be eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Review our plan's Medicare Part D creditable coverage disclosure included in this brochure in the Important Notices section.



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# Welcome to the APEA/AFT Health and Welfare Trust

As a new hire, this is your chance to elect coverage for yourself and your eligible family members.

Your health care claims are processed by Welfare & Pension Administration Service, Inc. (WPAS), however the money used for claims comes directly from APEA-AFT Health & Welfare Trust, which is funded by the premiums paid by both you and your employer.

This guide provides information about the new hire enrollment process as well as other required notices. Please take a few minutes to review this important information so you can make the best health care coverage decisions for you and your family.

## New Hire Enrollment

This is the time to add coverage for yourself and any eligible family members. If you do not enroll yourself or an eligible spouse or child now because they have other coverage, you may only add that person on our plan during next year's Open Enrollment period, unless you experience a qualified family status change. Please refer to the Making Mid-Year Election Changes section located in the text box on the right of the page.

## Making a Mid-Year Election Change

You cannot change your benefits during the year unless you experience a qualifying life event. The most common qualifying life events are:

- Marriage, legal separation or divorce
- Birth, adoption or change in legal custody of eligible child(ren)
- Death of your spouse or covered child
- Loss of other coverage (e.g., child turns 26 and loses coverage through parent's plan)

Keep in mind, there are other, less common, life events that will allow you to change your benefit election during the plan year. Please contact The Trust Administration Office for a complete list of qualifying life events.

To change your election, you must submit proof of the qualifying event and a revised enrollment form to the Trust Administration Office within 31 days of the qualifying event.

You have the right to appeal your plan election to the Board of Trustees. Because your election impacts your payroll, the Trustees have accelerated the timeline for appealing election choices. If you wish to appeal, you must do so within 45 days after your first payroll deduction resulting from the plan election choice. IRS Revenue Regulations limit the circumstances under which election changes can be made, and the Board of Trustees must abide by those regulations when deciding enrollment appeals. You should use great care in making an enrollment election, as the circumstances for changing your election after the close of Open Enrollment is severely limited.





# The Affordable Care Act

## Plan Status Under Health Care Reform

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that our plan does not include all identical requirements found in non-grandfathered plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other requirements in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which requirements apply and which requirements do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 1-800-732-1121.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at [www.hhs.gov](http://www.hhs.gov).





## What Do I Have To Do?

- Complete a new hire enrollment form, this is also time to enroll dependents.
- Part-time employees may enroll for coverage, and your monthly employee contributions must be paid on an after-tax basis each month, directly to the Trust Administration Office.
- Full-time employees may elect to waive coverage through the Trust.
- All forms must be completed and returned to the Trust Administration Office.
- If forms are not postmarked by the new hire enrollment deadline, the default election for part-time employees is no coverage.

**ALL FORMS MUST BE COMPLETED AND RETURNED TO [ENROLLMENT@WPAS-INC.COM](mailto:ENROLLMENT@WPAS-INC.COM) OR YOU CAN MAIL COMPLETED FORMS TO THE ADDRESS BELOW.**

## Contact Information

For changes and new enrollees, please return completed Enrollment Form, Salary Reduction Agreement Form and required documentation to:

APEA-AFT Health & Welfare Trust  
Plan Administrator  
PO Box 34203  
Seattle, WA 98124-1203  
Telephone: (800) 732-1121

Or scan and email to: [enrollment@wpas-inc.com](mailto:enrollment@wpas-inc.com). Be sure to include APEA-AFT in the subject line of your email.

# Documentation Required for All Dependents

To enroll your dependent spouse and dependent children, you must provide documentation that they are eligible dependents. If you have already provided this information, you do not have to provide it again. No claims will be paid on your dependents until we receive acceptable documentation.

Examples of dependent documentation are:

- Spouse – copy of marriage certificate
- Natural Child – copy of birth certificate listing the employee as mother or father; or
- Qualified Medical Child Support Order
- Adopted Child – proof of legal adoption or placement with you in anticipation of adoption
- Stepchild – a copy of the birth certificate listing your spouse as the mother or father
- Foster children or children for whom you have legal responsibility – proof of legal custody or guardianship

## Notice of Self-Funded Nonfederal Governmental Group Health Plan HIPAA Opt-Out

Group health plans sponsored for State and local governmental employees must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these plans are permitted to file an exemption from certain requirements of the Act. The APEA-AFT Health & Welfare Trust has elected and been granted an exemption from the following requirements for the Plan Year beginning July 1, 2025 and ending June 30, 2026, and may be renewed for subsequent plan years:

Protection against limiting hospital stays in connection with the birth of a child to less than 48 hours for a vaginal delivery, and 96 hours for a cesarean section.

Certain requirements to provide for breast reconstruction following mastectomy.

Notwithstanding the exemption, the health plan offered through the APEA-AFT Health & Welfare Trust will continue to voluntarily offer benefits in accordance with the Plan in full compliance with the mandates of 42 U.S.C 300gg-21(a)(2) (Health Insurance Portability and Accountability Act) and not curtail the protections and requirements noted above.



# How Much Do I Have to Pay?

The following contributions are effective September 1, 2025.

	Your Contribution
Employee	\$115 per paycheck

Please note that when your contributions are taken out of your paycheck on a pre-tax basis, as allowed by Section 125 of the Internal Revenue Code. IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status. This means you may not drop coverage for a dependent during the year unless there is a qualified change in family status.

## Contact Information

APEA-AFT Health & Welfare Trust  
Plan Administrator  
PO Box 34203  
Seattle, WA 98124-1203  
Telephone (800) 732-1121

## APEA-AFT Heath & Welfare Trust Website

APEA-AFT Health and Welfare Trust has established a website to provide you with immediate access to your plan information. The site located at [www.afea-afttrust.com](http://www.afea-afttrust.com) includes Trust Fund related material such as forms, plan booklets, links to Health Plan Provider Networks and access to paid claims information. We encourage you to visit and use the Trust website.



# Flexible Spending Accounts

APEA offers a flexible spending account (FSA) options through Health Equity. The money that you put into an FSA is collected from your paycheck before taxes are withheld, which means you don't pay taxes on those dollars. Please read this page carefully before you make your FSA elections.

## IMPORTANT INFORMATION REGARDING YOUR FSA ACCOUNTS

- The plan year runs from January 1, 2026 through December 31, 2026
- The deadline to submit plan year expenses is November 29, 2025
- "Use it or Lose it" rule: remaining funds in the account are forfeited if claims are not submitted by the deadline.
- For this plan year that will end 5/31/2025, up to \$500 can rollover from this plan year to the next plan year
- A 2 ½ month grace period applies to the health care FSA. You have until November 15, 2026 to use your health care FSA dollars.
- Enrollment does not continue automatically, you must re-enroll and elect contributions each year.
- IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status."
- You are responsible for keeping your receipts from eligible purchases made with your FSA funds. In the event you are asked to substantiate a charge, you must provide this information (usually within 30 days).
- A full list of eligible expenses is available at [www.healthequity.com/Learn/FSA](http://www.healthequity.com/Learn/FSA).

### Health Care FSA

*(not allowed if you fund an HSA)*

- Health Care FSA dollars can be used to pay for eligible out-of-pocket expenses such as deductibles, copays, and other health-related expenses that are not reimbursed by the medical, dental, or vision plans.
- Use dollars to pay for over-the-counter (OTC) medications.
- You may contribute up to **\$3,300** to your Health Care FSA for the **2026** calendar year. The entire amount you elect is available to you on January 1 or your benefits effective date.

**At the end of the year, you can roll over \$500 from your Health Care FSA to use in future years**

**You have until November 15, 2026 to use your Health Care FSA dollars.**

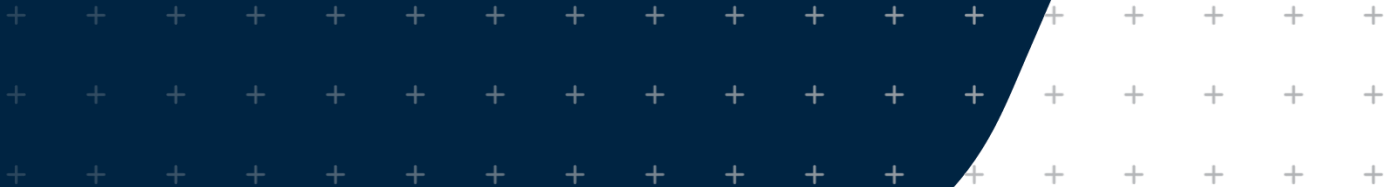
### Dependent Care FSA

- Dependent Care FSA dollars can be used to pay for eligible dependent care expenses that allow you and your spouse to work or attend school full time.
- Eligible expenses include day care, preschool, summer camp, before- and after-school care, and elder care.
- Funds can be used to care for your:
  - Children under 13 years of age;
  - Child over 13, spouse, and/or elderly parent who lives with you and is unable to care for themselves.
- You may contribute up to **\$5,000** to the Dependent Care FSA for the **2026** calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect **\$2,500**.
- Dependent Care contributions are deposited each pay period. You can only be reimbursed for amounts up to what is currently in your account
- Dependent Care dollars do not carry over to the next year. Any dollars remaining in your account on December 31 will be lost.





# ANNUAL HEALTH PLAN IMPORTANT NOTICES



***If you (and/or your dependents) have Medicare or will be eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 3 for more details.***

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**CMS Part D Notice of Creditable or Non-Creditable Prescription Drug Coverage ..... 10**

    Informs the individual as to whether their current prescription drug coverage is creditable, which means that the coverage is expected to pay on average as much as standard Medicare prescription drug coverage. Accordingly, this information is essential to an individual’s decision whether to enroll in a Medicare Part D prescription drug plan.

**Special Enrollment Rights ..... 11**

    Describes how an employee eligible for the group health plan may be entitled to special enrollment rights outside of the Company’s open enrollment period, such as for certain losses of prior coverage or the addition of a new dependent.

**HIPAA Notice of Privacy Practices ..... 11**

    Describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

**General Information about How to Continue Health Coverage ..... 15**

    Informs the individual of the right to purchase temporary extension of group health coverage when coverage is lost due to a qualifying event, and other available coverage options such as through the Marketplace.

**Women’s Health and Cancer Rights Act ..... 18**

    Informs participants about benefits covering mastectomies and related services and how to get detailed information on available benefits.

**Grandfathered Health Plan ..... 18**

    Informs the individual the health plan is grandfathered, making it exempt from certain requirements of the Affordable Care Act (ACA).

**Healthcare Reform..... 10**

    Informs the individual about the Affordable Care Act (ACA).

**Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP) ..... 19**

    Informs employees about possible State financial assistance for health insurance coverage.



## NOTICE: CMS PART D NOTICE OF CREDITABLE COVERAGE

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15<sup>th</sup> through December 7<sup>th</sup> for coverage to begin January 1<sup>st</sup>.

The information below indicates whether prescription drug coverage under our plan is creditable.

### Creditable Coverage

APEA/AFT Health and Welfare Trust Employee Benefit Plan

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.shiphelp.org>.

**REMEMBER: If you have creditable coverage through our plan, keep this Notice as proof. 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 you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

DATE:	9/1/2025
NAME OF ENTITY/SENDER:	APEA/AFT Health and Welfare Trust
CONTACT--POSITION/OFFICE:	Plan Administrator
ADDRESS:	P.O. Box 34203 Seattle, WA 98124-1203
PHONE NUMBER:	800-732-1121

## NOTICE: SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance, 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 stopped contributing towards the other coverage). However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, see the contact information at the beginning of these notices.

A special enrollment right also arises for employees and their dependents who lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. The employee or dependent must request enrollment within 60 days of the loss of coverage or the determination of eligibility for premium assistance.

## NOTICE: HIPAA NOTICE OF PRIVACY PRACTICE

### Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

<b>Your Rights</b>	<b>You have the right to:</b> <ul style="list-style-type: none"><li>❖ Get a copy of your health and claims records</li><li>❖ Correct your health and claims records</li><li>❖ Request confidential communication</li><li>❖ Ask us to limit the information we share</li><li>❖ Get a list of those with whom we've shared your information</li><li>❖ Choose someone to act for you</li><li>❖ File a complaint if you believe your privacy rights have been violated</li></ul>
<b>Your Choices</b>	<b>You have some choices in the way that we use and share information as we:</b> <ul style="list-style-type: none"><li>❖ Answer coverage questions from your family and friends</li><li>❖ Provide disaster relief</li><li>❖ Market our services and sell your information</li></ul>
<b>Our Uses and Disclosures</b>	<b>We may use and share your information as we:</b> <ul style="list-style-type: none"><li>❖ Help manage the health care treatment you receive</li><li>❖ Run our organization</li><li>❖ Pay for your health services</li><li>❖ Help with public health and safety issues</li><li>❖ Do research</li><li>❖ Comply with the law</li><li>❖ Respond to organ and tissue donation requests and work with a medical examiner or funeral director</li><li>❖ Address workers' compensation, law enforcement and other government requests</li><li>❖ Respond to lawsuits and legal action</li></ul>



<b>Your Rights</b>	<p><b>When it comes to your health information, you have certain rights.</b></p> <p>This section explains your rights and some of our responsibilities to help you.</p>
<b>Get a copy of health and claims records</b>	<ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ 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.</li> </ul>
<b>Ask us to correct health and claims records</b>	<ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>❖ You can ask us not to use or share certain health information for treatment, payment or our operations.</li> <li>❖ We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"> <li>❖ You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why.</li> <li>❖ 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.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>❖ 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.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>❖ You can complain if you feel we have violated your rights by contacting us using the information on page 9.</li> <li>❖ 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 (877) 696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>❖ We will not retaliate against you for filing a complaint.</li> </ul>
<b>Your Choices</b>	<p><b>For certain health information, you can tell us your choices about what to share.</b></p> <p>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.</p>
<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>❖ Share information with your family, close friends, or others involved in payment for your care</li> <li>❖ Share information in a disaster relief situation</li> </ul> <p><i>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.</i></p>

<b>In these cases, we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>❖ Marketing purposes</li> <li>❖ Sale of your information</li> </ul>
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<b>Our Uses and Disclosures</b>	<b>How do we typically use or share your health information.</b>	
	We typically use or share your health information in the following ways.	
<b>Help manage the health care treatment you receive</b>	<ul style="list-style-type: none"> <li>❖ We can use your health information and share it with professionals who are treating you.</li> </ul>	<i><b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</i>
<b>Run our organization</b>	<ul style="list-style-type: none"> <li>❖ We can use and disclose your information to run our organization and contact you when necessary.</li> <li>❖ <b>We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.</b> This does not apply to long term care plans.</li> </ul>	<i><b>Example:</b> We use health information about you to develop better services for you.</i>
<b>Pay for your health services</b>	<ul style="list-style-type: none"> <li>❖ We can use and disclose your health information as we pay for your health services.</li> </ul>	<i><b>Example:</b> We share information about you with your dental plan to coordinate payment for your dental work.</i>
<b>Administer your Plan</b>	<ul style="list-style-type: none"> <li>❖ We may disclose your health information to your health plan sponsor for plan administration.</li> </ul>	<i><b>Example:</b> Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.</i>

### 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: [Your Rights Under HIPAA | HHS.gov](#).

<b>Help with public health and safety issues</b>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>❖ Preventing disease</li> <li>❖ Helping with product recalls</li> <li>❖ Reporting adverse reactions to medications</li> <li>❖ Reporting suspected abuse, neglect or domestic partner violence</li> <li>❖ Preventing or reducing a serious threat to anyone's health or safety</li> </ul>
<b>Do research</b>	<ul style="list-style-type: none"> <li>❖ We can use or share your information for health research</li> </ul>



<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>❖ 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.</li> </ul>
<b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>❖ We can share health information about you with organ procurement organizations.</li> <li>❖ We can share health information with a coroner, medical examiner or funeral director when an individual dies.</li> </ul>
<b>Address workers' compensation, law enforcement and other government requests</b>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"> <li>❖ For workers' compensation claims</li> <li>❖ For law enforcement purposes or with a law enforcement official</li> <li>❖ With health oversight agencies for activities authorized by law</li> <li>❖ For special government functions such as military, national security and presidential protective services</li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>❖ We can share health information about you in response to a court or administrative order or in response to a subpoena.</li> </ul>

## 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: [Your Rights Under HIPAA | HHS.gov](https://www.hhs.gov/hipaa/your-rights/).

## NOTICE: CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

### Introduction

If you recently gained coverage under a group health plan (the Plan), this notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

### When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the contact person shown at the beginning of these notices.**

### How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.



COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work (for fully insured plans issued in California, coverage generally last for 36 months). Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

#### Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

#### Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

#### Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

**If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact information at the beginning of these notices. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or

visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's

website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

**Keep Your Plan Informed of Address Changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## **NOTICE: WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)**

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? For more information, see the contact information at the beginning of these notices.

## **NOTICE: GRANDFATHERED HEALTH PLAN**

This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

## **NOTICE: HEALTHCARE REFORM**

The Affordable Care Act (ACA) is complex and you may have questions about how it impacts you, your family and your benefits. There are three items you should know.

First, the individual mandate (the requirement that all individuals have health insurance) remains in place. What has changed is the penalty associated with it. As of January 1, 2019, the ACA tax penalty is repealed and you won't have to pay anything if you don't enroll.

Second, the Health Insurance Marketplace still exists. You can shop for and enroll in insurance plans through the Marketplace Exchange and still apply for income-based subsidies.

Third, for most people, the plans we offer are considered affordable for most employees and you may not be eligible for the federal subsidies available in the Health Insurance Marketplace, even if you choose not to enroll in APEA's plan.

Effective 2023, the IRS updated how eligibility for subsidies are calculated. This means your spouse and/or child(ren) may be eligible for less expensive coverage on the Health Insurance Marketplace as eligibility for a subsidy is now based on your monthly premium contribution to enroll family members in APEA's plan. Be sure to complete a thorough evaluation of the Health Insurance Marketplace's plan benefit designs and networks when comparing insurance coverage.

Please refer to your Notice of Health Insurance Marketplace Coverage for general information. For additional information on Marketplace options in your area and subsidy calculators, go to [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-318-2596.



## NOTICE: PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –**

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a> Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: <a href="#">Iowa Medicaid   Health &amp; Human Services</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a> Phone: 1-800-657-3672	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HHSHIPProgram@mt.gov">HHSHIPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/childrens-health-insurance-program">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059



TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/http://mywvhipp.com/">https://dhhr.wv.gov/bms/http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security  
Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
(866) 444-EBSA (3272)

U.S. Department of Health and Human  
Services Centers for Medicare &  
Medicaid Services [www.cms.hhs.gov](http://www.cms.hhs.gov)  
(877) 267-2323, Menu Option 4, Ext.  
61565

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