



Benefit Enrollment Guide Seasonal 2023



Your Key Insurance Contacts & Resources

	PHONE	WEBSITE
Medical		
UnitedHealthcare	1-844-333-8728	www.myuhc.com
Kaiser	1-800-813-2000	www.kaiserpermanente.org
Health Reimbursement Arrangement (HRA)		
UnitedHealthcare	1-844-333-8728	www.myuhc.com
COBRA		
UnitedHealthcare	1-844-333-8728	www.myuhc.com

Questions? Call an HR Representative with your questions:

Midwest		
Contact	Phone	Location
Elizabeth Martinez-Perez – English, Spanish	651-768-3335	IL
Joyce Hagensick – English	651-768-3327	MN, GA, IL
Christian Poe – English, Karen	651-768-3359	MN
Sandy Lavold – English, Spanish	651-768-3350	MN, GA, IL
West Coast		
Contact	Phone	Location
Abigail Garcia – English, Spanish	503-621-9710 x101	SI
Tania Vargas – English, Spanish	509-837-3002	SS
Mary Brown – English	503-662-3246	YAM, SS, SI
Sandra Sigüenza – English, Spanish	503-868-7971 x146	DAY, YAM, SS, SI
Lupe Ramirez – English, Spanish	503-868-7971 x101	DAY

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

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This summary is not a legal document and does not replace or supersede the “Evidence of Coverage”, policy, or the Summary Plan Description. Please refer to the Evidence of Coverage/insurance policy/Summary Plan Description for a complete description of the coverage, eligibility criteria, controlling terms, exclusions, limitations, and conditions of coverage.

Bailey’s Nurseries reserves the right to terminate, suspend, withdraw, reduce, or modify the benefits described in the Evidence of Coverage/policy/ Summary Plan Description in whole or in part, at any time. No statement in this or any other document and no oral representation should be construed as a waiver of this right. This summary is the confidential property of Bailey’s Nurseries.



Eligibility

Who is Eligible?

Seasonal employees that are expected to work for at least six months and are expected to average at least 30 hours per week that meet Affordable Act criteria, are eligible to enroll in the benefits described in this guide.

Additionally – spouses by legal marriage and dependents are also eligible for some of these benefit plans.

When to Enroll

You can enroll in the benefits program with your initial eligibility following your hire date or full-time eligibility date. Coverage will be effective the first of the month following a 60-day waiting period. Failure to enroll during your initial eligibility period will result in a loss of eligibility until either annual open enrollment period or upon experiencing a qualifying life event.

There will be an annual open enrollment opportunity each year prior to January 1st – our renewal date – in addition to your initial eligibility.

NOTE: Once you have made your elections, you will not be able to change them until the next open enrollment period unless you experience a qualifying life event or change in employment status.

Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. If you need to make a change or enroll due to a qualifying event you have 30-days from the date of that event to enroll.

How to Enroll

Your personal data record must include minimum-level data according to healthcare regulation. Before starting your online enrollment, you should make sure you have the following data available for yourself and your covered dependents:

- Birth date(s)
- Social security number(s)
- Physical address, if different than your address

Whether or not you plan to participate in our group sponsored benefits, you are required to complete the benefit enrollment process identifying your decisions (i.e., enrollment or waiver).

New hires and/or newly benefit eligible employees must complete the benefit enrollment process within 60 days of their hire or employment status change to a benefit-eligible position. If an employee experiences a qualifying life event, the employee must immediately notify Human Resources of the event. Failure to notify Human Resources and complete the benefit enrollment process in 30 days may result in the loss of benefit eligibility until the next open enrollment period.

ON-LINE ENROLLMENT INFORMATION

www.bailey.bswift.com

Username: First initial of your first name and last name + last 4 digits of your social security number.

Example 1: JSmith1234

Example 2: PRodriguez-Garcia5678

Example 3: LPerezLopez9876

Password:

The last 4 digits of your social security number.

Medical Insurance

Bailey Nurseries, Inc. sponsors two different plans with UnitedHealthcare and one plan with Kaiser, for those employees in Oregon. It's important to compare the payable benefits to understand which option will best meet your needs. Dependent children up to age 26 are eligible regardless of their marital status.

UnitedHealthcare: The plans featured in the table below are for UnitedHealthcare provider networks. The plan designs have not changed from 2022 with a \$500 deductible and a \$2500 deductible. You have the freedom to use providers both in and outside of these provider networks, but you always receive the highest level of benefits by seeking care from in-network providers.

Both plan options provide 100 percent coverage for preventive care services such as routine medical and vision exams, vaccinations, well-children visits, and cancer screenings. Please note, however, that one plan is a traditional insurance benefit plan with lower deductibles, an office visit copay benefit but higher contribution requirements. The other plan is a High Deductible Health Plan that features a Health Reimbursement Arrangement (HRA) which is designed to reimburse you for certain out-of-pocket expenses.

Below is a benefit comparison of the medical insurance options you can select from in 2023. The expenses outlined below apply when you seek care within the UnitedHealthcare provider network. Additional out-of-pocket costs may apply if you go out-of-network.

In-Network	UnitedHealthcare \$500 Deductible Plan	UnitedHealthcare \$2,500 Deductible Plan
Deductible		
Individual	\$500	\$2,500
Family	\$1,000	\$5,000
Out-of-Pocket Max		
Individual	\$3,000	\$3,500
Family	\$6,000	\$7,000
Preventive Care Routine preventive physical exams, immunizations, preventive tests, and a routine eye exam	100% coverage	100% coverage
Physician Office Visits		
Primary Care	\$30 copay	80% coverage after deductible
Specialty Care	\$30 copay	
General coinsurance	80% coverage after deductible	80% coverage after deductible
Pharmacy		
Generic	\$12 copay	\$10 copay
Formulary	\$35 copay	\$40 copay
Non-Formulary	\$60 copay	\$60 copay
Specialty	20% coinsurance	20% coinsurance
Health Reimbursement Arrangement (HRA)		
Individual	Not available	Full Year (Amount will be pro-rated based on plan entry date)
Family		\$600
		\$1,200

To find a doctor, hospital, lab, and other providers in your network on myuhc.com, follow these steps:

1. Sign in to myuhc.com. Create an account by choosing “Register Now”.
2. Click on Find Care & Costs. You may need to change your location in order to search providers near you.
3. Click on Medical Directory.
4. Select the type of Medical Care or enter a name or service and click Search.
5. To locate a primary care provider, click People.
6. Choose the type of primary care provider.
7. If you already know the doctor’s name, medical group or hospital you are looking for, select All Primary Care Providers. Then, in the open search field, enter text and click Filter.

To find a doctor BEFORE registering as a member, follow these steps:

1. Sign in to myuhc.com and select Find a Provider.
2. Select Medical Directory.
3. Select Employer and Individual Plans.
4. Select Choice Plus.
5. Enter your location and your search criteria by Category.

We encourage you take advantage of the UnitedHealthcare programs available to you through your coverage with Bailey Nurseries, Inc. These programs include:

- **Mail Order Pharmacy:** Receive a three-month supply but pay for only two months through OptumRx. Visit myuhc.com.
- **Check. Choose. Go:** Compare quick care options to help keep costs down. Getting care at the best place for your condition could save you up to \$1,900 compared to an ER visit. For more details on quick care options, visit uhc.com/checkchoosego.
- **Virtual Visits:** Video chat with a doctor 24/7 without setting up additional accounts or apps. But, if you’d rather just speak with a doctor, you can simply do a virtual visit over the phone. The first 3 visits are free. Visit myuhc.com/virtualvisits or call 1-855-615-8335 for more information. Each covered family member gets three free visits in the Plan Year.
- **Real Appeal:** Real Appeal is an online weight loss program that provides personal coaching to help you and eligible family members lose weight and keep it off. Get support with 1-1 coaching and Success Kits with \$0 out of pocket. Learn more and start today at success.realappeal.com.
- **Discount Programs:** Discounts offered on contact lenses, hearing aids, health clubs, restaurants, and more! Learn more at uhc.com/benefithub.
- **Simply Engaged (Rally):** Register at myuhc.com and check in each time you exercise. Receive a \$20 gift card if you meet minimum requirements for the month.

UHC Employee Assistance Program (EAP)

Your Employee Assistance Program (EAP) provides support and resources to help you, and your family, with a range of issues, including:

- Managing stress, anxiety, and depression
- Improving relationships at home or work
- Getting guidance on legal and financial concerns
- Coping with occupational stress and burnout support
- Addressing substance abuse issues

This EAP service is provided to all employees and your families that are enrolled on a Bailey Nurseries UHC medical plan.

Call 24 hours a day / 7 days per week 1-888-887-4114

Medical Insurance (continued)

Kaiser Plan: Below is a benefit summary of a medical insurance option **ONLY available to Oregon-based employees** from Kaiser. The expenses outlined below apply when you seek care within the Kaiser provider network. Note, there is no coverage when using an out-of-network provider.

In-Network	Kaiser \$1,500 Deductible Plan (Available ONLY to Oregon employees)
Deductible Individual Family	 \$1,500 \$4, 500
Out-of-Pocket Max Individual Family	 \$5,500 \$11,000
Preventive Care Routine preventive physical exams, immunizations, and preventive tests.	100% coverage
Physician Office Visits Primary Care Specialty Care	 \$25 copay \$35 copay
General coinsurance	80% coverage after deductible
Pharmacy Generic Preferred brand Non-preferred	 \$20 copay \$40 copay \$60 copay

Get the most out of your health plan

- **Mail Order Pharmacy:** Skip the pharmacy line and have your medications delivered to your home. Delivery is free, and most members save 1 copay on a 90-day supply.
- **Employee Assistance Program:** Manage stress, improve relationships at home, or receive guidance on legal and financial concerns through UHC's EAP. Call today at 1-888-887-4114 for access to resources at no additional cost.
- **24/7 nurse advice:** If you're not sure what kind of care you need, you can call our advice nurses anytime. They'll help you figure out what type of care is best for your symptom or condition, help you decide where to go for care, and even schedule a routine appointment for you, if appropriate.
- **Travel care:** We can help you prepare for travel by checking if you need a vaccination, getting you a prescription refill before you leave, and more. Just call our 24/7 Away From Home Travel Line at 951-268-3900 or visit kp.org/travel.
- **Online wellness tools:** Visit kp.org/healthyliving for helpful articles, wellness information, health calculators, fitness videos, music channels, podcasts, and recipes from world-class chefs.
- **Healthy lifestyle programs:** Connect to better health. Our online programs can help you lose weight, quit smoking, reduce stress, sleep better, and more—all at no cost. Learn more at kp.org/healthylifestyles.
- **Reduced rates for members:** Our members get special rates on a variety of health-related products and services like gym memberships, massage therapy, and more. Check out your options at kp.org/choosehealthy.

Health Reimbursement Arrangement (HRA) Frequently Asked Questions (FAQs)

The Health Reimbursement Arrangement (HRA) is an additional benefit plan ONLY available for those individuals who enroll in the UnitedHealthcare \$2,500 deductible plan option. The HRA is not available with any other medical insurance benefit plans. UnitedHealthcare is the administrator.

Q: What is an HRA?

A: HRA's are tax savings accounts are funded through employer contributions. The participant can be reimbursed for qualified expenses, which includes deductibles and coinsurance.

Q: Who can contribute to my HRA?

A: Your employer contributes \$600 for employee only coverage and \$1,200 for family coverage. These contributions are annual dollar amounts. Newly eligible employee contributions will be pro-rated based on plan entry/eligibility date.

Q: How do I view my HRA balance?

A: You can view the balance of your HRA at any time at www.myuhc.com (or call customer service 844-333-8728)

Q: What can I pay for with my HRA dollars?

A: Funds from your HRA will automatically be used/applied for all qualified medical expenses. Qualified medical expenses generally include diagnosis, treatment and prevention of disease or treatment for any part or function of the body. Cosmetic medical, dental, and vision expenses and expenses that benefit your general health (such as health club fees) are not eligible. **Prescription medications, dental, and vision expenses are not covered with HRA dollars.**

Q: What if I use funds in my HRA for non-medical expenses?

A: You are not allowed to use funds in your HRA for non-qualified expenses. If you do, you will receive a request to reimburse the funds.

Q: How do I access my HRA account?

A: If enrolled, you will have an online account with UnitedHealthcare (www.myuhc.com). UnitedHealthcare will directly process on your behalf. Explanation of Benefits (EOB's) are not mailed and can be accessed on the UHC website or call UHC at 844-333-8728.

Q: Do I need to keep my receipts and other documentation?

A: Although you are not required to send receipts to UHC, it is best practice to keep your receipts.

Q: What is the HRA Claims process?

A: Your doctor will send the bill to UnitedHealthcare, where UnitedHealthcare will then process your claim and provide an Explanation of Benefits to you and your doctor. It is important you **do not pay** your doctor bill before this happens. **WAIT** to give UnitedHealthcare time to pay your claim out of your HRA fund if funds are available.

Q: What if I do not have funds in the HRA to pay the bill?

A: UnitedHealthcare will pay the doctor or clinic directly with any available funds. You will need to pay the clinic for any amounts that exceed your balance.

Q: What if I terminate employment?

A: If you leave Bailey Nurseries, Inc., you cannot take your HRA with you. Funds remaining in your HRA cannot be paid to you unless expenses had already been incurred before your insurance ended.

Q: What happens to funds left in my HRA at the end of the year?

A: The funds will rollover into the next plan year to a maximum of \$5,000. Balances are transferred in mid-April.

Q: How do I access my plan information?

A: Access secure UnitedHealthcare portal at www.myuhc.com or download the UnitedHealthcare app on your iPhone or Android.

Q: What do I do if I need help logging in or am locked out of the Member Login?

A: If you need assistance with your username and password, contact the United Healthcare Group Customer Service Department at **844-333-8728**.

Vision Insurance

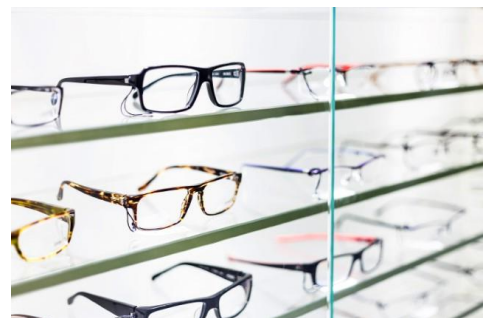
Vision insurance is available for glass frames, lenses, and contacts. This coverage is offered through **UnitedHealthcare**. **NOTE: Eye exams are not part of this benefit.** Please review your medical plan benefits for exam coverage. Dependent children up to age 26, are eligible for coverage. Your network is the Spectera Eyecare Networks.

Services	Amount You Pay In-Network	Amount You Pay Out-of-Network
Co-Pays		
Materials	\$15	Copays for out-of-network visits are deducted from reimbursements
Contact Lens Fitting	\$15	
Frames	\$130 retail allowance	Up to \$45 retail
Contact Lens Fitting (Formulary)	Covered in full after copay	Up to \$210
Contact Lens Fitting (Non-Formulary)	Not covered	Not covered
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$40 retail
Bifocal	Covered in full	Up to \$60 retail
Trifocal	Covered in full	Up to \$80 retail
Lenticular	Covered in full	Up to \$80 retail
Progressive lens upgrade	Up to \$250	
Contact Lenses		
Covered Formulary	Up to 4 boxes	Up to \$105
Non-Formulary	Up to \$105	Up to \$105
Necessary Lenses	100%	Up to \$210
Discounts on Covered Materials <i>(based on date of service)</i> Frames	30% off amount over allowance 20%-60% off retail Up to 35%	Retailers Include: 1-800 Contacts Crown Vision Center Costco Optical CVS Optical Center Target Optical Eye Boutique Visionworks Eye Care Center Shopko JCPenney Optical Allegany Optical LensCrafters Vision Works JCPenny Optical Sam's Club Walmart Vision Shopko Eyecare Center ... And many other providers
Lens options		
Laser Vision Discount		
Services/Frequency		
Frame	24 months	
Contact Lens Fitting	12 months	
Lenses	12 months	
Contact Lenses	12 months	

Visit myuhc.vision.com to find an in-network eye doctor near you.

Warby Parker makes it easy to find the right contacts or glasses for you – Simply shop online or in stores to find your style with special benefits only offered through UnitedHealthcare. Visit warbyparker.com/united.

Vision Cards are not mailed. A copy may be found on the UHC site or can be requested by calling UHC Vision Customer Service. You do not need a card to see a provider. Provide your SSN and Company Name and the Provider is able to look up your coverage.



Wellness

Healthy employees contribute to the strength and success of Bailey Nurseries, Inc. Choices we make can lead to happier and healthier lives both at home and at work. To help maintain and improve overall employee health, Bailey Nurseries, Inc. is pleased to announce the continuation of a Wellness Incentive Program and an increase in the incentive.

For those enrolled in a health plan at Bailey Nurseries, Inc., a financial incentive of **\$468** will be available beginning in **2024** for those employees who participate in and document certain activities.

For regular full-time employees, the following activities will need to be (or have been done) between **October 1, 2022** and **September 30, 2023**:

1. Complete a preventive physical exam
2. Participate in a volunteer event or a Bailey Wellness campaign

Then:

- Complete a certification form signed by your doctor confirming the date and nature of the visit
- Complete the participation affidavit (exams and volunteering/wellness campaign)

Return the forms by October 6, 2023 to Human Resources:

Bailey Nurseries, Inc.

Attention: Joyce Hagensick

1325 Bailey Road

Newport, MN 55055

Forms are available on SharePoint/HR/Employee Forms/Wellness Incentive Forms or contact your HR Department.

Upon successful completion of the required activities, your medical premium for 2024 will be reduced by \$468 for the year (\$39 per month).

This is a win-win situation for you and the company. We hope you will participate.

UnitedHealthcare – Simply Engaged

Not only does Bailey Nurseries reward you for healthy choices, but UHC does as well. Complete the specific health and wellness activities to earn financial incentives and rewards. Your earned financial incentives will be provided through gift cards, health account deposits, or premium reductions. You can track your activities and rewards through Rally, a user-friendly digital experience that supports your program with online tools. To get started:

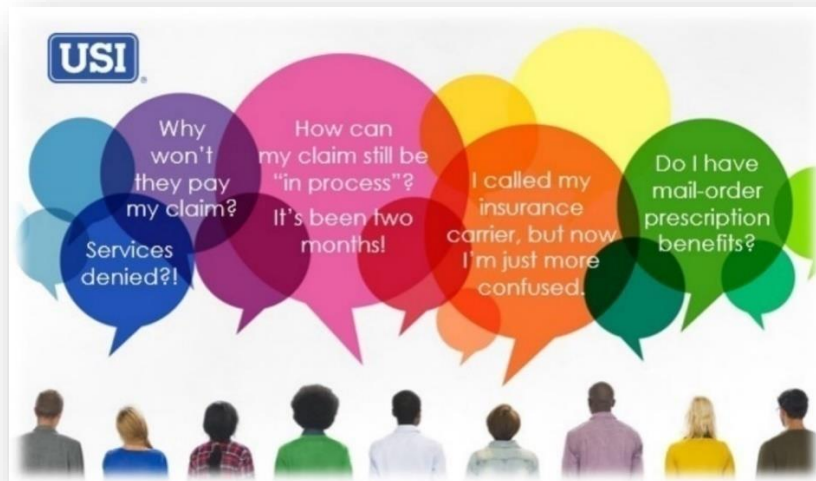
1. Visit myuhc.com
2. Click on the Health Resources tab to find and link to Rally website.
3. View Rewards on the Rally website to track your earned incentives



Benefit Resource Center

Contact the USI Benefit Resource Center (BRC) for free, confidential help on any of your benefits through Bailey's. They can also be an advocate for you on issues such as claim questions and help with writing an appeal.

- ▶ Benefit plan and policy questions
- ▶ Claim questions or issues
- ▶ Transition of care when changing carriers
- ▶ Medicare basics
- ▶ Assistance with filing an appeal
- ▶ Call 855-874-0742 or email BRCMT@usi.com Monday through Friday 9:00 am to 6:00 pm CST.



Legal Notices

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).

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a voluntary wellness program are available to all employees. Employees who choose to participate in the wellness program will receive an annual premium incentive \$468 for participating in certain health-related activities (preventive exams with physician, dentist and participation in a wellness campaign or volunteering).

If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Joyce Hagensick in HR and we will work with you to find a wellness program with the same reward that is right for you in light of your health status.

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

PATIENT PROTECTION MODEL DISCLOSURE

Bailey Nurseries generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the UnitedHealthcare of Kaiser at contact information provided in this guide.

You do not need prior authorization from Bailey Nurseries or UnitedHealthcare or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the UnitedHealthcare or Kaiser at the contact information provided in this guide.

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. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Joyce Hagensick
1325 Bailey Road
St. Paul, Minnesota United States 55119
651-768-3327
joyce.hagensick@baileynursery.com

OMB 0938-0990

Important Notice from Bailey Nurseries, Inc. 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 Bailey Nurseries 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. Bailey Nurseries has determined that the prescription drug coverage offered by the UnitedHealthcare or Kaiser plans are, 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 Bailey Nurseries coverage will not be affected.

Current prescription drug coverage is:

1. \$500 Deductible Plan

UnitedHealthcare:

Retail – 31-Day Supply - \$12 for generic drugs; \$35 for preferred brand and \$60 for non-preferred brand.

Retail/Mail-Order – 90-Day Supply - \$24 for generic drugs; \$70 for preferred brand and \$120 for non-preferred brand.

2. \$2500 High-Deductible Health Plan

UnitedHealthcare:

Retail – 31-Day Supply - \$10 for generic drugs; \$40 for preferred brand and \$60 for non-preferred brand.

Retail/Mail-Order – 90-Day Supply - \$20 for generic drugs; \$80 for preferred brand and \$120 for non-preferred brand.

3. Kaiser \$500 Deductible Plan

Retail – 31-Day Supply - \$20 for generic drugs; \$40 for preferred brand and \$60 for non-preferred brand.

Retail/Mail-Order – 90-Day Supply - \$40 for generic drugs; \$80 for preferred brand and \$120 for non-preferred brand.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not 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 Bailey Nurseries 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 Bailey Nurseries 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:	October 7, 2022
Name of Entity/Sender:	Bailey Nurseries, Inc.
Contact--Position/Office:	Human Resources
Address:	1325 Bailey Road, Newport, MN 55055
Phone Number:	651-768-3327

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

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

MAINE – Medicaid Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPPA program: 1-800-852-3345 ext 5218
NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	VIRGINIA – Medicaid and CHIP Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	WEST VIRGINIA – Medicaid and CHIP Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPPA (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP

Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 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
OMB No. 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 Bailey Nurseries	4. Employer Identification Number (EIN) 41-0910672	
5. Employer address 1325 Bailey Road	6. Employer phone number 651-768-3327	
7. City Newport	8. State MN	9. ZIP code 55055
10. Who can we contact about employee health coverage at this job? Joyce Hagensick		
11. Phone number (if different from above)	12. Email address Joyce.hagensick@baileynurseries.com	

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

- As your employer, we offer a health plan to:

All employees. Eligible ☐ employees are:

Some employees. Eligible ☒ employees are:

- Full Time
- Regularly scheduled for 30 or more hours weekly

- With respect to dependents:

We do offer coverage ☒ Eligible dependents are:

- Covered employee's current legal spouse
- Covered employee's natural/legally adopted children under the age of 26

We do not offer coverage ☐.

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)

SUMMARY ANNUAL REPORT'S

For BAILEY NURSERIES, INC. HEALTH AND WELFARE PLAN

This is a summary of the annual report of the BAILEY NURSERIES, INC. HEALTH AND WELFARE PLAN, EIN 41-0910672, Plan No. 555, for period 01/01/2021 through 12/31/2021. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BAILEY NURSERIES, INC. has committed itself to pay certain self-funded Medical claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST, MUTUAL OF OMAHA INSURANCE COMPANY, NATIONAL GUARDIAN LIFE INSURANCE COMPANY, and UNITED OF OMAHA LIFE INSURANCE COMPANY to pay Medical, Vision, Life Insurance, Long-term Disability and Accidental Death and Dismemberment, and Employee Assistance Program claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2021 were \$735,177.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of BAILEY NURSERIES, INC. at 1325 BAILEY ROAD, NEWPORT, MN, 55055 or by telephone at 651-459-9744.

You also have the legally protected right to examine the annual report at the main office of the plan (BAILEY NURSERIES, INC., 1325 BAILEY ROAD, NEWPORT, MN, 55055) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.