

## Introduction

Your Quartz health insurance benefit comes from two plans working together:

Quartz Health Insurance Plan  
Health Reimbursement Account (HRA)

### About the Plan . . .

- You are responsible for the first \$1,000 of Medical Expenses (per person). You will receive HRA statements from Averill Anderson, LLC that show what you are responsible for before the HRA will begin to reimburse.
- When the HRA begins to reimburse for Coinsurance, you will receive checks that can be submitted to your Health Care Provider as payment.
- Once the Quartz Health Plan Deductible has been met (\$5,000 per person), further In-Network medical expenses will be covered 70% by the Health Plan as described in your Quartz plan information, with a portion of the coinsurance being reimbursed by the HRA.
- Only an EOB is an acceptable form of claim submission. We are unable to process an HRA reimbursement from a provider's billing statement.

#### HRA Administrator:

**Averill Anderson, LLC**  
316 South Main Street  
West Bend, WI 53095  
Ph: (800) 388-0964

You may submit EOBs via Mail or:  
Fax: (800)861-8741  
Email: [hra@averillanderson.com](mailto:hra@averillanderson.com)



# Your Medical Benefit Summary

Quartz  
Health Insurance  
\$5,000 Deductible Plan



Health Reimbursement  
Account  
Enhances the Quartz Health Plan

### Your benefits when the two plans are combined:

	In-Network Coverage	Out-of-Network Coverage
<b>Deductible</b>	\$1,000	HRA Reimbursements Apply to In-Network Medical Expenses Only
After the deductible is met, you pay <b>Co-Insurance</b>	50% of the next \$4,000	
<b>Deductibles Per Family</b>	2	
<b>Maximum Out of Pocket</b> (Includes Deductible and Coinsurance)	Single \$3,000 Family \$6,000	
<b>Office /Specialist Visits</b> <b>Urgent Care Visits</b>	\$30 Copay \$75 Copay	
<b>ER Visits</b>	\$400 Copay	
<b>Prescription Copays</b>	\$5 / \$10 / \$35 / \$60 / \$200	

\* Maximum out of pocket DOES NOT include copays, charges for not covered/ineligible expenses or penalties  
Medical expenses covered by the Health Plan are considered covered by the HRA. Medical expenses not covered by the Health Plan are not covered by the HRA.  
The information above is only a summary of the two plan features. Actual benefits payable under the two plans can be found in your Health Plan booklet and the HRA Summary Plan Description.



## How the HRA Works

Use your Member ID Card to Obtain Health Care Services



Medical Provider submits bill to Quartz for Processing



Quartz sends EOB data directly to Averill Anderson, LLC for processing from the HRA.



Averill Anderson creates an HRA claim and sends the statement and/or payment to Your Home



You pay the Medical Provider using HRA funds.

### Terminology

EOB = Explanation of Benefit

HRA = Health Reimbursement Account

## Frequently Asked Questions

### Which medical expenses are covered by the Health Reimbursement Account (HRA)?

All covered expenses as determined by the insurance company are eligible for payment from the HRA. Conversely, ineligible expenses as determined by the insurance company are also ineligible for payment from the HRA.

### Are HRA benefits based on the medical service provider's bill or the insurance company's claim payment?

HRA payments are based solely on the claim processed by the Insurance Company and not the medical provider's bill. Therefore, keep the provider's bill with your records.

### What should I do when I receive EOBs from Quartz?

You should keep all EOBs you receive for your records. You will be able to match the statements and/or payments you receive from Averill Anderson, LLC with those EOBs.

### To whom do I speak if I have a question about how a claim was paid?

Contact Averill Anderson, LLC. We will explain how the HRA and the insurance company paid the claim. Employees requiring additional information will receive direction on how to contact their insurance company, agent, or medical care provider.

### The doctor's statement may arrive before the claim is processed. Should I pay the doctor or wait for the HRA statement?

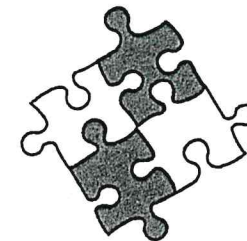
Wait before making a payment. You may be entitled to an in-network discount and/or HRA benefits. You may want to give us a call to be sure that we have received a copy of the EOB the Statement refers to.

## Malcolm Eaton Enterprises

# Health Reimbursement Account

In conjunction with Quartz Health plan

Effective July 1, 2020



Administered by:

Averill Anderson, LLC  
- employer benefit solutions -

## HRA – EMPLOYEE FAQs

### FREQUENTLY ASKED QUESTIONS AND ANSWERS

**How do I notify Averill Anderson, LLC when I receive an explanation of benefits (EOBs)?:**  
*EOB Forwarding:*

You should keep all EOBs you receive for your records. You will be able to match them up to the Statements and/or Reimbursements that you receive from Averill Anderson, LLC.

**Which medical expenses are covered by the Health Reimbursement Account (HRA)?:**

All covered expenses, determined by the insurance company, are eligible for payment from the HRA. Alternatively, ineligible expenses, determined by the insurance company, are also ineligible for payment from the HRA.

**Are HRA benefits based on the medical service provider's bill or the insurance company's claim payment?:**

HRA payments are based solely on the claim processed by the Insurance Company and not the medical provider's bill. Therefore, keep the provider's bill with your records. We CAN NOT process off of billing statements.

**I am receiving bills from the providers, but I have not received EOBs from the insurance company, what do I do?:**

You should get in touch with your provider and make sure they submitted the claim to the insurance company. You can also get in touch with the insurance company and verify that they received the claim and are processing it.

**Should I pay the doctor or wait for the HRA statement?:**

Wait before making a payment. You may be entitled to an in-network discount and/or HRA benefits. You may want to give us a call to be sure that we have received a copy of the EOB the statement refers to.

**I received a check from Averill Anderson, LLC what do I do with this?:**

Checks from Averill Anderson, LLC are made out to both yourself and your provider. You can turn the check over to pay the provider or you can deposit it yourself. NOTE: It is your responsibility to pay the providers. If you wish to submit the check directly to the provider be sure to include the name of the patient and the account number on the check.

(Over)



Averill Anderson, LLC  
316 S. Main Street. West Bend. WI 53095  
1.800.388.0964

## HRA – EMPLOYEE FAQs

**I have coverage through my employer, but I also have additional coverage for my dependants/spouse, does this affect my HRA benefit?:**  
Yes, the HRA always pays last. If you or any of your dependants have “Dual Coverage” in order to receive reimbursement you will need to send us your other coverage EOBs. Until we receive these EOBs there will be no reimbursement from the HRA.


**To whom do I speak to if I have a question about how a claim was paid?:**  
Contact Averill Anderson, LLC. We will explain how the HRA and the insurance company paid the claim. Employees requiring additional information will receive direction on how to contact their insurance company, agent, and/or medical care provider.

**How do I find out if my claim has been processed?:**  
Contact our office and ask to speak to the claims department. After verifying your identity (for HIPAA) we will be able to look up the status of your claim. Claims are processed every other week.

**How long do I have to submit claims for reimbursement?**  
You can start submitting claims as soon your plan becomes effective and you have until June 30 of the following year to submit the claims. You can only submit claims with dates of service that start after your effective date and until the plan terminates. Anything prior to your effective date will not be eligible.





 **This is only a summary.** Your health insurance benefit comes from two plans working together, your Employer-sponsored Group Health Plan and the Health Reimbursement Account (HRA). If you want more details about the HRA coverage and costs, you can get the complete terms of the HRA by calling 1-800-388-0964 or emailing [hra@averillanderson.com](mailto:hra@averillanderson.com).

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$1,000 / Single \$2,000 / Family	You must pay all the costs up to the deductible amount before the HRA begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1).
Are there services covered before you meet your deductible?	Yes. Please refer to your health plan SBC	Please refer to your Health Plan SBC.
Are there other deductibles for specific services?	No	You may have to meet deductibles (or copays) for other specific services. See your Health Plan policy or your HRA Brochure for additional information about these deductibles/copays.
What is the out-of-pocket limit for this plan?	\$3,000 / Single \$6,000 / Family	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expense.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges and health care this plan does not cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit. Your HRA deductible and HRA coinsurance do apply to your HRA out-of-pocket limit.
Will you pay less if you use a network provider?	Yes	When you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network clinic or hospital may use an out-of-network <b>provider</b> for some services. See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> . The HRA does not reimburse for Out-of-Network medical expenses.
Do you need a referral to see a specialist?	Please refer to your health plan SBC	Please refer to your Health Plan SBC.





All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 Copay	See Health Plan SBC	Same as Health Plan
	Specialist visit	\$30 Copay	See Health Plan SBC	Same as Health Plan
	Preventive care/screening/immunization	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
If you have a test	Diagnostic test (x-ray, blood work)	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Imaging (CT/PET scans, MRIs)	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at <a href="http://www.[insert].com">www.[insert].com</a>	Generic drugs	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Preferred brand drugs	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Non-preferred brand drugs	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Specialty drugs	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Physician/surgeon fees	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
If you need immediate medical attention	Emergency room care	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Emergency medical transportation	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Urgent care	\$75 Copay	See Health Plan SBC	Same as Health Plan
If you have a hospital stay	Facility fee (e.g., hospital room)	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Physician/surgeon fees	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
If you need mental health, behavioral health, or substance abuse services	Outpatient services	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Inpatient services	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
If you are pregnant	Office visits	See Health Plan SBC	See Health Plan SBC	Same as Health Plan

Questions: Call 1-800-388-0964. If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary 2 of 5 at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call 1-800-388-0964 to request a copy.



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery professional services	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Childbirth/delivery facility services	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
If you need help recovering or have other special health needs	Home health care	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Rehabilitation services	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Habilitation services	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Skilled nursing care	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Durable medical equipment	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Hospice services	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
If your child needs dental or eye care	Children's eye exam	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Children's glasses	See Health Plan SBC	See Health Plan SBC	Same as Health Plan
	Children's dental check-up	See Health Plan SBC	See Health Plan SBC	Same as Health Plan

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

Consult the SBC provided by your employer's group health plan to determine the coverage of these benefits.

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

Consult the SBC provided by your employer's group health plan to determine the coverage of these benefits.

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Office of the Commissioner of Insurance, a state agency which enforces Wisconsin's insurance laws, at 1-800-236-8517, or the U.S. Department of Labor, Employee Benefits Security Administration at 866-444-3272, or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x612565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, you can contact HRA Customer Service at 1-800-388-0964 or [hra@averillanderson.com](mailto:hra@averillanderson.com). You may also contact the Office of the Commissioner of Insurance, a state agency which enforces Wisconsin's insurance laws, at 1-800-236-8517, or the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

**Questions:** Call 1-800-388-0964. If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary 3 of 5 at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call 1-800-388-0964 to request a copy.

Does this plan provide Minimum Essential Coverage? **YES**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? **YES**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

This Summary of Benefits and Coverage is available in English only.

PHS Act section 2719 requires non-grandfathered group health plans and health insurance issuers offering non-grandfathered health insurance coverage to provide relevant notices in a culturally and linguistically appropriate manner. The regulations implementing section 2719 require these plans and issuers to make certain accommodations for notices sent to an address in a county meeting a threshold percentage of people who are literate only in the same non-English language. This threshold percentage is set at 10 percent or more of the population residing in the claimant's county, as determined based on American Community Survey (ACS) data published by the United States Census Bureau. 26 CFR. §54.9815-2719T, 29 CFR. §2590.715-2719, and 45 CFR. §147.136.

The participants of this Health HRA do not reside in a county that requires a non-English language translation.

\_\_\_\_\_ *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* \_\_\_\_\_



About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$1,000
- Specialist [cost sharing] \$30
- Hospital (facility) [cost sharing] 50%
- Other [cost sharing] 50%

This EXAMPLE event includes services like:  
 Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,800</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,000
Copayments	\$610
Coinsurance	\$5,003
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$6,673</b>

**Managing Joe's type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$1,000
- Specialist [cost sharing] \$30
- Hospital (facility) [cost sharing] 50%
- Other [cost sharing] 50%

This EXAMPLE event includes services like:  
 Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$931
Copayments	\$1,065
Coinsurance	\$931
<i>What isn't covered</i>	
Limits or exclusions	\$55
<b>The total Joe would pay is</b>	<b>\$2,982</b>

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$1,000
- Specialist [cost sharing] \$30
- Hospital (facility) [cost sharing] 50%
- Other [cost sharing] 50%

This EXAMPLE event includes services like:  
 Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$537
Copayments	\$826
Coinsurance	\$537
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,900</b>

## SUMMARY PLAN DESCRIPTION

**I. THE PLAN NAME.** The name of the Plan is Malcolm Eaton Enterprises Health Reimbursement Account.

**PLAN SPONSOR.** The Plan Sponsor is the Employer. The Plan Sponsor's address is 570 W. Lamm Road, Freeport, IL 61032. The Plan Sponsor's telephone number is (815) 235-7181. The Plan does not have trustees.

**FEIN.** The Plan Sponsor's Federal Employer Identification Number (FEIN) is 36-2606239.

**TYPE.** The Plan is a Health Reimbursement Account. The plan is not maintained pursuant to any collective bargaining agreement.

**PROCESS.** The Plan Sponsor is the agent for service of process. The agent may be served at the Plan Sponsor's address shown above.

**FUNDING/PLAN YEAR.** The Plan is totally funded by the Employer from its general assets. The plan year is the calendar year.

**II. ADMINISTRATION ELIGIBILITY.** All regular, permanent, full-time employees, their spouses and their dependents are eligible. The definitions for the terms in the preceding sentence shall be those used in the group health insurance policy.

**BENEFITS.** The employer shall pay up to a maximum amount of \$3,450 per year for covered medical care expenses after employee shall have paid (i) in the case of In-Network covered expenses the first \$1,000 of eligible covered medical expenses and 50% of the next \$4,000 and 100% of each covered co-pay charge or (ii) in the case of Out-of-Network medical expenses there is no HRA Reimbursement for all documented, eligible, and covered medical expenses incurred by such eligible employee, spouse or dependent during the Plan year for certain medical care of such eligible employee, the employee's spouse and the employee's dependents. Medical

expenses not covered due to pre-existing condition, policy exclusion, policy defense or other reason are not covered under this Health Reimbursement Account.

**CLAIMS PROCEDURE.** Averill Anderson, LLC shall receive Explanation of Benefits (EOB) data in electronic form from the group health plan insurance company. Covered employees have given written authorization to receive/review EOB data via the completed HRA Enrollment Form.

Requests for reimbursement may be submitted anytime during the plan year and must be submitted no later than June 30 of the following year or one hundred twenty (120) days after termination of employment. Employers shall have sole and exclusive authority to approve or deny said request. If the EOB denies the claim then the Employer denies the claim on the same grounds. Reasonable efforts shall be made to contact employees issued checks not cashed.

**III. ERISA.** As a participant in the Employer's Health Expense Reimbursement Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act ("ERISA"). ERISA provides that you are entitled to examine all plan documents.

**IV. DOCUMENTS.** A copy of this plan or a Summary Plan Description shall be given to all eligible Employees of the Employer. Upon request the Employer shall also provide this document and the Summary of Benefits and Coverage to the Employee.

## NOTICE OF PRIVACY PRACTICES

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

Averill Anderson, LLC is required, by law (the Health Insurance Portability and Accountability Act of 1996

HIPAA), to maintain the privacy and confidentiality of your protected health information (PHI) and to provide our participants with notice of our legal duties and privacy procedures with respect to your protected health information. PHI is individually identifiable health information that is created or received by a health care provider, health plan, employer, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

### Permissible Uses and Disclosures of your Health Care Information

We may use or disclose your PHI under certain circumstances without your permission. The examples given are not an exhaustive list.

#### For Payment

We may use or disclose PHI to determine eligibility for Plan benefits, to facilitate payment for the treatment, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, upon request we may share your PHI with a utilization review or precertification service provider to determine coverage.

#### For Health Care Operations

We may use and disclose PHI for other Plan operations that are needed to administer the Plan. For example, we may use PHI for quality assessment and submitting/processing claims for stop-loss or Reimbursement Account coverage.

#### To Business Associates

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. Business Associates must agree to the same HIPAA rules for PHI. For example, we may disclose your PHI to a Business Associate to administer claims or to provide support services once the Business Associate enters into a Business Associate Agreement with us.



### As Required by Law

We will disclose PHI when required to do so by federal, state or local law. For example, we may disclose PHI when required by national security laws or public health disclosure laws.

### To Plan Sponsors

For plan administration, we may disclose PHI to certain employees of the Employer as long as they use or disclose the PHI solely for plan administration functions. PHI cannot be used for employment purposes without your specific authorization.

### Other Uses/Disclosures of Health Care Information

#### Workers' Compensation.

If applicable, we may disclose your health information as necessary to comply with state Workers' Compensation Laws.

#### Judicial and Administrative Proceedings.

We may disclose your health information in the course of any administrative or judicial proceeding.

#### Change of Ownership.

In the event that Averill Anderson, LLC is sold or merged with another organization, your health information/record will become the property of the new owner.

### Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Averill Anderson, LLC is not required to agree to the restriction that you requested, as long as the disclosure is otherwise required by law or is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment).

- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that Averill Anderson, LLC amend your protected health information. Please be advised, however, that Averill Anderson, LLC is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Averill Anderson, LLC. An accounting of disclosures of electronic health records are limited to the past three years.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.
- You have the right to be notified by Averill Anderson, LLC whenever Averill Anderson, LLC discovers a breach of unsecured PHI or reasonably believes that your unsecured PHI has been accessed, acquired, used or disclosed in a manner not permitted by HIPAA. This notification is required to occur without unreasonable delay and in no case later than 60 calendar days after discovery of a breach. "Breach" means the acquisition, access, use or disclosure of PHI in a manner not permitted by the HIPAA Privacy Rule or Security Rule. PHI is considered to be "secured" when it is rendered unusable, unreadable or undecipherable to unauthorized individuals through the use of a

technology or methodology specified by the Department of Health and Human Services (HHS).

### Changes to this Notice of Privacy Practices

Averill Anderson, LLC reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Averill Anderson, LLC is required by law to comply with this Notice.

Averill Anderson, LLC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice, or if you want more information about your privacy rights, please contact: Averill Anderson, LLC by calling this office at 262-338-2090. You may make an appointment for a personal conference in person or by telephone within two working days.

### Complaints

Complaints about your Privacy Rights, or how Averill Anderson, LLC has handled your health information should be directed to Averill Anderson, LLC by calling this office at 262-338-2090. You may make an appointment for a personal conference in person or by telephone within two working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office for Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

This notice is effective as of January 1, 2010.





<b>Medicare Coverage:</b>	
Employee Medicare ID# - Part A:	Employee Medicare ID# - Part B:
Spouse Medicare ID# - Part A:	Spouse Medicare ID# - Part B:
Indicate the name of anyone enrolled in Medicare that is currently disabled:	
_____	
_____	

**ACCEPT / DECLINE / AUTHORIZATION**

**ACCEPT**

I confirm that all of the information provided above is accurate. I understand that knowingly providing false and/or misleading information may subject me to disciplinary and/or legal action and may result in loss of insurance coverage. I understand that if my dependent(s) become ineligible for coverage that I must report the change to my employer within five working days. I acknowledge receipt of an HRA Brochure and accept all the terms and conditions contained therein.

**DECLINE**

I have been given the opportunity by my employer to apply for the group insurance coverage and after due consideration, have decided *not to take advantage of this offer*. I understand that if I later wish to apply, I or my dependents will have to provide proof of a special enrollment provision or prove insurable through medical underwriting.

**I give representatives of Averill Anderson LLC authorization to discuss my (and my family's) claim processing (EOB) details with representatives of my employer-sponsored health plan.**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE**

As required by the Privacy Regulations, I hereby acknowledge that I have received the **Averill Anderson, LLC "NOTICE OF PRIVACY PRACTICES"**, revision date January 1, 2010, located within my **HRA Benefit Brochure**. As required by the Privacy Regulations, the **"NOTICE OF PRIVACY PRACTICES"** has been described to my satisfaction.

**As required by the Privacy Regulations, I am aware that Averill Anderson, LLC has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.**

I have read the Privacy Notice and understand my rights contained in the notice. By way of my signature, I provide Averill Anderson, LLC with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

I also understand that all plan documents including master plan document, summary plan description and Summary of Benefits and Coverage are available upon request to my employer.

Employee Signature:	(EMPLOYER USE ONLY)
_____	Signed form Received by: _____ Date: _____
Signature	Date
_____	_____
Print Name	The following effort was made to obtain Acknowledgement Receipt:
_____	_____

