

# Appendix - required notices

## Summary of benefits and coverage (SBC)

Corewell Health is required to provide summary of benefits and coverage (SBC) disclosures.

As a team member, the medical benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of medical coverage options. Choosing a medical coverage option is an important decision. To help you make an informed choice, your plan makes available a summary of benefits and coverage (SBC), which summarizes important information about your medical coverage option in a standard format, to help you compare across options.

The SBC documents are available on ServiceNow. A paper copy is available, free of charge, by calling AskHR at 877.AskHR11 (877.275.4711).

## Women's health and cancer rights act

The women's health and cancer rights act of 1998, a federal law, provides certain rights to participants. Group health plan expenses for a mastectomy include charges for the reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications relating to all stages of the mastectomy, including lymphedemas. Coverage will be provided in a manner determined in consultation with the attending physician and the patient.

## Creditable coverage disclosure notice

Additional information about prescription drug coverage and options under Medicare's prescription drug coverage is available on ServiceNow. A paper copy is available, free of charge, by calling AskHR at 877.AskHR11 (877.275.4711).

## CHIPRA notice

If you reside in a state where possible premium assistance opportunities are available through Medicaid and the children's health insurance program (CHIP) you will receive a copy of this notice. Please note that the State of Michigan does not offer this opportunity. A paper copy is available, free of charge, by calling AskHR at 877.AskHR11 (877.275.4711).

## HIPAA – notice of privacy practices

The Corewell Health benefit plan maintains a notice of privacy practices that provides information on how protected health information (PHI) is used or maintained by the Plan. If you would like a copy of the plan's notice of privacy practices, contact AskHR at 877.AskHR11 (877.275.4711). A copy of this notice is also available on ServiceNow.

## State of Illinois Consumer Coverage Disclosure Act Notice

Under the Consumer Coverage Disclosure Act (CCDA) signed by state of Illinois Governor. Corewell Health must provide eligible team members with a notice that compares the coverage offered by Corewell Health to the "essential health benefits" required for coverage obtained through Get Covered Illinois (the Illinois insurance marketplace). This notice only applies to team members living in the state of Illinois. If you would like a copy of this notice, contact AskHR at 877.AskHR11 (877.275.4711). A copy of this notice is also available on ServiceNow.

# Appendix - required notices

## Nondiscrimination notice

Corewell Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Corewell Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Corewell Health:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electric formats, other formats).

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact AskHR.

If you believe that Corewell Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Director, Inclusion and Diversity

Corewell Health  
100 Corewell Dr NW  
Grand Rapids, MI 49503  
877.AskHR11 (877.275.4711)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Director of Inclusion and Diversity is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
1.800.868.1019, 800.537.7697(TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 877.AskHR11 (877.275.4711).

بق تَصِد بِالْمَجَان لْتَفِّ لِلْغِيَّة لِمَسَاء خْمَا فَإِ، اللِّغَّة كِ تَتَدَكِّذ :مَلْحَة - 877.AskHR11 (877.275.4711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 877.AskHR11 (877.275.4711)

# Appendix - required notices

## Nondiscrimination notice (cont.)

ملاحظة: نحن نقدم خدمات الترجمة والتفسير المجانية لعملائنا الذين يتحدثون لغات مختلفة. يرجى الاتصال بنا على الرقم 877.AskHR11 (877.275.4711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 877-AskHR11 (877.275.4711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 877-AskHR11 (877.275.4711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 877.AskHR11 (877.275.4711) 번으로 전화해 주십시오.

লক্ষ্য করন : যিদি আপন বাংলা, কথা বেলত পাবেন, তাহেল িনঃখরচায় ভাষা সহায়তা পিরষবা উপলব্ধ। ফোন করন ১-877.AskHR11 (877.275.4711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 877-AskHR11 (877.275.4711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 877.AskHR11 (877.275.4711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 877.AskHR11 (877.275.4711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。877.AskHR11 (877.275.4711) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 877.AskHR11 (877.275.4711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 877.AskHR11 (877.275.4711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 877.AskHR11 (877.275.4711).