

# Guía de Beneficios para Empleados de DSV US

1 de mayo de 2025 - 30 de abril de 2026



**DSV**

Global Transport and Logistics



## INFORMACIÓN DE BENEFICIOS

### TUS PLANES DE BENEFICIOS

DSV ofrece una variedad de beneficios que te permiten personalizar un paquete que se ajuste a tus necesidades personales. En las páginas siguientes, aprenderás más sobre los beneficios ofrecidos. También verás cómo elegir la combinación adecuada de beneficios puede ayudarte a proteger la salud y las finanzas de tu familia, así como su futuro.

### ÍNDICE

- Elegibilidad
- Programa de Beneficios
- Planes Médicos
- CVS Salud
- CVS Caremark
- Aetna Suplementario
- Brightline
- Hinge Health
- Planes Dentales
- Planes de Visión
- Cuentas de Reembolso
- Vida y AD&D
- Incapacidad a Corto/Largo Plazo
- 401(k)
- Programa de Asistencia al Empleado
- Extras Valiosos
- Información de Contacto

### NUESTROS PROVEEDORES

- Aetna
- AllState
- Brightline
- CVS Salud y Farmacia
- Delta Dental de Nueva Jersey
- EyeMed
- Fidelity Investments
- Hinge Health
- Inspira Financial
- Kaiser Permanente
- LegalEase
- The Hartford

Todos los empleados regulares a tiempo completo que trabajen 30 horas o más por semana son elegibles para unirse a los beneficios de DSV una vez cumplido el período de espera. La cobertura comenzará el primer día del mes siguiente a 30 días de empleo. También puedes inscribir a tus dependientes en los planes que elijas.

## ¿QUIÉN ES UN DEPENDIENTE ELEGIBLE?

Tu cónyuge legal

Hijos biológicos, adoptados, hijastros o menores bajo tu custodia legal hasta los 26 años.

Pareja de hecho registrada y/o sus hijos donde la ley estatal lo permita.  
(CA, OR, CO, IL, HI, WA, NV, WI, NJ, MD & DC)

Hijos discapacitados de 26 años o más pueden continuar en tus coberturas si cumplen criterios específicos.

## ¿CUÁNDO PUEDES INSCRIBIRTE?

**Los empleados pueden inscribirse en beneficios en los siguientes momentos:**

Como nuevo empleado, en tu fecha inicial de elegibilidad.

Durante un cambio de estatus laboral que permita la inscripción según la Ley de Cuidado de Salud Asequible.

Durante el período anual de inscripción abierta.

Dentro de los 30 días de un evento de vida que califique.

Inscripción durante todo el año para planes específicos.

## HACIENDO CAMBIOS

Generalmente, solo puedes cambiar tus elecciones de beneficios durante el período anual de inscripción de beneficios. Sin embargo, puedes cambiar tus elecciones de beneficios durante el año del plan si tienes un evento de vida que califique o estás haciendo actualizaciones a través de la Inscripción Durante Todo el Año.

### EVENTOS DE VIDA QUE CALIFICAN

Matrimonio o divorcio.

Nacimiento o adopción de un hijo.

Cambio en la cobertura de un dependiente.

Cambio en tu cobertura si no estás cubierto bajo los beneficios del empleador.

Fallecimiento de un dependiente.

### INSCRIPCIÓN DURANTE TODO EL AÑO

Actualizar tus contribuciones al HSA.

Inscribirte/actualizar la Cuenta de Cuidado de Dependientes.

Inscribirte/actualizar la Cuenta de Beneficios para el Transporte: Estacionamiento y Tránsito.

Actualizar un beneficiario en tu seguro de vida básico.

## ¿CUÁNDO TERMINA LA COBERTURA?

La cobertura termina el último día del mes desde la fecha de terminación de empleo para los planes médicos, dentales y de visión. Los planes patrocinados por el empleador y las Cuentas de HSA/Reembolso terminan el último día trabajado. Puedes continuar las coberturas a través de COBRA, que es administrado por Inspira Financial.



## NUESTRO PROGRAMA DE BENEFICIOS

### INSCRIPCIONES



Todos los eventos de inscripción de beneficios se realizan en ADP Workforce Now. Los empleados pueden enviar elecciones de Nuevo Empleado, Eventos de vida calificados, Inscripción Abierta e Inscripción Anual desde sus perfiles de ADP, ya sea a través de la computadora o de la aplicación móvil. Si un empleado agrega un dependiente a las coberturas, debe proporcionar documentación del dependiente. La documentación aceptable incluye un certificado de matrimonio, un documento de asociación doméstica registrada legalmente, certificados de nacimiento de los hijos o una declaración de impuestos conjunta/individual reciente con los dependientes reclamados.

### BENEFICIOS PATROCINADOS POR EL EMPLEADOR

DSV proporciona a los empleados de tiempo completo elegibles un seguro de vida y AD&D pagado por el empleador, para los empleados y sus dependientes elegibles. Además, se proporciona discapacidad a corto y largo plazo a los empleados elegibles.

### CONTRIBUCIONES DEL EMPLEADO

Los empleados son responsables de contribuir al costo de las coberturas elegidas. Las contribuciones se realizan sobre una base antes de impuestos.

### FECHAS DE VIGENCIA

Los beneficios son efectivos el primer día del mes después de 30 días de empleo continuo. Los empleados elegibles deben inscribirse dentro de los 30 días posteriores a su fecha de contratación. Si la inscripción no se completa dentro de los 30 días, los empleados solo tendrán beneficios patrocinados por la empresa.





## SEGURO MÉDICO

DSV ofrece seis planes médicos, incluyendo Aetna Choice POS II con cobertura dentro y fuera de la red, ofreciendo opciones de plan HRA, HSA y Copago. Para los residentes de California, está disponible el plan HMO de Kaiser Permanente, que solo cubre servicios dentro de la red. Se recomienda a los empleados utilizar proveedores participantes para maximizar los beneficios.

### Aetna Choice POS II HRA

Opción 1: APCN+ \$2,500 HRA

Opción 2: \$1,500 100/70 HRA

Ambas opciones de plan incluyen una Cuenta de Reembolso de Salud (HRA) pagada por el empleador que cubre los primeros \$500 del deducible individual y \$1,000 del deducible familiar. A partir de 2025, DSV introducirá el plan APCN+ \$2,500 80/60 HRA, una opción escalonada que reduce los costos de bolsillo al usar proveedores e instalaciones de Aetna Premier Care Network.

### Conozca su Plan HRA

Los servicios de salud preventiva están completamente cubiertos por el plan.

Después de que se agote la financiación del HRA, los participantes son responsables del resto del deducible. Una vez cumplido el deducible, los participantes pagarán un coaseguro.

Los copagos se aplican a los medicamentos recetados.

Una vez alcanzado el máximo de desembolso personal, el plan paga el costo total de los servicios de salud que califican.

El nivel APCN+ se acumula conjuntamente con el beneficio estándar \$2,500 80/60 en deducibles, máximo de desembolso personal y HRA.

### Aetna Choice POS II Copago

Opción 1: \$30 / \$50 \$2,000 Plan de Copago

Opción 2: \$20 / \$50 \$750 Plan de Copago

Ambas opciones de plan tienen deducibles y coaseguros aplicables a servicios de salud específicos. Los copagos se aplicarán a las visitas a consultorios de atención primaria, especialistas y atención urgente. Los planes de copago tienen facturación más predecible cuando los participantes tienen seguimientos frecuentes con sus proveedores debido al monto fijo para visitas a consultorios.

### Conozca su Plan de Copago

Los servicios de salud preventiva están completamente cubiertos por el plan.

Una vez cumplido el deducible, los participantes pagarán un coaseguro en servicios de salud que califican.

Los copagos se aplican a los medicamentos recetados.

Una vez alcanzado el máximo de desembolso personal, el plan paga el costo total de los servicios de salud que califican.



## SEGURO MÉDICO - *Continuación*

DSV ofrece seis planes médicos, incluyendo Aetna Choice POS II con cobertura dentro y fuera de la red, con opciones de HRA, HSA y plan de copago. Para residentes de California, está disponible el plan Kaiser Permanente HMO, que solo cubre servicios dentro de la red. Se anima a los empleados a utilizar proveedores participantes para maximizar sus beneficios.

### Aetna Choice POS II HSA

Opción 1: Plan de Salud de Deducible Alto HSA

El Plan de Salud de Deducible Alto (HDHP) incluye la apertura de una Cuenta de Ahorros para la Salud (HSA). Los participantes recibirán contribuciones del empleador que financian \$500 para individuos o \$1,000 para participantes con dependientes. Los empleados también pueden contribuir a la HSA con una base de impuestos diferidos.

#### Límites de Contribución HSA 2025

**Solo Empleado: \$4,300**

**Empleado + Familia: \$8,550**

**Contribución Adicional (Edad 55+): \$1,000**

### Conoce Tu Plan HSA

Los servicios de salud preventiva están completamente cubiertos por el plan.

Los participantes pagan el costo total de los servicios no preventivos hasta que se cumpla el deducible anual. Al inscribirse con dependientes, se debe cumplir el deducible familiar completo antes de que el plan pague por un individuo cubierto.

Los copagos se aplican a los medicamentos recetados.

Una vez alcanzado el máximo de gasto de bolsillo, el plan paga el costo total de los servicios de salud que califican.

### Kaiser Permanente HMO

Opción 1: Plan HMO 80/20 de \$500

La opción del plan Kaiser HMO incluye un deducible y coseguro que se aplica a servicios específicos. El plan se asemeja a un plan de copago, ya que también hay copagos para ciertos servicios de salud. Cuando se está cubierto por un plan HMO, no hay cobertura fuera de la red. Kaiser tiene un programa dedicado de transición de cuidado para ayudar a cambiar a un proveedor participante en caso de que su proveedor actual esté fuera de la red.

### Conoce Tu Plan Kaiser

El plan Kaiser funciona en un año calendario desde el 1 de enero hasta el 31 de diciembre.

Los servicios de salud preventiva están completamente cubiertos por el plan.

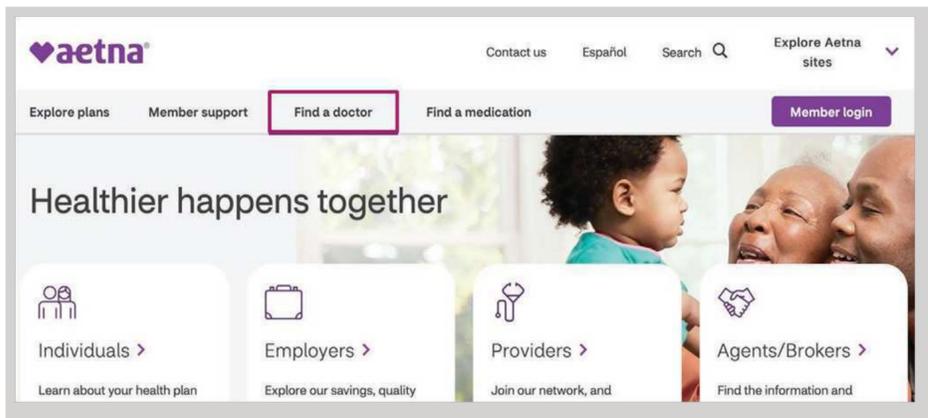
Una vez que se cumple el deducible, los participantes pagarán un coseguro en los servicios de salud que califican.

Los copagos se aplican a los medicamentos recetados.

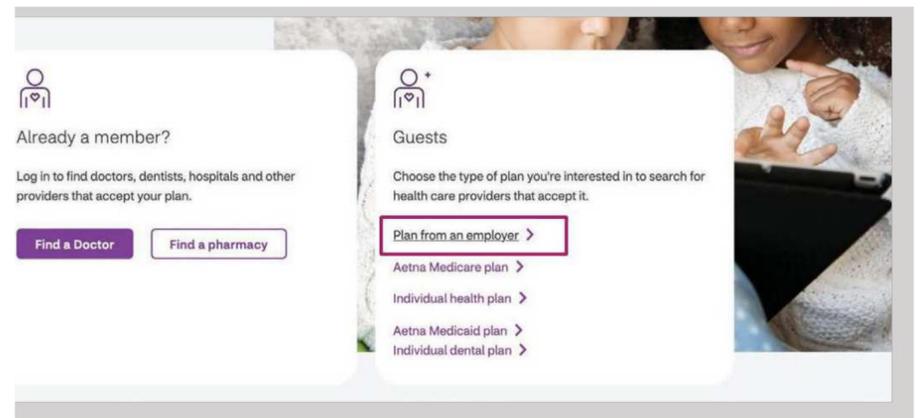
Una vez alcanzado el máximo de gasto de bolsillo, el plan paga el costo total de los servicios de salud que califican.

## LOCALIZADOR DE PROVEEDORES APCN+ HRA

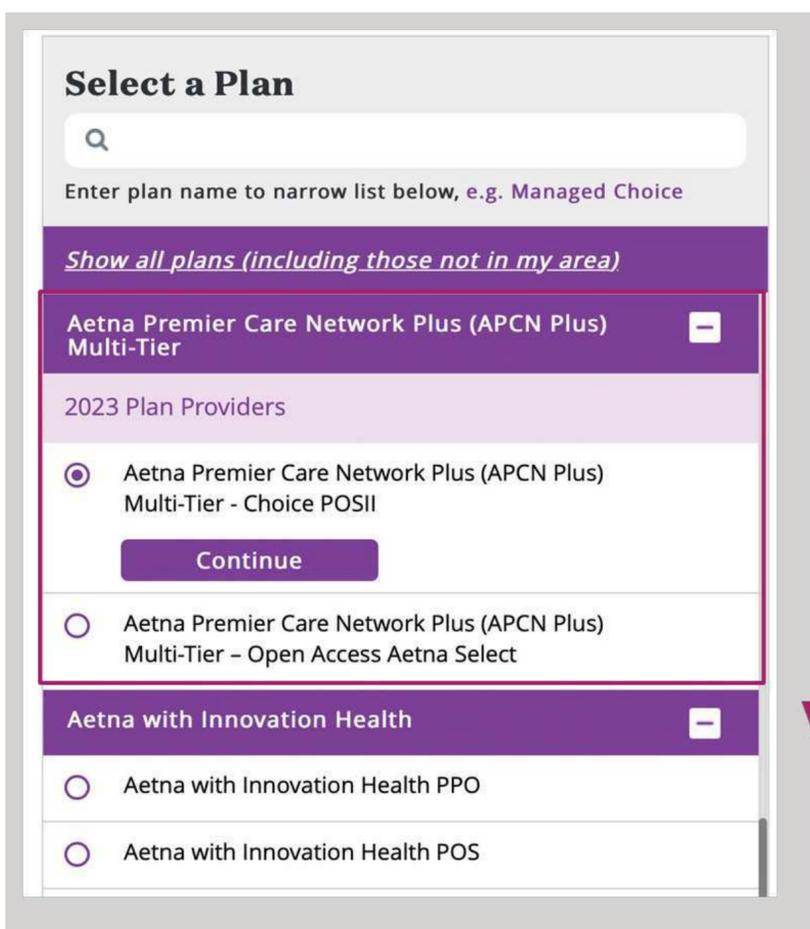
Los participantes del plan APCN+ HRA podrán encontrar proveedores dentro de la red para obtener el máximo ahorro. El portal de miembros de Aetna destacará los proveedores que ofrecen el máximo ahorro en la red APCN+ o ahorros estándar (dentro de la red, sin beneficio APCN+).



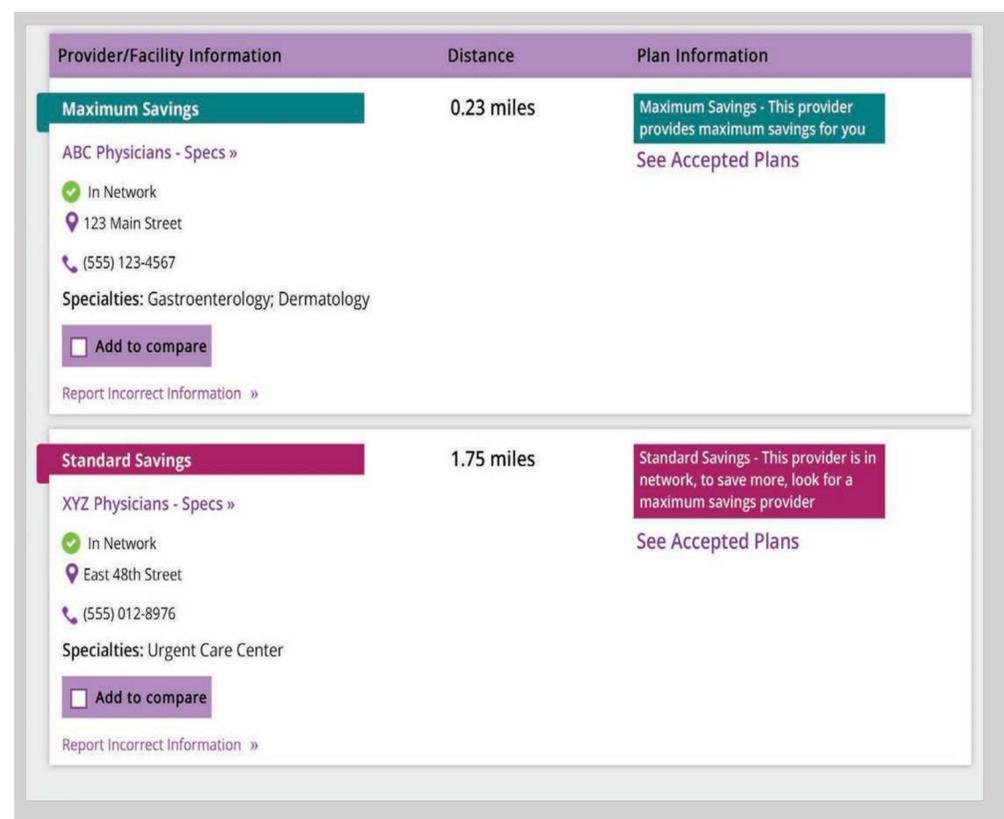
**Paso 1:** Visita [Aetna.com](https://www.aetna.com) y selecciona "Buscar un proveedor" en la parte superior de la página.



**Paso 2:** En "Invitados", selecciona "Plan de un empleador" e introduce tu código postal.



**Paso 3:** Desplázate hacia abajo para seleccionar el plan Aetna Premier Care Network Plus (APCN+) Multi-Tier - Choice POS II. Haz clic en continuar.



**Paso 4:** Busca según el tipo de proveedor o por nombre del proveedor. El portal destacará los proveedores que ofrecen Ahorros Máximos y Ahorros Estándar.

# COBERTURA AETNA APCN+ \$2,500 HRA

APCN+ Elección Multi-Nivel POS II	Plan APCN+ 2500 HRA (Compatible con FSA)	
	APCN+ Nivel 1	Red de Nivel 2
Cobertura del Plan		
Deducible Individual/Familiar (Por Año del Plan)	\$1,500 / \$3,000	\$2,500 / \$5,000
HRA (Proporcionado al inicio del año del plan)	\$500 / \$1,000	\$500 / \$1,000
Coaseguro (Aplica después del Deducible)	Plan: 90% / Miembro: 10%	Plan: 80% / Miembro: 20%
Máximo de Gasto de Bolsillo Individual/Familiar (Por Año del Plan)	\$4,000 / \$8,000	\$6,000 / \$12,000
<b>Cobertura Médica</b>		
Atención Preventiva de Rutina	Cubierto al 100%	Cubierto al 100%
Consultas Médicas (PCP/Especialista)	Deducible/Coaseguro	Deducible/Coaseguro
Atención Virtual CVS y Clínica CVS Minute	Cubierto al 100%	Cubierto al 100%
Diagnóstico Ambulatorio (Laboratorio/Rayos X)	Deducible/Coaseguro	Deducible/Coaseguro
Imágenes Complejas (CT/MRI/PET)	Deducible/Coaseguro	Deducible/Coaseguro
Ambulancia	Deducible/Coaseguro	Deducible/Coaseguro
Sala de Emergencias	Deducible/Coaseguro	Deducible/Coaseguro
Instalación de Atención Urgente	Deducible/Coaseguro	Deducible/Coaseguro
Hospitalización	Deducible/Coaseguro	Deducible/Coaseguro
Cirugía Ambulatoria	Deducible/Coaseguro	Deducible/Coaseguro
<b>Cobertura de Medicamentos (Niveles: Genérico / Marca Preferida / Marca No Preferida)</b>		
Farmacia Minorista	\$15 / \$35 / \$50	\$15 / \$35 / \$50
Farmacia Minorista CVS y Pedido por Correo (Suministro de 90 días)	2x Copago Minorista	2x Copago Minorista

<b>Choice POS II</b>	<b>Plan HRA 1500 100/70 (Compatible con FSA)</b>	<b>HSA HDHP (Incompatible con FSA)</b>
<b>Cobertura del Plan</b>	<b>Dentro de la Red</b>	<b>Dentro de la Red</b>
Deducible Individual/Familiar (Por Año del Plan)	\$1,500 / \$3,000	\$1,650 / \$3,300
HRA (Proporcionado al inicio del año del plan)	\$500 / \$1,000	No Aplicable
Contribución DSV HSA (Depositada Mensualmente)	No Aplicable	\$500 / \$1,000
Co-seguro (Se aplica después del Deducible)	Plan: 100% / Miembro: 0%	Plan: 80% / Miembro: 20%
Máximo de Gastos de Bolsillo Individual/Familiar (Por Año del Plan)	\$6,000 / \$12,000	\$6,000 / \$12,000
<b>Cobertura Médica</b>		
Cuidado Preventivo de Rutina	Cubierto al 100%	Cubierto al 100%
Visitas al Consultorio (PCP/Especialista)	Deducible/Co-seguro	Deducible/Co-seguro
Atención Virtual CVS y Clínica CVS Minute	Cubierto al 100%	Deducible primero; Cubierto al 100%
Diagnóstico Ambulatorio (Laboratorio/Rayos X)	Deducible/Co-seguro	Deducible/Co-seguro
Imágenes Complejas (CT/MRI/PET)	Deducible/Co-seguro	Deducible/Co-seguro
Ambulancia	Deducible/Co-seguro	Deducible/Co-seguro
Sala de Emergencias	Deducible/Co-seguro	Deducible/Co-seguro
Instalación de Atención Urgente	Deducible/Co-seguro	Deducible/Co-seguro
Hospitalización	Deducible/Co-seguro	Deducible/Co-seguro
Cirugía Ambulatoria	Deducible/Co-seguro	Deducible/Co-seguro
<b>Cobertura de Prescripciones (Niveles: Genérico / Marca Preferida / Marca No Preferida)</b>		
Farmacia Minorista	\$15 / \$35 / \$50	Deducible primero; \$15 / \$35 / \$50
Farmacia Minorista CVS y Pedido por Correo (Suministro de 90 días)	2x Copago Minorista	Deducible primero; 2x Copago Minorista

# COBERTURA MÉDICA AETNA

<b>Choice POS II</b>	<b>Plan de Copago 30/50 2000 (Compatible con FSA)</b>	<b>Plan de Copago 20/50 750 (Compatible con FSA)</b>
<b>Cobertura del Plan</b>	<b>Dentro de la Red</b>	<b>Dentro de la Red</b>
Deducible Individual/Familiar (Por Año del Plan)	\$2,000 / \$4,000	\$750 / \$1,500
Co-seguro (Se aplica después del Deducible)	Plan: 80% / Miembro: 20%	Plan: 80% / Miembro: 20%
Máximo de Gastos de Bolsillo Individual/Familiar (Por Año del Plan)	\$6,000 / \$12,000	\$6,000 / \$12,000
<b>Cobertura Médica</b>		
Cuidado Preventivo de Rutina	Cubierto al 100%	Cubierto al 100%
Visitas al Consultorio (PCP/Especialista)	Copago de \$30 / Copago de \$50	Copago de \$20 / Copago de \$50
Atención Virtual CVS y Clínica CVS Minute	Cubierto al 100%	Cubierto al 100%
Diagnóstico Ambulatorio (Laboratorio/Rayos X)	Deducible/Co-seguro	Deducible/Co-seguro
Imágenes Complejas (CT/MRI/PET)	Deducible/Co-seguro	Deducible/Co-seguro
Ambulancia	Deducible/Co-seguro	Deducible/Co-seguro
Sala de Emergencias	Deducible/Co-seguro	Deducible/Co-seguro
Instalación de Atención Urgente	Copago de \$50	Copago de \$25
Hospitalización	Deducible/Co-seguro	Deducible/Co-seguro
Cirugía Ambulatoria	Deducible/Co-seguro	Deducible/Co-seguro
<b>Cobertura de Prescripciones (Niveles: Genérico / Marca Preferida / Marca No Preferida)</b>		
Farmacia Minorista	\$15 / \$35 / \$50	\$15 / \$35 / \$50
Farmacia Minorista CVS y Pedido por Correo (Suministro de 90 días)	2x Copago Minorista	2x Copago Minorista

# COBERTURA MÉDICA KAISER DHMO

<b>DHMO Sur y Norte</b>  Cobertura del Plan	Plan Kaiser Permanente DHMO (Compatible con FSA)  Dentro de la Red
Deducible Individual/Familiar (Por Año del Plan)	\$500 / \$1,000
Co-seguro (Se aplica después del Deducible)	Plan: 80% / Miembro: 20%
Máximo de Gastos de Bolsillo Individual/Familiar (Por Año del Plan)	\$3,000 / \$6,000
Cobertura Médica	
Cuidado Preventivo de Rutina	Cubierto al 100%
Visitas al Consultorio (PCP/Especialista)	Copago de \$30 / Copago de \$40
Telemedicina	Cubierto al 100%
Diagnóstico Ambulatorio (Laboratorio/Rayos X)	Copago de \$10; después del Deducible
Imágenes Complejas (CT/MRI/PET)	Deducible/Coaseguro; Hasta \$150
Ambulancia	Copago de \$150; después del Deducible
Sala de Emergencias	Deducible/Co-seguro
Instalación de Atención Urgente	Copago de \$30
Hospitalización	Deducible/Co-seguro
Cirugía Ambulatoria	Deducible/Co-seguro
Cobertura de Prescripciones (Niveles: Genérico / Marca Preferida / Marca No Preferida)	
Farmacia Minorista	Copago de \$10 - \$30
Farmacia Minorista y Pedido por Correo (Hasta 100 días de suministro)	2x Copago Minorista



**CVS SALUD**

**aetna™** **CVSHealth®**

## ATENCIÓN PRIMARIA VIRTUAL DE CVS Y CLÍNICA MINUTE DE CVS

Como miembro de Aetna, los participantes tienen acceso a la Atención Primaria Virtual de CVS y a las Clínicas Minute de CVS para atención a demanda de enfermedades y condiciones no urgentes. Esta colaboración permite a los miembros consultar con un proveedor de manera virtual para cuidados primarios y visitas de atención urgente 24/7, o recibir atención presencial en una Clínica Minute local.

### COBERTURA

Los participantes inscritos en un plan HRA o de Copago tienen cobertura del 100% para las visitas de Atención Primaria Virtual de CVS o las clínicas Minute de CVS. Los participantes del plan HSA deben cumplir con el deducible del plan antes de que las visitas estén cubiertas al 100%.

### CONÉCTATE

Los miembros pueden programar citas visitando los sitios web de Atención Virtual de CVS y Clínica Minute.

#### Atención Virtual de CVS

[www.cvs.com/virtual-care](http://www.cvs.com/virtual-care)

#### Clínica Minute de CVS

[www.cvs.com/minuteclinic](http://www.cvs.com/minuteclinic)

### EXCLUSIONES

Los miembros inscritos en el plan APCN+ 2500 80/60 HRA no tendrán acceso a la función de Atención Primaria Virtual, pero sí podrán acceder a los servicios de atención urgente virtual y clínicas Minute de CVS.

#### Louisiana

Alexandria/Shreveport/Monroe

#### Carolina del Norte

Charlotte/Raleigh/Durham/Winston-Salem

#### Tennessee

Chattanooga/Memphis/Nashville

#### Oklahoma

Oklahoma City

#### Texas

Austin/El Paso/Houston/Rio Grande Valley

San Antonio



## CVS CAREMARK



### RESUMEN DE CVS CAREMARK

Los empleados tienen acceso a CVS Caremark para gestionar sus medicamentos recetados, acceder a una red nacional de farmacias y aprovechar los programas de ahorro disponibles a través de sus planes médicos de Aetna.

#### ACCESO DIGITAL

Al registrarte para obtener una cuenta en línea o descargar la aplicación móvil, tienes acceso para gestionar medicamentos desde un escritorio o dispositivo móvil, en cualquier momento y lugar. Aquí te mostramos cómo las herramientas digitales de CVS Caremark pueden ayudarte a ti y a tus familiares:

- Localizar farmacias participantes
- Verificar costos de medicamentos
- Gestionar recargas
- Recibir alertas y actualizaciones sobre tus medicamentos.



#### ENTREGA DE RECETAS POR CORREO

La farmacia de servicio por correo de CVS Caremark puede entregar suministros de medicamentos para 90 días directamente a tu hogar y puedes establecer recargas automáticas desde tu cuenta.

#### CVS SPECIALTY

Para quienes manejan condiciones complejas, CVS Specialty ofrece medicamentos especializados para el manejo de estas condiciones. El equipo de atención de CVS Specialty está disponible desde tu cuenta para ayudarte con la gestión de tus medicamentos.





## SUPLEMENTOS AETNA



### PLANES SUPLEMENTARIOS AETNA

Los Planes Suplementarios de Aetna ofrecen protección financiera adicional para los empleados y sus dependientes elegibles durante eventos inesperados de la vida. Estos planes proporcionan beneficios en efectivo que se pagan directamente a las personas cubiertas tras la aprobación de un reclamo, los cuales pueden usarse para cubrir gastos médicos o necesidades personales. Además, el Suplemento de Bienestar en los planes de Accidentes y Enfermedades Críticas ofrece un beneficio de \$50 por persona cubierta al presentar prueba de un examen de salud rutinario completado dentro del año del plan. Los empleados no necesitan estar inscritos en ninguno de los planes médicos de DSV para inscribirse en un Plan Suplementario de Aetna.

#### SEGURO DE ACCIDENTES

Cubre a los empleados y dependientes elegibles por lesiones accidentales que resulten en huesos rotos, lesiones deportivas o que requieran el uso de una ambulancia. Los beneficios en efectivo se determinan según el tipo de lesión, su gravedad y el tratamiento necesario.

#### ENFERMEDAD CRÍTICA

Cubre a los empleados y dependientes elegibles para enfermedades críticas recién diagnosticadas y condiciones como cáncer, derrame cerebral o ataque al corazón. El plan no cubre condiciones preexistentes. Los empleados inscritos y sus cónyuges reciben un beneficio en efectivo de \$15,000 y los hijos dependientes inscritos reciben \$7,500.

#### INDEMNIZACIÓN HOSPITALARIA

Cubre ingresos planificados e imprevistos en el hospital durante la noche en dos niveles de cobertura. El plan no es elegible para el suplemento de bienestar. Los empleados tienen las siguientes opciones de cobertura:

**Plan de \$500:** Paga \$500 por la primera noche ingresada; \$100 por cualquier noche subsiguiente ingresada.

**Plan de \$1,000:** Paga \$1,000 por la primera noche ingresada; \$50 por cualquier noche subsiguiente ingresada.



Brightline es una plataforma virtual de atención de salud mental disponible para niños y adolescentes de miembros de Aetna. Ofrece terapia, asesoramiento y gestión de medicamentos para personas de 2 a 17 años, proporcionando apoyo accesible y especializado para necesidades de salud mental.

## ÁREAS DE SERVICIO

Visita [www.hellobrightline.com](http://www.hellobrightline.com)  
Completa una evaluación y encuentra un especialista.  
Programa la primera cita de tu hijo.

Los servicios de Brightline están disponibles en los siguientes estados:

- Nueva York
- Nueva Jersey
- Connecticut
- Massachusetts
- Washington

### Virtual mental health care for **kids & teens**

#### What's included in your Brightline membership:

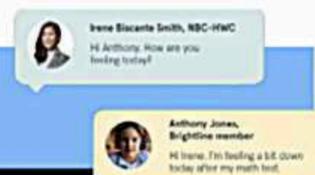
##### Personalized care plans

- Your dedicated coach will walk you through your care options (therapy, coaching, psychiatry) and help manage your kid's care over time.
- Care is coordinated with all the important people in your kid's life (teachers, pediatricians, counselors) so everyone is on the same page.



##### Experts you can trust

- Our mental health experts have years of experience working with kids, teens and families.
- All therapists practice evidence-based Cognitive Behavioral Therapy (CBT), and all coaching programs are CBT-guided.



##### Support for parents

- Use our one-stop digital platform to chat with your coach, navigate your child's care plan, track progress, and manage video visit appointments.
- Access our library of expert-backed resources.
- Resources and support for parents & caregivers.



GET STARTED AT [hellobrightline.com/aetna](http://hellobrightline.com/aetna)

Questions? Call (888) 224-7332 to speak with a Brightline team member about our services.



# HINGE HEALTH



Hinge Health es una plataforma de fisioterapia virtual disponible para los miembros y dependientes de Aetna. Sin costo adicional ni impacto en el presupuesto del plan de salud, los miembros pueden recibir atención personalizada para afecciones musculoesqueléticas, incluyendo dolor de espalda, cuello y hombros. Nuevo en 2025, Hinge Health ha introducido el Programa de Salud Pélvica para Mujeres, específicamente diseñado para abordar preocupaciones del suelo pélvico.

## COMIENZA CON HINGE HEALTH

Utiliza los códigos QR a continuación para comenzar el cuidado con Hinge Health. Los miembros completarán una evaluación de salud y serán emparejados con su equipo de atención. Luego, programa tu primera cita para establecer un plan de cuidado y comenzar el tratamiento. Los miembros pueden tratar múltiples áreas de preocupación al mismo tiempo. Tu fisioterapeuta actualizará tus ejercicios para abordar estos problemas.

## Cómo Hinge Health te Apoya

Una vez que los miembros estén establecidos con su equipo de atención, pueden esperar reunirse regularmente con su fisioterapeuta y entrenador de salud para seguir el progreso, realizar revisiones del plan de cuidado según sea necesario o discutir áreas problemáticas adicionales. Hinge Health enviará a los miembros cualquier equipo necesario para completar los ejercicios de su cuidado. Hinge Health también trabajará con tus proveedores respecto a las condiciones que estás tratando.

**DSV | Hinge Health**

**Tap into pain relief anytime, anywhere**

Get exercise therapy and more.

Scan the QR code or visit [hinge.health/dsvair-join](https://hinge.health/dsvair-join)

Employees and dependents 18+ enrolled in an Aetna® medical plan through DSV are eligible. Aetna has partnered with Hinge Health to provide services that are included in the Aetna Back and Joint Care Program. This program does not replace formal physical therapy in office prior to surgery. Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

**DSV | Hinge Health**

**Hinge Health Women's Pelvic Health program**

Get convenient virtual pelvic floor exercise therapy and more.

Scan today to enroll in your benefit

Please use the default camera on your device to scan the QR code; not a third-party application. If you are directed to a site other than the URL listed above, do not proceed.

Hinge Health está disponible en español. Alivie los dolores articulares y musculares y previene las lesiones con sus beneficios de salud gratuitos.

Employees and dependents 18+ enrolled in an Aetna® medical plan through DSV are eligible. Aetna has partnered with Hinge Health to provide services that are included in the Aetna Back and Joint Care Program. This program does not replace formal physical therapy in office prior to surgery. Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

## PLANES DENTALES

Delta Dental de Nueva Jersey administra los planes dentales de DSV bajo la red DPPO Plus Premier. Estos planes ofrecen cobertura tanto dentro como fuera de la red; sin embargo, se recomienda encarecidamente permanecer dentro de la red para minimizar los costos de bolsillo. Los empleados pueden elegir entre tres opciones de plan para satisfacer mejor sus necesidades y las de sus dependientes.

### Plan Básico de Delta Dental

El plan básico es un plan de nivel inicial que cubre servicios dentales preventivos y básicos. Servicios importantes como coronas no prefabricadas e implantes no están cubiertos. El plan básico no incluye un beneficio de ortodoncia. Este plan es ideal para aquellos con necesidades mínimas de cuidado dental.

### Plan Delta Dental Buy-Up 1

El plan Buy-Up 1 proporciona una cobertura completa para servicios dentales preventivos, básicos y mayores. El plan Buy-Up 1 no incluye un beneficio de ortodoncia. Este plan es ideal para quienes necesitan una gama de cobertura para servicios dentales simples y complejos, desde empastes simples hasta tratamientos de conducto.

### Plan Delta Dental Buy-Up 2

El Plan Buy-Up 2 ofrece el nivel más alto de cobertura disponible. El plan cubre servicios preventivos, básicos y mayores, incluidos implantes dentales y coronas. El plan Buy-Up 2 tiene un beneficio de ortodoncia aplicable tanto a adultos como a niños.

### Delta Dental Carryover MaxSM

El Carryover MaxSM es un beneficio automatizado para los miembros de Delta Dental. Este programa permite a los miembros transferir una parte de su límite máximo anual estándar no utilizado al próximo año del plan y acumular más allá. Para calificar para el carryover max, los miembros deben tener al menos un examen oral o limpieza durante el año del plan. Si un miembro no lo hace, la transferencia no se aplicará y cualquier acumulación se perderá.

Una persona cubierta es elegible si utiliza menos de la mitad del máximo anual estándar en el año de beneficios anterior.

Carryover MaxSM permite a los miembros transferir hasta el 25% de la parte no utilizada del máximo anual estándar hasta un máximo de \$500.

Los dólares del máximo anual estándar se utilizan primero. Los dólares de Carryover MaxSM se utilizan en segundo lugar.



# COBERTURA DENTAL

<b>PPO Plus Premier</b>	<b>Delta Dental Plan Básico</b>	<b>Delta Dental Plan Mejorado 1</b>	<b>Delta Dental Plan Mejorado 2</b>
<b>Cobertura del plan</b>	<b>Dentro de la red y Fuera de la red</b>	<b>Dentro de la red y Fuera de la red</b>	<b>Dentro de la red y Fuera de la red</b>
Deducible individual/familiar (Por año del plan/Individuo cubierto)	\$50 / \$150	\$50 / \$150	\$50 / \$150
Máximo de beneficios (Por año del plan/Individuo cubierto)	\$1,000	\$1,500	\$2,000
Servicios preventivos y de diagnóstico (Sin deducible)	100% Cubierto	100% Cubierto	100% Cubierto
Servicios básicos (Coaseguro)	80% / 20%	80% / 20%	80% / 20%
Servicios mayores (Coaseguro)	No cubierto	50% / 50%	50% / 50%
Ortodoncia (Adultos y niños)	No cubierto	No cubierto	50% hasta un máximo de por vida de \$2,000

## Preventivos y de Diagnóstico

Revisiones rutinarias  
 Limpiezas rutinarias  
 Radiografías  
 Selladores

## Servicios Básicos

Empastes (Empastes de composite en todos los dientes)  
 Extracciones simples  
 Periodoncia no quirúrgica  
 Reparación de dentaduras, protectores oclusales

## Servicios Mayores

Coronas no prefabricadas  
 Puentes, dentaduras completas y parciales  
 Implantes, prótesis sobre implante  
 Extracciones de dientes impactados

Corrección de dientes y mandíbula

# PLAN DE VISIÓN

EyeMed gestiona el plan de visión de DSV a través de la Red Insight. Los empleados pueden acudir a proveedores contratados como LensCrafters, Target Optical, PearleVision y más. El plan ofrece un programa de reembolso fuera de la red para que los empleados puedan solicitar reembolsos cuando visiten o adquieran gafas y lentes de contacto a través de un proveedor fuera de la red.

## Beneficios de Visión en Línea

EyeMed está asociado con proveedores en línea que aplicarán tu beneficio de visión al comprar gafas o lentes de contacto en línea. Los empleados pueden visitar minoristas en línea como glasses.com, rayban.com y contactsdirect.com para realizar pedidos.

## Feria Virtual de Beneficios EyeMed

¡Obtén información detallada sobre el beneficio de visión accediendo a la Feria Virtual de Beneficios!

Sitio de la [Feria Virtual de Beneficios EyeMed](#)

**Código de Acceso: VR85W4J6**

## Descuentos para Miembros

Como miembro de EyeMed, tendrás acceso a varios descuentos

40% de descuento en un par adicional de gafas.

20% de descuento en cualquier artículo no cubierto por el plan.

15% de descuento sobre el precio minorista o 5% de descuento sobre el precio promocional para tratamientos Lasik o PRK de la Red de Láser de EE. UU.

Cobertura de Visión	Costo para Miembros en la Red	Reembolso para Miembros Fuera de la Red
Examen de Rutina (Uno cada 12 meses)	\$0 Copago	Hasta \$40
Armazón (Una vez cada 12 meses)	\$0 Copago; 20% de descuento sobre el saldo que exceda la asignación de \$150	Hasta \$75
<b>Lentes de Plástico Estándar (En lugar de lentes de contacto una vez cada 12 meses)</b>		
Visión Sencilla/Bifocal/Trifocal/Lenticulares	\$0 Copago	Hasta \$40
Progresivos - Estándar	\$65 Copago	Hasta \$75
<b>Lentes de Contacto (En lugar de lentes una vez cada 12 meses)</b>		
Lentes de Contacto - Convencionales	\$0 Copago; 15% de descuento sobre el saldo que exceda la asignación de \$150	Hasta \$150
Lentes de Contacto - Desechables	\$0 Copago; 100% del saldo que exceda la asignación de \$150	Hasta \$150
Ajuste y Seguimiento de Lentes de Contacto - Estándar	Hasta \$40	No Cubierto

# CUENTAS HSA Y DE REEMBOLSO

## Inspira Financiera

DSV colabora con Inspira Financiera para gestionar las Cuentas de Ahorro para la Salud (HSA), las Cuentas de Gastos Flexibles (FSA), las Cuentas de Cuidado de Dependientes (DCA) y los Beneficios para Transporte (Aparcamiento y Transporte). Los empleados pueden aportar dinero antes de impuestos para cubrir gastos médicos, de cuidado de dependientes y de transporte que sean elegibles.

Los empleados inscritos en el Plan de Salud de Deducible Alto de Aetna (HDHP) son elegibles para contribuir a una HSA. Es necesario estar inscrito en el plan médico correspondiente para hacer contribuciones a la HSA. Además, los empleados no pueden contribuir a la vez a una HSA y a una FSA.

### Cuenta de Ahorro para la Salud (HSA)

Los empleados inscritos en el Plan de Salud con Deducible Alto de Aetna pueden aportar dinero antes de impuestos para gastos médicos, dentales y de visión elegibles, así como productos aprobados por la HSA. DSV realiza contribuciones mensuales a las Cuentas de Ahorro para la Salud de los empleados por un total de \$500 individuales / \$1,000 familiares por año de plan.

Los empleados recibirán las contribuciones de DSV independientemente de si contribuyen o no. Los empleados pueden reembolsarse por transacciones aprobadas por la HSA directamente desde su portal de miembros de Inspira Financiera. Inspira Financiera administra una tarjeta Mastercard de débito para utilizar los fondos de la HSA. Los fondos de la HSA se transfieren sin límite.

#### Límites de Contribución HSA 2025

**Solo Empleado: \$4,300**

**Empleado + Familia: \$8,550**

**Contribución Adicional (Edad 55+): \$1,000**

### Cuenta de Gastos Flexibles (FSA)

Los empleados pueden aportar dinero antes de impuestos a la Cuenta de Gastos Flexibles (FSA) para gastos médicos, dentales, de visión y aprobados por la FSA. La FSA no está financiada por el empleador. Los fondos de la FSA tienen una estructura de "Úselo o Pérdalo". Si hay un saldo mayor al límite permitido para transferencia al 30 de abril de 2025, los fondos excedentes se perderán.

Los empleados pueden reembolsarse por transacciones aprobadas por la FSA directamente desde su portal de miembros de Inspira Financiera. También pueden reembolsarse durante el período de 90 días después de concluir el año del plan si su saldo excede la cantidad transferible. Inspira Financiera administra una tarjeta Mastercard de débito para utilizar los fondos de la FSA.

#### Límite de Contribución FSA 2025

**Empleado: \$3,300**

**Límite de Transferencia FSA 2025**

**\$660**

Visite el sitio web de Inspira Financiera para ver una lista de gastos elegibles y cómo usar su HSA o Cuenta de Reembolso.

[www.inspirafinancial.com](http://www.inspirafinancial.com)

# CUENTAS HSA Y DE REEMBOLSO

## Inspira Financiera

DSV colabora con Inspira Financiera para gestionar las Cuentas de Ahorro para la Salud (HSA), las Cuentas de Gastos Flexibles (FSA), las Cuentas de Cuidado de Dependientes (DCA) y los Beneficios para Transporte (Aparcamiento y Transporte). Los empleados pueden aportar dinero antes de impuestos para cubrir gastos médicos, de cuidado de dependientes y de transporte que sean elegibles.

Los empleados inscritos en el Plan de Salud de Deducible Alto de Aetna (HDHP) son elegibles para contribuir a una HSA. Es necesario estar inscrito en el plan médico correspondiente para hacer contribuciones a la HSA. Además, los empleados no pueden contribuir a la vez a una HSA y a una FSA.

### Cuenta de Cuidado de Dependientes (DCA)

Los empleados pueden aportar dinero antes de impuestos a la Cuenta de Cuidado de Dependientes (DCA) para gastos de dependientes elegibles, que incluyen:

- Costos de niñera
- Guardería
- Campamento de verano
- Cuidado relacionado con un familiar elegible que sea dependiente fiscal federal.

Los empleados deben solicitar el reembolso de los costos de sus dependientes directamente desde su portal de miembros de Inspira Financiera. Inspira Financiera no emite una tarjeta para este tipo de cuenta. Los fondos de cuidado de dependientes están sujetos a la política de "Úsalo o Piérdelo" y no tienen rollover. Si hay fondos no utilizados al final del año del plan, el 30 de abril de 2025, serán perdidos.

#### Límites de Contribución DCA 2025

**Individuo o cónyuges con declaración de impuestos separada: \$2,500**

**Familia: \$5,000**

Visite el sitio web de Inspira Financiera para ver una lista de gastos elegibles y cómo usar su HSA o Cuenta de Reembolso.

[www.inspirafinancial.com](http://www.inspirafinancial.com)

### Transporte: Aparcamiento y Transporte

Los empleados que usan transporte público o aparcan en un estacionamiento de proveedores o garaje al viajar al trabajo pueden usar su dinero antes de impuestos para pagar pases mensuales o gastos de garaje público. Los empleados son elegibles para inscribirse en Aparcamiento o Transporte, pero no en ambos. Inspira Financiera administra una tarjeta Mastercard de débito para utilizar en transacciones de transporte elegibles. Los fondos de transporte se transfieren cada año del plan sin límite.

#### Límite de Contribución al Beneficio de Transporte 2025

**Aparcamiento y Transporte: \$325/mes**



## VIDA Y AD&D

DSV ofrece cobertura básica de vida y AD&D sin costo a través de The Hartford para empleados de tiempo completo elegibles, sus cónyuges e hijos dependientes. Los empleados también pueden adquirir un seguro de vida suplementario a tarifas grupales accesibles para mayor protección familiar. Es necesario designar un beneficiario al inscribirse, ya que no hacerlo podría generar problemas de patrimonio.

El seguro de vida básico ofrece un beneficio al beneficiario designado en caso de fallecimiento. El seguro de Muerte Accidental y Desmembramiento (AD&D) ofrece beneficios específicos si sufres una lesión accidental cubierta que resulte en desmembramiento, como la pérdida de una mano, pie u ojo. Si el fallecimiento se debe a un accidente cubierto, se pagarán tanto los beneficios de Vida como de AD&D.

### Cobertura básica de Seguro de Vida y AD&D

Nivel de cobertura	Asignación de beneficios
Vida del empleado	1x salario base hasta un máximo de \$300,000
Vida del cónyuge	Monto de \$2,000
Vida del hijo	Niños desde el nacimiento hasta 14 días - \$500 Niños desde 14 días hasta los 26 años - \$1,000

### Cobertura suplementaria de Seguro de Vida y AD&D

Si determinas que necesitas más que la cobertura básica, puedes adquirir cobertura suplementaria de Vida y AD&D a través de The Hartford para ti y los miembros de tu familia elegibles.

Nivel de cobertura	Asignación de beneficios
Vida del empleado	Incrementos de \$10,000; mínimo de \$10,000 hasta \$600,000 <b>Emisión garantizada para empleados*:</b> \$250,000
Vida del cónyuge	Incrementos de \$5,000; mínimo de \$5,000 hasta \$250,000 (no puede exceder el 50% de la cobertura de vida suplementaria del empleado) <b>Emisión garantizada para cónyuge*:</b> \$50,000
Vida del hijo	Niños desde el nacimiento hasta 14 días - \$500 Niños desde 14 días hasta los 26 años - Incrementos de \$2,500; mínimo de \$2,500 hasta \$25,000

\*Durante tu periodo inicial de elegibilidad, puedes recibir cobertura de vida hasta los montos garantizados sin tener que proporcionar Evidencia de Asegurabilidad (EOI) o información sobre tu salud. Los montos de cobertura que requieren EOI no serán efectivos a menos que sean aprobados por la aseguradora.

# PROTECCIÓN DE INGRESOS

Si de repente no puedes trabajar debido a una enfermedad o accidente, el seguro por discapacidad puede ayudar a cubrir gastos como tu hipoteca, matrícula, pagos del coche, alimentos, ropa, servicios públicos, etc. El seguro por discapacidad ofrece protección de ingresos hasta que puedas volver a trabajar. DSV proporciona cobertura por discapacidad sin costo para ti. Serás inscrito automáticamente para la cobertura por discapacidad el primer día del mes después de 30 días desde tu fecha de contratación.

## Discapacidad a Corto Plazo (STD)

El STD cubre el 60% de tus ingresos semanales previos a la discapacidad hasta un beneficio máximo de \$2,000 por semana. Los beneficios comienzan el octavo día de lesión o enfermedad hasta el momento de la recuperación o 180 días, lo que ocurra primero. Los empleados tienen la opción de utilizar días de enfermedad y/o vacaciones acumuladas para cubrir el periodo de eliminación de una semana.

The Hartford administra la Ley de Beneficios por Discapacidad de NY (NY DBL), el Permiso Familiar Pagado de Nueva York (NY PFL), el Permiso Familiar y Médico de Colorado (COFAMLI), el Permiso Pagado de Oregón (OPL) y el Permiso Familiar y Médico Pagado de Massachusetts (MA PFML) en nombre de DSV.

*Nota: Si trabajas en uno de los siguientes estados con cobertura por discapacidad obligatoria (California, Hawái, Nueva Jersey y Rhode Island) deberás solicitar el beneficio directamente al estado.*

## Discapacidad a Largo Plazo

El LTD cubre el 60% de tus ingresos mensuales previos a la discapacidad hasta un beneficio máximo de \$12,000. Los beneficios comienzan después de 180 días de discapacidad y los pagos continúan mientras cumplas con la definición de discapacidad (o hasta que alcances tu edad normal de jubilación del Seguro Social, lo que ocurra primero). Pueden aplicarse ciertas exclusiones y limitaciones de condiciones preexistentes. Se aplicará un pequeño impuesto en las nóminas de los empleados para el Seguro de Discapacidad a Largo Plazo. La prima que DSV paga por tu beneficio LTD se suma a tus ingresos brutos y se grava junto con tus ganancias. Esto resulta en un beneficio LTD libre de impuestos si se solicita y aprueba.

Beneficio de Discapacidad a Corto Plazo	Asignación de Beneficio
Porcentaje de Beneficio	60% de los ingresos elegibles
Máximo Beneficio Semanal	\$2,000
Inicio de los Beneficios	El octavo día de discapacidad
Duración Máxima del Beneficio	26 semanas
Beneficio de Discapacidad a Largo Plazo	Asignación de Beneficio
Porcentaje de Beneficio	60% de los ingresos elegibles
Máximo Beneficio Mensual	\$12,000
Inicio de los Beneficios	Después del día 180 de discapacidad
Duración Máxima del Beneficio	Edad de Jubilación del Seguro Social



# PLAN DE JUBILACIÓN

DSV ofrece a los empleados a tiempo completo elegibles la oportunidad de ahorrar para su jubilación en base a contribuciones antes de impuestos (401k tradicional) y después de impuestos (Roth 401k). Después de un año de empleo y haber trabajado un mínimo de 1,000 horas, serás elegible para una contribución de la empresa que iguala al 100% del primer 4% y al 50% del siguiente 2% que contribuyas, hasta un máximo de un 5% de igualación. Todas las contribuciones, tanto del empleado como del empleador, están completamente consolidadas. Los nuevos empleados se inscriben automáticamente con una contribución del 3% después de 30 días de empleo.

## Inscripción en 401(k)

Para inscribirte en el plan 401(k), debes registrarte visitando [www.401k.com](http://www.401k.com). Una vez que configures tu ID de usuario y contraseña, podrás configurar tu cuenta y preferencias.

Puedes cambiar tu contribución al 401(k) en cualquier momento del año y diferir las ganancias de bonificaciones elegibles para alcanzar tus objetivos de ahorro.

Los nuevos empleados recibirán una carta de Fidelity's NetBenefits para registrar su cuenta 401(k), gestionar contribuciones y añadir beneficiarios.

## Igualación de la Empresa

Contribución del Empleado	Igualación de DSV
1%	1%
2%	2%
3%	3%
4%	4%
5%	4.5%
6% y más	5%

## Recursos Útiles

Mantente informado sobre tus inversiones y ahorros utilizando la función Plan & Learn en tu perfil de NetBenefits. Tendrás acceso a recursos On-Demand y podrás asistir a talleres en vivo programados sobre varios temas financieros. Estos recursos pueden ayudar a personas de todos los niveles, desde avanzados hasta quienes recién comienzan a invertir en su fondo de jubilación.

## Acceso Móvil

Puedes gestionar tu cuenta 401(k) directamente desde tu smartphone o dispositivo descargando la aplicación móvil NetBenefits. ¡Mantén un seguimiento de tus inversiones y actualiza la información en cualquier lugar!





## PROGRAMA DE ASISTENCIA AL EMPLEADO

La vida está llena de desafíos y a veces es difícil encontrar el equilibrio. Nos enorgullece ofrecer un programa diseñado para apoyar la salud emocional y el bienestar de nuestros empleados y sus familias. El programa de asistencia al empleado (EAP) se ofrece sin costo alguno a través de The Hartford y ComPsych.

### SERVICIOS

A través del Programa de Asistencia al Empleado, los empleados y sus familiares tendrán acceso a servicios de asesoramiento y consulta relacionados con los siguientes temas:

Salud Mental

Preocupaciones de Pareja o Matrimoniales

Cuidado de Niños y Ancianos

Abuso de Sustancias

Duelo y Pérdida

Asuntos Legales o Financieros

### ACCESO AL EAP

El Programa de Asistencia al Empleado ofrece consejería telefónica las 24 horas, los 365 días del año. Asistencia para empleados y sus familias. Tres sesiones de consejería emocional presencial por cada caso, por año. Acceso ilimitado a través de teléfono gratuito y recursos en línea.

Los empleados pueden acceder al EAP visitando [www.guidanceresources.com](http://www.guidanceresources.com) o contactando a ComPsych al 1-800-964-3577.

Los nuevos usuarios deberán ingresar la siguiente información al registrarse:

Campo Web Organizacional: **HLF902**

Campo de Nombre de la Empresa: **ABILI**



## BENEFICIOS ADICIONALES



### SERVICIOS DE EMPATÍA

Los empleados tienen acceso a valiosos beneficios a través de Empathy & The Hartford, que ofrecen apoyo para una amplia gama de necesidades, desde asistencia en viajes hasta el manejo de momentos difíciles de la vida. Estos servicios están disponibles para asegurar que los empleados tengan los recursos y la orientación necesarios cuando lo requieran.

### PLANIFICACIÓN FUNERARIA

Miembros expertos del equipo te ayudarán con la planificación previa del funeral, la preparación del funeral y los arreglos del entierro.

### PREPARACIÓN DE TESTAMENTO

Crea un testamento, protege tus bienes y asegura el futuro de tu familia utilizando los servicios de Preparación de Testamento. Abogados con licencia están disponibles para asegurar tu testamento y proporcionar apoyo en línea.

### DUELLO

Los Servicios de Duelo ayudan a las familias a enfrentar la pérdida y proporcionan apoyo en el duelo, servicios de sucesiones y planificación, además de herramientas para la planificación.

### ASISTENCIA EN VIAJES Y PROTECCIÓN CONTRA ROBO DE IDENTIDAD

Obtén asistencia en viajes cuando te encuentres a más de 100 millas de casa y por 90 días o menos. Los servicios incluyen asistencia médica, transporte de emergencia, ayuda con equipaje perdido y documentos.

Obtén asistencia 24/7/365 a través de los Servicios de Apoyo contra Robo de Identidad y educación sobre cómo proteger tu identidad.

### CAMPEÓN DE SALUD

Campeón de Salud ofrece apoyo en la Navegación de Atención Médica si te diagnostican una enfermedad crítica o te incapacitas. Puedes revisar opciones de cuidado y obtener ayuda para resolver problemas de atención médica.



## EXTRAS VOLUNTARIOS

### LEGALEASE & ALLSTATE

DSV ofrece beneficios adicionales para que los empleados puedan aprovechar, los cuales son planes completamente voluntarios diseñados para ampliar la cobertura en varias circunstancias de la vida diaria. Estos planes permiten a los empleados mejorar su protección y apoyo más allá de las ofertas estándar.



### PROTECCIÓN CONTRA ROBO DE IDENTIDAD Y CIBERCRIMEN DE ALLSTATE

La protección contra robo de identidad y cibercrimen de AllState ofrece monitoreo 24/7 de cuentas financieras, asegurando una protección integral para los empleados y sus familiares. En caso de una brecha de identidad, como a través de estafas de phishing por correo electrónico o compromisos de información personal desde un dispositivo electrónico personal, AllState proporciona servicios completos para ayudar a recuperar la identidad robada. Este servicio está diseñado para ofrecer tranquilidad al proteger la información personal y asistir en la resolución de cualquier problema relacionado con el robo de identidad. Visita [www.myaip.com](http://www.myaip.com).



### LEGALEASE

LegalEase está disponible para los empleados y sus familiares, ofreciendo consultas legales con un abogado licenciado a tarifas reducidas. Este servicio está diseñado para asistir en una amplia gama de asuntos legales, incluyendo planificación patrimonial, divorcio, inmigración, asesoramiento de casos y preparación de documentos. LegalEase proporciona acceso a asesoramiento legal profesional y apoyo, ayudando a los empleados a navegar cuestiones legales complejas a un costo asequible. Visita [www.legaleaseplan.com/dsv](http://www.legaleaseplan.com/dsv).



## DESCUENTOS PARA EMPLEADOS

Los empleados de DSV tienen acceso a una variedad de programas exclusivos de descuentos que ofrecen ahorros en una amplia gama de productos y servicios. Estos descuentos incluyen ofertas especiales en alojamientos de viaje, actuaciones teatrales y entradas para eventos deportivos. Además, los empleados pueden disfrutar de ahorros en servicios de entrega de comida, electrónica, membresías de gimnasios, compras al por menor y más. Estos beneficios están diseñados para proporcionar ahorros valiosos y mejorar la experiencia general de los empleados, tanto en el trabajo como en su vida personal. ¡Asegúrate de explorar las plataformas de descuentos disponibles para aprovechar estas excelentes ofertas!



Accede a la plataforma BenefitHub de DSV para beneficiarte de varias ofertas de descuento.

[dsv.benefithub.com](https://dsv.benefithub.com)

Código de referencia: **YGH8NM**



Disponible en tu ADP WFN en la sección de Beneficios, LifeMart ofrece descuentos en membresías de gimnasio, servicios de suscripción de alimentos y mucho más.



Obtén descuentos para parques temáticos, entradas de cine, espectáculos de Broadway y más en el sitio de PlumBenefits.

[www.plumbenefits.com](https://www.plumbenefits.com)

Código de empresa: **AC0825422**





## INFORMACIÓN DE CONTACTO

### PROVEEDORES

Proveedor	Servicio	Sitio Web	Teléfono
Aetna	Médico	<a href="http://www.aetna.com">www.aetna.com</a>	1-866-393-0002
Aetna	Planes Suplementarios	<a href="http://www.myaetnasupplemental.com">www.myaetnasupplemental.com</a>	1-888-772-9682
Kaiser Permanente - CA	Médico	<a href="http://www.kp.org">www.kp.org</a>	1-800-777-7902
Delta Dental de NJ	Dental	<a href="http://www.deltadentalnj.com">www.deltadentalnj.com</a>	1-877-305-9485
EyeMed	Visión	<a href="http://www.eyemed.com">www.eyemed.com</a>	1-866-800-5457
CVS Caremark	Farmacia	<a href="http://www.caremark.com">www.caremark.com</a>	1-800-756-7182
CVS Cuidado Virtual	Telemedicina	<a href="http://www.cvs.com/virtual-care">www.cvs.com/virtual-care</a>	1-877-993-4321
Clínica Minute de CVS	Clínica de Salud	<a href="http://www.cvs.com/minuteclinic">www.cvs.com/minuteclinic</a>	1-866-389-2727
Inspira Financiera	Cuentas HSA, Reembolso	<a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>	1-844-729-3539
The Hartford	Seguro de Vida y AD&D	<a href="http://www.thehartford.com">www.thehartford.com</a>	1-888-301-5615
The Hartford	Discapacidad y Licencias	<a href="http://www.abilityadvantage.thehartford.com">www.abilityadvantage.thehartford.com</a>	1-888-301-5615
ComPsych	Programa de Asistencia para Empleados	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>	1-800-964-3577
Inversiones Fidelity	Plan de Retiro (401k)	<a href="http://www.401k.com">www.401k.com</a>	1-800-835-5095
AllState	Protección contra Robo de Identidad	<a href="http://www.myaip.com">www.myaip.com</a>	1-800-789-2720
LegalEase	Seguro Legal	<a href="http://www.legaleaseplan.com/dsv">www.legaleaseplan.com/dsv</a>	1-800-248-9000

### DEPARTAMENTO DE BENEFICIOS

Departamento de Beneficios	Correo Electrónico	Teléfono
Consultas Generales	<a href="mailto:Beneficios@us.dsv.com">Beneficios@us.dsv.com</a>	(732) 850-8000

## [HIPAA Notice of Privacy Practices](#)

### **THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.**

DVS's medical plan (the "Plan") provides health benefits to eligible employees of DSV (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. To receive a copy of the Plan's Notice of Privacy Practices you should contact Aisha Nurse, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights. You can reach this contact person at:

- [Aisha.Nurse@us.dsv.com](mailto:Aisha.Nurse@us.dsv.com)
- (732) 8000 ext. 2379

## [HIPAA Special Enrollment Notice](#)

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or

If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The -day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a -day period applies to most special enrollments.

To request special enrollment or obtain more information, contact Aisha Nurse, Manager, Benefits, Iselin NJ, Air & Sea US.

- [Aisha.Nurse@us.dsv.com](mailto:Aisha.Nurse@us.dsv.com)
- (732) 8000 ext. 2379

## [Patient Protection Model Disclosure](#)

Aetna 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 DSV Benefits at [benefits@us.dsv.com](mailto:benefits@us.dsv.com)

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Aetna 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 DSV Benefits at [Aisha.Nurse@us.dsv.com](mailto:Aisha.Nurse@us.dsv.com)

**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 [.healthcare.gov](http://www.healthcare.gov).

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. Contact your State for more information on eligibility –**

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1- - -5447	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1- -251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.chp.co Customer Service: 1-800-359-1991">https://www.chp.co Customer Service: 1-800-359-1991</a> State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1- - -6442

<p><b>ARKANSAS-Medicaid</b></p> <p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>  Phone: 1- -MyARHIPP - -7447)</p>	<p><b>FLORIDA-Medicaid</b></p> <p>Website:  <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a>  Phone: 1- - -3268</p>
<p><b>GEORGIA-Medicaid</b></p> <p>A HIPP Website:  <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program">https://medicaid.georgia.gov/health-insurance-premium-payment-program</a>  Phone: - -1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-authorization-act-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-authorization-act-chipra</a>  Phone: (678) -1162, Press 2</p>	<p><b>MAINE-Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1- - -6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: - - -6740.  TTY: Maine relay 711</p>
<p><b>INDIANA-Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1- - -4479  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone  1- - -4584</p>	<p><b>MASSACHUSETTS-Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone:  1- - -4840</p>
<p><b>IOWA-Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid  Phone: 1- - -8366 Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1- - -8563  HIPP Website:  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1- - -9562</p>	<p><b>MINNESOTA-Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1- - -3739</p>
<p><b>KANSAS-Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1- - -4884</p>	<p><b>MISSOURI-Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: -751-2005</p>
<p><b>KENTUCKY-Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1- - -6328  Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1- - -4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p><b>MONTANA-Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1- - -3084</p>

<p><b>LOUISIANA-Medicaid</b></p> <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1- - -6207 (Medicaid hotline) or  1- -618-5488 (LaHIPP)</p>	<p><b>NEBRASKA-Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1- -632-7633 Lincoln: 402-473-7000  Omaha: 402- -1178</p>
<p><b>NEVADA-Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone:  1-800- -0900</p>	<p><b>SOUTH CAROLINA-Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone:  1- - -0820</p>
<p><b>NEW HAMPSHIRE-Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800- -3345, ext  5218</p>	<p><b>SOUTH DAKOTA-Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone:  1- - -0059</p>
<p><b>NEW JERSEY-Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>	<p><b>TEXAS-Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone:  1-800-440-0493</p>
<p><b>NEW YORK-Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>	<p><b>UTAH-Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP  Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone:  1-877- -7669</p>
<p><b>NORTH CAROLINA-Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919- -4100</p>	<p><b>VERMONT-Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone:  1-800-250-8427</p>
<p><b>NORTH DAKOTA-Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1- - -4825</p>	<p><b>VIRGINIA-Medicaid and CHIP</b></p> <p>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a>  <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone:  1-800- -5924 CHIP Phone: 1-800- -5924</p>
<p><b>OKLAHOMA-Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone:  1- -365-3742</p>	<p><b>WASHINGTON-Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone:  1-800-562-3022</p>
<p><b>OREGON-Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone:  1-800-699-9075</p>	<p><b>WEST VIRGINIA-Medicaid and CHIP</b></p> <p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304- -1700  CHIP Toll-free phone: 1- -MyWVHIPP (1- -699- 8447)</p>

PENNSYLVANIA-Medicaid	WISCONSIN-Medicaid and CHIP
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1- - -7462	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1- - -3002
RHODE ISLAND-Medicaid and CHIP	WYOMING-Medicaid
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1- -251-1269

To see if any other states have added a premium assistance program since October 15, 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](http://www.dol.gov/agencies/ebsa)  
 1- -444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number [1210-0137](#).

## Women's Health and Cancer Rights Act Notice

Our Plan complies with these requirements. Benefits for these items generally are comparable to those provided under our Plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. Our Plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements.

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. If you would like more information on WHCRA, call your Plan Administrator at (732) 850-8000 ext. 2379 for more information.

## General Notice of COBRA Continuation Coverage Rights

### **Introduction**

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

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

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

### **What is COBRA continuation coverage?**

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

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

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

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

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

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

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

#### **When is COBRA continuation coverage available?**

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

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

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

- [Aisha.Nurse@us.dsv.com](mailto:Aisha.Nurse@us.dsv.com)
- (732) -8000 ext. 2379

#### **How is COBRA continuation coverage provided?**

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

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

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

***Disability extension of 18-month period of COBRA continuation coverage***

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

***Second qualifying event extension of 18-month period of continuation coverage***

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

**Are there other coverage options besides COBRA Continuation Coverage?**

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

**Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

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

The month after your employment ends; or

The month after group health plan coverage based on current employment ends.

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

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

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

**If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

**Keep your Plan informed of address changes**

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

**Plan contact information**

- [Aisha.Nurse@us.dsv.com](mailto:Aisha.Nurse@us.dsv.com)
- (732) 8000 ext. 2379

## **Notice of Privacy Practices**

**DSV**

### **Health Information 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.

DSV's medical plan (the "Plan") provides health benefits to eligible employees of DSV (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits.

The Plan is required by law to take reasonable steps to protect your Protected Health Information from inappropriate use or disclosure.

The Plan is required by law to provide notice to you of the Plan's duties and privacy practices with respect to your PHI, and is doing so through this Notice. This Notice describes the different ways in which the Plan uses and discloses PHI. It is not feasible in this Notice to describe in detail all of the specific uses and disclosures the Plan may make of PHI, so this Notice describes all of the categories of uses and disclosures of PHI that the Plan may make and, for most of those categories, gives examples of those uses and disclosures.

The Plan is required to abide by the terms of this Notice until it is replaced. The Plan may change its privacy practices at any time and, if any such change requires a change to the terms of this Notice, the Plan will revise and re-distribute this Notice according to the Plan's distribution process. Accordingly, the Plan can change the terms of this Notice at any time. The Plan has the right to make any such change effective for all of your PHI that the Plan creates, receives or maintains, even if the Plan received or created that PHI before the effective date of the change.

The Plan is distributing this notice, and will distribute any revisions, only to participating employees and COBRA-qualified beneficiaries, if any. If you have coverage under the Plan as a dependent of an employee or COBRA-qualified beneficiary, you can get a copy of the Notice by requesting it from the contact named at the end of this Notice.

Please note that this Notice applies only to your PHI that the Plan maintains. It does not affect your doctor's or other health care provider's privacy practices with respect to your PHI that they maintain.

## Receipt of Your PHI by the Company and Business Associates

The Plan may disclose your PHI to, and allow use and disclosure of your PHI by, the Company and Business Associates, and any of their subcontractors without obtaining your authorization.

**Plan Sponsor:** The Company is the Plan Sponsor and Plan Administrator. The Plan may disclose to the Company, in summary form, claims history and other information so that the Company may solicit premium bids for health benefits, or to modify, amend or terminate the Plan. This summary information omits your name and Social Security Number and certain other identifying information. The Plan may also disclose information about your participation and enrollment status in the Plan to the Company and receive similar information from the Company. If the Company agrees in writing that it will protect the information against inappropriate use or disclosure, the Plan also may disclose to the Company a limited data set that includes your PHI, but omits certain direct identifiers, as described later in this Notice.

The Plan may disclose your PHI to the Company for plan administration functions performed by the Company on behalf of the Plan, if the Company certifies to the Plan that it will protect your PHI against inappropriate use and disclosure.

**Example:** The Company reviews and decides appeals of claim denials under the Plan. The Claims Administrator provides PHI regarding an appealed claim to the Company for that review, and the Company uses PHI to make the decision on appeal.

**Business Associates:** The Plan and the Company hire third parties, such as a third party administrator (the “Claims Administrator”), to help the Plan provide health benefits. These third parties are known as the Plan’s “Business Associates.” The Plan may disclose your PHI to Business Associates, like the Claims Administrator, who are hired by the Plan or the Company to assist or carry out the terms of the Plan. In addition, these Business Associates may receive PHI from third parties or create PHI about you in the course of carrying out the terms of the Plan. The Plan and the Company must require all Business Associates to agree in writing that they will protect your PHI against inappropriate use or disclosure, and will require their subcontractors and agents to do so, too.

For purposes of this Notice, all actions of the Company and the Business Associates that are taken on behalf of the Plan are considered actions of the Plan. For example, health information maintained in the files of the Claims Administrator is considered maintained by the Plan. So, when this Notice refers to the Plan taking various actions with respect to health information, those actions may be taken by the Company or a Business Associate on behalf of the Plan.

## How the Plan May Use or Disclose Your PHI

The Plan may use and disclose your PHI for the following purposes without obtaining your authorization. And, with only limited exceptions, we will send all mail to you, the employee. This includes mail relating to your spouse and other family members who are covered under the Plan. If a person covered under the Plan has requested Restrictions or Confidential Communications, and if the Plan has agreed to the request, the Plan will send mail as provided by the request for Restrictions or Confidential Communications.

**Your Health Care Treatment:** The Plan may disclose your PHI for treatment (as defined in applicable federal rules) activities of a health care provider.

**Example:** If your doctor requested information from the Plan about previous claims under the Plan to assist in treating you, the Plan could disclose your PHI for that purpose.

**Example:** The Plan might disclose information about your prior prescriptions to a pharmacist for the pharmacist's reference in determining whether a new prescription may be harmful to you.

**Making or Obtaining Payment for Health Care or Coverage:** The Plan may use or disclose your PHI for payment (as defined in applicable federal rules) activities, including making payment to or collecting payment from third parties, such as health care providers and other health plans.

**Example:** The Plan will receive bills from physicians for medical care provided to you that will contain your PHI. The Plan will use this PHI, and create PHI about you, in the course of determining whether to pay, and paying, benefits with respect to such a bill.

**Example:** The Plan may consider and discuss your medical history with a health care provider to determine whether a particular treatment for which Plan benefits are or will be claimed is medically necessary as defined in the Plan.

The Plan's use or disclosure of your PHI for payment purposes may include uses and disclosures for the following purposes, among others.

- Obtaining payments required for coverage under the Plan
- Determining or fulfilling its responsibility to provide coverage and/or benefits under the Plan, including eligibility determinations and claims adjudication
- Obtaining or providing reimbursement for the provision of health care (including coordination of benefits, subrogation, and determination of cost-sharing amounts)
- Claims management, collection activities, obtaining payment under a stop-loss insurance policy, and related healthcare data processing
- Reviewing health care services to determine medical necessity, coverage under the Plan, appropriateness of care, or justification of charges
- Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services

The Plan also may disclose your PHI for purposes of assisting other health plans (including other health plans sponsored by the Company), health care providers, and health care clearinghouses with their payment activities, including activities like those listed above with respect to the Plan.

**Health Care Operations:** The Plan may use and disclose your PHI for health care operations (as defined in applicable federal rules) which includes a variety of facilitating activities.

**Example:** If claims you submit to the Plan indicate that you have diabetes or another chronic condition, the Plan may use and disclose your PHI to refer you to a disease management program.

**Example:** If claims you submit to the Plan indicate that the stop-loss coverage that the Company has purchased in connection with the Plan may be triggered, the Plan may use or disclose your PHI to inform the stop-loss carrier of the potential claim and to make any claim that ultimately applies.

The Plan's use and disclosure of your PHI for health care operations purposes may include uses and disclosures for the following purposes.

- Quality assessment and improvement activities
- Disease management, case management and carecoordination
- Activities designed to improve health or reduce health carecosts
- Contacting health care providers and patients with information about treatment alternatives
- Accreditation, certification, licensing or credentialing activities
- Fraud and abuse detection and compliance programs

The Plan also may use or disclose your PHI for purposes of assisting other health plans (including other plans sponsored by the Company), health care providers and health care clearinghouses with their health care operations activities that are like those listed above, but only to the extent that both the Plan and the recipient of the disclosed information have a relationship with you and the PHI pertains to that relationship.

The Plan's use and disclosure of your PHI for health care operations purposes may include uses and disclosures for the following additional purposes, among others.

- Underwriting (with the exception of PHI that is genetic information) premium rating and performing related functions to create, renew or replace insurance related to the Plan
- Planning and development, such as cost-management analyses
- Conducting or arranging for medical review, legal services, and auditing functions
- Business management and general administrative activities, including implementation of, and compliance with, applicable laws, and creating de-identified health information or a limited data set

The Plan also may use or disclose your PHI for purposes of assisting other health plans for which the Company is the plan sponsor, and any insurers and/or HMOs with respect to those plans, with their health care operations activities similar to both categories listed above.

**Limited Data Set:** The Plan may disclose a limited data set to a recipient who agrees in writing that the recipient will protect the limited data set against inappropriate use or disclosure. A limited data set is health information about you and/or others that omits your name and Social Security Number and certain other identifying information.

**Legally Required:** The Plan will use or disclose your PHI to the extent required to do so by applicable law. This may include disclosing your PHI in compliance with a court order, or a subpoena or summons. In addition, the Plan must allow the U.S. Department of Health and Human Services to audit Plan records.

**Health or Safety:** When consistent with applicable law and standards of ethical conduct, the Plan may disclose your PHI if the Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or the health and safety of others. The Plan can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence

**Law Enforcement:** The Plan may disclose your PHI to a law enforcement official if the Plan believes in good faith that your PHI constitutes evidence of criminal conduct that occurred on the premises of the Plan. The Plan also may disclose your PHI for limited law enforcement purposes.

**Lawsuits and Disputes:** In addition to disclosures required by law in response to court orders, the Plan may disclose your PHI in response to a subpoena, discovery request or other lawful process, but only if certain efforts have been made to notify you of the subpoena, discovery request or other lawful process or to obtain an order protecting the information to be disclosed.

**Workers' Compensation:** The Plan may use and disclose your PHI when authorized by and to the extent necessary to comply with laws related to workers' compensation or other similar programs.

**Emergency Situation:** The Plan may disclose your PHI to a family member, friend, or other person, for the purpose of helping you with your health care or payment for your health care, if you are in an emergency medical situation and you cannot give your agreement to the Plan to do this.

**Personal Representatives:** The Plan will disclose your PHI to your personal representatives appointed by you or designated by applicable law (a parent acting for a minor child, or a guardian appointed for an incapacitated adult, for example) to the same extent that the Plan would disclose that information to you. The Plan may choose not to disclose information to a personal representative if it has reasonable belief that: 1) you have been or may be a victim of domestic abuse by your personal representative; or 2) recognizing such person as your personal representative may result in harm to you; or 3) it is not in your best interest to treat such person as your personal representative.

**Public Health:** To the extent that other applicable law does not prohibit such disclosures, the Plan may disclose your PHI for purposes of certain public health activities, including, for example, reporting information related to an -regulated product's quality, safety or effectiveness to a person subject to FDA jurisdiction.

**Health Oversight Activities:** The Plan may disclose your PHI to a public health oversight agency for authorized activities, including audits, civil, administrative or criminal investigations; inspections; licensure or disciplinary actions.

**Coroner, Medical Examiner, or Funeral Director:** The Plan may disclose your PHI to a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, the Plan may disclose your PHI to a funeral director, consistent with applicable law, as necessary to carry out the funeral director's duties.

**Organ Donation.** The Plan may use or disclose your PHI to assist entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes, or tissue.

**Specified Government Functions:** In specified circumstances, federal regulations may require the Plan to use or disclose your PHI to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

**Research:** The Plan may disclose your PHI to researchers when your individual identifiers have been removed or when an institutional review board or privacy board has reviewed the research proposal and established a process to ensure the privacy of the requested information and approves the research.

**Disclosures to You:** When you make a request for your PHI, the Plan is required to disclose to you your medical records, billing records, and any other records used to make decisions regarding your health care benefits. The Plan must also, when requested by you, provide you with an accounting of disclosures of your PHI if such disclosures were for any reason other than Treatment, Payment, or Health Care Operations (and if you did not authorize the disclosure).

#### Authorization to Use or Disclose Your PHI

Except as stated above, the Plan will not use or disclose your PHI unless it first receives written authorization from you. If you authorize the Plan to use or disclose your PHI, you may revoke that authorization in writing at any time, by sending notice of your revocation to the contact person named at the end of this Notice. To the extent that the Plan has taken action in reliance on your authorization (entered into an agreement to provide your PHI to a third party, for example) you cannot revoke your authorization.

Furthermore, we will not: (1) supply confidential information to another company for its marketing purposes (unless it is for certain limited Health Care Operations); (2) sell your confidential information (unless under strict legal restrictions) (to sell means to receive direct or indirect remuneration); (3) provide your confidential information to a potential employer with whom you are seeking employment without your signed authorization; or (4) use or disclose psychotherapy notes unless required by law.

Additionally, if a state or other law requires disclosure of immunization records to a school, written authorization is no longer required. However, a covered entity still must obtain and document an agreement which may be oral and over the phone.

#### The Plan May Contact You

The Plan may contact you for various reasons, usually in connection with claims and payments and usually by mail.

You should note that the Plan may contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

## Your Rights With Respect to Your PHI

**Confidential Communication by Alternative Means:** If you feel that disclosure of your PHI could endanger you, the Plan will accommodate a reasonable request to communicate with you by alternative means or at alternative locations. For example, you might request the Plan to communicate with you only at a particular address. If you wish to request confidential communications, you must make your request in writing to the contact person named at the end of this Notice. You do not need to state the specific reason that you feel disclosure of your PHI might endanger you in making the request, but you do need to state whether that is the case. Your request also must specify how or where you wish to be contacted. The Plan will notify you if it agrees to your request for confidential communication. You should not assume that the Plan has accepted your request until the Plan confirms its agreement to that request in writing.

**Request Restriction on Certain Uses and Disclosures:** You may request the Plan to restrict the uses and disclosures it makes of your PHI. This request will restrict or limit the PHI that is disclosed for Treatment, Payment, or Health Care Operations, and this restriction may limit the information that the Plan discloses to someone who is involved in your care or the payment for your care. The Plan is not required to agree to a requested restriction, but if it does agree to your requested restriction, the Plan is bound by that agreement, unless the information is needed in an emergency situation. There are some restrictions, however, that are not permitted even with the Plan's agreement. To request a restriction, please submit your written request to the contact person identified at the end of this Notice. In the request please specify: (1) what information you want to restrict; (2) whether you want to limit the Plan's use of that information, its disclosure of that information, or both; and (3) to whom you want the limits to apply (a particular physician, for example). The Plan will notify you if it agrees to a requested restriction on how your PHI is used or disclosed. You should not assume that the Plan has accepted a requested restriction until the Plan confirms its agreement to that restriction in writing. You may request restrictions on our use and disclosure of your confidential information

for the treatment, payment and health care operations purposes explained in this Notice. Notwithstanding this policy, the plan will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and it is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider has been paid out-of-pocket in full.

**Right to Be Notified of a Breach:** You have the right to be notified in the event that the plan (or a Business Associate) discovers a breach of unsecured protected health information.

**Electronic Health Records:** You may also request and receive an accounting of disclosures of electronic health records made for treatment, payment, or health care operations during the prior three years for disclosures made on or after

January 1, 2014 for electronic health records acquired before January 1, 2009; or (2) January 1, 2011 for electronic health records acquired on or after January 1, 2009.

The first list you request within a 30-month period will be free. You may be charged for providing any additional lists within a 30-month period.

**Paper Copy of This Notice:** You have a right to request and receive a paper copy of this Notice at any time, even if you received this Notice previously, or have agreed to receive this Notice electronically. To obtain a paper copy please call or write the contact person named at the end of this Notice.

**Right to Access Your PHI:** You have a right to access your PHI in the Plan's enrollment, payment, claims adjudication and case management records, or in other records used by the Plan to make decisions about

you, in order to inspect it and obtain a copy of it. Your request for access to this PHI should be made in writing to the contact person named at the end of this Notice. The Plan may deny your request for access, for example, if you request information compiled in anticipation of a legal proceeding. If access is denied, you will be provided with a written notice of the denial, a description of how you may exercise any review rights you might have, and a description of how you may complain to Plan or the Secretary of Health and Human Services. If you request a copy of your PHI, the Plan may charge a reasonable fee for copying and, if applicable, postage associated with your request. However, if you or a third party requests a copy of your PHI, the fee limitations set out in the rules will apply only to your individual request for access to your own records but these fee limitations will not apply to an individual's request to transmit records to a third party.

**Right to Amend:** You have the right to request amendments to your PHI in the Plan's records if you believe that it is incomplete or inaccurate. A request for amendment of PHI in the Plan's records should be made in writing to the contact person named at the end of this Notice. The Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if, for example, your PHI in the Plan's records was not created by the Plan, if the PHI you are requesting to amend is not part of the Plan's records, or if the Plan determines the records containing your health information are accurate and complete. If the Plan denies your request for an amendment to your PHI, it will notify you of its decision in writing, providing the basis for the denial, information about how you can include information on your requested amendment in the Plan's records and a description of how you may complain to Plan or the Secretary of Health and Human Services.

**Accounting:** You have the right to receive an accounting of certain disclosures made of your health information. Most of the disclosures that the Plan makes of your PHI are not subject to this accounting requirement because routine disclosures (those related to payment of your claims, for example) generally are excluded from this requirement. Also, disclosures that you authorize, or that occurred more than six years before the date of your request, are not subject to this requirement. To request an accounting of disclosures of your PHI, you must submit your request in writing to the contact person named at the end of this Notice.

Your request must state a time period which may not include dates more than six years before the date of your request. Your request should indicate in what form you want the accounting to be provided (for example on paper or electronically). The first list you request within a 30-month period will be free. If you request more than one accounting within a 30-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

**Personal Representatives:** You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. The Plan retains discretion to deny a personal representative access to your PHI to the extent permissible under applicable law.

**Complaints:** If you believe that your privacy rights have been violated, you have the right to express complaints to the Plan and to the Secretary of the Department of Health and Human Services. Any complaints to the Plan should be made in writing to the contact person named at the end of this Notice. The Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

**Contact Information:** The Plan has designated **DSV Benefits** as its contact person for all issues regarding the Plan's privacy practices and your privacy rights. You can reach this contact person at:

[Aisha.Nurse@us.dsv.com](mailto:Aisha.Nurse@us.dsv.com)

## Important Notice from DSV 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 DSV 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 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. DSV has determined that the prescription drug coverage offered by DSV is, on average for all plan participants, is expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered
2. 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 15<sup>th</sup> to December 7<sup>th</sup>.

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 DSV coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current DSV coverage, be aware that you and your dependents will 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 DSV 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.

## 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 DSV 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 DSV 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](http://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](http://www.socialsecurity.gov), or call the helpline at 1-800-772-6273 (TTY: 1-800-787-6273).

**CMS Form 10182-CC Updated April 1, 2011**

**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: February 2025**

**Name of Entity/Sender: DSV Air & Sea Inc.**

**Contact/Position: Benefits Manager**

**Resources Address: 200 Wood Ave, 3rd Floor, Iselin NJ 08830**

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