



**To Participants in the City of Reno Group Health Plan  
Important 2024 Annual Notice Information Enclosed**

**Notice of Privacy Practices**

This notice serves to remind you, as a covered member under the City of Reno Group Health Plan, that you have access to the Notice of Privacy Practices (NPP) as required by the HIPAA Privacy Rule. The NPP explains how City of Reno uses and discloses members' protected health information.

You may obtain a copy of the Notice of Privacy Practices from your Human Resources Department.

**The Newborns and Mothers Health Protection Act**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean delivery. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**The Women's Health and Cancer Rights Act**

The health benefits of most plans must include coverage for the following post-mastectomy services and supplies when provided in a manner determined in consultation between the attending physician and the patient: (1) All stages of reconstruction of the breast on which the mastectomy was performed; (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance; (3) Prostheses; and (4) Treatment of physical complications of the mastectomy, including lymphedema.

Plan participants must be notified, upon enrollment and annually thereafter, of the availability of benefits required due to the WHCRA.

**Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –**

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

| GEORGIA – Medicaid   | INDIANA – Medicaid  |
|--|---|
| GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>   | 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: 678-564-1162, Press 1<br>GA CHIPRA Website:   | Phone: 1-877-438-4479<br>All other Medicaid   |
| <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>                    | Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  |
| Phone: 678-564-1162, Press 2   | Phone: 1-800-457-4584   |
| IOWA – Medicaid and CHIP (Hawki)   | KANSAS – Medicaid   |
| Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  | Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  |
| Medicaid Phone: 1-800-338-8366<br>Hawki Website:   | Phone: 1-800-792-4884<br>HIPP Phone: 1-800-967-4660   |
| <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  |   |
| Hawki Phone: 1-800-257-8563<br>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: 1-888-346-9562   |   |
| KENTUCKY – Medicaid  | LOUISIANA – Medicaid  |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  | 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> |
| <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  | Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)   |
| Phone: 1-855-459-6328<br>Email: <a href="mailto:KIHIPPROGRAM@ky.gov">KIHIPPROGRAM@ky.gov</a>   |   |
| KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>   |   |
| Phone: 1-877-524-4718<br>Kentucky Medicaid Website:  |   |
| <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>  |   |
| MAINE – Medicaid   | MASSACHUSETTS – Medicaid and CHIP   |
| Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  | Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  |
| Phone: 1-800-442-6003<br>TTY: Maine relay 711  | Phone: 1-800-862-4840<br>TTY: 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>  | Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>   |
| Phone: 1-800-977-6740<br>TTY: Maine relay 711  |   |
| MINNESOTA – Medicaid   | MISSOURI – Medicaid   |
| 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> | 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: 1-800-657-3739  | Phone: 573-751-2005   |
| MONTANA – Medicaid   | NEBRASKA – Medicaid   |
| Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>   | Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  |
| Phone: 1-800-694-3084<br>Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>   | Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178   |

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| <b>NEVADA – Medicaid</b>   | <b>NEW HAMPSHIRE – Medicaid</b>   |
| Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a>  | Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>                                    |
| Medicaid Phone: 1-800-992-0900   | Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 5218   |
| <b>NEW JERSEY – Medicaid and CHIP</b>  | <b>NEW YORK – Medicaid</b>  |
| Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>                        | Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  |
| Medicaid Phone: 609-631-2392   | Phone: 1-800-541-2831   |
| CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  |   |
| CHIP Phone: 1-800-701-0710   |   |
| <b>NORTH CAROLINA – Medicaid</b>   | <b>NORTH DAKOTA – Medicaid</b>  |
| Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>   | Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>  |
| Phone: 919-855-4100  | Phone: 1-844-854-4825   |
| <b>OKLAHOMA – Medicaid and CHIP</b>  | <b>OREGON – Medicaid</b>  |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>   | Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  |
| Phone: 1-888-365-3742  | Phone: 1-800-699-9075   |
| <b>PENNSYLVANIA – Medicaid and CHIP</b>  | <b>RHODE ISLAND – Medicaid and CHIP</b>   |
| 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>                     | Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  |
| Phone: 1-800-692-7462  | Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line)  |
| CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/CHIP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a>                                |   |
| CHIP Phone: 1-800-986-KIDS (5437)  |   |
| <b>SOUTH CAROLINA – Medicaid</b>   | <b>SOUTH DAKOTA - Medicaid</b>  |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>   | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  |
| Phone: 1-888-549-0820  | Phone: 1-888-828-0059   |
| <b>TEXAS – Medicaid</b>  | <b>UTAH – Medicaid and CHIP</b>   |
| Website: <a href="http://www.healthandhuman.com/HealthInsurancePremiumPaymentProgram.aspx">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> | Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>   |
| Phone: 1-800-440-0493  | CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>   |
|  | Phone: 1-877-543-7669   |
| <b>VERMONT– Medicaid</b>   | <b>VIRGINIA – Medicaid and CHIP</b>   |
| Website: <a href="http://www.vermont.gov/health/insurance/premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a>     | Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>  |
| Phone: 1-800-250-8427  | <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> |
|  | Medicaid/CHIP Phone: 1-800-432-5924   |
| <b>WASHINGTON – Medicaid</b>   | <b>WEST VIRGINIA – Medicaid and CHIP</b>  |
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>   | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  |
| Phone: 1-800-562-3022  | <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>   |
|  | Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)   |

| WISCONSIN – Medicaid and CHIP   | WYOMING – Medicaid  |
|---|---|
| Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> | Website:<br><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> |
| Phone: 1-800-362-3002   | Phone: 1-800-251-1269   |

To see if any other states have added a premium assistance program since July 31, 2024, 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)  
1-866-444-EBSA (3272)

U.S. Department of Health and  
Human Services Centers for  
Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
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.

OMB Control Number 1210-0137 (expires 1/31/2026)



## IMPORTANT NOTICE FROM CITY OF RENO 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 City of Reno and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

### **There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Reno has determined that the prescription drug coverage offered by the City of Reno Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

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Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

### **Enrolling in Medicare—General Rules**

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

### **Late Enrollment and the Late Enrollment Penalty**

If you decide to *wait* to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty.*

### **Special Enrollment Period Exceptions to the Late Enrollment Penalty**

There are “special enrollment periods” that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes “creditable” prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

### **Compare Coverage**

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. See the City of Reno Plan’s summary plan description for a summary of the Plan’s prescription drug coverage. If you don’t have a copy, you can get one by contacting us at the telephone number or address listed below.

### **Coordinating Other Coverage With Medicare Part D**

Generally speaking, if you decide to join a Medicare drug plan while covered under the City of Reno Plan due to your employment (or someone else’s employment, such as a spouse or parent), your coverage under the City of Reno Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan’s summary plan description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your City of Reno prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan’s eligibility and enrollment rules. You should review the Plan’s summary plan description to determine if and when you are allowed to add coverage.

### **For More Information About This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information, or call 775-334-2285. **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 City of Reno changes. You also may request a copy.

### **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 them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).**

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|------------------------|-----------------------------------|
| Date:                  | October 15, 2024                  |
| Name of Entity/Sender: | Human Resources                   |
| Address:               | 1 E. 1st Street<br>Reno, NV 89501 |
| Phone Number:          | 775-334-2285                      |

**Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.**