Legal Notices and Other Important Information 2020 - 2021 Plan Years

- Medicare Part D Prescription Drug Notice
- Children's Health Insurance Program (CHIP) Notice
- Women's Health and Cancer Rights Notice
- Statement of Rights Under The Newborns' And Mothers' Health Protection Act
- HIPAA Privacy Notice
- Affordable Care Act
- To obtain copies of the following ***Summary of Coverage and Benefits*** documents, please refer to separate documents posted on this website:

    1) Standard PPO Plan
    2) Enhanced PPO Plan
    3) Coverage First Plan
    4) High Deductible Health Plan
    5) Summary of Benefits and Coverage Uniform Glossary

    *You can also contact Human Resources for a hard copy of any of the above Summary of Coverage and Benefits documents.

Important Notice from Republic Bank 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 Humana and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Humana has determined that the prescription drug coverage offered by ***Republic Bank Medical Health Benefit Plan*** is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered *Creditable Coverage*. Because your existing coverage is *Creditable Coverage*, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare *and* each year from October 15th to December 7th.

However, if you lose your *current* creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, you may keep your Humana coverage if you elect Medicare Part D coverage and the Humana plan will be payable first with the benefits of *Medicare Part D* payable second.

If you do decide to join a Medicare drug plan *and* drop your Humana coverage, be aware that you and your dependents may not be able to get this coverage back unless you elect coverage during an annual open enrollment period or experience an eligible qualifying event that entitles you to special enrollment rights.

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 Humana 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 Human Resources Department representative 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 Republic Bank changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help, or
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: October 01, 2020

Name of Entity/Sender: Republic Bank

Contact--Position/Office: Holly Haggard, VP - Benefits Manager / Human Resources Dept.

Address: 601 West Market Street, Louisville, KY 40202

Phone Number: 502-420-1804

Premium Assistance Under Medicaid and the Children's Health Insurance Program

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or http://www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 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 October 1, 2020. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	**COLORADO** – Medicaid
Website http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: https://www.colorado.gov/pacific/hcpf/colorado-medicaid Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	**FLORIDA** – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: http://www.myflfamilies.com/service-programs Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: https://medicaid.georgia.gov Phone: 1-800-869-1150
IDAHO – Medicaid	**MONTANA** – Medicaid
Medicaid Website: http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx Medicaid Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084

INDIANA – Medicaid	**NEBRASKA** – Medicaid
Website: https://www.in.gov Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278
IOWA – Medicaid	**NEVADA** – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	**NEW HAMPSHIRE** – Medicaid
Website: https://chfs.ky.gov/agencies Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	**NEW JERSEY** – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Medicaid Website: https://www.state.nj.us/humanservices Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/default.aspx CHIP Phone: 1-800-701-0710
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	
MASSACHUSETTS – Medicaid and CHIP	**NEW YORK –** Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	**NORTH CAROLINA** – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA** – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP	**UTAH** – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid	**VERMONT**– Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427

PENNSYLVANIA – Medicaid	**VIRGINIA** – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.coverva.org/expansion Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid	**WASHINGTON** – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA** – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	**WISCONSIN** – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING** – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531
OHIO – Medicaid	**TENNESSEE** – Medicaid
Website: https://www.buckeyehealthplan.com Phone: 1-866-246-4358	Website: https://www.tn.gov/tenncare Phone: 1-800-342-3145

To see if any more States have added a premium assistance program since October 1, 2020, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act, signed into law on October 21, 1998, contains protections for patients who elect breast reconstruction in connection with a mastectomy. For plan participants and beneficiaries receiving benefits in connections with a mastectomy, plans offering coverage for a mastectomy must also cover reconstructive surgery and other benefits related to a mastectomy.

The Women's Health and Cancer Rights Act:

- Applies to group health plans for plan years starting on or after October 21, 1998.
- Applies to group health plans, health insurance companies or HMOs, if the plan or coverage provides medical and surgical benefits with respect to a mastectomy.
- Requires coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient.

Under the Women's Health and Cancer Rights Act, mastectomy benefits must include coverage for:

- Reconstruction of breast on which mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and physical complications at all stages of mastectomy, including lymphedemas

Under the Women's Health and Cancer Rights Act, mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan or coverage.

The law also contains prohibitions against:

- Plans and issuers denying patients eligibility or continued eligibility to enroll or renew coverage under the plan to avoid the requirements of the Women's Health and Cancer Rights Act.
- Plans and issuers providing incentives to, or penalizing, physicians to induce them to provide care in a manner inconsistent with the Women's Health and Cancer Rights Act.

Group health plans, health insurance companies and HMOs covered by law must notify individuals of the coverage required by the Women's Health and Cancer Rights Act upon enrollment and annually thereafter.

If you would like more information on WHCRA benefits, please call Humana at **1-800-872-7207** for more information.

Direct Access to OB/GYNs

You do not need prior authorization to obtain direct access to obstetrical or gynecological care from a health care professional in the 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 Humana at 1-800-872-7207 or log into your MyHumana account at www.humana.com.

Statement of Rights Under the Newborns' and Mothers' Health Protection Act

If a group health plan, health insurance company, or health maintenance organization (HMO) provides maternity benefits, it may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section.

You cannot be required to obtain preauthorization from your plan in order for your 48-hour or 96-hour stay to be covered. (However, certain requirements that you give notice to the plan of the pregnancy or the childbirth may apply.)

The law allows you and your baby to be released earlier than these time periods only if the attending provider decides, after consulting with you, that you or your baby can be discharged earlier.

In any case, the attending provider cannot receive incentives or disincentives to discharge you or your child earlier than 48 hours (or 96 hours).

If your state has a law that provides similar hospital stay protections and your plan offers coverage through an insurance policy or HMO, then you may be protected under state law rather than under the Newborns' and Mothers' Health Protection Act.

REPUBLIC BANCORP, INC. WELFARE PLAN PRIVACY NOTICE

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.

Each group health plan listed below (together referred to as the "Plan") is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. The purpose of this Notice is to inform you of the Plan's privacy practices.

You are receiving this privacy notice because you may be covered by at least one of the following type of Plan(s):
Major Medical Plan Options and Medical Expense Reimbursement Plan under Welfare Plan

In connection with providing health benefits to you, the Plan receives and maintains medical and other information about you. The Plan is sponsored by Republic Bancorp, Inc. (the "Plan Sponsor"). The Plan Sponsor has hired Humana Insurance Company, Delta Dental of Kentucky, and Guardian to process claims and otherwise assist with Plan operations. The Plan Sponsor may also hire other service providers to assist with Plan operations. These service providers are called "business associates" of the Plan, and the Plan Sponsor requires that they agree to comply with the privacy laws regarding your protected health information. The Plan Sponsor or business associates may also assist with Plan operations as described below, and the Plan Sponsor and business associates will comply with the privacy laws with respect to your protected health information if they maintain or receive any such information.

The privacy laws do not apply to information maintained by your employer other than in connection with the Plan. Information provided to your employer by you or from another source that is in connection with sick or disability pay, a leave of absence, or a benefit plan that is not a health plan is not subject to these rules.

HOW THE PLAN USES YOUR PROTECTED HEALTH INFORMATION

The Plan may use and disclose your protected health information for the following purposes:

- ***Claims Payment*:** The Plan may use or disclose your protected health information to process and pay a claim for services or supplies covered by the Plan. The Plan may also provide eligibility information to your doctor or another provider who requests the information in connection with your treatment.

- ***Operation of the Plan*:** The Plan may use or disclose your medical information in connection with its normal operations and management, such as conducting quality assessment and improvement activities, underwriting or other activities relating to insurance in connection with the Plan, care coordination or case management, customer service, and fraud detection. However, genetic information cannot be used for underwriting purposes.

- ***Treatment Purposes*:** The Plan may disclose your medical information to your doctor, at the doctor's request, in connection with your treatment. The Plan may also use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

- ***Disclosure Required by Law*:** The Plan must disclose protected health information to the U.S. Department of Health and Human Services in connection with an audit. The Plan may also disclose your medical information as required to comply with workers' compensation laws, or as required by a legal proceeding, such as a court or administrative order or subpoena.

- ***To Your Employer*:** The Plan may disclose to your employer summary claims and other similar information if information that could be used to identify individuals has been removed. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to your employer whether you are enrolled in the Plan. The Plan may disclose your protected health information to the Plan Sponsor or to your employer for Plan administrative functions as long as the Plan Sponsor has certified that it will ensure the continuing confidentiality and security of your protected health information and that it will not to use or disclose your medical information for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor or employer. The Plan Sponsor has amended the Plan to specifically allow this use for Plan purposes by the Plan Sponsor or your employer.

- ***To Family Members*:** The Plan may generally disclose protected health information to a spouse or parent in connection with inquiries about plan benefits and claims payment. An individual (but not an un-emancipated minor) may ask that no such disclosure be made to family members, and the Plan will honor the request. The Plan may require a written authorization before making disclosures to a family member. A Plan may disclose protected health information to a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you are not able to give or withhold consent for the Plan to do this.

- ***Other Uses*:** The Plan may also use and disclose your medical information as follows:

  1) The Plan may disclose protected health information to law enforcement officials, for research, or for public health activities as permitted by the privacy laws.
  2) The Plan may disclose protected health information about a deceased person to a coroner, medical examiner, or funeral director.
  3) The Plan may disclose protected health information in the event of a serious threat to your health or safety or the health or safety of others.

YOU MUST AUTHORIZE OTHER USES

The Plan (including business associates providing services to the Plan and Republic Bancorp, Inc.) will not use or disclose your protected health information from the Plan for any purpose other than those described in this Notice unless you give the Plan written authorization to do so. With limited exceptions, the Plan must obtain your authorization for uses or disclosures of psychotherapy-notes, protected health information used for marketing purposes, and sales of protected health information. If you give written authorization, it must state the specific use you are authorizing, and in most cases you may revoke your authorization in writing at any time. Your revocation will not be effective to the extent that the Plan has already taken action in reliance on your authorization.

INDIVIDUAL RIGHTS TO SEE AND AMEND AND OTHER RIGHTS REGARDING HEALTH INFORMATION

The law gives you certain rights regarding your protected health information used or maintained by the Plan, as follows:

- You have the right to see and get copies of your protected health information, with limited exceptions. The Plan reserves the right to impose a reasonable charge for repeat disclosures or numerous disclosure requests within one year.

- You have the right to ask that the Plan communicate with you in another way to keep your protected health information confidential. You can ask the Plan to communicate by a different means or at a different location than the Plan normally uses. The Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect premiums and pay claims.

- You may request additional restrictions on the Plan's use and disclosure of your medical information. The Plan does not have to agree to your request. However, the Plan must comply with your request not to disclose information about any medical expense for which you paid in full for the services.

- You have the right to notice in the event of an unauthorized disclosure of your health information where there is a significant risk your information has been compromised.

  - You may request a correction to your protected health information. The Plan will determine whether it is appropriate to correct your information in a particular circumstance.

- You may request an accounting of disclosures of your medical information by the Plan for the last 6 years. This accounting will not include disclosures for treatment, payment or Plan operations, disclosures to you, disclosures pursuant to your authorization, or disclosures for disaster relief, national security, or intelligence purposes.

- You may request a paper copy of this notice if you received this notice by e-mail or on the Internet.

EFFECTIVE DATE OF THIS NOTICE

This Notice is effective as of October 1, 2020. The Plan must comply with the provisions in this Notice until it is changed. The Plan reserves the right to change the provisions of this Notice at any time. If the Plan makes changes to this Notice, the Plan will send the changed Notice to all participants covered by the Plan at that time. The Plan may make the changes that apply to all protected health information it maintains, even information obtained before the effective date of the new Notice.

INTERPRETATION

This notice is intended to comply with the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA). It is not intended to give individuals any greater rights than they have under HIPAA and it is not intended to give the Plan, employers or business associates any greater obligations than they have under HIPAA, and it shall be interpreted accordingly.

COMPLAINTS

You have the right to complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services if you believe that your rights regarding the privacy of your protected health information have been violated. You may file a complaint with the Plan's Privacy Official (identified below). You will not be retaliated against if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

If you want to exercise any of the above rights, contact the Privacy Official of the Plan, as described below.

BENEFITS PRIVACY OFFICIAL

For more information about the Plan's privacy practices or to take advantage of your rights as described in this Notice or to file a complaint, contact:

Holly Haggard
VP-Benefits Manager
601 West Market Street
Louisville, KY 40202
(502) 420-1804
hhaggard@republicbank.com

The Affordable Care Act

The Affordable Care Act (ACA) added a requirement under the Fair Labor Standards Act (FLSA) for employers to provide a notice to employees informing them of health plan coverage options in the new Marketplace (referred to as the Exchange in the ACA) and how these are impacted by employer provided health coverage.

What is the current status of health care reform?

The health care reform law, which was signed by President Obama in 2010, is continuing to be implemented. Many requirements of the law have already taken effect and additional changes will continue to be introduced over the next several years.

Individual Mandate

What is the individual mandate?

A new requirement called the individual mandate took effect on January 1, 2014. All U.S. citizens and legal residents, with a few exceptions, are required to have "minimum essential coverage". Enrolling in our medical coverage will meet this requirement.

What is minimum essential coverage?

Coverage under a medical plan offered by Republic Bank qualifies as minimum essential coverage. In addition, Medicare, Medicaid, and Tricare will also meet this standard.

Who is required to have medical coverage?

All U.S. citizens and legal residents, with a few exceptions, are required to have minimum essential coverage. Exceptions include individuals:

- With religious objections
- Not living in the United States
- In prison
- Not able to pay for coverage because it costs more than eight percent of their household income
- Whose household income is below 100 percent of the federal poverty level
- Who have a hardship waiver
- Who are without coverage for no more than three continuous months in a calendar year

What happens if someone doesn't have medical coverage?

- Starting with the 2019 plan year (for which you'll file taxes by July 15, 2020), you no longer need to either make a shared responsibility payment or file Form 8965 if you didn't have minimum essential health care coverage for part or all of 2019. (The payment is sometimes known as the health care "mandate" or "penalty.") If you don't have coverage during 2019 or later, you don't need an exemption in order to avoid the penalty.

- If you're 30 or older and want to enroll in a "Catastrophic" plan for 2019 or later, you must claim a hardship exemption to qualify. A Catastrophic health plan offers lower-priced coverage that mainly protects you from high medical costs if you get seriously hurt or injured. Learn more about Catastrophic plans.

Marketplace/Exchange

What is the Marketplace/Exchange?

Health Insurance Marketplaces, or Exchanges as they are also sometimes called, are available in every state. Marketplaces allow people to compare and purchase health insurance. Federal subsidies are available to assist low to moderate income individuals in paying the premium for health insurance purchased through the Health Insurance Marketplaces. Eligibility for a subsidy is based on income. However, individuals who are enrolled in employer coverage or eligible for employer coverage that is "affordable" and provides "minimum value" are not eligible for the subsidy.

Individuals can begin enrolling in plans available through the Marketplace on November 1, 2020 through December 15, 2020, and coverage under policies purchased through the Marketplace can begin on January 1, 2021.

Can I go to the Marketplace and compare coverage there with our company's benefits?

Anyone can go to their State's or the federal Marketplace website to review the coverage options and apply for coverage. Some people will be eligible for subsidies based on their annual household income if they are not covered by an employer health plan or offered employer coverage that is affordable and provides minimum value.

Where can I get information about coverage available through the Marketplace in my state?

Visit the website www.HealthCare.gov to find contact information for the Health Insurance Marketplace in your state.

Will I be eligible for a subsidy to help pay for my health insurance?

Federal subsidies are available to assist low to moderate income individuals in paying the premium for health insurance purchased through the Health Insurance Marketplaces. Eligibility for a subsidy is based on your family size and your household income.

However, if you are enrolled in our company medical plan *or* are eligible for coverage through our medical plan, which provides minimum value and is affordable, you may not receive a subsidy if you purchase coverage through the Marketplace.

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law took effect in 2014, there became a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2020 and runs through December 15, 2020 for coverage starting January 1, 2021. After this date, you can enroll or change plans only if you qualify for a **Special Enrollment Period**.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (If any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact your Human Resources department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs *covered* by the plan is no less than 60 percent of such costs.

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PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name **Republic Bank**	**4. Employer Identification Number (EIN)** **61-0197400**
5. Employer Address **601 West Market Street**	**6. Employer phone number** **502-420-1804**
7. City **8. State** **Louisville, Kentucky**	**9. Zip code** **40202**
10. Who can we contact about employee health coverage at this job? **Holly Haggard**	
11. Phone number (if different from above)	**12. Email address** **hhaggard@republicbank.com**

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

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

☐ **All employees.**

☒ **Some employees. Eligible employees are:**

Employees who are actively at work on a full-time basis working 37 ½ hours per week and part time working 24 or more hours per week and have met the eligibility requirements set forth by the Group.

- **With respect to dependents:**

☒ **We do offer coverage. Eligible dependents are:**

Legally recognized spouse;
The eligible employee's child or their spouse's child who is under age 26, including natural child, legally adopted child, child for whom the employee is a legal guardian of; or any child over age 26 who is disabled and dependent on the employee.

☐ **We do not offer coverage.**

☒ **If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.**

** Even though Republic Bank intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, www.HealthCare.gov will guide you through the process. Enter the above noted employer information when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.