COLUMBUS **METROPOLITAN LIBRARY**

2025 REQUIRED NOTICES
for Health Benefit Plans

Contact the **Payroll & Benefits Team**
at **payrollbenefits@columbuslibrary.org**
if you have questions.

Women's Health and Cancer Rights Act Notice

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. Please refer to the Benefits Summary for deductible and coinsurance information. If you would like more information on WHCRA benefits, call your plan administrator at 614-849-1069.

HIPAA Notice of Special Enrollment Rights

As you know, if you have declined enrollment in the Columbus Metropolitan Library's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Newborns' and Mothers' Health Protection Act Notice

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 section. 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 614-849-1069.

Special Enrollment – Medicaid or CHIP Coverage

The Center for Medicare and Medicaid Services (CMS) has announced a temporary special enrollment period on Healthcare.gov for persons who lose Medicaid or CHIP coverage. This special enrollment period will run from March 31, 2023 and July 31, 2024. Individuals losing Medicaid and CHIP would be able to enroll at any time during this annual redetermination process, in recognition of the complicated transition and the importance of maintaining coverage for employees and their families.

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**.

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** 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** 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 –

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 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
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

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 and reference the OMB Control Number 1210-0137.

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

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services
If you have an emergency medical condition and get emergency services from an out-ofnetwork provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

Your Rights and Protections Against Surprise Medical Bills (Continued)

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.

- Generally, your health plan must:
    - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
    - Cover emergency services by out-of-network providers.
    - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
    - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact United Health Care at the number in the back of your card. The federal phone number for information and complaints is: 1-800-985-3059.

Determination of Full-Time Status under the Affordable Care Act

The Affordable Care Act (ACA) imposes rules regarding offers of health care coverage by employers to their full-time employees. In accordance with ACA provisions, CML has chosen to determine which employees are full-time employees under the "look-back measurement method." The purpose of this section is to describe how the look-back measurement method applies to both newly hired and other (ongoing) employees. *Please keep in mind that the definition of full-time and part-time status under the ACA is applicable to determine your eligibility for health care benefits; it does not determine your employment status at CML.* These rules are important because they determine the circumstances under which employees qualify for coverage and when.

For ACA purposes:

- A "full-time employee" is an employee who is expected to work an average of 30 or more hours per week during each calendar month.
- A "part-time employee" is an employee who is not expected to work an average of 30 or more hours per week during each calendar month.
- A "seasonal employee" is an employee who is hired into a position for which the customary annual employment is six months or less.
- A "variable hour employee" is an employee who we cannot determine is reasonably expected to be employed an average of at least 30 hours of service per week during their "initial measurement period" (i.e., the 12-month period commencing the first day of the month following date-of-hire) because the employee's hours are variable or otherwise uncertain.

Employees classified as full-time upon hire will be eligible to participate in our plan on the first day of the calendar month immediately following employment. Part-time, seasonal, and variable hour employees must first complete a 12-month initial measurement period (that starts on the first day of the month following date of hire) during which they are not eligible to participate in the plan. At the completion of the initial measurement period, an employee who has worked an average of at least 30 hours of service per week during that period will be eligible for full-time coverage on the first day of the next month. Employees who qualify for coverage under this rule will remain eligible for a 12-month period (called the "stability period") irrespective of their hours, provided they remain employed. An employee who fails to work an average of at least 30 hours per week during their initial measurement period is not eligible for coverage during the corresponding stability period.

Employees who have been employed for some time are subject to similar rules, except that the testing period is a fixed, 12-month period that runs from October 15 to the following October 14. This period is called the "standard measurement period." Once an employee has worked through a full standard measurement period, he or she is no longer classified as full-time, part-time, seasonal, or variable hour. He or she is instead an "ongoing employee." An ongoing employee who works on average at least 30 hours of service per week during any standard measurement period will qualify for coverage during a stability period, which is the immediately following calendar year.

There are rules that govern the transition from newly-hired to ongoing employee that will affect when coverage might be available. In addition, where an employee experiences a break-in-service of at least 13-weeks, they may be treated as newly-hired upon their return. A similar result occurs under a "rule of parity" where a rehired employee may be treated as a new employee following a break of at least four weeks if the employee's break in service is longer than the employee's period of service immediately preceding the break in service.

If you have questions about how these rules affect you, please call or contact Magaly Vázquez, Payroll and Benefits Manager, at 614-849-1069.

Columbus Metropolitan Library HIPAA Privacy Notice

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by Columbus Metropolitan Library health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: PPO & HDHP. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

The Plan's duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Columbus Metropolitan Library as an employer — that's the way the HIPAA rules work. Different policies may apply to other Columbus Metropolitan Library programs or to data unrelated to the Plan.

How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing "behind the scenes" plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- **Health care operations** include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

How the Plan may share your health information with Columbus Metropolitan Library

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Columbus Metropolitan Library for plan administration purposes. Columbus Metropolitan Library may need your health information to administer benefits under the Plan. Columbus Metropolitan Library agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Human Resources team, Finance and the Payroll & Benefits team are the only Columbus Metropolitan Library employees who will have access to your health information for plan administration functions.

Here's how additional information may be shared between the Plan and Columbus Metropolitan Library as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose "summary health information" to Columbus Metropolitan Library, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Columbus Metropolitan Library information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that Columbus Metropolitan Library cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Columbus Metropolitan Library from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protective services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)

Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "designated record set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an “accounting of disclosures.” You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations
- To you about your own health information
- Incidental to other permitted or required disclosures
- Where authorization was provided
- To family members or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
- As part of a “limited data set” (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You’ll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on July 20, 2021. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised privacy notice via Columbus Metropolitan Library's intranet.

Complaints

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, please contact Randi Quinn, HR Director, at 614-849-1371.

Contact

For more information on the Plan's privacy policies or your rights under HIPAA, contact Stewart Smith, Director of Finance, 614-849-1031.

Additional contact

The following is a list of key persons or offices you may need to contact to exercise your rights under the HIPAA privacy rule for different benefit plans offered by Columbus Metropolitan Library:

- Magaly Vazquez, Payroll & Benefits Manager, 614-849-1069

Important Notice from Columbus Metropolitan Library 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 Columbus Metropolitan Library 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. Columbus Metropolitan Library has determined that the prescription drug coverage offered by the United Health Care 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 drugplan.

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, and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Columbus Metropolitan Library coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Columbus Metropolitan Library plan.

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 Columbus Metropolitan Plan 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 Columbus Metropolitan Library 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
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).

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:	October 1, 2024
Contact--Position/Office: Address:	Magaly Vázquez, Payroll & Benefits Manager 96 S Grant Ave. Columbus OH 43215
Phone Number:	614-849-1069

Important Notice from UnitedHealthcare

Members - please keep this Notice with your important coverage documents (e.g., Certificate of Coverage (COC) or Summary Plan Description (SPD), Summary of Benefits and Coverage (SBC), and other important materials.

1557 Nondiscrimination and Languages / Accessibility Notices

The Company complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member ID card. (TTY 711).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Mail: Civil Rights Coordinator

UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130

Email: UHC_Civil_Rights@uhc.com

If you need help with your complaint, please call the toll-free phone number listed on your ID card (TTY/RTT 711). We are available Monday through Friday, 8 a.m. to 8 p.m. E.T.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Phone: 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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

This notice is available at: Language assistance / nondiscrimination notice | UnitedHealthcare (uhc.com).

ATTENTION: If you speak **English**, free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

ملاحظة: إذا كنت تتحدث اللغة **العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায় (Bengali)** কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ।আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

ATENSHUN: Gare kapetal **Faluwasch (Carolinian)**, ye toore paliuwal kapetal Faluwasch lane sew me sew format, tapil lane fateofat, bwe bwale tepangiyom. Kol yegili nampa la ye toore paliuwal woal kard la laumw.

ATENSION: Yanggen fifino' hao **Chamoru (Chamorro)** guaha setbisio siha para hågu ni' mandibåtdi, i setbision fino' pat lengguåhi yan fina'uma'espiha gi otro na manera siha taiguihi i para mana'dångkolo i inemprenta. Ågang i dibåtdi na numiru gi kattå-mu aidentifikasion membro.

請注意：如果您說**中文 (Chinese - Traditional)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

ATTENTION: Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કૉલ કરો.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

ATTENZIONE: Se parla **italiano (Italian),** può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語（Japanese）を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料コミュニケーションをご利用いただけます。[] にお電話ください。

알림사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: Diné (Navajo) saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó náánáá łahgo át'éego bee hadadilyaa bee ahił hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námboo bee hodíilnih.

GEB ACHT: Wann du **Deitsch (Pennsylvania Dutch)** schwetzscht, Schprooch Helfe mitaus Koscht un Communications in annere Formats wie groosse Druck iss meeglich. Ruf die koschdelos Nummer uff dei Member Identification Kaart.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ: Если вы говорите на **русском** языке **(Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FA'AALIGA: Afai e te tautala i le **Faa-Samoa (Samoan),** o lo'o avanoa mo oe 'au'aunaga fesoasoani tau gagana e leai se totogi ma feso'ota'iga e leai se totogi i isi faiga, e pei o lomiga e lapopo'a mata'itusi. Valaau i le numera e leai se totogi i lau kata faailo o le sui auai (ID).

PAUNAWA: Kung nagsasalita ka **ng Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

توجہ دیں: اگر آپ **اردو (Urdu)** زبان بولتے ہیں تو آپ کے لیے زبان کی معاون خدمات اور دیگر فارمیٹ میں مفت مواصلات، جیسے بڑے پرنٹ، آپ کے لیے دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

LƯU Ý: Nếu quý vị nói Tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ nhận dạng thành viên của quý vị.

Fixed Indemnity Plan Notice

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**naic.org**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1,2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

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[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

_____

_____.

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.

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	4. Employer Identification Number (EIN)
Columbus Metropolitan Library	31-6401170
5. Employer address	**6. Employer phone number**
96 S. Grant Ave.	(614) 849-1069

7. City	8. State	9. ZIP code
Columbus	Ohio	43215

10. Who can we contact about employee health coverage at this job?	
Magaly Vazquez	
11. Phone number (if different from above)	**12. Email address** payrollbenefits@columbuslibrary.org

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

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:

    Regular part-time employee who are scheduled to work at least 20 hours per week; or, a regular full-time employee who is scheduled to work at least 40 hours per week.

- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    A spouse or domestic partner and any child(ren) under 26 years of age, or any unmarried dependent child who is 26 years or older, but less than 28 years of age based upon specific criteria. Please contact the Payroll and Benefits Team for additional information.

  - ☐ 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 if your employer 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, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☒ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $ 11.43
b. How often? ☐ Weekly ☒ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Columbus Metropolitan Library 403(b) Plan
Qualified Default Investment Alternative Notice
(Production Date: 11/05/2024)

Notice Overview

Columbus Metropolitan Library 403(b) Plan (the "Plan") allows participants, beneficiaries of deceased participants, and alternate payees the right to choose how to invest the money in their Plan accounts. Assets can be invested in any of several investment options that are available under the Plan. You may elect to change your investment allocations daily, subject to Plan rules.

Information regarding the investment options available to you, as well as information on how to provide investment instructions to the Plan is provided as part of the Plan's enrollment process.

If you do not make an investment election for some or all of the assets in your account, those assets will be invested in a portfolio selected by a Plan fiduciary (a Qualified Default Investment Alternative or "QDIA"). This notice describes the QDIA and when assets will be invested in the QDIA on your behalf.

Circumstances in which Default Investments May Occur

A default investment will be made, for example:

- If you elect to defer to the Plan or you are automatically enrolled in the Plan but do not specify how your deferrals or other assets should be invested;
- If you make a rollover contribution to the Plan but have not specified how contributions to the Plan should be invested;
- If a fund in which you have invested is eliminated and you do not direct that the assets be transferred to another available fund; or
- If a fund in which you have invested is frozen to future contributions, and you do not specify a new fund to receive future contributions.

In this notice, any assets that have been invested in the QDIA by default are referred to as Default Investments.

QDIA Information

Targeted Retirement Investments

The QDIA is designed to provide long-term appreciation and capital preservation by investing in a fund that has an appropriate mix of equity and fixed-income securities based on your target retirement date. The mix of underlying investments in the fund will change over time as your age increases in order to decrease your risk of loss. The specific fund to which your Default Investments will be allocated is shown in Table I based on the date range in which you are projected to reach your expected retirement age as established by an investment fiduciary for the Plan. Table I also provides a description of the investment objective and strategy for each fund. Please see Table II for additional information regarding each fund, including the risk and return characteristics, and fees and expenses relating to each fund.

Table I

Name of Investment	Target Retirement Date Range	Investment Objective & Strategy From investment's prospectus
VANGUARD TARGET RETIREMENT 2020 INV (VTWNX)	**1900 - 2022**	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2020 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.
VANGUARD TARGET RETIREMENT 2025 INV (VTTVX)	**2023 - 2027**	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2025 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

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QDIA Information

Name of Investment	Target Retirement Date Range	Investment Objective & Strategy From investment's prospectus
VANGUARD TARGET RETIREMENT 2030 INV (VTHRX)	**2028 - 2032**	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2030 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.
VANGUARD TARGET RETIREMENT 2035 INV (VTTHX)	**2033 - 2037**	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2035 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.
VANGUARD TARGET RETIREMENT 2040 INV (VFORX)	**2038 - 2042**	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2040 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.
VANGUARD TARGET RETIREMENT 2045 INV (VTIVX)	**2043 - 2047**	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2045 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.
VANGUARD TARGET RETIREMENT 2050 INV (VFIFX)	**2048 - 2052**	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2050 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.
VANGUARD TARGET RETIREMENT 2055 INV (VFFVX)	**2053 - 2057**	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2055 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.
VANGUARD TARGET RETIREMENT 2060 INV (VTTSX)	**2058 - 2999**	The investment seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in a mix of Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of 2060 (the target year). The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

Table II: Additional Information Regarding QDIA Funds

The below table provides information on the return characteristics as well as the fees and expenses associated with each QDIA fund.

Columbus Metropolitan Library 403(b) Plan
Qualified Default Investment Alternative Notice
(Production Date: 11/05/2024)

QDIA Information

To access more detailed Fund Fact Sheets for the below investments login to your account at https://secure.newportgroup.com/login/participant. You may, at any time, elect to transfer your Default Investments from the QDIA to any of the other investment options available under the Plan.

Risk Characteristics

Target date funds are managed to gradually reduce, but not eliminate, market risk exposure over time by allocating a greater percentage to fixed income, or bond investments and reducing allocation to equity, or stock investments. The table below provides an asset allocation which identifies an approximate percentage of assets invested in equity and bonds/cash. Equity investments are inherently subject to greater market risk while bonds and cash are designed to preserve principal. Equity investments have historically exhibited higher risk and greater long-term returns than bonds. Bonds have historically been less volatile and therefore have a lower risk of principal investment loss than equity investments. The funds are diversified portfolios, which is a strategy to reduce risk by investing in different asset classes. This can help to reduce, but does not eliminate market risk. Investors in the funds should be able to tolerate the risks that come from the volatility of the stock/equity and bond markets. While diversification can't ensure a profit or protect against loss, it can be a good way to manage investment risk. However, please note that the principal value of the funds is not guaranteed at any time, including at or after the target retirement date, and accounts are not FDIC insured.

There is no guarantee that any particular asset allocation or mix of funds will meet your investment objectives. All investments involve risks, and fluctuations in the financial markets and other factors may cause declines in the value of your account. You should carefully consider all of your options when making investment decisions and you may wish to consult an investment professional.

Investment Name (Symbol) *Benchmark*	Avg. Annual Total Return as of 09/30/2024*					Asset Allocation[1]	Gross Annual Operating Expenses[2]
	1 Yr.	3 Yr.	5 Yr.	10 Yr.	Since Inception		
Target-Date 2020							
VANGUARD TARGET RETIREMENT 2020 INV (VTWNX)	18.25%	2.86%	6.01%	5.99%	6.19%	37.72% Equity 62.28% Bond	0.080%
Benchmark: Morningstar Lifetime Mod 2020 TR USD	*19.61%*	*1.79%*	*5.51%*	*5.54%*	N/A		
Shareholder-Type Fees/Restrictions: No more than 1 round trip(s) permitted every 30 days. A "round trip" is the purchase of shares in the investment following redemption of shares from the investment. This restriction is waived for trades of less than $10000. Any shareholder redeeming shares in the fund having a value of $0 or more will be precluded from investing in the fund for 30 calendar days after the redemption transaction.							
Target-Date 2025							
VANGUARD TARGET RETIREMENT 2025 INV (VTTVX)	21.13%	3.68%	7.09%	6.74%	6.83%	51.27% Equity 48.73% Bond	0.080%
Benchmark: Morningstar Lifetime Mod 2025 TR USD	*20.94%*	*2.01%*	*5.96%*	*6.00%*	N/A		
Shareholder-Type Fees/Restrictions: No more than 1 round trip(s) permitted every 30 days. A "round trip" is the purchase of shares in the investment following redemption of shares from the investment. This restriction is waived for trades of less than $10000. Any shareholder redeeming shares in the fund having a value of $0 or more will be precluded from investing in the fund for 30 calendar days after the redemption transaction.							
Target-Date 2030							
VANGUARD TARGET RETIREMENT 2030 INV (VTHRX)	23.27%	4.40%	8.04%	7.35%	6.98%	60.80% Equity 39.20% Bond	0.080%
Benchmark: Morningstar Lifetime Mod 2030 TR USD	*22.56%*	*2.62%*	*6.74%*	*6.62%*	N/A		
Shareholder-Type Fees/Restrictions: No more than 1 round trip(s) permitted every 30 days. A "round trip" is the purchase of shares in the investment following redemption of shares from the investment. This restriction is waived for trades of less than $10000. Any shareholder redeeming shares in the fund having a value of $0 or more will be precluded from investing in the fund for 30 calendar days after the redemption transaction.							

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QDIA Information

Investment Name (Symbol) *Benchmark*	Avg. Annual Total Return as of 09/30/2024*					Asset Allocation[1]	Gross Annual Operating Expenses[2]
	1 Yr.	3 Yr.	5 Yr.	10 Yr.	Since Inception		
Target-Date 2035							
VANGUARD TARGET RETIREMENT 2035 INV (VTTHX)	24.76%	5.07%	8.95%	7.93%	7.70%	68.25% Equity 31.75% Bond	0.080%
Benchmark: Morningstar Lifetime Mod 2035 TR USD	*24.54%*	*3.66%*	*7.83%*	*7.33%*	N/A		
Shareholder-Type Fees/Restrictions: No more than 1 round trip(s) permitted every 30 days. A "round trip" is the purchase of shares in the investment following redemption of shares from the investment. This restriction is waived for trades of less than $10000. Any shareholder redeeming shares in the fund having a value of $0 or more will be precluded from investing in the fund for 30 calendar days after the redemption transaction.							
Target-Date 2040							
VANGUARD TARGET RETIREMENT 2040 INV (VFORX)	26.33%	5.75%	9.85%	8.49%	7.72%	75.65% Equity 24.35% Bond	0.080%
Benchmark: Morningstar Lifetime Mod 2040 TR USD	*26.49%*	*4.80%*	*8.91%*	*7.94%*	N/A		
Shareholder-Type Fees/Restrictions: No more than 1 round trip(s) permitted every 30 days. A "round trip" is the purchase of shares in the investment following redemption of shares from the investment. This restriction is waived for trades of less than $10000. Any shareholder redeeming shares in the fund having a value of $0 or more will be precluded from investing in the fund for 30 calendar days after the redemption transaction.							
Target-Date 2045							
VANGUARD TARGET RETIREMENT 2045 INV (VTIVX)	27.82%	6.39%	10.74%	8.97%	8.42%	82.68% Equity 17.32% Bond	0.080%
Benchmark: Morningstar Lifetime Mod 2045 TR USD	*27.90%*	*5.61%*	*9.63%*	*8.29%*	N/A		
Shareholder-Type Fees/Restrictions: No more than 1 round trip(s) permitted every 30 days. A "round trip" is the purchase of shares in the investment following redemption of shares from the investment. This restriction is waived for trades of less than $10000. Any shareholder redeeming shares in the fund having a value of $0 or more will be precluded from investing in the fund for 30 calendar days after the redemption transaction.							
Target-Date 2050							
VANGUARD TARGET RETIREMENT 2050 INV (VFIFX)	28.91%	6.83%	11.05%	9.13%	8.09%	88.73% Equity 11.27% Bond	0.080%
Benchmark: Morningstar Lifetime Mod 2050 TR USD	*28.55%*	*5.97%*	*9.92%*	*8.39%*	N/A		
Shareholder-Type Fees/Restrictions: No more than 1 round trip(s) permitted every 30 days. A "round trip" is the purchase of shares in the investment following redemption of shares from the investment. This restriction is waived for trades of less than $10000. Any shareholder redeeming shares in the fund having a value of $0 or more will be precluded from investing in the fund for 30 calendar days after the redemption transaction.							
Target-Date 2055							
VANGUARD TARGET RETIREMENT 2055 INV (VFFVX)	28.92%	6.84%	11.05%	9.11%	10.41%	88.72% Equity 11.28% Bond	0.080%
Benchmark: Morningstar Lifetime Mod 2055 TR USD	*28.66%*	*5.98%*	*9.93%*	*8.36%*	N/A		
Shareholder-Type Fees/Restrictions: No more than 1 round trip(s) permitted every 30 days. A "round trip" is the purchase of shares in the investment following redemption of shares from the investment. This restriction is waived for trades of less than $10000. Any shareholder redeeming shares in the fund having a value of $0 or more will be precluded from investing in the fund for 30 calendar days after the redemption transaction.							

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Qualified Default Investment Alternative Notice
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QDIA Information

Investment Name (Symbol) *Benchmark*	Avg. Annual Total Return as of 09/30/2024*					Asset Allocation[1]	Gross Annual Operating Expenses[2]
	1 Yr.	3 Yr.	5 Yr.	10 Yr.	Since Inception		
Target-Date 2060							
VANGUARD TARGET RETIREMENT 2060 INV (VTTSX)	28.93%	6.84%	11.05%	9.11%	10.24%	88.63% Equity 11.37% Bond	0.080%
Benchmark: Morningstar Lifetime Mod 2060 TR USD	*28.62%*	*5.91%*	*9.87%*	*8.28%*	N/A		

Shareholder-Type Fees/Restrictions: No more than 1 round trip(s) permitted every 30 days. A "round trip" is the purchase of shares in the investment following redemption of shares from the investment. This restriction is waived for trades of less than $10000. Any shareholder redeeming shares in the fund having a value of $0 or more will be precluded from investing in the fund for 30 calendar days after the redemption transaction.

*The data provided is the most current data available as of the date this Notice was produced.

[1]As reported by Morningstar©, Equity and Bond/Cash percentages may or may not include foreign investments. Equity positions include any holdings in US Stock, Non US Stock, Preferred, and Other classifications. Bond/Cash positions include any holdings in US Bond, Non US Bond, Convertible, and Cash classifications.
[2]Gross Annual Operating Expenses is the percentage of fund assets paid for operating expenses and management fees, including 12b-1 fees, administrative fees, and all other asset-based costs incurred by the fund, except brokerage costs. Fund expenses are reflected in the fund's Net Asset Value (NAV), expressed as a percentage of its assets. These are costs the investor pays through a reduction in the investment's rate of return.

Shareholder-type fees include, if applicable, short term redemption fees or other fees charged against an investment fund that are not included in the Gross Annual Operating Expenses such as commissions, sales loads, deferred sales charges, surrender charges, exchange fees, account fees and purchase fees.

Transfers from the QDIA to Other Investment Options

Please note that you may, at any time, elect to transfer your Default Investments from the QDIA to any of the other investment options available under the Plan. There are no fees, expenses or other restrictions associated with transfers out of the QDIA, if the transfer occurs in the first 90 days following the date assets were first invested in the QDIA. After the first 90 days, fees may apply as described in this notice.

How to Direct Your Investment. You may select or make changes to your investments as follows:

- **By Internet:** You may access your account at any time by logging in to the Participant Website at https://secure.newportgroup.com/login/participant. Once you are logged in, choose Explore My Options from the Shortcuts menu, then make your desired choices on the screens that follow. If you need assistance logging into your account or navigating the website, you may call the Participant Service Center at the number provided in the section titled "How to Obtain More Information" at the end of this Notice.

- **By Phone:** You may select or make changes to your investments by calling the toll-free automated telephone response system at the number provided for the Participant Service Center in the section of this Notice titled "How to Obtain More Information."

Investment elections or changes you make by phone or (if applicable) on the Participant Website will generally be processed the same business day or, if made when the New York Stock Exchange is closed, the next business day. You should confirm that your investment directions have been implemented by logging in to the Participant Website on the date your investment elections are scheduled to be processed, as described above. If you see a discrepancy, contact the Participant Service Center immediately at the number provided in the section of this Notice titled "How to Obtain More Information."

How to Obtain More Information

To obtain additional information (as applicable) regarding the QDIA and other investment alternatives available under the Plan, including copies of prospectuses, financial statements and reports and other materials you may contact:

Notice Contact(s)

Stewart Smith
96 S. Grant Ave
Columbus OH 43215
(614) 849-1031
ssmith@columbuslibrary.org

Columbus Metropolitan Library 403(b) Plan
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How to Obtain More Information

Participant Service Center	1-844-749-9981 Representatives are available Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern Time Automated services are also available during non-business hours
Participant Website	https://secure.newportgroup.com/login/participant

Columbus Metropolitan Library 403(b) Plan
Participant Investment and Fee Disclosure Notice
(Production Date: 02/04/2025)

Participant Investment and Fee Disclosure Notice - Overview

This Notice contains important information regarding your retirement plan, including:

- your right to choose how assets held in your plan account will be invested
- the investment options available under the plan and any fees and expenses associated with those options
- any administrative expenses you might incur by participating in the plan or taking advantage of plan features

Please read the information in this Notice carefully so that you can make informed decisions regarding your plan account.

If you have questions concerning the information contained in this Notice, see the section at the end of the Notice titled "How to Obtain More Information."

General Plan Investment Information

Your Right to Direct Your Investments. Subject to any restrictions or limitations described later in this section, you are responsible for selecting and monitoring the investments in your account. You may direct the investment of your account under the plan by choosing among the investment options listed in the section of this Notice titled "Investment Performance, Expenses and Fees." If you do not direct the investment of your account, then your account will be invested in the plan's designated default investment.

How to Direct Your Investment. You may select or make changes to your investments as follows:

- **By Internet:** You may access your account at any time by logging in to the Participant Website at https://secure.ascensus.com/login/participant. Once you are logged in, choose Explore My Options from the Shortcuts menu, then make your desired choices on the screens that follow. If you need assistance logging into your account or navigating the website, you may call the Participant Service Center at the number provided in the section titled "How to Obtain More Information" at the end of this Notice.

- **By Phone:** You may select or make changes to your investments by calling the toll-free automated telephone response system at the number provided for the Participant Service Center in the section of this Notice titled "How to Obtain More Information."

Investment elections or changes you make by phone or (if applicable) on the Participant Website will generally be processed the same business day or, if made when the New York Stock Exchange is closed, the next business day. You should confirm that your investment directions have been implemented by logging in to the Participant Website on the date your investment elections are scheduled to be processed, as described above. If you see a discrepancy, contact the Participant Service Center immediately at the number provided in the section of this Notice titled "How to Obtain More Information."

Restrictions or Limitations on Your Right to Direct Your Investments.

Certain investment options may impose restrictions on transferring into or out of the fund. For more information, refer to the table(s) in the section of this Notice titled "Investment Performance, Expenses and Fees."

Voting Rights. In the event voting proxies, tender offers, or other similar-type rights must be executed with respect to any of the plan's designated investment options, the plan sponsor or other named plan fiduciary may exercise those rights (where applicable), or you may receive written notification regarding the actions that must be taken on your part in connection with exercising those rights.

Investment Performance, Expenses and Fees

This section provides information about the investment options available under the plan, including information regarding the fees and expenses that apply to each investment option. Please visit http://www.investmentterms.com for a glossary of investment terms to help you understand the terms and language used in this Notice.

Variable Return Investments

The table below shows the variable return investments available under the plan, how they have performed over time, and how they have performed relative to an appropriate benchmark. It is important to understand the investment returns for each investment option will vary from year to year. Also, the performance information provided below is historical. **Past performance does not guarantee how an investment option will perform in the future.** The value of these investments will fluctuate over time, and your investment in these options could lose money.

Benchmarks represent a historical measurement of performance for a specific segment of the financial markets over a specific period of time. Benchmarks are market indices and not managed investment portfolios. Benchmarks are presented for comparison purposes only and do not represent plan investment options.

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Investment Performance, Expenses and Fees

Investment Name / *Benchmark*	Avg. Annual Total Return as of 12/31/2024*					Gross Annual Operating Expenses*	
	1 Yr.	3 Yr.	5 Yr.	10 Yr.	Since Inception	As a %	Per $1000
Money Market-Taxable							
FEDERATED HERMES TREASURY OBL IS (TOIXX)	5.13%	3.88%	2.38%	1.66%	2.72%	0.290%	$2.90
Morningstar USD 1M Cash TR USD	*5.33%*	*4.03%*	*2.52%*	*1.84%*	N/A		
Short-Term Bond							
LORD ABBETT SHORT DURATION INCOME R6 (LDLVX)	5.36%	2.08%	2.12%	2.54%	2.51%	0.310%	$3.10
Morningstar US 1-3Y Gov&Corp TR USD	*4.37%*	*1.59%*	*1.53%*	*1.62%*	N/A		
PRINCIPAL SHORT-TERM INCOME INST (PSHIX)	5.11%	2.32%	2.06%	2.15%	3.66%	0.410%	$4.10
Morningstar US 1-3Y Gov&Corp TR USD	*4.37%*	*1.59%*	*1.53%*	*1.62%*	N/A		
Intermediate Government							
VANGUARD GNMA ADM (VFIJX)	1.16%	-1.68%	-0.47%	0.97%	3.40%	0.110%	$1.10
Morningstar US Trsy Bd TR USD	*0.76%*	*-2.86%*	*-0.66%*	*0.83%*	N/A		
Intermediate Core-Plus Bond							
TCW METWEST TOTAL RETURN BD PLAN (MWTSX)	1.12%	-2.91%	-0.24%	1.42%	2.45%	0.370%	$3.70
Morningstar US Core Plus Bd TR USD	*1.66%*	*-2.18%*	*-0.11%*	*1.54%*	N/A		
Inflation-Protected Bond							
BLACKROCK INFLATION PROTECTED BOND INSTL (BPRIX)	1.86%	-2.21%	2.02%	2.12%	3.65%	1.000%	$10.00
Morningstar US TIPS TR USD	*2.08%*	*-2.29%*	*1.75%*	*2.17%*	N/A		
Multisector Bond							
PIMCO INCOME INSTL (PIMIX)	5.42%	2.04%	2.89%	4.27%	6.71%	0.830%	$8.30
Morningstar US Core Plus Bd TR USD	*1.66%*	*-2.18%*	*-0.11%*	*1.54%*	N/A		
Global Bond-USD Hedged							
PIMCO INTERNATIONAL BOND (USD-HDG) INSTL (PFORX)	5.68%	1.42%	1.72%	2.93%	6.26%	0.750%	$7.50
Morningstar Gbl Core Bd GR Hdg USD	*3.16%*	*-1.24%*	*0.04%*	*1.77%*	N/A		
High Yield Bond							
FEDERATED HERMES INSTL HIGH YIELD BD IS (FIHBX)	6.37%	2.16%	3.44%	4.77%	7.41%	0.540%	$5.40
Morningstar US HY Bd TR USD	*8.20%*	*2.97%*	*4.22%*	*5.17%*	N/A		
Target-Date Retirement							
VANGUARD TARGET RETIREMENT INCOME FUND (VTINX)	6.58%	0.98%	3.58%	4.19%	4.95%	0.080%	$0.80
Morningstar Lifetime Mod Incm TR USD	*7.38%*	*1.23%*	*4.30%*	*4.50%*	N/A		

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Investment Name / *Benchmark*	Avg. Annual Total Return as of 12/31/2024*					Gross Annual Operating Expenses*	
	1 Yr.	3 Yr.	5 Yr.	10 Yr.	Since Inception	As a %	Per $1000
Target-Date 2020							
VANGUARD TARGET RETIREMENT 2020 FUND (VTWNX)	7.75%	1.34%	4.75%	5.58%	6.01%	0.080%	$0.80
Morningstar Lifetime Mod 2020 TR USD	*7.50%*	*-0.14%*	*4.24%*	*5.16%*	N/A		
Global Allocation							
LOOMIS SAYLES GLOBAL ALLOCATION Y (LSWWX)	12.53%	1.97%	6.95%	8.15%	9.23%	0.920%	$9.20
Morningstar Gbl Allocation TR USD	*9.78%*	*1.66%*	*5.45%*	*6.01%*	N/A		
Shareholder-Type Fees/Restrictions: No more than 2 round trip(s) permitted every 90 days. A "round trip" is the purchase of shares in the investment following redemption of shares from the investment. This restriction is waived for trades of less than $0.01.							
Target-Date 2025							
VANGUARD TARGET RETIREMENT 2025 FUND (VTTVX)	9.44%	1.92%	5.66%	6.32%	6.66%	0.080%	$0.80
Morningstar Lifetime Mod 2025 TR USD	*7.97%*	*-0.07%*	*4.55%*	*5.60%*	N/A		
Moderate Allocation							
AMERICAN FUNDS AMERICAN BALANCED R6 (RLBGX)	15.30%	5.15%	8.47%	8.47%	10.74%	0.250%	$2.50
Morningstar Mod Tgt Risk TR USD	*8.27%*	*1.47%*	*5.37%*	*6.05%*	N/A		
MFS TOTAL RETURN R6 (MSFKX)	7.90%	2.69%	6.38%	6.67%	8.25%	0.400%	$4.00
Morningstar Mod Tgt Risk TR USD	*8.27%*	*1.47%*	*5.37%*	*6.05%*	N/A		
Target-Date 2030							
VANGUARD TARGET RETIREMENT 2030 FUND (VTHRX)	10.64%	2.44%	6.44%	6.92%	6.78%	0.080%	$0.80
Morningstar Lifetime Mod 2030 TR USD	*8.83%*	*0.40%*	*5.15%*	*6.21%*	N/A		
Target-Date 2035							
VANGUARD TARGET RETIREMENT 2035 FUND (VTTHX)	11.78%	2.97%	7.20%	7.51%	7.53%	0.080%	$0.80
Morningstar Lifetime Mod 2035 TR USD	*10.18%*	*1.34%*	*6.04%*	*6.93%*	N/A		
Target-Date 2040							
VANGUARD TARGET RETIREMENT 2040 FUND (VFORX)	12.88%	3.51%	7.97%	8.08%	7.52%	0.080%	$0.80
Morningstar Lifetime Mod 2040 TR USD	*11.70%*	*2.40%*	*6.98%*	*7.56%*	N/A		
Target-Date 2045							
VANGUARD TARGET RETIREMENT 2045 FUND (VTIVX)	13.91%	4.00%	8.73%	8.57%	8.24%	0.080%	$0.80
Morningstar Lifetime Mod 2045 TR USD	*12.86%*	*3.19%*	*7.63%*	*7.94%*	N/A		
Target-Date 2050							
VANGUARD TARGET RETIREMENT 2050 FUND (VFIFX)	14.64%	4.37%	9.03%	8.72%	7.89%	0.080%	$0.80
Morningstar Lifetime Mod 2050 TR USD	*13.36%*	*3.54%*	*7.88%*	*8.06%*	N/A		

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Investment Name *Benchmark*	Avg. Annual Total Return as of 12/31/2024*					Gross Annual Operating Expenses*	
	1 Yr.	3 Yr.	5 Yr.	10 Yr.	Since Inception	As a %	Per $1000
Target-Date 2055							
VANGUARD TARGET RETIREMENT 2055 FUND (VFFVX)	14.64%	4.37%	9.02%	8.70%	10.10%	0.080%	$0.80
Morningstar Lifetime Mod 2055 TR USD	*13.33%*	*3.54%*	*7.86%*	*8.03%*	N/A		
Target-Date 2060							
VANGUARD TARGET RETIREMENT 2060 FUND (VTTSX)	14.63%	4.38%	9.02%	8.70%	9.90%	0.080%	$0.80
Morningstar Lifetime Mod 2060 TR USD	*13.15%*	*3.45%*	*7.77%*	*7.95%*	N/A		
Large Value							
JPMORGAN EQUITY INCOME R6 (OIEJX)	12.80%	5.24%	8.71%	9.37%	11.46%	0.450%	$4.50
Morningstar US LM Brd Value TR USD	*17.16%*	*7.63%*	*10.70%*	*10.39%*	N/A		
Large Blend							
COLUMBIA LARGE CAP ENHANCED CORE INST3 (CECYX)	25.80%	9.76%	15.03%	12.73%	14.91%	0.820%	$8.20
Morningstar US Large-Mid TR USD	*25.07%*	*8.50%*	*14.36%*	*12.91%*	N/A		
Shareholder-Type Fees/Restrictions: No more than 2 round trip(s) permitted every 90 days. A "round trip" is the purchase of shares in the investment following redemption of shares from the investment. This restriction is waived for trades of less than $0.01.							
VANGUARD 500 INDEX ADMIRAL (VFIAX)	24.97%	8.89%	14.48%	13.06%	8.29%	0.040%	$0.40
Morningstar US Large-Mid TR USD	*25.07%*	*8.50%*	*14.36%*	*12.91%*	N/A		
Large Growth							
JPMORGAN LARGE CAP GROWTH R6 (JLGMX)	34.17%	10.63%	20.27%	17.87%	17.16%	0.500%	$5.00
Morningstar US LM Brd Growth TR USD	*33.04%*	*8.41%*	*17.19%*	*15.14%*	N/A		
PIONEER FUNDAMENTAL GROWTH K (PFGKX)	17.82%	7.67%	14.54%	13.73%	15.15%	0.660%	$6.60
Morningstar US LM Brd Growth TR USD	*33.04%*	*8.41%*	*17.19%*	*15.14%*	N/A		
Mid-Cap Value							
MFS MID CAP VALUE R6 (MVCKX)	14.11%	5.59%	9.99%	9.22%	10.79%	0.630%	$6.30
Morningstar US Mid Broad Value TR USD	*12.44%*	*5.52%*	*9.12%*	*9.11%*	N/A		
Mid-Cap Blend							
BNY MELLON MIDCAP INDEX I (DMIDX)	13.71%	4.63%	10.08%	9.38%	10.12%	0.260%	$2.60
Morningstar US Mid TR USD	*15.29%*	*4.00%*	*10.50%*	*10.30%*	N/A		
VANGUARD MID CAP INDEX ADMIRAL (VIMAX)	15.22%	2.80%	9.85%	9.55%	10.06%	0.050%	$0.50
Morningstar US Mid TR USD	*15.29%*	*4.00%*	*10.50%*	*10.30%*	N/A		

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Investment Name / *Benchmark*	Avg. Annual Total Return as of 12/31/2024*					Gross Annual Operating Expenses*	
	1 Yr.	3 Yr.	5 Yr.	10 Yr.	Since Inception	As a %	Per $1000
Mid-Cap Growth							
JPMORGAN MID CAP GROWTH R6 (JMGMX)	14.56%	1.06%	11.21%	11.74%	13.94%	0.690%	$6.90
Morningstar US Mid Broad Growth TR USD	*18.04%*	*1.89%*	*11.14%*	*11.11%*	N/A		
Small Blend							
VANGUARD SMALL CAP INDEX ADMIRAL SHARES (VSMAX)	14.23%	3.61%	9.30%	9.09%	9.23%	0.050%	$0.50
Morningstar US Small TR USD	*10.84%*	*2.91%*	*8.08%*	*7.95%*	N/A		
Small Growth							
PGIM JENNISON SMALL COMPANY R6 (PJSQX)	14.18%	1.37%	11.50%	9.81%	11.03%	0.690%	$6.90
Morningstar US Small Brd Grt Ext TR USD	*13.39%*	*0.61%*	*7.10%*	*8.33%*	N/A		
Shareholder-Type Fees/Restrictions: No more than 2 round trip(s) permitted every 90 days. A "round trip" is the purchase of shares in the investment following redemption of shares from the investment. This restriction is waived for trades of less than $25000.							
VANGUARD SMALL CAP GROWTH INDEX ADMIRAL (VSGAX)	16.49%	0.42%	7.69%	9.09%	11.74%	0.070%	$0.70
Morningstar US Small Brd Grt Ext TR USD	*13.39%*	*0.61%*	*7.10%*	*8.33%*	N/A		
Global Large-Stock Growth							
AMERICAN FUNDS NEW PERSPECTIVE R6 (RNPGX)	17.16%	2.90%	11.48%	11.47%	12.89%	0.410%	$4.10
Morningstar Gbl Growth TME NR USD	*21.77%*	*4.34%*	*11.35%*	*10.58%*	N/A		
Foreign Large Blend							
DFA INTERNATIONAL CORE EQUITY I (DFIEX)	3.99%	1.87%	5.33%	5.78%	5.22%	0.230%	$2.30
Morningstar Global xUS TME NR USD	*5.37%*	*1.05%*	*4.33%*	*4.98%*	N/A		
Shareholder-Type Fees/Restrictions: No more than 2 round trip(s) permitted every 90 days. A "round trip" is the purchase of shares in the investment following redemption of shares from the investment. This restriction is waived for trades of less than $25000.							
Foreign Large Growth							
VANGUARD INTERNATIONAL GROWTH ADM (VWILX)	9.48%	-4.54%	6.64%	8.68%	7.54%	0.260%	$2.60
Morningstar Gbl xUS Growth TME NR USD	*4.37%*	*-2.34%*	*3.32%*	*5.01%*	N/A		
Diversified Emerging Mkts							
DFA EMERGING MARKETS CORE EQUITY I (DFCEX)	7.32%	1.18%	4.53%	4.84%	6.80%	0.390%	$3.90
Morningstar EM TME NR USD	*7.10%*	*-1.15%*	*2.20%*	*4.20%*	N/A		
Shareholder-Type Fees/Restrictions: No more than 2 round trip(s) permitted every 90 days. A "round trip" is the purchase of shares in the investment following redemption of shares from the investment. This restriction is waived for trades of less than $25000.							
VANGUARD EMERGING MKTS STOCK IDX ADM (VEMAX)	10.95%	-0.13%	2.98%	3.99%	4.94%	0.140%	$1.40
Morningstar EM TME NR USD	*7.10%*	*-1.15%*	*2.20%*	*4.20%*	N/A		

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Investment Name	Avg. Annual Total Return as of 12/31/2024*					Gross Annual Operating Expenses*	
Benchmark	1 Yr.	3 Yr.	5 Yr.	10 Yr.	Since Inception	As a %	Per $1000
Real Estate							
DFA REAL ESTATE SECURITIES I (DFREX)	5.52%	-4.16%	3.47%	5.72%	9.11%	0.200%	$2.00
Morningstar US Real Est TR USD	*5.03%*	*-4.39%*	*2.97%*	*5.14%*	N/A		

Shareholder-Type Fees/Restrictions: No more than 2 round trip(s) permitted every 90 days. A "round trip" is the purchase of shares in the investment following redemption of shares from the investment. This restriction is waived for trades of less than $25000.

*The data provided is the most current data available as of the date this Notice was produced.

To help achieve long-term retirement security, you should give careful consideration to the benefits of a well-balanced and diversified investment portfolio. Spreading your assets among different types of investments can help you achieve a favorable rate of return, while minimizing your overall risk of losing money. For information regarding individual investing and diversification, please go to the Department of Labor's website at https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/pension-protection-act/investing-and-diversification.

The cumulative effect of plan fees and expenses can substantially reduce the growth of your retirement savings. Visit the U.S. Department of Labor's website for an example showing the long-term effect of fees and expenses at https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/a-look-at-401k-plan-fees.pdf. Fees and expenses are only one of many factors to consider when you decide to invest in a plan investment option. You may also want to consider whether investing in a particular option, along with your other investments, will help you achieve your retirement goals.

Reliance on Third-Party Database for Investment Information: Where applicable, the investment-related information reported in this section was prepared using information provided to Ascensus, LLC, and its affiliated entities, from one or more third parties. Although this information is believed to be accurate and complete, no representation is made as to the accuracy or completeness of the information. For detailed information regarding each designated investment alternative, please refer to the prospectus, summary prospectus, or other similar-type document prepared by the issuer of each investment. (See "How to Obtain More Investment Information" below for direction on how to obtain these documents.)

How to Obtain More Investment Information

You can obtain additional information for the designated investment options by accessing the Participant Website (the web address may be found in the section of this Notice titled "How to Obtain More Information"). Such additional information includes, as applicable:

- more recent investment performance
- the name of the issuer of the investment option
- the objectives, goals, principal strategies and risks of the investment option
- the turnover ratio of the fund's portfolio
- the most recent available share price of the investment option
- copies of prospectuses or similar documents
- a list of assets comprising the portfolio of each investment option

You may request, free of charge, paper copies of any of these items from the contacts listed in the section of this Notice titled "How to Obtain More Information."

Plan and Individual Expenses that May Be Charged to Your Account

The plan hires outside professionals to provide administrative services that are needed for the plan to operate. The types of services that may be provided and the fees charged for those services are described in this section. Fees for services that benefit the plan as a whole (e.g., general plan administrative services and trustee/custodial services) will be shared by participants in the plan, only to the extent those fees are not paid by your employer, from plan forfeitures or from revenue sharing payments.

Revenue sharing payments are amounts paid by certain mutual funds and are part of the fund's Gross Annual Operating Expenses listed in the section of this Notice titled "Investment Performance, Expenses and Fees." To the extent any of the expenses described below are paid, in whole or in part, from revenue sharing payments received by the plan, those expenses will not be charged to your account.

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Plan and Individual Expenses that May Be Charged to Your Account

If any of the expenses described in this section are deducted from your account, such expense will be shown on your quarterly statement.

PLAN EXPENSES

Plan expenses are fees for services that are provided on a regular basis, such as recordkeeping and general plan administration. These services include such items as maintenance of individual information and investment records, daily accounting, processing investment and election changes, processing and allocating contributions, preparation of reports and individual statements, participant internet and telephone services, trust and custody services, and investment management services.

Only those expenses not paid by your employer, from plan forfeitures, or from revenue sharing payments will be charged to your account. If plan expenses are charged to your account, they will be assessed on either a *per capita* or *pro rata* basis. The expense payment method is identified below. For any expenses that are "Paid by Employer," the Employer may elect to have such expenses paid by the plan and in such event, the expense would be allocated on a pro rata basis (to the extent it is not paid by other sources). *Per capita* means an equal dollar amount will be charged to each participant's account. For example, if total expenses are $10,000 and there are 100 participants, each participant's account would be charged $100. *Pro rata* means a proportionate share of the fee will be charged to each participant's account based on the proportion that such participant's account balance bears to the account balances of all participants. For example, if the total value of all participant accounts (including your account) was $1,000,000 and your account balance was $10,000, an amount equal to 1% of the expenses would be deducted from your plan account.

Recordkeeping and Administration Fees: The annual fees for these services are estimated to be:

Description	Amount	Paid per capita/pro rata (if applicable):
Per Participant Fee	$55.00 per participant	Paid by Employer
Recordkeeping Base Fee	$2750.00	Paid by Employer

In addition to the regular administrative expenses described above, the plan may incur other administrative expenses for services that are not performed on a regular basis or the fees which are indeterminable, such as consulting, accountant's fees for audit of the plan's financial statements, custom reports or notices and other special or extraordinary services. These expenses are applied to your account in the same manner as the regular administrative expenses.

Trust and Custody Fees: The annual fees for these services are estimated to be:

Description	Amount	Paid per capita/pro rata (if applicable):
Trust/Custody Fee	0.0300 % of plan assets	Paid by Employer

Fees for Special Services: The following fees may be charged for special services provided to our plan:

Description	Amount	Paid per capita/pro rata (if applicable):
Hard Copy Full Enrollment Booklet	$5.00 Each	Paid by Employer
Printed Participant Notice Per Participant Fee	$1.00 Per Participant	Paid by Employer
Printed Quarterly Statements	$1.00 Each	Paid by Employer
Printed Quick Start Enrollment Guide	$2.00 Each	Paid by Employer

Investment Advisory Fees: The plan has entered into an agreement with your plan's investment advisor to provide advisory services for the plan. The annual advisory service fees are estimated to be:

Description	Amount	Paid per capita/pro rata (if applicable):
Investment Management Asset Based Fee	0.5700 % of plan assets ($5,000.00 minimum as applicable)	Pro Rata

INDIVIDUAL EXPENSES

Individual expenses are fees that are applied for services or actions that are specific to your account. Individual expenses are charged to your account only if applicable:

Description	Amount
Distribution Fee, non-periodic	$75.00 Each - Wire Charge $10.00
Force Out Administration Fee	$20.00 per participant mailing
Loan Maintenance Annual Fee	$50.00 Each
Loan Origination Fee	$50.00 Each - Wire Charge $10.00
Overnight Delivery Fee	$30.00 Each
Periodic Distribution Fee	$12.50 Each - Wire Charge $10.00

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Plan and Individual Expenses that May Be Charged to Your Account

Description	Amount
QDRO Distribution Fee	$250.00 Each - Wire Charge $10.00
Required Minimum Distribution (RMD) Calculation Fee	$85.00 Each - Wire Charge $10.00
Stop Pay / Re-Issue Fee	$30.00 Each
Wire Fee	$10.00 Each

How to Obtain More Information

To obtain additional information about your plan or if you have questions about the information contained in this Notice, you may contact:

Fee Disclosure Contact(s)	Stewart Smith 96 S. Grant Ave Columbus OH 43215 (614) 849-1031 ssmith@columbuslibrary.org
Participant Service Center	844-749-9981 Representatives are available Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern Time Automated services are also available during non-business hours
Participant Website	https://secure.ascensus.com/login/participant

COLUMBUS METROPOLITAN LIBRARY 403(B) PLAN

NOTICE OF RIGHT TO PARTICIPATE IN THE PLAN AND CONTRIBUTION LIMITS

Elective Deferrals. The Columbus Metropolitan Library 403(b) Plan (the "Plan") allows eligible employees to save for retirement. If you are eligible to participate in the Plan, then you may elect to reduce your compensation by a specified amount and have that amount contributed to the Plan as an elective deferral. There are two types of elective deferrals: Pre-Tax Deferrals and Roth Deferrals. For purposes of this notice, "elective deferrals" means both Pre-Tax Deferrals and Roth Deferrals. Regardless of the type of elective deferral you make, the amount you defer is counted as compensation for purposes of Social Security taxes.

Pre-Tax Deferrals. If you elect to make Pre-Tax Deferrals, then your taxable income is reduced by the deferral contributions so you pay less in federal income taxes. Later, when the Plan distributes the deferrals and earnings, you will pay the taxes on those deferrals and the earnings. Therefore, with a Pre-Tax Deferral, federal income taxes on the elective deferral contributions and on the earnings are only postponed. Eventually, you will have to pay taxes on these amounts.

Roth Deferrals. If you elect to make Roth Deferrals, the elective deferrals are subject to federal income taxes in the year of elective deferral. However, the elective deferrals and, in certain cases, the earnings on the elective deferrals are not subject to federal income taxes when distributed to you. In order for the earnings to be tax free, you must meet certain conditions. See the question in the Summary of Plan Provisions entitled "What are my tax consequences when I receive a distribution from the Plan?".

How do I elect to make contributions to the Plan?

The amount you elect to defer will be deducted from your pay in accordance with a procedure established by the Plan Administrator. You may elect to defer a portion of your compensation payable on or after your Entry Date. Such election will become effective as soon as administratively feasible after it is received by the Plan Administrator. Your election will remain in effect until you modify or terminate it.

If you are currently participating, you may want to change your amounts for the new Plan Year. You can increase or decrease your contribution or you can leave your amounts the same.

You can contact the Plan Administrator to obtain further information on how to make contributions to the Plan.

How much can I contribute?

Your total elective deferrals in any taxable year cannot exceed a dollar limit which is set by law. The limit for 2024 is $23,000. After 2024, the dollar limit may increase for cost-of-living adjustments. See the paragraph below on Annual dollar limit.

Age 50 Catch-Up Deferrals. If you are at least age 50 or will attain age 50 before the end of a calendar year, then you may elect to defer additional amounts (called Age 50 Catch-Up Deferrals) to the Plan as of the January 1st of that year. You can defer the additional amounts regardless of any other limitations on the amount you can defer to the Plan. The maximum Age 50 Catch-Up Deferrals that you can make in 2024 is $7,500. After 2024, the maximum might increase for cost-of-living adjustments.

Annual dollar limit. Each separately stated annual dollar limit on the amount you may defer (the annual deferral limit and the Catch-Up Deferral limit) is a separate aggregate limit that applies to all such similar salary deferral amounts and "catch-up contributions" you may make under this Plan and any other cash or deferred arrangements (including other tax-sheltered 403(b) annuity contracts, simplified employee pensions or 401(k) plans) in which you may be participating. Generally, if an annual dollar limit is exceeded, then the excess must be returned to you in order to avoid adverse tax consequences. For this reason, you need to contact the Plan Administrator if these situations might apply to you. It is desirable to request in writing that any such excess salary deferral amounts and Catch-Up Deferrals be returned to you.

If you are in more than one plan to which you can contribute elective deferrals, you must decide which plan or arrangement you would like to return the excess. If you decide that the excess should be distributed from this Plan, you must communicate this in writing to the Plan Administrator no later than the March 1st following the close of the calendar year in which such excess deferrals were made. However, if the entire dollar limit is exceeded in this Plan or any other plan the Employer maintains, then you will be deemed to have notified the Plan Administrator of the excess. The Plan Administrator will then return the excess deferral and any earnings to you by April 15th.

What is the maximum annual amount that can be contributed to my account?

The law imposes a limit on the amount of contributions that may be made to your accounts during a year. For 2024, this total cannot exceed the lesser of $69,000 or 100% of your includible compensation (generally your compensation for the prior 12 month period). After 2024, the dollar limit might increase for cost-of-living adjustments. Your includible compensation for purposes of this limit is limited for 2024 to $345,000. After 2024, the dollar limit for includible compensation might increase in future years for cost-of-living adjustments.

The above limit may also need to be applied by taking into account contributions made to other retirement plans in which you are a participant. If you have more than 50% control of a corporation, partnership, and/or sole proprietorship, then the above limit is based on contributions made to this Plan as well as contributions made to any 403(b) or qualified plans maintained by the businesses you control. If you control another business that maintains a plan in which you participate, then you are responsible for providing the Plan Administrator with information necessary to apply the annual contribution limits. If you fail to provide necessary and correct

information to the Plan Administrator, it could result in adverse tax consequences to you, including the inability to exclude contributions to the Plan from your gross income for tax purposes.

You can find out more information about the Plan in the Summary of Plan Provisions. You can obtain a copy from the Plan Administrator.

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