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Inside this newsletter you'll find legally required notices and information from Allscripts about your enrollment and coverage rights, including:

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- The 401(k) Summary Annual Report will be available at www.MyAllscriptsBenefits.com

Note: Medicare-eligible associates and their covered partners should keep this newsletter for future reference. It contains the Creditable Prescription Drug Coverage and Medicare Notice, which may apply to you if you (or a family member) are covered by Medicare. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D prescription drug plan to show that you are not required to pay a higher Part D premium amount.



Get ready to enroll for 2022 benefits

Benefits open enrollment is Nov. 1–15, 2021.

Get the benefits that are the right fit for you and your family in 2022 by taking these steps:

- 1 **Read** the Open Enrollment materials you receive, including this Compliance Newsletter and the *Benefits Open Enrollment Newsletter* (coming soon).
- 2 **Visit** the Allscripts benefits website for the latest benefit information about all of Allscripts benefits, programs and resources. Go to www.myallscriptsbenefits.com.
- 3 **Watch** the 2022 Open Enrollment recorded presentation when it becomes available in October.
- 4 **Decide** which benefits you need for 2022. Health Advocate can help you compare plans and answer your questions.
- 5 **Enroll during Open Enrollment from Nov. 1–15. If you want to keep the benefits you have now, you do not have to enroll unless you want to make contributions to a Health Savings Account (HSA) and/or one or both Flexible Spending Accounts (FSAs).**

Important Notice to Associates from Allscripts About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Allscripts medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug, Medicare Part D, coverage will pay in 2022. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2022 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records and you must provide a copy of this notice to Medicare eligible dependents.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Allscripts and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Allscripts medical plans, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2022. This is called creditable coverage. Coverage under any of our medical plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later, after your initial eligibility period, decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active associate or family member of an active associate, you may also continue your employer coverage. In this case, the Allscripts 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 Allscripts medical coverage and are not covered under your spouse's employer plan, Medicare will be your only payer. You can re-enroll in the employer plan at open enrollment or if you have a special enrollment event for the Allscripts plan, assuming you remain eligible.

You should know that if you waive or leave coverage with Allscripts and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium may go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium may be at least 19% higher than what most other people pay with Part D coverage. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Allscripts coverage changes, or upon your request.

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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

Visit www.medicare.gov for personalized help.

Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number).

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher Part D premium amount (e.g., a penalty).

For more information about this notice or your prescription drug coverage, contact:

Allscripts Benefits Team
305 Church at North Hills Street
Raleigh, NC 27609
919-847-8102

benefits@allscripts.com

Date of this Creditable Coverage notice:
October 8, 2021.

Notice of Special Enrollment Rights for Medical Plan Coverage

As you know, if you have declined enrollment in Allscripts 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.

Allscripts will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 31 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Allscripts group health plan. Note that this 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage.

HIPAA Privacy Notice Reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Allscripts Healthcare, LLC Welfare Plan (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice contact the Allscripts Benefits Team at benefits@allscripts.com. You may also view the Privacy Notice on www.MyAllscriptsBenefits.com.

You may also contact the Plan's Privacy Official at benefits@allscripts.com for more information on the Plan's privacy policies or your rights under HIPAA.

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 January 31, 2021. Contact your State for more information on eligibility.

ALABAMA-Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA-Medicaid

The AK Health Insurance Premium Payment Program Website:
<http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS-Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA-Medicaid

Website: Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov

COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child

Health Plan Plus (CHP+)
Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/
State Relay 711
CHP+:
<https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

FLORIDA-Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA-Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162 ext 2131

INDIANA-Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone 1-800-457-4584

IOWA-Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website:
<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS-Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884

KENTUCKY-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: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA-Medicaid

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

Enrollment Website:

Website: <https://www.maine.gov/dhhs/ofl/applications-forms>

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage:

Website: <https://www.maine.gov/dhhs/ofl/applications-forms>

Phone: 1-800-977-6740

TTY: Maine relay 711

MASSACHUSETTS-Medicaid and CHIPWebsite: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>

Phone: 1-800-862-4840

MINNESOTA-MedicaidWebsite: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI-Medicaid

Website:

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA-MedicaidWebsite: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

NEBRASKA-MedicaidWebsite: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA-MedicaidMedicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE-MedicaidWebsite: <https://www.dhhs.nh.gov/oii/hipp.htm>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY-Medicaid and CHIP

Medicaid Website:

Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK-MedicaidWebsite: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA-MedicaidWebsite: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA-MedicaidWebsite: <http://www.nd.gov/dhs/services/medicalsev/medicaid/>

Phone: 1-800-755-2604

OKLAHOMA-Medicaid and CHIPWebsite: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON-MedicaidWebsite: <http://healthcare.oregon.gov/Pages/index.aspx>Website: <http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA-MedicaidWebsite: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>

Phone: 1-800-692-7462

RHODE ISLAND-Medicaid and CHIPWebsite: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA-MedicaidWebsite: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA-MedicaidWebsite: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS-MedicaidWebsite: <http://gethipptexas.com/>

Phone: 1-800-440-0493

UTAH-Medicaid and CHIPMedicaid Website: <https://medicaid.utah.gov/>CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT-MedicaidWebsite: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

VIRGINIA-Medicaid and CHIPWebsite: <https://www.coverva.org/hipp/>

CHIP Phone: 1-855-242-8282

WASHINGTON-MedicaidWebsite: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA-MedicaidWebsite: <http://mywvhipp.com/>

Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN-Medicaid and CHIP

Website:

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING-MedicaidWebsite: <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 January 31, 2021, 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

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. If you would like more information on WHCRA benefits, call our plan administrator at 1-800-564-9286.

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 our plan administrator at 1-800-564-9286.



Notice Regarding Wellness Programs

Virgin Pulse is a voluntary wellness program available to all associates. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve associate health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

You are not required to participate in the Virgin Pulse Wellness Program. However, if you choose to participate, you will have the option to engage in a variety of health-related tools and activities that reward points and Pulse Cash of various values. Your earned points and Pulse Cash will accumulate as you complete program activities allowing you to reach various point levels and program rewards.

All Well Premium Credit

All active associates enrolled in an Allscripts Medical Plan are eligible to earn a \$62.50 per pay period (\$125 a month) *All Well* credit towards their medical plan premium. Your date of hire determines the point value and the period of time in which the point value must be satisfied to earn this credit:

If You Are a Current Associate

You can qualify for the 2022 *All Well* credit by reaching Level 3 (12,000 points) in the Virgin Pulse program between October 1, 2021 and December 31, 2021.

If You Are a New Associate

Hired October 1 through December 15

- To earn the 2021 *All Well* Credit, you must reach Level 2 (6,000 points) within 31 days of your hire date. If you do not reach Level 2 within 31 days, you must reach Level 3 by December 15, 2021.
- To earn the 2022 *All Well* Credit, you must reach Level 3 (12,000 points) by December 31, 2021.

Hired December 16 through December 31

- You are not eligible for the 2021 *All Well* Credit.
- To earn the 2022 *All Well* Credit, you must reach Level 2 (6,000 points) within 31 days. If you do not reach Level 2 within 31 days, then you must reach Level 3 at any point in 2022 to be eligible for the credit.

There are many ways to earn the required points for the *All Well* premium credit. See "How to Earn" under the Rewards tab on the program website at <https://app.member.virginpulse.com/#/howtoearn>.

Among the optional point-based earning opportunities is a voluntary Health Check survey that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also have the option to receive point values for preventive care services you receive under the Allscripts health plan. The information from your health survey and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and inform you of tools and services through the wellness program that may help you manage and improve your health. You also are encouraged to share your results or concerns with your own doctor.

If you have questions about the Virgin Pulse Wellness Program, please contact a program specialist or visit:

Virgin Pulse Customer Support: 833-532-6895

Email address: Allscriptssupport@virginpulse.com

URL: www.join.virginpulse.com/Allscripts

HIPAA Notice of Reasonable Alternative Standards

Allscripts health and wellness plans are designed to help you achieve your best health. Points and Pulse Cash rewards are available to all associates participating in the Virgin Pulse wellness program. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your Allscripts Benefits Team by submitting a [Service Now](https://allscripts.service-now.com/sp) ticket (at <https://allscripts.service-now.com/sp>) and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Allscripts may use aggregate information it collects to design a program based on identified health risks in the workplace, Virgin Pulse will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. Members of the Allscripts Benefits Team are the only individuals who may receive your personally identifiable health information in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Allscripts Benefits Team by submitting a [Service Now](https://allscripts.service-now.com/sp) ticket (at <https://allscripts.service-now.com/sp>).

Summary Annual Report For Allscripts Healthcare, LLC Welfare Plan

This is a summary of the annual report of the Allscripts Healthcare, Llc Welfare Plan (Employer Identification Number 56-1306083, Plan Number 504) for the plan year 01/01/2020 through 12/31/2020. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Allscripts Healthcare, Llc has committed itself to pay certain health, temporary disability, prescription drug, flexible spending account, dental, temporary disability and severance pay claims incurred under the terms of the plan.



305 Church at North Hills Street
Raleigh, NC 27609

Insurance Information

The plan has insurance contracts with Hawaii Medical Service Association, National Union Fire Ins. Co. of Pittsburgh, Pa, United Behavioral Health DbA Optum, Vision Service Plan, Life Insurance Company of North America, Metlife Legal Plans, and Continental American Insurance Company to pay certain health, prescription drug, business travel accident, employee assistance program, vision, dental, life insurance, long-term disability, legal, critical illness, and accidental death and dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2020 were \$4,157,847.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call Allscripts Healthcare, Llc, the plan administrator, at 305 Church At North Hills Street Benefits Dept., Raleigh, NC 27609 and phone number, 919-847-8102.

You also have the legally protected right to examine the annual report at the main office of the plan: 305 Church At North Hills Street Benefits Dept., Raleigh, NC 27609, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Allscripts Welfare Plans Notice of Privacy Practices

Allscripts Welfare Plans Notice of Privacy Practices addresses the protection of medical records, health benefits records, and other personal information of participants in Allscripts health care plans, including those plans that provide medical, dental, vision care, long-term care, and health care reimbursement account benefits. Allscripts Welfare Plans Notice of Privacy Practices is available by emailing benefits@allscripts.com.