

# EMPLOYEE BENEFITS GUIDE

PLAN YEAR  
January 1, 2023 –  
December 31, 2023





## INTRODUCTION

[[Client Name]] is committed to employee health and welfare. This commitment involves offering a comprehensive benefits program to help prepare you and your family for planned as well as unplanned life events. This guide provides a summary of the benefit options available to you.

## ELIGIBILITY & ENROLLMENT

All regularly scheduled employees working at least 30 hours per week are eligible for benefits. Coverage may also be elected for dependents, including your legal spouse and dependent children to age 26 (age 30 in certain circumstances). New employees are eligible for benefits the 1st of the month following date of hire.

If you chose not to enroll when first eligible, you have the opportunity to do so during annual open enrollment. Should you or a family member experience an IRS- approved qualifying event, and you notify HR of the qualifying event within 30 days, you will receive special enrollment rights.

***All employees are required to enroll via ADP.***

# MEDICAL BENEFITS AT A GLANCE

[[Client Name]] 1	[[Client Name]] 2	[[Client Name]] 2
<b>In-Network</b>		
Calendar Year Deductible Individual / Family	\$2,000 / \$6,000	\$1,500 / \$4,500
Coinsurance Carrier / Member	70% / 30%	80% / 20%
Primary Physician Service	\$35 Copay	\$30 Copay
Specialist Physician Service	\$65 Copay	\$55 Copay
Preventive Care	100% covered	100% covered
Inpatient Hospitalization	\$100 Per Admission Deductible + Deductible + 30%	Deductible + 20%
Outpatient Surgery	Deductible + 30%	Deductible + 20%
Emergency Room	\$300 Copay	\$250 Copay
Urgent Care Services	\$70 Copay	\$60 Copay
Diagnostic Lab & X-Ray Lab X-Ray	\$0 Copay \$50 Copay	\$0 Copay \$50 Copay
Advanced Imaging	\$300 Copay	\$250 Copay
Prescription Drugs	\$10 / \$50 / \$80	\$10 / \$50 / \$80
Mail-Order	2.5x Retail Copay	2.5x Retail copay
Calendar Year Maximum Individual / Family	\$6,350 / \$12,700	\$4,500 / \$9,000
<b>Out-of-Network</b>		
Calendar Year Deductible Individual / Family	N/A	\$4,500 / \$13,500
Out-of-Pocket Maximum	N/A	\$9,000 / \$18,000
Coinsurance	N/A	50%

## MEDICAL PREMIUMS

Medical Deductions	[[Client Name]] 1	[[Client Name]] 2
<i>Per Pay Period Deductions</i>	<b>Deduction</b>	<b>Deduction</b>
Employee Only	\$78.00	\$125.96
Employee + Spouse	\$264.00	\$299.78
Employee + Child(ren)	\$204.10	\$231.76
Employee + Family	\$346.08	\$392.99

# TIPS & TRICKS FOR YOUR MEDICAL & RX NEEDS!

## STAY IN-NETWORK

- Florida Blue's national laboratory provider is Quest. Routine lab work will be covered at 100% when utilizing a Quest facility. Lab work performed at a hospital will be subject to deductible and coinsurance.
- Visit [www.floridablue.com](http://www.floridablue.com) to search for providers. Call the provider to verify they are in the Florida Blue network.

## ASK YOUR PHYSICIAN QUESTIONS

- Is there a generic alternative for this prescription?
- Can this test be performed in your office?
- Is the lab or advanced imaging facility you're recommending in-network?
- Are you applying a preventive code, rather than a diagnostic code, to my routine well visit?

## KNOW A LITTLE ABOUT PHYSICIAN CODING

Miscoding procedures and visits is the number one reason for billing problems.

If you go to the doctor for any type of preventative care, make sure the office codes it as such. Be aware there could be situations that start off as preventative that turn into diagnostic.

## EMERGENCY ROOM VS. URGENT CARE FACILITY

If you have a life threatening emergency, please go straight to the emergency room. **However, if you have a minor injury or have the flu, go to an urgent care facility.** The Urgent Care Facility will help save you time and save you money.

## MAIL ORDER

- Order brand name drugs through mail order prescription benefits to save on a 90-day supply.
- Online and Mobile: Please visit [alliancerxwp.com/home-delivery](http://alliancerxwp.com/home-delivery) or call **888-849-7865** to create an account or to transfer your current prescriptions.
- Once you have create your account you can ask your doctor to send you prescription electronically to AllianceRx Walgreens Prime, or a fax a prescription request to **800-322-9581**.

## SHOP FOR RX SAVINGS

- Ask your physician for samples
- Use Walgreens to fill a prescription and you will pay less than going to other retail pharmacies.

## IF YOU NEED SPECIAL MEDICAL CARE OR EQUIPMENT

**CareCentrix** coordinates home health care, home infusion and specialized (called "durable") medical equipment for Florida Blue members. Call CareCentrix directly at **866-776-4617** for assistance.



# DENTAL BENEFITS AT A GLANCE

Guardian	Dental Low		Dental High	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> Individual / Family	\$50 / \$150	\$100 / \$300	\$50 / \$150	\$50 / \$150
<b>Calendar Year Maximum</b> (per patient, In and Out-of-Network Maximums are combined)	\$1,000	\$1,000	\$1,000	\$1,000
<b>Preventive &amp; Diagnostic Services</b> <ul style="list-style-type: none"> <li>Exams, cleanings, Bitewing X-Rays</li> <li>Fluoride Treatment (once every 6 months, children to age 19)</li> <li>Sealants</li> </ul>	Deductible Waived	Deductible Applies	Deductible Waived	Deductible Waived
<b>Basic Services</b> <ul style="list-style-type: none"> <li>Fillings, Extractions</li> <li>Endodontics (root canal)</li> <li>Periodontics, Oral Surgery</li> </ul>	80%	80%	100%	80%
<b>Major Services</b> <ul style="list-style-type: none"> <li>Crowns, Gold Restorations</li> <li>Bridgework</li> <li>Full and Partial Dentures</li> </ul>	50%	50%	60%	50%
<b>Orthodontia Benefits</b> (children age 19 and below)	Not Included	Not Included	Not Included	Not Included

**Important:** A Late Entrant is anyone who enrolls in this dental plan more than 31 days after becoming eligible for the plan. Late entrants may be subject to waiting periods for Basic and Major.

## DENTAL PREMIUMS

Dental Deductions <i>Per Pay Period Deductions</i>	Dental Low	Dental High
	Deduction	Deduction
Employee Only	\$12.57	\$21.24
Employee + Spouse	\$27.38	\$46.72
Employee + Child(ren)	\$30.56	\$52.17
Employee + Family	\$42.15	\$72.19

## VISION BENEFITS AT A GLANCE

Guardian (Utilizes the VSP network)			
	In-Network	Out-of-Network	Frequency of Benefits
<b>Exam</b>	\$10 Copay	Reimbursed up to \$46	12 Months
<b>Frames</b>	\$120 Retail Frame Allowance + 80% off Balance	Reimbursed up to \$47	12 Months
<b>Lenses</b> Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses	\$20 Copay	Reimbursed up to: \$47 \$66 \$85 \$125	12 Months
<b>Contact Lenses</b> In lieu of eyeglasses	\$120 Allowance (After Applicable Copay)	Reimbursed up to \$120	12 Months
Medically necessary	Covered 100% (Material Copay is Waived)	Reimbursed up to \$210	
<b>Laser Vision Correction</b>	Discount Pricing	Not Applicable	Not Applicable

## VISION PREMIUMS

Vision Deductions <i>Per Pay Period Deductions</i>	Guardian
	Deduction
Employee Only	\$4.37
Employee + Spouse	\$7.34
Employee + Child(ren)	\$7.49
Employee + Family	\$11.85

# LIFE INSURANCE & DISABILITY: GUARDIAN

## SUPPLEMENTAL LIFE AND AD&D

Additional life and AD&D insurance is available for purchase on yourself, your spouse, and your child(ren) on a voluntary basis. Premiums are based on your age and the coverage amount selected, and will be payroll deducted. See your Guardian enrollment kit for rate information. This plan allows you to continue all of your voluntary coverage through portability and conversion options. Refer to your Guardian plan documents for complete benefit information.

Insured	Available Increments	Maximum Benefit	Guarantee Issue
Employee	\$10,000	\$100,000	\$100,000
Spouse	\$5,000	50% of the employee's coverage to a maximum of \$50,000	\$25,000
Children	\$1,000	10% of the employee's coverage to a maximum of \$10,000	\$10,000

Evidence of Insurability may be required if you are requesting a life insurance over the Guarantee Issue amount and/or are outside of your initial enrollment.

## SHORT AND LONG-TERM DISABILITY

Disability insurance provides income protection, should you become disabled due to a non-work-related illness or injury. Premiums are based on your age and salary, and will be payroll deducted. Refer to your Guardian plan and enrollment documents for rate sheets, premium calculation examples, and complete plan information.

Coverage	Voluntary Short-Term Disability	Voluntary Long-Term Disability
Benefit Pays	60% of Base Salary	60% of Base Salary
Maximum Benefit	\$1,000 per week	\$6,000 per month
Benefits Begin	Day 8	Day 181
Maximum Benefits Period	26 Weeks	SSNRA
Evidence of Insurability	Required if previously disabled; or if not elected when first eligible	Required if previously disabled; or if not elected when first eligible

## GETTING STARTED WITH TELADOC



Teladoc® gives you 24/7/365 access to U.S. board-certified doctors by web, phone or mobile app. It is a convenient and affordable option for quality medical care. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.

- 1. Register** - 3 easy ways: download the mobile app, visit the Teladoc website or call the number below.
- 2. Provide Medical History** - Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.
- 3. Request a Visit** - That's it! A Teladoc doctor is now just a call or click away.

Visit [www.teladoc.com](http://www.teladoc.com) or call **1-800-Teladoc (835-2362)** to get started.



# WELLNESS FREE EMPLOYEE RESOURCES

The following programs offer you support for living a healthy life and preventing illness. These programs are available at no cost to all employees.

## GLOBALFIT GYM DISCOUNT PROGRAM

GlobalFit offers discounts at more than 10,000 gyms nationwide. Members also get exclusive savings on home health and fitness products including Zumba, Total Gym, Schwinn, StairMaster and more!

Learn more about GlobalFit by calling **800-294-1500** or visit [globalfit.com/connerstrong](https://globalfit.com/connerstrong).

## GOODRX

Compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Learn more at [connerstrong.goodrx.com](https://connerstrong.goodrx.com).

## HEALTHYLEARN

This resource covers over a thousand health and wellness topics in a simple, straight-forward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well.

Learn more at [healthylearn.com/connerstrong](https://healthylearn.com/connerstrong).

## BENEFIT PERKS

This feature provides a broad array of services, discounts and special deals on consumer services, travel services, recreational services and much more. Simply access the site and register and you can begin using it now.

Learn more at [connerstrong.corestream.com](https://connerstrong.corestream.com).



## COLLEGE TUITION BENEFIT: **GUARDIAN**



Paying for college may be one of the most important financial goals families are faced with today. It's expensive too. There are decades of saving or hunting for financial aid - not to mention students taking on overwhelming debt.

That's why Guardian is offering the College Tuition Benefit (CTB). It's a rewards-based program offered through your employer that provides a simple and effective way to help you save when sending a child or loved one to college. Tuition Rewards can be used at over 400 participating private colleges and universities nationwide.

### **REWARDS CAN ADD UP FAST. HERE'S HOW IT WORKS.**

- Members enrolled in Guardian insurance plans earn 2,000 Tuition Reward® Points annually, per product.
- Each Tuition Reward Point equals \$1 in tuition reduction.
- Guardian Dental members receive a bonus of 2,500 Tuition Rewards Points after year four.
- Members can allocate rewards to their children, grandchildren, nieces and nephews. Godchildren and stepchildren, too.

### **YOUR REWARDS INCREASE EACH YEAR AND YOU CAN KEEP THEM FOREVER!**

It's easy to keep up with your progress and program updates, too.

- Manage your Tuition Rewards Points through your own, easy-to-activate, CTB online account.
- Rewards accumulate and are tracked automatically.
- Useful college planning tools and guidance are also provided.
- Ongoing account reminders help you get the most out of the program.

Visit [guardian.collegetuitionbenefit.com](https://guardian.collegetuitionbenefit.com) for more information.

# EMPLOYEE ASSISTANCE PROGRAM: **GUARDIAN**

Our comprehensive WorkLifeMatters Employee Assistance Program available through Integrated Behavioral Health, provides you and your family members with confidential, personal and web-based support on a wide variety of important and relevant topics - such as stress management, dependent/elder care, nutrition, fitness, and legal and financial solutions.

## **EMPLOYEE ASSISTANCE PROGRAM (EAP) CONSULTATIVE SERVICES**

- Telephonic Counseling
- Face-to-Face Counseling
- Bereavement
- Tobacco Cessation Program
- EAP Website Resources
- College Planning Resources

## **WORK/LIFE ASSISTANCE & RESOURCES**

- WorkLife Services
- Child and Elder Care Referral
- Employee Discounts
- Webinars, Podcasts, Articles and FAQs

## **LEGAL/FINANCIAL ASSISTANCE AND RESOURCES**

- Legal consultation
- Financial consultation
- ID Theft
- Will Prep
- Legal Document Preparation
- Tax Consultation
- Online Self-Service Documents



**VISIT [WWW.IBHWORKLIFE.COM](http://WWW.IBHWORKLIFE.COM)  
FOR MORE INFORMATION!**

**USER NAME: MATTERS**

**PASSWORD: wlm70101**

**PHONE: 1-800-386-7055**

**AVAILABLE 24 HOURS A DAY 7  
DAYS A WEEK!**

# OUTSIDE RESOURCES & INFORMATION

## MEMBER ADVOCACY PROGRAM: CONNER STRONG & BUCKELEW

We know it is often difficult to fully understand your health benefits and use them properly—especially when insurance companies make more and more changes to the way plans are administered and how claims are paid. If you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your benefits work
- Need information about adding or terminating a dependent
- Need help to resolve a problem you've been working on

Please contact the Conner Strong & Buckelew Member Advocacy Unit for assistance:

- Via phone: **800-563-9929**, Monday through Friday, 8:30 am to 5 pm EST
- Via the web: Go to [www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy)



## CARRIER CONTACTS

Coverage	Phone	Website
Medical	800-352-2583	<a href="http://www.floridablue.com">www.floridablue.com</a>
Dental	800-627-4200	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Vision	800-627-4200	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Voluntary Life, STD and LTD	800-819-2468	<a href="http://www.guardianlife.com">www.guardianlife.com</a>

# LEGAL/ID THEFT SERVICES: U.S. LEGAL SERVICES

## THE FAMILY DEFENDER

U.S. Legal Services offers a legal benefit that pays your attorney's fees for all covered legal matters. With the Family Defender Plan, you and your family are covered for your personal legal needs. It's like having your own "Attorney on Retainer". The Family Defender plan costs \$21.50 per month.

Covered legal services include, but are not limited to:

- Consultations
- Wills and Simple Trusts
- Estate Planning
- Debt Collection Defense
- Real Estate
- Domestic Adoption
- Divorce
- Child Support/Custody
- Chapter 7 & 13 Bankruptcy
- DUI (1st offense only)
- Traffic Violations
- Juvenile Law
- Consumer Law

## THE IDENTITY DEFENDER

U.S. Legal Services offers an identity benefit that protects you and your family against Identity Theft. With the Identity Defender Plan, your family can fight back against stolen identity and can restore your good credit and your stolen funds. The Identity Defender plan costs \$12.95 per month.

Covered identity services include, but are not limited to:

- Advanced Fraud Monitoring
- Change of Address Monitoring
- Credit & Debit Card Monitoring
- Dark Web Monitoring
- Fraud Alert Reminders
- Medical ID Fraud Protection
- Smart SSN Tracker
- Lost Wallet
- Stolen Funds Reimbursement
- Identity Theft Insurance
- Identity Restoration
- Credit Monitoring

For more information visit [uslegalservices.net](https://uslegalservices.net) or call **800-356-LAWS**.



# LEGAL NOTICES

## Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

InSight Telepsychiatry offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

## 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## 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 benefits. If you have any questions, please speak with Sharon Howarth in the Corporate Benefits Department at 856-797-4843.

## Special Enrollment Notice

**Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops

contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment.

**Loss of coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

**New dependent by marriage, birth, adoption, or placement for adoption.** 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 new dependents. However, you must request enrollment within [30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption.

**Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Sharon Howarth in the Corporate Benefits Department at 856-797-4843.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage

through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 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](mailto: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](mailto:hipp@dhcs.ca.gov)

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711  
CHIP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>  
CHIP+ 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>

# LEGAL NOTICES

## 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>

## 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](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>  
Phone: 1-877-524-4718

## LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

## MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofa/applications-forms>  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage:  
<https://www.maine.gov/dhhs/ofa/applications-forms>  
Phone: -800-977-6740.

## MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>  
Phone: 1-800-862-4840

## MINNESOTA – Medicaid

Website: <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: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 1-573-751-2005

## MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084

## NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: (855) 632-7633  
Lincoln: (402) 473-7000  
Omaha: (402) 595-1178

## NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>  
Medicaid Phone: 1-800-992-0900

## NEW HAMPSHIRE – Medicaid

Website: <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: <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 – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

## NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhhs.gov/>  
Phone: 919-855-4100

## NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalsev/medicaid/>  
Phone: 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

## OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
Phone: 1-800-699-9075

## PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>  
Phone: 1-800-692-7462

## RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)

## SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

## SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

## TEXAS - Medicaid

Website: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

## UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

## VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427

## VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/hipp/>  
<https://www.coverva.org/en/famis-select>  
Medicaid Phone: 1-800-432-5924  
CHIP Phone: 1-855-242-8282

## WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

## WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>  
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

## WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

## WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 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](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

## U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

# LEGAL NOTICES

## Important Notice From [[Client Name]] 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 [[Client Name]] 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. [[Client Name]] has determined that the prescription drug coverage offered by the Florida Blue is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join a Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current [[Client Name]] coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current [[Client Name]] coverage, be aware that you and your dependents may not be able to get this coverage back.

### When Will You Pay A Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with [[Client Name]] 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...

**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 [[Client Name]] changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 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:	November 2020
Name of Entity/Sender:	[[Client Name]]
Contact:	PLACEHOLDER
Address:	PLACEHOLDER
	PLACEHOLDER
Phone Number:	PLACEHOLDER



# INSURANCE MARKETPLACE NOTICE

## PART A: General Information

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

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets our needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

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

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

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier’s customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government’s 24/7 Help-Line at 1-800-318-2596 or go to <https://www.healthcare.gov/marketplace/individual/>.

## 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 [[Client Name]]		4. Employer Identification Number (EIN)	
5. Employer Address		6. Employer phone number	
7. City	8. State	9. Zip Code	
10. Who can we contact about employee health coverage at this job?	11. Phone Number	12. Email Address	

<sup>1</sup> 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.



*This benefit summary provides selected highlights of the employee benefits program at [[Client Name]]. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the [[Client Name]]. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. [[Client Name]] reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.*