First Light

Benefits Guide

Effective January 1, 2024

Getting started

Making benefit selections

Enrollment

New hires have 30 days from their date of hire to enroll in benefits.

Who can I add to my coverage?

Note: You the employee must be enrolled in the coverage you wish to enroll a dependent into

- Legally Married Spouse
- Biological Children
- Stepchildren
- Adopted Children
- Children in your custody for adoption
- Children under your legal guardianship
- Permanently disabled children over plan age restrictions

Mid Year Changes // Qualifying Life Events

You may only enroll in benefits when you are first eligible or make changes to your benefits during open enrollment. However, you can make changes/enroll during the plan year if you experience a qualifying life event:

- Marriage
- Divorce
- New Baby/Adoption
- Death of Dependent
- Your Dependent's Open Enrollment
- You/Dependent lose other coverage
- You/Dependent gain other coverage
- You/Dependent lose Medicaid coverage
- You/Dependent gain Medicaid/Medicare coverage

If you have a qualifying life event, you must submit your changes within 30 days of the event (60 days for Medicare or Medicaid events), or you must wait until annual open enrollment to make any benefits changes. These events should be entered online through your enrollment platform. You may also be required to provide proof of the event to HR.

Getting started

Eligibility

Coverage	Who is Eligible	Coverage Starts	Coverage Ends
Medical	All employees who work 30+ hours per week.	First day of the month following date of hire.	On the last date worked. (Children: through the end of the month they turn 26.)
Dental	All employees who work 30+ hours per week.	First day of the month following date of hire.	On the last date worked. (Children: through the end of the month they turn 26.)
Vision	All employees who work 30+ hours per week.	First day of the month following date of hire.	On the last date worked. (Children: through the end of the month they turn 26.)
Life and Disability	All employees who work 30+ hours per week.	First day of the month following date of hire.	On the last date worked. (Children: through the end of the month they turn 26.)

Pre-Tax Account or Funding Type	Who is Eligible + Details
Health Reimbursement Arrangement (HRA)	Only for employees enrolled in the Medical Plan. Your employer contributes $1,000 for Employee-only coverage and $1,500 for Employee + Dependent(s) coverage.
Health Savings Account (HSA)	You are eligible to open a health savings account (HSA) with our medical plan.

Medical insurance

All plan coverage is in-network only. Go to website below to find an in-network provider.

Our Cigna plan utilizes the national Cigna network. The plans are **in-network only**, meaning there is no coverage for out of network providers. The netowrk is national, across the U.S. Go to mycigna.com to view claims, find care and costs, print an ID card, and more!

For the 2024 plan year, Cigna Healthcare will automatically transition to digital ID cards. You can access the digital ID cards from myCigna.com and the myCigna app. Employees can also request physical ID cards on myCigna.com.

In-network care	Medical Plan
Medical Network Name:	Open Access Plus
Deductible (DED) and Out of Pocket Maximum	$3,200 Employee Only $6,400 Family
Deductible Type	Aggregate
Pre-tax account availability	Company-provided HRA: $1,000 Employee Only $1,500 Family *Available once you meet the first $2,200 of the deductible for an employee only plan, and $4,900 for a family plan.*
Preventive care	100% covered (No Cost)
Primary / Specialist visits	DED then you pay $0
Urgent care / Emergency room	DED then you pay $0
Outpatient & Inpatient hospital care	DED then you pay $0
Pharmacy Network Name:	Advantage
Prescription Deductible (DED)	Integrated with Medical Deductible (DED)
Prescription drugs	(30 days)
Prescriptions (all tiers)	DED then you pay $0
Wellness Drugs (no DED applies)	100% covered (no cost)
Out-of-network care available?	No
Your cost for coverage	(Weekly)
Employee only	$9.40
Employee + Spouse	$23.22
Employee + Child(ren)	$18.11
Employee + Family	$46.53

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Health Reimbursement Arrangement (HRA)

Company funding into an HRA Bundled with the medical plan

Who is eligible?	You must be enrolled in the medical plan
Company-Provided HRA Funding	Company-provided HRA: $1,000 Employee Only $1,500 Family Available once you meet the first $2,200 of the deductible for an Employee Only plan, and $4,900 for a family plan.
What can HRA funds be used for?	For In-Network qualified medical and prescription expenses that apply towards the deductible. The HRA coverage must be in effect at the time the claim is incurred.
How do I access my HRA funds?	Once you meet a certain amount of the deductible, your medical expenses will be **automatically paid from your HRA**. You can submit for reimbursement from Cigna for your prescription expenses. Submit these expenses on myCigna.com or the MyCigna app.
Will unspent funds in my HRA roll forward to the next plan year?	No, funds do not roll forward.
What if I terminate my employment during the Plan Year?	If you cease to be an eligible employee, your participation in an HRA plan will end unless you elect COBRA continuation coverage.

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Health Savings Account (HSA)

Those enrolled in the medical plan can also open up a health savings account. Open an HSA at the bank of your choice.

Because of the way our HRA is structured, you can open up a health savings account if you choose.

TO NOTE: If you have an HRA and HSA together, you cannot pay for a medical expense with both accounts. Be mindful of this since Cigna will pay the HRA expenses automatically once you meet your portion of the deductible.

Contributions

IRS Contribution Limits

	Employee Only	Family
2023 Maximum	$3,850	$7,750
2024 Maximum	$4,150	$8,300

55 or older? You can contribute an extra **$1,000** per year in catch-up contributions.

Triple tax savings

1. Reduce your taxable income by contributing into this account.
2. Pay for qualified healthcare expenses free of tax.
3. Earn tax-free interest on HSA dollars and invest tax free.

Key Features

- The money you save in your account can be spent on qualified Medical, Dental, and/or Vision expenses. All expenses are listed in IRS publication 502.
- The money you save stays with you if you change jobs, just like any other bank account. Unspent funds remain in your bank account.
- Save for your future by contributing to the limit – an HSA is a great way to save for your immediate expenses and for retirement.
- The money in the account is available as it's deposited.
- Start, stop, or change your contributions at any time (limitations may apply - consult HR).

You cannot have an HSA and ...

- Be enrolled in Medicare or Medicaid, or a non-HDHP plan (if you gain this coverage, you must stop HSA contributions, but you can spend down any money in your account).*
- Be claimed as another person's tax dependent.
- Have a full purpose/healthcare Flexible Spending Account (FSA) – nor can your spouse, even if you are not participating in their medical plan and/or they are not enrolled with you.

*Those Medicare eligible should speak with a licensed Medicare consultant. For high level HSA considerations reference Medicare.gov (look for 'I have a Health Savings Account (HSA)').

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Dental insurance

All plan coverage shown represents in-network coverage. For out-of-network coverage reference your plan documents

Your dental insurance comes with a lot of different resources to help you save money, make good health choices, and better understand your health. After you enroll be sure to:

- Register and log into the CBABlue website at cbabluevt.com
  - Look up dental claims and print a temporary ID card.
- In the event of a change, notify your dentist (and orthodontist if applicable)

In-network care	CBA Blue Dental Plan
Network name:	BCBS Grid
Annual Deductible (DED)	None
Preventive care	
Basic care	100% of the first $250 per calendar year, then 75% of the next $1,750 per calendar year
Major care	
Orthodontic care	

Your cost for coverage	(Weekly)
Employee Only	$.01
Employee + Spouse	$2.50
Employee + Child(ren)	$.02
Employee + Family	$2.51

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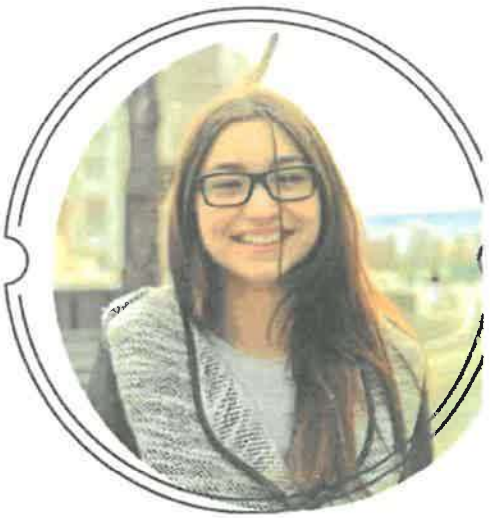
Vision insurance

CBA Blue



All plan coverage shown represents in-network coverage. For out-of-network coverage reference your plan documents.

Your vision insurance comes with a lot of different resources to help you save money, make good health choices, and better understand your health. After you enroll be sure to:

- Register and log into the CBA website at cbabluevt.com
- See vision plan details and claims

In-network care	CBA Blue Vision Plan
Network name:	BCBS Grid
Exam	100% of the first $200 per calendar year; then 75% of the next $200 for calendar year Exams are limited to 1 every 12 months. Materials are limited to every 24 months.
Lenses	
Frames	
Contact Lenses	

Your cost for coverage	(Weekly)
Employee Only	$.01
Employee + Spouse	$2.50
Employee + Child(ren)	$.02
Employee + Family	$2.51

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Life and AD&D insurance

Financial peace of mind.

Life insurance pays a benefit if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance pays an additional benefit if you pass away or are seriously injured due to an accident.

Basic life and AD&D insurance

The Company pays 75% of the cost of this plan.

	Basic life	Basic AD&D
Coverage	Flat $50,000	Flat $50,000
Age Reduction	At age 65, reduces 65%, at age 70, reduces to 50%	

What's AD&D?
Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit due to the loss, or the loss of use, of body parts or functions such as limbs, speech, eyesight, and hearing

A beneficiary is the person, persons, or organization who would receive your benefit in the event you lose you life. **Make sure your beneficiaries are up to date** – you can change them at any time!

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Mutual of Omaha

Disability insurance

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.

Short-term disability

Short-term disability coverage can replace part of your paycheck if you're unable to work for a shorter period of time.

Plan Type	**The Company pays 75% of the cost of this plan.**
Weekly Covered Income	66 2/3% of your income to $1,100 maximum
Accident Benefit Begins	0 Days
Sickness Benefit Begins	7 Days
Maximum Duration of Benefits	26 Weeks

Long-term disability

Long-term disability coverage can provide lasting income protection if you remain unable to work.

Plan Type	**The Company pays 75% of the cost of this plan.**
Monthly Covered Income	66 2/3% of your income to $5,000
Benefit Begins	After 180 Days of Disability
Maximum Duration of Benefits	Social security normal retirement age

Are you a late enrollee (declined coverage when first eligible)?

If you answered yes, you must complete an Evidence of Insurability (EOI) form for disability coverage to be approved. If you are newly eligible, the LTD is guarantee issue and you don't need to complete the EOI form.

Duration of Benefits
The maximum is the longest length your disability will be covered. Most disabilities are shorter than the maximum and the length is determined by standardized measurements and medical advice.

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Employee Assistance Program (EAP)

Care for your mind – and your life.

Mutual of Omaha

Everyone needs support sometimes (even superheroes)

Our Employee Assistance Program (EAP) is a confidential service with access to guidance and resources at no cost for:

- Depression & anxiety - and other mental health concerns
- Family relationships and parenting
- Addiction and substance abuse
- Financial issues
- Legal problems
- Childcare and eldercare
- Grief and loss

Essentially, if it's part of your life, our EAP is here for you.

EAP FAQs

Will anyone know I contacted the EAP?
The EAP is confidential. No one will know you called or what was discussed.

Who can use the EAP?
Your spouse and children all have access to the EAP and it's services.

Face to Face Visits?
For no cost, each person can receive up to 3 face-to-face (or virtual) visits with a licensed counselor per issue per year. Additional visits – if needed – will go through your health insurance.

24/7/365 access to care.

www.mutualofomaha.com/eap
1-800-316-2796

Pyramid Holistic Wellness Center
Face to face confidential support for a variety of personal and mental health concerns.
Bill Kelley
802-775-8080
will1733@msn.com

Health Advocate from Your Lifeline
Health advocacy for benefit question, eldercare support services, medical bill help, explain conditions, and much more.
www.healthadvocate.com
1-866-695-8622

National Crisis Helplines
Suicide and Crisis: 988
Sexual Assault: 800-656-4673
Domestic Violence: 800-799-7233
Child Abuse: 800-422-4453
Substance Abuse: 800-662-4357
Trevor Project: 866-488-7386

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Helpful terms

We've removed as much jargon as possible.
But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

In-network
Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service. In-network care is always your lowest-cost option. Out-of-network provider can charge you whatever amount they deem fair - typically much higher than in network.

Out-of-pocket maximum
The most you'll pay for covered medical and pharmacy care in a year. This includes your deductible and any coinsurance or copays. The out-of-pocket maximum does not include your premium (the amount you pay for coverage) and non-covered expenses.

Primary care physician
A primary care physician (PCP) is your main medical doctor – usually a general practitioner (GP), family doctor, internal medicine, or pediatrician (for children).

Deductible
The amount you're responsible for paying in care expenses before the medical or dental plan starts sharing in the cost of your medical and pharmacy (if applicable) expenses.

Coinsurance
After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Referral/pre-authorization
Some specialty medical providers/services and prescriptions require additional supporting information from your doctor. Examples include - but are not limited to - inpatient or outpatient surgical procedures, brand name medications, or specialty medications.

Copay
A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Balance billing
When you use an out-of-network provider, they may bill you the difference between what they charge and the amount your insurance pays.

Required Notices

Newborn and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following 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 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

The Women's Health and Cancer Rights Act of 1998 provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy (including lymphedemas). These benefits will be provided in the same manner and level as for other medical and surgical benefits provided under your plan. Please call your medical plan using the number on your identification card or contact the employer for more information.

Health Insurance Marketplace Options and Your Health Coverage

The Health Insurance Marketplace is designed to help individuals find, compare, and purchase private individual health insurance. The Marketplace does not affect your eligibility for coverage in your employer's group health plan.

Individuals may be eligible for a tax credit that lowers the monthly premium of coverage purchased in the marketplace. However, if you are eligible for an employer's group health plan, you may not be eligible for a tax credit through the Marketplace if the employer group health plan meets the "minimum value" and "affordability" standards set by the Affordable Care Act. Additionally, if you purchase your own health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose the employer contribution towards coverage. This employer contribution - as well as your employee contribution towards coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage you purchase through the Marketplace are made on an after-tax basis.

Open enrollment for individual health insurance coverage through the Marketplace occurs at the end of each calendar year for coverage effective the following January 1st. If you are interested, 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.

Notice of Special Enrollment Rights

If you decline enrollment for yourself or an eligible dependent(including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in the plans offered by the company if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). You must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). 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 new dependents. You must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

You may also be able to enroll if you or your dependents lose eligibility for coverage under Medicaid or a state Children's Health Insurance Plan (CHIP) and request enrollment within 60 days of losing Medicaid or CHIP. You may also be able to enroll if you or your dependents become eligible for state premium assistance from Medicaid or CHIP towards the cost of the group health plan, and request enrollment within 60 days of eligibility for state premium assistance.

COBRA

If one of the following events should occur you or your eligible dependents are eligible for continuation coverage under Federal and/or State COBRA regulations: voluntary termination, involuntary termination (gross misconduct exception), reduction of hours as a result of a layoff or leave of absence, death of the employee, an employee's Medicare entitlement, divorce or legal separation, or a dependent becomes ineligible.

A qualified beneficiary is entitled to the same rights under the group benefit plans as a "similarly situated active employee." An employee's covered spouse (or dependent) has the same rights under the plan as the active employee once the COBRA qualifying event occurs.

It is your responsibility to notify the Human Resources Department of the qualifying event within sixty (60) days. You are also responsible to keep the Human Resources Department informed of changes in your address, as well as address changes for your dependent(s), if different from your own. If you want more information about your rights and responsibilities under COBRA, please contact Human Resources.

Required Notices

HIPPA Privacy Notice

Your Rights
You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices
You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures
We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- Get a copy of health and claims records
- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.
- Request confidential communications
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share
You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

Required Notices

HIPPA Privacy Notice

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
In these cases we never share your information unless you give us written permission:

- Marketing purposes

Sale of your information
Our Uses and Disclosures
How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Required Notices

HIPPA Privacy Notice

Pay for your health services
We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Contact Info:
HR Department

Required Notices

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, 2023. Contact your State for more information

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)	Website: Health Insurance Premium Payment (HIPP) Program 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

Required Notices

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	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)	**KANSAS Medicaid**
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	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
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://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website. https://chfs.ky.gov	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: (617) 886-8102
MINNESOTA Medicaid	**MISSOURI 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	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

Required Notices

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. 5218
NEW JERSEY Medicaid and CHIP	**NEW YORK Medicaid**
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	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: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA Medicaid and CHIP	**OREGON Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA Medicaid and CHIP	**RHODE ISLAND Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 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: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
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://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp 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

Required Notices

To see if any other states have added a premium assistance program since January 31, 2023, 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)