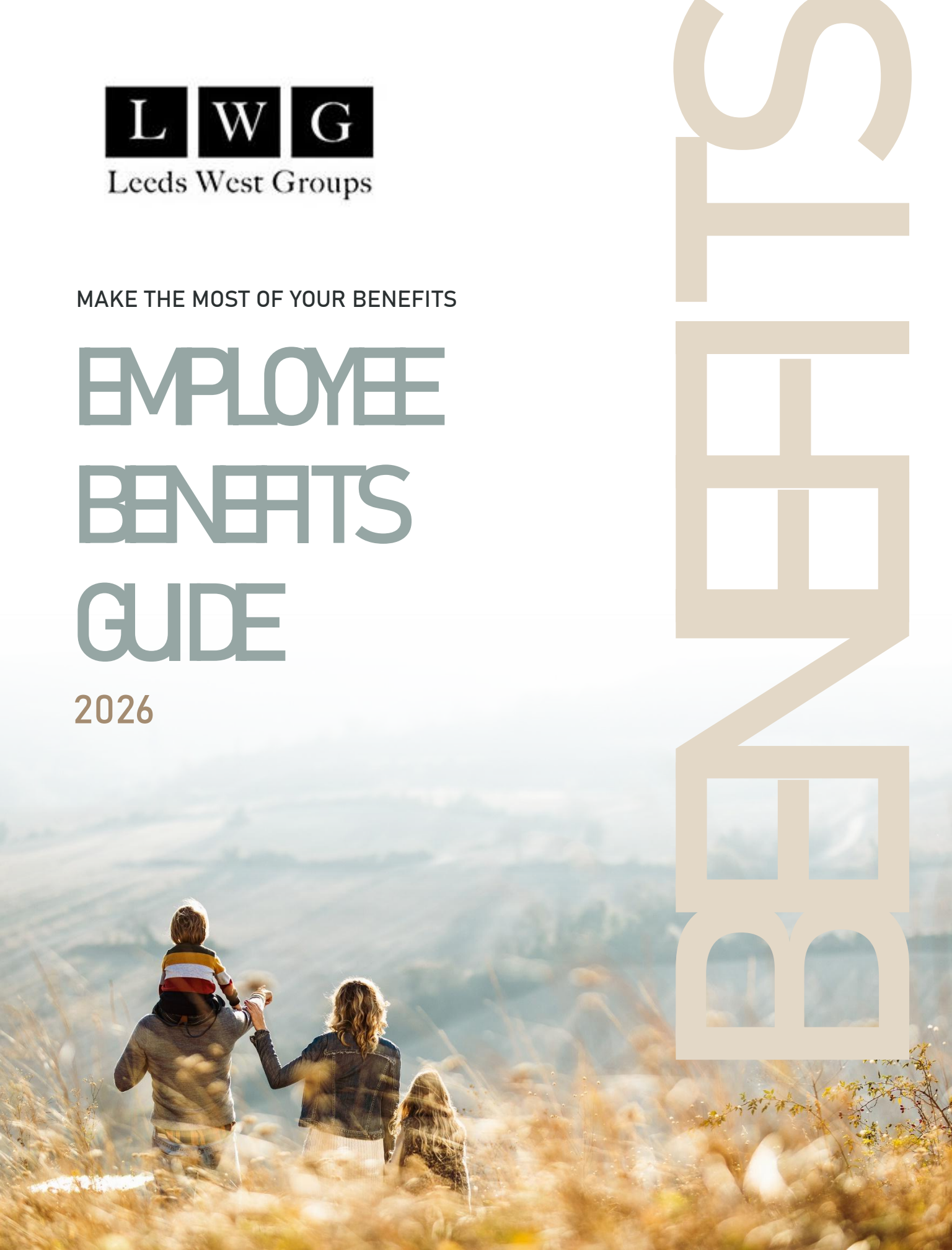




MAKE THE MOST OF YOUR BENEFITS

# EMPLOYEE BENEFITS GUIDE

2026



STEFAN

# Leeds West Group Benefits

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# Benefits Overview

## Benefits for a Healthy Future

Leeds West Groups is a company who cares. We recognize that what makes us strong is our employees. That's why we've put together a benefits package that values your and your family's total health.

We have handpicked benefits we believe will strengthen your physical, emotional, and financial wellbeing. Carefully review the benefits offered and choose the plans that fit your personal situation.

## Eligibility

If you are scheduled to work at least 30 hours per week, you are eligible for benefits on the first day of the month following 60 days of employment.

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your spouse or partner: This includes your legal spouse or domestic partner.\*

\*Tax implications may apply for coverage of your domestic partner.

- Your child(ren): This includes your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian), as well as children of any age who are physically or mentally unable to care for themselves.



# Eligibility & Enrollment

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# Enrolling in Benefits

*Now that you've gained clarity on which benefits align with your eligibility and when your coverage kicks in, it's time to familiarize yourself with the necessary steps to take action and enroll.*

**You can only sign up for benefits or change your coverage at the following times.**

- **Within 60 days of joining Leeds West Groups as a new employee:** Make plan selections in Dayforce on your first day of employment. You have until day 60 of your employment to enroll in benefits.
- This waiting period does not apply if you have been rehired within 90 days of a termination date.
- **During the annual benefits enrollment period:**
  - **NOVEMBER 14TH - DECEMBER 1ST**
- **Within 31 days of a qualifying life event:**  
Contact Human Resources.

**The choices you make at this time will remain in place through December 31, 2026,** unless you experience a qualifying life event as described on page 6. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period. Your coverage will end on the last day of the month following loss of eligibility.

## Three Ways to Enroll



We look forward to rolling out our new Benefits Concierge Service (Ask Charlie) through IMA in March of 2026! In the meantime, if you have any questions during enrollment, please reach out to your local HR professional



If you have questions during your medical enrollment, please feel free to contact Cigna One Guide through [www.mycigna.com](http://www.mycigna.com)

Self-enroll in your benefits through Dayforce.



Log into [dayforcehcm.com](http://dayforcehcm.com) (Company: lwg). Or use the Dayforce app. Download the app from the App Store or Google Play.



*We look forward to rolling out our new concierge service in March 2026!*

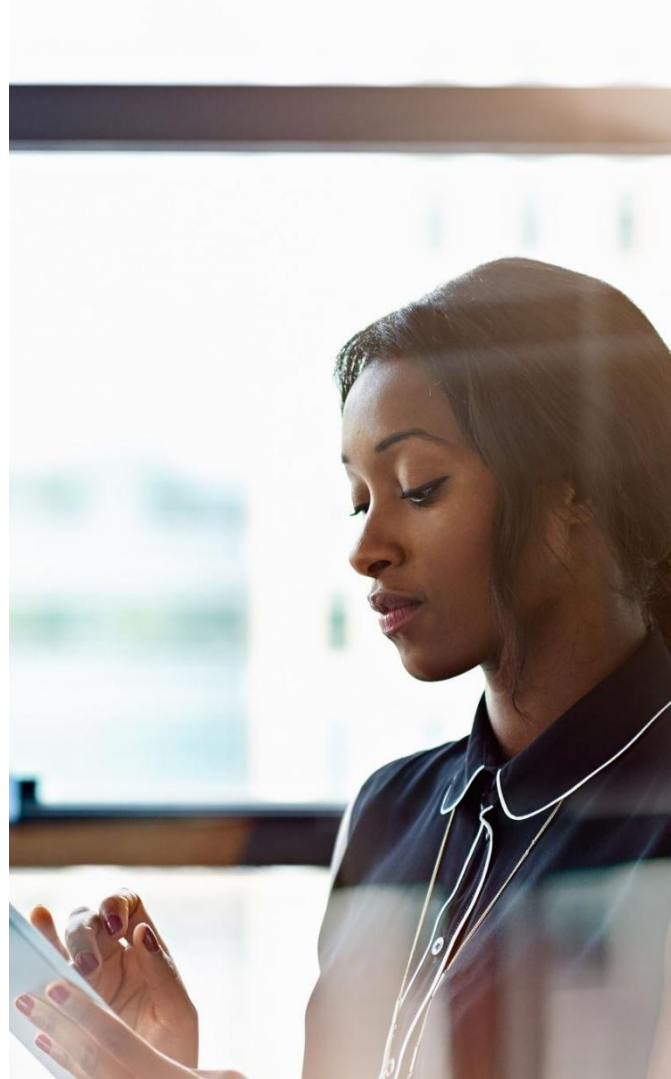
# Changing Your Benefits

*Due to IRS regulations, once you have made your elections for the 2026 plan year, you cannot enroll in, cancel, or change your benefit elections until the next annual open enrollment period.*

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

- Qualifying life events include, but are not limited to:
- Birth or adoption of an eligible child.
- Marriage, divorce, or legal separation.
- Spouse's work status changed, affecting their benefits.
- Death of your spouse or covered child.
- Child's eligibility for benefits changed.
- Qualified Medical Child Support Order.

To request a benefits change, notify Human Resources within 31 days of the qualifying life event. Change requests submitted after 31 days cannot be accepted. You may need to provide proof of the event, such as a marriage license or birth certificate.



## Key Terms to Know

Take the first step to understanding your benefits by learning these four common terms



**Copay:** A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.



**Deductible:** The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.



**Coinsurance:** After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.



**Out-of-Pocket Maximum:** This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services for the rest of the year.



# Medical, Dental & Vision

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# Medical Plans

Before you enroll in medical coverage, take some time to understand how each plan works.

The table below summarizes the key features of the medical plan options. See page 8 for an overview of the plan benefits.

Overview of Benefits	CIGNA HDHP	CIGNA PPO \$3,500 OAP BASE PLAN	CIGNA PPO \$1,750 OAP CHOICE PLAN
Network Coverage	In- and out-of-network benefits	In- and out-of-network benefits	In- and out-of-network benefits
How You Pay for Care	You pay the full discounted rate for all services, including office visits, hospital services, and prescription drugs until you meet your annual deductible, then you pay coinsurance	You pay copays for physician services and prescription drugs	You pay copays for physician services and prescription drugs
Pay for Health Care with Pre-Tax Dollars	Fund a health savings account and/or limited purpose flexible spending account	Fund a health care flexible spending account (FSA)	Fund a health care flexible spending account (FSA)
Coinsurance			
In Network	30%	30%	20%
Out of Network	50%	50%	50%

## Ask Yourself These Questions

1. Do you prefer to pay LESS out of your paycheck, but more when you need care?  
Consider the Cigna HDHP. While you will pay less from your paycheck each month for coverage, you must pay the full discounted rate for all services until you meet your annual deductible.
2. Do you prefer to pay MORE for medical insurance out of your paycheck, but less when you need care?  
Consider the Cigna PPO \$1,750 OAP Choice Plan. While you will pay more from your paycheck each month for coverage, you will be responsible for copays (fixed dollar amounts) for in-network physician services and prescription drugs.
3. Do you or your family take any prescription medications on a regular basis?  
Consider the Cigna PPO \$3,500 OAP Base Plan or Cigna PPO \$1,750 OAP Choice Plan. While your prescription copay will not count toward meeting your annual deductible, you will pay a smaller copay for your prescription at the pharmacy.



# Medical Benefits Cont.

## Leeds West Groups offers three medical insurance plan options through Cigna.

The medical plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose an in-network provider.

### Medical Costs

Listed below are the per-pay-period costs for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	CIGNA HDHP	CIGNA PPO \$3,500 OAP BASE PLAN	CIGNA PPO \$1,750 OAP CHOICE PLAN
Employee Only	\$69.99	\$99.99	\$139.99
Employee + Spouse	\$149.99	\$199.99	\$249.99
Employee + Child(ren)	\$149.99	\$199.99	\$249.99
Employee + Family	\$200.99	\$249.99	\$300.99

### Are You Covering Your Spouse and/ or Children?

If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible and out-of-pocket maximum apply to each covered member of the family (capped at family amount).

### Preventive Care

In-network preventive care is 100% free for medical plan members.

You won't have to pay anything out of your pocket when you receive in-network preventive care. Practice preventive care and reap the rewards of a healthier future.

**Preventive care helps keep you healthier long-term.**

An annual preventive exam can help *IDENTIFY FUTURE HEALTH RISKS* and treat issues early when care is more manageable and potentially more effective.

**Preventive care helps keep your costs low.**

With a preventive care exam each year, you can *TARGET HEALTH ISSUES EARLY* when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.

**Preventive care keeps your health up to date.**

Yearly check-ins with your doctor keep your health on track with *AGE- AND GENDER-SPECIFIC EXAMS, VACCINATIONS, AND SCREENINGS* that could save your life.

Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design. Learn more about preventive care at [mycigna.com](https://mycigna.com).

# Summary of Benefits

The table below summarizes the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	CIGNA HDHP		CIGNA PPO \$3,500 OAP BASE PLAN		CIGNA PPO \$1,750 OAP CHOICE PLAN	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Calendar Year Deductible						
Individual	\$6,500	\$13,000	\$3,500	\$7,000	\$1,750	\$5,250
Family	\$13,000	\$26,000	\$7,000	\$14,000	\$3,500	\$10,500
<b>Out-of-Pocket Maximum</b>	Includes deductible, copays, and coinsurance					
Individual	\$7,250	\$14,500	\$7,000	\$14,000	\$4,250	\$12,750
Family	\$14,500	\$29,000	\$14,000	\$28,000	\$8,500	\$25,500
Preventive Care	Plan pays 100%	Not covered	Plan pays 100%	Not covered	Plan pays 100%	Not covered
Telehealth (MDLive)	Plan pays 100%	Not covered	Plan pays 100%	Not covered	Plan pays 100%	Not covered
Physician Services						
Primary Care Physician	30% after ded.	50% after ded.	\$30 copay	50% after ded.	\$20 copay	50% after ded.
Specialist	30% after ded.	50% after ded.	\$50 copay	50% after ded.	\$40 copay	50% after ded.
Virtual Care	30% after ded.	Not covered	\$75 copay	Not covered	\$50 copay	Not covered
Urgent Care						
Lab/X-Ray						
Diagnostic Lab/X-Ray	30% after ded.	50% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.
High-Tech Services (MRI, CT, PET)	30% after ded.	50% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.
Hospital Services						
Inpatient	30% after ded.	50% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.
Outpatient	30% after ded.	50% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.
Emergency Room	30% after ded.		30% after ded.		20% after ded.	
Chiropractic Care (25 visits per year)	30% after ded.	50% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.
Prescription Drugs						
Generic	30% after ded.		\$20 copay		\$20 copay	
Preferred Brand	30% after ded.		\$40 copay		\$40 copay	
Non-Preferred Brand	30% after ded.	Not covered	\$70 copay	Not covered	\$70 copay	Not covered
Specialty	30% after ded.		\$250 copay		\$250 copay	
Mail Order (Up to a 90-day supply)	30% after ded.		2x retail copay		2x retail copay	



# Telemedicine

## Virtual Healthcare

*You have access to virtual care through MDLIVE. Get the care you need when and wherever you need it. Whether you're on the go, at home, or at the office, care comes to you in the form of virtual care.*

### Virtual Wellness Exam

Complete your annual preventive exam from the comfort of home. Schedule your appointment online at [mycigna.com](https://mycigna.com), visit a network lab to complete your blood work and biometrics, and then meet with your MDLIVE provider during your scheduled appointment.

At your virtual wellness exam, your doctor will help to proactively identify any health issues such as diabetes, high cholesterol, and other risk factors before when they are easier to treat. You can also request to have your virtual wellness screening results shared with your primary care provider to keep your health history updated.



Plan pays 100% for  
Telehealth!

### Get care for non-emergency conditions.

Virtual care can connect you to a doctor from your phone, computer, or tablet. Receive care for common health issues like allergies, asthma, sore throat, fever, headache, and much more.

### Receive mental health support and counseling.

Licensed counselors and psychiatrists can help diagnose, treat, and even prescribe medication when needed for depression and anxiety, substance abuse and panic disorders, PTSD, grief and loss, and more.

### Talk with a doctor by phone or video, 24/7.

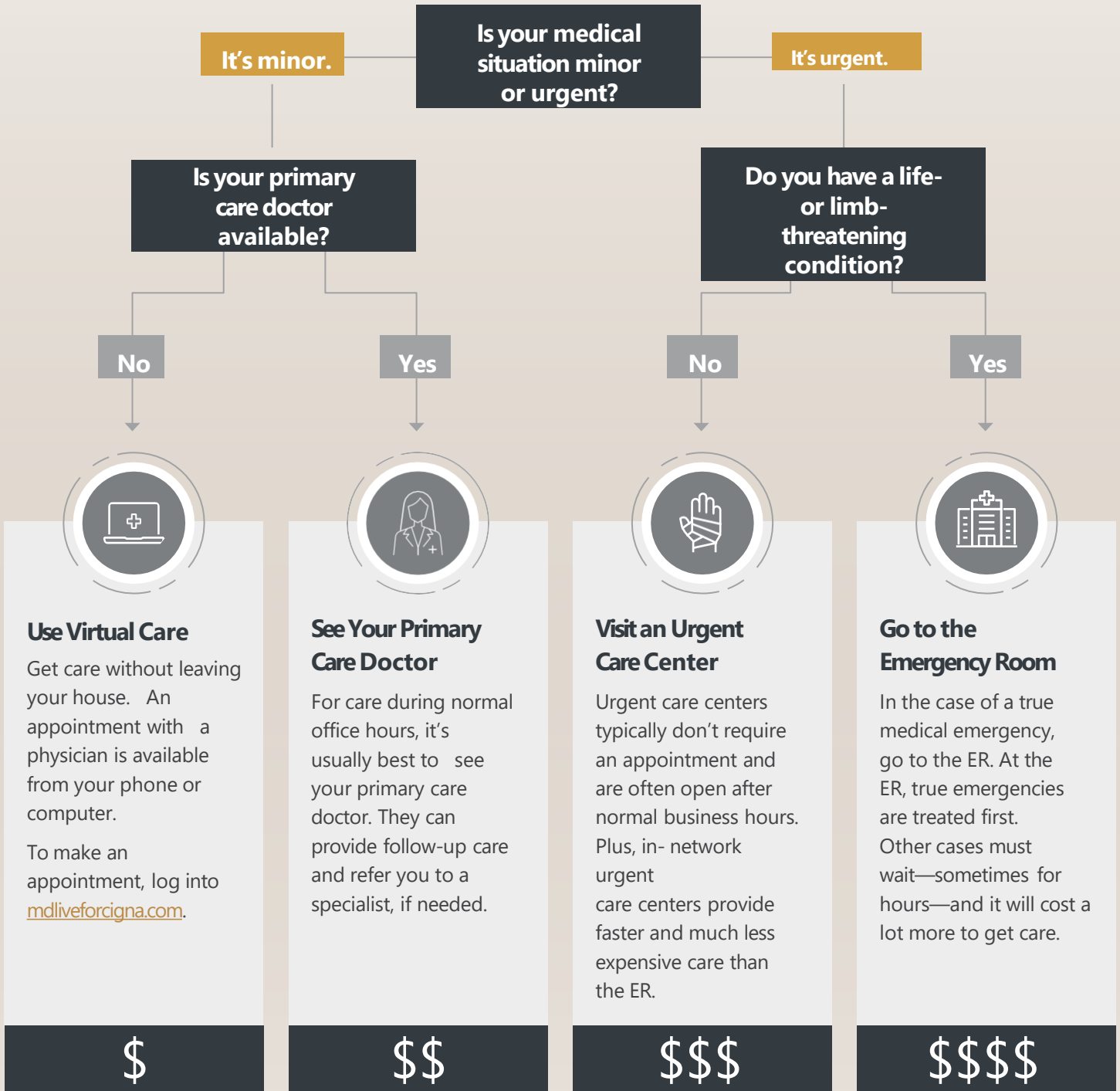
Use virtual care to prioritize your health by getting the care you need when you need it. Visit

[mdliveforcigna.com](https://mdliveforcigna.com), download the MDLIVE mobile app, or call 888-726-3171 to get started.

# Medical Benefits

## Know where to go for care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.





# Tools and Resources

**You have access to additional tools and resources as part of your Cigna medical plan.**

## **[myCigna.com](https://mycigna.com)**

[mycigna.com](https://mycigna.com) is completely personalized, making it easy to find exactly what you're looking for.

- Find doctors and medical services.
- Manage and track claims.
- See cost estimates for medical procedures.
- Compare care ratings for doctors and hospitals.
- Access health and wellness tools and resources.
- View your digital ID card.

Register at [mycigna.com](https://mycigna.com) to get started or download the app from the App Store or Google Play.

## **myCigna Mobile App**

To help make your life easier while on the go, Cigna created the myCigna mobile app. Access important plan information, view your ID cards, find doctors, compare costs, and track your account balances. Visit [mycigna.com](https://mycigna.com) or download the app from the App Store or Google Play.

## **Digital ID Cards**

Your Cigna ID card is digital, so you will not receive a physical card in the mail. To access your digital ID card, log into [mycigna.com](https://mycigna.com) or the myCigna app. Click or tap "ID Cards" to view your card and any dependent cards. You can also email the card directly to doctors, save it to your phone, or print a copy to keep with you.

## **iPrevail**

iPrevail is a free, self-paced, online coaching program based on cognitive therapy approaches that help you take control of the stresses of everyday life. Take the self assessment to receive your customized program, meet one-on-one with a behavioral health coach, and earn points toward Amazon gift cards as you build healthier habits. Get started at [mycigna.com](https://mycigna.com).

## **Happify**

Happify is a research-supported program designed to help you actively take measures to improve your overall sense of wellbeing and mental health. The app provides a variety of tools and information and puts you in charge of using them to change your thoughts, emotions, and behaviors so you can live the quality of life you envision. Login to [mycigna.com](https://mycigna.com) start your wellbeing program.

# Dental Insurance

## Leeds West Groups offers a dental insurance plan through Cigna.

The Cigna Dental PPO Plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose an in-network provider. The table below summarizes key features of the dental plan. The coinsurance amounts listed reflect the amount you pay.

Please refer to the official plan documents for additional information on coverage and exclusions.

Your dentist can tell a lot about your overall health during your dental visit, including whether or not you may be developing diabetes, heart disease, kidney disease, and even some forms of cancer.

### Summary of Covered Benefits

	CIGNA DENTAL PPO PLAN	
	IN NETWORK	OUT OF NETWORK
Plan Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Plan Year Benefit Maximum	\$1,500	
Preventive Care (Oral exams, cleanings, x-rays)	Plan pays 100%	20% after ded.
Basic Services (Periodontal services, endodontic services, oral surgery, fillings)	20% after ded.	20% after ded.
Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial])	50% after ded.	50% after ded.
Orthodontia Services (Dependent children up to age 19)	50%, ded. waived	
Orthodontia Lifetime Maximum	\$1,000	

## Dental Costs

Listed below are the per pay period costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	Cigna Dental PPO Plan
Employee Only	\$10.99
Employee + Spouse	\$16.99
Employee + Child(ren)	\$16.99
Employee + Family	\$19.99



# Vision Insurance

## *Leeds West Groups offers a vision insurance plan through Cigna.*

The Cigna vision plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose an in-network provider. The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Even if you have perfect vision, an annual eye exam is important. Just by examining your eyes, a doctor can find warning signs of high blood pressure, diabetes, and more than 200 other major

Summary of Covered Benefits	CIGNA VISION PLAN	
	IN NETWORK	OUT OF NETWORK
Eye Exam (Every 12 months)	Plan pays 100%	Up to \$45
Standard Plastic Lenses (Every 12 months) Single/Bifocal/Trifocal	Plan pays 100% Plan pays 100% Plan pays 100%	Up to \$32 Up to \$55 Up to \$65
Frames (Every 24 months)	Up to \$100	Up to \$55
Contact Lenses (Every 12 months in lieu of standard plastic lenses) Elective Medically Necessary	Up to \$100 Plan pays 100%	Up to \$87 Up to \$210

## Vision Costs

Listed below are the per pay period costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	CIGNA VISION PLAN
Employee Only	\$2.44
Employee + Spouse	\$4.35
Employee + Child(ren)	\$4.39
Employee + Family	\$6.71

# Budgeting for Your Care

Leeds West Groups offers two types of pre-tax accounts: a health savings account (HSA) and flexible spending accounts (FSAs).

When you put money into a pre-tax account, you can save up to 20%\* on your care and increase your take-home pay. This is because you don't pay tax on your contributions.

Enrolled in  
the Cigna  
HDHP?



## Health Savings Account

Consider funding a health savings account (HSA).

- Roll over all funds each year
- Medical, dental, and vision expenses
- Invest funds for long-term savings
- Spend funds penalty-free after age 65



Enrolled in the  
Cigna PPO  
\$3,500 OAP Base  
Plan?



## Health Care Flexible Spending Account

Consider funding a health care flexible spending account (FSA). If you fund an HSA, you cannot fund a health care FSA.

- Roll over up to \$660 each year
- Medical, dental, and vision expenses



Enrolled in  
the Cigna  
HDHP?



## Limited Purpose Health Care Flexible Spending Account

Consider funding a limited purpose health care flexible spending account (FSA). You can choose to fund both a limited purpose FSA and an HSA.

- Roll over up to \$660 each year
- Dental and vision expenses only



Paying for  
child or elder care  
expenses?



## Dependent Care Flexible Spending Account

- No Leeds West Groups contribution
- No rollover allowed
- Dependent care expenses only



\*Percentage varies based on your tax bracket.

# Health Savings Account

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# Health Savings Account

*If you enroll in the Cigna HDHP, you may be eligible to open and fund a health savings account (HSA) through Rocky Mountain Reserve.*

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

## 2026 IRS HSA Contribution Maximums

Contributions to an HSA cannot exceed the IRS allowed annual maximums.

- Individuals: \$4,400
- All other coverage levels: \$8,750

If you are age 55+ by December 31, 2026, you may contribute an additional \$1,000.

## HSA Eligibility

**You are eligible to fund an HSA if:**

- You are enrolled in the Cigna HDHP.

**You are NOT eligible to fund an HSA if:**

- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.

Refer to [IRS Publication 969](#) for eligibility details. If you are over age 65, please contact Human Resources.

## Save, spend, or invest your money.

**SAVE** You own your HSA and the money in your HSA is always yours (until you spend it, of course). Even if you change medical plans or jobs in the future, any money in your HSA is yours to keep.

**SPEND** You can use your HSA dollars to pay for most medical, dental, and vision expenses. HSA dollars can even be used to pay for eligible expenses for your spouse and dependent children, even if they are not covered by the Rocky Mountain Reserve medical plan. You won't pay taxes when you spend your HSA dollars unless you use them for non-health-related, ineligible expenses. A list of eligible expenses is available at [www.rockymountainreserve.com](http://www.rockymountainreserve.com).

**INVEST** and grow HSA funds tax-free—including interest and investment earnings. After age 65, spend HSA dollars on any expense penalty-free.



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# Flexible Spending Accounts





# Flexible Spending Accounts

*Leeds West Groups offers three flexible spending account (FSA) options through Rocky Mountain Reserve.*

## Health Care FSA (Not Allowed if You Fund an HSA)

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars. The health care FSA maximum contribution is \$3,400 for the 2026 calendar year.

## Limited Purpose Health Care FSA (Allowed if You Fund an HSA)

If you fund an HSA, you can also fund a limited-purpose health care FSA. The limited-purpose health care FSA can only be used for dental and vision expenses. The limited-purpose health care FSA maximum contribution is \$3,400 for the 2026 calendar year.

## Dependent Care FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or spouse, a child over 13, or elderly parent residing in your home who is physically or mentally unable to care for him or herself.

You may contribute up to \$7,500 to the dependent care FSA for the 2026 calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$3,750 for the 2026 calendar year.

- 1. Contribute** Decide how much to contribute to your FSA on a calendar year basis up to the maximum allowable amounts. This amount will be evenly divided by the number of pay periods and deducted on a pre-tax basis from your paycheck.
- 2. Pay** Use your FSA debit card to pay for eligible expenses at time of service or submit a claim for reimbursement at [rockymountainreserve.com](https://rockymountainreserve.com). Keep all receipts in case Rocky Mountain Reserve requires you to verify the eligibility of a purchase.
- 3. Use It or Lose It** Use your health care FSA funds before the end of the year—any funds in excess of \$660 will be forfeited. For the dependent care FSA, you have until March 15, 2026, to incur and be reimbursed for expenses and until March 31, 2026 to submit claims for reimbursement.



# Other Benefits

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# Voluntary Life AD&D

**Leeds West Group provides you the option to purchase voluntary life and AD&D insurance for yourself, your spouse, and your dependent children through The Standard.**

You must purchase coverage for yourself in order to purchase coverage for your spouse and/or dependents. Life rates are age-banded based on the age of the employee. Benefits for you and your dependents are subject to an age reduction schedule beginning at age 65.

- Employee: \$10,000 increments up to \$500,000—guarantee issue: \$150,000
- Spouse: \$5,000 increments up to \$300,000, not to exceed 100% of the employee approved amount—guarantee issue: \$50,000
- Dependent children: \$10,000—guarantee issue: \$10,000

## Voluntary Life and AD&D Insurance Costs

Listed below are the monthly rates for voluntary life and AD&D insurance. The amount you pay for voluntary life and AD&D insurance is deducted from your paycheck on a post-tax basis. Spouse life rates are based on the employee's age.

If you elect up to the guaranteed issue amount when you are newly eligible, you will not be required to complete evidence of insurability (EOI). Any amount you elect above guarantee issue will come with EOI requirements. Should you waive coverage when you are newly eligible and choose to enroll at a subsequent time, any amount you elect will be subject to EOI. Coverage will not take effect until approved by The Standard. To complete EOI, visit [myeoi.standard.com/171823](https://myeoi.standard.com/171823).

Age	VOLUNTARY LIFE INSURANCE PLAN		
	EMPLOYEE	SPOUSE	CHILD
<25	\$0.06	\$0.06	\$0.20
25–29	\$0.06	\$0.06	
30–34	\$0.08	\$0.08	
35–39	\$0.09	\$0.09	
40–44	\$0.14	\$0.14	
45–49	\$0.22	\$0.22	
50–54	\$0.34	\$0.34	
55–59	\$0.54	\$0.54	
60–64	\$0.69	\$0.69	
65–69	\$1.27	\$1.27	
70–74	\$2.06	\$2.06	
75–79	\$2.50	\$2.50	
80–84	\$4.90	\$4.90	
85+	\$14.50	\$14.50	

Level of Coverage	VOLUNTARY AD&D INSURANCE PLAN PER \$1,000 OF COVERAGE
Employee	\$0.04
Spouse	\$0.04
Child	\$0.03



# Disability Benefits

The Standard | [standard.com](https://standard.com) | 800-628-8600

**Disability insurance keeps you and your family financially protected if you become unable to work due to an illness or injury.**

You may use disability benefits to pay for your necessary expenses while you are unable to work, such as mortgage payments, medical expenses, childcare, and more.

## Voluntary Short-Term Disability Insurance<sup>1</sup>

Leeds West Groups provides you the option to purchase voluntary short-term disability (STD) insurance through The Standard. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated STD plans.

- Benefit: 60% of base pay up to \$1,750 per week
- Elimination period: 14 days
- Benefit duration: Up to 13 weeks, including elimination period

## Voluntary Long-Term Disability Insurance<sup>2</sup>

Leeds West Groups provides you the option to purchase voluntary long-term disability (LTD) insurance through The Standard. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

- Benefit: 60% of base pay up to \$7,500 per month
- Elimination period: 90 days
- Benefit duration: To age 65

## Voluntary Short- and Long-Term Disability Insurance Costs

Listed below are the monthly rates for voluntary short- and long-term disability insurance. The amount you pay for voluntary short- and long-term disability insurance is deducted from your paycheck on a post-tax basis.

AGE	VOLUNTARY SHORT-TERM DISABILITY INSURANCE PLAN PER \$10 OF BENEFIT	VOLUNTARY LONG-TERM DISABILITY INSURANCE PLAN PER \$100 OF MONTHLY COVERED PAYROLL
< 25	\$0.142	\$0.131
25–29	\$0.142	\$0.155
30–34	\$0.155	\$0.237
35–39	\$0.140	\$0.442
40–44	\$0.147	\$0.537
45–49	\$0.187	\$0.779
50–54	\$0.227	\$1.335
55–59	\$0.321	\$1.470
60–64	\$0.387	\$1.614
65–69	\$0.387	\$1.666
70–74	\$0.387	\$1.880



# Accident Insurance

**Leeds West Groups provides you the option to purchase accident insurance through The Standard.**

Accident insurance helps protect against the financial burden that accident-related costs can create. This means that you will have added financial resources to help with expenses incurred due to an injury, to help with ongoing living expenses, or to help with any purpose you choose. Claims payments are made in flat amounts based on services incurred during an accident. **The plan pays a \$50 benefit once per calendar year when you or your dependents complete a covered wellness screening.**

## Accident Insurance Costs

Listed below are the monthly period costs for accident insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

Level of Coverage	ACCIDENT INSURANCE PLAN
Employee Only	\$8.47
Employee + Spouse	\$13.47
Employee + Child(ren)	\$16.01
Employee + Family	\$25.14

**When you enroll in voluntary benefits, you're protecting your financial health and those who depend on you for financial security. These voluntary benefits help pay for out-of-pocket expenses you may incur after an accident, illness, or hospitalization that medical insurance may not cover.**



# Hospital Indemnity Insurance

**Leeds West Groups provides you the option to purchase hospital indemnity insurance through The Standard.**

Hospital indemnity insurance is designed to complement medical coverage costs by paying a cash benefit following a hospitalization. **The plan pays a \$50 benefit once per calendar year when you or your dependents complete a covered wellness screening.**

- Hospital admission: \$1,000 (Once per calendar year)
- Daily confinement: \$100 per day (Up to 60 days per calendar year)
- Hospital intensive care admission: \$1,500 (Once per calendar year)
- Hospital intensive care unit confinement: \$200 per day (Up to 15 days per calendar year)

## Hospital Indemnity Insurance Costs

Listed below are the monthly period costs for hospital indemnity insurance. The amount you pay for coverage is deducted from your paycheck on a post-tax basis.

Level of Coverage	HOSPITAL INDEMNITY INSURANCE PLAN
Employee Only	\$8.75
Employee + Spouse	\$15.05
Employee + Child(ren)	\$12.37
Employee + Family	\$22.00

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

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

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

## Looking for comprehensive health insurance?

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

## Questions about this policy?

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

# HOSPITAL INDEMNITY INSURANCE CONT.

*Leeds West Groups provides you the option to purchase critical illness insurance through The Standard.*

Critical illness insurance provides a financial, lump-sum benefit upon diagnosis of a covered illness. These covered illnesses are typically very severe and likely to render the affected person incapable of working. Because of the financial strain these illnesses can place on individuals and families, critical illness insurance is designed to help you pay your mortgage, seek experimental treatment, or handle unexpected medical expenses. The plan pays a \$50 benefit once per calendar year when you or your dependents complete a covered wellness screening.

## Critical Illness Insurance Costs

Listed below are the monthly period costs for critical illness insurance. Critical illness rates are age-banded. Spouse rates are based on the employee's age. The amount you pay for coverage is deducted from your paycheck on a post- tax basis.

The Standard has a decision support tool that makes choosing the best voluntary benefits for you and your family easier. Please visit [sites.standard.com/edu/leeds-west-group-llc/83606](https://sites.standard.com/edu/leeds-west-group-llc/83606) for assistance.

Age	EMPLOYEE* PER \$10,000 OF COVERAGE UNI-TOBACCO	SPOUSE PER \$5,000 OF COVERAGE UNI-TOBACCO
Under 25	\$2.20	\$1.10
25–29	\$2.80	\$1.40
30–34	\$3.60	\$1.80
35–39	\$4.90	\$2.45
40–44	\$7.40	\$3.70
45–49	\$11.00	\$5.50
50–54	\$16.50	\$8.25
55–59	\$23.20	\$11.60
60–64	\$33.50	\$16.75
65–69	\$47.10	\$23.55
70–74	\$93.80	\$46.90
75–79	\$93.80	\$46.90
80–84	\$93.80	\$46.90
85+	\$93.80	\$46.90

\*Child rates automatically included in employee rates.



# Retirement Benefits

***Leeds West Groups offers a 401(k) retirement savings plan, which is administered by Voya.***

We are the fastest growing aftermarket franchise automotive repair company in the United States and as such, it's our goal to offer industry-leading benefits as we grow together. A 401(k) plan is one of the best ways to save for your retirement. LWG encourages you to take advantage of the 401(k) plan and all the benefits that it offers you as a team member.

## **To enroll, please follow the steps below:**

### **Online**

- Go to [enroll.voya.com](https://enroll.voya.com).
- Enter plan number: 860521.
- Enter verification number: 86052199.
- Review the disclosures in the "Important Information" section during online enrollment.

### **Phone**

Call 888-311-9487, Monday–Friday, 8 a.m.–9 p.m. ET.

Please note: If you choose to enroll by phone, you will be asked to verify you have reviewed this enrollment booklet with the important plan information and disclosures provided by your employer.

After you enroll, you will receive a confirmation of your enrollment elections and a separate confidential Personal Identification Number (PIN) mailer via U.S. Mail. You will need your PIN to use Voya's phone services and to register for online account and mobile access.

## **Who is Eligible?**

You are eligible to participate in the plan when you are 18 years of age and have completed 6 months of consecutive service with the company. Eligible employees can enroll on a quarterly basis following the fulfillment of their 6 months of consecutive service with the company.

## **Is There A Deadline to Enroll?**

Employees may join the 401(k) plan on the first day of any quarter following the completion of their eligibility requirements.

## **How Do I Enroll?**

Enrollment can be done in a few simple steps, either online or over the phone, following the steps below. This is not an auto-enroll plan and requires enrollment from you in order to actively participate in the plan.





## Retirement Benefits Cont.

### How Much Can I Contribute?

You may contribute 0–100% of your annual pay, not to exceed \$23,500 annually. Annual limitations are set by the IRS and are subject to change each year. The tax laws may also let you contribute an additional amount over the regular annual limit if you are at least 50 years old.

Check with Human Resources to see if you can take advantage of the increased opportunity to “catch up” and contribute even more to your plan. If your adjusted gross income does not exceed certain limits, you may be eligible for a tax credit.

### Does The Company Offer An Employer Match?

Leeds West Groups will contribute \$0.25 for each \$1.00 that you contribute up to a maximum of 4% of your eligible pay. For example, if you contribute 1% of a \$2,000 biweekly paycheck, you will contribute \$80 and the company will contribute a \$20 match to your 401(k) plan.

### More Information and Enrollment Help

Voya offers tools and services to help you access information and plan for retirement the way you want online, over the phone, and through our Customer Service Associates.

- Web: [voyaretirementplans.com](https://voyaretirementplans.com). Access your account online 24 hours a day, seven days a week.
- Phone: 800-584-6001, Monday-Friday, 8 a.m.–9 p.m. ET.
- LWG Human Resources: Use our HappyFox feature at [leedswestgroups.happyfox.com/new](https://leedswestgroups.happyfox.com/new) to get answers quickly and conveniently, or report concerns confidentially.

# Additional Benefits

*As part of our commitment to supporting and enriching your experience at Leeds West Group, we offer the following additional benefits. Please refer to your Human Resources team for additional information.*

## Future Leader Program

We strongly believe in nurturing and empowering individuals who exhibit exceptional work ethic, integrity, skills, and a keen interest in advancing professionally within Leeds West Groups. If you aspire to be a future leader within the company, our Future Leader Program is designed for you. Talk with your supervisor, Director of Operations, or Human Resources to discuss your eligibility and potential participation.

## Employee Referral Program

Your referrals matter! If you recommend a candidate who's subsequently hired and successfully employed, you're eligible for a referral bonus. There are specific guidelines and conditions to follow. Review the Employee Handbook for more information.

The table below is based on the position filled by the referred employee at the start of their employment and not the person's position. The payment schedule will not change during the one year unless either the referrer or referee is terminated for any reason.

Full-Time Position	TOTAL	FIRST PAYMENT	SECOND PAYMENT	THIRD PAYMENT
General Service Technician	\$750	\$250	\$250	\$250
Skilled Technician	\$1,500	\$500	\$500	\$500
Store Manager, Assistant Manager, Salesperson, Service Manager, and Office Positions	\$3,000	\$1,000	\$1,000	\$1,000

## Employee Purchases and Discounts

After completing 30 days of consecutive employment, you're entitled to exclusive discounts on our wide range of products and services.

### Employee discount rates:

- Personal parts purchases
- Work done on personal vehicles
- Labor rate: \$40/hour
- Oil changes:
  - Conventional oil change—\$15.00
  - High mileage oil change—\$25.00
  - Full synthetic oil change—\$35.00

Store Managers must open a ticket before any work begins or a vehicle enters the shop. They're responsible for approving all employee purchases, being present during the work, and finalizing payments before the vehicle leaves. Releasing a vehicle before full payment and closure of the Repair Order (RO) is not allowed.



# Additional Benefits

## Personal Shop Use

**Employees can work on their personal vehicles under these conditions:**

- You must be clocked out while working on your vehicle.
- You should be ready to return to work on customer vehicles if asked by the Store Manager.
- All parts used must be privately purchased; using shop inventory or charging parts to a company account is not allowed.
- You are responsible for any damage to company property while working on your vehicle.
- Approval from a supervisor is needed for personal use of the shop.
- Personal work in the shop should only occur during regular business hours. Working outside these hours is not allowed and may lead to disciplinary action, including termination.

## Professional Development

Full-time, regular employees who have completed a year with the company are eligible for professional development reimbursements. You are encouraged to seek training and courses aligned with Leeds West Groups mission to improve their career and job performance. These opportunities include seminars, certifications, webinars, degree programs, memberships to professional organizations, and subscriptions to learning resources.

To seek reimbursement and approval for training, you should request permission from your immediate supervisor.

You need to provide details about the course, its relevance to your job, costs, schedule, and the institution providing the training.

## Education And Training Reimbursement

Upon successfully completing training or courses, you can seek reimbursement for associated costs. There's a maximum reimbursement limit of \$750 per calendar year, so be sure to keep track of your professional development expenses.

**For degree programs, the following criteria applies:**

- Grade A = 100% reimbursement.
- Grade B = 75% reimbursement.
- Any grade less than a "C" is not eligible for reimbursement.
- A pass/fail course is 100% reimbursable if passed successfully.

## Identity Theft Program

All Cigna medical plan members are eligible to enroll in IdentityForce AT NO COST. IdentityForce helps keep your identity safe through 24/7 monitoring, timely alerts, and expert assistance if your information is compromised.

Once enrolled, members will receive an email from Cigna and IdentityForce with instructions on how to activate coverage. Contact the resolution center at 833-580-2523 if you need help creating your account.



# COLLEGEINVEST

As an additional benefit, Leeds West Groups offers the option to set up and contribute to a CollegeInvest 529 college savings plan. This program allows you to easily save for college by setting up automatic transfers from your checking or savings account. Deposits are made with after-tax dollars, and you'll receive a state income tax deduction for every dollar you contribute. Funds can be used for children, grandchildren, or even yourself. Please see their features and plan options below.

## Available to ALL Employees!

**To enroll:** Call 800-448-2424 or go online to [www.collegeinvest.org](http://www.collegeinvest.org)

<b>Direct Deposit:</b> Accounts can be opened in minutes with as little as \$25. And automatic transfers to your 529 account make saving for college easy.	<b>Nationwide Access:</b> Money can be used nationwide at any eligible public or private college, university, vocational or trade school.
<b>State Tax Benefits:</b> Every dollar you contribute to a CollegeInvest 529 can be deducted from your Colorado state income tax return. Contact CollegeInvest for other state's income tax benefits.	<b>Account Control:</b> The account owner is always in control of the account.
<b>Federal Tax Benefits:</b> Earnings grow tax free for both federal and state. Withdrawals used for qualified higher education expenses aren't taxed on your federal or state tax return.	<b>Beneficiary Options:</b> You name the beneficiary, and have the ability to change the beneficiary as you choose.

DIRECT PORTFOLIO	STABLE VALUE PLUS	SMART CHOICE	SCHOLARS CHOICE
Managed by Ascensus and Vanguard	Guaranteed by Nationwide Life Insurance Co.	Managed by FirstBank	Managed by Nuveen and TIAA
<b>Age-Based and Blended/Individual Portfolios</b>	<b>Guaranteed Fixed Income Option</b>	<b>FDIC-Insured Options</b>	<b>Age-Based and Static Portfolios</b>
This plan has age-based options that automatically shift allocations from more aggressive to more conservative investments as your child ages. Alternatively, allocations can be set to remain unchanged.	This plan is designed to protect your principal investment. You are guaranteed to earn a 1.5% rate of return through December. This guaranteed rate is reset every year but will never drop below 1.5%.	This plan is the only FDIC-Insured investment option.	This plan is a comprehensive, professionally managed plan available exclusively through financial advisors. The plan offers a range of age-based and static portfolio options.
<i>\$25 to open an account; enroll directly online at: <a href="http://collegeinvest.org">collegeinvest.org</a>.</i>	<i>\$25 to open an account; enroll directly online at: <a href="http://collegeinvest.org">collegeinvest.org</a>.</i>	<i>No minimum to open an account; enroll on-line at: <a href="http://efirstbank.com">efirstbank.com</a>, or directly at a FirstBank location.</i>	<i>\$25 to enroll, or no minimum with payroll direct deposit. A financial advisor must enroll you in this plan.</i>

Investment returns are not guaranteed, and you could lose money by investing in the plans.



# Life Beyond Work

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# Employee Assistance Program

**Assistance is always available for you. The employee assistance program (EAP) services are provided AT NO COST to you and your household through The Standard.**

Your EAP is a free, strictly confidential service that includes 24/7 online and telephonic counseling and up to three free face-to-face visits per person, per issue, per year with a licensed counselor.

Tools And Resources	Care Options	Legal and Financial Guidance	Support All Year
Browse tools and resources to help you make life's big decisions with budget trackers, wellness self-assessments, and more.	Find child and elder care to support you and your family's day-to-day needs.	Receive guidance for buying a home, planning for retirement, budgeting, and more	Connect with a mental health professional about addiction, family, and individual counseling.

## When is the best time to use your EAP?

- When you feel burnt out or stretched thin, call to connect with a counselor to find relief.
- When you need help finding care for your child or loved one, call to find care solutions.
- When you need someone to talk to with 24/7 support, you can connect when it's convenient.
- When you're not sure of the next step to take, reach out for legal and financial planning.

Don't hesitate to reach out whenever you need it. No personal information is ever shared with Leeds West Groups and access to the EAP is completely confidential.

### EXAMPLE:

Jim has recently been struggling to balance his responsibilities at work with his responsibilities at home. At times, he struggles to find childcare and finds that this impacts his performance on the job.

Jim contacted the EAP to talk through these struggles, and they were also able to provide trusted childcare resources that he now uses regularly!



**Call:** 888-293-6948  
**Website:** [www.healthadvocate.com/standard3](http://www.healthadvocate.com/standard3)

*EAP resources are available for free to you and your household family members.*

# Benefits Questions

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# Additional Information

## Resources and Contact Information



Provider/Plan	PHONE NUMBER	WEBSITE/EMAIL
Medical   Cigna	866-494-2111	<a href="https://mycigna.com">mycigna.com</a>
Virtual Care   MDLIVE	888-726-3171	<a href="https://mdliveforcigna.com">mdliveforcigna.com</a>
Dental   Cigna	800-244-6224	<a href="https://mycigna.com">mycigna.com</a>
Vision   Cigna	800-244-6224	<a href="https://mycigna.com">mycigna.com</a>
Health Savings Account   Rocky Mountain Reserve	888-722-1223	<a href="https://rockymountainreserve.com">rockymountainreserve.com</a>
Flexible Spending Accounts   Rocky Mountain Reserve	888-722-1223	<a href="https://rockymountainreserve.com">rockymountainreserve.com</a>
Life and Disability   The Standard	800-628-8600	<a href="https://standard.com">standard.com</a>
Accident, Critical Illness, and Hospital Indemnity Insurance   The Standard	800-634-1743	<a href="https://standard.com">standard.com</a>
401(k) Retirement Savings Plan   Voya	888-311-9487	<a href="https://voya.com">voya.com</a>
IdentityForce Identity Theft Program   Cigna	833-580-2523	<a href="https://cigna.identityforce.com/starthere">cigna.identityforce.com/starthere</a>
Employee Assistance Program   The Standard	888-293-6948	<a href="https://healthadvocate.com/standard3">healthadvocate.com/standard3</a>
Leeds West Groups HR Department	N/A	<a href="https://leedswestgroups.happyfox.com/new">https://leedswestgroups.happyfox.com/new</a>

## Annual Notices

Each year, employers that offer health care benefit plans are required to provide specific state and federal notices to employees regardless of their participation in the benefit plans offered. If you have any questions, please contact the Benefits Department

This guide describes the benefit plans and policies available to you as an employee of Leeds West Group. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. It does not contain all the details that are included in your Summary Plan Descriptions (as required by ERISA) found in your other employee benefit materials. If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

**Note:** The benefits highlighted and described in this guide may be changed at any time and do not represent a contractual obligation – either implied or expressed – on the part of Leeds West Group.



# Medicare Part D Prescription Drug Creditability/Non-creditability

When you or a family member becomes eligible for Part D (Medicare’s prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain “creditable” coverage (i.e., coverage which on average expects to pay at least as well as Part D expects to pay on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity to avoid future penalties.

Below are highlights to note:

A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.

The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.

When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).

The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Creditable Coverage	Non-Creditable Coverage
OAP Choice, OAP Base, HDHP W/ HSA	None (all plans are creditable)

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.shiphelp.org>.

**REMEMBER: If you have creditable coverage through our plan, keep this Notice as proof. 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 you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

# Notice: Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance, 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 employer stopped contributing towards the other coverage). However, you must request enrollment within 30 days after you 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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, see the contact information at the end of these notices.

A special enrollment right also arises for employees and their dependents who lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. The employee or dependent must request enrollment within 60 days of the loss of coverage or the determination of eligibility for premium assistance.

# Notice: HIPAA Notice of Privacy Practice

## Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also describes how your protected health information may be used or disclosed to carry out treatment, payment or healthcare operation or for any purposes that are permitted or required by law.

<b>Your Rights</b>	<b>You have the right to:</b> <ul style="list-style-type: none"><li>• Get a copy of your health and claims records</li><li>• Correct your health and claims records</li><li>• Request confidential communication</li><li>• Ask us to limit the information we share</li><li>• Get a list of those with whom we've shared your information</li><li>• Choose someone to act for you</li><li>• File a complaint if you believe your privacy rights have been violated</li></ul>
<b>Your Choices</b>	<b>You have some choices in the way that we use and share information as we:</b> <ul style="list-style-type: none"><li>• Answer coverage questions from your family and friends</li><li>• Provide disaster relief</li><li>• Market our services and sell your information</li></ul>
<b>Our Uses and Disclosures</b>	<b>We may use and share your information as we:</b> <ul style="list-style-type: none"><li>• Help manage the health care treatment you receive</li><li>• Run our organization</li><li>• Pay for your health services</li><li>• Help with public health and safety issues</li><li>• Do research</li><li>• Comply with the law</li><li>• Respond to organ and tissue donation requests and work with a medical examiner or funeral director</li><li>• Address workers' compensation, law enforcement and other government requests</li><li>• Respond to lawsuits and legal action</li></ul>



<b>YOUR RIGHTS</b>	<b>When it comes to your health information, you have certain rights.</b> <ul style="list-style-type: none"> <li>This section explains your rights and some of our responsibilities to help you.</li> </ul>
<b>Get a copy of health and claims records</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
<b>Ask us to correct health and claims records</b>	<ul style="list-style-type: none"> <li>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.</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>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.</li> <li>We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment or our operations.</li> <li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>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.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights by contacting us using the information on page 9.</li> <li>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 (877) 696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>We will not retaliate against you for filing a complaint.</li> </ul>

YOUR CHOICES	For certain health information, you can tell us your choices about what to share.
In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> <li>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.</li> <li>Share information with your family, close friends, or others involved in payment for your care</li> <li>Share information in a disaster relief situation</li> </ul> <p><i>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.</i></p>
In these cases, we <i>never</i> share your information unless you give us written permission:	<ul style="list-style-type: none"> <li>Marketing purposes</li> <li>Sale of your information</li> </ul>

OUR USES AND DISCLOSURES	How do we typically use or share your health information.	
	<ul style="list-style-type: none"> <li>We typically use or share your health information in the following ways.</li> </ul>	
Help manage the health care treatment you receive	<ul style="list-style-type: none"> <li>We can use your health information and share it with professionals who are treating you.</li> </ul>	<b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization	<ul style="list-style-type: none"> <li>We can use and disclose your information to run our organization and contact you when necessary.</li> <li><b>We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.</b> This does not apply to long term care plans.</li> </ul>	<b>Example:</b> We use health information about you to develop better services for you.
Pay for your health services	<ul style="list-style-type: none"> <li>We can use and disclose your health information as we pay for your health services.</li> </ul>	<b>Example:</b> We share information about you with your dental plan to coordinate payment for your dental work.
Administer your Plan	<ul style="list-style-type: none"> <li>We may disclose your health information to your health plan sponsor for plan administration.</li> </ul>	<b>Example:</b> 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: [Your Rights Under HIPAA | HHS.gov](#).

<b>Help with public health and safety issues</b>	We can share health information about you for certain situations such as: <ul style="list-style-type: none"><li>• Preventing disease</li><li>• Helping with product recalls</li><li>• Reporting adverse reactions to medications</li><li>• Reporting suspected abuse, neglect or domestic partner violence</li><li>• Preventing or reducing a serious threat to anyone's health or safety</li></ul>
<b>Do research</b>	<ul style="list-style-type: none"><li>• We can use or share your information for health research</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>• 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.</li></ul>
<b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>• We can share health information about you with organ procurement organizations.</li><li>• We can share health information with a coroner, medical examiner or funeral director when an individual dies.</li></ul>
<b>Address workers' compensation, law enforcement and other government requests</b>	We can use or share health information about you: <ul style="list-style-type: none"><li>• For workers' compensation claims</li><li>• For law enforcement purposes or with a law enforcement official</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions such as military, national security and presidential protective services</li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order or in response to a subpoena.</li></ul>

## 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: [Your Rights Under HIPAA | HHS.gov](#).

# Notice: Consolidated Omnibus Budget Reconciliation Act (COBRA)

## Introduction

If you recently gained coverage under a group health plan (the Plan), this notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

## What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

Your hours of employment are reduced, or

Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."



## When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

*For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the contact person shown at the end of these notices.*

## How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work (for fully insured plans issued in California, coverage generally last for 36 months). Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## **Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

The month after your employment ends; or

The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

## **If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact information at the end of these notices. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

## **Keep Your Plan Informed of Address Changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

# 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 March 17, 2026. Contact your State for more information on eligibility:**

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

GEORGIA – Medicaid	INDIANA – Medicaid
<b>GA HIPP Website:</b> <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> <b>Phone:</b> 678-564-1162, Press 1 <b>GA CHIPRA Website:</b> <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> <b>Phone:</b> 678-564-1162, Press 2	<b>Health Insurance Premium Payment Program</b> All other Medicaid <b>Website:</b> <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a> <b>Family and Social Services Administration</b> <b>Phone:</b> 1-800-403-0864 <b>Member Services Phone:</b> 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<b>Medicaid Website:</b> <a href="#">Iowa Medicaid   Health &amp; Human Services</a> <b>Medicaid Phone:</b> 1-800-338-8366 <b>Hawki Website:</b> <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a> <b>Hawki Phone:</b> 1-800-257-8563 <b>HIPP Website:</b> <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a> <b>HIPP Phone:</b> 1-888-346-9562	<b>Website:</b> <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> <b>Phone:</b> 1-800-792-4884 <b>HIPP Phone:</b> 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<b>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:</b> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> <b>Phone:</b> 1-855-459-6328 <b>Email:</b> <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> <b>KCHIP Website:</b> <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> <b>Phone:</b> 1-877-524-4718 <b>Kentucky Medicaid Website:</b> <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	<b>Website:</b> <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a> <b>Phone:</b> 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<b>Enrollment Website:</b> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> <b>Phone:</b> 1-800-442-6003 <b>TTY:</b> Maine relay 711 <b>Private Health Insurance Premium Webpage:</b> <a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a> <b>Phone:</b> 1-800-977-6740 <b>TTY:</b> Maine relay 711	<b>Website:</b> <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> <b>Phone:</b> 1-800-862-4840 <b>TTY:</b> 711 <b>Email:</b> <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<b>Website:</b> <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a> <b>Phone:</b> 1-800-657-3672	<b>Website:</b> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> <b>Phone:</b> 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
<b>Website:</b> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> <b>Phone:</b> 1-800-694-3084 <b>Email:</b> <a href="mailto:HHSHIPPProgram@mt.gov">HHSHIPPProgram@mt.gov</a>	<b>Website:</b> <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> <b>Phone:</b> 1-855-632-7633 <b>Lincoln:</b> 402-473-7000 <b>Omaha:</b> 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<b>Medicaid Website:</b> <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> <b>Medicaid Phone:</b> 1-800-992-0900	<b>Website:</b> <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> <b>Phone:</b> 603-271-5218 <b>Toll free number for the HIPP program:</b> 1-800-852-3345, ext. 15218 <b>Email:</b> <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<b>Medicaid Website:</b> <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> <b>Phone:</b> 1-800-356-1561 <b>CHIP Premium Assistance Phone:</b> 609-631-2392 <b>CHIP Website:</b> <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> <b>CHIP Phone:</b> 1-800-701-0710 (TTY: 711)	<b>Website:</b> <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> <b>Phone:</b> 1-800-541-2831



NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<b>Website:</b> <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> <b>Phone:</b> 919-855-4100	<b>Website:</b> <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> <b>Phone:</b> 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
<b>Website:</b> <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> <b>Phone:</b> 1-888-365-3742	<b>Website:</b> <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <b>Phone:</b> 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
<b>Website:</b> <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> <b>Phone:</b> 1-800-692-7462 <b>CHIP Website:</b> <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a> <b>CHIP Phone:</b> 1-800-986-KIDS (5437)	<b>Website:</b> <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> <b>Phone:</b> 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
<b>Website:</b> <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> <b>Phone:</b> 1-888-549-0820	<b>Website:</b> <a href="http://dss.sd.gov">http://dss.sd.gov</a> <b>Phone:</b> 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
<b>Website:</b> <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> <b>Phone:</b> 1-800-440-0493	<b>Utah's Premium Partnership for Health Insurance (UPP) Website:</b> <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> <b>Email:</b> <a href="mailto:upp@utah.gov">upp@utah.gov</a> <b>Phone:</b> 1-888-222-2542 <b>Adult Expansion Website:</b> <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> <b>Utah Medicaid Buyout Program Website:</b> <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> <b>CHIP Website:</b> <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
<b>Website:</b> <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> <b>Phone:</b> 1-800-250-8427	<b>Website:</b> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> <b>Medicaid/CHIP Phone:</b> 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<b>Website:</b> <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> <b>Phone:</b> 1-800-562-3022	<b>Website:</b> <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhpp.com/">http://mywvhpp.com/</a> <b>Medicaid Phone:</b> 304-558-1700 <b>CHIP Toll-free phone:</b> 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
<b>Website:</b> <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> <b>Phone:</b> 1-800-362-3002	<b>Website:</b> <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> <b>Phone:</b> 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2026, 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

## 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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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