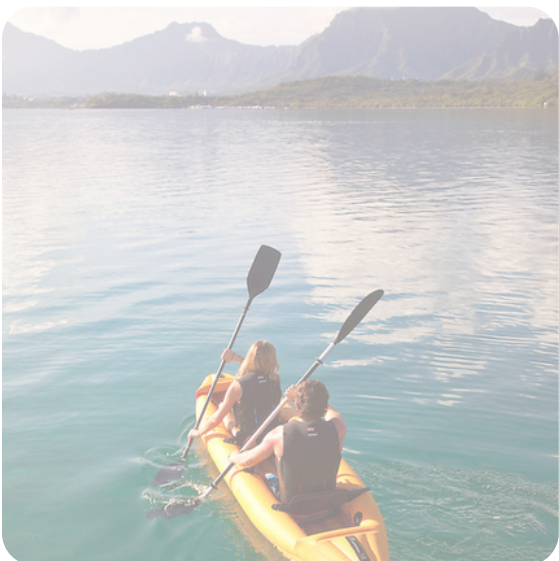




EMPLOYEE BENEFIT GUIDE



December 1, 2020 -
November 30, 2021
Plan Year



 **TRICO**
SALARY - CORPORATE


WHAT'S INSIDE?

Benefit Overview

Glossary of Medical Terms

Important Contact Information

Annual Required Notices



Please refer to the carrier contact information for additional carrier resources.

This guide is designed to help you understand your benefits program so that you may make informed decisions about your health care. It provides an overview of the benefits that you are eligible to participate in. Please review this information carefully, and select the most appropriate option for you and your dependents.



Important Notice

For complete details, including plan terms, exclusions, and limitations, please refer to your carrier booklets. In the event of ambiguity, or inconsistency between this guide and the carrier booklet, the provisions of the insurance documents shall supersede the information listed in this guide.

ENROLLMENT PROCESS

What is the Cost?

Listed below is the **monthly** cost to enroll in our benefit plans. These rates are valid from December 1, 2020 through November 30, 2021.

Medical	Base	Buy-up
Employee	\$0.00	\$149.80
Employee + Spouse/DP*	\$58.76	\$390.76
Employee + Child(ren)	\$45.15	\$334.95
Employee + Family	\$103.92	\$575.82

Dental	
Employee	\$42.95
Employee + Spouse/DP*	\$89.50
Employee + Child(ren)	\$93.05
Employee + Family	\$139.60

Vision	
Employee	\$0.00
Employee + Spouse/DP*	\$0.45
Employee + Child(ren)	\$0.51
Employee + Family	\$1.09

*DP = Domestic Partner

Buy-up (Employee-Paid) Life Insurance	
Age Band	Employee/Spouse Monthly Rate Per \$1,000
24 and under	\$0.080
25-29	\$0.076
30-34	\$0.087
35-39	\$0.117
40-44	\$0.172
45-49	\$0.266
50-54	\$0.421
55-59	\$0.661
60-64	\$0.927
65-69	\$1.502
70-74	\$2.979
75 and over	\$6.135

Monthly AD&D Rates per \$1,000	
Dependent Child per \$,1000	\$0.113
Adult AD&D per \$1,000	\$0.046
Child AD&D per \$1,000	\$0.007

Premiums are automatically deducted pre-tax unless you instruct HR otherwise. You may not make changes to your elections mid-year when premiums are deducted pre-tax, unless you experience a permitted election change event. In that case, generally you have 30 days from the time of the event to make a change.

If you cover a domestic partner (or domestic partner's dependents) deductions will be taken on a post-tax basis unless your domestic partner qualifies as a dependent under Internal Revenue Code Section 152. In addition, unless your domestic partner qualifies under IRC Section 152, our contribution to your domestic partner's premium will be included in your taxable income.

Base Life Insurance (\$15,000)	
Monthly Rate	
Employee	\$0.00

Base Long-Term Disability (\$1,000 Max. Monthly)	
Monthly Rate	
Employee	\$0.00

Buy-up Long-Term Disability	
Monthly Rate Per \$100 of Benefit	
Employee	\$0.410

To calculate your monthly premium, and for more information regarding the rules and guidelines for coverage, please refer to the Life and Disability section on pages 9-10 of this booklet.

HEALTH AND WELLNESS

Medical and Prescription Drug Benefits: Classic

Plan Features - Base	Regence	
	In-Network Preferred Network	Out-of-Network Non-Contracted*
Calendar Year Deductible	\$3,000 Individual \$9,000 Family	
Calendar Year Out-of-Pocket Maximum	\$7,150 Individual \$14,300 Family	
Coinsurance	30%	50%
Preventive Care	Covered in full deductible waived	50% coinsurance
Physician Office Visits (Non-Preventive)	\$30 copay deductible waived	50% coinsurance
Specialist Office Visits	\$30 copay deductible waived	50% coinsurance
Spinal Manipulations (10 visits per calendar year)	Deductible, then 30%	50% coinsurance
Outpatient Lab and Radiology	Deductible, then 30%	50% coinsurance
Complex Lab and Radiology	Deductible, then 30%	50% coinsurance
Inpatient Hospital Care	Deductible, then 30%	50% coinsurance
Emergency Room	\$100 copay, deductible, then 30%	
Retail Prescription Drugs (30 Day Supply)	\$10 / \$35 / \$75 deductible waived	
Mail Order Prescription Drugs (90 Day Supply)	\$30 / \$105 / \$225 deductible waived	

*Out-of-network providers may balance bill you for charges over their in-network allowed amount. Balance billing amounts do not accrue toward your out-of-pocket maximum.

Advice 24

Speak to a licensed nurse 24 hours a day, 7 days a week. The nurse line will help you decide: whether and where to seek medical care, what to do when you or a family member is ill or injured, determine if a condition is a medical emergency, how to treat minor medical conditions at home, understand medical tests, results, and medications, prepare for doctor visits, and make healthy lifestyle choices. This service is available at no cost to you.

Doctor on Demand

Your health plan includes telehealth powered by Doctor on Demand, which offers board-certified physicians any time by video chat using your computer or the app - 24/7. Doctor on Demand is a good resource if you or your family is not feeling well outside of business hours. Doctors may diagnose and provide treatment options for a variety of minor health concerns.

HEALTH AND WELLNESS

Medical and Prescription Drug Benefits: Classic

Plan Features - Buy-up	Regence	
	In-Network Preferred Network	Out-of-Network Non-Contracted*
Calendar Year Deductible	\$1,000 Individual \$3,000 Family	
Calendar Year Out-of-Pocket Maximum	\$4,500 Individual \$9,000 Family	
Coinsurance	20%	40%
Preventive Care	Covered in full deductible waived	40% coinsurance
Physician Office Visits (Non-Preventive)	\$20 copay deductible waived	40% coinsurance
Specialist Office Visits	\$20 copay deductible waived	40% coinsurance
Spinal Manipulations (10 visits per calendar year)	Deductible, then 20%	40% coinsurance
Outpatient Lab and Radiology	First \$400 covered, then 20% coinsurance	First \$400 covered, then 40% coinsurance
Complex Lab and Radiology	First \$400 covered, then 20% coinsurance	First \$400 covered, then 40% coinsurance
Inpatient Hospital Care	Deductible, then 20%	40% coinsurance
Emergency Room	\$100 copay, deductible, then 20%	
Retail Prescription Drugs (30 Day Supply)	\$10 / \$35 / \$75 deductible waived	
Mail Order Prescription Drugs (90 Day Supply)	\$30 / \$105 / \$225 deductible waived	

*Out-of-network providers may balance bill you for charges over their in-network allowed amount. Balance billing amounts do not accrue toward your out-of-pocket maximum.

Advice 24

Speak to a licensed nurse 24 hours a day, 7 days a week. The nurse line will help you decide: whether and where to seek medical care, what to do when you or a family member is ill or injured, determine if a condition is a medical emergency, how to treat minor medical conditions at home, understand medical tests, results, and medications, prepare for doctor visits, and make healthy lifestyle choices. This service is available at no cost to you.

Doctor on Demand

Your health plan includes telehealth powered by Doctor on Demand, which offers board-certified physicians any time by video chat using your computer or the app - 24/7. Doctor on Demand is a good resource if you or your family is not feeling well outside of business hours. Doctors may diagnose and provide treatment options for a variety of minor health concerns.

HEALTH AND WELLNESS

Dental Benefits

The dental plan is underwritten by Delta Dental of WA and is 100% paid by the employee. For more information, refer to the Delta Dental booklet.

Plan Features	Delta Dental of WA	
	Delta Dental PPO	Premier and Nonparticipating*
Calendar Year Deductible	\$50 Individual \$150 Family	
Calendar Year Benefit Maximum	\$1,000 per individual	
Class I: Preventive & Diagnostic Services	Covered in full deductible waived	20% after deductible
Class II: Basic & Restorative Services	20% after deductible	30% after deductible
Class III: Major Services	50% after deductible	60% after deductible

*Nonparticipating dentists may bill you the difference between their billed charges and their contracted amount.

Vision Benefits

Plan Features	LifeMap
	VSP Network
Copays	\$10 exam copay \$25 contact lens exam copay \$25 glasses copay
Exam	Once every 12 months
Lenses	Once every 12 months
Frames	\$130 allowance Once every 24 months
Contact Lenses	\$130 allowance in lieu of hardware Once every 12 months

*Out-of-network benefits are based on an allowance schedule. Please see carrier summary for further details.

HEALTH AND WELLNESS

Dental and Vision Reimbursement Program

We offer a dental and vision reimbursement option for eligible employees after 3 months of service. We will directly reimburse the employee for documented dental and vision expenses up to a maximum of \$1,000, per calendar year, in total for the employee and/or spouse and dependents. Reimbursements will be added to your gross compensation.

Employee Assistance Program (EAP)

Your LifeMap plans offer you and your eligible family members an Employee Assistance Program (EAP) through LifeMap. The EAP provides confidential, immediate, professional assistance with any issues that create stress or anxiety in your life. Counselors are available by phone 24 hours a day, 7 days a week. In addition, LifeMap provides up to 3 face-to-face counseling sessions per concern. There is no cost to you for this benefit.

Contact LifeMap: **1 (800) 794-5390** or visit **www.lifemapco.com**

Worldwide Travel Assistance

We offer a travel assistance program through LifeMap. Whenever you travel 100 miles or more from home --- to another country or just another city --- be sure to pack your worldwide emergency travel assistance phone number! Travel assistance speaks your language, helps you locate hospitals, embassies and other “unexpected” travel destinations. Just one phone call connects you and your family to medical and other important services 24 hours a day.

Contact LifeMap: **1 (800) 794-5390** or visit **www.lifemapco.com**



LIFE AND DISABILITY PLANS

Base Life and AD&D Insurance

We provide Life and AD&D Insurance through LifeMap for eligible employees at no cost to you.

LifeMap	
Benefit Amount	\$15,000
Benefit Reductions due to age	Begin at age 65

Buy-up Life/AD&D Insurance

You have the option to purchase buy-up life/AD&D insurance for yourself and your eligible dependents at competitive group rates through convenient payroll deductions. You must enroll in buy-up life/AD&D insurance in order for your dependents to elect coverage.

Buy-up Life/AD&D Insurance Options	Employee	Spouse	Child(ren)
Increments	\$10,000	\$10,000	\$2,000
Maximum	5x Earnings or \$300,000	100% of your election or \$300,000	\$10,000
Guarantee Issue*	\$40,000	\$20,000	\$10,000

*The amount of life insurance available to an eligible applicant without having to provide proof of good health upon initial (Evidence of Insurability).

Important Notes:

If electing coverage after your initial eligibility period or electing coverage over the guarantee issue amount, you must provide evidence of insurability.

If you purchase life insurance when first eligible, you may purchase a \$10,000 increment up to the guarantee issue amount at each open enrollment without having to provide evidence of insurability.

Certain restrictions may apply if you are not actively at work, or if your dependents are disabled, on the date supplemental life/AD&D insurance would otherwise take effect.

Life/AD&D Monthly Premium Calculation

To calculate your monthly deduction, use the formula below:

$$\frac{\text{Desired Benefit}}{1,000} \times \text{Rate (from pg. 4 table)} = \text{Estimated Monthly Deduction}$$

LIFE AND DISABILITY PLANS

Base Long-Term Disability

We offer long-term disability insurance which pays you a portion of your earnings if you cannot work due to a disabling illness or injury.

Base Long-Term Disability (LTD) Benefit	
Benefit Percentage	60% of monthly earnings
Maximum Monthly Benefit	\$1,000
Maximum Covered Salary	\$20,000
Elimination Period	90 days
Maximum Benefit Duration (Own Occupation)	24 months
Maximum Benefit Duration (Any Occupation)	Up to SSNRA
Taxable Benefit	Yes

Buy-up Long-Term Disability

You may choose to purchase buy-up long-term disability insurance. Buy-up rate applies to the total benefit, which includes the buy-up benefit amount, for the employees who elect this option. The monthly rate is \$0.41. Please refer to the LifeMap summary for detailed information.

Supplemental Long-Term Disability (LTD) Benefit	
Benefit Percentage	60% of monthly earnings
Maximum Monthly Benefit	\$10,000
Maximum Covered Salary	\$200,000
Elimination Period	90 days
Maximum Benefit Duration (Own Occupation)	24 months
Maximum Benefit Duration (Any Occupation)	Up to SSNRA
Taxable Benefit	Yes

Long-Term Disability Monthly Premium Calculation

To calculate your monthly deduction, use the formula below:

$$\begin{array}{c} \boxed{} \div 100 \times 0.41 \\ \text{Monthly Earnings} \qquad \qquad \text{Rate} \\ \text{Estimated Monthly Premium} \end{array}$$

Please note, benefit payments do not begin until the end of the elimination period. Your maximum benefit duration is determined by the carrier based on documentation from your provider. If you become disabled due to a condition that existed prior to your effective date of coverage, there may be a waiting period before you receive disability payments. For more information please refer to your benefit booklet.

GLOSSARY OF MEDICAL TERMS

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your out-of-network provider charges more than the allowed amount, you may have to pay the difference.

In-Network

The facilities, providers, and suppliers that your health insurer or plan has contracted with to provide health care services.

Balance Billing

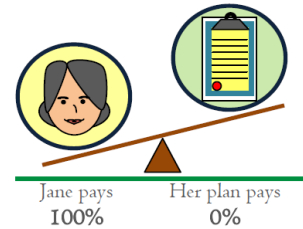
When an out-of-network provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. An in-network provider may not balance bill you for covered services.

Copayment

A fixed amount (for example, \$20) you pay for the covered health care service, usually when you receive the service. The copayment amount does not apply to the deductible, but applies to the out-of-pocket maximum.

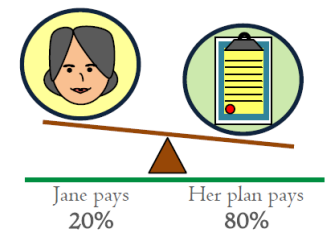
Deductible

The amount you owe for health care services, your health insurance covers, before your health insurance begins to pay. For example, if your deductible is \$500, your plan won’t pay anything until you’ve met your \$500 deductible for covered services subject to the deductible. The deductible does not apply to all services.



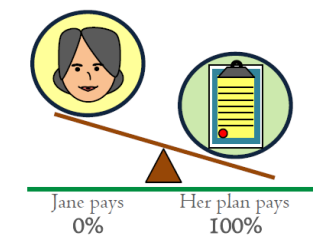
Coinsurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe.



Out-of-Pocket Maximum

The most you pay during a calendar year before your health insurance or plan begins to pay 100% of allowed amount for in-network covered services. The limit includes office visit copays, prescription drug copays, deductibles and coinsurance.





Insurance Assistance

APMCM's Employee Service Center

A FREE & CONFIDENTIAL SERVICE

Benefit advocates are specially trained individuals who can assist with benefit questions and claim issues for you and your covered family members.

EXAMPLES OF BENEFIT QUESTIONS

- What are my benefits?
- How much of my deductible have I met?
- Does this service require prior authorization?
- How do I find an in-network provider?

EXAMPLES OF CLAIM QUESTIONS

- Why was my claim denied?
- Why did my insurance only pay part of the bill?
- How do I submit a claim?
- How do I file an appeal for a denied service?

OTHER SERVICES

- Ordering ID Cards
- COBRA Questions
- Medicare Referrals
- Individual Coverage Referrals
- Eligibility/Enrollment Questions

(206) 343-4175 OR (888) 343-3330
 TTY/TDD: (206) 748-9578 OR (855) 877-4726
 Email: mcm.trico@assuredpartners.com

Monday-Friday
 7:30 AM to 5:00 PM PST
 Language Interpretation Services Available

Carrier Contacts

Carrier	Coverage	Customer Service Contact	Website
Regence	Medical/Rx Group #: 10030826	Member Services: 877.508.7358 Advice24: 800.267.6729	Network: Preferred www.regence.com
Delta Dental of WA	Dental Group #: 13646	Member Services: 800.554.1907	www.deltadentalwa.com
LifeMap (partnered with VSP)	Vision Group #: WA301049	Member Services: 800.877.7195	www.vsp.com
LifeMap	Life & Disability Group #: WA301049	Member Services: 800.794.5390	www.lifemapco.com
LifeMap	EAP/Travel Assistance	Member Services: 800.794.5390	www.lifemapco.com

Visit the websites above for more information about carrier resources. Most carriers have mobile apps, provider network search capabilities, cost provider estimator tools, and much more.

IMPORTANT INFORMATION

Conversion and Portability Rights

You may have the option to keep your life/AD&D, supplemental life/AD&D and/or long-term disability coverage through either the conversion or portability provisions of the contract. You must apply within 31 days from the date of termination. For information about these options please contact Human Resources.

Permitted Mid-Year Election Change Events

In most cases, once you have made your benefit elections for the plan year, you cannot change them until the next annual open enrollment period, unless you experience a permitted election change event. These include:

- Change in legal marital status (marriage, divorce, legal separation)
- Gain or loss of eligibility by one of your dependents
- Birth, adoption, or placement for adoption
- Loss of other health coverage by employee, spouse, or dependent(s)
- Gain or loss of eligibility for Medicare or Children's Health Insurance Program (CHIP)
- Change in coverage under another employer health plan

If you experience an event that allows you to make changes to your benefit elections, notify Human Resources within 30 days of the event (60 days in the case of birth or adoption). You may need to provide proof of the change, such as a marriage or birth certificate. For more information regarding permitted mid-year election changes, please contact Human Resources.

Notice of Special Enrollment Rights

You may be eligible to participate in TRICO Companies's Group Health Plan. A federal law called HIPAA requires that we notify eligible participants about the right to enroll in the plan under its "special enrollment provision."

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your

dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, 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).

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

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage or within 60 days after birth, adoption, or placement for adoption.

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

All questions about the plan's special enrollment provision should be directed to Human Resources.

Notice of the Women's Health and Cancer Rights Act

This notice is being sent to you as required by the Women's Health and Cancer Rights Act of 1998, which states you must be advised annually of the presence of benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry of the breasts, prostheses and complications resulting from a mastectomy. Please refer to your

IMPORTANT INFORMATION

medical benefit booklet for additional information. Benefits for these services may be subject to annual deductibles and coinsurance consistent with those established for other benefits.

Notice of Creditable Prescription Drug Coverage Medicare Part D – Prescription Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with TRICO Companies and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. TRICO Companies has determined that the prescription drug coverage offered by TRICO Companies health and welfare plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

However, if you lose your current creditable prescription drug

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

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

If you decide to join a Medicare drug plan, your current TRICO Companies coverage may be affected.

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

Please contact the Human Resources Department or your Benefit Advocate for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with TRICO Companies and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through TRICO Companies changes. You also may request a copy of this notice at any time.

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

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook.

IMPORTANT INFORMATION

You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: December 1, 2020

Name of Entity/Sender: TRICO Companies

Contact--Position/Office: Lisa Yandrich

Address: 15066 Josh Wilson Road, Burlington, WA 98233

REMEMBER: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since January 31, 2020, 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

IMPORTANT INFORMATION

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 1/31/2023)

IMPORTANT INFORMATION

ALABAMA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
FLORIDA – Medicaid
Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid
Website: https://www.maine.gov/dhhs/ofi/applications-forms 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
MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid
Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid and CHIP

IMPORTANT INFORMATION

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
 Phone: 603-271-5218
 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<https://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
 Medicaid Phone: 609-631-2392
 CHIP Website: <http://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
 Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

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

NORTH DAKOTA – Medicaid

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

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid

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

PENNSYLVANIA – Medicaid

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

RHODE ISLAND – Medicaid and CHIP

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

SOUTH CAROLINA – Medicaid

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

SOUTH DAKOTA – Medicaid

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

TEXAS – Medicaid

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

UTAH – Medicaid and CHIP

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

VERMONT – Medicaid

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

VIRGINIA – Medicaid and CHIP

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

WASHINGTON – Medicaid

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

WEST VIRGINIA – Medicaid

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

WISCONSIN – Medicaid and CHIP

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

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
 Phone: 1-800-251-1269

