



ALLEGHENY
COLLEGE

2024 New Hire Benefits Enrollment Guide

ALLEGHENY COLLEGE



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COLLEGE 1

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Benefits Eligibility



Eligibility

You are eligible for Allegheny College's benefits if you are a regular full-time employee who works more than 33 3/4 hours per week. For medical benefits specifically, you must work 30 hours per week due to ACA regulations. Certain family members may also be eligible if they meet the following criteria:

- They are your legally married spouse or domestic partner.
- They are your dependent child(ren) under the age of 26.

When Coverage Begins

- You must complete the enrollment process within 14 days of your date of hire.
- If you enroll on time, coverage is effective on the first of the month following date of hire.
- If you fail to enroll on time, you will NOT have benefits coverage (except for company- paid benefits).

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. The following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event, such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Benefits Terms You Need to Know



Insurance Terms You Should Know:

Contribution	The amount of the premium YOU must pay toward the cost of your insurance. This amount is typically paid on a per pay basis and is deducted pre-tax.
Deduction	The amount of money YOU must pay first before the insurance company begins paying their portion of a claim.
Coinsurance	The percentage of a bill that YOU are responsible for paying once YOU have satisfied your deductible.
Out-of-Pocket Maximum	The total amount that YOU are responsible for paying out of your pocket during the plan year. This amount typically includes the deductible and coinsurance amounts. Once this amount is met, the plan pays 100% of covered services for the remainder of the plan year.
Health Savings Account (HSA)	A bank account established by an individual in conjunction with a qualified high deductible health plan. The account is used to reimburse qualified medical expenses that the individuals may incur. This account can be funded by an employer, the employee, an outside third party or a combination of all three.

Medical Plan Information



Allegheny College offers you a choice between two medical plan designs with Highmark Blue Cross Blue Shield.

In-Network Benefits	PPO Blue \$750 Plan	PPO Blue \$1,750Q Plan
Deductible <i>Employee/Family</i>	\$750/\$1,500	\$1,750/\$3,500
Plan Pays	90% after deductible	90% after deductible
Out-of-Pocket (OOP)	\$1,000/\$2,000	\$1,500/\$3,000
Office Visit Copay	\$30	90% after deductible
Specialist Copay / Virtual Visits	\$40	90% after deductible
Urgent Care Copay	\$40	90% after deductible
Telemedicine	\$15	90% after deductible
ER Copay	\$150 (waived if admitted)	90% after in-network deductible
Prescription Drug Coverage Retail Drugs (31/60/90-day Supply) <i>Rx copays applied after in-network Medical Deductible is met</i>	\$10/\$20/\$40 generic \$35/\$70/\$140 formulary brand \$70/\$140/\$280 non-formulary brand	90% after deductible
Maintenance Drugs through Mail Order (90-day Supply)	\$20 generic \$70 formulary brand \$140 non-formulary brand	90% after deductible
Specialty Drugs through Mail Order (90-day Supply)	\$10 generic \$20 formulary brand \$40 non-formulary brand	90% after deductible

*****IMPORTANT***** To view a list of participating providers to determine the best plan for you, please view "Find a Provider" instructions on the following page.

Please note: The costs shown above are for In-Network services only. To view a full list of network benefits for the two medical/Rx plans, please view the Benefit Summaries located in the Resources Section of this guide.

2024 Per Pay Medical Coverage Rates

Rates are shown as a per pay rate, and coverage deductions occur on a per pay basis.

PPO Blue \$750 Plan - 2024 Per Pay Employee Medical Coverage Rates				
Salary Band	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$0 - \$45,000	\$17.66	\$47.56	\$42.39	\$54.73
\$45,000 - \$65,000	\$45.91	\$123.64	\$110.22	\$142.29
Over \$65,000	\$88.29	\$237.78	\$211.96	\$273.63

Medical Plan Information (Continued)



2024 Per Pay Medical Coverage Rates (Continued)

Rates are shown as a per pay rate, and coverage deductions occur on a per pay basis.

QHDHP \$1,750 Plan - 2024 Per Pay Employee Medical Coverage Rates				
Salary Band	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$0 - \$45,000	\$6.34	\$17.05	\$15.20	\$19.62
\$45,000 - \$65,000	\$15.84	\$42.64	\$38.01	\$49.06
Over \$65,000	\$50.66	\$136.43	\$121.62	\$157.01

Highmark Member Website:

You can check the status of a claim, view your explanation of benefits, request ID cards, locate providers, review your medical and prescription benefits, check the balance of your HSA, and more on the Highmark member website.

How to register on the Highmark member website:

1. Go to <https://auth.highmark.com/home>.
2. Click on Register.
3. Enter the numeric portion of your ID number (no letters or spaces).
4. Enter your first and last name, your date of birth, and email address.
5. You will be asked to create a login ID and password.

Finding a Medical Provider:

Our Highmark medical plans have a robust network of medical physicians and facilities. With your coverage, you get access to 96% of hospitals and 95% of doctors across the country. However, it is recommended that you verify your provider's network status prior to a non-emergent medical appointment. For emergency situations, go to the nearest hospital to receive care. When you travel globally, you're covered in 190 countries through the Blue Cross Blue Shield Global Core program. Many Highmark doctors and hospitals have earned Blue Distinction status for their exceptional safety and superior results.

Please follow these steps to determine if your provider is in-network:

To search for in-network providers:

1. Visit <https://www.highmark.com/western-pennsylvania/individual-families/doctors-drugs>.
2. Select Find a Doctor, Hospital or other Medical Provider, then click Medical and select Continue.
3. Enter your zip code or the zip code you are searching. When searching for providers either in or out-of-state, select the Performance Blue option*.
4. Select an option in Browse by Category or type a name or specialty in the search window.
» *The Performance Flex Blue network does not include most UPMC facilities.*

Medical Plan Information (Continued)



Preventive Care is covered at 100%.

Preventive care includes services, such as but not limited to:

- Annual physical and well-woman exam
- Children's check-ups / well-baby exams
- Recommended immunizations (including the flu vaccine) for both children and adults
- A1C Testing
- Colonoscopy / colorectal cancer screenings
- Mammograms
- Smoking deterrents, including prescription drugs
- All FDA-approved contraception

A list of all covered preventative services and any limitations are outlined on each carrier's preventative care schedule.

Our Plan covers Telemedicine.

Telemedicine gives you and your family access to U.S. licensed, board-certified doctors – day or night, 7 days a week.

Telemedicine providers can diagnose and treat most non-emergency illnesses and can even prescribe medications when appropriate. Based on the information you share with the doctor; the doctor will diagnose your condition and send a prescription directly to your pharmacy.

Common conditions telemedicine is used for includes sore throats, sinus infections, earaches, allergies, and skin irritations.

Highmark offers telemedicine through **Amwell**.

Prescription Drug Coverage



Highmark/ Express Scripts will administer the prescription drug benefit portion of your health plan with Allegheny College. Your prescription plan offers two ways to receive your medication(s):

- ✓ **Retail Network:** Use a Highmark participating retail pharmacy when filling short-term prescriptions for medications such as antibiotics. Highmark’s National Plus pharmacy network includes more than 68,000 pharmacies nationwide, including pharmacy chains, leading mass merchants, supermarkets, and independents. To locate or verify that your pharmacy is part of the National Plus network, please follow these steps:
 1. Access the Highmark website via <https://www.highmark.com/western-pennsylvania/individual-families/doctors-drug>
 2. Select “Find a Doctor or Rx” on the top banner on the welcome screen
 3. Choose “Find a Pharmacy”
 4. Select “Locate a National Plus Pharmacy” for plans effective January 1, 2017
 5. Enter the zip code for the pharmacy within your area

**For a list of retail pharmacy chains in the National Plus network, please see page 33.*

- ✓ **Mail Service Pharmacy:** Highmark, partnered with Express Scripts, offers Mail Order Pharmacy to fill your long-term prescriptions. Mail service is a cost-effective choice for long-term medications because you can get up to a 90-day supply for less than what you would pay for the same supply at retail. If your prescription does not have any remaining refills, is a controlled substance or a compound medication, you will need to obtain a new prescription. Ask your doctor or prescriber to write a new prescription for up to a 90-day supply, plus refills when appropriate.
 - Bring your prescription to a Highmark participating pharmacy location or send your prescription to Express Scripts using the Mail Service Order Form. The Mail Service Order Form will be included in the member welcome packet.
 - If your prescription does not have any remaining refills, is a controlled substance, or a compound medication, you will need to obtain a new prescription.
 - You may need your provider to submit a prior authorization for certain compound medications.

With Highmark/Express Script’s drug formulary, members have access to drugs in all major therapeutic categories. Your drug plan offering is under the Comprehensive formulary. This formulary contains the most extensive list of drugs. Please note that some medications may be considered “non-preferred,” “non-formulary” or “not covered” under your new plan and copayments could increase. Members should contact their doctors and ask whether changing to a preferred option is right for you when available. It is up to your doctor to choose the best medicine for you. For more preferred options, look for the Highmark/Express Scripts Comprehensive Formulary Drug List found on the Highmark website at <https://www.highmark.com/western-pennsylvania/individual-families/doctors-drug>.

Health Savings Account



As a participant in our \$1,750 Qualified High Deductible Health Plan (QHDHP), you must enroll in a Health Savings Account (HSA).

What is a Health Savings Account or HSA?

A Health Savings Account (HSA) is a bank account that is established to help pay for current and future medical expenses. The account is funded with pre-tax dollars and can be used to help pay for qualified medical expenses incurred by you, your spouse and your dependent children, even if your dependents are not covered under your medical plan. The money deposited in your HSA is yours to keep, regardless of whether you continue to be enrolled under our medical plan, you change jobs, or you retire. If you do not spend all the money placed in your HSA, the funds will roll over from one year to the next.

Allegheny College will contribute \$500 per single coverage or \$1,000 per family coverage prorated on an annual basis to assist with expenses you incur during the plan year. You are also eligible to make pre-tax contributions up to the maximum amounts established by the government. For 2024, the IRS HSA contribution limit is \$4,150 for single coverage and \$8,300 for family coverage. This limit is met using both the employer and employee contributions. All employee contributions will be managed through Paycom and can be changed at any time throughout the year.

How do I enroll in an HSA?

- The HSA set-up process will begin automatically with your plan enrollment through WealthCare Saver. Highmark has partnered with WealthCare Saver to act as the HSA administrator utilizing their innovative healthcare payment platform.
- A welcome kit and debit card will be issued within 2 weeks of enrollment.
- In accordance with the Patriot Act, your name, DOB, SSN, and address are verified to ensure the information supplied from the insurer is accurate.
- You must log into your Highmark Member Portal (<https://auth.highmark.com/home>) and accept the terms and conditions of the account.
- **IMPORTANT: Your Health Savings Account (HSA) cannot be opened until you log into the Highmark portal and accept the account terms and conditions! You cannot receive contributions from our company or add your pre-tax contributions unless your account is opened.**

HSA General FAQ's:

1. Who is eligible to contribute to an HSA?

Basic eligibility requirements are as follows:

- Covered by a Qualified High Deductible Health Plan (QHDHP).
- Not covered by another health plan.
- Not eligible to be claimed as a dependent on another person's tax return.
- Not entitled to Medicare benefits and/or are not collecting social security benefits.

2. If I have an HSA, whose medical expenses can I cover?

The funds held within your HSA can be used for you as well as your spouse and/or tax dependents regardless if they are enrolled as dependents on your plan. To view a partial list of qualified medical expenses, see IRS Publication 502 available at <https://www.irs.gov/pub/irs-pdf/p502.pdf>.

Health Savings Account (Continued)



3. Can a husband and wife have a joint HSA?

No, each spouse must open a separate HSA. You can, however, give your spouse access to your HSA by designating them as an authorized signer on the account.

4. How will my HSA account grow over time?

Since employer and employee contributions rollover to the next plan year if unused, you will accumulate a higher balance over time. You are able to invest the funds once over \$500.

5. Will I have the ability to roll my HSA balance from a previous company to use with my current High Deductible Plan and HSA?

Yes, you have the choice to roll-over your other HSA funds to the Company's plan; however, it is not required.

6. Are my employer contributions to my HSA subject to vesting?

No, there are no vesting requirements. You will have access to all funds once deposited into your account (i.e., your payroll elections and employer contributions) to pay for qualified medical expenses right away.

7. Do HSA funds roll-over each plan year?

Yes, money in your HSA is yours to keep. Your HSA is not forfeited at the end of the year; it continues to grow, tax deferred.

8. When filing my taxes, how do I access IRS Form 8889 (HSA contributions & deductions)?

To retrieve IRS Form 8889, you must access your account online via the Highmark member portal website at <https://auth.highmark.com/home>. The tax forms are delivered electronically and will not be mailed to your home address.

Health Savings Account (HSA):

Coverage Level	Employer Contribution Per Year
Employee Only	\$500
Employee + Dependent(s) / Family	\$1,000

Dental Plan



United Concordia Dental

Studies have shown that dental health is closely tied to physical health, but many of us don't take care of our teeth like we should. What you may not know is that preventative dental care – those twice-a-year cleanings – is covered at 100%, when an in-network provider is used!

United Concordia offers an extensive provider network. Remember if you use an in-network dentist you will get the most out of your dental plan.

Summary of Benefits

This is a summary of the dental benefits offered by Allegheny College. Please note, limitation and exclusions apply. Please reference your United Concordia benefit grid for more detailed information.

	United Concordia Advantage Plus Low Option Plan	United Concordia Advantage Plus High Option Plan
Deductible (waived for Class I Services) <i>Employee/Family</i>	\$50/\$150	\$50/\$150
Benefit Period Max (per member)	\$1,000	\$1,500
Class I Services	Plan pays 100%	Plan pays 100%
Class II Services	Plan pays 80%	Plan Pays 80%
Class III Services	Plan Pays 50%	Plan Pays 50%
Orthodontics	Not Covered	Plan Pays 50% Adults & Children
Lifetime Orthodontic Maximum (per person)	Not Applicable	\$1,500

NO ID CARDS WILL BE ISSUED FOR DENTAL COVERAGE - SIMPLY INDICATE THAT YOU HAVE COVERAGE THROUGH UNITED CONCORDIA AND PROVIDE YOUR SOCIAL SECURITY NUMBER.

Employee Contributions

Allegheny College requires employees to contribute to their cost of their dental coverage. The following chart outlines the cost for dental coverage on a per pay basis.

2024 Per Pay Dental Coverage Rates	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Low Option	\$11.98	\$23.92	\$25.15	\$35.89
High Option	\$13.82	\$27.62	\$33.80	\$46.25

Vision Plan



Vision Benefits of America Vision Plan

Through this coverage you're eligible for a free vision preventative exam once a year – take advantage of this and get your eyes checked!

Remember to always use in network eye care providers to get the most out of your coverage!

Benefit	VBA Vision Plan
Eye Examination	\$0
Clear Standard Lenses <i>Single Vision/Bifocal/Blended Bifocal/ Trifocal/Lenticular/Polycarbonate (persons up to age 19)/Basic Scratch Coating</i>	\$0
Clear Standard Lenses <i>Progressive Lenses</i>	Included/\$20 copay/\$40 copay
Eyeglass Benefit - Frame Allowance <i>Lenses/Oversize Lenses/Scratch-Resistant Coating</i>	Up to \$50
Elective Contact Lens Benefit (in lieu of eyeglasses)	Up to \$60
Contact Lens Benefit (in lieu of eyeglasses) <i>Contact Lenses Disposable Contact Lenses Planned Replacement Contact Lenses Evaluation, Fitting, & Follow-up Care</i>	Covered in Full Covered in Full 15% discount
Medically Necessary Contact Lenses (with prior approval)	Included

This is a summary of the vision benefits offered by Allegheny College. Limitation and exclusions apply. Please reference your benefit grid for more detailed information.

**NO ID CARDS WILL BE ISSUED FOR VISION COVERAGE
PLEASE LOG INTO THE VBA WEBSITE TO PRINT OFF A VISION ID CARD.**

Employee Contributions

Allegheny College requires employees to contribute to their cost of their vision coverage. The following chart outlines the cost for vision coverage on a per pay basis.

2024 Per Pay Vision Coverage Rates	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Vision	\$3.27	\$5.88	\$5.88	\$7.98

Life & Disability Coverage



Allegheny College provides Basic Group Life, Accidental Death and Dismemberment, Short-Term Disability, and Long-Term Disability to all full-time employees. **This benefit is 100% paid by Allegheny College!**

It is extremely important that the individual that we have on file as your beneficiary is the individual that you intend to receive your Life / AD&D benefit in the event of your passing.

When choosing a beneficiary, you may enter your own information and list "Self" as a beneficiary. If choosing an international beneficiary, you may enter an international phone number as well as other information as custom fields. **Please note for international beneficiaries:** you would need to have an attorney or someone handing the estate to make sure the insurance was delivered to the correct party.

These benefits are administered by MetLife for Allegheny College. The following table summarizes these benefit for you. Further detail can be found in MetLife's certificate of coverage.

Life & Disability Insurance Informational Table		
Basic Group Life Insurance	Employer-paid	1.5 x salary up to \$250,000
Accidental Death & Dismemberment (AD&D)	Employer-paid	1.5 x salary up to \$250,000
Long-Term Disability	Employer-paid	60% of your pre-disability monthly earnings up to a maximum monthly benefit of \$5,000
Short-Term Disability	Employer-paid	100% of your weekly base pay up to a maximum benefit of \$1,500 per week

Short-Term Disability Benefits

In the event you are unable to work due to a covered injury or sickness, Allegheny College's short-term disability (STD) plan will provide you with paycheck protection. Short-term disability benefits begin on the 5th consecutive day of the disability. Our short-term disability plan pays 100% of your weekly base pay.

The maximum duration for one period of disability will be paid up to a maximum of 26 weeks. This benefit is provided through MetLife.

Long-Term Disability Benefits

In the event you are unable to continue to work for a period of time longer than 180 days due to your disability, Allegheny College's long-term disability (LTD) plan will provide you with a source of income. Our long-term disability plan pays 60% of your base pay up to a maximum benefit of \$5,000 per month.

The maximum duration of long-term disability benefits is determined by your age when the disability begins. There are limitations to mental health, substance abuse, and self-reported conditions under the plan. This benefit is provided through MetLife.

Life & Disability Coverage (Continued)



Voluntary Life

This coverage is voluntary, and 100% employee paid. This benefit is available to you through MetLife.

Eligibility:

- **Class 1:** All active faculty members with at least 1 year benefit eligible contract; excludes faculty members participating in the early retirement incentive program working at least 30 hours per week.
- **Class 2:** All active full-time non-faculty members working at least 9 months per year and working at least 33.75 hours per week.
- **Class 3:** All active faculty members participating in the early retirement incentive program working at least 30 hours per week.

Benefit Amount:

- **Employee:** Choose from a minimum of \$10,000 to a maximum of 5X annual salary (up to \$500,000) in increments of \$10,000. Guarantee Issue Amount is 5X annual salary, up to \$100,000.
- **Spouse:** Choose from a minimum of \$5,000 to a maximum of \$100,000, in \$5,000 increments. Guarantee Issue Amount is 100% of Employee's benefit, up to \$25,000.
- **Dependent Child(ren):** Benefit of \$10,000, with a Guarantee Issue Amount of \$10,000.
- **Additional Benefits:** Bereavement Counseling Services, Travel Assistance Services, ID Theft Recovery Services, Legal Assistance, and Employee Assistance Program.

For more information, please contact **MetLife** at 1-888-319-7819 or visit www.metlife.com.

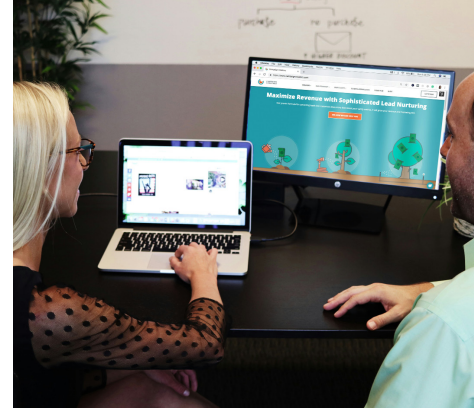
Carrier Contact Information

If you have any questions, please use the following sources:

Medical & Prescription Plan	Highmark Blue Cross Blue Shield	Member Services: 1-800-241-5704 Website: www.myhighmark.com
Dental Plan	United Concordia	Member Services: 1-800-332-0366 Website: www.unitedconcordia.com
Vision Plan	Vision Benefits of America	Member Services: 1-800-432-4966 Website: www.vbaplans.com
Basic Life / AD&D Insurance	MetLife	Member Services: 1-800-438-6388 Website: www.metlife.com
Supplemental Term Life	MetLife	Member Services: 1-800-438-6388 Website: www.metlife.com
Short-Term Disability	MetLife	Member Services: 1-800-438-6388 Website: www.metlife.com
Long Term Disability	MetLife	Member Services: 1-800-438-6388 Website: www.metlife.com



How to Enroll



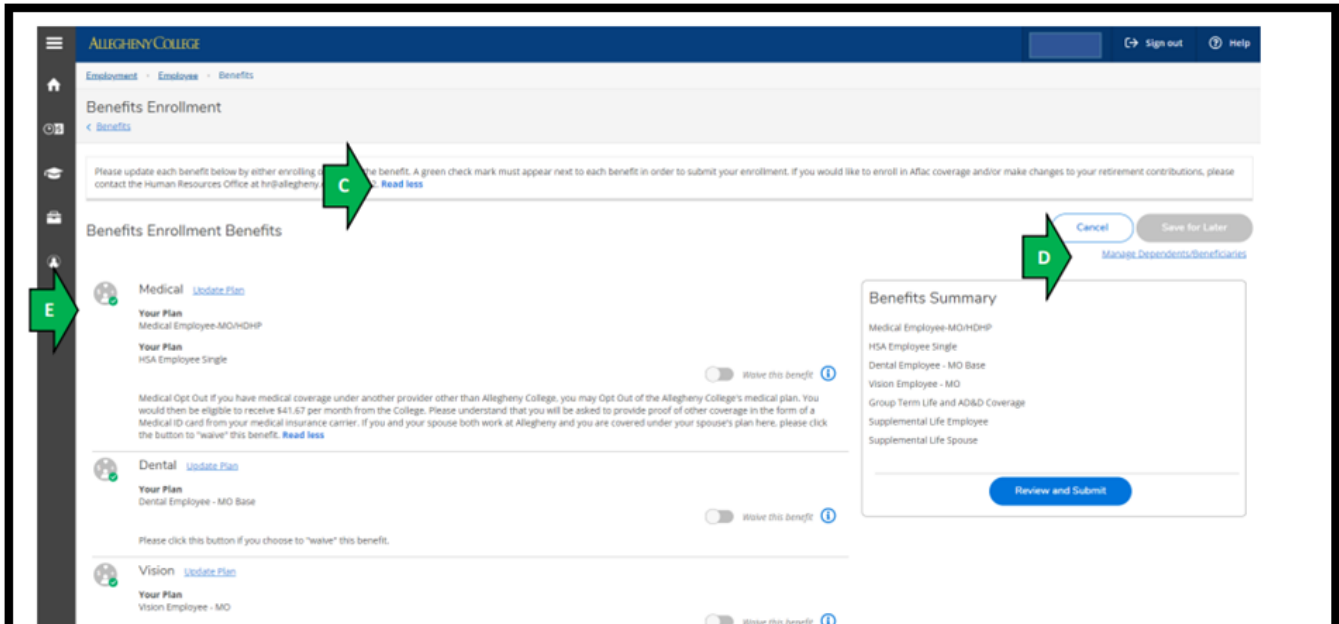
The screenshot shows the 'Employee Overview' page of the Employee Self-Service portal. The 'Benefits' tab is highlighted with a green arrow labeled 'A'. The page contains several service tiles: Tax Information, Banking Information, Time Approval, Earnings Statements, Leave, Leave Approval, Time History (Supervisor), Stipend History, Benefits, and Current Benefits. The 'Benefits' tile is the focus of the instruction.

(A) = Access Open Enrollment Through the "Benefits" tab of Employee Self-Service

The screenshot shows the 'Benefits' page. A green arrow labeled 'B' points to the 'View & Modify' button. The page includes a message about the enrollment period ending on 6/23/2023, a 'Pending Elections' section with a 'Completed' status, and a 'Current Benefits' section with a 'View Benefits' button. There is also a 'Dependents/Beneficiaries' section with a 'Manage Dependents/Beneficiaries' link.

(B) = Select the button here to begin making elections

note the "View & Modify" is present because this enrollment was completed



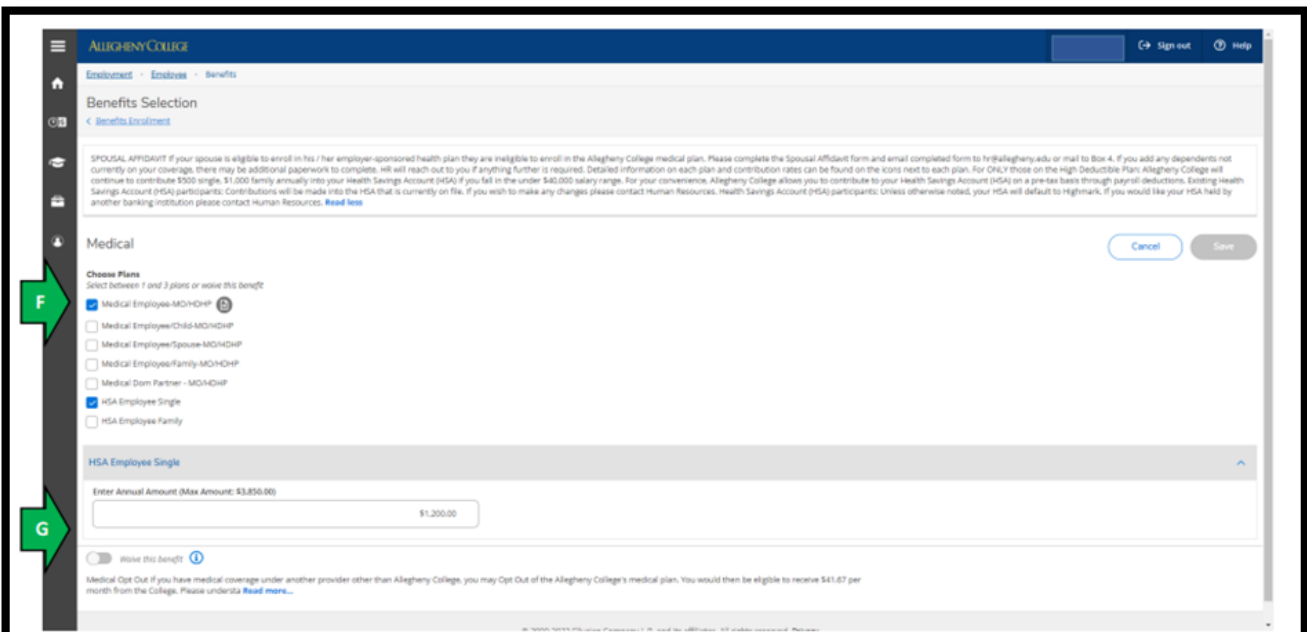
(C) = Wherever there is a "Read more", the section can be expanded with additional information

(D) = Can make "Dependent & Beneficiary" changes here.

please note if you are adding a new dependent (spouse / child / domestic partner) to any medical, dental, or vision plan; additional documents will be required

(E) = Click "Update Plan" if you are making changes. Additionally, links to rate changes are listed in the next screen

please note there were NO benefit plan changes this year, but there were rate changes



(F) = Available plans for selection are listed here (similar but not pictured for Vision, Dental, etc.)



**this symbol links to additional plan and benefit rate information (i.e. medical, vision, dental, FSA, etc.)*

(G) = If you are making annual amount changes

(H) = Please review the differences between Flexible Spending Medical and Flexible Spending Dedendent if you are not familiar

(I) = "Flexible Spending Medical" is available for PPO Plans ONLY

(J) = When complete with changes, review and submit for completion

ALLEGHENY COLLEGE

Employment - Employees - Benefits

Review and Submit

Review and Submit Benefits Enrollment Benefits

You have elected the following benefits. You may make changes until the enrollment period ends on 8/23/2023.

Benefits	Benefits Plan	Dependents/Beneficiaries	Health Care Provider Information	Coverage/Participation
Medical	Medical Employee-ADHDHP HSA Employee Single			Employee Annual: \$1,200.00 Pay Period: \$100.00
Dental	Dental Employee - MO Base			Employee
Vision	Vision Employee - MO			Employee
Basic Life	Group Term Life and AD&D Coverage			
Supplemental Life	Supplemental Life Employee			\$100,000.00
	Supplemental Life Spouse			\$25,000.00
	Supplemental Life Child			\$10,000.00


Terms and Conditions

By clicking the check box, you are providing an electronic signature of your benefits selections and authorizing Allegheny College to withhold the associated premiums from your pay check on a pre-tax basis or post-tax basis as indicated by your selections.

I have read and accepted these terms

Save for Later Submit

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(K) = When reviewing, remember to accept the terms and conditions and submit. If done correctly, you'll see the message below pop up.

ALLEGHENY COLLEGE

Employment - Employees - Benefits

Review and Submit

Your benefit elections have been submitted successfully.

NOTICES

IMPORTANT DISCLOSURES ABOUT OUR PLAN

Notice of Special Enrollment Rights

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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).

If you have a new dependent because of a 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, or placement for adoption.

Additionally, if you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Rights under the Women's Health and Cancer Rights Act

Under Federal law, group health plans and health insurance issuers that provide medical and surgical benefits with respect to a mastectomy must provide certain benefits to a participant or beneficiary who is receiving benefits in connection with mastectomy and who elects breast reconstruction.

Specifically, the group health plan and issuer must provide coverage in a manner determined in consultation with the attending physician and the patient, for (i) reconstruction of the breast on which the mastectomy has been performed; (ii) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (iii) prostheses and physical complications during all stages of mastectomy, including lymphedemas. This coverage may be subject to annual deductibles and coinsurance provisions, consistent with other benefits under the medical coverage option.

Newborns' & Mothers Health Protection Act

The Newborns' and Mothers' Health Protection Act (the Newborns' Act) provides protections for mothers and their newborn children relating to the length of their hospital stays following childbirth. Our group health plan generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours or 96 hours.

Summary of Privacy Practices

We are committed to protecting your personal health information. We are required by law to (1) make sure that any medical information that identifies you is kept private; (2) provide you with certain rights with respect to your medical information; (3) make certain you are notified of our legal duties and privacy practices; and (4) follow all privacy practices and procedures currently in effect.

In the course of providing employee benefits, we may use and disclose health information about you and your participating dependents without your permission for the administration of these plans and for any other health care operation as allowed or required by law. Employees who are responsible for maintaining eligibility for these benefit programs may not share your information for employment-related purposes. Otherwise, we must obtain your written authorization for any other use and disclosure of your medical information. We cannot retaliate against you if you refuse to sign an authorization or revoke an authorization you had. You have the right to inspect and copy your protected health information, to request corrections of your medical information, and to obtain an accounting of certain disclosures of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your protected health information, or that communications about your protected health information be made in different ways or at different locations.

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Office for Civil Rights. We will not retaliate against you for making a complaint.

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

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs.

If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply.

If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

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

<p align="center">GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p align="center">INDIANA – Medicaid</p> <p>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</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p align="center">KENTUCKY – Medicaid</p> <p>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/agencies/dms</p>	<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p align="center">MINNESOTA – Medicaid</p> <p>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</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)