



EMPLOYEE BENEFITS

New Hire Enrollment Guide

August 1, 2023 – July 31, 2024

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please read the Individual Creditable Coverage Disclosure notice for more information. If you have questions about your options, please, contact Human Resources, or our Benefits Consultant, Parker, Smith & Feek.

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The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. For specific tax or legal advice, please consult with your own tax or legal advisor for assistance. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

WELCOME TO WOODCREEK PROVIDER SERVICES, LLC



We are proud to offer a comprehensive benefits package to our employees and their families. This benefit guide will help you learn more about your benefits, review highlights of the available plans, and make selections that best fit your lifestyle and budgets.

Please keep in mind that our health plan is a self-funded plan. This means that Woodcreek Provider Services, LLC assumes the financial risk for providing health care benefits, rather than paying an insurance company to assume this risk. Your health care claims are “processed” by Cigna, however the money they use to make those payments comes directly from Woodcreek Provider Services, LLC, which is funded by the premiums paid by both the company and you.

Eligibility Requirements

Employee	Dependents	Waiting Period
Full-time employees hired after 1/1/2017 working at least 30 hours per week	Your legal spouse or domestic partner* Dependent children may be covered until age 26	1st of the month following 60 days from full time date of hire

* Domestic partner must meet all requirements included in the "Affidavit of Qualifying Domestic Partnership". An eligible partner is extended the same rights and benefits as a spouse. Coverage also includes eligible children of partner.

For new employees, this is your chance to enroll in the Woodcreek Provider Services, LLC Employee Benefits Plan. You must enroll yourself and your dependents within 30 days of becoming eligible for benefits. You can enroll eligible dependents at the same time you enroll yourself. If you don't enroll, or you waive coverage, you'll receive the employer sponsored benefits shown below:

- Basic Life Insurance and AD&D
- Employee Assistance Plan

Once you're enrolled in benefits, you generally aren't allowed to make changes until the next annual Open Enrollment. Open Enrollment is your one chance each year to review your coverage and make changes to your benefits. It's also your chance to enroll if you declined coverage when you first became eligible. Open Enrollment changes take effect on August 1st each year.

Other than during Open Enrollment, you can make changes to your benefits during the year only if you experience a qualifying status change. Please refer to the Special Enrollment section later in this document (page 27).

Where Do I Go If I Have Questions?

- See page 5 for customer service numbers and websites for the carriers.
- Elaine Christenson, Human Resource Generalist
253-446-3220 | echristenson@woodcreekhealthcare.com
- Rebecca Faini, Director of Human Resources
253-446-3234 | rfaini@woodcreekhealthcare.com

Benefits Advocacy – Here To Help

Parker, Smith & Feek, Inc.



Woodcreek Provider Services, LLC has also partnered with Parker, Smith & Feek to provide you and your family with individualized assistance with insurance problems you are unable to resolve directly with the carriers. This includes claims issues, eligibility questions, network problems and general healthcare or insurance questions.

Your Account Manager	Email	Phone
Jeanette Busby	jabusby@psfinc.com	425-974-3071

How Much Do I Have To Pay?

Woodcreek Provider Services, LLC pays 100% of the employee-premium for the base medical plan, both dental plans and the vision plan. You are responsible for the premium difference between the base and buy-up medical plans for employee-only coverage. You are responsible for 100% of the dependent costs for the medical, dental and vision plans. The following contributions are effective August 1, 2023.

Deducted Monthly	Cigna Base Medical Plan (Local Plus)		
	Total Cost	Employer Cost	Employee Cost
Employee	\$940.63	\$940.63	\$0.00
Employee and spouse	\$2,116.52	\$940.63	\$1,175.89
Employee and 1 or more children	\$1,646.19	\$940.63	\$705.56
Family* with 1 or more children	\$2,821.91	\$940.63	\$1,881.28
	Cigna Buy-Up Medical Plan (Open Access Plus)		
	Total Cost	Employer Cost	Employee Cost
Employee	\$1,067.96	\$940.63	\$127.33
Employee and spouse	\$2,403.02	\$940.63	\$1,462.39
Employee and 1 or more children	\$1,869.02	\$940.63	\$928.39
Family* with 1 or more children	\$3,203.89	\$940.63	\$2,263.26
	Cigna Dental (PPO)		
	Total Cost	Employer Cost	Employee Cost
Employee	\$52.37	\$52.37	\$0.00
Employee and spouse	\$104.11	\$52.37	\$51.74
Employee and 1 or more children	\$131.22	\$52.37	\$78.85
Family* with 1 or more children	\$200.10	\$52.37	\$147.73

	Willamette Dental (EPO)		
	Total Cost	Employer Cost	Employee Cost
Employee	\$45.85	\$45.85	\$0.00
Employee and spouse	\$98.55	\$45.85	\$52.70
Employee and 1 or more children	\$100.85	\$45.85	\$55.00
Family* with 1 or more children	\$151.25	\$45.85	\$105.40
	VSP Vision Plan		
	Total Cost	Employer Cost	Employee Cost
Employee	\$5.28	\$5.28	\$0.00
Employee and spouse	\$8.45	\$5.28	\$3.17
Employee and 1 or more children	\$8.63	\$5.28	\$3.35
Family* with 1 or more children	\$13.91	\$5.28	\$8.63

* Includes benefits coverage for domestic partners and their children. Due to IRS regulations, contributions for domestic partners are made on a post-tax basis. In addition, any premiums paid by Woodcreek Provider Services, LLC will be considered taxable income.

Please note that when your contributions are taken out of your paycheck on a pre-tax basis, as allowed by Section 125 of the Internal Revenue Code. IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status. This means you may not drop coverage for a dependent during the year unless there is a qualified change in family status.

Contact Information

Refer to this list when you need to contact a benefits vendor.
For general information, contact Human Resources.

Medical and Prescription Drugs, ID Cards	Cigna	866-494-2111	www.mycigna.com
Rx Mail Order	Express Scripts	800-835-3784	
Virtual Care	MDLIVE	888-726-3171	www.mycigna.com
Online Mental Health & Behavioral Health Program <i>(for members age 18+)</i>	Ginger (through Cigna Medical Plan)		Download the Ginger Emotions Support app in Apple App Store or Google Play www.ginger.com/cigna
Virtual Therapy via Text	Talkspace		www.talkspace.com/Cigna Assistance: cigna-support@talkspace.com
Dental	Cigna PPO Willamette (EPO)	866-494-2111 855-433-6825	www.mycigna.com www.willamettedental.com
Vision	Vision Service Plan	800-877-7195	www.vsp.com
Flexible Spending Arrangement (FSA)	Navia Benefits	800-669-3539	www.naviabenefits.com flexplan@naviabenefits.com
Health Reimbursement Arrangement (HRA)	Navia Benefits	800-669.3539	www.naviabenefits.com 501@naviabenefits.com
Employee Assistance Program (EAP)	First Choice Health	800-777-4114	www.FirstChoiceEAP.com Username: woodcreek
Travel Assistance and Identity Fraud Expenses	The Hartford / IMG	800-243-6108	assist@imglobal.com
Life Insurance	The Hartford	800-523-2233	www.thehartford.com/employeebenefits
Benefits Advocacy	Jeanette Busby Parker, Smith & Feek	425-974-3071 jabusby@psfinc.com	www.psfinc.com

MEDICAL COVERAGE



Cigna

Benefits Summary

The plan encourages you to use in-network providers by charging you lower co-pays and co-insurance amounts. In-network providers agree to bill Cigna directly and to accept a negotiated fee as payment in full. Out-of-Network providers have not and are reimbursed based on Medicare reimbursement rates. You may have to pay amounts above that charge (also called balance billing). To find a list of in-network providers, go to www.mycigna.com and search for providers in either the **Local Plus** or **Open Access Plus** Network. The deductible and out-of-pocket maximum are on a calendar-year basis and reset every January 1st.

DON'T FORGET YOUR
ANNUAL EXAM.

PREVENTIVE CARE IS
COVERED 100%.

Beginning August 1st, Cigna will be issuing only digital ID cards

You have the choice of two medical plans: the Cigna Base Medical Plan (Local Plus) and the Cigna Buy-Up Medical Plan (Open Access Plus). The following is a summary of both plans. You choose your plan each year during Open Enrollment.

Cigna	Base Plan (Local Plus)	Buy-Up (Open Access Plus)
Annual Deductible		
<i>Individual</i>	\$2,500	\$2,500
<i>Maximum per family</i>	\$5,000	\$5,000
Out-of-Pocket Maximum		
<i>Individual</i>	\$5,000	\$5,750
<i>Maximum per family</i>	\$10,000	\$11,500
Preventive Care		
<i>Routine Exam</i>	Covered in full	Covered in full
<i>Laboratory Services</i>		
Physician Services		
<i>Office Visits</i>	\$30 copay	\$30 copay
<i>Inpatient</i>	20%	20%
Virtual Care	\$30 copay	\$30 copay
Outpatient X-Ray and Laboratory Services	Covered in full	Covered in full
Urgent Care	\$35 copay	\$35 copay
Emergency Services	\$200 copay then 20%	20%
Hospital Services		
<i>Inpatient and Outpatient</i>	20%	20%
Outpatient Rehabilitation		
<i>45 visits per calendar year</i>	\$30 copay	\$30 copay
Mental Health Outpatient	\$30 copay	\$30 copay
Spinal Manipulations		
<i>12 visits per calendar year</i>	\$30 copay	\$30 copay
Acupuncture		
<i>12 visits per calendar year</i>	\$30 copay	\$30 copay
Out-of-Network		
OON Deductible		
<i>Individual</i>	\$5,000	\$5,000
<i>Maximum per family</i>	\$10,000	\$10,000
OON Out-of-Pocket Maximum		
<i>Individual</i>	\$10,000	\$11,500
<i>Maximum per family</i>	\$20,000	\$23,000
Out-of-Network Coinsurance	50%	50%

PHARMACY COVERAGE



Cigna

Benefits Summary

Unless your doctor requires the use of a brand name drug, your prescription may automatically be filled with a generic equivalent (when available). If you request a brand name drug when a generic equivalent is available, you may be required to pay the difference in cost.

	Retail (30-day supply)	Mail Order (90-day supply)
Generics	\$10 copay	\$20 copay
Preferred Brand	\$25 copay	\$50 copay
Non-Preferred Brand	\$45 copay	\$90 copay
Specialty Drugs	First fill, you pay 100% then retail copay for each fill thereafter	Mail order copay

Notice regarding Medicare Part D

Our medical plans offer what is called “creditable coverage,” which means a Medicare-eligible person will not have to buy a Medicare Part D supplement for prescription drugs, and will not be subject to the 1% per month late enrollment charge assessed by Medicare for purchasing Part D at a later date. If you have questions about your options, please contact Human Resources.

There is no coverage for prescriptions from a pharmacy not in the network.

Cigna Pharmacy Benefits

- **Price Assure:** Your Cigna plans include access to Price Assure, powered by GoodRx. Price Assure aims to help you access better pricing that may be available for certain medications without having to shop around for coupons or discount cards at the pharmacy counter. When available for certain prescription claims, Price Assure will automatically leverage GoodRx's prescription prices for you. Members will experience a seamless process at the point of sale without having to research a lower price. There is nothing you need to do/sign-up for – this new program is done behind the scenes by Cigna and GoodRx.
- **Out of Pocket Adjuster:** With the Out of Pocket Adjuster solution, Cigna helps minimize the adverse financial impact of manufacturer copay assistance for members for widely distributed, costly specialty drugs helping to ensure that only what you pay goes toward their deductible and out of pocket maximums. Cigna will send you a letter any time savings are available for medications that are not on the SaveOnSP Drug List. You don't have to do anything – Cigna will track this for you with Accredo and let you know.
- **Clinical Day Supply:** Members have access to a new pharmacy dispensing logic for specialty medications to improve adherence and reduce waste. The program features a 15-day supply for new prescription for certain specialty drugs and then be eligible for 30- or 90-day supplies for home delivery. When applicable, the logic adjusts up to 90-day supply after medication stabilization automatically. Your copays are prorated to ensure fairness. You don't have to do anything – Cigna will track this for you with Accredo and let you know.
- **SaveOnSP Specialty Drug:** The SaveOnSP program will help you save money on certain specialty medications. If you are currently taking or will be taking a medication on the SaveOnSP Drug list, you are eligible to participate in the program. The list of drugs is available on HRConnections (through Woodcreek's intraweb).
 - When you participate in this program, your copay will be covered under the SaveOnSP program at no out-of-pocket costs to you (\$0 copay).
 - Your prescriptions must be filled through Accredo, your existing specialty mail pharmacy.
 - If you are on any medications from the SaveOnSP drug list, you will have received (or will receive shortly) a letter from Cigna about signing up for this program. After the letters are sent out, you may receive a phone call from SaveOnSP/Accredo to help you get signed up for this great cost-savings option for you. To participate, simply call SaveOnSP at 1-800-683-1074 prior to your next fill date to avoid delays in obtaining your prescription(s) after the program starts. You must contact SaveOnSP before filling your prescription; the program cannot be retroactively applied to a previously filled prescription.
 - If you choose not to participate, you will be responsible for 30% of the total cost of the specialty medication(s).

VIRTUAL AND TELEPHONIC CARE



MDLIVE

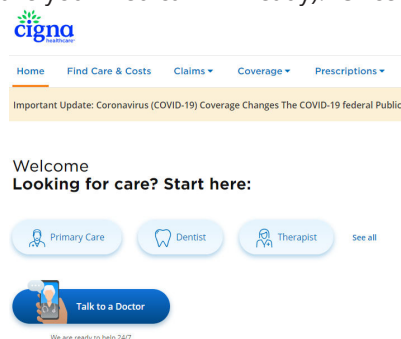
MDLIVE provides 24/7 access to a board certified, licensed family practice doctor or pediatrician via phone or video. It can be used for many of your medical issues and replace expensive visits and long wait times at the ER or urgent care clinic to diagnose and treat those acute, non-emergent medical issues that may arise such as:



- Cold and flu
- Sore throat
- Rashes
- Allergies
- Headaches
- Bronchitis
- UTI
- Fever
- Asthma
- And much more!

MDLIVE doctors can also write short term prescriptions and will send the script electronically to the pharmacy of your choice. After the visit, at your request, the doctor will send electronic chart notes to your primary care doctor. MDLIVE is not a substitute for a primary care doctor.

You will need enroll in www.mycigna.com to activate your account (have your medical ID # ready). Once enrolled, click the Talk to a Doctor link and it will take you to MDLive.





Primary Care

Preventive care, routine care and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost² to identify conditions early
- Routine care visits allow relationship-building with the same primary care provider (PCP) to help manage conditions
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities³

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the emergency room
- Prescriptions available, if appropriate

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Flexible appointment scheduling
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, life changes, grief and depression

Dermatology⁴

Fast, customized care for skin, hair and nail conditions — no appointment required


- Board-certified dermatologists review pictures and symptoms; prescriptions available, if appropriate
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours


Connecting to care is as easy as 1, 2, 3.

Virtual care visits are convenient and simple. Employees can schedule an appointment in just three quick steps:

- 1 Access MDLIVE by logging into myCigna.com and clicking on "Talk to a doctor" (They can also call MDLIVE at 888.726.3171 — no phone calls for virtual dermatology)
- 2 Select the type of care needed; medical care or counseling — cost will be displayed on both myCigna.com and MDLIVE
- 3 Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care

Questions?

 To learn more about virtual care from MDLIVE and the impact it can make on your organization, reach out to your Cigna account manager today.

 Virtual medical care is also offered by many providers in the Cigna network. Contact your provider's office to see if they offer virtual medical visits and to schedule an appointment.⁵



Offered by: Cigna Health and Life Insurance Company or its affiliates.

SMOKING CESSATION

Smoking cessation continues to be an important Woodcreek Provider Services program and employees who smoke or use tobacco products are encouraged to use the resources available to help you successfully quit.

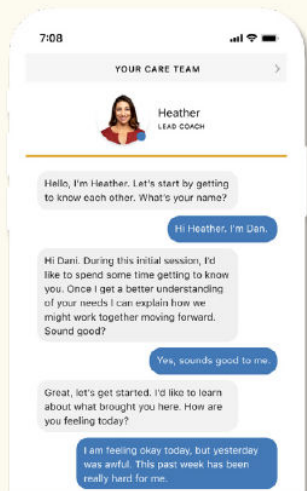
GINGER

Everyone deserves access to incredible mental healthcare. That's why Ginger created the world's first integrated mental healthcare system where coaches, therapists, and psychiatrists work as a team to coordinate the best, personalized care right from your smartphone, whenever you need it. It's like a virtual clinic without the waiting room. Ginger's mental health services are in-network and accessible through your behavioral health benefits already covered under the Cigna health plan. Ginger includes 30 days of unlimited behavioral health coaching and self-care content library for a cost similar to a doctor's office visit.



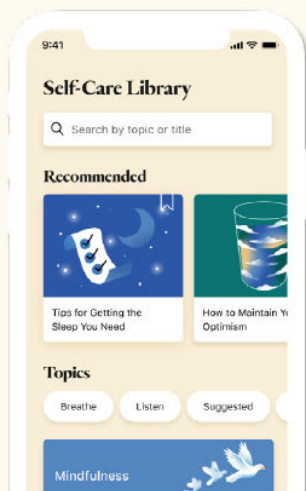
Ginger offers confidential mental healthcare through behavioral health coaching via text-based chats, self-guided learning activities and content, and, if needed, video-based therapy and psychiatry. Support is available anytime (24/7/365), anywhere for a variety of mental health challenges you may be struggling with—all from the privacy of your smartphone.

Download the Ginger emotional support app from your smartphone. Follow the instructions sent to your email. Enter your: First name, last name, DOB and your Cigna Member ID# to verify your eligibility. Then, answer a few simple questions, and you're ready to get started! Choose to schedule an appointment with your coach at a time that works best for you, or chat right away.



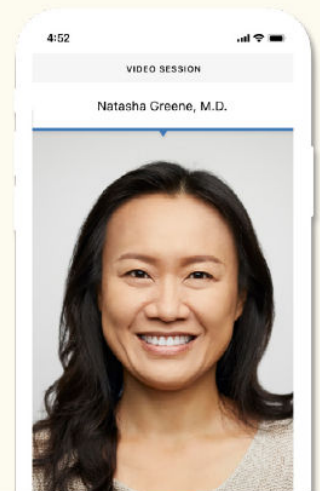
Behavioral health coaching

You'll first chat with a behavioral health coach via text, who can help you with a range of issues, like anxiety, depression, relationships, sleep, and more. Coaches offer immediate support when you need it, and are available for scheduled appointments, too.



Skill-building content

Our library of clinically-validated resources includes activities, articles, classes, podcasts, and more. In-app content is tailored to your needs and available anytime to help you build skills and work towards your goals.



Therapy + psychiatry

A coach can recommend a licensed therapist or psychiatrist to be added to your care team if you need extra support. Therapy and psychiatry sessions are video-based and offer flexible hours, including evenings and weekends.

Visit www.ginger.com/cigna to learn more

Download the Ginger Emotional Support app.



Talkspace

Talkspace is an online and mobile, text-based therapy and counseling services that is covered under the Cigna health plan. It is a convenient and affordable way to connect with a licensed provider – all from the privacy of your device. Send your provider a text, audio, picture, or video messaging at any time, and they will respond daily, five days a week.



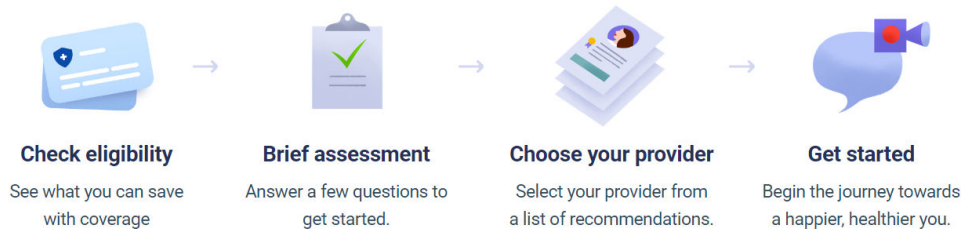
Talkspace utilizes a national network that features thousands of licensed providers across all 50 U.S. states and Canada. On average, Talkspace providers have on average nine years of experience as professional mental health care providers and have been carefully vetted and trained to use the platform.

Members will be provided with a cost estimate before getting started. Costs will vary depending on the service selected. One session generally equals one week of messaging with your therapist, or one completed live video session. You will be billed on a per session basis, subject to the same cost share that would apply to an in-person visit.

Benefits of Talkspace:

- Low-stress & private – Book live sessions from the privacy of your home
- Personalized support – Develop a plan to achieve goals on your timeline
- Thousands of licenses providers – Switch any time, at no extra cost

Here's how it works



Self Service Digital Tool

Cigna provides two digital tools at no additional cost to you and your covered dependents on the health plan, iPrevail and Happify.

iPrevail provides on-demand coaching, personalized learning and caregiver support. Complete an assessment, receive a program tailored to your needs, and get connected to a peer coach.

Happify is a self-directed program with activities, science-based games and guides meditations, designed to help reduce anxiety, stress and boost overall health



To access iPrevail and Happify, log in to myCigna.com and scroll down for direct links.

DENTAL COVERAGE



Cigna and Willamette

Cigna Benefits Summary

Contracted providers agree to bill Cigna directly and to accept a negotiated fee as payment in full. Allowable charges for out-of-network providers are paid based on Usual and Customary amounts, as determined by Cigna. You may be responsible for any additional amounts (also called balance billing). The deductible and annual maximum are on a calendar-year basis and reset every January 1st.

	Total Cigna DPPO	All Other Dentists
Annual Deductible		
<i>Individual</i>	\$25	\$25
<i>Maximum per family</i>	\$75	\$75
Preventive Care (exams, x-rays, etc.)	Covered in full	Covered in full
Basic Services (fillings, extractions, etc.)	10%	10%
Major Services (crowns, bridges, dentures, etc.)	50%	50%
Annual Maximum	\$2,000	\$2,000
Orthodontia	Not covered	Not covered

Willamette Benefits Summary

You may select coverage from Willamette Dental, which offers coverage through a copay program. Members pay copays only for services rendered. If you enroll in the Willamette Dental plan, you must obtain services at a Willamette Dental Group clinic or specialist. Your coverage also extends if you are referred to an outside dentist or specialist by your Willamette Dental Group provider. If referred to an outside dentist or specialist, your copays remain the same as shown on your Summary of Benefits.

To find an office near you and schedule an appointment, please call 1-855-4DENTAL (433-6825). Most Willamette Dental Group offices are open Monday – Friday and occasional Saturdays from 7:00AM to 6:00PM.

	Willamette Dental Group Dentists
Annual Deductible	No Deductible
Preventive Care (exams, x-rays, etc.)	\$15 per visit office copay
Basic Services (fillings, extractions, etc.)	Fillings (Amalgam): \$30 copay Porcelain-Metal Crown: \$300 copay
Major Services (crowns, bridges, dentures, etc.)	Various copay amounts (See <i>Summary of Benefits</i> for more detailed information)
Annual Maximum	Unlimited
Orthodontia	Pre-Orthodontia Treatment: \$150 copay** Comprehensive Orthodontia Treatment: \$2,400 copay ** Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

VISION COVERAGE



Vision Service Plan (VSP)

Benefits Summary

Contracted providers agree to bill VSP directly and to accept a negotiated fee as payment in full. If you use a non-VSP provider, you will need to submit a claim to VSP and you will be reimbursed up to the scheduled amounts.

	Signature Network	All Other Providers
Vision Exam <i>Every calendar year</i>	\$10 copay	Covered up to \$50 reimbursement
Eyeglass Lenses <i>Every calendar year</i>	Standard lenses covered in full	Covered up to \$50-\$100 reimbursement
Frames <i>Every 2 calendar years</i>	Covered up to \$130 allowance	Covered up to \$105 reimbursement
Contact Lenses <i>Every calendar year</i> <i>In lieu of Glasses</i>	\$60 copay then covered up to \$130 allowance	Covered up to \$70 reimbursement

HOW WOODCREEK PROVIDER SERVICES, LLC HELPS YOU PAY YOUR MEDICAL DEDUCTIBLE



Health Reimbursement Accounts (HRA)

You must be enrolled in either the Local Plus or Open Access Plus medical plans to take advantage of the HRA

A Health Reimbursement Account (HRA) allows Woodcreek Provider Services, LLC to set aside funds for you to spend on qualified medical expenses. Woodcreek contributes \$1,500 for each employee's medical deductible. You must satisfy the first \$1,000 of your medical deductible before receiving reimbursements from the HRA. Employees are responsible for the entire deductible amounts of their enrolled dependents. The HRA cannot be used to reimburse for any non-deductible expense of the employee's nor any deductible or non-deductible expenses of the dependents.

Contributions made by Woodcreek Provider Services, LLC will be available in full on January 1st. Please note: Should you terminate coverage you will no longer have access to these funds unless you elect COBRA.

The HRA is integrated with the FSA and pays in the following order:

- Medical deductible is paid from the FSA for the first \$1,000. The remaining \$1,500 is then paid from the HRA second.
- Dental and vision expenses are always paid from the FSA.

FLEXIBLE SPENDING ARRANGEMENTS



Navia

The annual limit on the Health Care FSA for 2023 is \$3,050 per year pre-tax to pay for certain IRS-approved healthcare (medical, dental, vision) expenses not covered by the insurance plan. The IRS has not yet released the Health Care FSA limits for 2024. We should have that information when we hold our second open enrollment specific to Health Care and Dependent Care FSA elections later this year.

The federal government takes about 30% of each dollar that you earn in FICA and Federal Income tax. The remaining 70% is your net income. With an FSA you can set aside money from your paycheck, before the federal government takes their 30%, to pay for medical, dental, vision and day care expenses. You pay less in taxes, and your money buys more medical (including dental and vision) services than before.

On January 1st of each year, you may elect to set aside a certain amount of money to cover medical, dental and vision expenses and/or dependent care.

Note: Health Care FSA participation is only available to employees and 2% or less shareholders. Participation in the Health Care FSA makes you ineligible for an HSA.

Health Care FSA

This program allows you to set aside up to \$3,050 per year so that you can pay for certain IRS-approved medical care expenses not covered by the insurance plan or Health Reimbursement Arrangement (HRA) with pre-tax dollars. Some examples include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Chiropractic services
- Acupuncture
- Prescription copays
- Dental services and orthodontia
- Over-the-counter medication
- Menstrual products

If you are currently participating in the healthcare account and cannot use up the balance of your account by December 31, 2023, you will be allowed an additional 2½ months to incur expenses. You must incur expenses by March 15, 2024, and file for reimbursement by March 31, 2024. Please see the information from Navia for more information and the enrollment form when the FSA election information is dispensed later in 2023.

IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status.

Note: Due to IRS regulations, domestic partners and their children are not eligible for health care reimbursement.

Dependent Care FSA

Similar to the Health Care FSA, you may also use pre-tax dollars to pay for qualified dependent care. Expenses can be for your dependent children 12 and under, and in some cases elder care, and must be so you can work, actively look for work or be a full-time student. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

The annual maximum amount you may contribute into the Day Care FSA is \$5,000 per calendar year (or \$2,500 if married and filing separately). This limit is set by the IRS and is a calendar year limit.

Navia and Kinside have partnered to connect working parents with open spots and discounts of up to 20% at daycares and preschools across the U.S. Parents can choose the childcare based on criteria that's important to them, such as immediate openings, Montessori style curriculum or an option around the corner from home. They will assist in scheduling tours, show you safety and license information and more. Kinside is free for those with a Navia Dependent Care FSA and can be accessed through your Navia account and at www.kinside.com/navia — both using your Navia login.

Note: Election changes are also allowed when there is a change in cost or coverage of your childcare provider.

LIFE INSURANCE & WA STATE LONG TERM CARE TRUST



Life and AD&D Insurance

The Hartford

Woodcreek Provider Services, LLC purchases life and accidental death and dismemberment (AD&D) insurance for all full-time employees.

Benefits

Flat \$50,000. If death is the result of an accident (as defined by the contract), then the beneficiary(ies) will receive an additional \$50,000. A scheduled benefit is paid for amputation or paralysis of limbs.

Age Reduction Schedule

At age 65, benefit reduces to 65% of original amount
At age 70, benefit reduces to 50% of original amount

Supplemental Life

If you want additional group life insurance, you may purchase additional amounts through payroll deductions. You must be enrolled in supplemental life to purchase life insurance for your spouse or child.

REMINDER: IF YOU RECENTLY HAD A FAMILY STATUS CHANGE, THIS IS A GOOD TIME TO UPDATE YOUR BENEFICIARY INFORMATION.

	Employee	Spouse	Child
Term Life Insurance			
Benefit Available	Lesser of 5x annual earnings or \$300,000	Lesser of 50% of employee election or \$150,000	Age 15 days-6 months: \$100 Age 6 months to 26 years: \$10,000
Available in increments of:	\$10,000	\$5,000	Full amount
Guaranteed Issue	\$100,000	\$25,000	Full amount
AD&D			
Benefit Available	Same as Life	Same as Life	Same as Life
Guaranteed Issue	Full Benefit	Full Benefit	Full Benefit
Age Reduction Schedule			
Reduction schedule applies to Life, AD&D and Supplemental benefits	At age 65, benefit reduces to 65% of original amount At age 70, benefit reduces to 50% of original amount		
Increasing your Election			
When can I increase my Election?	At open enrollment	At open enrollment	At open enrollment
Is there medical underwriting?	Yes	Yes	No

Because the premium is based on your age, when you go from one age bracket to the next, monthly deductions will increase to reflect the new age bracket. Age brackets are in 5-year increments (30–34, 35–39, etc.). If applicable, your new deductions will be deducted from your paycheck with the first payroll after the plan anniversary date.

Supplemental Life/AD&D Rates

Age Band	Employee	Spouse	Children
Under 25	\$0.038	\$0.038	\$0.150
25-29	\$0.046	\$0.046	—
30-34	\$0.061	\$0.061	—
35-39	\$0.069	\$0.069	—
40-44	\$0.077	\$0.077	—
45-49	\$0.115	\$0.115	—
50-54	\$0.176	\$0.176	—
55-59	\$0.329	\$0.329	—
60-64	\$0.505	\$0.505	—
65-69	\$0.972	\$0.972	—
70-74	\$1.576	\$1.576	—
75 and over	\$1.576	\$1.576	—
AD&D	\$0.020	\$0.020	\$0.020

How to Calculate Your Cost:

Employee Life:

$$\frac{\text{(volume)}}{\text{}} \times \frac{\text{(rate)}}{\text{}} / 1,000 = \frac{\text{Monthly Cost}}{\text{}}$$

Employee AD&D:

$$\frac{\text{(volume)}}{\text{}} \times \frac{\$0.020}{\text{(rate)}} / 1,000 = \frac{\text{Monthly Cost}}{\text{}}$$

Spouse Life:

$$\frac{\text{(volume)}}{\text{}} \times \frac{\text{(rate)}}{\text{}} / 1,000 = \frac{\text{Monthly Cost}}{\text{}}$$

Spouse AD&D:

$$\frac{\text{(volume)}}{\text{}} \times \frac{\$0.020}{\text{(rate)}} / 1,000 = \frac{\text{Monthly Cost}}{\text{}}$$

Child Life:

$$\frac{\text{(volume)}}{\text{}} \times \frac{\$0.150}{\text{(rate)}} / 1,000 = \frac{\text{Monthly Cost}}{\text{}}$$

Child AD&D:

$$\frac{\text{(volume)}}{\text{}} \times \frac{\$0.020}{\text{(rate)}} / 1,000 = \frac{\text{Monthly Cost}}{\text{}}$$

WA State Long-Term Care Trust Notice

Beginning July 1, 2023, the long-delayed payroll tax began being deducted from employees' paychecks to fund the Washington State Long-Term Care Trust established by the legislature and signed into law back in 2019. The tax is \$0.58/\$100 of payroll or \$5.80 of every \$1,000 of earnings. Long-term care is expensive. Seven in ten Washington residents who are 65 will need long-term services and support in their lifetime. As our life expectancy grows, there is a greater concern for a gap between our health expectancy and our life expectancy. Long-term care coverage is intended to help pay for the care many need later in life.

To learn more about the Washington Cares Fund, go to <http://www.wacaresfund.wa.gov/>.

EMPLOYEE WELLBEING



Employee Assistance Program

First Choice Health

The Employee Assistance Program (EAP) is a completely free and confidential counseling program that helps you and/or your family members address life issues, big or small. Benefits are offered to all employees and immediate family members, and can help with:

- Marital and family concerns
- Difficult relationships
- Depression
- Substance abuse
- Grief and loss
- Financial entanglements
- Other personal stressors
- Many other issues

Click on www.FirstChoiceEAP.com, Username: Woodcreek to:

- Find information about parenting, retirement, finance, and more
- Locate schools, camps, eldercare/childcare providers
- Use financial calculators and retirement planners
- Read books, articles and guides
- Watch videos or listen to audio files

TRAVEL ASSISTANCE/ IDENTITY THEFT



The Hartford / IMG

Travel Assistance

You and your family have access to worldwide medical emergency assistance whenever you travel 100+ miles from home. Travel assistance does NOT replace your medical insurance – it is there to help you access health care, such as:

- Prescription replacement assistance
- Medical referrals to western-trained, English-speaking medical providers
- Hospital admission guarantee
- Emergency medical evacuation
- Critical care monitoring
- Care and transport of unattended minor children
- Emergency message service
- Transportation for friend/family member to join the hospitalized patient
- Legal and interpreter referrals

Prescription and medical services will be paid by your medical insurance; the services provided by The Hartford / IMG simply help with the arrangements for access to health care. Ask Human Resources for a brochure if you would like more information about this service.

Identity Theft Support Services

- Education: Assistance to help prevent theft and support on the steps to take following theft.
- Credit bureau notification: Assistance notifying all three major credit reporting agencies to obtain a copy of your credit report and place an alert on your records.
- Credit information review: Assistance to review your credit information and history over the phone to determine if fraud or theft has occurred.
- Identity theft affidavit: Assistance with completing an identity theft affidavit and direction on who to send it to.
- Card replacement: Assistance replacing credit, debit and membership cards.
- Translation services: Assistance when you're overseas and need help communicating with the local police to file a report of an identity theft incident.

IMPORTANT LEGAL INFORMATION

Healthcare Reform

The healthcare reform law (or Affordable Care Act (ACA) or Obamacare) is complicated and you may have questions about how it impacts you, your family and your benefits. There are three items you should know.

First, the individual mandate (the requirement that all individuals have health insurance) remains in place. What has changed is the penalty associated with it. As of January 1, 2019, the ACA tax penalty is repealed and you won't have to pay anything if you don't enroll.

Second, the Health Insurance Marketplace still exists. You can shop for and enroll in insurance plans through the exchange and still apply for income-based subsidies.

Third, for most people, the plans we offer are considered affordable and neither you nor any family members are eligible for the federal subsidies available in the Health Insurance Marketplace, even if you choose not to enroll in Woodcreek Provider Services, LLC's plan.

Please refer to your Notice of Health Insurance Marketplace Coverage for general information. or additional information on Marketplace options in your area and subsidy calculators, go to www.healthcare.gov or call 1-800-318-2596.

Annual Reminders

Special Enrollment

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), allows a Special Enrollment period in addition to the regular Open Enrollment period. Only the following individuals may enroll outside the Open Enrollment period:

- Individuals who previously waived coverage under this program because they had other coverage and then involuntarily lost the other coverage. Enrollment must occur within 30 days of the loss of other coverage;
- New dependents due to marriage, birth, adoption or placement for adoption. The eligible employee and other dependents who previously did not elect to be covered under the employer's health care plan may also enroll at the time the new dependent is enrolled. Enrollment must occur within 60 days of date of marriage, or 60 days of a birth, adoption or placement for adoption;
- A court has ordered coverage be provided for a spouse or minor child under this plan and request for enrollment is made within 60 days after issuance of such court order;

- If employee and/or dependent(s) become ineligible for Medicaid or the Children’s Health Insurance program and request coverage under our plan within 60 days of termination (Please read the Medicaid and the Children’s Health Insurance Program notice for more information); or
- If employee and/or dependent(s) become eligible for the state premium assistance program and request coverage under our plan within 60 days after eligibility is determined.

Notice Regarding the Women’s Health and Cancer Rights Act of 1998

As required by the Women’s Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact Human Resources for more information.

HIPAA Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes your rights with regard to your personal health information. You received a copy of the Woodcreek Provider Services, LLC Group Health Plan Privacy Notice when you were hired. This notice describes how medical information about you may be used and disclosed, and how you can access that information.

If you have any questions regarding the HIPAA Privacy Notice, or would like another copy, please contact Human Resources.

COBRA

COBRA continuation coverage is a temporary continuation of coverage under our employee benefit plan. Please contact Human Resources for a copy of the General Notice of COBRA Continuation Rights. This notice explains your rights and obligations to receive COBRA benefits.

We are not always aware when a COBRA event takes place, unless notified by you. The most common examples are divorce, or when a child exceeds the maximum age. When such an event occurs, the Notice of Qualifying Event must be postmarked within 60 days of the qualifying event for the affected person to be eligible for COBRA continuation. If you have questions about COBRA please contact Human Resources.

Important Notice from Woodcreek Provider Services, LLC about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Woodcreek Provider Services, LLC 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. Woodcreek Provider Services, LLC has determined that the prescription drug coverage offered by the Woodcreek Provider Services, LLC Employee Benefit 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 15th to December 7th.

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

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

Plan Participants who also are eligible for Medicare have the following three options concerning prescription drug coverage:

- You may stay in the Plan and not enroll in the Medicare prescription drug coverage at this time. You will be able to enroll in the Medicare prescription drug coverage at a later date without penalty, either (1) during a Medicare prescription drug open enrollment period (October 15–December 7 of each year); or (2) if you lose Plan coverage. This is the best option for most Plan participants who are eligible for Medicare.
- You may stay in the Plan and also enroll in Medicare prescription drug coverage at this time. The Plan will pay prescription drug benefits as the primary payer in most instances. Medicare will pay benefits as a secondary payer,

and thus the value of your Medicare prescription drug coverage will be greatly reduced. Your current coverage under the Plan pays for other health benefits as well as prescription drugs and will not change if you choose to enroll in Medicare prescription drug coverage. However, once you enroll in Medicare, you and Woodcreek Provider Services, LLC will not be eligible to make any further contributions to your Health Savings Account. And under the Plan coverage, you must meet the high deductible amounts before the Plan will pay for most prescription drugs.

- You may stay in the Plan and also enroll in Medicare prescription drug coverage at this time. The Plan will pay prescription drug benefits as the secondary payer in most instances. The Plan will pay benefits as a secondary payer, and thus the value of your Plan coverage will be greatly reduced.
- You may reject all coverage under the Plan and choose coverage under Medicare as your primary and only payer for all medical and prescription drug expenses. If you do so, you will not be able to receive coverage under the Plan, including prescription drug coverage, unless and until you are eligible to reenroll at the next enrollment period for which you are eligible, if any. Your current coverage pays for other types of health expenses, in addition to prescription drugs, and you will not be eligible to receive any of your current health and prescription drug benefits if you reject coverage under the Plan and choose to enroll in Medicare, including a Medicare prescription drug plan, as your primary and only payer.

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 Woodcreek Provider Services, LLC 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 Woodcreek Provider Services, LLC changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage

- Visit www.medicare.gov.

- 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).

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

Date: August 1, 2023
Name of Entity/Sender: Woodcreek Provider Services, LLC
Contact—Position/Office: Rebecca Faini
Address: 11102 Sunrise Blvd E. #103
Puyallup, WA 98374
Phone Number: 253-446-3234

Premium Assistance under Medicaid and the Children’s Health Insurance Program

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility.

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

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://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

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: (678) 564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:

<https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

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

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/ofa/applications-forms>

Phone: 1-800-977-6740 / TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: (617) 886-8102

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

Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/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

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website:

<http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

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/medicalse rv/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/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)

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: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

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

WASHINGTON – Medicaid

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

WEST VIRGINIA – Medicaid and CHIP

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

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

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Service
www.cms.hhs.gov
1-877-267-2323, menu option 4, ext. 61565