



2024 Benefits Summary

This communication highlights some of your City of Kirkwood benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. City of Kirkwood reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Welcome to Your 2024 Benefits Program

Benefits Overview

The City of Kirkwood is proud to offer a comprehensive benefits package to its benefit eligible employees. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and vision), and City of Kirkwood provides other benefits at no cost to you (life, accidental death & dismemberment, long-term disability, employee assistance program, and caregiver support). In addition, there are voluntary benefits with reasonable group rates that you can purchase through City of Kirkwood payroll deductions.



Benefit Plans Offered

- Medical
- Dental
- Vision
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Life and Accidental Death & Dismemberment (AD&D) Insurance
- Long-Term Disability
- Voluntary Life and AD&D
- Voluntary Short-Term Disability
- Employee Assistance Program (EAP)
- Caregiver Support
- Legal Plan and Identity Theft Plan
- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Group Whole Life
- Pet Insurance

Eligibility

You and your dependents are eligible for City of Kirkwood benefits on the first of the month following 30 days from the date of hire.

Eligible dependents are your spouse (if no coverage is available through his or her employer), children through the age of 26, or disabled dependents of any age. Elections made now will remain until the next open enrollment period unless you or your family members experience a qualifying event. If you experience a qualifying event (for example: marriage, divorce, newborn child), you must contact HR within 31 days.

Updates for 2024-2025

AFLAC Group Whole Life

Enrollment in this voluntary plan is frozen. If you are currently enrolled you may continue in the plan; however, no new enrollments are available, this year.

Anthem Home Delivery Pharmacy has a new name!

CarelonRx Pharmacy is the exclusive home delivery provider for all members.

HSA Deductible

Due to IRS requirements, the HSA deductible for individuals within a family is changing to \$3,200 – see page 7 for details. The Single HSA deductible for Single coverage is not changing.

Consider Your Needs for 2024-2025

Taking time to “do the math” may result in hundreds if not thousands of dollars of savings on benefits. Start by asking yourself these questions.

Do I have access to other group medical insurance? If yes, review and compare your City of Kirkwood medical insurance options and employee contributions to that of any other group medical insurance you may have access to. Keep in mind that plan limitations can and do limit the amount of coordination between plans.

Do I have enough health, life insurance and disability insurance to protect my family in the event of the unexpected? Not sure? Then use the tools and resources available to you to compare your options and determine which coverage is right for you.

Contact Information

If you have questions regarding your benefits, feel free to contact the representatives listed below or Mollie LeBlanc (314.822.5809) in Human Resources:

| Administrator | Benefit | Phone | Website / Email |
|-----------------------------------|--|--|---|
| Aflac | Accident, Critical Illness, Hospital Indemnity | 800.433.3036 | www.aflacgroupinsurance.com |
| Anthem (FSA) | Flexible Spending Accounts (Health Care and Dependent Care) | 833.578.4436 | www.anthem.com |
| Anthem (HSA) | Healthcare Savings Account | 833.578.4436 | www.anthem.com |
| Anthem BlueCross BlueShield | Medical – PPO Buy-up Plan, Base Plan, Value Plan, HDHP (Group: 00226627) | 833.578.4436 | www.anthem.com Sydney Health App |
| Cariloop | Healthcare Coaches (support for employees caring for loved ones) | 972.325.5836 | www.cariloop.com helpme@cariloop.com |
| Delta Dental of Missouri | Dental (Group: 5171-3007) | 800.335.8266 | www.deltadentalmo.com |
| LegalShield and IDShield | LegalShield and IDShield | National Plan Member Services: 888.807.0407 William Schatz: 314.675.0014 | www.legalshield.com wgs@legalshieldassociate.com |
| Minnesota Life / Ochs, Inc. | Life and AD&D, Voluntary Life and AD&D | 800.392.7295 | ochs@ochsinc.com |
| National Vision Administrators | Vision | 800.672.7723 | www.e-nva.com |
| Nationwide | Pet Insurance | 877.738.7874 | www.petinsurance.com/ kirkwoodmo |
| Personal Assistance Services | Employee Assistance Program | 800.356.0845 | www.paseap.com |
| The Standard | Short-Term Disability Long-Term Disability | 800.368.1135 | www.standard.com |
| TIAA | Deferred Compensation (Group: 407311) Civilian Pension (Group: 407312) Police and Fire Pension (Group: 407313) | 800.842.2252 800.927.3059 (Police and Fire brokerage call center) | www.tiaa.org/kirkwoodmo |



Medical Benefits

Administered by Anthem Blue Cross Blue Shield

Comprehensive and preventive healthcare coverage is important in protecting you and your family from financial risks of an unexpected illness or injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems, if not diagnosed in a timely manner, can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

How the Medical Plan Works

Benefits for some services require that you pay a deductible each year for in-network providers’ services and a higher deductible each year for out-of network providers’ services. In-network providers have agreed to give medical plan participants deep discounts on services. In-network services are also covered at a higher benefit level, saving you money. Once you have met your deductible, you share the cost of your care through coinsurance. In some instances, Anthem can require pre-certification of medical necessity before certain medical and/or surgical services are provided. In other words, if your services require pre-certification, Anthem needs to approve the need for the specific types of care prior to you receiving services.

Keep in mind that your health plan pays based upon the allowed price for services and supplies. In-network providers agree to accept the allowed price as payment in full. When you use out-of-network providers, you must pay the difference between the allowed price and the provider’s charge in addition to any deductibles and coinsurance amounts that may apply.

Find a provider that’s right for you using the “Find a Doctor” feature

It’s a quick and easy way to locate doctors and hospitals in your network. Make informed healthcare decisions by viewing clinical quality ratings from Anthem as well as independent third parties. Filter search results by provider type, specialty, ZIP code, language and gender. Get directions from Google Maps™ too. It’s now faster and simpler to do than ever before!

Online

Go to www.anthem.com and click on “Find Care” from the home page. You will get an even better search experience if you register or log in to your member account.

On your mobile device

The SydneySM Health mobile app gives you 24/7 access to your benefits, claims information, and tools to compare costs. Plus, you can use it to find doctors, set up and receive virtual care visits, track your health, and our digital ID card is always with you when you need it. Available for download at the Apple App Store and Google Play.

On the phone

You can call Anthem at the toll-free telephone number on the back of your member ID card for help in locating a provider. That number is **833.578.4436**.

Emergency Room vs. Urgent Care vs. Convenience Care

Did you know that the cost of treating most common medical conditions can be up to five times higher in the Emergency Room than in a physician’s office / walk-in clinic or an Urgent Care Center? Members who may be experiencing a health issue that requires prompt medical attention but is not life-threatening may receive faster care by scheduling a same-day appointment with their primary care physician, or a walk-in clinic or going to an Urgent Care Center.

| ER, Urgent Care, Primary Care Physician or Virtual Care / Telemedicine – Which One Do You Visit? | | | |
|---|--|---|---|
| EMERGENCY ROOM | URGENT CARE | PRIMARY CARE PHYSICIAN /WALK-IN CLINIC | VIRTUAL CARE / TELEHEALTH |
| Chest pains or other heart attack symptoms Trouble breathing Uncontrolled breathing Broken bones Trauma or injury to the head | Sprains Minor burns Coughs, colds, fever Ear infections Rashes | Allergies Pinkeye or styes Upper respiratory infections Sinus infections Sore throats | Cold and flu symptoms Ear infections Bladder infections Skin irritations and rashes Minor cuts, burns, or sprains |

Medical Benefits

Administered by Anthem Blue Cross Blue Shield

| Medical Benefits – Blue Access and Blue Access Choice PPO | | | | | | | | |
|---|--|-----------------------|--------------------|---------------------|--------------------|---------------------|--------------------|---------------------|
| | *High Deductible Health Plan (HDHP) ¹ | | Value Plan | | Base Plan | | Buy-Up Plan | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Deductible (Individual / Family) | \$2,000 \$4,000* | \$4,000 \$8,000* | \$1,500 \$3,000 | \$3,000 \$6,000 | \$1,000 \$2,000 | \$2,000 \$4,000 | \$750 \$1,500 | \$1,500 \$3,000 |
| Annual Out-of-Pocket Maximum (Individual / Family) | \$4,000 \$7,900* | \$8,000 \$15,800* | \$4,000 \$8,000 | \$8,000 \$16,000 | \$2,500 \$5,000 | \$5,000 \$10,000 | \$1,500 \$3,000 | \$3,000 \$6,000 |
| Coinsurance | 90% / 10% | 60% / 40% | 80% / 20% | 60% / 40% | 80% / 20% | 60% / 40% | 90% / 10% | 60% / 40% |
| DOCTOR'S OFFICE | | | | | | | | |
| Office Visits (In-Person or Virtual; Primary / Specialist) | Deductible then 90% | Deductible then 60% | \$25 / \$35 | Deductible then 60% | \$25 / \$35 | Deductible then 60% | \$25 / \$35 | Deductible then 60% |
| Virtual Visits (via Sydney App) Acute Care / Specialist | Deductible then 100% / 90% | Not covered | \$0 / \$35 | Not covered | \$0 / \$35 | Not covered | \$0 / \$35 | Not covered |
| Wellness Care (routine exams, immunizations, well baby care and mammograms) | 100% | Deductible then 60% | 100% | Deductible then 60% | 100% | Deductible then 60% | 100% | Deductible then 60% |
| PRESCRIPTION DRUGS | | | | | | | | |
| Retail—Generic Drug (30-day supply) | Deductible then 90% | Deductible then 60% | \$10 | 50% (minimum \$60) | \$10 | 50% (minimum \$60) | \$10 | 50% (minimum \$60) |
| Retail—Formulary Drug (30-day supply) | Deductible then 90% | Deductible then 60% | \$30 | 50% (minimum \$60) | \$30 | 50% (minimum \$60) | \$30 | 50% (minimum \$60) |
| Retail—Non-Formulary Drug (30-day supply) | Deductible then 90% | Deductible then 60% | \$50 | 50% (minimum \$60) | \$50 | 50% (minimum \$60) | \$50 | 50% (minimum \$60) |
| Mail Order—Generic Drug (90-day supply) | Deductible then 90% | Not covered | \$20 | Not covered | \$20 | Not covered | \$20 | Not covered |
| Mail Order—Formulary Drug (90-day supply) | Deductible then 90% | Not covered | \$60 | Not covered | \$60 | Not covered | \$60 | Not covered |
| Mail Order—Non-Formulary Drug (90-day supply) | Deductible then 90% | Not covered | \$100 | Not covered | \$100 | Not covered | \$100 | Not covered |
| Pharmacy OOP Max (Individual / Family) | Combined with Medical | Combined with Medical | \$1,000 \$2,000 | \$1,000 \$2,000 | \$1,000 \$2,000 | \$2,000 \$4,000 | \$1,000 \$2,000 | \$2,000 \$4,000 |

| Medical Benefits – Blue Access and Blue Access Choice PPO | | | | | | | | |
|---|--|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | *High Deductible Health Plan (HDHP) ¹ | | Value Plan | | Base Plan | | Buy-Up Plan | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| HOSPITAL SERVICES | | | | | | | | |
| Emergency Room (waived if admitted) | Deductible then 90% | Deductible then 90% | \$200 copay per visit | \$200 copay per visit | \$200 copay per visit | \$200 copay per visit | \$200 copay per visit | \$200 copay per visit |
| Inpatient | Deductible then 90% | Deductible then 60% | Deductible then 80% | Deductible then 60% | Deductible then 80% | Deductible then 60% | Deductible then 90% | Deductible then 60% |
| Outpatient Surgery | Deductible then 90% | Deductible then 60% | Deductible then 80% | Deductible then 60% | Deductible then 80% | Deductible then 60% | Deductible then 90% | Deductible then 60% |
| Ambulance Service | Deductible then 100% | Deductible then 100% | Deductible then 100% | Deductible then 100% | Deductible then 100% | Deductible then 100% | Deductible then 100% | Deductible then 100% |

| *HDHP Deductible and Out-of-Pocket Maximum for Coverage with Dependents | In-Network | Out-of-Network |
|---|-------------------|--------------------|
| Annual Deductible (Individual / Family) | \$3,200 / \$4,000 | \$5,400 / \$8,000 |
| Annual Out-of-Pocket Maximum (Individual / Family) | \$4,000 / \$8,000 | \$8,000 / \$16,000 |

¹Some preventive medications are covered at 100%. Please refer to Anthem’s HSA compliant list of these medications.

Healthcare Savings Account (HSA)

A Closer Look at the Health Savings Account (HSA)

If you enroll in the qualified HDHP (High Deductible Health Plan) Medical Plan you will have access to a Health Savings Account (HSA). This is a tax-advantaged savings account that's partially funded by The City of Kirkwood and you may also make contributions. Funds are deposited, then grow (if a minimum \$1,000 balance is maintained) and are available tax-free—and if you leave City of Kirkwood, they go with you! Only participants in the HDHP medical plan can open this account. You own the account, and the money can be used for you and your dependents today or for future eligible healthcare expenses— even in retirement.

Here are some key features of the HSA:

- All money in the account is tax-free (including interest and investment earnings) when used to pay eligible healthcare expenses.
- You can contribute to the account to help cover your out-of-pocket medical expenses. The funding is yours to keep in your HSA until you need it. The 2024 HSA contribution limits are \$4,150 for individual coverage and \$8,300 for family coverage.
- Once you reach age 55, you may contribute an additional \$1,000 above the IRS maximum, for a total allowable account contribution of \$5,150 for individual coverage and \$9,300 for family in 2024.
- The catch-up amount applies separately to each HSA account holder. If both the employee and spouse are eligible to make catch up contributions, each must make the catch-up contribution to his/her own account. (There are no joint HSA accounts.)

If you don't spend your full HSA balance during the current year, the unused money rolls forward to each following year.

HSA: Things You Should Know

- You are only eligible for the HSA when you enroll in the High Deductible Health Plan (HDHP).
- If you elect the HDHP, there are limits on how you can use a Healthcare Flexible Spending Account (FSA).
- If you are enrolling in the HDHP for 2024, you will receive a welcome kit from Actwise that provides account information. The kit will be mailed shortly after annual enrollment has ended.
- For the reimbursement of a domestic partner's expenses to be tax free, he or she must qualify as a tax dependent under IRS code – section 152.
- If your domestic partner does not qualify as a tax dependent, you will not be prevented from reimbursing the medical expenses; however, such reimbursement will be taxable to you and may be subject to an additional 20% tax.
- Investment options are available for individuals with cash balances over \$1,000 and balances under \$1,000 earn interest.



Flexible Spending Accounts (FSAs)

Administered by Anthem

FSAs allow you to have pre-tax money deducted from your paycheck to pay for certain expenses. Since contributions are made through payroll deductions with pre-tax dollars, you decrease your taxable income and thereby increase your take-home pay.

There are three types of FSAs available:

- Healthcare
- Dependent Care
- Limited Purpose FSA

Healthcare FSA

Using pretax payroll contributions, you can receive reimbursement from your Healthcare FSA for eligible medical, dental and vision expenses incurred by you or an eligible dependent, as long as the expenses are not covered or reimbursed by other plans.

- You can elect to contribute up to \$3,200 per year in accordance with the limits under the Patient Protection and Affordable Care Act (PPACA).

Some eligible expenses include:

- Office visit and prescription drug copays
- Medical and dental deductibles and copays
- Prescription drugs
- Vision care, including prescription glasses, contact lenses and solution, nonprescription glasses if for vision correction, and LASIK

Important Note: A healthcare tax deduction is available on your federal income tax return if you have expenses that are more than 10% of your and your spouse's taxable pay. Most people do not have medical expenses of more than 10% of income. If you think your expenses will be more than 10%, you should consult your tax advisor before using this account because you may not use the Healthcare Flexible Spending Account and the tax deduction for the same expenses.

Unspent money in the Healthcare FSA up to a maximum of \$640 may be rolled over into your account for the following plan year. Any monies in excess of \$640 left in your Healthcare FSA will be forfeited.

Dependent Care FSA

The City of Kirkwood offers an opportunity for you to save money for daycare for eligible dependents through the Dependent Care FSA. You decide how much to contribute, up to \$5,000 per year, per household. Unspent money is forfeited.

Limited Purpose Healthcare Spending Account

This plan is only available for employees in the HDHP medical plan. Under this account, you can receive tax-free reimbursement for dental and vision only. Medical expenses will be reimbursed through your HSA account.

| | With FSA | Without FSA |
|---|----------|-------------|
| Gross Salary | \$30,000 | \$30,000 |
| Health / Day Care Expenses (before tax) | \$5,600 | N/A |
| Taxable Income | \$24,400 | \$30,000 |
| Tax (15%) | \$3,660 | \$4,500 |
| Net Salary | \$20,740 | \$25,500 |
| Health / Day Care Expenses | N/A | \$5,600 |
| Take Home Pay | \$20,740 | \$19,900 |
| Your Tax Savings | \$840 | \$0 |

How to Use an FSA

1. Estimate medical and/or child care expenses you will incur from April 1 through March 31. These would be estimated expenses planned for the year.
2. Divide that amount by the number of paycheck deductions between April 1 and March 31 (24 for the entire year). This will provide you with the per paycheck deduction.
3. Save receipts for all eligible expenses incurred — even if you have used the FSA Debit Card!
4. If you did not use the FSA Debit Card, submit an FSA claim (with receipt).

FSA Debit Card

The FSA Debit Card allows you to pay for your eligible Healthcare and Dependent Care expenses directly at the point of service. This allows you to avoid the traditional problems of an FSA such as paying cash for services (in addition to your payroll deduction) and waiting for a reimbursement check or direct deposit.

When paying for an FSA eligible expense, such as an office copay, simply provide your FSA debit card for payment instead of cash/credit / check. There is no need to complete a claim form.

Dental Benefits

Insured by Delta Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the City of Kirkwood dental benefit plan.

| | Base Plan | | Buy-Up Plan | |
|--|--------------|--------------------------------|-------------|--------------------------------|
| | PPO | Premier / Non-Participating | PPO | Premier / Non-Participating |
| Annual Deductible | \$50 / \$150 | | \$25 / \$75 | |
| Annual Benefit Maximum | \$1,000 | | \$1,500 | |
| Preventive Dental Services (cleanings, exams, x-rays) | 100% | 80% | 100% | 100% |
| Basic Dental Services (fillings, root canal therapy, crowns, oral surgery) | 80% | 60% | 80% | 80% |
| Major Dental Services (extractions, bridges, dentures, repairs) | 50% | 50% | 60% | 60% |
| Orthodontia Services (Dependent covered to age 19) | 50% | 50% | 50% | 50% |
| Orthodontia Lifetime Maximum | \$1,000 | | \$1,500 | |

Vision Insurance

Insured by National Vision Administrators

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. Vision health improves overall health. Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, osteoporosis, and rheumatoid arthritis.

| Your coverage from an In-Network Provider | |
|--|---|
| | Vision Plan |
| Eye Exam — once every 12 months | \$10 copay |
| LENSES — ONCE EVERY 12 MONTHS | |
| Single Vision Lenses | \$10 copay |
| Lined Bifocal Lenses | \$10 copay |
| Lined Trifocal Lenses | \$10 copay |
| Frames — once every 12 months | \$150 Allowance; plus 20% off |
| Contact Lenses — once every 12 months | \$150 Allowance; plus 15% for conventional and 10% for disposable |
| Your coverage from an Out-of-Network Provider – Limited Reimbursement Maximums | |
| | Vision Plan |
| Eye Exam | Up to \$45 |
| FREQUENCIES ARE THE SAME AS IN-NETWORK | |
| Single Vision Lenses | Up to \$30 |
| Lined Bifocal Lenses | Up to \$50 |
| Lined Trifocal Lenses | Up to \$65 |
| Frames | Up to \$150 |
| Contact Lenses | Up to \$150 |

*NVA allows members to utilize both the Frames and Contact benefits in the same year.

Life and Disability Plan Overview

Insured by Minnesota Life

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by City of Kirkwood. The City provides basic life insurance at no cost to you.

Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death & Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. City of Kirkwood provides AD&D coverage at no cost to you. This coverage is in addition to your company-paid life insurance described above.

Long-Term Disability Insurance

Insured by The Standard

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income. City of Kirkwood provides Long-Term Disability insurance (LTD) coverage for you at no cost.

LTD coverage provides income when you have been disabled for 180 days or more. Your benefit is 60% of your monthly earnings, up to \$8,000 per month. This amount may be reduced by other deductible sources of income or disability earnings.

Employees may make an annual election and pay taxes on the value of the premium. If you choose to do so and become disabled, your LTD benefit is not taxable.

Voluntary Life and AD&D Insurance

Insured by Minnesota Life

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$100,000 and up to \$25,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee: Up to \$300,000 in increments of \$5,000

Spouse: Up to \$150,000 in increments of \$5,000

Children: \$10,000 or \$15,000 each child

During annual enrollment

Medical questions and approval are required for employees and spouses who want to add or increase life insurance coverage.

Voluntary Short-Term Disability Insurance (STD)

Insured by The Standard

Short-Term Disability (STD) insurance provides income if you become disabled due to an injury or illness. Benefits begin on the 15th day of any injury, hospitalization, or illness and can continue for up to 166 days after the elimination period.

Benefit Amounts: 60% of income

Benefit Maximum: Up to \$2,000 per week

Voluntary Benefits

Accident

Insured by Aflac

You can purchase Accident insurance, which helps you pay for the medical and out-of-pocket costs that you may incur after an accidental injury. This includes emergency treatment, hospital stays, medical exams, and other expenses you may face, such as transportation and lodging needs. Accident insurance does not compete with or replace health insurance. It is offered to help offset potential out-of-pocket costs.

What if I get hurt?

- Benefits are paid on top of each other
- Pays per accident with no lifetime maximum
- Accidents must occur off the job

Critical Illness

Insured by Aflac

You may purchase Critical Illness coverage which pays a lump sum if you are diagnosed with a defined critical illness during the policy term. Includes \$100 Wellness benefit for employees or spouses. Employees have the choice of two coverage levels, with Lump Sum payment options.

- \$5,000, \$10,000, \$15,000, \$20,000, \$25,000, or \$30,000
- Spouse and child benefit up to 50% of the employee elected amount.

Illnesses Covered:

- Invasive Cancer
- Heart Attack
- Stroke
- Major Organ Transplant
- Kidney Failure

Hospital Indemnity

Insured by Aflac

You can purchase inpatient hospital admission coverage for you and your dependents.

- Initial Hospital Admission Benefit: \$1,000
- Daily Hospital Benefit: \$150
- Daily Hospital ICU Benefit: \$150

Pet Insurance

Insured by Nationwide

You can purchase coverage for your pet cat(s), dog(s) and avians.

- Annual Deductible: \$250
- Coinsurance: 90% / 10%
- Annual Maximum Benefit: \$7,500
- Multi-pet discount available
- Pre-existing conditions are not covered

Employee Assistance Program (EAP)

Provided by PAS

The City of Kirkwood offers an Employee Assistance Program through PAS as a work-based intervention program designed to identify and assist employees in resolving personal issues including:

- Marital
- Financial
- Emotional problems
- Family issues
- Substance / alcohol abuse
- Grief or loss
- Illness
- Stress / anxiety
- Tobacco cessation

The EAP also offers life management services including:

- Health coaching
- Education planning
- Retirement consultation
- Parenting consultation
- Weight and nutrition counseling

PAS complies with and exceeds the requirements of both federal and state privacy regulations, in order to protect your confidentiality.



Additional Programs

Care Giver Support

Provided by Cariloop

In addition to the EAP services provided by PAS, City of Kirkwood also offers senior care support services offered through Cariloop. Cariloop provides comprehensive services and tools that help families plan and manage the care of loved ones. This benefit provides access to a dedicated healthcare coach via phone or video chat. The healthcare coaches provide expert subject content and other educational resources that can be utilized to help save time, improve health and wellbeing and help you save money.

Legal Services and ID Theft

Provided by LegalShield

City of Kirkwood is offering legal services again this year through LegalShield. You can purchase this benefit, which offers you the opportunity to speak with an attorney relating to any specific topic or issue you may be experiencing. Other services that LegalShield offers you through this benefit are:

- Unlimited personal consultations
- Court representation
- Wills / Living Trust
- Power of Attorney
- Letters and phone calls on your behalf
- Legal document review

ID Theft

- Credit score report
- Lost wallet / Care support
- Credit monitoring / Alerts
- Restoration / Investigation Services up to \$5 million
- \$1 million Identity Fraud Reimbursement (includes lost wages)



FY 2024-2025 Contributions

| Medical Plan Options | Monthly | | |
|------------------------|------------|------------------|------------|
| | Total | City of Kirkwood | Employee |
| HDHP PLAN | | | |
| Employee | \$703.00 | \$703.00 | \$0.00 |
| Employee + Spouse | \$1,351.00 | \$1,351.00 | \$0.00 |
| Employee + Child(ren) | \$1,203.00 | \$1,203.00 | \$0.00 |
| Family | \$1,825.00 | \$1,809.00 | \$16.00 |
| PPO VALUE PLAN | | | |
| Employee | \$741.00 | \$741.00 | \$0.00 |
| Employee + Spouse | \$1,482.00 | \$1,373.00 | \$109.00 |
| Employee + Child(ren) | \$1,299.00 | \$1,223.00 | \$76.00 |
| Family | \$2,039.00 | \$1,809.00 | \$230.00 |
| PPO BASE PLAN | | | |
| Employee | \$811.00 | \$777.00 | \$34.00 |
| Employee + Spouse | \$1,621.00 | \$1,373.00 | \$248.00 |
| Employee + Child(ren) | \$1,418.00 | \$1,223.00 | \$195.00 |
| Family | \$2,228.00 | \$1,809.00 | \$419.00 |
| PPO BUY-UP PLAN | | | |
| Employee | \$1,021.00 | \$777.00 | \$244.00 |
| Employee + Spouse | \$2,046.00 | \$1,373.00 | \$673.00 |
| Employee + Child(ren) | \$1,790.00 | \$1,223.00 | \$567.00 |
| Family | \$2,902.00 | \$1,809.00 | \$1,093.00 |

| Dental Plan Options | Monthly | | |
|---------------------------|----------|------------------|----------|
| | Total | City of Kirkwood | Employee |
| DENTAL BASE PLAN | | | |
| Employee | \$30.24 | \$30.24 | \$0.00 |
| Employee + Spouse | \$60.51 | \$30.24 | \$30.27 |
| Employee + Child(ren) | \$69.34 | \$30.24 | \$39.10 |
| Family | \$93.62 | \$30.24 | \$63.38 |
| DENTAL BUY-UP PLAN | | | |
| Employee | \$40.94 | \$30.24 | \$10.70 |
| Employee + Spouse | \$81.89 | \$30.24 | \$51.65 |
| Employee + Child(ren) | \$93.69 | \$30.24 | \$63.45 |
| Family | \$126.49 | \$30.24 | \$96.25 |

| Vision Plan | Monthly | | |
|-----------------------|---------|------------------|----------|
| | Total | City of Kirkwood | Employee |
| VISION PLAN | | | |
| Employee | \$6.57 | \$6.57 | \$0.00 |
| Employee + Spouse | \$13.04 | \$6.57 | \$6.47 |
| Employee + Child(ren) | \$9.99 | \$6.57 | \$3.42 |
| Family | \$18.80 | \$6.57 | \$12.23 |

*For all employees enrolled April 1, 2024 in the High Deductible Health Plan with Single coverage, the City of Kirkwood will contribute \$500 towards the Employee HSA Account.

For all employees enrolled April 1, 2024 in the High Deductible Health Plan with Dependent coverage, the City of Kirkwood will contribute \$1,000 towards the Employee HSA Account.



Legal Notices

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

City of Kirkwood is committed to the privacy of your health information. The administrators of the City of Kirkwood (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Tania Thomas at [314.984.6975](tel:314.984.6975) or email thomastb@kirkwoodmo.org.

HIPAA Special Enrollment Rights

City of Kirkwood Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the City of Kirkwood (to actually participate, you must complete an enrollment form and may be required to pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan – your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

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

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

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

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Tania Thomas at [314.984.6975](tel:314.984.6975) or email thomastb@kirkwoodmo.org.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children’s health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan’s annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan.

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: plan deductible may apply as shown on page 5. If you would like more information on WHCRA benefits, call your plan administrator Anthem BlueCross BlueShield at [800.490.6145](tel:800.490.6145).

WHCRA Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator Anthem BlueCross BlueShield at [800.490.6145](tel:800.490.6145) for more information.

Newborns' and Mothers' Health Protection Act

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

Important Notice from City of Kirkwood 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 City of Kirkwood 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. City of Kirkwood has determined that the prescription drug coverage offered by Carelon Rx 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?

If you decide to join a Medicare drug plan, your current City of Kirkwood coverage will be affected. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

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

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 City of Kirkwood 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 October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact Anthem for further information at **844.861.7833**. 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 City of Kirkwood 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).

Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Tania Thomas at [314.984.6975](tel:314.984.6975) or email thomastb@kirkwoodmo.org and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

NOTICE REGARDING WELLNESS PROGRAM

The City of Kirkwood wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete an annual physical. You will also be asked to complete a biometric screening, which will include a blood test for Glucose, HDL Cholesterol and Triglycerides. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of an additional day off with pay for completing an annual physical, the biometric screening and 3 additional wellness-related activities. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive an additional pay off with pay.

The information from the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as a wellness coach. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and City of Kirkwood may use aggregate information it collects to design a program based on identified health risks in the workplace, Kirkwood's Wellness Coordinator will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) the BJC Wellness Program coordinator assigned to City of Kirkwood in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Tania Thomas at [314.984.6975](tel:314.984.6975) or email thomastb@kirkwoodmo.org.

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 **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 **866.444.EBSA (3272)**.

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

| |
|---|
| ALABAMA – Medicaid |
| http://myalhipp.com 855.692.5447 |
| ALASKA – Medicaid |
| The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx |
| ARKANSAS – Medicaid |
| http://myarhipp.com 855.MyARHIPP (855.692.7447) |
| CALIFORNIA – Medicaid |
| Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov |
| COLORADO – Medicaid and CHIP |
| Health First Colorado (Colorado’s Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442 |
| FLORIDA – Medicaid |
| www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html 877.357.3268 |
| GEORGIA – Medicaid |
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2 |

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| INDIANA – Medicaid |
| Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584 |
| IOWA – Medicaid and CHIP (Hawki) |
| Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562 |
| KANSAS – Medicaid |
| https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.967.4660 |
| KENTUCKY – Medicaid |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPP.PROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms |
| LOUISIANA – Medicaid |
| www.medicicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP) |
| MAINE – Medicaid |
| Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711 |
| MASSACHUSETTS – Medicaid and CHIP |
| https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 711 Email: masspremassistance@accenture.com |
| MINNESOTA – Medicaid |
| https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739 |

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| MISSOURI – Medicaid |
| http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005 |
| MONTANA – Medicaid |
| http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HSHIPPProgram@mt.gov |
| NEBRASKA – Medicaid |
| http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178 |
| NEVADA – Medicaid |
| http://dhcfp.nv.gov 800.992.0900 |
| NEW HAMPSHIRE – Medicaid |
| https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218 |
| NEW JERSEY – Medicaid and CHIP |
| Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710 |
| NEW YORK – Medicaid |
| https://www.health.ny.gov/health_care/medicaid/ 800.541.2831 |
| NORTH CAROLINA – Medicaid |
| https://dma.ncdhhs.gov 919.855.4100 |
| NORTH DAKOTA – Medicaid |
| https://www.hhs.nd.gov/healthcare 844.854.4825 |
| OKLAHOMA – Medicaid and CHIP |
| http://www.insureoklahoma.org 888.365.3742 |
| OREGON – Medicaid |
| http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075 |
| PENNSYLVANIA – Medicaid and CHIP |
| https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437) |

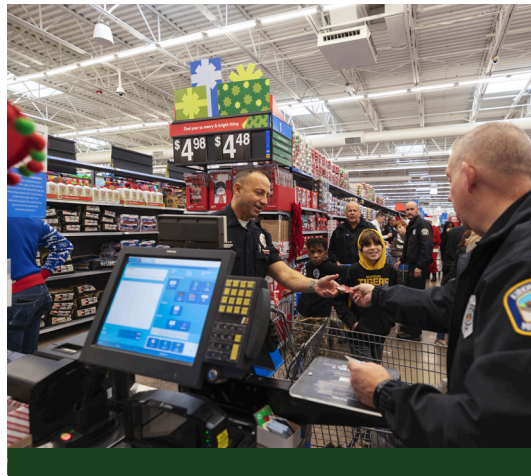
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| RHODE ISLAND – Medicaid and CHIP |
| http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct RlTe Share Line) |
| SOUTH CAROLINA – Medicaid |
| http://www.scdhhs.gov 888.549.0820 |
| SOUTH DAKOTA – Medicaid |
| http://dss.sd.gov 888.828.0059 |
| TEXAS – Medicaid |
| http://gethipptexas.com 800.440.0493 |
| UTAH – Medicaid and CHIP |
| Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669 |
| VERMONT – Medicaid |
| Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access 800.250.8427 |
| VIRGINIA – Medicaid and CHIP |
| 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 and Chip: 800.432.5924 |
| WASHINGTON – Medicaid |
| https://www.hca.wa.gov/ 800.562.3022 |
| WEST VIRGINIA – Medicaid |
| https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447) |
| WISCONSIN – Medicaid and CHIP |
| https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002 |
| WYOMING – Medicaid |
| https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269 |

To see if any other states have added a premium assistance program since July 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
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

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



This benefit guide prepared by



Gallagher

Insurance | Risk Management | Consulting