



WhidbeyHealth

BENEFIT GUIDE



2024



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YOUR BENEFIT CHOICES

We are pleased to offer you a comprehensive benefits package.

Your new benefits package includes the following plans and programs:



Medical and Prescription Coverage



Life and Accidental Death and Dismemberment (AD&D) Insurance



Dental Coverage



Voluntary Life Insurance



Vision Coverage



Long-Term Disability Plan



Healthcare Flexible Spending Account



Employee Assistance Program (EAP)

WhidbeyHealth benefits program gives you choices of benefits and coverage amounts that you can select to craft a package that supports you and your family. We value your contribution to the organization and we are proud to provide you and your family with this comprehensive program. We view benefits as an important piece of your total compensation.

You have the choice to:



Add your eligible family members to our plans



Participate in our healthcare flexible spending account

This summary highlights some of the main features of your benefit package so that you can make informed decisions about the best coverage for you and your family.

This guide briefly summarizes the benefit choices provided by WhidbeyHealth and is based on current programs, policies, and practices. This guide does not contain detailed information regarding the various benefits described. For detailed information, consult the plan documents and insurance booklets. If the text of this guide is inconsistent with the plan document or insurance booklets, the language in the plan document or insurance booklet controls. WhidbeyHealth reserves the right, whether in an individual case or more generally, to alter, reduce, or eliminate any pay practice, policy, or benefit, in whole or in part, without notice.



WHAT'S CHANGING

Effective January 1, 2024, WhidbeyHealth is changing how we fund our health plan with Premera Blue Cross. We will move from a self-funded plan where WhidbeyHealth is responsible for paying claims to a fully insured plan where Premera will pay claims. As a result of this contractual change Premera will no longer allow WhidbeyHealth to provide lower cost shares when utilizing our own providers or pharmacy.

Medical (New) – PPO (Premera Heritage Providers)

- Office Visits: \$20 copay (was 20% coinsurance after deductible)
- Emergency Room: \$250 copay (was \$500)
- Urgent Care: \$20 copay (was 20% coinsurance after deductible)
- Spinal Manipulations: 12 visits per calendar year (was 10)
- Hearing Exam: One visit per calendar year – \$20 copay
- Hearing Hardware: \$3,000 per ear with hearing loss every 36 months – covered in full, no charge

Medical (New) – HDHP

- Individual Deductible: \$1,600 (was \$1,500) / Family \$3,200 (was \$3,000) – IRS requirement to change
- Out of Pocket Maximum: Individual \$4,000 (was \$5,000) / Family \$8,000 (was \$10,000)
- Spinal Manipulations: 12 visits per calendar year (was 10)
- Hearing Exam: One visit per calendar year – subject to deductible/coinsurance
- Hearing Hardware: \$3,000 per ear with hearing loss every 36 months – subject to deductible/coinsurance

Medical

- New ID cards will be issued and sent out in December

Employer HSA Contributions

- Increase from \$750 to \$800 (Employee Only)
- Increase from \$1,500 to \$1,600 (Family)

Prescription Drugs (New) – PPO Copays

- Retail \$15 (was \$30) Gen / \$30 (was \$55) Brand / \$50 (was \$105) Non-Pref Brand / \$125 Specialty
- Mail Order \$37 (was \$60) Gen / \$75 (was \$110) Brand / \$125 (was \$210) Non-Pref Brand

Vision (New)

- LightCare benefit with a VSP network doctor. You can use your frame and lens benefit to get non-prescription sunglasses or blue light filtering glasses.

Dental

- Delta Care plan discontinued by Delta Dental



EMPLOYEE ELIGIBILITY

You are considered eligible for benefits if you are an active employee who normally works at least 24 hours per week unless otherwise specified by a Collective Bargaining Agreement. Benefits begin on the first day of the month following your date of hire.

Benefit coverage ends on the last day of the month in which you separate from employment, or if your employment status changes to an ineligible level. You or your covered family members may be eligible for COBRA coverage. Please contact Human Resources for details.

ELIGIBLE DEPENDENTS ARE YOUR:

- Legal Spouse
- Registered Domestic Partner
- Your children until they turn age 26
- Unmarried children over age 26 who are incapable of self support

ENROLLING FOR COVERAGE

If you are a newly eligible for our benefit plans, you have 30 days from your hire date (or date of change to an eligible position) to enroll for benefits. This is your chance to make the following benefit elections (enrollment forms are required for all of the following):

- Eligible family members – decide if you want to cover them
- Enroll in a Healthcare Flexible Spending Account (FSA)
- Purchase additional LTD coverage
- Select your Life Insurance beneficiary

If you are currently enrolled, you may change your elections only during the open enrollment period, which occurs in the month of November each year for a January 1st effective date. The only exception is if you have a qualified family status change during the year.

CHANGING YOUR CHOICES DURING THE YEAR

The benefit choices you make are in effect from your enrollment date through December 31st. You may make changes during the year only if you have a qualified family status change, or if it is during our open enrollment period in November for a January 1st effective date. When you have a life change you must notify HR and have the change forms submitted within 60 days of the change.

Changes in family status are:

- Marriage
- Divorce or legal separation
- Birth or adoption of an eligible child
- Death of a spouse or covered child
- Change in a spouse's work status that affects their benefits
- Change in your work status that affects benefits
- Change in a child's eligibility for benefits
- Qualified Medical Child Support Order

REMEMBER:

You must notify HR and have the change forms submitted within 60 days of a qualified change in family status

COST OF COVERAGE

The following contributions are effective January 1, 2024.

- Full Benefits and Premium Costs: Assigned .6 FTE & higher unless otherwise specified by a Collective Bargaining Agreement

PPO HEALTH PLAN			
Per Pay Period Premium	WH Pays Monthly	You Pay Monthly	You Pay Per Pay Period
Employee	\$1,080.38	\$0.00	\$0.00
Employee & Spouse/ Domestic Partner*	\$1,755.62	\$675.23	\$337.62
Employee & Child*	\$1,647.59	\$243.08	\$121.54
Employee & Children*	\$1,607.07	\$283.60	\$141.80
Employee & Family*	\$2,160.76	\$1,080.38	\$540.19

HDHP (HSA) PLAN			
Per Pay Period Premium	WH Pays Monthly	You Pay Monthly	You Pay Per Pay Period
Employee	\$856.36	\$0.00	\$0.00
Employee & Spouse/ Domestic Partner*	\$1,391.58	\$535.23	\$267.62
Employee & Child*	\$1,305.95	\$192.68	\$96.34
Employee & Children*	\$1,273.84	\$224.79	\$112.40
Employee & Family*	\$1,712.72	\$856.36	\$428.18

DELTA DENTAL			
Per Pay Period Premium	WH Pays Monthly	You Pay Monthly	You Pay Per Pay Period
Employee	\$40.30	\$0.00	\$0.00
Employee & Spouse/ Domestic Partner*	\$58.80	\$19.79	\$9.90
Employee & Child(ren)*	\$68.15	\$20.51	\$10.26
Employee & Family*	\$86.66	\$40.29	\$20.15

WILLAMETTE DENTAL			
Per Pay Period Premium	WH Pays Monthly	You Pay Monthly	You Pay Per Pay Period
Employee	\$58.95	\$0.00	\$0.00
Employee & Spouse/ Domestic Partner*	\$89.80	\$28.10	\$14.05
Employee & Child(ren)*	\$89.80	\$28.10	\$14.05
Employee & Family*	\$120.65	\$56.20	\$28.10

VISION SERVICE PLAN (VSP)			
Per Pay Period Premium	WH Pays Monthly	You Pay Monthly	You Pay Per Pay Period
Employee	\$4.00	\$0.00	\$0.00
Employee & Spouse/ Domestic Partner*	\$5.64	\$2.35	\$1.18
Employee & Child(ren)*	\$6.78	\$1.77	\$0.89
Employee & Family*	\$9.55	\$4.12	\$2.06

* 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 WhidbeyHealth will be considered taxable income. Please note that 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.

If you are a Partial Benefit Employee, please contact Human Resources for coverage costs.

MEDICAL: ADMINISTERED BY PREMIERA BLUE CROSS

We have a preferred provider network through Premiera. Our plan encourages you to have your routine preventive care by covering preventive care visits and screenings at 100%. Our plan also has a maximum out of pocket each calendar year which serves as a safety net if you experience a more catastrophic medical event.

You have a choice of providers each time you need care:

PREMERA PPO PROVIDERS

We encourage you to use a Premiera PPO provider. These providers will not bill you for charges that exceed the allowed amount.

OUT OF NETWORK

You can use an out of network provider, but you will pay a lot more out of your pocket. Providers may also bill you for charges that exceed the allowed amount.

The Plan encourages you to use Premiera PPO providers by charging you lower deductibles and coinsurance amounts when you do so. Premiera PPO providers have agreed to a fee schedule with Premiera. Non-preferred or out-of-network providers have not agreed to a fee schedule, so you may have to pay what they charge you above the allowed amount (also called balance billing).

How do you find providers in the Premiera network? You have two options:

1. Visit the Premiera website at premera.com
 - Sign into your account on Premiera.com.
 - Select **Find a Doctor**, then **Find a Doctor** again from the drop-down menu.
 - Select **Heritage/Heritage Plus** as your network.
 - Click on the **search** bar or explore bar to start your search.
2. Call Premiera at 1-800-722-1471 and ask – they can do the look up for you!

Premiera Online Tools

We encourage you to register online at premera.com which allows you to:

- Locate a preferred provider – both locally and nationally
- Access helpful cost-of-care information for various procedures
- View your claims status and print copies of your explanation of benefits
- Get wellness tips and health information
- Print your ID card

Following is a summary of our **PPO** medical plan:

PREMERA HERITAGE PLUS PROVIDERS	
WHAT YOU PAY	
Calendar Year Deductible	\$500 per Individual (maximum 2x family)
Calendar Year Out-of-Pocket Maximum	\$2,500 per Individual (maximum 2x family)
DEDUCTIBLE WAIVED FOR THESE SERVICES*	
Preventive Care Office Visit, Screenings, Lab Tests	Covered in Full*
Physician Services Primary care, Specialty, Surgical	\$20 Copay* \$10 Copay (Telemedicine)*
Diagnostic X-Ray, Lab and Imaging Inpatient and Outpatient	\$20 Copay*
WhidbeyHealth Walk-In Clinic/Urgent Care	\$20 Copay*
Emergency Room	\$250 Copay then 20%
Hospital or Medical Facility Inpatient and Outpatient	20%
Rehabilitation Services Inpatient Outpatient – Limited to 60 visits per Calendar Year	20% \$20 Copay*
Mental Health Inpatient Outpatient	20% \$20 Copay*
Chiropractic Services Limited to 12 visits per Calendar Year	\$20 Copay*
Hearing Exam One Per Calendar Year	\$20 Copay*
Hearing Hardware	Covered in Full* \$3,000 per ear with hearing loss every 36 months
OUT OF NETWORK BENEFITS	
Calendar Year Deductible	Shared with in-network
Co-insurance	40%
Calendar Year Out-of-Pocket Maximum	Shared with in-network
Out-of-Network Exclusions	Preventive Care, Mail Order Prescriptions



Following is a summary of our **HDHP** medical plan:

PREMERA HERITAGE PLUS PROVIDERS	
WHAT YOU PAY	
Calendar Year Deductible	\$1,600 Employee Only \$3,200 Employee + Dependents
Calendar Year Out-of-Pocket Maximum	\$4,000 per individual (maximum 2x family)
DEDUCTIBLE WAIVED FOR THESE SERVICES*	
Preventive Care Office Visit, Screenings, Lab Tests	Covered in Full*
Physician Services Primary care, Specialty, Surgical	20%
Diagnostic X-Ray, Lab and Imaging Inpatient and Outpatient	20%
WhidbeyHealth Walk-In Clinic/Urgent Care	20%
Emergency Room	20%
Hospital or Medical Facility Inpatient and Outpatient	20%
Rehabilitation Services Inpatient Outpatient – Limited to 60 visits per Calendar Year	20%
Mental Health Inpatient and Outpatient	20%
Chiropractic Services Limited to 12 visits per Calendar Year	20%
Hearing Exam One Per Calendar Year	20%
Hearing Hardware	20% \$3,000 per ear with hearing loss every 36 months
OUT OF NETWORK BENEFITS	
Calendar Year Deductible	Shared with in-network
Co-insurance	40%
Calendar Year Out-of-Pocket Maximum	Shared with in-network
Out-of-Network Exclusions	Preventive Care, Mail Order Prescriptions

Following is a summary of our medical plans' 2024 **Prescription Drug** benefits:

	HDHP MEDICAL PLAN		PPO MEDICAL PLAN	
	Retail (30-day supply)	Mail Order (90-day supply)	Retail (30-day supply)	Mail Order (90-day supply)
WHAT YOU PAY				
Deductible	After Medical Deductible:		None	
Generics	20%	20%	\$15 Copay	\$37.50 Copay
Preferred Brand	20%	20%	\$30 Copay	\$75 Copay
Non-Preferred Brand	20%	20%	\$50 Copay	\$125 Copay

HEALTH SAVINGS ACCOUNTS (HSA)

You must be enrolled in the Qualified High Deductible Health Plan (QHDHP) to take advantage of the HSA.

An HSA is a tax-advantaged savings account that belongs to you and is designed to help you save money pre-tax for when you have higher health care expenses. Regardless of who puts money into your HSA, HSA dollars are owned by you, the account holder. Unused money rolls over to the next year and is fully portable. This means you take it with you if you leave.

The maximum amount you can contribute to your HSA in 2024 (from all sources) is determined annually by the IRS.

- Individual only coverage: \$4,150
- Individual, plus one or more covered family members: \$8,300
- Additional catch-up contribution for those 55+: \$1,000



2024 HSA Contributions:

When you are enrolled in the medical base plan with HSA, WhidbeyHealth will contribute **\$800 for employee coverage** or **\$1,600 for family coverage** to each employee's account annually (contributions are made on bi-weekly basis). Employees who become eligible for the benefit within the year will receive a prorated amount. Additionally, you may elect to make additional contributions to your HSA from your paycheck on a tax-free basis.

It is your responsibility to confirm you are eligible to receive contributions to your Health Savings Account.

To receive contributions you must NOT have other health coverage for yourself including:

- Coverage through an individual plan (including VEBA)
- Coverage through a spouse or parent
- Access to a spouse's Flexible Spending Arrangement
- Be a dependent on someone else's tax return
- Coverage through a state or federal program
 - Tricare/Champus/Veterans Administration
 - Native/Tribal plan
 - Medicare
 - Medicaid

Due to IRS guidelines, those participating on an HSA plan are not eligible for the Health FSA (see page 14)

For questions about your eligibility for the HSA please contact Human Resources.

HEALTH RESOURCES

Telehealth

WhidbeyHealth's Telehealth Services may be available based on your provider. Please contact your provider's office for more information.

Premera's telehealth partners include 98point6, Doctor on Demand and Talkspace. All of these providers will only cost you a \$10 copay.

98point6 or Doctor on Demand

Virtual care provides 24/7 access to a board certified, licensed family practice doctor or pediatrician via text or video and can be used for many of your medical issues. It replaces 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!

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. Virtual care is not a substitute for a primary care doctor.

HOW DOES IT WORK?

Download the app and set up your account. Make sure you have your Premera ID card ready. The average wait time is 3–7 minutes. You can have your visit via smart phone, tablet or computer.

Services	98POINT6	DOCTOR ON DEMAND
24/7 Access	98point6.com/premera	doctorondemand.com/premera
Care delivery	Text messaging	Phone Video chat
Provider Type	Primary care Urgent Care Dermatology	Primary care Urgent Care Dermatology Mental Health
Other	Prescribe medication Order medical tests	Prescribe medication Order medical tests



TalkSpace Behavioral Health Care

You can receive behavioral health counseling through TalkSpace. Once you have established a relationship with your provider, you have access to unlimited text messaging. Go to the TalkSpace site at redemption.talkspace.com/redemption/premera or mobile app and select the provider that best fits your care criteria prior to making your appointment.

Addiction Help

Boulder

BOULDER CARE

Medication and virtual counseling to help you quit. They have an emphasis on opioid, alcohol and other substance abuse counseling. Go to boulder.care/getstarted or download their app. Have your Premera ID card handy to sign up.



BestBeginnings
BROUGHT TO YOU BY PREMERA

BestBeginnings Maternity

For pregnant Moms covered on our medical plan, Premera offers the BestBeginnings app to:

- Access health plan tools including the 24-Hour Nurseline
- Review customized maternity information
- Get alerts on pregnancy-related issues
- Create a personalized birthing plan
- Set reminders for appointments, medications, exercise and more
- Access a direct line to Premera's maternity specialists if issues arise



DENTAL: DELTA DENTAL OF WASHINGTON

Contracted providers agree to bill Delta Dental of Washington directly and to accept a negotiated fee as payment in full. Allowable charges for out-of-network providers are paid based on allowed amounts, as determined by Delta Dental of Washington. You may be responsible for any additional amounts (also called balance billing).

To find a list of in-network providers either:

- 1. Visit the website at deltadentalwa.com and
 - Click on **Online Tools**
 - Use the **Find a Dentist** tool and search for providers in the **Delta Dental PPO Plus Premier Network**
- 2. Call Delta Dental of Washington customer service at 800-554-1907

	DELTA DENTAL PPO DENTIST	DELTA DENTAL PREMIER DENTIST	NON- PARTICIPATING DENTIST
	WHAT YOU PAY		
Calendar Year Deductible	\$50 Individual \$150 Family		
Class I – Preventive Care (Oral Exams, Cleanings, X-rays, Sealants, Fluoride Treatment)	Covered in Full	20%	20%
AFTER DEDUCTIBLE, YOU PAY			
Class II – Restorative (Fillings, Extractions, Oral Surgery, Periodontics)	20%	30%	30%
Class III – Major (Crowns, Bridges, Dentures, Implants)	50%	60%	60%
PLAN MAXIMUMS			
Calendar Year Maximum per Individual	\$1,750		
Orthodontia Services, per Individual	Covered at 50% up to \$1,750 lifetime		

Online Tools – Delta Dental of Washington

We encourage you to go online and register at Delta Dental of Washington's website which gives you access to:

- Locate a dentist – both locally and nationally
- Estimate treatment cost
- View eligibility information
- Sign up for cleaning exam reminders
- View your claims status and print copies of your explanation of benefits
- Get dental care tips and health information
- Print your ID card

Registering and accessing the Delta Dental of Washington website is easy. After your coverage effective date for dental:

- Visit deltadentalwa.com
- Click **Sign in** or **Register** tab (top right)
- If you have created a username and password, enter that information and click on "sign in." If not, click on "Register Now." You will need your member ID off of your identification card (or your social security number), plus your date of birth. You will create a username and a password.
- Once you have signed in, you will have access to the MySmile dashboard.



DENTAL: WILLAMETTE DENTAL

Dental coverage through Willamette Dental will also be offered. You must obtain your dental care through a Willamette Dental Clinic which are located throughout Washington. To locate the nearest office go to locations.willamettedental.com and enter your zip code. You can also contact Willamette customer service at 855-433-6825.

	WILLAMETTE DENTAL PLAN
Office Visit	\$5 copay
Preventive Care Exams Cleanings Periodontal Exams Fluoride Treatments X-rays Sealants (per tooth)	Covered with office visit copay
Restorative Fillings Porcelain-Metal Crown	\$10-\$50 copay \$100-\$175 copay
Prosthodontics Complete Upper or Lower Denture Bridge (per Tooth)	\$140 copay \$125-\$175
Endodontics and Periodontics Root Canal Therapy-Anterior Root Canal Therapy-Bicuspid Root Canal Therapy-Molar Osseous Surgery (per Quadrant) Root Planning (per Quadrant)	\$100 copay \$125 copay \$150 copay \$75-\$100 copay \$15-\$35 copay
Oral Surgery Routine Extraction (Single tooth) Surgical Extraction	\$10 copay \$10-\$50 copay
Orthodontia Pre-Orthodontia Treatment Comprehensive Orthodontia Treatment	\$150 copay \$1,500 copay
Calendar Year Maximum per Individual	No Maximum
Orthodontia Services, per Individual Adults Children	\$2,000 \$1,600

VISION: VSP

We offer very comprehensive vision benefits that include coverage for routine vision exams, glasses, and contact lenses. To get the best benefits, you must use the services of a VSP provider.

To find a VSP providers call customer service at 800-877-7195 or go to vsp.com:

- Use the **Find a Doctor** tool on the right side of the landing page
- Enter your zip code
- Hit **Search**

Once you select the VSP doctor you wish to use, you simply make an appointment and they take care of the rest.

You are not required to use a VSP provider as we do provide benefits for those that are out of network, but you will pay more. You do have the flexibility to use a non-VSP provider for your exam and a VSP provider for your glasses or contact lenses. Expenses incurred with a non-VSP provider can be submitted easily online through your individual VSP account.

Following are our vision benefits:

	VSP PROVIDERS	NON-VSP PROVIDER
Well Vision Exam Every 12 months	\$20 copay	Paid up to \$45 allowance
Frames Every 24 months	\$150 allowance for standard frames, \$170 allowance for featured brands and 20% discount on amounts over the allowance \$80 allowance at Costco/Walmart	Paid up to \$70 allowance
Eyeglass Lenses – every 24 months Single Vision Lined Bifocals Lined Trifocals	\$20 copay (combined with exam copay)	Paid up to \$30 allowance Paid up to \$50 allowance Paid up to \$65 allowance
Lens Enhancements Polycarbonate Lenses Scratch-resistance Coating Standard Progressives Premium Progressives Custom Progressives Discount for other lens enhancements	Paid in full (children only) Paid in full 100% after \$55 copay 100% after \$95 to \$105 copay 100% after \$150 to \$175 copay 20 to 25%	No additional benefit No additional benefit Paid up to \$50 allowance Paid up to \$50 allowance Paid up to \$50 allowance None
Contacts	\$150 allowance plus copay for contact lens exam/fitting of up to \$60	Paid up to \$105 allowance
Extras	LightCare benefit – you can use your frame and lens benefit to get non-prescription sunglasses or blue light filtering glasses. Extra glasses and sunglasses with 20% savings from any VSP provider within 12 months of your well vision exam. Retinal Screenings with a copay of no more than \$39 as an enhancement to a well vision exam. Laser vision correction with average 15% discount off regular price or 5% off promotional price; only available from VSP contracted facilities.	None



HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

A Healthcare Flexible Spending Accounts (FSA) provides you with an important tax advantage that can help you pay health care expenses on a pre-tax basis. By anticipating your family's health care costs for the next year, you can actually lower your taxable income. On January 1st of each year, or when you are first eligible, you may choose to have money taken out of your paycheck pre-tax to cover eligible health care expenses.

Health Care FSA

You can set aside money pre-tax (2024 maximum is **\$3,200**), to pay for certain IRS-approved health care expenses not covered by an insurance plan. Some examples include:

- Out of pocket orthodontia expenses
- Out of pocket dental expenses
- Hearing services, including hearing aids and batteries
- Out of pocket expenses for vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- Chiropractic services
- Acupuncture/massage therapy
- Prescription copays
- Contact lens solution

For a complete list of eligible and non-eligible expenses the IRS will allow you to use your FSA dollars for, visit Peak One Administrators' website at peakoneadmin.com.

The great thing about the healthcare FSA is that your entire election is available to you on your effective date, or the first day of the plan year. So you can use your debit card, or submit claims, for your whole election and it will be funded upfront, with deductions coming out of your paycheck in equal amounts over the course of the year.

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.

You or your family members do not have to be enrolled in the medical plan to take advantage of the FSA. You can use your FSA dollars to pay for any eligible out of pocket medical expense for any of your eligible family members. Eligible family members include your spouse and tax dependents.

CAN I CHANGE HOW MUCH I PUT INTO MY ACCOUNT DURING THE YEAR?

Only if you experience a change in family status (marriage, birth/adoption, divorce, etc). Otherwise the IRS won't allow it.

Due to IRS guidelines, those participating on an HSA plan are not eligible for this FSA option.

How do I get the funds out of my FSA?

Everyone who signs up for a healthcare FSA will be sent a debit card that has been pre-filled with your annual election. You can use it to pay for eligible out of pocket healthcare expenses, but Peak One Administrators may ask that you substantiate your card use if the service is not a usual copay amount. The IRS has a list of what you can and cannot use your FSA funds for, and Peak One is required to make sure you are using them for IRS approved expenses. Save your receipts and explanation of benefit statements, because they will let you know if you need to send in proof that your service was OK with the IRS.

If you don't wish to use your Debit Card, or if you need to substantiate your debit card use, you can submit claims online, through Peak One Administrators smartphone app for Android and iPhone, or you can download a claim form from the Peak One Administrators website and email, fax or mail. Claims are typically processed within a few days and reimbursements are issued either by check or direct deposit (if elected).

While you should only set aside enough money for those expenses you know you will incur during the plan year, the roll-over provision allows you to carry forward up to **\$640** into the next plan year. You must re-enroll in the Health Care FSA in order for the funds to roll-over.

Day 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.

Unlike the Healthcare FSA, the Day Care FSA is a true "use it or lose it" account. Be careful what you choose to set aside for daycare reimbursements as any leftover funds cannot be rolled over to the next year.

Enrollment in the Day Care FSA is not impacted by your medical plan or HSA enrollment.



LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE: SYMETRA

WhidbeyHealth pays for Life and AD&D benefits for employees who work at least 20 hours per week. Employees receive a \$50,000 benefit.

Voluntary Life Insurance

Voluntary life insurance is available if you want more insurance than what WhidbeyHealth provides, and has the added benefit of your premiums being payroll deducted. You are eligible to purchase voluntary life if you work at least 20 hours per week and you may cover your legal spouse, registered domestic partner, or child up to age 26.

Following are the coverage amounts you can select:

	EMPLOYEE	SPOUSE	CHILD(REN)
Increments	\$10,000	\$5,000	Flat \$10,000
Maximum	Five times salary not to exceed \$500,000	\$250,000 not to exceed 50% of Supplemental Employee Coverage	\$10,000 Benefit limited to \$250 from birth to 6 months.
Guaranteed Amount*	\$150,000	\$25,000	\$10,000

* Guaranteed Amount is only available when first eligible and all other elections require Evidence of Insurability (EOI).

Voluntary Life premiums are based on your age and change the first pay period after your birthday if you are aging into a higher age bracket.

Following are the monthly premium rates:

AGE BAND	EMPLOYEE/ SPOUSE RATE, PER \$1,000	CHILD RATE, PER \$1,000
Under age 25	\$ 0.028	\$ 0.124
25 – 29	\$ 0.031	The premium paid for child coverage is based on the cost of one child, regardless of how many children you have.
30 – 34	\$ 0.034	
35 – 39	\$ 0.043	
40 – 44	\$ 0.064	
45 – 49	\$ 0.092	
50 – 54	\$ 0.143	
55 – 59	\$ 0.268	
60 – 64	\$ 0.411	
65 – 69	\$0.758	
70 – 74	\$1.131	
75 and over	\$1.131	
AD&D		
	\$0.019	\$0.016

LONG-TERM DISABILITY (LTD)

WhidbeyHealth pays for long-term disability benefits for employees who work at least 20 hours per week. LTD provides income replacement in the event you are not able to work due to an accident or illness. Benefits begin once you are totally disabled for 180 days or more, meet the definition of disability and are under the care of a physician.

Following is a summary of our LTD coverage:

LTD Payment Begins	180 days from disability
Monthly Benefit	50% of your basic monthly earnings to a maximum of \$2,000 per month
Duration	If your disability occurs before age 60, you will receive benefits until age 65 as long as you continue to meet the definition of disability, and you are under the care of a licensed physician. Benefits are limited for those whose disability begins age 60 or after.
Definition of Disability	For the first 24 months of disability you are unable to do all substantial and material duties of your own occupation and have at least 20% loss of earnings due to the disabling condition. Thereafter, you are unable to perform the duties of ANY occupation for which you are qualified by education, training or experience, and have at least a 40% loss of earnings.
Pre-Existing Condition Limitation	The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 consecutive months of coverage. A pre-existing condition is defined as: a condition, regardless of cause, for which medical advice, diagnosis, care or treatment was recommended or received in the 3 months prior to your effective date of coverage.

LTD Buy-Up Options

Should you wish to buy-up to a higher level of LTD coverage, you have 2 options illustrated below. These options allow you to lower the elimination period or increase the benefit amount.

LTD Payment Begins	
Buy-Up Option #1	180 days from disability
Buy-Up Option #2	90 days from disability
Monthly Benefit	60% of your basic monthly earnings to a maximum of \$6,000 per month
Calculating Your Cost	
Buy-Up Option #1	$\$0.544 \times \text{your monthly earnings}/100 = \text{Monthly Buy-Up cost}$
Buy-Up Option #2	$\$0.733 \times \text{your monthly earnings}/100 = \text{Monthly Buy-Up cost}$

Please refer to our Symetra benefit summaries and contracts for the full description of what is covered, at what level and what is excluded from our LTD plans. LTD benefits will be offset by earnings you may receive from other sources such as social security, workers' compensation, etc.

EMPLOYEE ASSISTANCE PROGRAM (EAP): CANOPY

Our employee assistance program through Canopy is here to provide help with things that are causing you anxiety or distracting you from your daily activities. Their services are no cost to you and are completely confidential. Benefits are offered to all employees and your immediate family members.

They offer services such as:

- Childcare and eldercare assistance
- Financial services
- Legal services
- Daily living services
- Identity theft services
- Health and wellness resources

In addition, the EAP provides confidential counseling that helps you and/or your family members address issues with relationships, anxiety, substance abuse, addictions, etc. You have access to professional counselors 24/7 and can have up to five in-person counseling sessions per person, per incident.

Accessing our EAP is easy!
Simply call them at
800-433-2320

They also have a vast array
of resources and services
through their website at
canopywell.com

WASHINGTON PAID FAMILY AND MEDICAL LEAVE

Paid Family and Medical Leave provides paid time off when a serious health condition prevents you from working, when you need to care for a family member or a new child, or for certain military-related events. It's here for you when you need it most, so you can focus on what matters.

Nearly every Washington worker—whether you work full time or part time in a small to large business—is eligible for up to 12 weeks of Paid Family and Medical Leave. You need to work 820 hours in Washington, or about 16 hours per week, over the course of about a year. You can get up to 16 weeks if you have family and medical events in the same year, or up to 18 weeks in some cases. You may apply for leave with the Employment Security Department to receive partial wage replacement, up to 90 percent of your typical pay, capped in 2024 at **\$1,456** per week. The program is funded by premiums shared between workers and employers.

If you have questions or need more information about Washington PFML, please visit paidleave.wa.gov or email paidleave@esd.wa.gov, or call 833-717-2273.

VOLUNTARY BENEFITS

Retirement Services (401a / 457b)



Lee Treviño

Financial Advisor

Retirement Services | VALIC Financial Advisors

Corebridge Financial

451 SW 10th Street, Suite 101, Renton, WA 98057

T (+1) 206-254-1000

C (+1) 360-320-7713

F (+1) 360-859-1375

lee.trevino@corebridgefinancial.com

corebridgefinancial.com

Short-Term Disability, Accident, Hospital and Critical Illness



David Brunson

dave@mcgregorbenefits.com

360-391-7184

Pet Insurance



benefits.petinsurance.com/whidbey-island-public-hospital-district

Discount Tickets

ticketsatwork

Company Code: WHIDBEY18

Customer Service: 800-331-6483

customerservice@ticketsatwork.com

Emergency Air Medical Transport Membership Program



lifeflight.org

800-982-9299

IMPORTANT CONTACT INFORMATION

	VENDOR	GROUP # (IF APPLICABLE)	PHONE NUMBER	EMAIL OR WEBSITE
Medical	Premera	4015841	800-722-1471	premera.com
24/7 Nurseline	Premera	4015841	800-841-8343	
Virtual Health				
Telehealth	98point6 DoctorOnDemand	4015841 4015841		98point6.com/premera doctorondemand.com/premera
Behavioral Health	TalkSpace	4015841		talkspace.com/premera
Addiction Help	Boulder Care	4015841	888-316-0451	boulder.care/getstarted
Dental	Delta Dental of Washington	9522	800-554-1907 833-604-1246 (Text)	deltadentalwa.com
Dental	Willamette Dental	WA648	855-433-6825	willamettedental.com
Vision	VSP	30085838	800-877-7195	vsp.com
Life/AD&D and Long-Term Disability Insurance	Symetra	01-017839-00	877-377-6773	symetra.com
Employee Assistance Plan	Canopy		800-433-2320 503-850-7721 (Text)	canopywell.com
Healthcare Flexible Spending Accounts (FSAs)	Peak One Administrators		866-315-1777	peakoneadmin.com membercare@peakoneadmin.com
Healthcare Savings Accounts (HSAs)	Peak One Administrators		866-315-1777	peakoneadmin.com membercare@peakoneadmin.com
WhidbeyHealth Benefits	Human Resources			360-678-8600

REQUIRED LEGAL NOTICES

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 60 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. This notice describes how medical information about you may be used and disclosed, and how you can access that information. Please contact our HR Department for a copy of our HIPAA Privacy Notice.

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 our HR Department 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 WHIDBEYHEALTH 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 WhidbeyHealth 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. WhidbeyHealth has determined that the prescription drug coverage offered by the WhidbeyHealth 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 WhidbeyHealth 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 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 re-enroll 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 WhidbeyHealth 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 WhidbeyHealth 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 [medicare.gov](https://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 [socialsecurity.gov](https://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:	January 1, 2024
Name of Entity/Sender:	WhidbeyHealth
Contact-Position/Office:	Julianne Blynn, Sr. HR Business Partner
Address:	101 N Main Street Coupeville, WA 98239
Phone Number:	360-678-8609

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 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 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 askebsa.dol.gov or call 1-866-444-EBSA (3272).

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

ALABAMA – Medicaid

Website: myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: myakhipp.com
Phone: 1-866-251-4861
Email: customerservice@myakhipp.com
Medicaid Eligibility: health.alaska.gov/dpa/pages/default.aspx

ARKANSAS – Medicaid

Website: myarhipp.com
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program:
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: healthfirstcolorado.com
Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711
CHP+: hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991 / State Relay 711
Health Insurance Buy-In Program (HIBI): mycohibi.com
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: 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: in.gov/fssa/hip
Phone: 1-877-438-4479
All other Medicaid:
Website: in.gov/medicaid
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: dhs.iowa.gov/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: 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: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: kihipp.program@ky.gov
KCHIP Website: kidshealth.ky.gov/pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: chfs.ky.gov

LOUISIANA – Medicaid
Website: medicaid.la.gov or ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid
Enrollment Website: mymaineconnection.gov/benefits/s/?language=en_us Phone: 1-800-442-6003 / TTY: Maine relay 711 Private Health Insurance Premium Webpage: maine.gov/dhhs/ofia/applications-forms Phone: 1-800-977-6740 / TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
Website: mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 617-886-8102
MINNESOTA – Medicaid
Website: 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: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid
Website: dphhs.mt.gov/montanahealthcareprograms/hipp Phone: 1-800-694-3084 Email: hhshippprogram@mt.gov
NEBRASKA – Medicaid
Website: accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid
Medicaid Website: dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: 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: state.nj.us/humanservices/dmahs/clients/medicaid Medicaid Phone: 609-631-2392 CHIP Website: njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid
Website: health.ny.gov/health_care/medicaid Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: medicaid.ncdhhs.gov Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: nd.gov/dhs/services/medicalsev/medicaid Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid
Website: healthcare.oregon.gov/pages/index.aspx oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid
Website: dhs.pa.gov/services/assistance/pages/hipp-program.aspx Phone: 1-800-692-7462 CHIP Website: dhs.pa.gov/chip/pages/chip.aspx CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
Website: eohhs.ri.gov Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
Website: scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid
Website: dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Medicaid Website: medicaid.utah.gov CHIP Website: health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – Medicaid
Website: dyha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: coverva.org/en/famis-select coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid
Website: hca.wa.gov Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP
Website: dhhr.wv.gov/bms mywvhipp.com Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid
Website: 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 July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. DEPARTMENT OF LABOR

Employee Benefits Security Administration
dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Service
cms.hhs.gov
1-877-267-2323, menu option 4, ext. 61565

