Christian Health Care Center

Benefits Overview

October 1st, 2023 – September 30th, 2024

What's Inside

- ✓ *This Benefits Guide provides benefit plan highlights and is intended for summary purposes only.*
- ✓ *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.*
- ✓ *Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.*

Important Notice - Medicare

Prescription Drug Coverage and Medicare

- ✓ If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.
- ✓ Please see pages 31 & 32 for more details.

Eligibility

Who is Eligible

- ✓ If you're a full-time employee at Christian Health Care Center, you're eligible to enroll in the benefits outlined in this guide.
- ✓ Full-time employees are those who work 30 or more hours per week.
- ✓ Dependents are covered to age 26 regardless of student status.
- ✓ Your spouse or domestic partner may also enroll.

How to Enroll

- ✓ Review all information in this summary.
- ✓ Decide on the plans that work for you and your family.
- ✓ All employees MUST login to their employee profile in Paycom to enroll (or waive) medical, dental, and FSA benefits.
- ✓ Contact HR for assistance.

When to Enroll

- ✓ Open enrollment begins September 1ST – 9th.
- ✓ The benefits you choose during open enrollment will become effective on October 1st.
- ✓ New hires are eligible on the 1st of the month following 30 days from date of hire and have 30 days to enroll.

How to Make a Change

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period.

Qualifying events include things like:

- ✓ Entitlement to Medicare or Medicaid
- ✓ Birth or, in some cases adoption of a child
- ✓ Marriage, divorce or legal separation
- ✓ Death of a spouse, child or other qualified dependent
- ✓ Change in child's dependent status
- ✓ Change in employment status or a change in coverage under another employer-sponsored plan

Domestic Partnership

If you have a domestic partner, they are eligible to enroll in these plans as a dependent.

- ✓ Your domestic partner may be the same or opposite gender as yourself.
- ✓ You must live together and meet all criteria outlined in the domestic partner affidavit.
- ✓ If your domestic partner is not your tax dependent, the IRS requires that the portion of the premium you pay toward their coverage be deducted from your paychecks on a post-tax basis.
- ✓ Any amount your employer pays toward their coverage must also be added (imputed) to your taxable wages. As a result, your taxable income will be higher than the cash wages you actually receive through each paycheck.

Please contact your HR department for more information.

ACA

- ✓ The Affordable Care Act (ACA) imposes rules governing offers of group health plan coverage by employers for their full-time employees.
- ✓ For this purpose, we have chosen to determine which employees are full-time employees under the "look-back measurement method".
- ✓ These rules are explained at some length in our plan's summary plan description (SPD), which is available through Human Resources.

Medical (Base Plan) with Vision

- ✓ *NEW!* Effective October 1st, 2023, Christian Health Care Center is offering two Medical plans through Premera Blue Cross.
- ✓ Below are the benefits for the ***Base Plan – Premera Preferred Choice $2,000 with Vision.***
- ✓ Go to premera.com to find an In-Network *(Heritage Prime)* provider or view your claim status online.

PREMERA BLUE CROSS

	Premera Preferred Choice $2,000 Base Plan	
Network: Heritage Prime	**In-Network**	**Out-of-Network [1]**
	Member Pays	Member Pays
Deductible / PCY	Applies unless noted as DW	
Individual	$2,000	$4,000
Family	$4,000	$8,000
Coinsurance	20%	50%
Out-of-Pocket Maximum / PCY	Includes: Deductible, copays, and coinsurance	
Individual	$5,000	$10,000
Family	$10,000	$20,000
Preventive Care	Covered in full DW	Not covered
Office Visit		
Primary Care	$30 copay DW	50%
Specialist	$30 copay DW	50%
Urgent Care	$30 copay DW	50%
Acupuncture & Chiropractic*	$30 copay DW	50%
Virtual Visits		
General Medical	$10 copay DW	Not covered
Mental Health	$30 copay DW	Not covered
Substance Abuse	$30 copay DW	Not covered
X-Ray & Lab		
Diagnostic	20% DW	50%
Complex - MRI, PET, CAT, CT	20% DW	50%
Hospitalization		
Inpatient Facility	20%	50%
Outpatient Facility	20%	50%
Emergency Room	$200 copay + 20%	
Mental Health Care		
Inpatient Facility	20%	50%
Outpatient Care	$30 copay DW	50%
Vision Care		
Exam	$25 copay DW (1 exam PCY)	
Hardware	Amount over $150 allowance (every 2 consecutive calendar years)	

DW = Deductible Waived, PCY = Per Calendar Year. * 12 Visit Limits Apply.

[1] Out-of-Network providers may balance bill you the difference in costs for amounts above the allowed amount.

Prescription Drugs (Base Plan)

- ✓ Christian Health Care Center medical plans also include prescription drug coverage through Premera Blue Cross.
- ✓ Below are the benefits when enrolled in the ***Base Plan – Premera Preferred Choice $2,000.***
- ✓ Visit premera.com to view the formulary, locate a pharmacy or view claims & benefits online.
- ✓ Under the Affordable Care Act (ACA) some medications are covered in full.

	Premera Preferred Choice PPO $2,000 Base Plan	
Network: Heritage Prime	**In-Network**	**Out-of-Network [1]**
	Member Pays	Member Pays
Formulary	E4 Essentials (4-Tier)	
Deductible / PCY	$0	
Out-of-Pocket Maximum / PCY	Included with medical; accrues to OOP max.	
Retail Pharmacy	Up to 30-day supply	
Preferred Generic (1)	$15 copay	$15 copay + 40%
Preferred Brand (2)	$30 copay	$30 copay + 40%
Preferred Specialty (3)	$50 copay	$50 copay + 40%
Non-Preferred All Drugs (4)	30%	30% + 40%
Mail Order	Up to 90-day supply	
Preferred Generic (1)	$37.50 copay	Not covered
Preferred Brand (2)	$75 copay	
Preferred Specialty (3)	$50 copay	
Non-Preferred All Drugs (4)	30%	

PCY = Per Calendar Year.

[1] Out-of-Network pharmacies may balance bill you the difference in costs for amounts above the allowed amount.

Medical (Buy Up Plan) with Vision

- ✓ Christian Health Care Center offers two plans through Premera Blue Cross.
- ✓ Below are the benefits for the ***Buy Up Plan – Premera Preferred Choice $1,000 with Vision***.
- ✓ Go to premera.com to find an In-Network *(Heritage Prime)* provider or view your claim status online.

PREMERA BLUE CROSS

	Premera Preferred Choice $1,000 Buy Up Plan	
Network: Heritage Prime	**In-Network**	**Out-of-Network [1]**
	Member Pays	Member Pays
Deductible / PCY	Applies unless noted as DW	
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance	20%	50%
Out-of-Pocket Maximum / PCY	Includes: Deductible, copays, and coinsurance	
Individual	$4,500	$9,000
Family	$9,000	$18,000
Preventive Care	Covered in full DW	Not covered
Office Visit		
Primary Care	$25 copay DW	50%
Specialist	$25 copay DW	50%
Urgent Care	$25 copay DW	50%
Acupuncture & Chiropractic*	$25 copay DW	50%
Virtual Visits		
General Medical	$10 copay DW	Not covered
Mental Health	$25 copay DW	Not covered
Substance Abuse	$25 copay DW	Not covered
X-Ray & Lab		
Diagnostic	20% DW	50%
Complex - MRI, PET, CAT, CT	20% DW	50%
Hospitalization		
Inpatient Facility	20%	50%
Outpatient Facility	20%	50%
Emergency Room	$150 copay + 20%	
Mental Health Care		
Inpatient Facility	20%	50%
Outpatient Care	$25 copay DW	50%
Vision Care		
Exam	$25 copay DW (1 exam PCY)	
Hardware	Amount over $150 allowance (every 2 consecutive calendar years)	

DW = Deductible Waived, PCY = Per Calendar Year. * 12 Visit Limits Apply.

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Prescription Drugs (Buy Up Plan)

- ✓ Christian Health Care Center medical plans also include prescription drug coverage through Premera Blue Cross.
- ✓ Below are the benefits when enrolled in the ***Buy Up Plan - Premera Preferred Choice $1,000.***
- ✓ Visit premera.com to view the formulary, locate a pharmacy or view claims & benefits online.
- ✓ Under the Affordable Care Act (ACA) some medications are covered in full.

PREMERA BLUE CROSS

	Premera Preferred Choice PPO $1,000 Buy Up Plan	
Network: Heritage Prime	**In-Network**	**Out-of-Network [1]**
	Member Pays	Member Pays
Formulary	Preferred B3 (3-Tier)	
Deductible / PCY	$0	
Out-of-Pocket Maximum / PCY	Included with medical; accrues to OOP max.	
Retail Pharmacy	Up to 30-day supply	
Generic (1)	$15 copay	$15 copay + 40%
Preferred Brand (2)	$30 copay	$30 copay + 40%
Non-Preferred Brand (3)	$50 copay	$50 copay + 40%
Specialty Pharmacy	Refer to retail copay	Not covered
Mail Order	Up to 90-day supply	
Generic (1)	$37 copay	Not covered
Preferred Brand (2)	$75 copay	
Non-Preferred Brand (3)	$125 copay	

PCY = Per Calendar Year.

[1] Out-of-Network pharmacies may balance bill you the difference in costs for amounts above the allowed amount.

Formulary Information

- ✓ A drug formulary is a list of prescription drugs, both generic and brand-name, used by practitioners and insurers to identify drugs that offer the greatest overall value
- ✓ Visit Premera's Rx search tool at premera.com/wa/provider/pharmacy/drug-search/rx-search to get information about specific prescription drugs on your plan and alternate drugs you can choose from.
  - *Base Plan (Preferred Choice $2,000) - E4 Essentials (4-Tier) formulary*
  - *Buy Up Plan (Preferred Choice $1,000) - Preferred B3 (3-Tier) formulary*

Generic Drugs

- ✓ Generic drugs are copies of brand –name drugs with the same effects as the original drug.
- ✓ The Food & Drug Administration requires generic drugs to have the same performance and quality as brand-name counterparts.
- ✓ Member pays the difference between the brand and the generic, plus the brand name cost share when the member or prescriber selects the brand-name.

Brand-Name Drugs

These are drugs for which generic equivalents are not available. There are generally two categories of brand-name drugs:

- ✓ Preferred Brand-Name: Have been on the market for awhile and are widely accepted
- ✓ Non-Preferred Brand Name: More expensive than preferred brand-name and newer to the market

Specialty Medications

- ✓ Specialty medications are high-cost prescription drugs used to treat complex or chronic conditions. Many health plans have a separate tier or higher contribution requirement depending on your plan.
- ✓ Please contact Premera Blue Cross to understand how your plan covers these medications and what your Out-of-Pocket responsibility may be.

Mail Order Prescriptions

You can save time and money on your prescriptions by using your mail order options through Express Scripts Pharmacy.
If you take a long-time maintenance medication, you can:

- ✓ Get prescriptions for up to 90-day supply at a lower Out-of-Pocket cost compared to an equal supply at a retail pharmacy
- ✓ Take advantage of delivery through the mail

Express Script Mail Order forms are available at www.express-scripts.com or scan the QR code. Once your account is set up your providers can mail or fax new prescriptions to 800-837-0959. For questions use the toll-free number on the back of your member ID card or call 800-282-2881.

Voluntary Dental (Base Plan)

- ✓ Christian Health Care Center offers two comprehensive PPO plans through Premera.
- ✓ Below are the benefits for the ***Base (Optima Flex) Plan.***
- ✓ These benefits are paid for by you through payroll deductions.
- ✓ Visit premera.com to find an In-Network *(Dental Choice)* provider near you.

PREMERA BLUE CROSS

Base Plan	**Premera Blue Cross / Optima Flex**	
Network: Dental Choice	**In-Network**	**Out-of-Network [1]**
	Member Pays	Member Pays
Annual Deductible / PCY	Applies unless noted as DW	
Individual	$50	
Family	$150	
Annual Maximum / PCY	$1,000 per person [2]	
Diagnostic & Preventive Servises:	Class 1	
Exam, Cleanings, Xrays - (2 PCY) Bitewings - (Unlimited)	Covered in full DW	10% DW
Basic Services:	Class 2	
Fillings, Extractions, Oral Surgery, Endodontics, Periodontics	20%	30%
Major Services:	Class 3	
Crowns, Bridges, Dentures, Implants	50%	60%
Orthodontia (child and adult)	Not covered	

DW = Deductible Waived, PCY = Per Calendar Year.

[1] Out-of-Network dentists may balance bill you the difference in costs for amounts above the allowed amount.

[2] Class I services do not accrue towards calendar year maximum.

Voluntary Dental (Buy Up Plan)

- ✓ Christian Health Care Center offers two comprehensive PPO plans through Premera.
- ✓ Below are the benefits for the ***Buy Up (Optima) Plan***.
- ✓ These benefits are paid for by you through payroll deductions.
- ✓ Visit premera.com to find an In-Network *(Dental Choice)* provider near you.

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Buy Up Plan	**Premera Blue Cross / Optima**	
Network: Dental Choice	**In-Network**	**Out-of-Network [1]**
	Member Pays	Member Pays
Annual Deductible / PCY	Applies unless noted as DW	
Individual	$50	
Family	$150	
Annual Maximum / PCY	$1,500 per person [2]	
Diagnostic & Preventive Servises:	Class 1	
Exam, Cleanings, Xrays - (2 PCY) Bitewings - (Unlimited)	Covered in full DW	Covered in full DW
Basic Services:	Class 2	
Fillings, Extractions, Oral Surgery, Endodontics, Periodontics	20%	20%
Major Services:	Class 3	
Crowns, Bridges, Dentures, Implants	50%	50%
Orthodontia (child and adult)	Not covered	

DW = Deductible Waived, PCY = Per Calendar Year.

[1] Out-of-Network dentists may balance bill you the difference in costs for amounts above the allowed amount.

[2] Class I services do not accrue towards calendar year maximum.

Dental Benefits

Dental Coverage

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- ✓ Dental health is an important part of our overall health. The dental plans are designed to not only help preserve your beautiful smile but to assist in maintaining your teeth, gums and overall health.
- ✓ Prevention is so important! This is why the plan covers these services in full. There is no deductible or copay when you visit an In-Network provider for Preventive Services.
- ✓ When enrolled in the Premera Blue Cross Dental plans, you have the option to visit any dentist for your care but will save the most money by visiting an In-Network *(Dental Choice)* provider.
- ✓ When you visit a non-participating provider, benefits are paid at the Out-of-Network level and you may be responsible for balance billing and may have to pay up front and submit a claim for reimbursement.

Clarification of Services

Preventative

- ✓ Typically includes routine cleanings, x-rays and fluoride treatments.
- ✓ Frequency limitations may apply.

Basic

- ✓ Typically includes fillings, extractions, root canals, root planing and sealants.
- ✓ You may be responsible for the additional cost for composite fillings.

Major

- ✓ Typically includes crowns, dentures, implants and oral surgery.
- ✓ We recommend getting a pre-treatment estimate before seeking care.

Life and AD&D

Christian Health Care Center provides employee life and accidental death and dismemberment (AD&D) insurance.

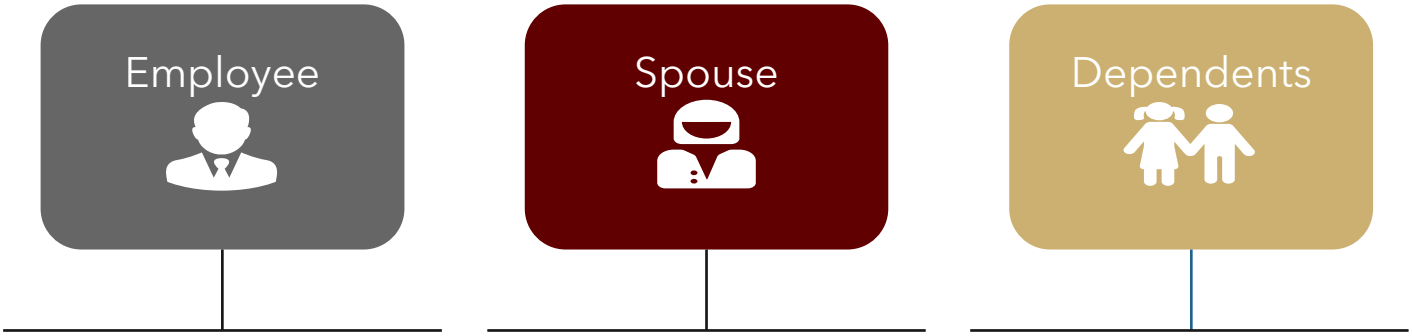
- ✓ Your amount of Group Life Insurance is a flat amount of $50,000.
- ✓ Coverage is provided through Guardian.
- ✓ 100% Employer Paid.
- ✓ Please contact HR to ensure your beneficiary is up to date.
- ✓ Visit guardianlife.com for more information.

	Basic Life and AD&D
Benefit Amount: *Life* *AD&D*	 $50,000 $50,000
Age Reduction Schedule	65% of original amount at age 65 50% of original amount at age 70 30% of original amount at age 75 20% of original amount at age 80

Voluntary Life and AD&D

You have the option to purchase additional Life and AD&D (Accidental Death & Dismemberment) protection. Life insurance pays your beneficiary a benefit should you die, and AD&D insurance pays a benefit should your death result from an accident or if you are severely injured in an accident. Coverage is provided through Guardian.

- ✓ Age may affect coverage levels.
- ✓ If you enroll after you are originally eligible, all amounts are subject to Evidence of Insurability.
- ✓ In order to purchase coverage for your dependents, you must purchase coverage for yourself.
- ✓ These benefits are paid for by you through payroll deductions.



Employee	Spouse	Dependents
$5,000 Increments Up to $500,000 **Guaranteed Issue** Ages 15-64: $100,000 Ages 65-69: $50,000 Ages 70 + : $10,000	$2,500 Increments Up to $250,000 **Guaranteed Issue** Ages 15-64: $50,000 Ages 65-70: $10,000	$10,000 **Guaranteed Issue** Full Benefit Amount

Guardian

Age	Employee or Spouse Life - Monthly Rate per $1,000
15-34	$0.06
35-39	$0.10
40-44	$0.15
45-49	$0.24
50-54	$0.42
55-59	$0.71
60-64	$0.97
65-69	$1.05
70-99	$4.54
	Child Life - Monthly Rate for $10,000
6 months to age 26	$1.71

Paid Family Medical Leave

- ✓ For Washington Residents Only.
- ✓ This benefit provides paid leave for an employee's serious health condition or for a member of their family.
- ✓ Coverage is paid Washington State's Employment Security Department (WA ESD), which is funded through premiums paid by both the employee and Christian Health Care Center.
- ✓ Visit www.paidleave.wa.gov for more information and to file a claim.

	Washington Paid Family Medical Leave
Elimination Period*	1 week
Maximum Benefit Duration**	Up to 12 weeks
Benefit Percentage	Varies based upon income
Maximum Weekly Benefit	Up to $1,427 per week
Pre-Existing Condition Limitation	None

*Elimination period is waived for parental bonding leave, medical leave taken the post-natal period, and military exigency.
** An additional 2-4 weeks is available for those taking a combination of medical and family leave within the same claim year.

Voluntary Short-Term Disability

Keep Your Income Protected

Christian Health Care Center believes that income replacement through disability insurance is invaluable in protecting you during times of injury or illness.

- ✓ A short-term disability is an illness or injury that prevents you from working for a short period of time.
- ✓ Pregnancy is considered a disability and benefit duration maximums apply.
- ✓ Coverage is provided through The Standard and incudes an EAP plan.
- ✓ Visit standard.com for more information.
- ✓ These benefits are paid for by you through payroll deductions.

	Voluntary Short-Term Disability
Elimination Period	14 days for Accidental Injury 14 days for Physical Disease, Pregnancy or Mental Disorder
Weekly Benefit	60% of your weekly earnings up to $1,000
Benefit Duration	Up to 90-days
Definition of Disability	You are unable to perform with reasonable continuity the material duties of your own occupation: AND you suffer a loss of 20% in your pre-disability earnings when working in your own occupation.
AGE	Employee STD rate Per $10 of weekly payroll
Under Age 30	$1.012
30-34	$1.119
35-39	$0.706
40-44	$0.509
45-49	$0.540
50-54	$0.562
55-59	$0.712
60+	$0.909

*All late applications (applying 31 days after becoming eligible), are subject to a 60-day benefit waiting period for sickness or pregnancy during their first 12 months in the STD plan.

Voluntary Long-Term Disability

- ✓ A long-term disability is an illness or injury that prevents you from working for an extended period of time.
- ✓ Coverage is provided through The Standard and incudes an EAP plan.
- ✓ Visit standard.com for more information.
- ✓ These benefits are paid for by you through payroll deductions.

	Voluntary Long-Term Disability
Elimination Period	You must be disabled for 90-days before benefits are payable
Monthly Benefit	60% of your monthly earnings up to $5,000 (Reduced after age 66)
Benefit Duration	Up to 24 Months
Definition of Disability	You are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation AND are suffering a loss of at least 20% of your indexed pre-disability earnings when working in your own occupation.
Pre-Existing Condition*	90-days / 12 months
AGE	**Employee LTD rate - Per $100 of monthly covered payroll**
Under Age 30	$0.195
30-34	$0.297
35-39	$0.319
40-44	$0.420
45-49	$0.560
50-54	$0.776
55-59	$1.143
60-64	$1.487
65-69	$1.941
70-74	$4.299
75+	$6.449

*Pre-Existing Condition means during the 90-days prior to the Employee's Effective Date of Insurance the Employee received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines for the disabling condition. The Pre-Existing Condition Exclusion will not apply if the Employee's Total or Partial Disability begins later than 12 months after the Employee's Effective Date of Insurance.

Employee Assistance Program

Disability Plan with The Standard have EAP Services

Confidential free service 24 hours per day

Marital and parenting problems

Alcohol and substance abuse

Up to 3 face-to-face or virtual visits per issue

HealthAdvocate℠

1. Financial Services – free phone support
2. Online Wellbeing & Trainings
3. Legal Services
4. Referrals for childcare and eldercare services
5. Identity Theft Recovery
6. Everyday life

Phone

Call HealthAdvocate through The Standard

24/7/365

888-293-6948

Web

HealthAdvocate.com/Standard3

Mobile App

GET IT ON Google Play

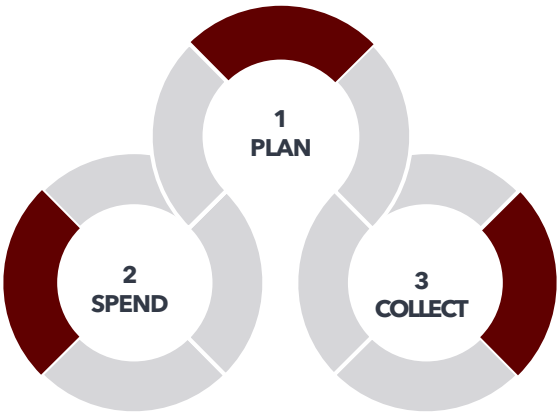
Download on the App Store

Flexible Spending Account (FSA)

isolved Benefit Services

Flexible Spending Accounts (FSAs) help employees save up to 40% on health and dependent care expenses. For employees enrolled in traditional health plans, health care FSAs are used to pay for prescription drugs, copays, deductibles, and other Out-of-Pocket costs. Dependent care FSAs are great options to save and pay for childcare.

Use your funds on eligible expenses by swiping your debit card or paying up front and submitting for reimbursement.



Submit IRS-required documentation to substantiate your claims and collect your reimbursement.

Health/Limited Health FSA

Health FSA

Out-of-Pocket medical, Rx, dental & vision expenses such as copays, deductibles and coinsurance $3,050 per year. You can carry over $610 of unused FSA funds to the next plan year.

- ✓ Your FSA runs on a plan year basis from October 1st through September 30th each year.
- ✓ Visit isolvedbenefitsservices.com for more information.

Dependent Care Account Program (DCAP)

Dependent Care Account (DCAP)

Covers children up to age 13, disabled children of any age, or a disabled spouse/partner.
You can set aside up to $5,000 per year ($2,500 if married filing separately).

Dependent Care Account (DCAP)

Both you and your spouse/partner (if applicable) must be working, be looking for work, or be a full-time student.

Resources on the Go

98POINT6

On demand, text-based primary care. You get board-certified providers that answer questions, diagnose, and treat you when you're sick or if you have a chronic condition via secure in-app messaging on your mobile phone. Available 24/7 at 98point6.com/Premera

24-HOUR NURSE LINE

Call Premera's free and confidential 24-Hour NurseLine to speak to a registered nurse who will ask the right questions, listen to your concerns, and help you determine where and when to seek treatment. Go to Premera.com or call 800-841-8343

PREMERA MOBILE APP

Get it done on the go with Premera mobile app on the App Store or Google Play

- Monitor and view your claims to determine your patient responsibility
- View your deductible and what you've spent toward your Out-of-Pocket maximum
- Find doctors and other providers for you and your family to seek care
- Show proof of coverage – no card required
- Browse and compare costs for specific procedures
- Access your Premera ID card

PREMERA MYCARE MOBILE APP

Access your plan and care anywhere on the App Store or Google Play or you can scan the QR code to the right.

- Access virtual care services with a doctor, including prescriptions in less than an hour
- Connect to a provider via test, phone or video chat within the app
- Provides personalization by only showing services purchased by employer

BLUECARD WORLDWIDE PROGRAM

When you seek care in Southwest Washington, in another state, or outside of the United States, you have access to the BlueCard network (BlueCard Worldwide Program for outside the U.S.). To access network provider information in SW Washington or in other states, visit bcbs.com. You can also download the National Doctor & Hospital Finder app to search or call BlueCard Access at 800-810-BLUE (2583).

Virtual Care

DOCTOR ON DEMAND

Your health plan includes telehealth powered by Doctor on Demand, a national leader in quality care. You can talk to any of Doctor on Demand's board-certified physicians, licensed counselors and psychiatrists any time by video chat using your computer or the app—24 hours a day, 7 days a week, 365 days a year.

Types of Conditions: Treat and diagnose non-emergency medical conditions, mental and behavioral health needs, prescribe medications, and send prescriptions to your pharmacy. Common conditions include cold/flu, rash, allergies, ear problems, sore throat, sinus infection, and many more.

How to Use: Activate your account at doctorondemand.com/Premera

- ✓ Download free mobile App (Doctor on Demand)
- ✓ Call 800-997-6196

Cost to use Doctor on Demand: You'll want to create your online account in advance so when you need care, you'll already be set up.

Premera Plans	Regular Visit	Behavioral Health/Substance Abuse
Base Plan (Preferred Choice $2,000)	$10 copay	$30 copay
Buy Up Plan (Preferred Choice $1,000)	$10 copay	$25 copay

Feeling overwhelmed? Tap into the power of self-care. These apps can help you build resilience, set goals, and take meaningful steps toward becoming healthier and happier.

- ✓ **Talkspace:** Convenient and affordable way to connect with a licensed therapist. Visit blue.premera.com/Bhsupport to get started or download the App.
- ✓ **Doctor on Demand:** Virtual care with access to psychiatrists, psychologists, therapists and other medical experts anytime anywhere. Visit doctorondemand.com/Premera to register or download the App.

Struggling with addiction? A licensed professional is ready to help. These apps can help you achieve recovery wherever you are. Take advantage of short wait times and no waiting room through your Premera plan.

- ✓ **Boulder Care**: Treatment for opioid use disorder and alcohol use disorder. Video visits and text messaging with a therapist. Visit boulder.care/getstarted or download the app.
- ✓ **WorkIt Health:** Treatment for opioid use disorder and alcohol use disorder. Live chat and video with a therapist. Visit workithealth.com/Premera or download the app.

How to Find a Provider

PREMERA BLUE CROSS

Medical/Rx, Vision & Dental

SCAN ME

From premera.com, or scan the QR code, go to “Find a Doctor” on the top bar and select “Find Care”, then under employer-sponsored plans select "Browse all doctors and specialists."

- ✓ Under the Medical & Vision Network, select the ***Heritage Prime*** network.
- ✓ Under the Dental Network select the ***Dental Choice*** network.
- ✓ Enter the city and state or the zip code in which you would like to search along with the type of provider or facility.
- ✓ Click “enter” on your keyboard to complete the search.

If you login into your registered Premera account, you can bypass the above steps to search for a provider. Simply select *“Find a Doctor”* and the site will automatically search the Heritage Prime network.

For those living in California, follow the steps above to locate a provider, except you will select the ***BlueCard PPO*** network.

Cost of Coverage

- ✓ Below is your cost of coverage on a monthly basis for Medical/Rx/Vision.
- ✓ Your contribution is deducted automatically from your paycheck on a pre-tax basis for you and your covered tax dependents.
- ✓ Voluntary Dental, Life & Disability plan benefits are paid by you through payroll deductions.

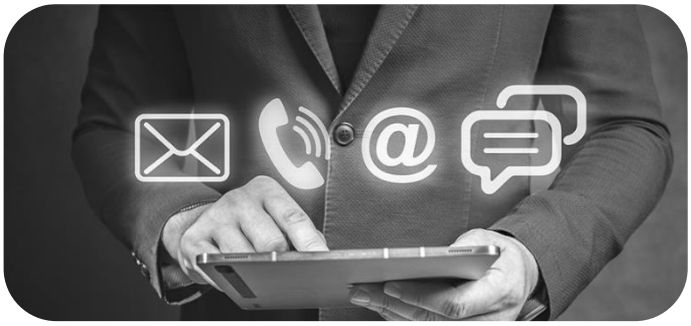
Medical Base Plan Preferred Choice $2,000/Rx/Vision	Total Monthly Premium	CHCC Contributes (Monthly)	Your Cost (Monthly)
Employee Only (EE)	$905.82	$751.83	$153.99
EE + Spouse/DP	$2,010.90	$751.83	$1,259.07
EE + Family (1 Child)	$2,481.47	$751.83	$1,729.64
EE + Family (2+ Children)	$2,989.15	$751.83	$2,237.32
EE + 1 Child	$1,376.39	$751.83	$624.56
EE + 2 or more Children	$1,884.07	$751.83	$1,132.24

Medical Buy Up Plan Preferred Choice $1,000/Rx/Vision	Total Monthly Premium	CHCC Contributes (Monthly)	Your Cost (Monthly)
Employee Only (EE)	$967.72	$751.83	$215.89
EE + Spouse/DP	$2,148.31	$751.83	$1,396.48
EE + Family (1 Child)	$2,651.03	$751.83	$1,899.20
EE + Family (2+ Children)	$3,193.42	$751.83	$2,441.59
EE + 1 Child	$1,470.44	$751.83	$718.61
EE + 2 or more Children	$2,012.83	$751.83	$1,261.00

Voluntry Dental - Optima Flex "Base"	Total Monthly Premium	CHCC Contributes (Monthly)	Your Cost (Monthly)
Employee Only (EE)	$41.60	$0.00	$41.60
EE + Spouse/DP	$89.46	$0.00	$89.46
EE + Family (1 Child)	$114.42	$0.00	$114.42
EE + Family (2+ Children)	$149.77	$0.00	$149.77
EE + 1 Child	$66.56	$0.00	$66.56
EE + 2 or more Children	$101.91	$0.00	$101.91

Voluntary Dental - Optima "Buy Up"	Total Monthly Premium	CHCC Contributes (Monthly)	Your Cost (Monthly)
Employee Only (EE)	$46.55	$0.00	$46.55
EE + Spouse/DP	$100.10	$0.00	$100.10
EE + Family (1 Child)	$128.03	$0.00	$128.03
EE + Family (2+ Children)	$167.59	$0.00	$167.59
EE + 1 Child	$74.48	$0.00	$74.48
EE + 2 or more Children	$114.04	$0.00	$114.04

DP = Domestic Partner



Contact Us

- ✓ Provider directories and explanation of benefits are available online and provide the most up-to-date information.
- ✓ You may also contact carriers directly with your questions.

Plan	Vendor	Group Number	Phone Number	Website/Email
Medical/Rx/Vision /Dental	Premera Blue Cross	4012498	(800) 722-1471	premera.com
Life/AD&D	Guardian	512477	(800) 459-9401	guardianlife.com
Disability	The Standard	158256	(800) 368-1135	standard.com
Employee Assistance Program	HealthAdvocate The Standard	N/A	(888) 293-6948	healthadvocate.com/standard3
FSA	isolved Benefit Services	N/A	(866) 370-3040	isolvedbenefitservices.com
Propel Insurance	Account Manager Stephanie Kuhn	N/A	(206) 262-4374	stephanie.kuhn@propelinsurance.com
Plan Administrator HR Contact	Kay De Boer	N/A	(360) 354-4434	kdeboer@chcclynden.org

We recommended you register an online account with each carrier. This will allow you to manage your benefits, view plan information, view Explanation of Benefit (EOB), view claim status, find providers and order ID cards.

Medical Terms

Deductible	The deductible is 100% your responsibility. You only pay the deductible amount each calendar year as you accrue covered charges.
Coinsurance	Coinsurance is the percentage of shared member and plan responsibility. You only pay coinsurance up to your out-of-pocket maximum. Your Out-of-Network coinsurance responsibility is higher.
Copay	A co-payment (copay) is a fixed amount (for example, $25) you pay for a covered health care service, it is usually paid at the time of service.
Out-of-Pocket Maximum	Once your out-of-pocket maximum is met, the plan pays 100% of covered charges for the rest of the calendar year.
Balance Billing	If you use Out-of-Network services, you will be billed for amounts over the allowable carrier expense ("balance billing") in addition to applicable coinsurance and copays when you see an Out-of-Network (non-network) provider.
In-Network	The doctors, hospitals, laboratories, pharmacies, etc., that are members of the plan's provider network. When you see an In-Network provider, the plan pays a higher benefit.

Additional Insurance Terms

- *During your initial eligibility period, the Guarantee Issue amounts usually apply.*
- *An EOI is required for anyone enrolling in coverage more than 30 days after their original eligibility date, or for anyone who wants to increase existing coverage amounts.*

Evidence of Insurability (EOI)

Health questionnaire that may be required by an insurance carrier that will be subject to their Underwriting Team's approval before coverage can begin.

Guaranteed Issue Amount

The amount of coverage that can be elected without having to submit any Evidence of Insurability.

Life Insurance

Life insurance can provide financial security to your family members should something happen to you. It can be used to pay off debts, funeral expenses, legal expenses, and general living expenses for your surviving family members.

Disability Insurance

Disability insurance protects and replaces a portion of lost income if you are unable to work due to a qualifying illness or injury.

Annual Compliance Notices

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60-days after the marriage, birth, adoption, or placement for adoption.

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60-days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60-days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

To request special enrollment or obtain more information, contact Kay De Boer, Human Resources Generalist at 360-354-4434 or kdeboer@chcclynden.org.

Women's Health and Cancer Rights Act (WHCRA) Notices

Enrollment Notice

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. If you would like more information on WHCRA benefits, call your plan administrator at 360-354-4434.

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 at 360-354-4434 for more information.

Annual Compliance Notices

Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as copays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under Christian Health Care Center Health Benefits Plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at 360-354-4434.

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).

Newborn children are covered automatically for the first 3 weeks from birth when the mother is eligible to receive obstetrical care benefits under this plan. To continue benefits beyond the 3-week period, please see the dependent eligibility and enrollment guidelines outlined in the Who Is Eligible For Coverage? and When Does Coverage Begin? sections of the Premera medical booklet.

If the mother isn't eligible to receive obstetrical care benefits under this plan, the newborn isn't automatically covered for the first 3 weeks. For newborn enrollment information, please see the Who Is Eligible For Coverage? and When Does Coverage Begin? sections of the Premera medical booklet.

Benefits are provided on the same basis as any other care, subject to the child's own cost-shares, if any, and other provisions as specified in this plan. Services must be consistent with accepted medical practice and ordered by the attending provider in consultation with the mother.

Genetic Information Nondiscrimination Act (GINA) Disclosures

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Medicare Part D Creditable Coverage Notice

Important Notice from Christian Health Care Center 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 Premera 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. Christian Health Care Center has determined that the prescription drug coverage offered by the Premera Blue Cross Health Benefits 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?

If you decide to join a Medicare drug plan, your current Premera Blue Cross coverage will not be affected. Plan participants can retain their existing coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, the other coverage. If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into Christian Health Care Center benefit plan during the open enrollment period.

If you do decide to join a Medicare drug plan and drop your current Christian Health Care Center coverage, be aware that you and your dependents will be able to get this coverage back.

Medicare Part D Creditable Coverage Notice – Continued

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 Christian Health Care Center 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 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 Christian Health Care Center changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	10/01/2023
Name of Entity/Sender:	Christian Health Care Center
Contact:	Kay De Boer, Human Resources Generalist
Address:	855 Aaron Drive, Lynden, WA 98264
Phone Number:	360-354-4434
Email:	kdeboer@chcclynden.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 **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

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

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

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

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

To see if any other states have added a premium assistance program since 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
1-866-444-EBSA (3272)

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

Paperwork Reduction Act Statement

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

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

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

Notes

CHRISTIAN HEALTH CARE CENTER

propel INSURANCE
AN ALERA GROUP COMPANY