ANNE ARUNDEL COMMUNITY COLLEGE

January 1, 2023–December 31, 2023

Employee Benefits Guide

Visit **https://www.brainshark.com/hilbgroup/AACC** or scan the QR code with a smart device to view a presentation about your benefits.

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Anne Arundel Community College takes pride in providing a comprehensive employee benefits program, and we recognize the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry.

Scan the QR code or visit https://psaclient.com/AACC_PlanDocs to view plan documents and flyers on the benefits described in this guide.

The benefits plan year runs January 1 through December 31. Unless you have a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, you cannot make changes to your benefits until the next Open Enrollment period.

Benefit changes must be consistent with your qualified change-in-status event. Changes must be submitted to Human Resources within 31 days of the event; documentation supporting the change will be required.

Don't understand qualified change-in-status events? Scan the QR code below or visit https://bit.ly/Change-in-status to watch a short video.

Important Notice about Your Prescription Drug Coverage and Medicare—see pages 17–18.

Please read the notice and share it with any of your Medicare-eligible dependents.

Who is eligible for benefits?

Full-or part-time (working 50% or more of the work week) permanent Anne Arundel Community College (AACC) employees are eligible for all benefits in this guide. For a more detailed overview on who is eligible for benefits and documentation requirements for dependents and midyear changes, scan the QR code or visit https://psaclient.com/AACC_BenefitsEligiblity.

In addition to enrolling yourself, you may also enroll any eligible dependents. Verification is required for all dependents. Eligible dependents are defined below:

- **Spouse**: a person to whom you are legally married by ceremony
- **Child(ren)**: Your biological, adopted, or legal dependents up to age 26 regardless of student, financial, and marital status; coverage for a dependent child will terminate at the end of the month in which the child turns age 26

Change-in-Status Events

Unless you have a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, you cannot make changes to the benefits you elect until the next Open Enrollment period. Some examples of qualified change-in-status events are highlighted below:

- Marriage or divorce
- Birth, adoption, or death
- Change in employment, or employment status for you, your spouse, or your dependent child
- Change in coverage under another employer plan, such as a change made during your spouse's Open Enrollment

Dependent Documentation

Dependent documentation is required with new employee benefit enrollments. Documentation also is required for dependents added to your plan during open enrollment and following a midyear qualifying event. Dependent documentation includes copies of your marriage certificate and dependent's birth certificates. Birth registration notices are not accepted as proof of birth.

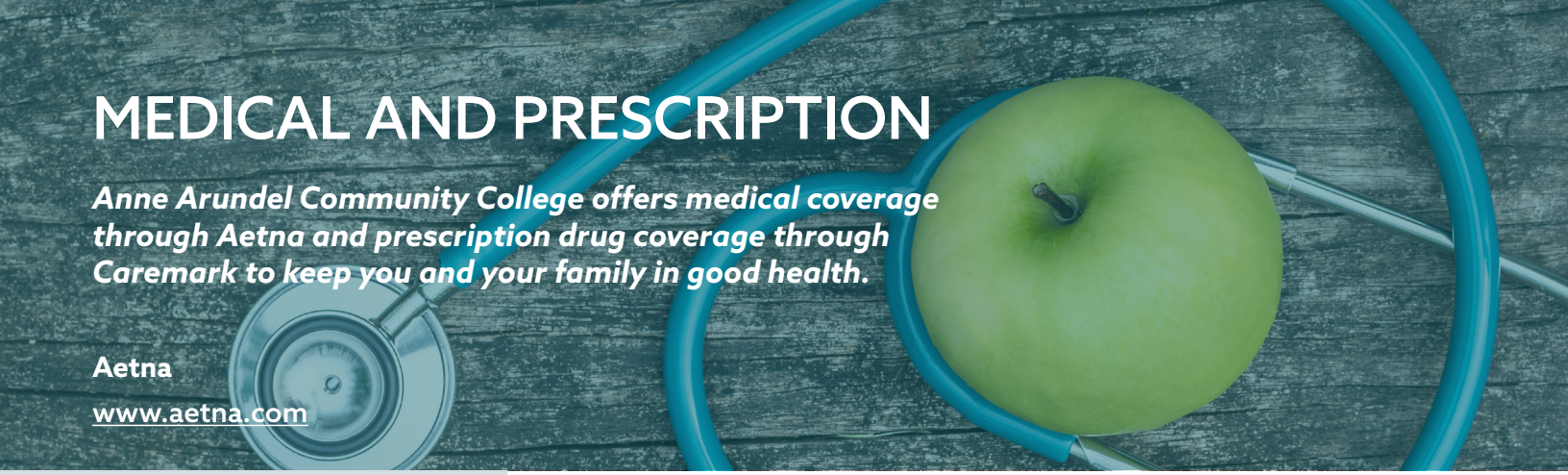
MEDICAL AND PRESCRIPTION PLAN HIGHLIGHTS

You have two medical plan choices administered by **Aetna**. All options include prescription drug coverage. To locate a participating, in-network provider, visit **www.aetna.com**.

Plan Features	Open Choice PPO		Select HMO/EPO
	In-Network YOU PAY	Out-of-Network* YOU PAY	In-Network ONLY YOU PAY
Annual Deductible Amount you must pay before the plan will begin to pay for certain services	$125 individual $250 family	$500 individual $1,000 family	$100 individual $200 family
Annual Out-of-Pocket Maximum Maximum amount you pay per year for covered expenses	$500 individual $1,000 family	$1,500 individual $3,000 family	$1,100 individual $3,600 family
PREVENTIVE SERVICES			
Well child visits and immunizations, routine GYN visit, annual adult physical, and other age/gender appropriate screenings as outlined in the Affordable Care Act	No charge	30% after deductible	No charge
OFFICE VISITS, LABS, AND TESTING			
PCP/Specialist Office Visits	$15 copay/$35 copay	30% after deductible	$15 copay
Diagnostic Test (x-ray, blood work)	5% after deductible	5% after deductible	No charge after deductible
Imaging (CT/PET scans, MRIs)	5% after deductible	5% after deductible	No charge after deductible
HOSPITAL			
Outpatient	5% after deductible	30% after deductible	$25 copay
Inpatient	5% after deductible	30% after deductible	No charge after deductible
URGENT AND EMERGENCY CARE			
Urgent Care Facility	$35 copay	$35 copay	$35 copay
Hospital Emergency Room (waived if admitted)	$75 copay	$75 copay	$75 copay
MENTAL HEALTH/SUBSTANCE ABUSE			
Office Visits	$15 copay	30% after deductible	$15 copay
Inpatient Services	5% after deductible	30% after deductible	No charge after deductible

This chart is intended for comparison purposes only. If there are any discrepancies, the official plan documents will govern.
**You may be subject to higher out-of-pocket expenses and balance billing.*

Scan the QR code or visit **https://psaclient.com/AACC_Medical** to view the medical plan summaries.



MEDICAL AND PRESCRIPTION

Anne Arundel Community College offers medical coverage through Aetna and prescription drug coverage through Caremark to keep you and your family in good health.

Aetna

www.aetna.com

Aetna Health App

Understand and manage your benefits

- Review benefits and coverage details specific to your plan.
- See what your health care costs, how much is covered by your plan and where you are with your deductibleand out-of-pocket maximum.
- View and pay claims for your whole family.
- Access your ID card whenever you need it.

Connect to care and stay healthy

- Find in-network providers, including those offering telemedicine services, as well as walk-in clinics and urgent cares near you.
- Get cost estimates before you get care.
- View ratings and reviews of providers.
- Talk with a doctor anytime by phone or video chat.
- Receive personalized reminders to help you improve your health.

Reister now to get started. Visit www.myaetnawebsite.com to register for your member website. Get the **Aetna Health App** by texting "**AETNA**" to 90156 to receive a download link.

Take advantage of Aetna's additional benefits and discount programs!

Aetna Fitness Discount Program

Through our partnership with GlobalFit, you will gain access to preferred rates at over 10,000 gyms nationwide with flexible membership options. You can also get discounts on home exercise products and equipment, as well as access to other programs supporting your healthy lifestyle such as at-home weight loss programs and one-on-one health coaching services.

Aetna Weight Management Discount Program

The Aetna Weight Management Discount Program offers discounts with Jenny Craig and NutriSystem. With Jenny Craig, you can engage in a free 30-day trial program and then get 25% off when enrolling in a Jenny Craig Premium Program. With NutriSystem, you can get a 12% off any 28-day weight loss meal plan in addition to other available offers from NutriSystem at the time of enrollment.

Vision Discount Program

Just for being an Aetna member, you can also save on prescription and nonprescription vision services and materials. This includes savings on eye exams, frames, lenses, and LASIK surgery, as well as contact lens solution, nonprescription sunglasses and more.

These discounts apply to the thousands of vision provider locations nationwide, including CVS Optical, LensCrafters, Target Optical, Pearle Vision Centers, America's Best, and other independent optometrists and ophthalmologists.

Summary of Benefits and Coverage (SBC)

Choosing a health coverage option is an important decision. To help you make an informed choice, a **Summary of Benefits and Coverage (SBC)**, which summarizes important benefit information in a standard format, is available for review. Visit https://psaclient.com/AACC_PlanDocs for the SBCs for each plan option.

Choosing the right type of care

Your Doctor Knows Best

- Your personal physician best understands your health.
- Having a personal physician can result in overall better care.

24/7 Medical Advice

Aetna Teladoc®

Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults. Set up your account today so when you need care, a Teladoc doctor is just a call or click away.

Set up your account:
It's quick and easy online. Visit the Teladoc website at www.Teladoc.com/Aetna, click "Set up account" and provide the required information. You can also call Teladoc for assistance over the phone at **1-855-Teladoc (835-2362)**.

Provide medical history:
Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

Request a consult:
Once your account is set up, request a consult anytime you need care.
www.Teladoc.com/Aetna
www.Teladoc.com/mobile
1-855-Teladoc (835-2362)

24/7 Nurse Line

Members can call anytime and talk to a registered nurse for answers to health-related questions. They can also listen to information from our audio health library on thousands of topics. **1-800-556-1555**

Deductible, coinsurance, copays, out-of-pocket maximum—what do these terms mean?

The plans differ in terms of how much you will pay up front (deductible) for certain services, the cost you will have to pay (coinsurance and copays), and the maximum amount you pay per year (out-of-pocket maximum).

Visit https://bit.ly/Med-Terms or scan the QR code to watch a short video about understanding medical insurance terms.

CVS Caremark—Prescription Drug

The Anne Arundel Community College prescription plan is managed by CVS Caremark. A brief summary of the prescription benefit plan is listed below and on the pages following. For additional plan details, contact CVS Caremark at **866-409-8521** or www.caremark.com or the Human Resources office.

	CarePlus Retail Pharmacy Annapolis, MD	Network Retail	CVS/Pharmacy	Mail Services Pharmacy
When to use your benefit	For immediate and maintenance medication needs	For immediate and maintenance medication needs	For immediate and maintenance medication needs	For maintenance medication needs
Where	2666 Riva Road, Suite 110 Annapolis, MD 21401 Phone: 410-573-1635 Fax: 410-573-5012 Hours of Operation: Monday through Friday	The CVS Caremark Retail Program includes more than 64,000 participating pharmacies nationwide, including independent pharmacies and chain pharmacies. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on "Find a Local Pharmacy" at www.caremark.com.	You have the convenience of getting your long-term medications at one of our 6,900 CVS/pharmacy locations for your mail service copay. You also have the convenience of getting your prescriptions at your local CVS/pharmacy. To locate a CVS/pharmacy in your area, simply click on "Find a Local Pharmacy" at www.caremark.com.	Simply mail your original prescription and the mail service order form to CVS Caremark. Your medications will be sent directly to your home, office, or a location of your choice.
Copay up to a 30-day supply	• $5 for each generic medication • $22 for each brand-name medication on the drug list • $32 for each brand-name medication not on the drug list	• $5 for each generic • medication • $25 for each brand-name medication on the drug list • $35 for each brand-name medication not on the drug list	• $5 for each generic medication • $25 for each brand-name medication on the drug list • $35 for each brand-name medication not on the drug list	• $5 for each generic medication • $25 for each brand-name medication on the drug list • $35 for each brand-name medication not on the drug list
Refill limits	None	One initial fill plus one refill on maintenance medicines up to a 30-day supply.	One initial fill plus one refill on maintenance medicines up to a 30-day supply. No refill limit for maintenance medications with a 31-90 day supply.	N/A
Copay up to a 90-day supply	• $10 for each generic medication • $50 for each brand-name medication on the drug list • $70 for each brand-name medication not on the drug list	Not available	• $10 for each generic medication • $50 for each brand-name medication on the drug list • $70 for each brand-name medication not on the drug list	• $10 for each generic medication • $50 for each brand name medication on the drug list • $70 for each brand name medication not on the drug list
Web services	Register at Caremark.com to access tools that can help you save money and manage your prescriptions. To register, have your prescription card ready.			
Customer care	Visit Caremark.com or call toll-free at **1-866-409-8521**.			
Notes	1. A maintenance medication is taken regularly for chronic conditions or long-term therapy. A few examples include medications for managing high blood pressure, diabetes or high cholesterol. 2. Co-payments, co-pay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. 3. When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand co-payment. A brand penalty appeal form is available on the HR Intranet/Forms.			

Important things to know about the Caremark Prescription Plan

Prescriptions filled at the retail pharmacy have a Day Supply Limit and Refill Limit

Prescriptions written for up to a 30-day supply of a new, nonmaintenance medication may be filled twice at any retail pharmacy (that's one initial fill plus one refill). After the second retail fill on medications, you must use the Caremark Mail Service or a CVS retail pharmacy and request a 90-day supply.

Maintenance Choice Program

Maintenance Choice offers you choice and savings when it comes to filling long-term* prescriptions. You have two ways to save:

Option 1:

CVS Caremark Mail Service Pharmacy:

- Enjoy convenient home delivery.
- Receive a 90-day supply.
- Receive your medications in private, tamper-resistant and (when needed) temperature controlled packaging.
- Talk to a pharmacist by phone.

Plus, you can easily order refills and manage your prescriptions anytime at **www.caremark.com**.

Option 2:

CVS/Pharmacy:

- Pick up your medication at a time that is convenient for you.
- Receive a 90-day supply for the same mail order co-payment.
- Enjoy same-day prescription availability.
- Talk with a pharmacist face-to-face.

**A long-term medication is taken regularly for chronic conditions or longterm therapy. A few examples include medications for managing high blood pressure, asthma or high cholesterol.*

Mandatory Generic Requirement

When a generic drug is available, but the pharmacy dispenses the brand name drug for any reason, you will pay the difference between the brand name drug and the generic, plus the brand co-payment. Members with a medical necessity for a brand name medication may request an appeal form and provide supporting documentation.

Primary/Preferred Drugs

Preferred drugs are those medications that CVS Caremark has on its primary/preferred drug list. This list may change at any time, and is published on the Caremark website in January, April, July and October. The CVS Caremark pharmacists evaluate the medications approved by the Food and Drug Administration (FDA) before adding them to the primary/preferred drug list. Each drug is reviewed for safety, side effects, efficacy (how well the drug works), ease of dosage and cost. The drugs that are judged the best overall are selected as the primary/preferred drugs. Your out-of-pocket costs will be less if you choose primary/preferred drugs.

Drugs with Quantity Limits

Some drugs have limits on the quantities that are covered. Drugs may have these limits due to warnings from the Food and Drug Administration (FDA), serious or toxic effects, or a high potential for misuse or abuse. Some drugs with quantity limits include, but are not limited to:

- Viagra
- Sedatives
- Hypnotics (e.g., sleeping pills)

When you go to the pharmacy for a prescription drug with a quantity limitation, your co-pay will cover only the quantity allowed by the plan. You will pay the full cost of any additional quantities.

Drug Exclusions

Some drugs and medications are excluded from coverage, including, but not limited to:

- Weight-loss drugs
- Vitamins and minerals (except for prescription prenatal)
- Drugs that are labeled by the FDA as "less than effective"
- Cosmetic products (not including acne medication)

The excluded drug list can change at any time. You can check to see if a particular drug is covered by visiting **www.caremark.com**. Members with a medical necessity for a newly excluded drug can submit an appeal to Caremark along with supporting documentation from their physician.

Specialty Pharmacies for Highly Specialized Drugs

Many new drugs being approved by the FDA are for chronic or serious diseases and are highly specialized. CVS Caremark provides a specialty pharmacy that helps members who need these specialty drugs. These drugs include some anti-cancer medication, growth hormones, infertility drugs and drugs for multiple sclerosis. The specialty pharmacy has nurses, pharmacists and other health care professionals who can answer questions you may have regarding specialty drugs and schedule delivery of these drugs to your home. To find out more about all the benefits CVS Caremark Specialty Pharmacy Services has to offer, including express delivery, follow-up care calls, expert counseling and more, call **CaremarkConnect** at **800-237-2767**.

DENTAL PLAN HIGHLIGHTS

Your dental health is an important part of your overall health.

Cigna
1-800-244-6224
www.mycigna.com

Anne Arundel Community College offers dental coverage through **Cigna**. You can visit any licensed dentist, but your costs are usually lowest with an in-network dentist. The in-network dentists accept reduced fees for covered services; out-of-network dentists may balance bill you the difference between their usual fee and what the plan pays.

The features of your dental plans are highlighted in the table below. Please refer to your plan descriptions for full details.

	DHMO Plan		PPO Plan		Buy-Up PPO Plan	
Plan Features	**In-Network**	**Out-of-Network***	**In-Network YOU PAY**	**Out-of-Network* YOU PAY**	**In-Network YOU PAY**	**Out-of-Network* YOU PAY**
Annual Deductible Amount you must pay per year before the plan begins to pay benefits	None		$10 individual $25 family	$10 individual $25 family	$25 individual $50 family	$50 individual $100 family
Annual Benefit Maximum Maximum amount the plan will pay per year; does not include preventive or orthodontia services	None		Plan pays $1,000 per person per calendar year		Plan pays $2,000 per person per calendar year	Plan pays $1,500 per person per calendar year
Preventive and Diagnostic Services	See fee schedule[1]		No charge	No charge*	No charge	10%
Basic Services	See fee schedule[1]		No charge	No charge*	No charge	10%
Major Services	See fee schedule[1]		20% after deductible	20% after deductible*	20% after deductible	30% after deductible
Orthodontia Services Dependent children up to age 26	See fee schedule[1]		50%; plan pays up to $1,000 lifetime maximum per person		50%; plan pays up to $2,000 lifetime maximum per person	50%; plan pays up to $1,500 lifetime maximum per person

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.
**Reimbursement is based on the maximum contract allowances and not necessarily each dentist's submitted fees. Out-of-network dentists may balance bill you for the different between the MRC paid by the plan and their usual fees.*
[1]A copy of the fee schedule can be obtained on the MyAACC intranet or the QR code below.

Need to locate a participating, in-network provider?

To locate a participating provider, visit **www.mycigna.com**. Click "Find a Doctor, Dentist or Facility." Select "Employer or School," then enter your location, and choose the type of dentist you're looking for under "Doctor by Type." You can also call **1-800-244-6224**.

Scan the QR code or visit **https://psaclient.com/AACC_Dental** to view the dental plan summaries and fee schedule.

VISION PLAN HIGHLIGHTS

Routine eye exams are essential to preserve your vision and safeguard your eye health.

EyeMed
1-866-804-0982
www.eyemed.com

Your vision coverage provides a full range of vision care services provided through **EyeMed**. You may receive care from any provider you choose, but your benefits are greater when you see a participating provider in the INSIGHT network. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form to EyeMed for reimbursement.

Plan Features	In-Network YOU PAY	Out-of-Network Reimbursement
Vision Exam *Once every 12 months*	$10 copay	Up to $52
Eyeglass Frames *Once every 12 months*	$0 copay,$150 plan allowance; 20% off balance	Up to $70
Eyeglass Lenses *Once every 12 months* Single vision Lined bifocal Lined trifocal	 $0 copay $0 copay $0 copay	 Up to $55 Up to $75 Up to $95
Contact Lenses *Once every 12 months in lieu of eyeglasses*	$0 copay, $150 allowance; plus 15% off balance over $150	Up to $105

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Limitations and exclusions may apply.

Need to locate a participating, in-network provider?

To locate a participating provider, visit www.eyemed.com, click "Find a Provider," and choose the INSIGHT network, or call **1-866-804-0982**.

Did you know your eyes can tell an eye care provider a lot about you?

Vision insurance can make routine eye care more affordable, especially if you are among the majority of people who wear prescription eyeglasses or contact lenses.

In addition to getting a vision screening, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won't always notice the symptoms yourself and since some of these diseases cause early and irreversible damage.

Scan the QR code or visit https://psaclient.com/AACC_Vision to view your benefit summary and a flyer on vision coverage.

EMPLOYEE CONTRIBUTIONS

	Employee Per Pay Period Amount			
	Full-Time Employee		Part-Time Employee	
	12 Month	10 Month	12 Month	10 Month
Medical				
Aetna Open Choice PPO (College pays 75%, employee pays 25%)				
Employee Only	$118.34	$142.01	$236.68	$284.01
Employee/Child	$209.03	$250.83	$418.05	$501.66
Employee/Spouse	$250.70	$300.84	$501.40	$601.67
Family	$325.56	$390.67	$651.12	$781.34
Aetna Open Access Select HMO/EPO (College pays 85%, employee pays 15%)				
Employee Only	$55.54	$66.64	$185.12	$222.14
Employee/Child	$100.23	$120.28	$334.10	$400.92
Employee/Spouse	$118.96	$142.75	$396.52	$475.82
Family	$153.57	$184.28	$511.89	$614.27

	Employee Per Pay Period Amount			
	Full-Time Employee		Part-Time Employee	
	12 Month	10 Month	12 Month	10 Month
Dental and Vision				
Cigna Dental Care Plan (DHMO) (College pays 100%)				
Employee Only	$0.00	$0.00	$4.98	$5.98
Employee/Child	$0.00	$0.00	$9.96	$11.95
Employee/Spouse	$0.00	$0.00	$12.65	$15.18
Family	$0.00	$0.00	$14.39	$17.27
Cigna Dental Core PPO (College pays 100%)				
Employee Only	$0.00	$0.00	$8.22	$9.86
Employee/Child	$0.00	$0.00	$14.58	$17.50
Employee/Spouse	$0.00	$0.00	$18.91	$22.69
Family	$0.00	$0.00	$21.02	$25.22
Cigna Dental Buy-Up PPO (College pays 65%, employee pays 35%)				
Employee Only	$8.90	$10.68	$12.71	$15.25
Employee/Child	$15.78	$18.94	$22.55	$27.06
Employee/Spouse	$20.47	$24.56	$29.24	$35.09
Family	$22.75	$27.30	$32.50	$38.99
Vision Plan (EyeMed) (College pays 100%)				
Employee Only	$0.00	$0.00	$0.90	$1.08
Employee/Child	$0.00	$0.00	$1.79	$2.15
Employee/Spouse	$0.00	$0.00	$2.29	$2.75
Family	$0.00	$0.00	$2.60	$3.12

Employees who do not elect coverage receive a stipend per year in the amount of:	
Full-Time Employees	**Part-Time Employees**
Medical: $450	Medical: $225
Dental: $96	Dental: $48
Total: $546	Total: $273

FLEXIBLE SPENDING ACCOUNTS (FSA)

Set aside pre-tax dollars to pay for eligible health care and dependent care expenses.

WEX
1-833-225-5939
www.wexinc.com

Do I need to enroll each year?

In order to participate in the FSA, **you must enroll each plan year**. Your annual contribution stays in effect during the entire plan year. The only time you can change your election is during Open Enrollment or if you experience a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document.

Use-it-or-lose-it Rule

You have a 2½ month "Grace Period" following the end of the plan year in which you can continue to incur expenses for that plan year for both the Health Care and Dependent Care FSA. You have until March 15, 2024, to incur eligible expenses for reimbursement.

Scan the QR code or visit **https://psaclient.com/AACC_Spending** to view flyers on the Flexible Spending Accounts.

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses for you and your family.

There are two types of FSAs: Health Care FSAs and Dependent Care FSAs. You can elect to participate in one or both of these accounts. The FSAs are administered by **WEX**.

Health Care FSA

A Health Care FSA helps you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to **$2,850** annually, which is deducted out of your pay throughout the year on a pre-tax basis. Funds can be used to pay for qualified health expenses such as deductibles, medical and prescription copays, dental expenses, and vision expenses. You can use the FSA for expenses for yourself, your spouse, and your dependent children—even if they are not covered under your medical or dental plan!

Your annual contribution amount is credited to your account and is available to you at the beginning of the plan year. As you incur expenses, simply use your debit card to pay for your expenses or submit a claim to be reimbursed.

Dependent Care FSA

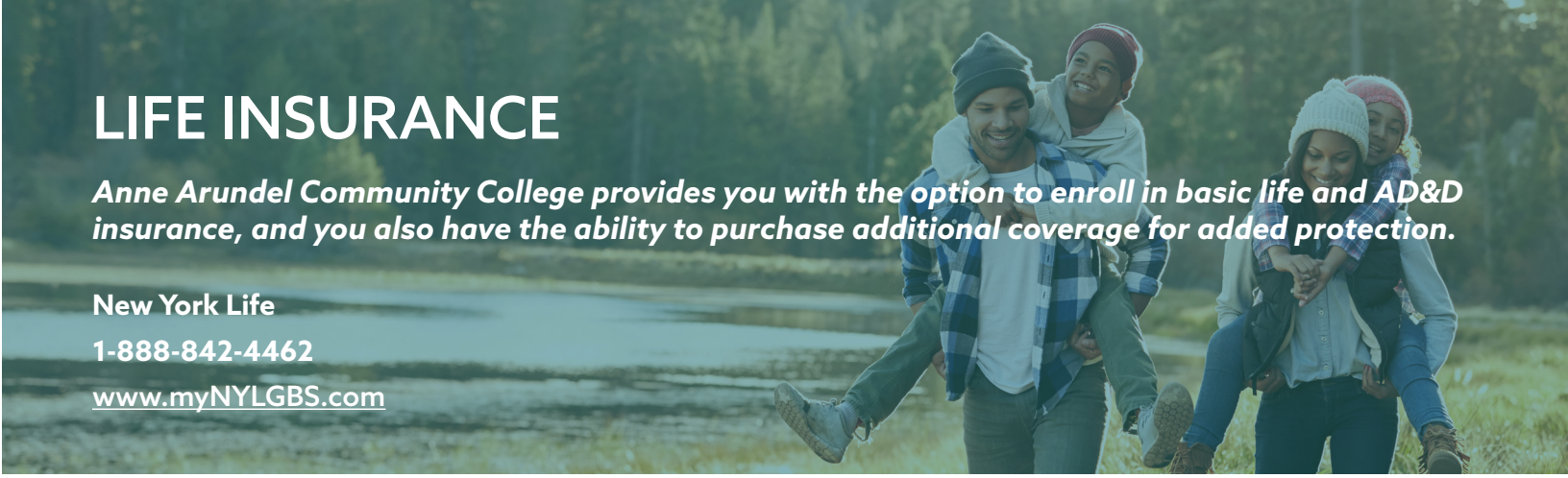
The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars. You may set aside up to **$5,000** annually in pre-tax dollars, or $2,500 if you are married and file taxes separately from your spouse.

Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work, look for work, or attend school full-time. Eligible expenses include daycare (center or individual daycare), before/after school care, summer day camp, and elder care.

Eligible expenses are listed below:

- Care for your dependent child who is under the age of 13 that you can claim as a dependent for tax purposes
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- Care for your spouse or parent who is physically or mentally incapable of caring for him/herself

For a list of eligible expenses visit, **www.wexinc.com**.



LIFE INSURANCE

Anne Arundel Community College provides you with the option to enroll in basic life and AD&D insurance, and you also have the ability to purchase additional coverage for added protection.

New York Life
1-888-842-4462
www.myNYLGBS.com

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or limbs in an accident. Coverage is provided through **New York Life**.

Basic Life and AD&D Insurance

Basic life insurance is an optional benefit (AACC pays 75%, employee pays 25%). All employees enrolled in basic life insurance will automatically be enrolled in AD&D. If you elect basic life insurance, you will receive coverage in the amount of two times your annual salary up to a maximum benefit of $350,000. If you die as a result of an accident, your beneficiary will receive an additional benefit equal to the basic life insurance. AD&D will pay a benefit to the beneficiary if the cause of death is due to an accident. Some exclusions apply. Fractional payments are made if the covered employee loses a bodily appendage or sight due to an accident. Benefits begin to reduce at age 70.

Voluntary Life and AD&D Insurance

You may also purchase additional coverage for yourself, your spouse, or your dependent children (up to age 26). When you and your dependents enroll in voluntary life, you will automatically receive voluntary AD&D equal to the same amount. Participation is voluntary, and you **pay 100% of the premiums**.

Employee Life Insurance

- You must elect basic life and AD&D in order to elect additional voluntary life insurance.
- Purchase coverage in $10,000 increments up to a maximum benefit of $500,000 or five times your annual salary (whichever is less).
- Evidence of Insurability Form is required if you enroll after initial eligibility or if you elect a benefit greater than $150,000 (guarantee issue amount)

Spouse Life Insurance

- Purchase coverage in $5,000 increments up to a maximum benefit of $50,000 (not to exceed 100% employee life insurance amount)
- Evidence of Insurability Form is required if you enroll after initial eligibility or if you elect a benefit greater than $10,000 (guarantee issue amount)

Dependent Life Insurance

- $10,000 benefit

Use the table below to calculate your premium based on the amount of life insurance you will need. Example: $100,000 supplemental life coverage	
1.Enter the rate from the table (ex. age 36)	$0.086
2.Enter the amount of insurance in thousands of dollars (ex. for $100,000 of coverage enter $100)	100
3.Monthly premium (1) x (2)	$8.60

Scan the QR code or visit **https://psaclient.com/AACC_LifeDis** to view summaries and flyers on your Life and AD&D benefits.

Evidence of Insurability (EOI)

New York Life requires you to show that you are in good health before they will agree to provide certain levels of coverage. This is called Evidence of Insurability (EOI).

- EOI is required for any amount over the guarantee issue amount—$150,000 for employee, $10,000 for spouse.
- During new hire or life events, EE/SPs can enroll up to the GI, even if they previously waived coverage. However, during OE they may only enroll/increase by one benefit level without submitting an EOI (unless that one level already exceeds the GI).

Coverage that requires EOI will not be in effect until you receive approval from New York Life.

Voluntary Monthly Life and AD&D Rates Per $1,000

Age	Employee	Spouse*	Child**
<30	$0.060	$0.065	$0.180
30–34	$0.072	$0.074	
35–39	$0.086	$0.080	
40–44	$0.112	$0.104	
45–49	$0.160	$0.150	
50–54	$0.243	$0.225	
55–59	$0.385	$0.403	
60–64	$0.571	$0.710	
65–69	$1.063	$1.221	
70+	$1.990	$1.915	

*Spouse rate is based on age of employee.
**Child unit may consist of more than one child.

DISABILITY INSURANCE

Disability insurance provides income protection if you are unable to work due to illness or non-work-related injury.

All active, full-time and part-time benefit eligible employees regularly working a minimum of 20 hours per week are eligible for disability coverage.

Short-Term Disability (STD)

Anne Arundel Community College provides STD coverage through **New York Life** at **no cost to you**.

- Maximum benefits of $5,000/week up to 26 weeks.
- STD will pay 80% of your regular salary after a 30 business-day elimination period.
- Your accrued sick, annual and/or carry-over leave will be used to supplement the remaining 20% during STD in order for you to receive 100% pay for your disability period.

Long-Term Disability (LTD)

To protect your income in the event of a long-term disability, Anne Arundel Community College provides LTD coverage through **New York Life** at **no cost to you**.

- The benefit is 60% of your monthly earnings, up to a maximum benefit of $9,000 per month.
- Benefits begin after you have been disabled for 180 days and will continue as long as you meet New York Life's definition of disability until Social Security Normal Retirement Age.
- Pre-existing condition limitations apply.

Scan the QR code or visit https://psaclient.com/AACC_LifeDis to view summaries and flyers on your Disability benefits.

Pre-existing condition limitations may apply

A pre-existing condition is a sickness or an injury for which you received medical treatment, advice or consultation, care or services including diagnostic measures, or took prescribed drugs or medications prior to your effective date of coverage. If you suffer from a disability caused by, contributed to, or resulting from a pre-existing condition, your disability may not be covered.

You may also enroll in the LTD buy-up plan to receive an additional 6.67% of your regular salary. Please contact HR for more information or reference the link below.

STD and LTD benefits may be reduced by other sources of income such as Social Security retirement, other disability benefits, Railroad Retirement benefits, Pension benefits, or Workers' Compensation.

Employee Assistance Program (EAP)

1-800-327-2251
www.bhsonline.com (username: AAC)

Everyone experiences stress and challenges in life from time to time. Whether your concerns are big or small, the Employee Assistance Program (EAP) can help. This service is completely confidential and is available to all employees and immediate family members—**at no cost to you**.

The EAP includes unlimited telephone consultations and up to four face-to-face counseling sessions per issue per year.

The EAP can assist with issues such as the below:

- Stress management
- Family problems
- Child care/parenting
- Legal/financial concerns
- Grief/loss
- Work-related issues
- Substance abuse

Scan the QR code or visit https://psaclient.com/AACC_EAPFlyer to view the EAP flyer.

ADDITIONAL BENEFITS

In addition to the benefits already covered, AACC employees receive:

Annual Leave

Administrators, 12-month department chairs and 12-month faculty earn 22 days per fiscal year. Professional and Support staff earn 15 days per fiscal year through the first five fiscal years and 22 days each fiscal year thereafter.

Regular part-time employees' leave is prorated per above accruals.

Sick Leave

Administrators, professional and support staff earn 15 days sick leave per fiscal year; 10-month faculty earn 10 days sick leave per academic year; 12-month faculty earn 15 days sick leave per fiscal year; regular part-time employees leave is prorated per above accruals.

College Paid Holidays

New Year's Day
Martin Luther King Jr.'s Birthday
Memorial Day
Juneteenth
Independence Day
Labor Day
Thanksgiving Day
Christmas Day

College Paid Time Off

Spring Break
Day after Thanksgiving
Winter Break

Tuition Reimbursement

Regular full-time employees are eligible to apply for reimbursement of up to $3,300 per fiscal year for preapproved job relevant courses; if funds are available, regular part-time employees are eligible to apply for up to 50% of the fiscal year allotment for preapproved job relevant courses.

Tuition Waivers

Regular full-time employees, their spouse and dependent children may enroll in credit and some noncredit courses without tuition payment; regular part-time employees may enroll in credit and some noncredit without tuition payment, and their spouse and dependent children may enroll in credit and noncredit courses at 50% tuition payment. Fees are charged.

Retirement

Employees classified as faculty, administrators and professional staff whose position requires a baccalaureate degree or higher may choose to participate in either the Maryland State Pension System or Optional Retirement Plan (ORP). Employees classified as support staff must participate in the Maryland State Pension System.

Maryland State Pension System

Includes both the Teachers' and Employees' Pension Systems; vested after 10 years of service; mandatory 7% employee contribution. State contributes a percentage which is based on annual actuarial data.

Optional Retirement Plan

A defined contribution plan with immediate vesting with one of two carriers: TIAA or Fidelity; the state contributes 7.25% of your base salary to your account.

403(b) Tax Shelter Annuities (Supplemental Retirement Account)

As an educational institution, it is possible for AACC employees to shelter a portion of their salary. There are several companies from which to choose: TIAA, Fidelity, AIG, and T. Rowe Price. Tax laws govern enrollment and administration of the plans. Calendar year 2023 annual limits are $20,500 for under age 50 and $27,000 for age 50+.

457(b) Deferred Compensation Plans

A 457(b) plan allows employees the option for addtional tax-free retirement savings option over and above the 403(b) Supplemental Retirement Plan the college currently offers. The 457(b) plan is totally separate from the 403(b) Supplemental Retirement Plan, however, if you participate in both plans you can essentially double your pretax contributions. Like the 403(b) plan, you choose how to allocate your pretax payroll contributions from a wide range of investment and account options. This plan is through TIAA. Calendar year 2023 annual limits are $20,500 for under age 50 and $27,000 for age 50+.

State Employees' Credit Union (SECU)

Employees and family members may join SECU at anytime. In addition to free checking and savings accounts, a variety of loans are available.

EMPLOYEE RESOURCES

Plan	Phone Number and Website/Email
Medical Aetna	1-800-872-3862 www.aetna.com
Prescription Drug CVS Caremark	1-866-409-8521 www.caremark.com
Dental Cigna	1-800-244-6224 www.mycigna.com
Vision EyeMed	1-866-804-0982 www.eyemed.com
Flexible Spending Accounts WEX	1-833-225-5939 www.wexinc.com
Life and Disability Insurance New York Life	1-888-842-4462 www.myNYLGBS.com
Retirement Maryland State Retirement and Pension System	1-800-492-5909 www.sra.maryland.gov
AACC Human Resources	410-777-2425 Visit the HR Page on the intranet
PSA Benefits Hotline	1-877-716-6618 Email: benefitshotline@psafinancial.com

PSA Benefits Hotline

The Benefits Hotline at PSA features a team of Client Advocates who can help you and your eligible family members with your life and disability benefit needs such as the below:

- Questions regarding eligibility and benefits
- Claims questions and issue resolution
- Enrollment support during Open Enrollment and for new hires
- Qualified change-in-status events

The PSA Benefits Hotline is available Monday–Friday, 8:30 a.m. to 5 p.m. ET.

https://webapps.aacc.edu/intranet/hr/default.cfm

Log in to MyAACC and click the AACC Intranet link from the home page to access additional resources, including plan summaries and rate tables.

ONLINE BENEFITS PORTAL

How to enroll

Visit https://aacc.benelogic.com

- Enter your Username and password (these will be the same as your log in information for your work computer)
- Follow the on-screen instructions to enroll in your benefits
- When you have finished making your elections, click the "Submit" button to save your elections

Need help?

Watch the Employee Portal Overview:

https://bl.benelogic.com/Walkthrough/EP/EPOverview_Condensed.mcmvf/EPOverview_Condensed.htm

REQUIRED NOTICES

Women's Health and Cancer Rights Act of 1998

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). WHCRA requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. 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.

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those established for medical and surgical benefits under the plan.

Health Insurance Portability and Accountability Act (HIPAA)

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Notice of Privacy Practices for medical, dental, vision, and Health Care Flexible Spending Account is available from Human Resources.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a caesarean 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Special Enrollment Rights

If you are declining enrollment for yourself, or your dependents (including your spouse) because of other health insurance or other group health plan coverage, you may be able to enroll yourself and/or 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' coverage). However, you must request enrollment within 30 days after your previous coverage ends (or after the employer stops contributing toward the other coverage). In addition, 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 in this plan, provided that you request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.

Creditable Coverage

You should be provided with a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to COBRA, when COBRA coverage ceases, if you request it before you lose coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage from the plan, you may be subject to a pre-existing condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in other coverage.

Health Information Privacy

For purposes of the health benefits offered under the plan, the plan uses and discloses health information about you and any covered dependents only as needed to administer the plan. To protect the privacy of health information, access to your health information is limited to such purposes. The health plan options offered will comply with the applicable health information privacy requirements of federal regulations issued by the Department of Health and Human Services. The plan's privacy policies are described in more detail in the plan's Notice of Health Information Privacy Practices or Privacy Notice available on the Human Resources Benefits Intranet site. Please contact the Human Resources office if you have questions about the plan's privacy policies.

Important Notice About Your Prescription Drug Coverage and Medicare—please read this notice and share it with any of your Medicare-eligible dependents.

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). If you and your covered dependents are not currently covered by Medicare and will not become covered by Medicare within the next 12 months, this Notice is for informational purposes only.

This notice has information about your current prescription drug coverage with Anne Arundel Community College 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 included in 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. Anne Arundel Community College has determined that the prescription drug coverage offered by Anne Arundel Community College 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 15 through December 7.

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 coverage with Anne Arundel Community College will not be affected. You can keep this coverage if you join a Medicare drug plan and this plan will coordinate with your Medicare drug coverage. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your medical and prescription drug coverage through Anne Arundel Community College, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

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 Anne Arundel Community College 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 on this notice 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 Anne Arundel Community College 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).

Contact:
Anne Arundel Community College
Human Resources Department
410-777-2425
101 College Parkway
Arnold, MD 21012

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, 2022. 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: http://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
Email: hipp@dhcs.ca.gov

COLORADO — Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA — Medicaid
GA HIPP Website: medicaid.georgia.gov/programs/third-party-liability/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: www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: www.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: www.kancare.ks.gov/
Phone: 1-800-792-4884

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: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website:
www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: www.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:
www.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: www.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: www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345,
ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: www.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:
www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: www.insureoklahoma.org/
Phone: 1-888-365-3742

OREGON – Medicaid
Website: healthcare.oregon.gov/Pages/index.aspx
www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP
Website: www.eohhs.ri.gov/
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid
Website: www.scdhhs.gov/
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: dss.sd.gov/
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: gethipptexas.com/
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: www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: www.coverva.org/en/famis-select
www.coverva.org/en/hipp
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: www.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: www.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, 2022, 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

This communication highlights some of the benefit plans available. 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 official plan documents will always govern. The company reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.