2024 Benefits Enrollment Guide

Effective: **January 1, 2024**

UTAH youth village

Benefit Program Information

Benefits Overview

Utah Youth Village offers a comprehensive benefits package to promote health and wellness along with financial security for both you and your family. The complete benefit package is briefly summarized in this enrollment guide. Please be sure to review it carefully so that you are able to elect the coverage that is most appropriate for your personal situation. If there is any discrepancy between the insurance carrier's certificate of coverage and this guide, the insurance carrier's certificate of coverage is the prevailing document.

For Information About:	Go to:
Your Benefits	Lynnette Roberts Utah Youth Village HR 801.308.1054 lroberts@youthvillage.org
Customer Service Support	NFP Client Services 800.553.3903 NFPUTClientServices@nfp.com
Medicare Support	Senior Benefits Insurance Services 801.523.6081 https://90daysfromretirement.com/nfp/
Medical Plan	Cigna 866.492.2111 www.cigna.com
Health Savings Account, and Flexible Spending Account	HealthEquity 866.346.5800 www.healthequity.com
Dental and Vision Plans	MetLife Dental: 800.438.6388 Vision: 855.638.3931 www.metlife.com/mybenefits
Supplemental Health Benefits: Accident, Hospital, Critical Illness	Eli Swenson Supplemental Health Benefits Specialist 385.352.9379 eli.swenson@nfp.com www.MetLife.com/mybenefits
Basic Life, Voluntary Life, Short-Term Disability, and Long-Term Disability	New York Life 800.225.5695 www.newyorklife.com
Employee Assistance Program (EAP)	New York Life - ComPsych 800.344.9752 www.guidanceresources.com
Retirement Plan	401(k) Recordkeeper Empower 855.756.4738 www.empower-retirement.com/participant

Benefit Program Information

Eligibility

Coverage begins for enrolled eligible employees on the first of the month following 60 days of employment.

To obtain benefits you must satisfy the following:

- You must be a full-time employee working 30 hours or more per week
- If eligible, you may enroll your spouse and dependent children on the offered benefit plans
- Dependent children are eligible if less than 26 years of age

Eligible Dependents

- Legally married spouse
- Children until they turn 26 regardless of student, marital, or employment status. This includes natural children, stepchildren, adopted children (or those placed for adoption), and children for whom you are legal guardian.

Open Enrollment

During open enrollment, you may enroll in or make changes to your benefit programs. Open enrollment is the only time that you may add or change benefits during the year unless you have a qualifying life event. Make sure that you understand the offerings and enroll yourself and your eligible dependents in the programs that you would like for the upcoming plan year.

Qualifying Changes

The following events allow you a **30-day** special enrollment period to complete and submit a change request to update your benefits outside of the open enrollment period:

- You get married, divorced or legally separated
- You add a child through birth, adoption or change in custody
- Your spouse or child dies
- Your spouse or child(ren) lose eligibility for coverage

The following events allow you a **60-day** special enrollment period to complete and submit a change request to update your benefits outside the open enrollment period:

- You, your spouse or child loses coverage under either a Medicaid plan under Title XIX or under a state child health plan (CHIP) under Title XXI of the Social Security Act due to a loss of eligibility for that program's coverage

- You, your spouse, or child becomes eligible for premium assistance with respect to the cost of coverage under our group health plan through either a Medicaid plan under Title XIX (such as Utah's Premium Partnership) or under a state child health plan (CHIP) under Title XXI of the Social Security Act (see enclosed disclosure)

This outline is for plan comparison purposes only. Refer to plan certificate(s) for additional details.

Medical

Cigna - OAP 3200 HSA Qualified High Deductible Health Plan	In-Network	Out-of-Network*
Preventive Care Services *See list of covered preventive services on pages 26-29*	Covered 100%	Not Covered
Deductible	You Pay	You Pay
Employee Only / Family	$3,200 / $4,500 *Embedded***	$6,000 / $9,000 *Embedded***
Out of Pocket Maximum Employee Only / Family Includes Copays, Coinsurance & Deductibles	$4,500 / $6,750 *Embedded***	$10,000 / $15,000 *Embedded***
Office Visits	You Pay	You Pay
Primary Care Provider	20% AD	40% AD
Specialist Physician	20% AD	40% AD
Urgent Care	20% AD	40% AD
Prescriptions	Tier 1 / Tier 2 / Tier 3 / Tier 4	
30 Day Supply: Mail Order & Retail	$15 AD / $30 AD / $60 AD / 20% AD	Not Covered
90 Day Supply: Mail Order & Retail	$38 AD / $75 AD / $150 AD / N/A	Not Covered
Diagnostic Lab / X-Ray Services	You Pay	You Pay
Minor	Covered 100%	40% AD
Major	20% AD	40% AD
Hospital Services* **	You Pay	You Pay
Outpatient	20% AD	40% AD
Inpatient	20% AD	40% AD
Maternity	20% AD	40% AD
Durable Medical Equipment* **	20% AD	40% AD
Emergency Room	20% AD	
Mental Health Services* **	You Pay	You Pay
Office Visits	20% AD	40% AD
Inpatient / Outpatient	20% AD	40% AD
Chiropractic: 20 Visits Per Year	20% AD	Not Covered

AD: After Deductible

*Member pays balance of billed charges above In-Network Rate. To receive the maximum benefits from the plan you should always use in-network providers. To find an in-network provider, visit https://hcpdirectory.cigna.com/

**Embedded: If one person in a family hits the individual deductible and out-of-pocket limit in a calendar year, benefits will be paid for that individual at 100% for the remainder of the year.

***Preauthorization may be required

Medical Cost			
Cigna - OAP 3200 HSA Medical Plan	**Employer Monthly Contribution**	**Employee Cost Per Month**	**Employee Cost Per Pay Period (24)**
Employee Only	$565.21	$189.00	$94.50
Two-Party	$1,153.59	$385.00	$192.50
Family	$1,272.97	$424.00	$212.00

This outline is for plan comparison purposes only. Refer to plan certificate(s) for additional details.

Medical

Cigna - OAP 6000 HSA Qualified High Deductible Health Plan	In-Network	Out-of-Network*
Preventive Care Services *See list of covered preventive services on pages 26-29*	Covered 100%	Not Covered
Deductible	You Pay	You Pay
Employee Only / Family	$6,000 / $12,000 *Embedded***	$10,000 / $20,000 *Embedded***
Out of Pocket Maximum Employee Only / Family Includes Copays, Coinsurance & Deductibles	$6,500 / $13,000 *Embedded***	$20,000 / $40,000 *Embedded***
Office Visits	You Pay	You Pay
Primary Care Provider	20% AD	40% AD
Specialist Physician	20% AD	40% AD
Urgent Care	20% AD	40% AD
Prescriptions	Tier 1 / Tier 2 / Tier 3 / Tier 4	
30 Day Supply: Mail Order & Retail	$15 AD / $30 AD / $60 AD / 20% AD	Not Covered
90 Day Supply: Mail Order & Retail	$38 AD / $75 AD / $150 AD / N/A	Not Covered
Diagnostic Lab / X-Ray Services	You Pay	You Pay
Minor	Covered 100%	40% AD
Major	20% AD	40% AD
Hospital Services* **	You Pay	You Pay
Outpatient	20% AD	40% AD
Inpatient	20% AD	40% AD
Maternity	20% AD	40% AD
Durable Medical Equipment* **	20% AD	40% AD
Emergency Room	20% AD	
Mental Health Services* **	You Pay	You Pay
Office Visits	20% AD	40% AD
Inpatient / Outpatient	20% AD	40% AD
Chiropractic: 20 Visits Per Year	20% AD	Not Covered

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**Embedded: If one person in a family hits the individual deductible and out-of-pocket limit in a calendar year, benefits will be paid for that individual at 100% for the remainder of the year.

***Preauthorization may be required

Medical Cost			
Cigna - OAP 6000 HSA Medical Plan	**Employer Monthly Contribution**	**Employee Cost Per Month**	**Employee Cost Per Pay Period (24)**
Employee Only	$539.76	$114.00	$57.00
Two-Party	$1,100.68	$233.00	$116.50
Family	$1,213.97	$257.00	$128.50

This outline is for plan comparison purposes only. Refer to plan certificate(s) for additional details.

Health Savings Account

What is a Health Savings Account (HSA)?

A qualified high deductible health plan with a Health Savings Account is an alternative to traditional health insurance plans. The HSA is a savings product that offers a different way for consumers to pay for their health care costs. HSAs enable you to pay for current qualified expenses and save for future medical and retiree health expenses on a tax-free basis.

You must be covered by a Qualified High Deductible Health Plan (QHDHP) to be able to contribute to an HSA. You own and control the money in your HSA. As your account balances grow, you may also decide what types of investments to make with your HSA money.

You and/or your employer may contribute to your HSA, up to the legal maximum. **In 2024, the maximum annual contribution for single enrollee set by the IRS is $4,150, and the maximum family contribution is $8,300.** A catch-up contribution, up to an additional $1,000, is allowed for individuals who are 55 years or older. Please see the contribution chart below to determine the amount contributed to your HSA by your employer.

What you can do with your HSA

- Pay qualified health care expenses: Use the HealthEquity online PayChoice payment platform at www.MyHealthEquity.com to pay for qualified health care expenses. You can use your debit card, request a check by phone or online, or transfer funds online
- Save money for future medical expenses: You may not have significant health care expenses every year, but saving the maximum amount every year helps you build a sizeable savings for when you are faced with larger medical expenses
- Save for post-retirement expenses: Once you reach age 65, you can use your HSA funds to pay for anything you wish. Qualified medical expenses are still not taxed; any other expenses are subject to tax but not penalties

Your HSA is *your* money. Whatever you do not spend in a given year rolls over to the next. If you change jobs or retire, your HSA balance goes with you.

HSA Annual Limits

	Employee Only Coverage	Two-Party Coverage	Family Coverage
2024 Maximum Contribution to HSA	$4,150	$8,300	$8,300
Catch-up Contribution *age 55 & older*	$1,000	$1,000	$1,000

Employer Contribution

Coverage	Per Month	Annual Total
Employee Only	$62.18	$1,000
Two-Party	$93.99	$2,000
Family	$208.33	$2,500

This outline is for plan comparison purposes only. Refer to plan certificate(s) for additional details.

Health Savings Account

An Health Savings Account (HSA) lets you put money away for future healthcare costs while saving on taxes. How? HSAs are never taxed at a federal income tax level when used for qualified medical expenses. Contributions can come straight out of your paycheck, and your HSA can grow tax-free too.

- ☑ No 'use-it-or-lose-it,' keep your HSA forever
- ☑ Create a healthcare emergency safety net
- ☑ Invest[1] your HSA tax-free, like a 401(k)

Annual tax saving potential[2]

$1,660
Family plan

$830
Individual plan

2024 IRS Contribution Limits	
$8,300 Family plan	**$4,150** Individual plan
Members 55+ can contribute an extra $1,000	

See how much you can save

HealthEquity.com/Learn/HSA

Common qualified medical expenses:

- Pain relievers
- Doctor visits
- Dental cleaning
- Sleep aids
- Eyeglasses/contacts
- Cold/cough medicine
- Chiropractic care
- Insulin testing supplies

[1]Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | [2]Estimated savings are based on an assumed combined federal and state income tax rate of 20%. Actual savings will depend on your taxable income and tax status. | HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions.

Dental

MetLife - Group Dental Plan		
	In-Network *PDP Plus Network*	**Out-of-Network*** *R&C 90th percentile*
Deductible: Individual / Family	$50 / $150	$50 / $150
	Plan Pays	
Preventive Services**		
Routine Exams, Cleanings, Topical Fluoride, X-rays, Space Maintainers, Emergency Palliative Treatment	Covered 100%	Covered 100%
Basic Services**		
Fillings, Periodontics, Endodontics, Oral Surgery, Anesthesia	80% AD	80% AD
Major Services**		
Crowns, Inlays, Onlays, Bridges, Dentures	50% AD	50% AD
Calendar Year Maximum Per Individual	$1,750	
Orthodontia: Children up to Age 19	50%	50%
Orthodontia Lifetime Maximum	$1,500	

*You pay the difference between billed and allowed charges (R&C), if any. The non-network Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards. . To receive the maximum benefits from the plan you should always use in-network providers. To find an in-network provider, visit https://providers.online.metlife.com/findDentist

** Limitations or exclusions may apply based on age, frequency, and more. Please see plan summary for details.

Dental Cost			
Cigna - Total PPO Dental Plan	**Employer Monthly Contribution**	**Employee Cost Per Month**	**Employee Cost Per Pay Period (24)**
Employee Only	$20.42	$7.00	$3.50
Employee + Spouse	$40.81	$13.00	$6.50
Employee + Child(ren)	$49.29	$16.00	$8.00
Family	$74.69	$24.00	$12.00

Vision

MetLife - VSP Vision Plan		
	In-Network	**Out-of-Network Reimbursement***
Examinations	Once Every 12 Months	
Lenses or Contact Lenses	Once Every 12 Months	
Frames	Once Every 12 Months	
Eye Examination	$10 Copay	Up to $45
Frames	$150 Retail Allowance and 20% Discount on Remainder, or $85 at Costco, Walmart, and Sam's Club	Up to $70
Prescription Lenses		
Single Vision	$25 Copay	Up to $30
Lined Bifocal	$25 Copay	Up to $50
Lined Trifocal	$25 Copay	Up to $65
Lenticular Lenses	$25 Copay	Up to $100
Standard Progressive	$25 Copay	Up to $50
Premium Progressive	Up to $95-$105 Copay	Up to $50
Custom Progressive	Up to $150-$175 Copay	Up to $50
Lens Options		
UV Coating Polycarbonate: Children up to Age 18	Covered 100% After Lens Copay	Applied to Applicable Lens Allowance *Price at Provider's Discretion*
Polycarbonate: Adults	Single Vision: $31 | Multifocal: $35	
Tint: Solid / Gradient	$15 Copay / $17 Copay	
Scratch Resistant Coating	Up to $17-$33 Copay	
Anti-Reflective Coating	Up to $41-$85 Copay	
Photochromatic	Up to $47-$82 Copay	
Other Lens Enhancements	These copays can be viewed after enrollment at: www.metlife.com/mybenefits	
Contact Lenses		
Contact Lenses *In Lieu of Glasses Lenses*	$150 Retail Allowance	Up to $105 *Combined Lens & Contact Exam Allowance*
Contact Lens Exam *Standard Fitting & Evaluation*	Up to $60 Copay	

*You pay the difference between billed and allowed charges, if any. The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by an in-network provider. To receive the maximum benefits from the plan you should always use in-network providers. To find an in-network provider, visit https://mymetlifevision.com/

Vision Cost		
Cigna - PPO Vision Plan	**Employee Cost Per Month**	**Employee Cost Per Pay Period (24)**
Employee Only	$7.09	$3.55
Employee + Spouse	$14.18	$7.09
Employee + Child(ren)	$14.33	$7.17
Family	$22.86	$11.43

This outline is for plan comparison purposes only. Refer to plan certificate(s) for additional details.

Flexible Spending Account

You have the option to participate in an employee benefit that may increase your spendable income and lower your taxes. With an FSA, contributions are deducted from your paycheck before state and federal taxes. By making these contributions with pre-tax dollars, you will reduce your taxable income **and take home a larger portion of your paycheck.**

Two Components of the Flexible Spending Account:

1. **Flexible Spending Account (FSA)-Health Care Reimbursement (Including Dental and Vision):** Each year, you may set aside up to $3,200* pre-tax dollars to pay for qualifying out-of-pocket medical, dental, vision, and some over the counter expenses. **A Limited Purpose Flexible Spending plan, associated with HSA participation can only be used for dental and vision expenses.**

2. **Flexible Spending Account (FSA)-Dependent Care Reimbursement**: Each year, you may set aside up to $5,000 pre-tax dollars (or $2,500 if you are married and filing individually) to pay for eligible dependent care expenses. This may include child care, elder care or other eligible dependent care. Funds are available for reimbursement only as they are deducted from your paycheck.

There are two types of Flexible Spending Accounts Available:

Flexible Spending Account - To be used *without* HSA Account Participation

Limited Purpose Flexible Spending Account - To be used *with* HSA Account Participation

Facts You Should Know:

- Participation is voluntary
- If you have an HSA, you may still enroll in an FSA. Once your medical deductible has been met, you may use your FSA funds on health expenses.
- Participation in the plan simply allows you to pay for qualified expenses with pre-tax dollars
- Flexible Spending Accounts are subject to the "use it or lose it" rule. Participants may forfeit any balance in the account(s) at the end of the plan year.
- You have a 90 day grace period from the end of the 2024 plan year to submit 2023 receipts for reimbursement.
- Over-the-counter medications and other items are eligible without a prescription.

Example of Savings Using a Flexible Spending Account

	Without Flexible Spending	With Flexible Spending
Gross Income	$40,000	$40,000
Pre-Tax Expenses for Health/Dependent Care	$0	$2,500
Taxable Income	$40,000	$37,500
Less Taxes	$10,279	$9,563
After-Tax Expenses for Health	$2,500	$0
Spendable Income	$27,221	$27,938
Your Savings With Flexible Spending		**$716**

*Contribution limits are determined by the IRS and are subject to change each year.
This outline is for plan comparison purposes only. Refer to plan certificate(s) for additional details.

Life and Disability

New York Life - Basic Life, AD&D, and Dependent Life	
Employee Life Benefit	$50,000
Employee AD&D	Matches Basic Life Benefit
Spouse Life Benefit	$5,000
Child(ren) Life Benefit	$5,000
Benefit Age Reduction *Based on age of Employee*	Reduces to 65% of the original benefit amount at age 65, and 50% at age 70

AD&D: Accidental Death & Dismemberment

New York Life - Short-Term Disability	
Benefit Percentage	60% of Weekly Covered Earnings
Maximum Weekly Benefit	Up to $1,500
Benefit Duration	Up to 12 Weeks
Benefit Commencement Period	15 Days Accident 15 Days Sickness

New York Life - Long-Term Disability	
Elimination Period	90 days
Benefit Percentage	60% of pre-disability earnings
Maximum Monthly Benefit	Up to $10,000
Benefit Duration	Social Security Normal Retirement Age
Definition of Disability	2 years - own occupation
Mental Illness / Substance Abuse	24 months
Pre-Existing Condition Limitations*	3/12

* This limitation applies to new hires only and conditions for which an employee receives medical services within three months of the effective date of coverage. No benefits are payable for a disability resulting from such condition until the employee has been covered for three consecutive months with no medical care for the condition, or until the employee has been covered for 12 consecutive months.

Employer Contribution

Your employer pays the full cost for basic life, accidental death and dismemberment (AD&D), short-term disability (STD), and long-term disability (LTD) benefits for all eligible full-time employees.

Employee Cost
$0.00

This outline is for plan comparison purposes only. Refer to plan certificate(s) for additional details.

Voluntary Life

In addition to the basic life insurance provided by your employer, you have the option to buy supplemental life insurance. **To view total rates, or to purchase this plan, please log in to your Bswift enrollment portal.**

New York Life - Voluntary Life and AD&D	
Employee	
Benefit Amount*	Up to $500,000, in $10,000 increments *Not to exceed 5x Annual Earnings*
Guarantee Issue Amount	$300,000 *Not to exceed 5x Annual Earnings*
Benefit Age Reduction	Reduces to 65% of the original benefit amount at age 65, and 50% at age 70
Late Entrants *other than at hire*	Subject to Evidence of Insurability (EOI)
Spouse	
Benefit Amount*	Up to $200,000, in $5,000 increments *Not to exceed 100% of employee Voluntary Life amount*
Guarantee Issue Amount	$35,000
Benefit Age Reduction *Based on age of Employee*	Reduces to 65% of the original benefit amount age 65, and 50% at age 70
Late Entrants *other than at Employee's hire*	Subject to Evidence of Insurability (EOI)
Child(ren)	
Birth up to 6 months	$10,000
6 Months up to Age 26	$10,000 or $20,000

*Basic life benefits illustrated on previous page do not count toward the maximum benefit amounts for voluntary life.

Voluntary Life and AD&D Rates Monthly Rates Per $1,000 of Coverage		
Age Band	**Employee**	**Spouse**
< 25	$0.075	$0.075
25-29	$0.085	$0.085
30-34	$0.090	$0.090
35-39	$0.100	$0.100
40-44	$0.125	$0.125
45-49	$0.175	$0.175
50-54	$0.235	$0.235
55-59	$0.455	$0.455
60-64	$0.685	$0.685
65-69	$0.925	$0.925
70+	$2.015	$2.015

Child(ren) Voluntary Life and AD&D Rates Monthly Rates by Coverage Amount	
$10,000	$2.25
$20,000	$4.50

This outline is for plan comparison purposes only. Refer to plan certificate(s) for additional details.

Supplemental Health Benefits

MetLife - Accident (Off Job) Plan Benefits		
	Low Plan*	**High Plan***
Accident Coverage	Off Job Only	Off Job Only
Accidental Death & Dismemberment (AD&D) *Accidental Death Common Carrier: Benefit is doubled*	Employee: $10,000 Spouse: $5,000 Child: $5,000	Employee: $50,000 Spouse: $25,000 Child: $5,000
Catastrophic Loss *Percentage of AD&D Benefit (above) paid*	Quadriplegia: 100% Loss of: Speech, hearing (both ears): 100% Hemiplegia or Paraplegia: 50%	Quadriplegia: 100% Speech & hearing loss (both ears): 100% Hemiplegia or Paraplegia: 50%
Accident Emergency Room Treatment	$150	$200
Accident Follow-Up Visit (doctor)	$25, up to 2 per accident; 6 per year	$75, up to 2 per accident; 6 per year
Air Ambulance	$500	$1,500
Ambulance	$100	$200
Broken Tooth Emergency Dental Work	Crown: $200 | Extraction: $100	Crown: $400 | Extraction: $150
Burns 2nd Degree / 3rd Degree *Benefit determined by % of Surface Skin Burnt and degree of the burn*	Less than 10%: $75 / $2,000 10% up to 35%: $1,000 / $4,000 35% or more: $3,000 / $12,000	Less than 10%: $100 / $2,000 10% up to 35%: $1,000 / $4,000 35% or more: $3,000 / $12,000
Coma	$7,500	$12,500
Concussions	$50	$100
Dislocations	See schedule, $100 to $8,000	See schedule, $200 to $10,000
Epidural Pain Management	$100, 2 times per accident	$100, 2 times per accident
Eye Injury	$200	$300
Fracture	See Schedule, $200 to $8,000	See Schedule, $400 to $10,000
Hospital Admission	$750	$1,250
Hospital Confinement	$175 per day, up to 1 year	$250 per day, up to 1 year
ICU Supplemental Admission *Paid in addition to Hospital Admission benefit*	$750	$1,250
ICU Supplemental Confinement *Paid in addition to Hospital Confinement benefit*	$175 per day, up to 31 days	$250 per day, up to 31 days
Initial Physician's Office or Urgent Care Visit	$50	$100
Joint Replacement: elbow, hip, knee, shoulder	$1,500	$3,500
Laceration	See schedule, $50 to $300	See schedule, $75 to $500
Organized Sports Adults & Children	25% increase to applicable Benefit	25% increase to applicable Benefit
Surgical Repair: cranial	$1,500	$2,000
Surgical Repair: knee - torn cartilage	$750	$1,500
Surgical Repair: ruptured disc	$750	$1,500
Surgical Repair: thoracic or abdominal pelvic cavity	$1,000 | Hernia: $150	$1,500 | Hernia: $200
Surgical Repair: torn tendon, ligament, or rotator cuff	1: $500 | 2 or more: $1,000	1: $750 | 2 or more: $1,500
Testing: MRI/MR, ultrasound, NCV, CT/CAT, EEG	$150, up to 2 per accident	$200, up to 2 per accident
Testing: X-ray	$75	$100
Therapy Service: physical, occupational, chiropractic	$35, up to 10 per accident	$50, up to 10 per accident

WELLNESS BENEFIT: Earn a $150 benefit for completing approved screenings or procedures.
One benefit per plan, per year, per covered person. Refer to list following this summary for approved screenings.

*See plan summary for exclusions, limitations, and the number of times a benefit is paid per accident, per calendar year.

Accident Plan Cost		
Coverage	**Employee Cost Per Month by Plan**	
	Low Plan	**High Plan**
Employee Only	$13.73	$20.92
Employee + Spouse	$23.99	$35.72
Employee + Child(ren)	$24.69	$35.76
Employee + Family	$34.95	$50.56

Minimum of 5 employees must enroll for policy to be issued.

This outline is for plan comparison purposes only, refer to plan certificate(s) for additional information. **Residents of AK, CO, CT, NH, and OH will be covered by a state specific certificate of insurance due to extraterritorial laws**. For variations on Program Design, Benefits, Limitations & Exclusions contact MetLife. www.mybenefits.metlife.com

Supplemental Health Benefits

MetLife - Hospital Indemnity Plan	Low Plan*	High Plan*
Hospital Admission Benefit (Inpatient)	$1,000	$1,500
ICU Supplemental Confinement Benefit *Paid concurrently with Admission Benefit when Covered Person is admitted to ICU*	$1,000	$1,500
Confinement Benefit** *Up to 31 Days per confinement*	$100/day	$100/day
ICU Supplemental Confinement Benefit *Paid concurrently with Confinement Benefit when Covered Person is admitted to ICU*	$100/day	$100/day
Confinement Benefit for Newborn Nursery Care*** *Up to 2 days per confinement*	$50/day	$50/day
WELLNESS BENEFIT: Earn a Wellness Benefit for completing approved wellness screenings or procedures. One benefit per plan, per year, per covered person. Refer to list following this summary for approved screenings.	**$100**	**$150**

*All benefits are payable once per year, per person.

** If Admission Benefit is payable for Confinement, the Confinement Benefit will begin to be payable the day after Admission. If a covered person is confined again within 90 days for the same or related sickness/injury, we will treat the subsequent confinement as a continuation of the previous confinement.

*** Payable for the period of newborn confinement for a newborn child who is not sick or injured

AGE REDUCTION: At age 70 and older, any benefit payable will be reduced by 50% (this does not apply to the Wellness Benefit).
EXCEPTIONS: Mental illness, alcoholism, and drug addiction treatments, and injury or illness resulting from drug misuse and driving under the influence, are not covered.
The state of California requires residents to have an overlying medical plan to enroll in Voluntary Hospital Indemnity

Plan Highlights

- **Guaranteed issue; no medical questions**
- **No pre-existing conditions limitation**
- **Routine childbirth, complications of pregnancy and emergency Cesarean section are covered**
- **No waiting period for sickness, no elimination period for Routine Childbirth**
- No deductible
- Portable

Hospital Plan Cost		
Coverage	Employee Cost Per Month	
	Low Plan	High Plan
Employee Only	$22.79	$30.77
Employee + Spouse	$48.05	$64.94
Employee + Children	$34.27	$46.16
Employee + Family	$59.43	$80.32

Minimum of 5 employees must enroll for policy to be issued.

This outline is for plan comparison purposes only, refer to plan certificate(s) for additional information. **Residents of AK, NH, and OH will be covered by a state specific certificate of insurance due to extraterritorial laws**. For variations on Program Design, Benefits, Limitations & Exclusions contact MetLife. www.mybenefits.metlife.com

Supplemental Health Benefits

MetLife - Critical Illness Benefits	First Occurrence*	Second Occurrence*
Benign Brain Tumor	75% of Benefit Amount	None
Cancer Category		
Invasive Cancer	100% of Benefit Amount	50% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	None
Skin Cancer	5% of Benefit Amount, min. $250	None
Childhood Disease Category Cerebral Palsy, Cleft Lip or Cleft Palate, Cystic Fibrosis, Diabetes: Type 1, Down Syndrome, Sickle Cell Anemia, Spina Bifida	100% of Benefit Amount	None
Functional Loss Category Coma, Paralysis of 2 or more limbs, Loss of: speech, hearing, sight	100% of Benefit Amount	Coma: 100% of Initial Benefit All Others: None
Heart Attack Category		None
Heart Attack	100% of Benefit Amount	50% of Initial Benefit
Sudden Cardiac Arrest *payable upon death*	50% of Benefit Amount	None
Kidney Failure	100% of Benefit Amount	50% of Initial Benefit
Major Organ Transplant *bone marrow, heart, lung, pancreas, liver*	100% of Benefit Amount	None
Progressive Disease Category		None
Adrenal Hypofunction (Addison's Disease), Huntington's Disease, Multiple Sclerosis	25% of Benefit Amount	None
Alzheimer's Disease	50% of Benefit Amount	None
ALS, Muscular Dystrophy, Parkinson's Disease (advanced), Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	None
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke	100% of Benefit Amount	50% of Initial Benefit

WELLNESS BENEFIT: Earn $150 benefit for completing approved wellness screenings or procedures.
One benefit per year, per covered person. Refer to list following this summary for approved screenings.

*Benefit payment issued in lump sum
Dependent Age Limit: Childbirth up to 26 years
Age Reduction: Any benefit payable will be reduced by 50% of the amount listed for that benefit in the Schedule if the Covered Person is 70 or older.

Critical Illness Cost

Employee Cost Per Month by Guaranteed Issue Amount

Age Band*	$5,000		$20,000		$35,000		$50,000	
	Employee	Spouse	Employee	Spouse	Employee	Spouse	Employee	Spouse
<30	$2.05	$2.05	$8.20	$8.20	$14.35	$14.35	$20.50	$20.50
30-39	$4.45	$4.45	$17.80	$17.80	$31.15	$31.15	$44.50	$44.50
40-49	$8.35	$8.35	$33.40	$33.40	$58.45	$58.45	$83.50	$83.50
50-59	$16.80	$16.80	$67.20	$67.20	$117.60	$117.60	$168.00	$168.00
60-69	$29.70	$29.70	$118.80	$118.80	$207.90	$207.90	$297.00	$297.00
70+	$43.55	$43.55	$174.20	$174.20	$304.85	$304.85	$435.50	$435.50

Children: Covered for 25% of Employee's elected amount at no additional cost
Minimum of 5 employees must enroll for policy to be issued

***Age-banded premium rates are based on the age at last birthday. Employee must be enrolled for spouse to be eligible.** Rate will change on the policy anniversary date coinciding with, or next following, the Insured's age. Premium/Benefit is payable in US currency.

This outline is for plan comparison purposes only, refer to plan certificate(s) for additional information. **Residents of ID, NH, and WA will be covered by a state specific certificate of insurance due to extraterritorial laws**. For variations on Program Design, Benefits, Limitations & Exclusions contact MetLife. www.mybenefits.metlife.com

Supplemental Health Benefits

How to Earn Your Wellness Benefit

The Wellness Benefit is available once per plan, per year, per covered person.
To receive the Wellness Benefit, complete one of the procedures or screenings shown below:

- **Routine health check-up exam**
- **Dental exam**
- **Eye exam**
- **Immunization**
- Biopsies for cancer
- Blood chemistry panel
- Blood test to determine total cholesterol
- Blood test to determine triglycerides
- Bone marrow testing
- Breast MRI
- Breast ultrasound
- Breast sonogram
- CA 15-3 *blood test for breast cancer*
- CA 125 *blood test for ovarian cancer*
- CEA *blood test for colon cancer*
- Carotid doppler
- Chest x-rays
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Coronavirus testing
- Digital rectal exam (DRE)
- Doppler screening for cancer or peripheral vascular disease
- Echocardiogram
- Electrocardiogram (EKG)
- Electroencephalogram (EEG)
- Endoscopy
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemoccult stool specimen
- Hemoglobin A1C
- Human Papillomavirus (HPV) vaccination
- Lipid panel
- Mammogram
- Oral cancer screening
- Pap smears or thin prep pap test
- Prostate-specific antigen (PSA) test
- Serum cholesterol test of LDL and HDL levels
- Serum protein electrophoresis
- Skin cancer biopsy, screening, or skin exam
- Stress test on bicycle or treadmill
- Successful completion of smoking cessation program
- Tests for sexually transmitted infections (STIs)
- Thermography
- Two-hour post-load plasma glucose test
- Ultrasounds for cancer detection

How to Claim Your Wellness Benefit

After completing one of the screenings or procedures above visit www.MetLife.com/mybenefits, download the **MetLife Mobile App**, or call **800-438-6388**. For help with your claim or questions about the plan, please contact your Supplemental Health Benefits Specialist, Eli Swenson.

Eli Swenson
385.352.9379
eli.swenson@nfp.com

Whatever life throws at you throw it our way.

Employee Assistance & Wellness Support.

Life: just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, New York Life Group Benefit Solutions is there for you with our Employee Assistance & Wellness Support program[1]. It can help you and your family find solutions and restore your peace of mind. This is just another example of how we are committed to Putting Benefits To Work For People℠.

Our suite of value-add resources includes:

› Life Assistance Program[1]

Are you feeling overwhelmed by the demands of balancing work and family life? Maybe you have questions about a legal or financial concern. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance. All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs. The Life Assistance Program provides a maximum of three sessions, per issue, per year.

› GuidanceResources®[1]

When you need information quickly to help handle life's challenges, you can visit **guidanceresources.com** for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings and "Ask the Expert" which provides personal responses to your questions.

› Well-being Coaching[1]

Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, time management and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.

See additional information on next page ›

NEW YORK LIFE GROUP BENEFIT SOLUTIONS

FamilySource®[1]

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, and pet care.

Contact Info:

Employee Assistance and Wellness Support 24/7

Phone: (800) 344-9752

Website: guidanceresources.com
Web ID: NYLGBS

1. These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. These services are provided exclusively by ComPsych® Corporation. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY.

All programs are effective for the member/participant on the first day of coverage.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America or New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

Life Insurance Company of North America is not authorized in NY and does not conduct business in NY.

New York Life Insurance Company
51 Madison Avenue
New York, NY 10010

123741 0822 SMRU 1951110 Exp. Date 09.08.2024

Retirement

Defined Contribution Plan 401(k)

Utah Youth Village employees may participate in the company sponsored 401(k) Plan. The plan offers diverse investment choices. The following information is intended as a brief summary only. The 401(k) plan document should be referenced for all questions or details concerning the plan.

Eligibility

All employees who are at least 18 years of age, and who have completed one year of service and at least 1,000 work hours, are eligible to make contributions into the plan. Participation in the plan is voluntary and your contribution amount can be changed at any time throughout the year. Eligible employees may enroll quarterly, on the first day of January, April, July and October of each year.

Contributions

You may elect to contribute as little as 1% up to 100% of your compensation into the plan. The maximum dollar amount the IRS will allow you to contribute in 2024 is $23,000. If you are age 50 or older, you may contribute an additional $7,500 as a “catch-up” contribution for a total of $30,500 annually.

You will automatically become a participant in the non-elective employer contributions on the 1st day of the quarter following attainment of one year of service. Employer contributes two types of non-elective contributions. The first, a safe-harbor non-elective contribution of 3% of your compensation. Second, your employer may also make an additional discretionary contribution of 2% (1-10 years of service) or 12% (10+ years of service), respectively.

Vesting Schedule

You are always 100% vested in your employee contributions. Discretionary employer contributions are vested as shown on the vesting schedule below:

Vesting Schedule	
Years of Service	Percentage Vested
0-1	0%
2	20%
3	40%
4	60%
5	80%
6+	100%

For More Information

Visit **https://plan.empower-retirement.com**
Or call: **1-855-756-4738**
Plan Number: **331084-01**

Retirement plan participants may want advice as they face complex decisions and choices that will define their retirement income potential in the future. Most feel unprepared to make these difficult decisions alone.

Our **WellCents** program delivers participants the tools they need to get on track to retire successfully. NFP’s retirement plan advisors are licensed and trained to deliver sound advice, rooted in research-proven retirement planning techniques and investment advisory services. To schedule your appointment with an NFP advisor, look for communication and instructions from your Human Resource department.

Financial Wellness

Welcome to WellCents

We are excited to announce a new and exciting benefit for Utah Youth Village employees. Employees are able to enjoy the benefits of our new financial wellness program offered through WellCents™. WellCents is a comprehensive, holistic financial wellness solution designed to help you create confidence in your financial life. Our goal is to help you develop a real-life action plan to move you toward being financially well, and in turn, help you secure a financially sound retirement.

Where to Start

It all begins with an online *Personal Financial Wellness Assessment*. Once you take the assessment you will receive a customized analysis of your current financial situation and recommended steps to help improve your position. It will also provide links to resources, articles, checklists and calculators designed to improve your financial literacy.

Financial Wellness Assessment

We hope everyone will participate in the program and take advantage of the new tools and resources available through the WellCents Portal.

One-on-One Meeting

Many of you who are currently participating in the Utah Youth Village 401(k) Plan may have already taken advantage of the one-on-one retirement planning sessions offered in partnership with our advisors at NFP. WellCents builds on that program and is available to all employees regardless of whether you participate in the company's retirement plan. Scheduling your personal advisory session will now happen through your personalized WellCents Dashboard.

For More Information

If you have questions, contact us at:
retirementsolutions@nfp.com
Or call: **1-800-553-3903**
Plan Number: **331084-01**

NEXT STEPS

Go to https://mywellcents.com/UYV

Business Code for App: UYV

Safe Harbor Notice

331084-01 Utah Youth Village, Inc. Profit Sharing Plan

empowermyretirement.com

The Utah Youth Village, Inc. Profit Sharing Plan (the "Plan") allows both the participants and Utah Youth Village, Inc. (your "Employer") to make contributions to the Plan. In order to allow you to make an informed decision on the level of your own contributions, if any, and to meet certain Internal Revenue Code nondiscrimination requirements, your Employer must inform you of the type of contribution it will make to your Plan account. These contributions to your account are called “safe harbor” contributions. This notice is intended to meet that requirement for the Plan Year ending December 31, 2024.

Paycheck Contributions

As explained more fully in the Summary Plan Description (SPD), you can contribute a portion of your eligible pay to your Plan on a before-tax or after-tax Roth basis. Your total paycheck contributions may not exceed the annual dollar limit set by the Internal Revenue Service (IRS).

If you are age 50 or older, you may be eligible to make before-tax or after-tax Roth “catch-up” contributions beyond the limits described above, up to the maximum annual “catch up” contribution amount.

Check your SPD for more information on the types and amounts of other paycheck contributions that can be made to your plan (if any), on the limits and the types of compensation included in eligible pay. If your Employer/Plan utilizes an Automatic Contribution Arrangement, you will receive a separate notice regarding these provisions from your Plan.

You may begin making paycheck contributions or change the amount of your paycheck contributions by accessing empowermyretirement.com or calling 1-800-338-4015.

Safe Harbor Employer Contribution

To help you make an informed decision about your paycheck contributions, it is important to know about the safe harbor employer contributions your Employer will make to your account.

Your Employer will make the following safe harbor nonelective contribution: 3% of compensation. This contribution will be made on your behalf regardless if you contribute to the Plan.

Your Employer may amend the plan during the year to reduce or suspend the safe harbor employer contributions. If your Employer chooses to do so, you will receive a notice explaining the reduction or suspension at least 30 days before the change is effective. Your Employer will make any safe harbor contributions you have earned up to that point.

Other Plan Contributions

In addition to the contributions described above, your Plan may allow for other contributions to be made. Check your SPD for other types of contributions allowed in the Plan, if any.

Vesting Provisions

Vesting means the portion of your accounts in the Plan that you are entitled to receive if you no longer are employed by your Employer. Your paycheck contributions to the Plan and the safe harbor contributions made by your Employer (together with any investment gain or loss) are always fully vested.

You will also be fully vested in your plan accounts if you leave employment after reaching the Plan’s normal retirement age, or upon becoming disabled, or as a result of death. If you leave your employment for any other reason, you will be entitled to receive only the vested portion of your Employer contribution accounts under the following schedule or schedules:

VESTING SCHEDULE

Money Type	Years of Service	Vested Percentage
EMPLOYER MATCH	0 - 2	0%
	2 - 3	20%
	3 - 4	40%
	4 - 5	60%
	5 - 6	80%
	6 - 99	100%
EMPLOYER PROFIT SHARING	0 - 2	0%
	2 - 3	20%
	3 - 4	40%

VESTING SCHEDULE		
Money Type	Years of Service	Vested Percentage
	4 - 5	60%
	5 - 6	80%
	6 - 99	100%
SAFE HARBOR NON-ELECTIVE	0 - 99	100%
SAFE HARBOR MATCH	0 - 99	100%
EMPLOYER NON-ELECTIVE - TA - RETIREMENT PLAN	0 - 2	0%
	2 - 3	20%
	3 - 4	40%
	4 - 5	60%
	5 - 6	80%
	6 - 99	100%

Withdrawal Provisions

Even if you are vested in your Plan account, Plan provisions dictate when you may withdraw your funds. These Plan provisions may be important to you in deciding how much, if any, to contribute to the Plan.

In general, amounts accumulated in your Plan account are available after you leave employment with your Employer. Your beneficiary may withdraw any vested amount remaining in your Plan account after you die. You may also withdraw certain vested amounts from specified eligible money sources in your Plan account under the following circumstances (note that additional conditions may need to be satisfied):

- when you reach age 59½.
- when you reach the Plan's normal retirement age.
- Refer to the Plan's SPD for qualifying reasons and other requirements for hardship withdrawals.

There may be certain money sources that are available for withdrawal at any time.

There is generally a 10% early withdrawal penalty on taxable withdrawals taken before age 59½ unless another exception applies. You can also learn more about taxation and the early withdrawal penalty in the Internal Revenue Service (IRS) Publication 575, "Pension and Annuity Income" or by seeking guidance from a financial expert.

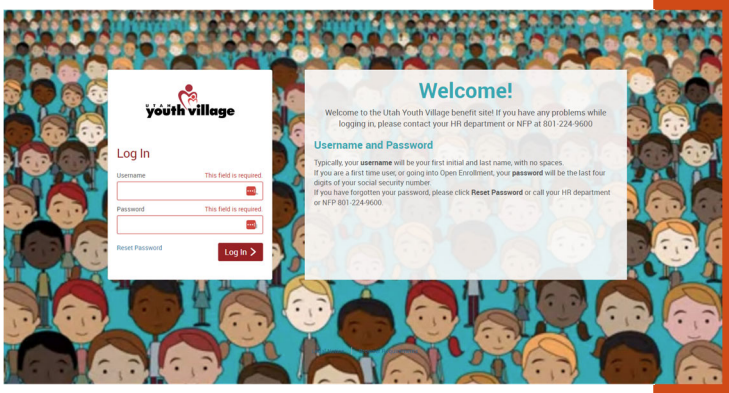
Check your SPD for more information on your Plan's withdrawal provisions.

Additional Information

If you have additional questions after reading this notice and the Summary Plan Description (or to obtain a copy of the SPD), please contact Empower at 1-800-338-4015.

If there is a conflict between contents of this Safe Harbor notice and the Plan Document, the terms of the Plan Document will govern.

BSwift

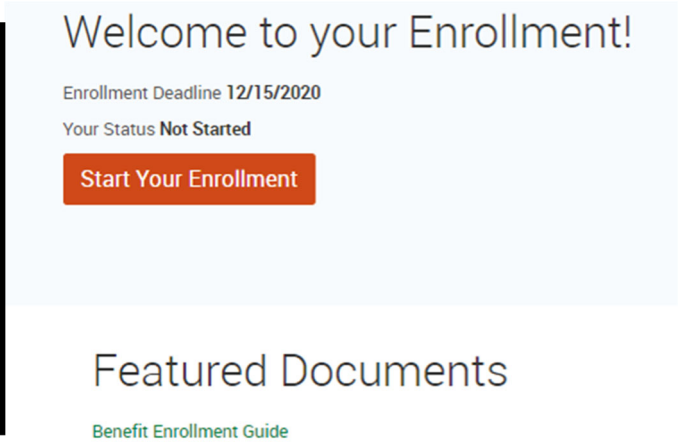


Log In

You can login directly to your online enrollment site by using the web address https://utahyouthvillage.bswift.com . You will be directed to your company's login screen, similar to the picture on the left. **Instructions for your Username and Password will be in the bottom right hand corner of your login webpage.** Please contact your HR Department or NFP, at 1.801.224.9600 or 1.800.553.3903 if you have any problems logging in.

Get Started

Once you are logged in, you will be directed to your Home Page, similar to the picture on the right. Click the **Start Your Enrollment** button to begin your enrollment.

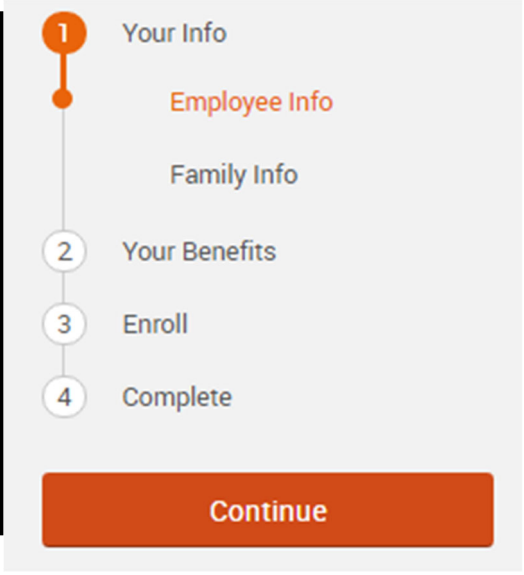


Enrollment 4 Steps

You must complete all four steps in order for your enrollment to be saved!

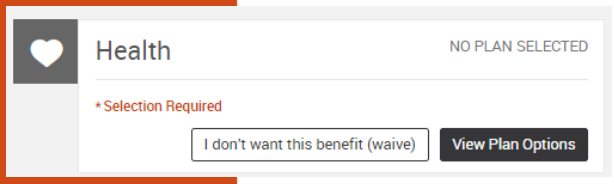
STEP 1: VERIFY PERSONAL & FAMILY INFORMATION

You will be required to verify and update your personal and family information.



STEP 2: Select Your Benefits

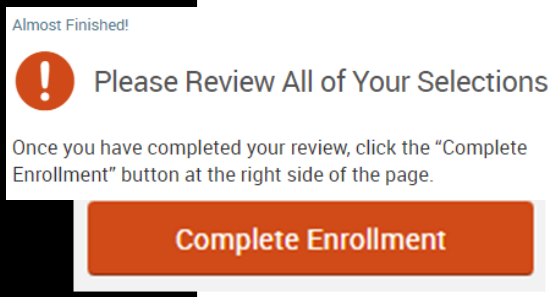
You will see a page listing all the plan types. Select your benefit by type by clicking on the View Plan Options button in each plan type box. Make sure to click on the family members at the top that you would like to be covered for each plan.



To make a selection, click on the "View Plan Options" link to view and sign up for a plan. If you are not interested in a particular benefit, click on the "I don't want this benefit (waive)" option. Once you have enrolled in or waived a plan you will see the green "Completed" checkmark below the plan panel. Continue making selections for each plan type. If you wish, you may go back and edit a completed benefit by clicking View Plan Options again. When you are satisfied with your benefit elections, click Continue at the right of the page to be taken to the beneficiary designation page. **In order for your elections to be saved, please be sure to complete the last step: Final Confirmation.**

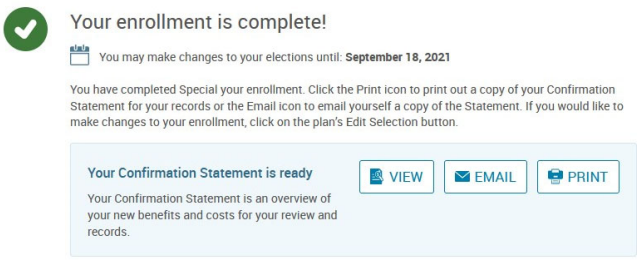
STEP 3: Confirm And Save Your Elections!

When you are finished reviewing your elections, read the agreement text for each benefit type, and then check the "I have finished my enrollment and agree to the statement(s) above" checkbox and click the **Complete Enrollment** button on the right.



STEP 4 : Complete Your Enrollment

When you reach the **Confirmation Statement**, you have completed your enrollment and your elections will be saved. You may select "View" to review your selections, or you may elect to **Print** or **Email** yourself a copy of this statement by utilizing the printer or email icons on the page.



Additional Information

PREVENTIVE HEALTH CARE

Understanding what's covered.

What is preventive care?

Preventive care is a specific group of services recommended when you don't have any symptoms and haven't been diagnosed with a related health issue. It includes your periodic wellness exam (check-up) and specific tests, certain health screenings, and most immunizations. Most of these services typically can take place during the same visit. You and your health care provider will decide what preventive services are right for you, based on your:

- Age
- Gender
- Personal health history
- Current health

Why do I need preventive care?

Preventive care can help you detect problems at early stages, when they may be easier to treat. It can also help you prevent certain illnesses and health conditions from happening. Even though you may feel fine, getting your preventive care at the right time can help you take control of your health.

Make a plan for preventive care.

Use this space to write down the details for your next periodic wellness exam.

Date: _____

Time: _____

Questions for my provider: _____

_____

What's not considered preventive care?

Once you have a symptom or your health care provider diagnoses a health issue, additional tests are not considered preventive care. Also, you may receive other medically appropriate services during a periodic wellness exam that are not considered preventive. These services may be covered under your plan's medical benefits, not your preventive care benefits. This means you may be responsible for paying a share or all of the cost depending on your plan, including deductible, copay or coinsurance amounts.

Which preventive services are covered?

Many plans cover preventive care at no additional cost to you when you use a health care provider in your plan's network. Use the provider directory on **myCigna.com** for a list of in-network health care providers and facilities.

See the following pages for the services and supplies considered preventive care under most health plans. Coverage for services recommended specifically for "men" or "women" is provided based on the anatomical characteristics of the individual and not necessarily the gender of the individual as indicated on the claim and/or an enrollment form.

Questions?

Check your plan materials, talk with your health care provider or call the number on the back of your Cigna ID card.

Together, all the way.®

Cigna®

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

855050 m 11/21

Wellness exams

SERVICE	GROUP	AGE, FREQUENCY
Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)	● ● ●	• Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months • Additional visit at 2–4 days for infants discharged less than 48 hours after delivery • Ages 3 to 21, once a year • Ages 22 and older, periodic visits as doctor advises

Routine immunizations covered under preventive care

SERVICE	SERVICE
Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP, Tdap, Td)	Meningococcal (meningitis)
Haemophilus influenzae type b conjugate (Hib)	Pneumococcal (pneumonia)
Hepatitis A (Hep A)	Poliovirus (IPV)
Hepatitis B (Hep B)	Rotavirus (RV)
Human papillomavirus (HPV)	Varicella (chickenpox)
Influenza vaccine	Zoster (shingles)
Measles, mumps and rubella (MMR)	

You may view the immunization schedules on the CDC website: **cdc.gov/vaccines/schedules/**.

Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Abnormal blood glucose and type 2 diabetes screening/counseling	● ●	Adults ages 40–70 who are overweight or obese; women with a history of gestational diabetes mellitus
Anxiety screening	●	Adult and adolescent women including pregnant and postpartum women
Aspirin to prevent cardiovascular disease and colorectal cancer; or to reduce risk for preeclampsia[1]	● ●	Adults ages 50–59 with risk factors; Pregnant women at risk for preeclampsia
Autism screening	●	18, 24 months
Bacteriuria screening	●	Pregnant women
Bilirubin screening	●	Newborns before discharge from hospital
Breast cancer screening (mammogram)	●	Women ages 40 and older, every 1–2 years
Breast cancer-discussion of benefits/risks of preventive medication	●	Women at risk
Breast-feeding support/counseling, supplies[2]	●	During pregnancy and after birth
Cervical cancer screening (Pap test) HPV DNA test alone or with Pap test	●	Women ages 21–65, every 3 years Women ages 30–65, every 3 years
Chlamydia screening	●	Sexually active women ages 24 and under and older women at risk
Cholesterol/lipid disorders screening[1]	● ● ●	• Screening of children and adolescents ages 9–11 years and 17–21 years; children and adolescents with risk factors ages 2–8 and 12–16 years • All adults ages 40-75
Colon cancer screening[1]	● ●	The following tests will be covered for colorectal cancer screening, ages 45 and older: • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually • Flexible sigmoidoscopy every 5 years • Flexible sigmoidoscopy every ten years + annual FIT • Double-contrast barium enema (DCBE) every 5 years • Colonoscopy every 10 years • Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires prior authorization • Stool-based deoxyribonucleic acid (DNA) test (i.e., Cologuard) every 1–3 years

● = Men ● = Women ● = Children/adolescents

Health screenings and interventions *(continued)*

SERVICE	GROUP	AGE, FREQUENCY
Congenital hypothyroidism screening	🟢	Newborns
Critical congenital heart disease screening	🟢	Newborns before discharge from hospital
Contraception counseling/education (including fertility awareness-based methods); contraceptive products and services[1,3,4]	🔴	Women with reproductive capacity
Dental application of fluoride varnish to primary teeth at time of eruption (in primary care setting)	🟢	Children to age 6 years
Dental caries prevention Evaluate water source for sufficient fluoride; if deficient prescribe oral fluoride[1]	🟢	Children older than 6 months
Depression screening/Maternal depression screening	🔵🔴🟢	Ages 12–21, All adults, including pregnant and postpartum women
Developmental screening	🟢	9, 18, 30 months
Developmental surveillance	🟢	Newborn, 1, 2, 4, 6, 12, 15, 24 months. At each visit ages 3 to 21
Fall prevention in older adults (physical therapy)	🔵🔴	Community-dwelling adults ages 65 and older with risk factors
Folic acid supplementation[1]	🔴	Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing	🔴	Women at risk • Genetic counseling must be provided by an independent board-certified genetic specialist prior to BRCA1/BRCA2 genetic testing • BRCA1/BRCA2 testing requires precertification
Gestational diabetes screening	🔴	Pregnant women
Gonorrhea screening	🔴	Sexually active women age 24 years and younger and older women at risk
Healthy diet and physical activity counseling	🔵🔴🟢	Ages 6 and older - to promote improvement in weight status; Overweight or obese adults with risk factors for cardiovascular disease
Hearing screening (not complete hearing examination)	🟢	All newborns by 2 months. Ages 4, 5, 6, 8, 10. Adolescents once between ages 11–14, 15–17 and 18–21
Hemoglobin or hematocrit	🟢	12 months
Hepatitis B screening	🔵🔴🟢	Pregnant women; adolescents and adults at risk
Hepatitis C screening	🔵🔴	Adults ages 18–79
High blood pressure screening (outside clinical setting)[2]	🔵🔴	Adults ages 18 and older without known high blood pressure
HIV Preexposure Prophylaxis (PrEP) for prevention of HIV infection[1] HIV PrEP related services (HIV screening, kidney function testing, hepatitis B & C screening, pregnancy testing, sexually transmitted infection screening / behavioral counseling, adherence counseling)	🔵🔴🟢	Individuals at risk
HIV screening and counseling	🔵🔴🟢	Pregnant women; adolescents and adults 15 to 65 years; younger adolescents and older adults at risk; sexually active women (adolescent/adult), annually
Intimate partner/interpersonal violence screening	🔴	All women (adolescent/adult)
Lead screening	🟢	12, 24 months
Lung cancer screening (low-dose computed tomography)	🔵🔴	Adults ages 50 to 80 with 20 pack year smoking history, and currently smoke, or have quit within the past 15 years. Computed tomography requires precertification
Metabolic/hemoglobinopathies (according to state law)	🟢	Newborns
Obesity screening/counseling	🔵🔴🟢	Ages 6 and older, all adults
Ocular (eye) medication to prevent blindness	🟢	Newborns
Oral health evaluation/assess for dental referral	🟢	6, 9 months. Ages 12 months, 18 months-6 years for children at risk

🔵 = Men 🔴 = Women 🟢 = Children/adolescents

Health screenings and interventions *(continued)*

SERVICE	GROUP	AGE, FREQUENCY
Osteoporosis screening	●	Age 65 or older (or under age 65 for women with fracture risk as determined by a Clinical Risk Assessment Tool). Computed tomographic bone density study requires precertification
PKU screening	●	Newborns
Perinatal depression preventive counseling	●	Pregnant and postpartum women with risk factors
Preeclampsia screening (blood pressure measurement)	●	Pregnant women
Prostate cancer screening (PSA)	●	Men ages 45 and older or age 40 with risk factors
Rh incompatibility test	●	Pregnant women
Sexually transmitted infections (STI) counseling	● ● ●	Sexually active women, annually; sexually active adolescents; and men at increased risk
Sexually transmitted infections (STI) screening	●	Adolescents ages 11–21
Sickle cell disease screening	●	Newborns
Skin cancer prevention counseling to minimize exposure to ultraviolet radiation	● ● ●	Ages 6 months – 24 years
Syphilis screening	● ● ●	Individuals at risk; pregnant women
Tobacco use cessation: counseling/interventions[1]	● ●	All adults[1]; pregnant women
Tobacco use prevention (counseling to prevent initiation)	●	School-age children and adolescents
Tuberculosis screening	● ● ●	Children, adolescents and adults at risk
Ultrasound aortic abdominal aneurysm screening	●	Men ages 65–75 who have ever smoked
Unhealthy alcohol use and substance abuse screening	● ● ●	All adults; adolescents age 11–21
Unhealthy drug use screening	● ●	All Adults
Urinary incontinence screening	●	Women
Vision screening (not complete eye examination)	●	Ages 3, 4, 5, 6, 8, 10, 12, and 15 or as doctor advises

● = Men ● = Women ● = Children/adolescents

WELCOME TO CIGNA

Simple ways to make the most of your plan

Cigna resources are designed to help you make smarter choices to improve your whole health and health plan spending.

First, register on myCigna.com®[1] to access your digital ID cards and activate all available programs

When your plan year begins, register on **myCigna.com**. That way you're ready to go whenever you need to find in-network health care providers, estimate costs or use My Health Assistant.

Register now

Access virtual care

Conveniently connect with board-certified doctors, therapists, psychiatrists and dermatologists via video or phone.[2]

Connect with Cigna One Guide®

Our friendly guides have forward-thinking technology to answer questions on your plan, offer personalized advice and connect you to the right care. They can also proactively reach out.[3]

Ensure in-network care

myCigna and Cigna One Guide can help you stay in-network, maximize savings and avoid any surprises.

Get preventive care

Preventive care, such as check-ups, biometric screenings and wellness screenings, is available at no additional cost to you.[4] It's even available virtually for maximum convenience.

Prioritize behavioral support

229K+ behavioral health and substance use providers[5] can help, either in person or virtually. We also have 24/7 therapy, including Talkspace and Ginger for Cigna, and digital tools, such as iPrevail and Happify™.[6]

Call our 24/7 Health Information Line

Talk with a clinician who can help you choose the right care, whenever you need it – late nights, holidays and more.

Simplify with mail-order medications

Express Scripts® is one of the largest pharmacies in the United States and offers convenience, savings and stress-free prescription management.

Identity Theft protection

At no additional cost.

Bounce back with RecoveryOne™ for Cigna®

Virtual physical therapy from the comfort of home is convenient and available at no additional cost to you.

Utilize case management programs

Complex medical conditions can be overwhelming. Our trained teams can help you coordinate care, understand benefits and reach goals through online coaching.

Cigna®

Offered by Cigna Health and Life Insurance Company.

Make sure to get approval from your plan before getting care (known as prior authorization) for routine hospital stays or outpatient procedures.

Learn more at **myCigna.com** or by calling the number on your ID card.

First, register on myCigna.com or the myCigna® App[7]

Once you've registered, you can:

- Access your digital ID cards for yourself and any dependents. You can download the card images to save, share, print or email directly to your dependents and to your providers.
- Understand what's covered in your plan
- Find in-network doctors, hospitals and facilities and sort them by location, reviews and Cigna's quality rating
- Get cost estimates for appointments, procedures and medications
- Compare costs for 30- and 90-day medications and see if lower-cost alternatives are available
- Find retail pharmacies that offer a 90-day supply
- Manage and track claims
- Get alerts when new plan documents are available
- Access a variety of health and wellness resources, including an online health assessment, health tracking tools and My Health Assistant digital coaching

Virtual care[2]

Virtual care can be a convenient and affordable option for a wide range of care. For appointments, you can work with an in-network provider or connect with an MDLIVE®[2] provider at **myCigna.com**.

Right from your phone, tablet or computer, you can:

- Access board-certified doctors, psychiatrists, dermatologists and licensed therapists
- Get virtual urgent care 24/7/365 – even on weekends and holidays with MDLIVE
- Access virtual primary care for preventive care, routine care and specialist referrals
- Access dermatologists[8] for fast, customized care for skin, hair and nail conditions – no appointment required
- Schedule an online virtual behavioral health appointment in minutes through MDLIVE
- Have a prescription sent directly to your local pharmacy if appropriate

Virtual primary care

- Preventive care check-ups/wellness screenings are available at no additional cost[9] and can help identify conditions early
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Access MDLIVE by logging in to **myCigna.com** and clicking on "Talk to a doctor." You can also call MDLIVE at **888.726.3171**.
- Select the type of care you need: Medical care or counseling. The cost will be displayed on both **myCigna.com** and MDLIVE.
- Appointments are available via video or phone, whenever it's most convenient for you. No appointments are required for dermatology care.

Cigna One Guide

Combining digital technology with our personalized customer service, over the phone or on the myCigna App,[7] the Cigna One Guide support tool can help you:

- Resolve health care issues
- Save time and money
- Get the most out of your plan
- Find the right hospitals, dentists and other health care providers in your plan's network
- Get cost estimates
- Understand your bills
- Navigate the health care system

In-network care

Save money when you use doctors, hospitals and health facilities that are part of your plan's network. Chances are there's a network doctor or facility right in your neighborhood. It's easy to find quality, cost-effective care at myCigna.com.

Preventive care

It's important to catch any issues while they're still small. That's why we cover eligible preventive care services at no extra cost, including:[4]

- Screenings for blood pressure, cholesterol and diabetes
- Testing for colon cancer
- Clinical breast exams and mammograms
- Pap tests
- Additional covered procedures listed on myCigna.com

Since your physical and emotional health are connected, make sure to talk about how you're feeling at your annual check-up.

Behavioral care

You have access to 229K+ behavioral health and substance use providers,[5] and 75K+ of those are virtual.[5] Whether you're dealing with a behavioral health condition, going through a rough time or looking for substance use support, you can find the one that fits your needs, either in person or virtually. To find a virtual provider:

- Go to **myCigna.com** > Find Care & Cost
- Search for "Behavioral Health Counselor" under "Doctor by Type"
- Call to make an appointment with your selected provider

Online visits with our behavioral health network providers cost the same as in-office visits. Costs vary by plan.

24/7 Health Information Line

At no extra cost, you can speak to a clinician to make more-informed decisions about your care. Whether it's reviewing home treatment options, following up on a doctor's appointment or finding the nearest urgent care center in your plan's network, you can call the number on your Cigna ID card, day or night.

Specialty medications

We can help you understand, manage and treat complex conditions that require a specialty medication. Our therapy management teams, made up of health advocates with nursing backgrounds as well as pharmacists, are specially trained to help with your specific needs.[10]

- Personalized, 24/7 support
- Condition-specific education on medication therapy and side effects
- Help with the medication approval process
- Financial assistance programs if needed

For more information, call **800.351.3606**.

Identity Theft Protection

- We're committed to the physical, emotional and financial well-being of those we serve. That's why Cigna teamed up with IdentityForce, a top-rated provider of identity theft protection.[11]
- We'll help protect you and your children against identity theft and help fix any identity theft compromises – at no additional cost for all medical subscribers.
- Three ways to register:
  - **Visit https://cigna.identityforce.com/starthere**
  - Call 833.580.2523
  - If you are new to a Cigna Medical plan and you provide your email address on **myCigna.com**, you may also receive emails from IdentityForce that will provide you links to register for services.

Once registered, you and your children can access IdentityForce directly through the IdentityForce app or website.

RecoveryOne for Cigna includes:[6]

- Virtual physical therapy at no additional cost[12]
- A private video consult with a virtual physical therapist
- Customized plans to meet your needs – from the comfort and convenience of wherever you are
- A multimedia app that guides you through your personalized exercises
- Video, voice and chat conversations with your support team
- Motion-tracking technology

Case management programs

Take advantage of our personal services to help you with your personal health needs. A Cigna case manager, trained as a nurse, can work closely with you and your doctor to check on your progress. You can get help with conditions and illnesses, such as cancer and end-stage renal disease, as well as with neonatal care and pain management.

You also have access to My Health Assistant on **myCigna.com** to help you:

- Control stress
- Lose weight and eat better
- Enjoy exercise
- Quit tobacco
- Manage diabetes, chronic obstructive pulmonary disease, asthma and other conditions

Enroll online today. Go to **myCigna.com** > Wellness > Health Assistant.

TIPS TO HELP YOU SAVE MONEY

Find where to get prescription drugs

- Find the complete list of covered medications on **myCigna.com**
- Use cost-comparison tools on myCigna to compare prices and purchase mail-order prescriptions[13]
- Use generics when possible
- Know what brand-name drugs are covered in your plan
- Ask your doctor about a 90-day supply for your maintenance medication(s) through our home delivery pharmacy service

Know where to go for care

- Use an emergency room for true emergencies
- Don't wait: Locate an in-network convenience care clinic, sometimes found within a grocery store, or urgent care center near you, before you need it
- For minor medical conditions, connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit **myCigna.com**, or call MDLIVE at 888.726.3171 to talk with a doctor 24/7[2]
- Don't be fooled: Some emergency rooms look like urgent care centers, so know what type of facilities are in your area

Choose the right provider

- Know which providers are in your network by going to **myCigna.com** > Find Care & Costs
- Choose providers who have received the Cigna Care Designation – high-performance recognition given to physicians in certain specialties who meet Cigna quality and medical cost-efficiency standards[14]
- Opt to connect with a board-certified doctor, therapist or psychiatrist via video or phone[2]
- Use in-network national labs to help save money

Be proactive about your health

- Get information on the cost of medications and treatments to avoid surprises
- Use your preventive care benefits, learn your core health numbers (blood pressure, cholesterol and blood glucose), and make use of the health improvement tools at **myCigna.com**

Find your way to better health.

Get more information on all the programs that are available to you.

When your plan year begins, register on myCigna.com.

Call the 24/7 customer service number on your ID card.

Download the myCigna App.[7]

1. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. 2. Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna. Refer to plan documents for complete description of virtual care services and costs. 3. Not available with all plans. 4. Not all preventive care services are covered, and different plans may cover different things. For example, immunizations for travel are usually not covered. See your plan materials for a complete list of covered preventive care services. 5. Internal unique provider data as of December 2021. Subject to change. 6. The program and services are provided by an independent company and not by Cigna. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. 7. The downloading and use of any mobile App is subject to the terms and conditions of the App and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply. 8. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days but usually within 24 hours. 9. For legacy clients that have a non-zero preventive care benefit, customers' preventive benefit will be applied when receiving a virtual wellness screening. 10. Not all plans offer all of these programs and services. Please log in to the myCigna App or website, or check your plan materials, to learn more about what your plan offers. The providers in Cigna's pharmacy network don't work for Cigna and are solely responsible for any treatment they provide. 11. White, A. "Best identity theft protection services of September 2021." CNBC.com. August 27, 2021. https://www.cnbc.com/select/best-identity-theft-protection-services/. Frankel, RS. "Best Identity Theft Protection Services Of 2021." Forbes Advisor. June 10, 2021. https://www.forbes.com/advisor/personal-finance/best-identity-theft-protection-services/. The program and services are provided by Sontiq, Inc. and not by Cigna Corporation or its operating subsidiaries. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. References to third-party organizations or companies, and/or their products, processes or services, do not constitute an endorsement or warranty thereof. Your use of such products, processes or services is at your sole risk. Product may be updated or modified prior to availability. 12. Cost and usage of this program is covered by your plan administrator; no additional out-of-pocket expense applies for you or your covered dependents (ages 18+). 13. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions. Visit myCigna for more information. 14. Patient experience, quality designations, cost-efficiency and other ratings found in Cigna's online provider directories are a partial assessment of quality and should not be the only basis for decision-making (as such measures have a risk of error). They are not a guarantee of the quality of care that will be provided to individual patients. Individuals are encouraged to consider all relevant factors and talk with their physician about selecting a health care facility. Providers are solely responsible for any treatment provided and are not agents of Cigna.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna representative.

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MetLife | Accident and Health

How to submit an Accident, Hospital Indemnity, or Critical Illness claim

Submitting an Accident, Hospital Indemnity or Critical Illness claim doesn't have to be challenging. Below you'll find the information and tools you need to make the process as smooth as possible.

How to submit an Accident, Hospital Indemnity or Critical Illness claim online

Submitting a claim is as simple as 1-2-3:

1

Visit **mybenefits.metlife.com** or download the **MetLife Mobile App** to view your certificate of insurance and to initiate your claim* or call 866-626-3705 to obtain a claim form*.

2

Answer some questions about your claim and upload your medical documentation to support your claim. The whole process takes just minutes!

3

Visit **MyBenefits** or your **MetLife Mobile App** frequently to check claim status, letters and benefit payments.

*For Critical Illness claims, a Physician Statement, which is available on **MyBenefits**, needs to be completed by your physician.

Benefits of registering to process claims online:

- Faster processing time
- Less paper waste
- Claims can be submitted 7 days a week

MyBenefits: easy online claim submission

Once registered, you can log in to:

- Submit a claim and upload medical documentation
- See claim status, history, and payments
- Set up direct deposit of benefits
- Read correspondence from MetLife
- Download claim forms
- View your certificate of insurance and designate beneficiaries

MetLife Mobile App
Employees can also submit and access claim information on-the-go. Our mobile app has the same features as the MyBenefits web portal — employees can register and submit claims online, view claim status, letters and benefit payments.

Download on the App Store | GET IT ON Google Play

Download the MetLife app from the iTunes App Store or Google Play

HealthEquity®

YOUR HSA CAN PAY

Your HSA isn't just for doctor visits and prescriptions. You can also use your HSA to cover a host of other qualified medical expenses.[1]

Questions? We're here for you 24/7.
866.346.5800 | my.HealthEquity.com

TOP TEN WAYS TO USE YOUR HSA:

1. Prescription contact lenses and eyeglasses
2. Hearing aids
3. Diabetes supplies
4. Dental services
5. Lab tests
6. Psychiatric care
7. Breast pumps
8. Ambulance rides
9. Wheelchairs and walkers
10. Acupuncture (with statement of medical necessity from your healthcare provider)

PRO TIP:

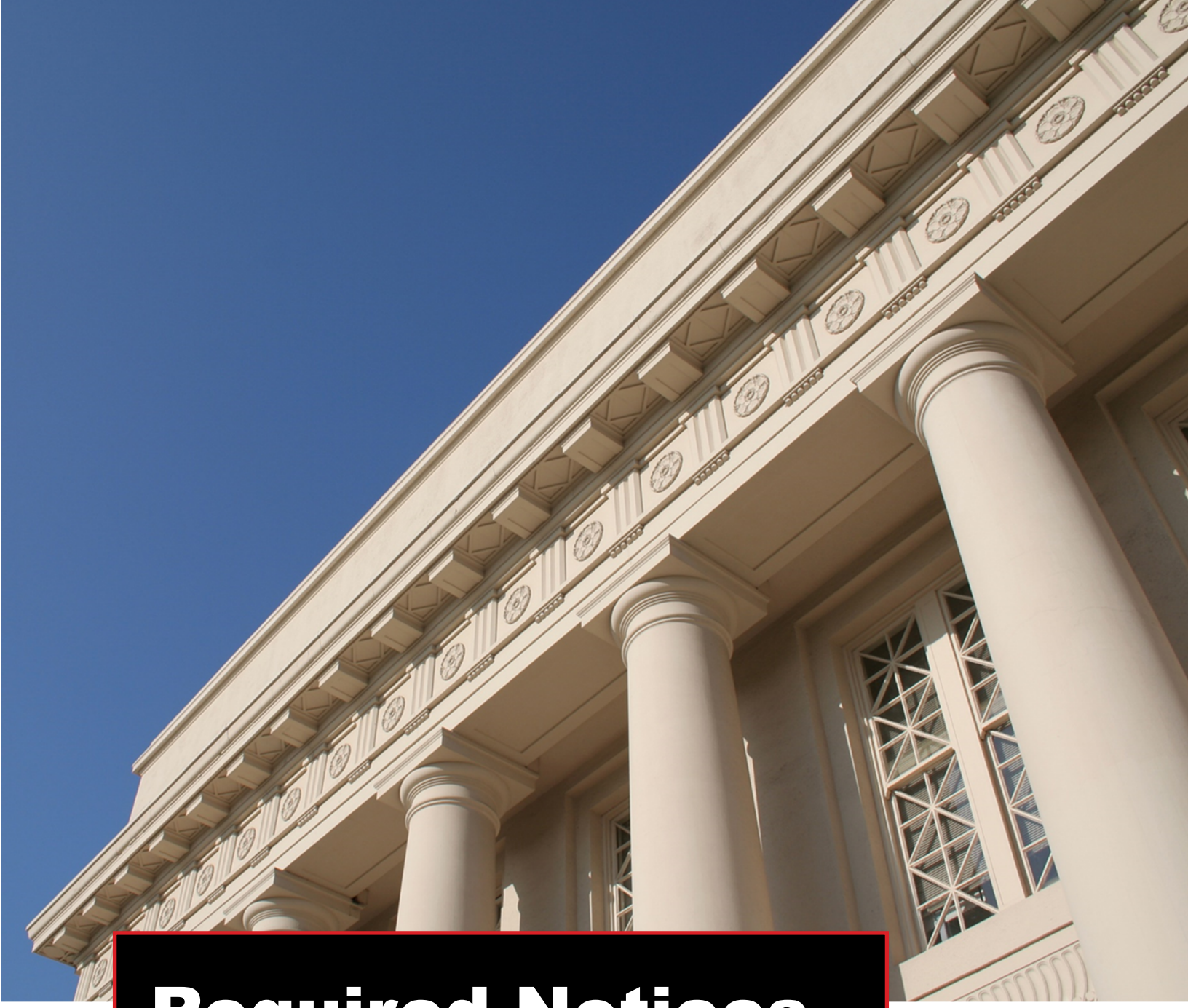
You can now use your HSA to pay for over-the-counter medicines and menstrual care products.

Some expenses are eligible only with a prescription or letter of medical necessity:

- Activity tracker
- Acne treatment
- Genetic testing
- Certain home exercise equipment
- Massage therapy
- Air purifier
- Fertility treatment

See the full list: HealthEquity.com/QME

[1]It is the member's responsibility to ensure eligibility requirements as well as if they are eligible for the expenses submitted. HealthEquity does not provide legal, tax, or financial advice. Always consult a professional when making life-changing decisions.



Required Notices and Federal Mandates

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 October 15, 2021. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since October 15, 2021, 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

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

Required Notices | CHIP

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

Required Notices | CHIP

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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.

Required Notices

Women's Health and Cancer Rights Act 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, whose contact information can be found on page two of this guide, for more information.

Glossary of Terms

Dependent Verification Services (DVS) – Service used to verify dependent proof of relationship when adding dependents to benefit plans.

Beneficiary – A person designated by you, the participant of a benefit plan, to receive the benefits of the plan in the event of the participant's death.

- Primary Beneficiary – A person who is designated to receive the benefits of a benefit plan in the event of the participant's death
- Contingent Beneficiary – A person who is designated to receive the benefits of a benefit plan in the event of the Primary Beneficiary's death

Charges – The term "charges" means the actual billed charges. It also means an amount negotiated by a provider, directly or indirectly, if that amount is different from the actual billed charges.

Coinsurance – The percentage of charges for covered expenses that an insured person is required to pay under the plan (separate from copayments)

Deductible – The amount of money you must pay each year to cover eligible expenses before your insurance policy starts paying.

Dependents – Dependents are your:

- Lawful spouse through a marriage that is lawfully recognized.
- Dependent child (married or unmarried) under the age of 26 including stepchildren and legally adopted children.
- Domestic partnership (if covered)

Proof of relationship documentation may be required in order to add dependents to your plan(s). Employees will receive request for documentation.

The definition of qualifying dependents may vary by carrier and plan type. If there is any discrepancy, the insurance carrier's certificate of coverage is the prevailing document.

Emergency Services – Medical, psychiatric, surgical, hospital, and related health care services and testing, including ambulance service, that are required to treat a sudden, unexpected onset of a bodily injury or serious sickness that could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life, or permanent impairment to bodily functions in the absence of immediate medical attention. Examples of emergency situations include uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, burns, cuts, and broken bones.

The symptoms that led you to believe you needed emergency care, as coded by the provider and recorded by the hospital, or the final diagnosis – whichever reasonably indicated an emergency medical condition – will be the basis for the determination of coverage provided such symptoms reasonably indicate an emergency.

Evidence of Insurability (EOI) – Proof that you are insurable based on the requirements of the insurance carrier. For example, the results of a blood test or a doctor's signature on a form may be required for you to be covered by/for Optional Life insurance.

Explanation of Benefits — The health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs are your responsibility.

Health Reimbursement Account (HRA) – The Health Reimbursement Account (HRA) is an employer-funded account that reimburses you for eligible out-of-pocket medical expenses. The HRA is only available to employees who are enrolled in the HRA Plan.

In-Network – The term "in-network" refers to health care services or items provided by your Primary Care Physician (PCP) or services/items provided by another participating provider and authorized by your PCP or the review organization. Authorization by your PCP or the review organization is not required in the case of mental health and substance abuse treatment other than hospital confinement solely for detoxification.

Emergency Care — That meets the definition of "emergency services" and is authorized as such by either the PCP or the review organization is considered in-network.

Out-of-Network — The term "out-of-network" refers to care that does not qualify as in-network.

Maximum Out of Pocket — The most money you will pay during a year for coverage. It includes deductibles, copayments and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.

Medically Necessary/Medical Necessity – Required to diagnose or treat an illness, injury, disease, or its symptoms; in accordance with generally accepted standards of medical practice; clinically appropriate in terms of type, frequency, extent, site, and duration; not primarily for the convenience of the patient, physician, or other health care provider; and rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

Participating Provider – A hospital, physician, or any other health care practitioner or entity that has a direct or indirect contractual arrangement with Cigna to provide covered services with regard to a particular plan under which the participant is covered.

Post-Tax – An option to have the payment to your benefits deducted from your gross pay after your taxes have been withheld. Therefore, your tax contributions will be calculated based on a higher amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a higher amount.

Pre-Tax – An option to have the payment to your benefits deducted from your gross pay before your taxes have been withheld. Therefore, your tax contributions will be calculated based on a lesser amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a lesser amount.

Primary Care Dentist (PCD) – The term "Primary Care Dentist" means a dentist who (a) qualifies as a participating provider in general practice, referrals, or specialized care; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for dental care for you or any of your insured dependents.

Primary Care Physician (PCP) – The term "Primary Care Physician" means a physician who (a) qualifies as a participating provider in general practice, obstetrics/gynecology, internal medicine, family practice, or pediatrics; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for medical care for you or any of your insured dependents.

Proof of Relationship Documentation – Documents that show a dependent is lawfully your dependent. Documents can include marriage certificates, birth certificates, adoption agreements, previous years' tax returns, court orders, and/or divorce decrees showing your or your spouse's responsibility for the dependent.

Notes

About NFP

NFP is a leading insurance broker and consultant that provides employee benefits, property and casualty, retirement and individual private client solutions through our licensed subsidiaries and affiliates. Our expertise is matched by our commitment to each client's goals and is enhanced by our investments in innovative technologies in the insurance brokerage and consulting space.

NFP has more than 5,600 employees and global capabilities. Our expansive reach gives us access to highly rated insurers, vendors and financial institutions in the industry, while our locally based employees tailor each solution to meet our clients' needs. We've become one of the largest insurance brokerage, consulting and wealth management firms by building enduring relationships with our clients and helping them realize their goals.

For more information, visit www.nfp.com.