



2021-2022  
TEAM MEMBER  
BENEFITS GUIDE

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# Welcome to Your Benefits

Sun Health offers a comprehensive benefits package that protects individual health, wellbeing and financial security.

We are committed to all team members and believe that our success is due, in large part, to the efforts of our most valued resource, our team members.

This communication summarizes Sun Health's benefit plans effective July 1, 2021 through June 30, 2022.



Team members are able to log into KRONOS to submit their new hire, open enrollment or life event benefits electronically. Team members will also utilize KRONOS to access and update their personal information, submit direct deposit changes, time off requests and view/edit timesheets.



WORKFORCE READY

A screenshot of the KRONOS login page. It features a "WORKFORCE READY" header, a "Username" field with a person icon, a "Password" field with a lock icon, a "LOGIN" button, and a "Forgot your password?" link.

- Register using your Social Security Number and Date of Birth
- Confirm your address and dependent information
- Enroll in benefit plans or elect to decline coverage
- Tuition Reimbursement, Scholarship Opportunities & so much more!

## Employee Portal

The Employee Portal is your 24/7 resource page where you are able to access important information from any device at any time such as:

- Benefit Guide & Enrollment Instructions
- Wellness Program Tools, Lunch & Learn classes & resources
- Policies, Procedures & Team Member Handbook
- Tuition Reimbursement, Scholarship Opportunities & so much more!



# Open Enrollment

Open Enrollment this year takes place **May 12, 2021 - May 26, 2021.**

During open enrollment you have the opportunity to make new benefit plan elections for the upcoming plan year. For the 2021-2022 plan year:

- Medical
- Dental
- Vision
- Basic Life & AD&D
- Flexible Spending Account (Medical & Dependent Care) - you must make elections each year
- Supplemental Life
- Short Term Disability
- Long Term Disability
- Critical Illness
- Accident Insurance

## Who is Eligible

All full-time team members working a minimum of 30 hours per week are eligible for coverage. You can also add coverage for your legal spouse or your dependent children up to age 26. Newly hired team members become eligible for coverage the first of the month following 60 days of full-time employment.

## Qualified Life Event Change

During the year you are only allowed to make changes to your coverage if you experience a qualified life event change. Examples of these changes in status are :

- Marriage
- Legal Separation
- Divorce
- Birth of a child
- Adoption
- Legal custody of a child
- Death
- Dependent loss or gain of coverage

You must submit a qualified life event through Kronos and required documentation **within 31 days.**



DESCRIPTION OF COVERAGE	AETNA HDHP PLAN		AETNA BASE PLAN		AETNA BUY-UP PLAN	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual ♦ Family) Family deductible can be met by any combination of the family members.	\$2,800 ♦ \$5,400	\$4,000 ♦ \$8,000	\$3,000 ♦ \$7,500	\$5,000 ♦ \$15,000	\$2,500 ♦ \$5,000	\$3,000 ♦ \$6,000
Coinsurance (on allowed amount)	80% ♦ 20%	50% ♦ 50%	70% ♦ 30%	50% ♦ 50%	80% ♦ 20%	50% ♦ 50%
Out-of-Pocket Maximum (Individual ♦ Family)	\$3,500 ♦ \$6,000	\$6,000 ♦ \$12,000	\$6,000 individual; two member max	\$25,000 individual; two member max	\$4,000 individual; three member max	\$10,000 individual; three member max

Note: Out of Network costs may exceed OOP maximum due to billed charges over allowable amount

	IN-NETWORK	OUT OF NETWORK	BANNER IN-NETWORK	BANNER IN-NETWORK
Preventive Care	100% Covered		100% Covered	100% Covered
Office Visit Non-Preventive	20% after deductible	50% after deductible	\$30 ♦ \$50	\$25 ♦ \$45
Teladoc - Virtual Visit *	20% after deductible		\$20	\$15
Lab & X-Ray	20% after deductible	50% after deductible	\$20 Copay	\$20 Copay
Major Diagnostic (MRI ♦ PET ♦ CT)	20% after deductible	50% after deductible	30% after deductible	20% after deductible
Inpatient Hospitalization	20% after deductible	50% after deductible	30% after deductible	20% after deductible
Emergency Room Copay waived if admitted	20% after deductible	20% after deductible	\$200 Copay	\$150 Copay
Urgent Care	20% after deductible	50% after deductible	\$75 Copay	\$75 Copay

Please note: The deductibles and out of pocket maximums on each plan are administered on a calendar year basis. Use in-network providers go to [www.aetna.com](http://www.aetna.com) and select Aetna/Banner JV Network.

RATES PER PAYCHECK	AETNA HDHP PLAN	AETNA BASE PLAN	AETNA BUY-UP PLAN
Team Member Only	\$51.10	\$54.98	\$156.39
Team Member + Spouse	\$198.70	\$216.12	\$324.98
Team Member + Child(ren)	\$170.32	\$196.32	\$303.27
Team Member + Family	\$269.67	\$294.66	\$465.36

A wellness incentive is available for those participants that meet the points criteria of the wellness program.

- The wellness credit is \$30 for a team member and \$30 for spouse per month and is credited to your premiums or into your HSA account for those electing the HDHP plan.
- Team members must meet the wellness criteria and submit documentation to HR by the 20th of each month to begin receiving the premium discount for the Base/Buy-Up medical plans or the employer funds into the Health Savings Account if enrolled in the High Deductible Health Plan.



# Prescription Plan

	HDHP PLAN	BASE PLAN	BUY-UP PLAN
Retail	\$5 ♦ \$30 ♦ \$60 after deductible	\$5 ♦ \$30 ♦ \$60	\$5 ♦ \$30 ♦ \$60
Specialty	20% coinsurance with a \$400 maximum per prescription after deductible	20% coinsurance with a \$400 maximum per prescription	20% coinsurance with a \$400 maximum per prescription
Mail Order	\$5 ♦ \$60 ♦ \$120 after deductible	\$5 ♦ \$60 ♦ \$120	\$5 ♦ \$60 ♦ \$120

## How do I start saving on my prescription costs?

Enroll in Smart90 today. You can conveniently fill your prescriptions either through home delivery from the Express Scripts Pharmacy or at a retail pharmacy in the Smart90 network.

## What is Smart90?

- You have the option to receive a 90 day supply of your long term medication
- By getting a 90 day supply you will only have to pay one payment every three months
- You have the option to have your medication delivered to your home. No trips to the pharmacy or waiting in line

## PRESCRIPTION

To get started, visit:  
[express-scripts.com](https://www.express-scripts.com) or  
download their app



EXPRESS SCRIPTS®

# WHAT IS AN HSA?



A Health Savings Account (HSA) is a tax-advantaged savings account that can be used for your health care expenses. Your contribution comes out of each paycheck on a pre-tax basis, and is deposited into your HSA account for future use.

If you have a high deductible health insurance plan, an HSA can help provide some security for your health care costs and limit out-of-pocket expenses.

## Advantages of an HSA

Health Savings Accounts (HSAs) offer triple tax benefits:

- Your contributions to the savings account are made on a pre-tax basis which lowers your taxable income
- You earn interest tax-free
- You can withdraw funds tax free for any qualified healthcare expenses

HSA Contribution Limits	
INDIVIDUAL	FAMILY
\$3,600	\$7,200
CATCH UP 55+ \$1,000	

Sun Health wants to help you get started saving towards future healthcare expenses. We will contribute the following amounts to your HSA account if you participate in the wellbeing program:

- \$360 for an individual
- \$720 for a family

The contribution limits for 2021 are \$3,600 for an individual and \$7,200 for those with family coverage. If you are over the age of 55 you can deposit an additional \$1,000 which is called a “catch up” benefit.



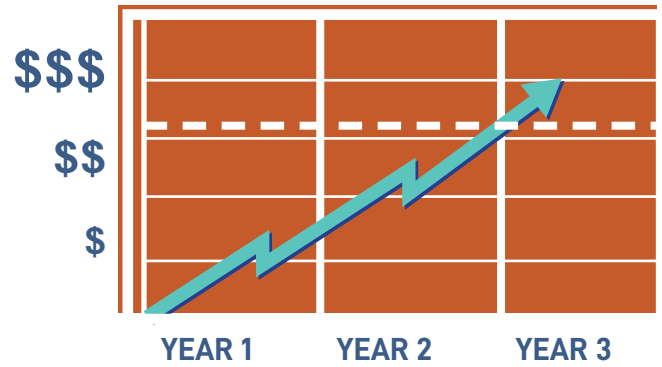


# Build For The Future

HSA's enable you to build an incredible financial resource for health care stability.

The huge tax advantages and rollover policies of an HSA make it ideal for anyone looking to take control of their health care finances.

Consumers who are between the ages of 55 and 65 also have the opportunity to make additional "catch-up" contributions to the fund. Increased access to this fund begins at age 65.

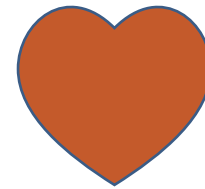


## Is an HSA Right For You?

HSA's can be very cost effective, but it is important to understand how they work.

An HSA is a good option for someone who is looking to save long term. If you have a high deductible health insurance plan and are able to come up with a reasonable estimate of your health care expenses each year, you could potentially save a great deal of money with an HSA.

If you have a chronic condition but know your annual expenses and are able to budget enough money to cover your health care costs, an HSA could also be beneficial.



## Eligibility

You can enroll in an HSA if:

- You are covered under a qualified HDHP and not covered by any other health plan, Medicare, AHCCCS or TRICARE.
- Contributions to an HSA must stop if you enroll in Medicare. However, you can keep the money in your HSA and use it to pay for medical expenses tax-free.
- You are not claimed as a dependent on someone else's tax return.



- No ID required!
- Your social security number identifies you.

DESCRIPTION OF COVERAGE	BASE	BUY UP
Annual Maximum	\$1,000	\$1,500
Deductible	\$50/\$150	\$50/\$150
Waived for Preventive	Yes	Yes
Preventive	100%	100%
Basic	80%	80%
Major	50%	60%
Orthodontia	Not Covered	\$0 Deductible/\$1,500 Lifetime Max

\*New this year for the Buy Up Dental plan implants will be covered under major coverage.

Please note: The deductibles and out of pocket maximums on each plan are administered on a calendar year basis.

RATES - PER PAYCHECK	BASE	BUY-UP
Team Member Only	\$2.71	\$10.82
Team Member + Spouse	\$19.93	\$27.04
Team Member + Child(ren)	\$18.35	\$27.04
Team Member + Family	\$41.69	\$48.67



- Comprehensive vision plan through VSP
- Coverage for: routine eye exams, materials (including contact lenses)

DESCRIPTION OF COVERAGE	VSP IN NETWORK	OUT OF NETWORK
Exam (every 12 months)		
Eyeglass Exam Copay	\$10 Copay	\$25 Allowance
Frames (every 24 months)		
Standard	\$0 Copay; \$130 allowance; 20% off balance over \$130	\$65 Allowance
Standard Lens (12 months)		
Single Vision Lenses	\$10 Copay	\$20 Allowance
Bifocal Lenses	\$10 Copay	\$40 Allowance
Progressive Lenses Copay	\$75 Copay	\$40 Allowance
Contact Lens Coverage (12 months)		
Medically Necessary	100%	\$250 Allowance
Conventional & Disposable Lenses	\$130 Allowance	\$90 Allowance
Standard Fitting	\$55 Copay	Not Covered

RATES - PER PAYCHECK	
Team Member Only	\$3.31
Team Member + Spouse	\$5.51
Team Member + Child(ren)	\$5.90
Team Member + Family	\$9.52



# Flexible Spending Accounts

## SELECT YOUR FSA ACCOUNTS



### Health Flexible Spending Account

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care, even if you choose single (vs. family) coverage. The total amount of your annual election is available to you up front, reducing the chance of having a large out-of-pocket expense early in the plan year. Be aware – any unused portion of the account at the end of the plan year is forfeited.

#### Examples of Eligible Expenses:

- |                                  |  |
|----------------------------------|--|
| ■ Coinsurance and copayments     | ■ Laboratory fees                                      |
| ■ Contraceptives                 | ■ Licensed practical nurses                            |
| ■ Crutches                       | ■ Orthodontia  |
| ■ Dental expenses                | ■ Orthopedic shoes                                     |
| ■ Dentures                       | ■ Oxygen   |
| ■ Diagnostic expenses            | ■ Prescription drugs                                   |
| ■ Eyeglasses, including exam fee | ■ Psychiatric care                                     |
| ■ Handicapped care and support   | ■ Psychologist expenses                                |
| ■ Nutrition counseling           | ■ Routine physical                                     |
| ■ Hearing devices and batteries  | ■ Seeing-eye dog expenses                              |
| ■ Hospital bills                 | ■ Prescribed vitamin supplements (medically necessary) |
| ■ Deductible amounts             |  |



### Dependent Care Expense Account

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13. Care centers which qualify include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes). Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.

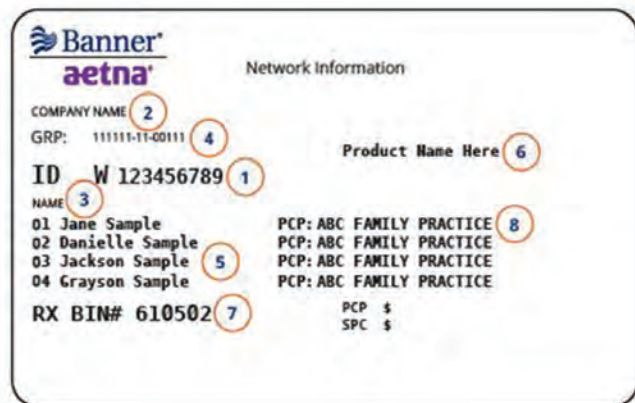
#### 2021 Maximum Contributions

Health Flexible Spending Account	\$2,750 max
Dependent Care Expense Account	\$5,000 max

# Aetna ID Cards & Provider Search

## Access Your ID Cards

Your member ID card is your passport to accessing care. Keep it with you and know how to read it. Here's a sample ID card:



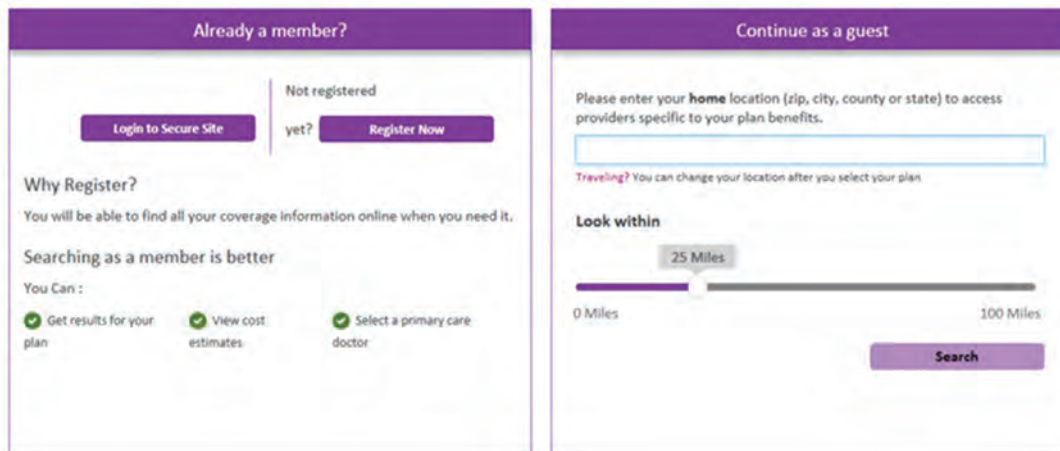
- 1 Your member ID
- 2 Company name
- 3 Your two-digit identifier and your name
- 4 Your group number
- 5 Dependents' two-digit identifier(s) and names
- 6 Name of your health plan (use this when searching the provider directory)
- 7 Your pharmacy information, if it applies
- 8 Your PCP information, if you have selected one

## Provider Search

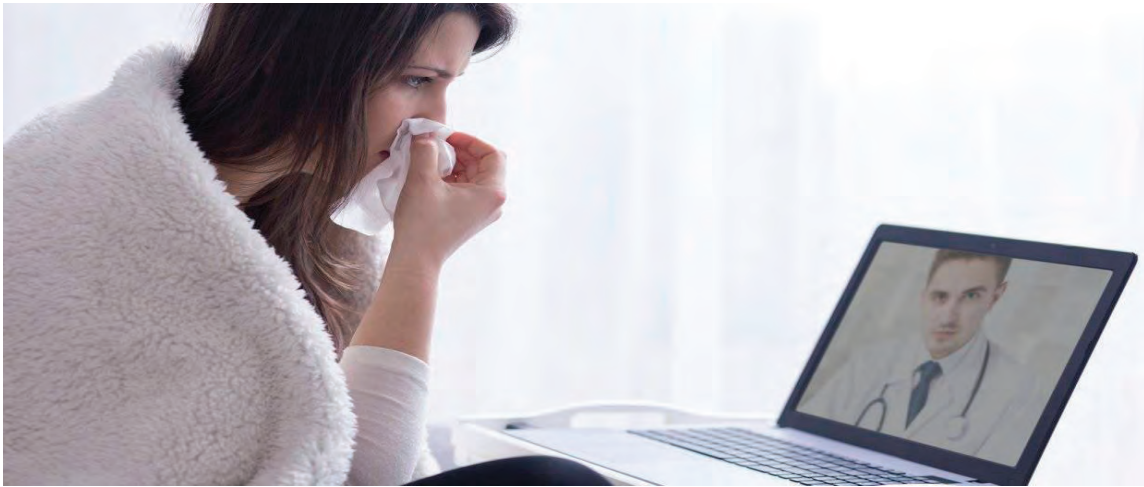
- Click the link.
- Click "Find a Doctor"



- Either search by logging in as a member or continue as a guest by typing in the zip code, city, or state and the range of miles.



# Virtual Care



## On-Demand

Whether you're feeling unwell or have a health-related question, simply sign in and start a visit whenever you're ready. No appointment needed.



## Text-Based

Connect with a 98point6 doctor right from your phone. Get treatment for a cough at work or get care for your child's stomach pain while at a weekend barbecue.



## Quality Care

U.S.-based, board certified 98point6 doctors diagnose, treat, prescribe medication and order labs as appropriate and follow up. Audio and video support are also available as needed.



## 24/7

Virus in the middle of the night or itchy rash over the weekend? Get immediate, non-emergency care around the clock—even after hours and on holidays.



To get started, visit [98point6](https://www.98point6.com).

Conditions commonly treated through a virtual visit:

- Bladder infection/
- Urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat

Most visits take about 10-15 minutes, and your doctor can write a prescription, if needed, that you can pick up at your local pharmacy.

# Life Insurance / AD&D

## NEW CARRIER



### BASIC LIFE AD&D - COMPANY PAID

Sun Health provides 1x annual salary, minimum \$30,000, maximum \$200,000. Any amount over \$50,000 is taxable income. This coverage is offered through Cigna **no cost to you!**



### SUPPLEMENTAL LIFE AND AD&D AND DEPENDENT LIFE

## REVIEW YOUR LIFE INSURANCE POLICY

It is important that you have a beneficiary on record with Human Resources. If your beneficiary changes due to a life event (e.g., marriage or divorce), please be sure to update your beneficiary information online through Kronos.

LIFE BENEFIT	TEAM MEMBER	SPOUSE	DEPENDENT
Life Amount	<ul style="list-style-type: none"> <li>Choice of \$10,000 increments</li> <li>Not to exceed 5 times your annual salary (rounded to the next \$10,000)</li> <li>Team members age 70 maximum benefit is \$50,000</li> </ul>	<ul style="list-style-type: none"> <li>Choice of \$5,000 increments</li> <li>Not to exceed 2.5 times team member's annual salary (rounded to the next \$5,000) not to exceed 50% of team member's benefit amount</li> <li>Not to exceed 50% of the team member's benefit amount</li> </ul>	<ul style="list-style-type: none"> <li>Birth to 6 months \$500</li> <li>6 months to age 26: \$10,000</li> </ul>
Minimum Amount	\$10,000	\$5,000	\$250 - 14 days to 6 mos \$10,000 over 6 mos in age
Maximum Amount	\$500,000	\$250,000	\$10,000
Benefit Reduces	35% at age 65, an additional 25% at age 70, an additional 15% of original amount at age 75	35% upon team member's attainment of age 65. Benefits terminate at team member's age 70 or retirement, whichever occurs first	N/A
Guarantee Issue*	\$150,000	\$30,000	N/A

### SUPPLEMENTAL LIFE & AD&D (EE & SP)

AGE	Per Pay Period Rate per \$1,000	
	EE	SP
<20	\$0.065	\$0.072
20-24	\$0.065	\$0.072
25-29	\$0.065	\$0.072
30-34	\$0.073	\$0.081
35-39	\$0.081	\$0.090
40-44	\$0.130	\$0.144
45-49	\$0.211	\$0.234
50-54	\$0.316	\$0.351
55-59	\$0.470	\$0.522
60-64	\$0.770	\$0.855
65-69	\$1.053	\$1.270
70-74	\$1.669	NA
75+	\$3.129	NA
EE/EP/CH Vol AD&D \$0.020		
Child Life \$0.124		

Team member and Spouse premiums are calculated separately and both are based on the team member's age, therefore using the same rate factors from the table.

To calculate your full premium based on your election, simply multiply the factor above in your age range by the full election amount divided by 1,000. For example, if you were 25 and wanted to elect \$50,000 in coverage the calculation would be:

$$\$0.065 \times 50 = \$3.25$$

## NEW CARRIER



### Short Term Disability Insurance

Short Term Disability insurance is offered through Cigna. The plan benefit is 60% of basic weekly earnings up to a maximum of **\$1,000 per week**.

Benefits begin on the **8th consecutive day of disability** due to accidental injury or sickness. Benefits can continue for up to **13 weeks**.

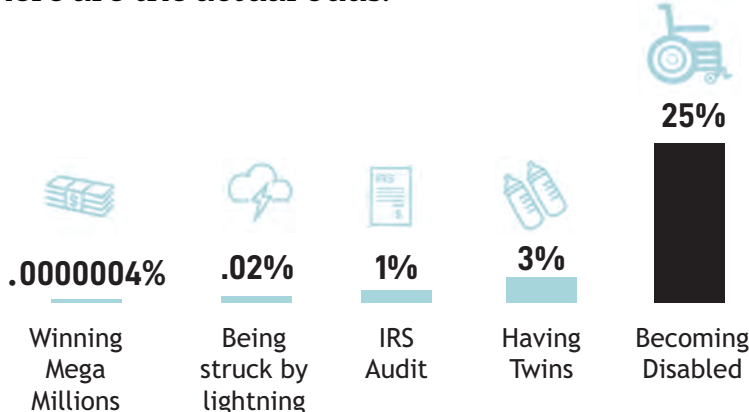


### Long Term Disability

Long Term Disability insurance is offered through Cigna. The plan benefit is **60% of basic monthly earnings** up to a maximum of **\$5,000 per month**. Basic earnings is the average of your gross monthly income for the year immediately prior to the onset of disability and excludes commissions, bonuses, overtime pay, shift differential pay, or any other earnings. The benefits begin after a **90 day waiting period**.

### What's More Likely?

Many workers think these events are more likely than becoming disabled during their careers. But here are the actual odds:



Could you pay the bills if you weren't working?  
 Less than 1/4 of U.S. consumers have enough emergency savings to cover six months or more of their expenses.

Nearly 70% of workers that apply to Social Security Disability Insurance are denied.



## NEW CARRIER

### SHORT TERM DISABILITY

Monthly Rate:  
Per \$10 of Weekly Benefit  
\$0.430

### How to Calculate Your Short Term Disability Monthly Cost:

**Step 1:** Divide your annual salary by 52 to calculate your weekly earnings.

**Step 2:** Multiply this amount by the benefit percentage defined above in the Available Coverage section. For example, 60% would be .60. Now, you have your gross weekly benefit.

**Step 3:** Find the above Monthly rate. Multiply this rate by your gross weekly benefit, or the maximum gross weekly benefit, whichever is less.

**Step 4:** Divide the total by 10. The result is your Monthly cost.

**Step 5:** Multiply the total by 12 and divide by 24.

$$\begin{aligned}
 & \$ \frac{\text{weekly salary}}{\text{weekly salary}} \times \frac{.60}{\text{benefits package}} \times \frac{0.430}{\text{premium rate}} / 10 \\
 & = \$ \frac{\text{monthly premium}}{\text{monthly premium}} \times 12/24 = \$ \frac{\text{per paycheck}}{\text{per paycheck}}
 \end{aligned}$$

### LONG TERM DISABILITY

AGE	Monthly Rate per \$100 of Monthly Benefit
20	0.243
20-24	0.243
25-29	0.243
30-34	0.315
35-39	0.441
40-44	0.549
45-49	1.044
50-54	1.557
55-59	2.079
60-64	4.293
65-69	3.384
70-74	1.305
75+	1.413

### How to Calculate Your Long Term Disability Monthly Cost:

**Step 1:** Divide your annual salary by 12 to calculate your monthly earnings.

**Step 2:** Use the chart above to find your Monthly rate based on age.

**Step 3:** Multiply this rate by your monthly earnings, or \$8,333, whichever is less.

**Step 4:** Divide the total by 100. The result is your Monthly cost.

**Step 5:** Multiply the total by 12 and divide by 24.

$$\begin{aligned}
 & \$ \frac{\text{monthly salary}}{\text{monthly salary}} \times \frac{\text{premium rate}}{\text{premium rate}} / 100 \\
 & = \$ \frac{\text{monthly premium}}{\text{monthly premium}} \times 12/24 = \$ \frac{\text{per paycheck}}{\text{per paycheck}}
 \end{aligned}$$

# Critical Illness Insurance

## NEW CARRIER

While it is impossible to prepare for the physical and emotional consequences of being diagnosed with a critical illness, you can prepare for the consequences such an illness may have on your personal finances.

This Critical Illness insurance policy from Aetna can help cover unexpected costs of a covered critical illnesses – such as a heart attack or stroke. More importantly, it can help you focus on recuperation instead of the distraction of out-of-pocket costs.

While major medical insurance may pay for a good portion of the costs associated with critical illness, there are a lot of expenses that are not covered – from deductibles and copays to living expenses.

With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned) – giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.



### Examples of Critical Illnesses Include:

- Cancer (including skin and non-invasive)
- Heart attack (myocardial infarction)
- Stroke
- Sudden cardiac arrest
- Coronary artery bypass surgery
- Kidney failure (end-stage renal failure)
- Bone marrow transplant (stem cell transplant)

### How Critical Illness Coverage Works:

1

Critical Illness coverage is selected

2

You experience chest pains and numbness in your left arm

3

You visit the emergency room

4

A physician determines that you have suffered a heart attack

5

Aetna's Critical Illness coverage pays you a First occurrence Benefit of \$10,000

## NEW CARRIER

### CRITICAL ILLNESS NON-TOBACCO RATES

	EE	EE+SP	EE+CH	FAM
<b>FACE AMOUNT \$10,000</b>				
<25	\$2.34	\$4.45	\$2.34	\$4.45
25-29	\$2.81	\$5.15	\$2.81	\$5.15
30-34	\$3.67	\$6.43	\$3.67	\$6.43
35-39	\$4.85	\$8.20	\$4.85	\$8.20
40-44	\$6.69	\$10.96	\$6.69	\$10.96
45-49	\$8.78	\$14.10	\$8.78	\$14.10
50-54	\$12.56	\$19.79	\$12.56	\$19.79
55-59	\$17.53	\$27.26	\$17.53	\$27.26
60-64	\$25.55	\$39.31	\$25.55	\$39.31
65-69	\$35.42	\$54.13	\$35.42	\$54.13
70+	\$51.33	\$78.01	\$51.33	\$78.01

### CRITICAL ILLNESS TOBACCO RATES

	EE	EE+SP	EE+CH	FAM
<b>FACE AMOUNT \$10,000</b>				
<25	\$2.47	\$4.64	\$2.47	\$4.64
25-29	\$3.08	\$5.55	\$3.08	\$5.55
30-34	\$4.26	\$7.32	\$4.26	\$7.32
35-39	\$6.10	\$10.09	\$6.10	\$10.09
40-44	\$9.31	\$14.90	\$9.31	\$14.90
45-49	\$13.44	\$21.11	\$13.44	\$21.11
50-54	\$20.96	\$32.42	\$20.96	\$32.42
55-59	\$31.74	\$48.63	\$31.74	\$48.63
60-64	\$49.26	\$74.96	\$49.26	\$74.96
65-69	\$71.68	\$108.64	\$71.68	\$108.64
70+	\$98.26	\$148.60	\$98.26	\$148.60

### FACE AMOUNT \$15,000

<25	\$3.01	\$5.58	\$3.01	\$5.58
25-29	\$3.70	\$6.61	\$3.70	\$6.61
30-34	\$4.96	\$8.50	\$4.96	\$8.50
35-39	\$6.72	\$11.13	\$6.72	\$11.13
40-44	\$9.46	\$15.25	\$9.46	\$15.25
45-49	\$12.58	\$19.92	\$12.58	\$19.92
50-54	\$18.21	\$28.39	\$18.21	\$28.39
55-59	\$25.61	\$39.51	\$25.61	\$39.51
60-64	\$37.57	\$57.47	\$37.57	\$57.47
65-69	\$52.28	\$79.56	\$52.28	\$79.56
70+	\$76.04	\$115.24	\$76.04	\$115.24

### FACE AMOUNT \$15,000

<25	\$3.20	\$5.86	\$3.20	\$5.86
25-29	\$4.11	\$7.21	\$4.11	\$7.21
30-34	\$5.85	\$9.83	\$5.85	\$9.83
35-39	\$8.61	\$13.97	\$8.61	\$13.97
40-44	\$13.39	\$21.16	\$13.39	\$21.16
45-49	\$19.58	\$30.44	\$19.58	\$30.44
50-54	\$30.80	\$47.34	\$30.80	\$47.34
55-59	\$46.93	\$71.57	\$46.93	\$71.57
60-64	\$73.13	\$110.95	\$73.13	\$110.95
65-69	\$106.66	\$161.34	\$106.66	\$161.34
70+	\$146.43	\$221.13	\$146.43	\$221.13

### FACE AMOUNT \$20,000

<25	\$3.68	\$6.71	\$3.68	\$6.71
25-29	\$4.59	\$8.07	\$4.59	\$8.07
30-34	\$6.26	\$10.57	\$6.26	\$10.57
35-39	\$8.60	\$14.07	\$8.60	\$14.07
40-44	\$12.24	\$19.53	\$12.24	\$19.53
45-49	\$16.39	\$25.74	\$16.39	\$25.74
50-54	\$23.86	\$36.99	\$23.86	\$36.99
55-59	\$33.69	\$51.76	\$33.69	\$51.76
60-64	\$49.58	\$75.63	\$49.58	\$75.63
65-69	\$69.13	\$105.00	\$69.13	\$105.00
70+	\$100.74	\$152.46	\$100.74	\$152.46

### FACE AMOUNT \$28,000

<25	\$3.93	\$7.09	\$3.93	\$7.09
25-29	\$5.13	\$8.87	\$5.13	\$8.87
30-34	\$7.44	\$12.34	\$7.44	\$12.34
35-39	\$11.11	\$17.85	\$11.11	\$17.85
40-44	\$17.48	\$27.42	\$17.48	\$27.42
45-49	\$25.71	\$39.77	\$25.71	\$39.77
50-54	\$40.65	\$62.26	\$40.65	\$62.26
55-59	\$62.11	\$94.51	\$62.11	\$94.51
60-64	\$96.99	\$146.93	\$96.99	\$146.93
65-69	\$141.64	\$214.03	\$141.64	\$214.03
70+	\$194.61	\$293.65	\$194.61	\$293.65

## NEW CARRIER



It is important to budget for life’s unexpected moments, because you never know when you might be on your way to the emergency room. This can leave you with a flurry of unexpected high cost bills.

That’s where Accident Insurance can help. In the event of a covered accident, the plan pays you cash benefits quickly to help pay for the costs associated with out-of-pocket expenses and bills – expenses major medical may not take care of.

### Aetna's Accident Insurance covers expenses for things like:

- Ambulance rides
- Wheelchairs, crutches, and other medical appliances
- Emergency room visits
- Surgery and anesthesia
- Bandages, stitches, and casts

### Benefits include:

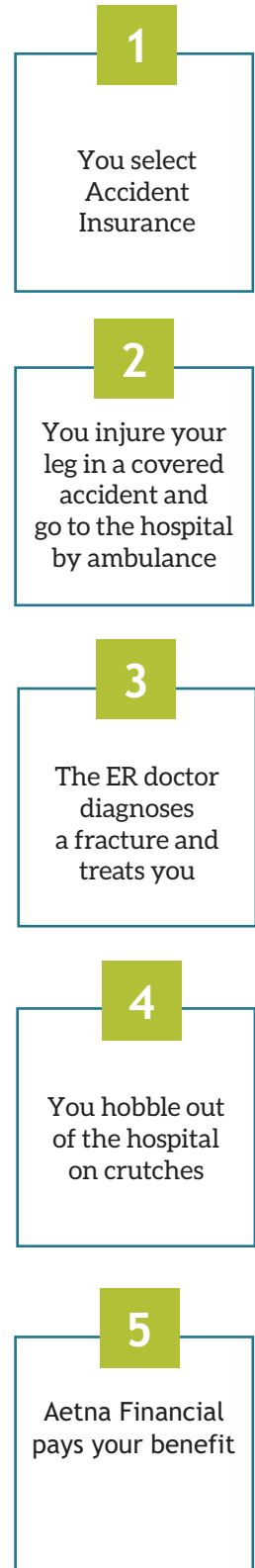
- A Wellness Benefit for covered preventive screenings
- Transportation and Lodging Benefits
- An Emergency Room Treatment Benefit
- A Rehabilitation Unit Benefit
- Coverage for certain serious conditions, such as coma and paralysis
- An Accidental-Death Benefit
- A Dismemberment Benefit

### Features:

- Coverage is guaranteed-issue at FIRST enrollment (which means you may qualify for coverage without having to answer health questions)
- Benefits are paid directly to you (unless you choose otherwise)
- Coverage is available for you, your spouse, and your dependent children
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire
- Fast claims payment. Most claims are processed in about four business days

RATES - PER MONTH	
Team Member Only	\$9.63
Team Member + Spouse	\$16.83
Team Member + Child(ren)	\$18.69
Team Member + Family	\$25.66

### How Accident Insurance Works:



# Work/Life Support Program (EAP)


## NEW CARRIER

Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, your Life Assistance & Work/Life Support Program is there for you. It can help you and your family find solutions and restore your peace of mind.

Just a phone call away whenever you need us. At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

To get started:

Online: Cigna Life Assistance Program

Call: 800.538.3543 

### **Cigna Secure Travel®**

Offers pre-trip planning, assistance while traveling and emergency medical transportation benefits for covered persons traveling 100 miles or more from home (see your plan for details). Service is a phone call away, 24/7/365 – in an emergency you can even call collect.

**Call 888.226.4567**

### **My Secure Advantage (MSA)**

Cigna knows that financial issues are one of the leading causes of stress in America. That's why you have access to a full-service financial wellness program. My Secure Advantage™ can help support the financial health of your household, at no additional cost to you.

**Visit [Cigna.mysecureadvantage.com](https://www.cigna.com/mysecureadvantage.com) or call 888.724.2262.**



24/7  
confidential  
access

Available to  
your spouse  
and eligible  
dependents

Help & advice on  
daycare, substance  
abuse, stress  
and more

Sun Health believes in investing in your future which is why we participate in auto-enrollment of team members and offer immediate vesting.



## Team Member Contributions

All new team members age 21 and older are automatically enrolled in the 401(k) at a pre-tax contribution rate of 5%. The plan allows you to save for retirement through a traditional contribution which reduces your current taxable income and grows tax-deferred; or a Roth contribution, which is not tax-deductible but allows you to take tax-free withdrawals at retirement.

**2021 401k Contribution Limits**  
**\$19,500**  
 If you are 50 or older, you can contribute an extra \$6,500 for a total of \$26,000

## Employer Contributions

You are eligible to receive an employer match as soon as you begin contributing. The employer contribution is a **fully-vested Safe Harbor match \$1.00 per \$1.00 up to the first 3% and \$.50 on the next \$1.00 to 2% of considered compensation. If you contribute 5%, Sun Health will contribute 4%.**

## Paid Time Off (PTO)

Sun Health encourages and supports healthy behavior, like taking time off from work to stay well balanced. Our Paid Time Off and Paid Sick Time program helps keep our team members both physically and mentally healthy. Sun Health strongly encourages all team members to utilize their paid time off.

Exempt Team Members are deposited a PTO bank of hours based on years of service. PTO deposit occurs on the date of hire and at the beginning of each new calendar year.

Exempt Staff	Years of Service	PTO
Executive Leadership Team, Executive Director, & Vice President	All	35 days
All other exempt staff	< 2	20 days
	2 to 5	25 days
	5 or more	30 days

Non-Exempt Team Members hired as full-time (FT) or regular part-time (RPT) will accrue PTO hours starting from his or her date of hire. Team Members are able to keep a max of 240 hours in their PTO bank per calendar year.

Years of Service	PTO Accrued Per Hour	PTO Accrued Per Year
0 < 2	0.0538	112 hours/14 days
2 < 5	0.0692	144 hours/18 days
5 < 10	0.0962	200 hours/25 days
10+	0.1154	240 hours/30 days

## Paid Sick Days

All team members are front loaded paid sick time (PST) according to their employment status on their date of hire and annually on or about January 1st thereafter. Sun Health will deposit up to 40 PST hours per year for Full-Time and Regular Part-Time team members annually. 20 PST hours per year for Non-Benefited Part-Time, PRN, Seasonal and other team members.

# Additional Benefits

## Wellbeing Program

Sun Health is thrilled to continue offer a comprehensive Team Member Wellbeing Program in 2021 to team members and their spouse. The main change is the monthly wellbeing challenges; in 2021 YOU are able to decide which challenges you feel ready, willing, and able to complete. You are able to choose and complete up to 3 challenges per month, and for each completed challenge your name will be entered into the monthly drawing for a gift card. Incentive points can be earned by participation in the wellbeing challenges and activities. The points can be used towards incentive rewards throughout the year. If you have any questions, please don't hesitate to contact the Wellbeing Champions at each of the locations.



## Wellbeing Incentive

Team members as well as their spouses must participate in the Wellness Program to earn 30 points in order to receive medical plan contribution discount (\$15 discount for team member participation & additional \$15 discount for spouse participation can be earned) or employer funded Health Savings Account (HSA) contribution (\$360 deposit for team members only or \$720 annually for spouse participation). Team members and spouses are eligible to participate. Only team members are eligible to receive other program prizes.

## Healthy Mindsets - No Cost

Healthy Mindsets is a program offered to team members and their family members FREE of cost. The program offers online self-guided protocols, educational videos and treatment modules. Some examples of the programs and resources offered include: Resiliency, Depression, Anxiety/Panic, Anger, Life Stress, Chronic Illness, Smoking, Diet/Exercise and Addictions. The program is 100% confidential.

## Tuition Reimbursement

We are committed to supporting your personal and professional development. If you qualify you can receive financial assistance through tuition reimbursement and other scholarship opportunities towards your degree or certification program at an accredited college, university or technical institute. "Sun Health is constantly working with education partners in our community to provide our team members with education opportunities. More information can be found by clicking the link icon.

## The Employee Association Program

The Employee Association is a nonprofit organization that was formed in 2008 in an effort to aid Sun Health team members in times of need. The concept of the organization began when a team member approached management with a request to hold a bake sale to assist with a fellow team member's medical bills. With more than 400 team members on staff at the time, leaders saw a tremendous opportunity to create a formal plan to support our team members financially in need. As a result, the Employee Association was formed. Over the years, the Association has brought financial relief and support to many team members in need and is sure to positively impact the lives of many more to come. The Employee Association is just one of the ways Sun Health shows its gratitude for our team members' commitment to our mission to champion healthy living, research and superior health care. More information can be found by clicking the link icon.

# Additional Benefits continued

## Meal Discount Program

Team members are eligible to purchase meals and receive a 30% discount off food items including:

- Grab and Go items
- Bottled beverages

Team members who bring in their own cups have access to free fresh brewed coffee or fountain drinks. Cups may not be more than 16 ounces. The meal and drink discount only applies at the following dining establishments:

Grandview Terrace: The Marketplace & Main Street Café (aka Starbucks in Health and Rehabilitation, drip coffee only)  
La Loma Village: The Atrium and the Cups Café  
The Colonnade: The Bistro & Club Solé

The following details also apply to this discount:

1. Team members are required to have their ID Badge
2. The discount does not apply to any already discounted meal specials.
3. The discount does not apply to guests of team members.
4. Replacement cups will be available for purchase by team members only at each participating dining establishments at a discounted price of \$2.



## Pet Healthcare

United PetCare offers a pet healthcare program that includes preventive, diagnostic, surgical, emergency and special areas of care. In-office medications are also included. You are able to enroll in this program any time during the year. Please refer to the Team Member Portal or access the link provided to enroll.

## Sun Health University

This is Sun Health's training portal for ongoing education, powered by Pryor+ and delivers:

- 5,000+ online training opportunities
  - 24/7 learning with any supported mobile device
  - 7+ learning formats
- And much more!

Leadership Development -Sun Health invests in our future through a variety of leadership development programs, including:

- Monthly Leadership Lunch & Learn sessions to include a variety of critical leadership and HR topics
- A comprehensive Leadership Assessment Center to provide high potential leaders with invaluable practice and feedback
- A year-long Leadership Academy for intense development and preparation of high potential leaders for senior and executive leadership positions
- An annual Talent Management Review process where leaders receive in-depth feedback and development plans related to their performance and growth potential within Sun Health



# Resources

## Medical Plans

- ▶ Preventive Care
- ▶ Primary Care vs. Urgent Care vs. ER
- ▶ HDHP with HSA
- ▶ Prescription Drug Benefit Overview
- ▶ Telehealth (Virtual Care)
- ▶ Medicare
- ▶ COBRA - Loss of Coverage

## Insurance 101

- ▶ Benefits Key Terms Explained
- ▶ What Is A Qualifying Event?

## Tax Advantaged Accounts

- ▶ What Is A Health Savings Account?
- ▶ What Is A Flexible Spending Account?
- ▶ What Is A 401(k) Retirement Plan?

## Ancillary Benefits

- ▶ What Is Dental Insurance?
- ▶ What Is Vision Insurance?
- ▶ What Is a Team Member Assistance Program?
- ▶ What Is Accident Insurance?
- ▶ What Is Critical Illness Insurance?
- ▶ What is Disability Insurance?



# Vendor & HR Contacts

Vendors			
Open Enrollment	Kronos		<a href="#">Kronos</a>
Medical	Aetna	1-855-586-6957	<a href="#">Aetna</a>
Benefits Consultant	Jamison Davis Hays Companies	1-855-586-6957	<a href="mailto:jdavis@hayscompanies.com">jdavis@hayscompanies.com</a>
Pharmacy	ExpressScripts	1-800-711-5672	<a href="#">ExpressScripts</a>
Virtual Care	98point6		<a href="#">98point6</a>
Health Savings Account	Payflex	1-844-729-3539	<a href="#">PayFlex</a>
Flexible Spending Accounts - Health and Dependent Care	Basic	1-800-473-0455	<a href="#">Basic FSA</a>
Dental	Aetna	1-877-238-6200	<a href="#">Aetna</a>
Vision	VSP	1-800-877-7195	<a href="#">VSP</a>
Life and Disability	Cigna	1-800-362-4462	<a href="#">Cigna</a>
Critical Illness Insurance Accident Insurance	Aetna	1-800-607-3366	<a href="#">Aetna</a>
Employee Assistance Program	Cigna	1-800-538-3543	<a href="#">Cigna</a>
401(k) Retirement Plan	Fidelity	1-520-320-3811 800-457-5636	<a href="#">401k</a>
Tuition Reimbursement & Scholarship Opportunities			<a href="#">Tuition Reimbursement</a>
Team Member Support	Employee Association		<a href="#">Employee Association</a>
Team Member Discounts	Employee Network	480-768-0837	<a href="#">The Employee Network</a> Company Code: Sun Health
Pet Healthcare			<a href="#">United PetCare</a>
Sun Health University			<a href="#">Sun Health University</a>
Human Resources			
Grandview Terrace HC	HR Coordinator	623-455-7653	<a href="mailto:HRsupport@sunhealth.org">HRsupport@sunhealth.org</a>
Grandview Terrace IL	HR Coordinator	623-975-8059	
La Loma Village	HR Coordinator	623-537-7448	
The Colonnade	HR Coordinator	623-236-3751	
Administration	HR Coordinator	623-777-2655	
Human Resources Business Partners		623-975-8041 623-236-3752	
Director of Total Compensation		623-777-2604	
Talent Acquisition Manager		623-471-7980	
Benefit & Learning Coordinator		623-777-2602	
Learning & Organizational Development Manager		623-777-2627	

**About this Booklet.** This booklet highlights important features of Sun Health's benefits. While efforts have been made to ensure the accuracy of the information presented, in the event of any discrepancies your actual coverage and benefits will be determined by the legal plan documents and the contracts that govern these plans. Benefit plans may be changed for any reason, to the extent allowed by law. Your participation in these benefits is not a contract of employment and does not guarantee future employment.

# Notes


# 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](http://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](http://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](http://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 January 31, 2021. Contact your State for more information on eligibility –

<p style="text-align: center;"><b>ALABAMA – Medicaid</b></p> <p>Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447</p>	<p style="text-align: center;"><b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p> <p>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHIP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHIP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442</p>
<p style="text-align: center;"><b>ALASKA – Medicaid</b></p> <p>The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></p>	<p style="text-align: center;"><b>FLORIDA – Medicaid</b></p> <p>Website: <a href="https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html">https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html</a> Phone: 1-877-357-3268</p>
<p style="text-align: center;"><b>ARKANSAS – Medicaid</b></p> <p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p style="text-align: center;"><b>GEORGIA – Medicaid</b></p> <p>Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131</p>
<p style="text-align: center;"><b>CALIFORNIA – Medicaid</b></p> <p>Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>	<p style="text-align: center;"><b>INDIANA – Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584</p>

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711  Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: -800-977-6740. TTY: Maine relay 711	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a>  Phone: 1-800-862-4840	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100

<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>OREGON – Medicaid</b>	<b>VERMONT– Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 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](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

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

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