



# 2024-2025 BENEFITS GUIDE

**BEAVER CREEK ESD NO. 26**



# BEFORE WE BEGIN

## MEET KAIROS

Hey! We're Kairos, your benefits plan administrator. When in doubt, you can ask us questions related to anything throughout this guide. We're your friendly experts, here to help you!

## TIPS

### PLAN YEAR

The Kairos plan runs from July 1 to June 30 of each year. That means every July 1, deductibles and out-of-pocket maximums will reset.

### WHAT'S NEW?

There are some exciting enhancements this year, called out in the appropriate section in the guide. Just look for anything labeled "new"!

### ABOUT THIS GUIDE

This guide provides a summary of benefit options to help you make the right decisions for you and your family.

Keep a copy of the guide handy throughout the year. It can be useful when specific care scenarios come up.

## ENROLLMENT CHECKLIST



### CHOOSE YOUR PLAN

Select a medical program option and decide who you're going to cover.



### MAKE A CONTRIBUTION TO YOURSELF

If you have the option to enroll in a high deductible health plan (HDHP), don't miss out on making health savings account (HSA) contributions.



### TAKE CARE OF YOUR LOVED ONES

Review and update beneficiary designations for life insurance benefits as needed.



### ARE YOUR DEPENDENTS STILL ELIGIBLE?

Confirm that any dependents up to age 26 are still eligible to be enrolled.



### CHOOSE YOUR OTHER COVERAGES

If applicable, review and decide whether to elect any additional employee-paid benefits.

## GOT QUESTIONS?

### KAIROS

888.331.0222

[svc.kairoshealthaz.org](https://svc.kairoshealthaz.org)

#### UMR

Medical benefits

844.212.6811

[umr.com](https://umr.com)

#### MAXORPLUS

Prescription benefits

800.687.0707

[maxorplus.com](https://maxorplus.com)

#### TELADOC

Telehealth benefits

800.835.2362

[teladoc.com](https://teladoc.com)

# PLAN RULES

## WHO'S ELIGIBLE?

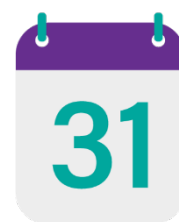
Eligibility varies by employer, but here are some general eligibility categories:

- ✓ Full-time employees
- ✓ Part-time employees (if allowed by your employer)
- ✓ Active board members or council members, as permitted by their organizations
- ✓ Dependents of enrolled employees, including:
  - lawfully married spouses
  - domestic partners (if allowed by your employer; domestic partner's children are not eligible)
  - dependent children up to age 26
  - unmarried children who are mentally or physically handicapped and fully dependent on the enrolled employee for support and maintenance

## WHEN CAN I MAKE A CHANGE?

You can make changes or elect benefits once a year during open enrollment. Outside of open enrollment, the IRS says a "qualified life event" must occur in order to make changes.

If you experience a qualified life event and need to make a change to your benefits, you must notify your employer within **31 days** of the event. Otherwise, you will have to wait until the next open enrollment period.



**Below are examples of qualified life events that may make a mid-year change possible:**

- Marriage, divorce, legal separation, or annulment
- Birth, adoption, placement for adoption, or legal guardianship of a child
- Death of a dependent
- Change in your spouse's employment or involuntary loss of health coverage under another employer's plan
- Change in your dependent's eligibility status



Newborns are not automatically added to your medical coverage. You must notify your employer within 31 days of the date of birth and pay the full premium amount for the month the child is added.

If you lose medical coverage through the Marketplace mid-year, you may not then join the Kairos plan. You may, however, drop your Kairos medical coverage to join a Marketplace plan mid-year.

# WHAT DOES IT ALL MEAN?

## Let's talk through some health insurance terms and make this easy.

### DEDUCTIBLE

This is the amount of money you have to pay each plan year (July to June) for covered services before your health insurance benefits kick in.

### COINSURANCE

This is a percentage of covered medical costs you pay once you meet your deductible. The plan pays the rest.

### OUT-OF-POCKET MAXIMUM (OOP)

This is the most you'll pay for covered services during the plan year. The out-of-pocket maximum puts a cap on health care costs if you ever have a major illness or injury.

### EMBEDDED DEDUCTIBLE

Individual family members have their own deductibles AND there's a deductible for the family as a whole. After an individual meets his or her deductible, the plan begins to pay benefits for that person. Once the family deductible is met, the plan pays benefits for all.

### NON-EMBEDDED DEDUCTIBLE

The entire family shares a single deductible. The family deductible must be met before the plan begins to pay benefits.

### HIGH DEDUCTIBLE HEALTH PLAN (HDHP) VS. PPO PLAN

An HDHP is a type of medical plan that has a lower monthly premium but a higher annual deductible. It's usually paired with a health savings account (HSA) to help pay medical expenses.

A PPO is a plan that has a higher monthly premium but a lower annual deductible. PPO plans sometimes have copays for services, unlike HDHPs.

### IN-NETWORK VS. OUT-OF-NETWORK

In-network providers are contracted to provide services at a discounted rate. Out-of-network providers are not. Staying in-network is usually the best way to save money on your health care.

### INPATIENT VS. OUTPATIENT

Inpatient services are those received when you're admitted to a hospital or facility and spend at least one night. Outpatient services can vary, but they're services received in a facility that you're not admitted to.

### PRIOR AUTHORIZATION

This is pre-approval that is required for certain services, prescriptions, and medical equipment to be covered by the plan. It's sometimes called "preauthorization" or "precertification."



*Want to learn more?*

*Scan the code to watch this informational video*

## How does my medical plan work?

### YOU PAY

#### DEDUCTIBLE

The costs you cover on your own

### YOU PAY, KAIROS PAYS

#### COINSURANCE

The costs you share with Kairos

**YOU  
REACH  
YOUR  
OOP MAX**

### KAIROS PAYS

#### COSTS OVER THE OOP MAX

Once you reach your out-of-pocket limit, Kairos covers costs until the end of the plan year

# MEDICAL BENEFITS

## UMR

UMR is the medical claims processor and uses the UnitedHealthcare (UHC) Choice Plus network. This is a PPO network, which is a group of health care providers who discount what they charge you for services. By staying in-network, services will cost you less.



### Where does Kairos fit in?



#### **KAIROS** The Plan

Kairos manages and funds all of the health care plans and voluntary coverages. We also work closely with your employer to administer your benefits.



#### **UnitedHealthcare** Medical Network

Kairos medical plans use the UnitedHealthcare network. If your doctor asks what network you have, you'll say, "United."



#### **UMR** Claims Handling

UMR processes your medical claims. When you see your doctor, he or she submits the claim to UMR. For questions about your medical coverage, call Kairos or UMR (not United).

## MANAGE YOUR BENEFITS

Create your mobile-friendly account at [umr.com](http://umr.com) to take full advantage of your medical benefits. You'll need to have your ID card handy in order to register.

Once you're in, you can:

- ✓ View/print/order ID cards
- ✓ View medical claims
- ✓ Monitor your deductible and out-of-pocket limits
- ✓ Shop for the best and most cost-effective care

## FIND A DOCTOR

If you want to find a doctor, there's no need to log in! Instead, follow these simple steps:

- ✓ Go to [umr.com](http://umr.com)
- ✓ Select "Find a Provider"
- ✓ In the Provider Network search bar, type the network name:  
**UnitedHealthcare Choice Plus**
- ✓ Click search, then view providers
- ✓ Type in your address or ZIP code

Now you'll be able to search by provider name, locations, services, and more.

# PRESCRIPTION BENEFITS

## MAXORPLUS



When you enroll in Kairos medical coverage, you automatically receive prescription drug coverage through MaxorPlus. This benefit allows you to fill prescriptions through any participating pharmacy listed in the MaxorPlus pharmacy network.

### Sign up for the MaxorPlus member portal to:



Locate the closest and most cost-efficient network pharmacy







View the plan formulary (a list of prescription medications that may be covered under the plan)



Look up your prescription history and plan costs

## TIPS FOR SAVING ON PRESCRIPTIONS

Depending on your medication type, dosage, and frequency, the dollars can add up quickly. But you have options for lowering your out-of-pocket costs. Try these simple steps to help you save a buck or two!

-  **TAKE THE GENERIC**  
Generics have the same strength and active ingredients as the name brand version of your medications. The only difference is, they're significantly cheaper. Talk to your prescriber to see if generics are right for you.
-  **SHOP AROUND**  
Just like you might hunt for those great Black Friday deals, you can do comparison shopping for medications. Log in to the MaxorPlus member portal and use the copay calculator to find the most cost-effective pharmacy near you. *(Believe it or not, not all pharmacies charge the same amount for the same medication.)*
-  **USE MAIL ORDER**  
Mail order delivers medications directly to your doorstep. If you're taking a generic, it will cost you less than it does to go to your local pharmacy. For example, if a prescription costs \$25 for a three-month supply at retail, it could cost \$20 through mail order. That's like getting three months free every year!
-  **SIGN UP FOR MYMAXORLINK**  
The myMaxorLink discount program does the work for you. Once enrolled, you'll automatically receive information on lower-cost prescriptions, reminders specific to your coverage, and other important health updates. Call 888.596.0723 to enroll or go to [mymaxorlink.com/maxorplus](https://mymaxorlink.com/maxorplus).



# NURSES ON *YOUR* SIDE

## NURSE NAVIGATORS PROGRAM

Navigating health care and insurance can be complicated and leave you feeling overwhelmed. That's where we come in. Through the **KairosPro Nurse Navigators** program, our dedicated in-house nurses help guide you through the health care system, choose the best treatment, and keep your costs to a minimum.



With this program, you have a real person in your corner who not only has a clinical background but understands your insurance coverage and is there to provide support **at no cost to you.**

### How can our nurses help you?

- ✓ Finding in-network providers
- ✓ Assisting with appeals and prior authorizations
- ✓ Reviewing and monitoring claims
- ✓ Obtaining medical and prescription orders
- ✓ Monitoring high-cost medications and medical treatment
- ✓ Coordinating medical services, prescriptions, and durable medical equipment supplies
- ✓ Monitoring inpatient admissions
- ✓ Helping with post-discharge needs
- ✓ Overseeing and collaborating with partner case management programs
- ✓ Arranging for redirection of care, if appropriate
- ✓ Attending onsite biometric screening events and engaging in outreach and follow-up
- ✓ Researching and connecting members with community resources

## BONUS: PERSONALIZED MENTAL HEALTH SUPPORT

These days, seeking help for mental health concerns isn't much different from talking to a provider about physical ailments—it's all part of looking after yourself and your health. In this process, Kairos knows it's important to find a support system and professional guidance that work for you. The good news is that your Nurse Navigators team is here to help you:

- Find in-network mental health providers
- Coordinate with your employee assistance program (EAP)
- Line up post-discharge resources
- And more!



Want to speak to a Nurse Navigator? Call the number below or send an email to [nurse@kairoshealthaz.org](mailto:nurse@kairoshealthaz.org).







(Please refrain from emailing sensitive and personal information.)

# A GUIDE TO WELLNESS

## WELLNESS PROGRAMS

Our wellness programs—available through **KairosPro Wellness**—include a variety of options to help promote a healthier and happier you. Take advantage of these offerings at no cost (unless you see a cost listed).



-  **Active&Fit fitness program**  
Starting at \$28/month, you'll get access to 18,000+ fitness centers with no long-term contracts. You'll also get access to online workout videos, life coaching, and options for enrolling your spouse.
-  **Online wellness center**  
Our online wellness hub provides wellness activities to keep you on track for healthy eating, weight management, physical activity, and more.
-  **Real Appeal**  
This is an online weight loss program to help employees make positive lifestyle changes and improve overall health. You can expect to receive a free success kit with enrollment.
-  **Discount tool**  
Through [EmployeeNetwork.com](https://www.EmployeeNetwork.com), you can register to receive over 300 exclusive discounts. These include tickets to theme parks, concerts, sporting events, and more. (Use **Company Code: Kairos Health** when registering)
-  **CARE Programs**
  - Maternity care program:** This is for pregnant moms or those who are planning to be. It includes a \$25 reward for completion!
  - Ongoing condition care program:** For those who need help when managing chronic conditions like diabetes, COPD, asthma, hypertension, and more, this program is for you.
  - Complex condition care program:** Get assistance with complex cases such as transplants, oncology, high-risk maternity, and neonatal care.
-  **CARE mobile app**  
Experience personalized and integrated health care solutions through your mobile device.

 **New!**

**To sign up or learn more about these programs, visit [svc.kairoshealthaz.org](https://svc.kairoshealthaz.org).**

## PREVENTION IS PRICELESS

We want to help you stay healthy. That's why the Kairos plan covers preventive care services for free, with no age restrictions when you visit an in-network provider.

### Examples of preventive benefits include:

- ✓ Prostate screenings
- ✓ Immunizations and flu shots
- ✓ Hearing exams
- ✓ Mammogram screenings
- ✓ Colonoscopy screenings
- ✓ Cancer screenings
- ✓ Generic contraceptives
- ✓ Blood pressure tests



# SKIP THE ER—USE TELADOC

## TELADOC

Teladoc allows those enrolled in the medical plan to use their phone or computer to conduct a live virtual visit with a board-certified medical professional—any day, anytime, anywhere.

Teladoc benefits include general medicine, mental health, and dermatology for non-emergency matters like those listed below. For a limited time only, all visits are available to enrollees at no additional cost (until new federal regulations tell us otherwise).

GENERAL MEDICINE	MENTAL HEALTH	DERMATOLOGY
<ul style="list-style-type: none"><li>• Cold and flu symptoms</li><li>• Allergies and sinus infections</li><li>• Pink eye</li><li>• Sore throat</li><li>• Flu symptoms</li><li>• Medically-necessary prescriptions</li></ul>	<ul style="list-style-type: none"><li>• Stress and anxiety</li><li>• Depression</li><li>• Trauma</li><li>• Grief</li><li>• Burnout</li><li>• Medication management</li></ul>	<ul style="list-style-type: none"><li>• Eczema</li><li>• Psoriasis</li><li>• Poison Ivy</li><li>• Rashes</li><li>• Rosacea</li></ul>



### WAIT! DID YOU REGISTER?

You must create an account through Teladoc before you can access your benefits. Register early so you don't have to worry about it when you're not feeling great. Sign up by scanning the QR code or calling the number listed below.

## IMMEDIATE CARE AT A LOWER COST

### Skip long lines

Did you know that 60% of patients have to wait at least 2 weeks for an in-office visit with their primary care provider?

### Avoid high costs

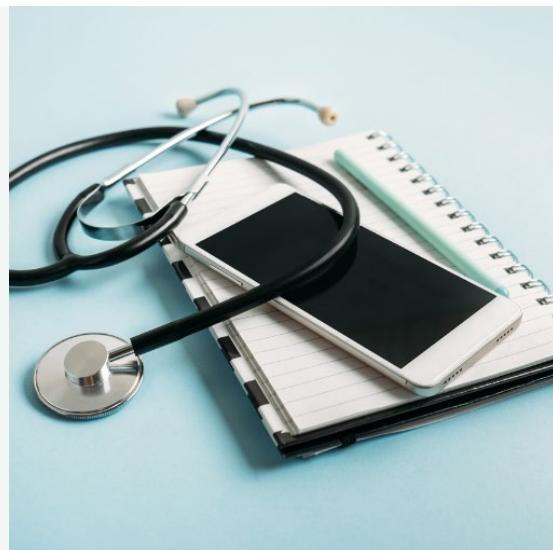
The average cost for different visit types is as follows:

ER: \$2,800

Urgent care: \$200

**Teladoc: \$0**

Avoid the long lines, wait times, and expenses of the ER. Use your telehealth benefits 24/7 for non-emergency matters.



# WORK & LIFE RESOURCES

## COMPSYCH EAP

Everyone can use a little help sometimes. That's where your EAP benefit comes in. Through the employee assistance program (EAP) with ComPsych, you can speak with a highly-trained and compassionate guidance consultant who can help you and your family 24/7 with things like:

### Free, Short-Term Counseling

- ✓ Stress and anxiety
- ✓ Relationship/marital conflicts
- ✓ Grief, loss, and life adjustments
- ✓ Substance abuse
- ✓ Minor depression management

Your benefit includes 6 one-on-one counseling sessions per family member, per issue, per year at no cost to you (or 12 for first responders).

### Work-Life Solutions

Get the everyday help you need with work-life solutions. Call the number at the bottom of the page for assistance with topics including:

- ✓ Finding child, pet, or elder care
- ✓ Housing searches
- ✓ Seeking financial assistance
- ✓ Will preparation
- ✓ Sending a child off to school
- ✓ Planning a major project or event

## ONLINE RESOURCES

You have 24/7 access to vital information, tools, and support through the ComPsych website.



### WHAT TO EXPECT:

- Product and service discounts
- Educational articles, podcasts, and videos
- On-demand trainings
- “Ask the Expert” personal responses to your questions

### HOW TO ACCESS:

1. Go to [guidanceresources.com](https://guidanceresources.com)
2. Click Register
3. Enter Web ID: **KAIROSEAP**
4. Complete your registration

# LET'S TALK ABOUT THE PLANS!

Benefit  
solutions  
for all!



change!

## \$1,600 HDHP OVERVIEW

	IN-NETWORK <sup>3</sup>	OUT-OF-NETWORK <sup>3</sup>
DEDUCTIBLE <sup>1</sup>	\$1,600/individual \$3,200/individual +1 or more	\$3,200/individual \$6,400/individual +1 or more
OUT-OF-POCKET MAXIMUM <sup>2</sup>	\$3,500/individual \$6,550/individual +1 or more	No maximum
OFFICE VISITS	Deductible, then 20%	Deductible, then 50%
TELADOC	No deductible, \$0	Not available
URGENT CARE	Deductible, then 20%	Deductible, then 50%
EMERGENCY ROOM	Deductible, then 20%	Deductible, then 20%
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, \$0	Deductible, then 50%
CHIROPRACTIC CARE (12 visits/year)	Deductible, then 20%	Deductible, then 50%
HEARING SERVICES Exams/Tests Hearing aid (1 aid per impacted ear every 3 years)	Deductible, then 20%	Deductible, then 50%
HOSPITAL SERVICES Inpatient services Outpatient services Outpatient lab/x-ray (including MRI, PET, and CT)	Deductible, then 20%	Deductible, then 50%
NON-HOSPITAL SERVICES Labs (e.g. Quest Select) Radiology center Infusion center	Deductible, then 20%	Deductible, then 50%
CENTERS OF EXCELLENCE ELECTIVE SURGERY AND CANCER CARE BENEFIT	Statutory minimum deductible, then \$0	N/A

## PRESCRIPTIONS

Except for preventive medications, you must meet your annual medical deductible before the following payment schedule applies.

### RETAIL

(31-day supply)

- Generic: \$10
- Preferred: \$60
- Non-preferred: \$110
- Specialty: 50% (maximum of \$150)

### MAIL ORDER

(90-day supply)

- Generic: \$20
- Preferred: \$120
- Non-preferred: \$220

<sup>1</sup>This plan has a non-embedded deductible and out-of-pocket maximum. This means that families enrolling in the plan will need to meet the entire family deductible before the plan pays benefits for any member of the family (other than preventive/wellness care). It also means that the out-of-pocket maximum applies to the family as a whole rather than to individual covered family members. All benefits are subject to the deductible, unless otherwise noted. The medical plan deductible does not apply to retail and mail order prescription drug copays.

<sup>2</sup>The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

<sup>3</sup>The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

*Important: This summary is intended only as a brief description of plan benefits. If there is a conflict between this summary and the wording of plan documents, the plan documents will govern. Kairos retains the right to change, modify, suspend, interpret, or cancel some or all benefits or services at any time.*

# \$2,500 HDHP

## OVERVIEW

	IN-NETWORK <sup>3</sup>	OUT-OF-NETWORK <sup>3</sup>
DEDUCTIBLE <sup>1</sup>	\$2,500/individual \$5,000/individual +1 or more	\$5,000/individual \$10,000/individual +1 or more
OUT-OF-POCKET MAXIMUM <sup>2</sup>	\$3,450/individual \$6,550/individual +1 or more	No maximum
OFFICE VISITS	Deductible, then 20%	Deductible, then 50%
TELADOC	No deductible, \$0	Not available
URGENT CARE	Deductible, then 20%	Deductible, then 50%
EMERGENCY ROOM	Deductible, then 20%	Deductible, then 20%
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, \$0	Deductible, then 50%
CHIROPRACTIC CARE (12 visits/year)	Deductible, then 20%	Deductible, then 50%
HEARING SERVICES Exams/Tests Hearing aid (1 aid per impacted ear every 3 years)	Deductible, then 20%	Deductible, then 50%
HOSPITAL SERVICES Inpatient services Outpatient services Outpatient lab/x-ray (including MRI, PET, and CT)	Deductible, then 20%	Deductible, then 50%
NON-HOSPITAL SERVICES Labs (e.g. Quest Select) Radiology center Infusion center	Deductible, then 20%	Deductible, then 50%
CENTERS OF EXCELLENCE ELECTIVE SURGERY AND CANCER CARE BENEFIT	Deductible, then \$0	N/A

## PRESCRIPTIONS

Except for preventive medications, you must meet your annual medical deductible before the following payment schedule applies.

### RETAIL

(31-day supply)

- Generic: \$10
- Preferred: \$60
- Non-preferred: \$110
- Specialty: 50% (maximum of \$150)

### MAIL ORDER

(90-day supply)

- Generic: \$20
- Preferred: \$120
- Non-preferred: \$220

<sup>1</sup>This plan has a non-embedded deductible and out-of-pocket maximum. This means that families enrolling in the plan will need to meet the entire family deductible before the plan pays benefits for any member of the family (other than preventive/wellness care). It also means that the out-of-pocket maximum applies to the family as a whole rather than to individual covered family members. All benefits are subject to the deductible, unless otherwise noted. The medical plan deductible does not apply to retail and mail order prescription drug copays.

<sup>2</sup>The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

<sup>3</sup>The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

*Important: This summary is intended only as a brief description of plan benefits. If there is a conflict between this summary and the wording of plan documents, the plan documents will govern. Kairos retains the right to change, modify, suspend, interpret, or cancel some or all benefits or services at any time.*

# \$5,000 HDHP

## OVERVIEW

	IN-NETWORK <sup>3</sup>	OUT-OF-NETWORK <sup>3</sup>
DEDUCTIBLE <sup>1</sup>	\$5,000/individual \$10,000/individual +1 or more	\$10,000/individual \$20,000/individual +1 or more
OUT-OF-POCKET MAXIMUM <sup>2</sup>	\$6,450/individual \$12,900/individual +1 or more	No maximum
OFFICE VISITS	Deductible, then 20%	Deductible, then 50%
TELADOC	No deductible, \$0	Not available
URGENT CARE	Deductible, then 20%	Deductible, then 50%
EMERGENCY ROOM	Deductible, then 20%	Deductible, then 20%
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, \$0	Deductible, then 50%
CHIROPRACTIC CARE (12 visits/year)	Deductible, then 20%	Deductible, then 50%
HEARING SERVICES Exams/Tests Hearing aid (1 aid per impacted ear every 3 years)	Deductible, then 20%	Deductible, then 50%
HOSPITAL SERVICES Inpatient services Outpatient services Outpatient lab/x-ray (including MRI, PET, and CT)	Deductible, then 20%	Deductible, then 50%
NON-HOSPITAL SERVICES Labs/X-ray Radiology center Infusion center	Deductible, then 20%	Deductible, then 50%
CENTERS OF EXCELLENCE ELECTIVE SURGERY AND CANCER CARE BENEFIT	Deductible, then \$0	N/A

## PRESCRIPTIONS

Except for preventive medications, you must meet your annual medical deductible before the following payment schedule applies.

### RETAIL

(31-day supply)

- Generic: \$10
- Preferred: \$60
- Non-preferred: \$110
- Specialty: 50% (maximum of \$150)

### MAIL ORDER

(90-day supply)

- Generic: \$20
- Preferred: \$120
- Non-preferred: \$220

<sup>1</sup>This plan has an embedded individual deductible and out-of-pocket maximum. This means that although a deductible and out-of-pocket maximum apply to the family as a whole, no individual will be responsible for more than his/her individual deductible before the plan pays benefits for that person, and no individual will be responsible for more than his/her individual out-of-pocket maximum. All benefits are subject to the deductible, unless otherwise noted. The medical plan deductible does not apply to retail and mail order prescription drug copays.

<sup>2</sup>The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

<sup>3</sup>The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

*Important: This summary is intended only as a brief description of plan benefits. If there is a conflict between this summary and the wording of plan documents, the plan documents will govern. Kairos retains the right to change, modify, suspend, interpret, or cancel some or all benefits or services at any time.*



## HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in a high deductible health plan (HDHP), you are eligible to open a health savings account with HealthEquity. An HSA is a personal savings account that lets you set aside pre-tax money from your paycheck to use on qualified medical expenses. Some examples of qualified expenses include deductibles and copays, doctor's office visits, prescription drugs, vaccines, screenings, and more! For a complete list, visit [learn2.healthequity.com/kairos/qme](https://learn2.healthequity.com/kairos/qme).

Once you receive your debit card from HealthEquity, you'll be able to use your account. New cards are issued only to first-time enrollees (or if an existing card expires). Because it's your personal account, please contact HealthEquity if you need a replacement debit card.

### HSA Advantages



#### Triple Tax Benefit

Contributions are tax deductible; the funds grow with no tax liability; and money used for health expenses is not taxed upon withdrawal.



#### It's Yours Forever

The money in your HSA rolls over every year and is yours to keep, even if you leave your employer.



#### Grow and Save

You can invest the funds, and your earnings grow tax-free. After age 65, you can use the HSA like a traditional retirement account and funds used for non-medical expenses will be taxed as income.

## YOU'RE ELIGIBLE FOR AN HSA IF:

- You're enrolled in a qualified high deductible health plan.
- You're not also covered by a spouse's non-HDHP employer plan.
- You aren't enrolled in Medicare or another non-qualified health care plan.
- You can't be claimed as a dependent on someone else's tax return.

## HOW MUCH CAN YOU CONTRIBUTE?

TIER	MAXIMUM AMOUNT
INDIVIDUAL	\$4,150
FAMILY	\$8,300
AGE 55+	Additional \$1,000



*Learn how to  
maximize your HSA*



You may contribute the maximum amount stated on a calendar year basis, or January 1 to December 31. This is a little different from the Kairos plan year, which runs from July to June. You are responsible for verifying eligibility and calculating your contributions (including any employer contributions) so that they don't exceed the maximum annual amount.

---

## BASIC LIFE AND AD&D INSURANCE

Your employer provides eligible employees with basic life and AD&D. This benefit is at no cost to you, and enrollment is automatic. Once you reach age 65, the original amount reduces by 35%, and then reduces again by 50% at age 70.

## WHAT YOUR LIFE BENEFIT INCLUDES

- **Grief counseling:** To help you, your dependents, and your beneficiaries with loss
- **Funeral discounts and planning services:** Ensuring your final wishes are honored
- **Travel assistance:** Access to emergency services while you travel

## BENEFICIARY TIPS!

A beneficiary must be selected during enrollment. If no beneficiary is designated, the policy designates an order of payment: spouse first, children, parents, siblings, then insured estate.

Multiple beneficiaries and contingents can be listed. However, the categories taken together should total 100%.

## CHOOSING A BENEFICIARY

- ✓ **Can I name a child as a beneficiary?** Yes! However, benefits cannot be paid to a minor. Benefits would be paid to a court-appointed guardian or trust set up for the minor.
- ✓ **How about a pet?** Interesting question and unfortunately, no. Pets aren't legal people, and benefits cannot be paid to them.
- ✓ **Can I choose a charity, non-profit, or school?** Yes. We will need the applicable Tax ID number.
- ✓ **Can I choose a funeral home or trust?** Absolutely.



---

## PET INSURANCE

Fetch the best health coverage for your dog or cat through your voluntary benefits package. With two budget-friendly plans plus a \$500 wellness benefit option, there's never been a better time to sign up for My Pet Protection®, available only through your workplace benefits program.

- **GET CASH BACK ON VET BILLS**  
Choose your reimbursement level of 50% or 70%.
- **EASY TO USE**  
Base plans have a \$250 annual deductible and \$7,500 in annual benefits.
- **EXCLUSIVE TO YOU**  
This offer is exclusive to Kairos members.
- **USE ANY VET, ANYWHERE**  
No networks, no pre-approvals.


When you're ready to enroll, sign up at [petinsurance.com/kairoshealthaz](https://petinsurance.com/kairoshealthaz).

**BONUS:** Plans are available for birds, reptiles, and exotic pets. To learn more or enroll, please call Nationwide at the number below.

### IMPORTANT:

**This benefit is not deducted from your paycheck.  
You will be responsible for paying the monthly premium directly to  
Nationwide.**





## THIS GUIDE IS INTENDED ONLY AS A BRIEF DESCRIPTION OF YOUR PLAN BENEFITS

This guide attempts to describe important details and changes to the Kairos health plans in a clear, simple, and concise manner. If there is a conflict between the guide and the wording of plan documents, the plan documents will govern. Kairos retains the right to change, modify, suspend, interpret, or cancel some or all of the benefits or services at any time.

### MEDICARE NOTICE OF CREDITABLE COVERAGE REMINDER

If you or your eligible dependents are currently Medicare-eligible or will become Medicare-eligible during the next 12 months, be sure you understand whether the prescription drug coverage that you elect through the pool is or is not creditable with (as valuable as) Medicare's prescription drug coverage.

Kairos has determined that prescription drug coverage under the following prescription drug plan options is creditable: Core Plan; Copay Plan; \$1,200 PPO; \$1,600 HDHP; \$2,500 HDHP; and \$5,000 HDHP.

If you have questions about what this means for you, review the plan's Medicare Part D Notice of Creditable Coverage, which is available from Kairos at 888.331.0222.

### PRIVACY NOTICE REMINDER

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own health care information.

This plan's HIPAA privacy notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this notice when you enroll in the plan. Please visit [HHS.gov](https://www.hhs.gov) for more information on these types of notices.

### WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

You or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- all stages of reconstruction of the breast on which the mastectomy was performed;

- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

Plan limits, deductibles, copayments, and coinsurance apply to these benefits. For more information on WHCRA benefits, contact Kairos at 888.331.0222.



---

## MID-YEAR CHANGES TO YOUR HEALTH CARE BENEFIT ELECTIONS

**IMPORTANT:** After this open enrollment period is completed, generally you will not be permitted to change your benefit elections or add/delete dependents until next year's open enrollment, unless you have a special enrollment event or a mid-year change-in-status event as outlined below:

**Special enrollment event:** If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if your employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

You and your dependents may also enroll in this plan if you (or your dependents):

- have a change in number or status of dependents (e.g., birth, adoption, death);
- have a change in employee's/spouse's/dependent's employment status, work schedule, or residence that affects eligibility for benefits;
- have a Qualified Medical Child Support Order (QMCSO);
- have a change in entitlement to or loss of eligibility for Medicare or Medicaid;
- experience certain changes in the cost of coverage, composition of coverage, or curtailment of coverage of the employee's or spouse's plan;
- have coverage through Medicaid or a State Children's Health Insurance Program (S-CHIP) and you (or your dependents)

lose eligibility for that coverage. However, you must request enrollment within 60 days after the Medicaid or S-CHIP coverage ends;

- become eligible for a premium assistance program through Medicaid or S-CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.

To request special enrollment or obtain more information, contact Kairos at 888.331.0222.

**Mid-year change-in-status event:** Because Kairos pre-taxes benefits, we are required to follow Internal Revenue Service (IRS) regulations regarding whether and when benefits can be changed in the middle of a plan year. The following events may allow certain changes in benefits mid-year, if permitted by the IRS and your employer's respective Section 125 plan, which provides final authority:

- change in legal marital status (e.g., marriage, divorce/legal separation, death);
- change in coverage of the employee's or spouse's plan; and
- changes consistent with special enrollment rights and FMLA leaves.

You must notify the plan in writing within 31 days of the mid-year change-in-status event by contacting Kairos at 888.331.0222. The plan will determine if your change request is permitted, and if so, changes will become effective prospectively on the first day of the month following the approved change-in-status event (except for the case of newborn and adopted children, who are covered retroactively to the date of birth, adoption, or placement for adoption).

Losing medical coverage through the Health Insurance Marketplace is not considered a qualified life event with Kairos, and you will not be allowed to join the plan mid-year. However, you can drop your Kairos medical coverage to join the Marketplace plan mid-year. You will be required to provide proof of coverage within 31 days of your enrollment.

## 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 of Labor 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 [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## DIRECT ACCESS TO PRIMARY CARE PROVIDER (PCP) AND OB/GYN PROVIDER

The medical plans offered by Kairos do not require the selection or designation of a primary care provider (PCP). You have the ability to visit any network or non-network health care provider; however, payment by the plan may be less for the use of a non-network provider.

You also do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care

professional who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services; following a pre-approved treatment plan; or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Kairos at 888.331.0222.

## COBRA COVERAGE REMINDER

In compliance with a provision of federal law referred to as COBRA continuation coverage, this plan offers its eligible employees and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events).

A COBRA general notice will be mailed to all eligible employees within 90 days of their effective date. Qualified beneficiaries are entitled to elect COBRA coverage when qualifying events occur and, as a result of the qualifying event, coverage for that qualified beneficiary ends. Qualified beneficiaries who elect COBRA continuation coverage must pay for it at their own expense.

Qualifying event examples include termination of employment for any reasons other than gross misconduct, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce/legal separation, or a child ceasing to be an eligible dependent child.

In addition to considering COBRA as a way to continue coverage, there may be other coverage options for you and your family. You may wish to seek coverage through the Health Insurance Marketplace, for example. (See [healthcare.gov](https://www.healthcare.gov).) In the Marketplace, you could be

eligible for a tax credit that lowers your monthly premiums for Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage or a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible—such as a spouse's plan—if you request enrollment within 30 days, even if the plan generally does not accept late enrollees.

The maximum period of COBRA coverage is generally either 18 months or 36 months, depending on which qualifying event occurred.

In order to have the opportunity to elect COBRA coverage following a divorce/legal separation or a child ceasing to be a dependent child under the plan, you and/or a family member must inform the plan in writing of that event no later than 60 days after the event occurs. The notice should be sent to Kairos via first class mail, and should include the employee's name, the qualifying event, the date of the event, and the appropriate documentation in support of the qualifying event (such as divorce documents).

If you have questions about COBRA, contact Kairos at 888.331.0222 or visit [DOL.gov](https://www.dol.gov).

## 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 the Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [healthcare.gov](https://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 877.KIDSNOW or [www.insurekidsnow.gov](https://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](https://www.askebsa.dol.gov) or call 866.444.EBSA (3272).



## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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 1, 2024. Contact your state for more information on eligibility.

<b>ALABAMA – Medicaid</b> Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	<b>ALASKA – Medicaid</b> 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="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>CALIFORNIA – Medicaid</b> Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b> 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 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	<b>FLORIDA – Medicaid</b> Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
<b>GEORGIA – Medicaid</b> GA HIPP 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, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	<b>INDIANA – Medicaid</b> 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
<b>IOWA – Medicaid and CHIP (Hawki)</b> 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	<b>KANSAS – Medicaid</b> Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
<b>KENTUCKY – Medicaid</b> 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:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	<b>LOUISIANA – Medicaid</b> 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)
<b>MAINE – Medicaid</b> Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</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: 1-800-977-6740 TTY: Maine relay 711	<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
<b>MINNESOTA – Medicaid</b> 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	<b>MISSOURI – Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005

<b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	<b>NEBRASKA – Medicaid</b> 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
<b>NEVADA – Medicaid</b> Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	<b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
<b>NEW JERSEY – Medicaid and CHIP</b> 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	<b>NEW YORK – Medicaid</b> 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
<b>NORTH CAROLINA – Medicaid</b> Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	<b>NORTH DAKOTA – Medicaid</b> Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>OREGON – Medicaid and CHIP</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b> Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	<b>RHODE ISLAND – Medicaid and CHIP</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 Rlte Share Line)
<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	<b>SOUTH DAKOTA – Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b> Website: <a href="http://www.hhs.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	<b>UTAH – Medicaid and CHIP</b> 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>VERMONT– Medicaid</b> Website: <a href="http://www.dhs.vermont.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	<b>VIRGINIA – Medicaid and CHIP</b> Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b> Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	<b>WEST VIRGINIA – Medicaid and CHIP</b> Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b> 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>WYOMING – Medicaid</b> 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 1, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[dol.gov/agencies/ebsa](http://dol.gov/agencies/ebsa)  
866.444.EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
[cms.hhs.gov](http://cms.hhs.gov)  
877.267.2323, menu option 4, ext. 61565