First Start Partnerships for Children & Families

# BENEFIT ENROLLMENT GUIDE 2025

Brown & Brown

MEDICAL DENTAL PRESCRIPTION VISION LIFE DISABILITY

# WHAT'S NEW

First Start Partnerships for Children & Families

***Ready Children. Strong Families. Vibrant Communities.***

## 2025 Benefit Highlights

- *NEW!!* **Zizzl Health** will now administer the medical benefits through an ICHRA (Individual Coverage Health Reimbursement Arrangement).
- *NEW!!* **Equitable** will now provide the dental benefits: FSP pays the single premium for *employee.*
- *NEW!!* **Equitable** will now provide the vision benefits: FSP pays the single premium for *employee.*

Cost information on covering your spouse or children is listed on the Contribution page.

- FSP is offering the following additional coverages at *no additional cost* to the employee
  - *NEW!!* **Equitable** will now provide the Short Term Disability Insurance
  - *NEW!!* **Equitable** will now provide the Life Insurance: $50,000- <u>includes 3 Face to Face EAP</u>
- The following Voluntary Plans will continue to be offered.
  - Spot Pet Insurance
  - LegalShield
  - IDShield

# *ENROLL*

# *IN YOUR BENEFITS*

First Start Partnerships for Children & Families

## How to Enroll for Your 2025 Benefits

Dental & Vision enrollments will occur online via the Employee Navigator system, and Medical enrollments will occur online via the Zizzl Health platform. Please submit all enrollments by December 3, 2024. This is the only time of year that you can make changes to your benefits outside of an IRS qualified life status change.

## When to Enroll

First Start Partnership's Open Enrollment period will run from Monday, November 25, 2024 through Tuesday, December 3, 2024. Once you make your elections, they will be effective 1/01/2025 through 12/31/2025.

## Making Changes

You may only make changes to your benefits during the plan year if you experience a qualified life status change defined as the birth or adoption of a dependent, death of a dependent, marriage, divorce, or loss of other coverage. In order to change your benefits you must notify Human Resources within 30 days of a qualified event.

# PER PAY COST
## FOR YOUR BENEFITS

First Start Partnerships for Children & Families

| Coverage Tier | Equitable Dental | Equitable Vision |
|---|---|---|
| Employee | $0.00 | $0.00 |
| Employee & Spouse | $12.67 | $3.01 |
| Employee & Child | $10.31 | $3.43 |
| Employee& Children | $10.31 | $3.43 |
| Family | $26.46 | $7.28 |

*Please note: The above premiums will be withheld during the Academic year only.

**** All employee costs for insurance will be deducted over 22 pays, even if you are a 26 pay employee ****

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# ICHRA 101

An ICHRA (Individual Coverage Health Reimbursement Arrangement) is a health benefit where you get tax-free money from your employer to choose your own individual health insurance plan.

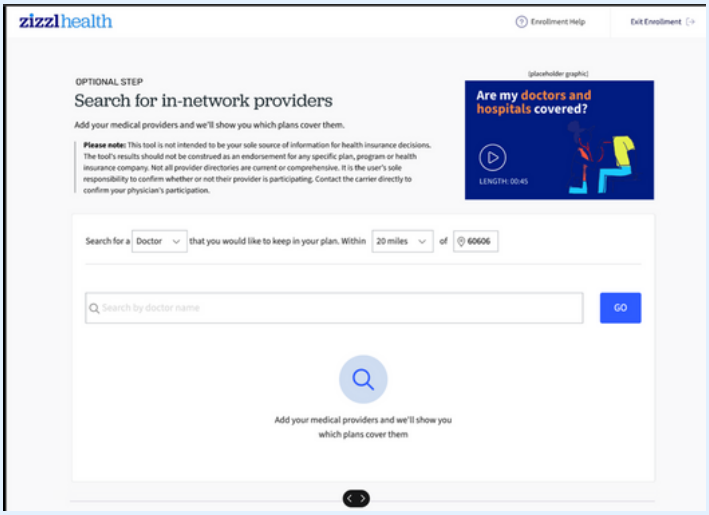
## Think of it like a 401(k) for your health plan

### Key benefits of an ICHRA

- **Freedom of Choice:** You pick the carrier and plan that best suits your individual needs.
- **Payroll Deductions:** If the health plan you select costs more than your employer's ICHRA contribution, the difference is taken via a payroll deduction.
- **You own the plan with the carrier:** If you leave your employer during the plan year, you still own the plan and can keep the health insurance plan .

**Leverage the enrollment system's online tools designed to help you choose the right plan that fits your family's needs.**

- Educational videos simplify insurance jargon.
- Physician and Prescription searches help you find a plan with your doctor in-network.
- Filters help limit the number of available health plans based on what's important to you.




Contact the zizzl health Concierge Customer Service Line with any questions:
support@zizzlhealth.com or 414-800-2278

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# Open Enrollment 2025

It's time to enroll in your benefits for next year!

| | |
|---|---|
| Open Enrollment Window | 11/25/2024 through 12/3/2024 |
| Enrollment Portal Website URL | Will be available in Employee Navigator |
| Open Enrollment Informational Meeting | 11/19/2024 (10AM and 1PM) & 11/20/2024 (3PM) |

## Important Open Enrollment Reminders:

- **Action Required.**
  - You MUST login to the zizzl health platform to elect or waive coverage. If you do not take action, your ICHRA Health election will be waived effective 1/1/2025.
- **Log In Information.**
  - If you're new to the system, click the link in the "Registration" email sent from support@zizzlhealth.com.
  - If you've already logged into the system, your username (email) and password will stay the same.
  - If you've forgotten your password, you can use the "Reset Password" functionality.
- **Qualified Life Events.**
  - After the Open Enrollment period ends, you cannot make changes to your 2025 benefit coverages unless you have a Qualified Life Event (QLE). You have 30 days to notify your HR/Benefits team of your QLE and to complete any action required.
  - QLE Examples include: Birth/Adoption, Address Change, Marriage/Divorce, Loss of Eligibility Elsewhere.

**Need Help? Contact zizzl health at support@zizzlhealth.com | 1.414.800.2278**

**Please note that medical plan elections will take place via the Zizzl Health Platform, NOT Employee Navigator**

**Dental & Vision elections will continue to take place in Employee Navigator**

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# Employee Pre-Enrollment Checklist

## Get ready to select your benefits during Open Enrollment!

Follow these steps to successfully prepare for your enrollment.

### Gather Personal Information

- You will need **a birthdate and Social Security Number** for every family member you intend to cover. If entered incorrectly, it can cause coverage delays or even denials.

### Assess your family's healthcare needs

- **Providers:** Most plans, but not all, have narrow provider networks where, except for emergencies, they exclude "out-of-network" services. If you have preferred doctors, hospitals, or specialists ensure you know they are considered In the network of the insurance plan you are considering.

- **Prescriptions:** Each plan has a unique list of prescription medications they cover. Make a list of those you want covered. Make sure to have the exact spelling, dosage and whether it is considered generic.

### Register your zizzl health account

- In order to log into the zizzl health site, you must first Register your account and create a password. If you have not already registered, you will receive an email from support@zizzlhealth.com with a link to Register.

### Shop and Enroll

- Once you have registered your account you can go to the zizzl health site to research the plans available to you.
- Consider Plan Details and any exclusions or limitations the plan has in place.
- Understand the costs. Assess premiums, deductibles, copayments, and coinsurance. Please note, all Plan Premiums are listed as Monthly.
- Make sure to enroll on time. You cannot change your plan until Annual Enrollment, unless you qualify for a Special Enrollment or Life Event.

### Get Help

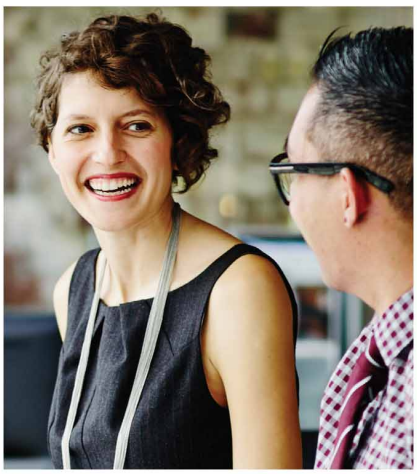
- Call our Concierge Team at 414-800-2278 or email support@zizzlhealth.com

EQUITABLE

**Group name:** First Start Partnerships for Children and Families, Inc.
**Policy number:** 022370
**Form created:** 11/18/2024

# Protection worth smiling about

## Dental insurance benefit summary



### Did you know

More than 1 in 4 (26%) adults in the United States has untreated tooth decay[1]

More than half of adolescents ages 12 to 19 have had a cavity in at least one of their permanent teeth[2]

**Watch this quick video to learn more.**

Regular dental care is one of the best ways to maintain a winning smile and protect your overall health. With Equitable's dental plan, you can receive the care you need, including routine cleanings and fillings, and potentially major dental procedures, orthodontia and teeth-whitening benefits.

Under your comprehensive PPO dental plan, you are allowed to see both in and out of network providers.

**Benefit Plan & Features**
This is only a partial list of covered dental services. Please carefully review your certificate of insurance for a full list of covered services, as well as all limitations and exclusions that apply to your plan.

## Benefit Plan and Features

**Class definition:** Class 1 – All Active Full Time Employees

| Coverage Details | In-Network Benefit | Out-of-Network Benefit |
|---|---|---|
| Reimbursement | Contracted Allowances | 90th percentile R&C |
| Coinsurance | 100/80/50 | 100/80/50 |
| Annual Individual / Family Deductible (Waived for Preventive Services) | $50/3x individual | $50/3x individual |
| Annual Individual Maximum Benefit | $1,500 | $1,500 |
| Alternate Benefit | Included | Included |
| Missing Tooth Clause | Applies | Applies |

| Preventive Services | In-Network Benefit | Out-of-Network Benefit |
|---|---|---|
| **Evaluations** | | |
| • Periodic Oral Evaluation | 100% | 100% |
| • Limited Oral Evaluation – problem focused | 100% | 100% |
| • Comprehensive Oral Evaluation | 100% | 100% |
| **Treatments** | | |
| • Routine Dental Prophylaxis | 100% | 100% |
| • Fluoride Treatment | 100% | 100% |
| • Sealants – child | 100% | 100% |
| **X-Rays** | | |
| • Complete Series/ Panoramic X-Rays | 100% | 100% |
| • Periapical X-Rays | 100% | 100% |
| • Bitewing X-Rays | 100% | 100% |

| Basic Services | In-Network Benefit | Out-of-Network Benefit |
|---|---|---|
| Emergency Palliative Treatment | 80% | 80% |
| Surgical Extractions and Removal of Impacted Teeth | 80% | 80% |
| Basic Restorative Services (amalgam, composite resin, acrylic, synthetic or plastic fillings) | 80% | 80% |
| Simple Extractions | 80% | 80% |
| Surgical Endodontics | 80% | 80% |
| Non-Surgical Endodontics | 80% | 80% |
| Non-Surgical Periodontal | 80% | 80% |
| Oral Surgery | 80% | 80% |
| Periodontal Maintenance | 80% | 80% |
| Periodontal Surgery | 80% | 80% |

| Major Services | In-Network Benefit | Out-of-Network Benefit |
|---|---|---|
| Inlays/Onlays/Crowns | 50% | 50% |
| Dentures – complete, partial, overdenture (upper and lower) | 50% | 50% |
| Bridges | 50% | 50% |

## Provider network

You can choose from one of the 132,000 credentialed providers at any of the 600,000 access points nationwide in the Equitable Dental Network. You can locate an in-network provider by visiting: **www.equitable.com/finddentist**. Using a network dentist will significantly lower your out-of-pocket expense because these dental professionals have agreed to provide covered services at discounted fees.

Equitable does not contract directly with dentists. Equitable's dental network is supported by several partner companies which may vary by state. This information is provided on our website at **www.equitable.com/dentalprovider**.

**Please reference the following network names when confirming in-network participation with your provider.**

- Careington
- Dental Benefit Providers (DBP)
- Dentemax Plus
- HealthSmart
- PPO USA Connection Dental Network (GEHA)
- Total Dental Administrators (TDA)
- Zelis Dental Network
- United Concordia AdvantagePlus

Out-of-network dentists have the right to balance bill members for the difference between the provider charge and our maximum allowable charge.
Out-of-network dentists are not obligated by contractual agreement to submit claims on behalf of members. Claim forms may be requested by contacting the telephone number or email address indicated on your ID card or above.

## Provider Availability

Please contact your dentist for immediate attention in the event of an emergency. An emergency exists if services are necessary to treat a condition or illness that, without immediate attention, would seriously jeopardize the life or health of the member or the member's ability to regain maximum function, or cause the member to be in danger to self or others. You may also call our customer service department during business hours for help in locating a network dentist.

If you visited an out-of-network dentist because an in-network dentist could not be located within standards, call our customer service department at (866) 274-9887 to explain the issue. The case will be reviewed on an individual basis to determine the circumstances. If it is found that a network dentist was not available and accessible according to standards, your claim will be reprocessed so that you pay no more than you would have paid had a network dentist been used, providing you are covered for the services rendered, and subject to all policy provisions.

This applies to covered Emergency services only.

Standards (Member Access):

Primary Care Dentists (general practitioners)

- Metro Area 1 within 10 miles or 15 minutes of their home zip code.
- Micro Area 1 within 20 miles or 40 minutes of their home zip code.
- Rural Area 1 within 30 miles or 1 hour of their home zip code.

Specialty Care Dentists (endodontists, oral surgeons, orthodontists, pediatric dentists and periodontists)

- Metro Area 1 within 20 miles or 30 minutes of their home zip code.
- Micro Area 1 within 40 miles or 80 minutes of their home zip code.
- Rural Area 1 within 80 miles or 2 hours of their home zip code.

# Understanding your benefits

## Commonly Used Terms

| | |
|---|---|
| **Standard Benefit Waiting Period** | A dental insurance waiting period is a set period before you receive coverage for some specific dental procedures. Waiting periods vary based on your plan. Please refer to your certificate of insurance for any associated waiting periods (e.g., 6 months). |
| **In-Network Provider** | Dentists who have agreed to provide dental services at discounted rates for participants. You can save up to 34% on average off of provider charge by visiting an in network provider. You will not be liable for the difference between the discounted rate and the provider charge if you visit an in-network provider. |
| **Out-of-Network Provider** | Dentists who have not agreed to provide dental services at discounted rates for participants. You are free to visit out-of-network providers, but you may be balance billed for the difference between our allowed amount and the provider charge. |
| **Annual Individual Maximum** | Annual maximum for each individual covered under the plan for procedures other than orthodontia. |
| **Lifetime Orthodontia Maximum** | Maximum for orthodontia procedures which pays up to the maximum over a lifetime including treatment covered under other dental plans. |

## Frequently Asked Questions

| | |
|---|---|
| **When can I enroll?** | You can enroll when you are initially eligible for benefits and during any subsequent annual enrollment period defined by your employer or if there is a life status change, such as involuntary termination under another policy. |
| **Are my dependents eligible for coverage?** | Your spouse or domestic partner, and your dependent children up to the end of the month they reach age 26 are eligible. |
| **Who is eligible for Orthodontic Services?** | Your plan does not cover Orthodontic Services. |
| **How does a PPO Work?** | PPO stands for Preferred Provider Organization. PPOs help you save money because in-network dentists - dentists who are contracted by our leased networks - agree to charge the plan's lower rates. |
| **How do I find an in-network provider?** | To find a provider near you, please visit www.equitable.com/finddentist |
| **Can I see a provider outside of the network?** | Yes, you can see a provider outside of the network, but your out-of-pocket cost will likely be higher as out-of-network providers have not agreed to discounted rates on their services. |
| **How do I learn more about my benefits?** | Go to www.equitable.com/employeebenefits and log on to EB360® to view your account details. |
| **If I have additional questions, who can I talk to?** | Please don't hesitate to contact us at 1-866-274-9887. |
| **Do I need a dental ID card in order to receive benefits?** | ID cards are not needed in order to receive treatment from a dentist, but can help to simplify your office experience so we encourage that they are printed and brought with you to your dental visit. ID cards can be printed from www.equitable.com/employeebenefits . |
| **Is there a late entrant penalty?** | A late entrant waiting period of 12 months is applicable for all but Preventive services if you do not enroll within your enrollment eligibility period. |
| **Am I required to have a pre-treatment estimate submitted in order to be eligible for coverage?** | No, a pre-treatment estimate is not required in order to receive benefits for covered services, but it will allow you to know what your out-of-pocket expenses are prior to services being performed. We recommend that a pre-treatment estimate be submitted for all anticipated work that you consider to be expensive. A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility; rather it is an indication of the estimated benefits available if the described procedures are performed based on eligible services and subject to benefits availability at the time that the pre-treatment is processed. |
| **What if I started dental work under a different plan (i.e., treatment in progress)?** | These special provisions apply only to those persons who were insured under a given benefit section of a prior carrier, and become insured under a similar benefit section of our policy on the effective date of the policy.<br>Benefits for covered charges which are a part of a course of treatment which began while you were insured by a prior carrier will be paid as follows if such benefits are covered under your policy with us and are not eligible under the prior carrier based on their definition of incurred date: |

**Non-Orthodontic Services:**

- For Cast Restorations (Crowns, Inlays, Onlays) and Bridges, if the tooth was prepared while you were covered under the prior carrier's policy.
- For any other Prosthetics or modification of Prosthetics, if the master impression was made while you were covered under the prior carrier's policy.
- For Root Canal Therapy, if the pulp chamber was opened while you were covered under the prior carrier's policy.
- For all other non-orthodontic services, the charge is considered incurred on the date the services are performed. If performed while covered under the prior carrier, they are not eligible for payment by us.

**Contact us at (866) 274-9887 with any questions you may have.**

**Email:** Customer Service at EBCustomerService@equitable.com.

This includes questions on how we can provide language translation services at no cost to you and how we can assist the visually impaired with form completion and other information.

Members requiring assistance with hearing impairment can contact our TDD line directly at (800) 877-8973.

**Visit equitable.com/employeebenefits and log on to EB360® to view your account details.**

EQUITABLE

**Group name:** First Start Partnerships for Children and Families, Inc.
**Policy number:** 022370
**Form created:** 11/18/2024

# Protection you have to see to believe

## Vision insurance benefit summary

### Did you know ?

An estimated 93 million adults in the United States are at high risk for serious vision loss, but only half visited an eye doctor in the past 12 months.[1]

### Watch this quick video to learn more.

## Benefit plan and features

**Class definition:** Class 1 – All Active Full Time Employees

| Coverage Details | In-Network Benefit | In-Network Copay | Out-of-Network Benefit | Frequency* |
|---|---|---|---|---|
| Eye Examination | Covered in full | $10 | Up to $45 | Every 12 months |
| Prescription Eyeglasses | | $25 | | |
| Frames | **$130 allowance | Included in prescription eyeglass copay | Up to $70 | Every 24 months |
| Lenses | | | | |
| Single Vision | Covered in full | Included in prescription eyeglass copay | Up to $30 | Every 12 months |
| Lined Bifocal | | | Up to $50 | |
| Lined Trifocal | | | Up to $65 | |
| Lenticular | | | Up to $100 | |
| Polycarbonate Lenses for Dependent Children | | | N/A | |
| Elective Contact Lenses (in lieu of prescription eyeglasses) | $130 allowance for contacts | $0 | Up to $105 | Every 12 months |
| | Contact Lens Exam (fitting and evaluation) | Up to $60 (discounted benefit) | | |
| Necessary Contact Lenses (in lieu of prescription eyeglasses) | Covered in Full | $25 | Up to $210 | Every 12 months |

*Frequency is calculated from last date of service/last date of purchase.
**Costco in-network frame allowance is $70.

For Laser Vision Surgery, you will receive an average of 15% off the regular price or 5% off the promotional price when you visit a VSP contracted laser center. These are discounted, not insured services, and are not available for out-of-network providers, at Costco and Walmart or other in-network providers that are not VSP contracted laser centers.

**Provider Network**
We partnered with a vision network, VSP®, so you can choose a credentialed provider at any of the 114,000 access points and over 22,000 retail chain locations. You can locate an in-network provider by visiting: www.equitable.com/findvision

# Understanding your benefits

## Commonly Used Terms

| | |
|---|---|
| **Frequency:** | How often a member can use their exam and materials benefit. Benefits are calculated from date of service. |
| **Co-pays:** | What a member is expected to pay out-of-pocket at time of service to the provider |
| **In-network:** | Eye care providers that have agreed to provide eye care services at discounted rates for participants. |
| **Out-of-network:** | Eye care providers who have not agreed to provide eye care services at discounted rates for participants. |

## Frequently Asked Questions

| | |
|---|---|
| **Am I covered for severe visual problems not correctable with regular lenses?** | Yes, this is referred to as Low Vision benefits. You are covered for $1,000 individual maximum every 2 years in and out of network combined for all Low Vision services and materials. There is no deductible. There are two different benefits included – Supplemental Testing and Supplemental Aids. Refer to your certificate of insurance for full details. |
| **When can I enroll?** | You can enroll when you are initially eligible for benefits and during any subsequent annual enrollment period defined by your employer or if there is a life status change, such as involuntary termination under another policy. |
| **Are my dependents eligible for coverage?** | Your spouse or domestic partner, and your dependent children up to the end of the month they reach age 26 are eligible. |
| **How do I find an in-network provider?** | To find a provider near you, please visit www.equitable.com/findvision . |
| **Are there major retailers in-network?** | Yes, the VSP network includes retail chain locations like Walmart/Sam's Club, Costco Optical® and Cohen's Fashion Optical®, RX Optical, Wisconsin Vision, Eyeconic. Visionworks, while not a retailer, is also in-network. |
| **Can I see a provider outside of the network?** | Yes, you can see a provider outside of the network, but your out-of-pocket cost will likely be higher as out-of-network providers have not agreed to discounted rates on their materials or services. |
| **If I get frames, can I get contacts too?** | Frames are in lieu of contact lenses. You are not eligible to receive both in the same benefit period. |
| **How do I learn more about my benefits?** | Go to www.equitable.com/employeebenefits and log on to EB360® to view your account details. |
| **If I have additional questions, who can I talk too?** | Please don't hesitate to contact us at 1 (866) 274-9887. |
| **Will I receive a vision ID card?** | No because providers only require the employees name, SS# and DOB to verify benefits. However, if you would like to do so, you can go to www.vsp.com/create-account or vsp.com/register.html to register with VSP and obtain an ID card. |

**Does the lower Costco in-network frame allowance mean a higher out-of-pocket cost to me?**

No, this is because Costco's model is closer to wholesale pricing with minimal mark-up as compared to our other in-network providers. So, although Costco frame allowances are lower, you do not incur any additional out-of-pocket expense by visiting a Costco provider. The Costco in-network providers just agree to accept a lower fee as payment in full.

**Does my plan offer any additional discounts?**

Yes, there are discounted benefits and special offers included as value adds to your plan if you visit an in-network provider. Note that these discounts are not applicable to Walmart or Costco, except as noted. These discounts are subject to VSP change.

| • Service | Discounted Member Payment |
|---|---|
| • Retinal Imaging | $39 |
| • Transitions/ Photochromatic | $75 |
| • Solid Tints (Pink I & II) | $0 |
| • Solid Tints (Other than Pink I & II) | $15 |
| • Gradient Tint | $17 |
| • UV Protection | $16 |
| • Scratch Resistant | $33 (fully covered at Walmart) |
| • Polycarbonate for adults | $31 - $35 |
| • Anti-Reflective | $41 |
| • Standard Progressive | $55 |
| • Premium Progressive | $95 - $105 |
| • Custom Progressive | $150 - $175 |
| • Other Add-ons and Services | 20% off retail |
| • Additional Pairs of Eyeglasses | 20% off retail |
| • Eyewear Accessories | No discount |
| • Elective Contact Lenses Fit & Follow up Fee | $60 copay on first set, and 15% discount on each additional. Copay only applies to elective contact lenses. Additional fit and follow up fee is not applicable to necessary contact lenses. ($60 copay on first set at Walmart but no extra discount on additional services.) |
| • Laser Vision Surgery | Average 15% off the regular price or 5% off the promotional price |
| • Other Special Offers | $20 - $40 feature frame coupons available at https://www.vsp.com/offers/special-offers/glasses-sunglasses |

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EQUITABLE

**Group name:** First Start Partnerships for Children and Families, Inc.
**Policy number:** 022370
**Form created:** 11/18/2024

# Protection for you and your loved ones

## Life insurance benefit summary

### The importance of Life insurance

The right life insurance coverage can help protect your loved ones and help provide financial stability when they need it most. They can use the benefit to fund a child's education, pay off a mortgage or pay for everyday expenses.


**Watch this quick video to learn more**

### Did you know?

More than ⅓ of households would feel the financial impact in less than 6 months if the primary wage earner died.[1]

Today, few have the coverage they need. And 48% of households (60 million) have an average life insurance coverage gap of

**$200,000**

## Basic Life/AD&D Benefit plan and features

**Class definition:** Class 1 – All Active Full Time Employees

| Coverage Details | Employee |
|---|---|
| Life Benefit Amount | $50,000 |
| Life Maximum Benefit | $50,000 |
| Guaranteed Issue Amount | $50,000 |
| Life Age Reduction | |
| Age 65 but less than 70 | 65% |
| Age 70 but less than 75 | 40% |
| Age 75 but less than 80 | 25% |
| Age 80 or over | 15% |

*Any reduction pursuant to this provision will take place on the next Policyholder anniversary date*

| Coverage Details | Employee |
|---|---|
| Accelerated Death Benefit | 75% up to $250,000 |
| Waiver of Premium | Included |
| Conversion | Included |
| Accidental Death & Dismemberment (AD&D) Benefit Amount | 100% of Life Insurance Benefit |
| AD&D Maximum Benefit | Matches Life Insurance Maximum |
| AD&D Age Reduction | Matches Life |

| AD&D Features | Employee |
|---|---|
| Common Carrier Benefit | Included |
| Day Care Benefit | Included |
| Child Education Benefit | Included |
| Exposure/Disappearance Benefit | Included |
| Rehabilitation/Physical Therapy Benefit | Included |
| Repatriation Benefit | Included |
| Seatbelt and Airbag Benefits | Included |
| Spouse Training Benefit | Included |

# Understanding your benefits

## Commonly Used Terms

| | |
|---|---|
| **Guarantee Issue Amount** | This is the amount of insurance available without having to provide evidence of insurability (also known as proof of good health). |
| **Accelerated Death Benefit** | Allows you access to a portion of your Life insurance while you are alive if you have a qualifying condition, such as a terminal illness, cognitive impairment, or the inability to perform two or more activities of daily living without assistance. |
| **Conversion** | Allows you convert your group term Life insurance coverage to an individual, whole life policy if your coverage is reduced or ends. |

## Frequently Asked Questions

| | |
|---|---|
| **Are my spouse and dependent children eligible for coverage?** | No, your employer's plan does not provide for coverage on your spouse or children. |
| **Does the coverage decrease as I get older?** | Yes, the age reductions are shown in the "Benefit Plan & Features" section. The coverage will reduce on the next Policyholder anniversary date following your attainment of the ages shown. The percentages referenced are what the coverage reduces to and are all based on the original amount of coverage. For example, if you are covered for $50,000 and the coverage reduces to 65% at age 65, your coverage will reduce to $32,500 on the policy anniversary following your 65th birthday. |
| **Is the accidental death benefit in addition to the life benefit?** | Yes, if the insured dies as a result of a covered accident, the beneficiary will receive both the life and accidental death benefits. |
| **How do I convert my coverage?** | Contact your employer's HR department for the applicable conversion forms. You can also call Equitable customer service at (866)274-9887 or access the forms at https://equitable.com/employee-benefits/customer-service/forms |

| | |
|---|---|
| **How do I name a beneficiary?** | Your employer will provide you with a form that will allow you to name primary and contingent beneficiaries. |
| **Can I change my beneficiary?** | Yes, you just need to complete a new beneficiary form and be sure to provide a copy to your employer. |
| **What happens if I die and didn't name a beneficiary?** | The insurance proceeds may be paid out to a specific family member or your estate, check your insurance certificate for the language applicable to your plan. |

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This includes questions on how we can provide language translation services at no cost to you and how we can assist the visually impaired with form completion and other information.

**Email:** Customer Service at EBCustomerService@equitable.com.

Members requiring assistance with hearing impairment can contact our TDD line directly at (800) 877-8973.

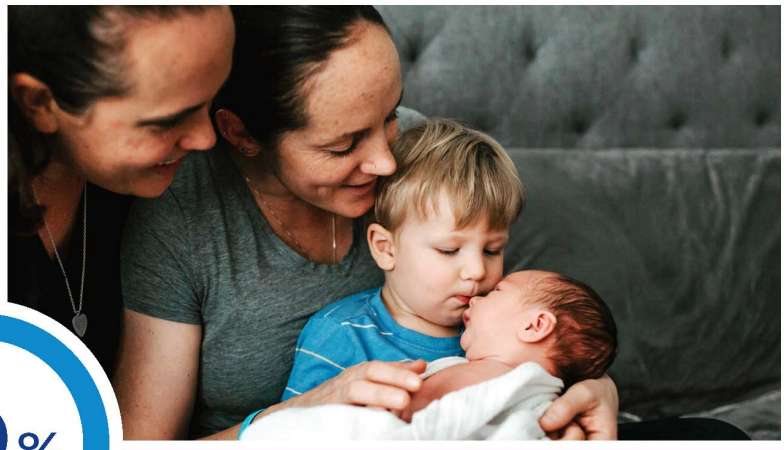
**Visit equitable.com/employeebenefits and log on to EB360® to view your account details.**

EQUITABLE

**Group name:** First Start Partnerships for Children and Families, Inc.
**Policy number:** 022370
**Form created:** 11/18/2024

# Protection by your side while you recover

## Financial help to cover expenses if you're ill, injured or give birth
## Short-term disability insurance benefit summary




**Watch this quick video to learn more**

### Did you know?

Only 40% of U.S. households have enough in liquid savings to cover at least 3 months of their recurring expenses.[1]

One in four of today's 20-year-olds can expect to be out of work for at least a year because of a disabling condition before they reach the normal retirement age.[2]

## Benefit plan and features

**Class definition:** Class 1 – All Active Full Time Employees

### Coverage details

| | |
|---|---|
| Cost of Coverage | Your employer pays the full cost. |
| Weekly Benefit | 60% of pre-disability earnings |
| Maximum Weekly Benefit | $1,000 |
| Benefits Begin - Injuries | 8th Day |
| Benefits Begin - Sicknesses | 8th Day |
| Maximum Benefit Period | 12 weeks |
| Pre-Existing Condition Limitation | None |

# Understanding your benefits

## Commonly Used Terms

| | |
|---|---|
| **Maximum Benefit Period** | Means the maximum number of weeks for which benefits may be payable. |
| **Pre-Disability Earnings** | Means Your regular weekly rate of pay from Your Employer in effect on the date immediately prior to the date you became disabled. Pre-Disability Earnings includes any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account and does not include commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation. |

## Frequently Asked Questions

| | |
|---|---|
| **Can I work part-time and still be eligible for a benefit?** | Yes, you can work part-time and still be eligible for a partial benefit as long as you continue to meet the definition of disability. |
| **How much will I receive if I am working part-time and still disabled?** | It depends on how much you are earning from your part-time work and whether or not the part-time work is part of an approved rehabilitation program. If the part-time work is part of an approved rehabilitation program, then we will reduce your Short-Term Disability benefit by one-half (1/2) of your part-time earnings. If the part-time work is not part of an approved rehabilitation program, then your Short-Term Disability benefit will be based on your percentage of earnings loss. For example, if you are losing 50% of your earnings, then the Short-Term Disability benefit would be reduced by half. |
| **How long will I receive Short-Term Disability benefits for?** | As long as you continue to meet the definition of disability, you can receive benefits for up the maximum benefit period outlined in the "Coverage Details" section. For example, if your benefits commence on the 8th day of disability and you are disabled for 6 weeks, you would receive 5 weeks of benefit payments. |
| **How are my Short-Term Disability benefits impacted by any state medical leave benefits I may be eligible for?** | Your Short-Term Disability benefits will be reduced by any state medical leave benefits you may be eligible for. |
| **How are maternity claims treated?** | Maternity claims are treated the same as any other illness. |
| **Are my Short-Term Disability benefits taxable?** | It depends. If you are paying the full cost of the plan with post-tax dollars, then your Short-Term Disability benefits may be non-taxable; however if your employer is paying the full cost or your contributions are on a pre-tax basis, then your benefits are generally taxable. Please consult your HR department for further details on your specific plan. |
| **Am I eligible for Short-Term Disability benefits if I cannot work due to a pandemic?** | Maybe. If you meet the definition of disability, then you may be eligible for Short-Term Disability benefits. |
| **Are disabilities due to mental illness or substance abuse covered?** | Yes, they are treated the same as any other illness. |
| **How do I submit a claim?** | The best way to submit your Short-Term Disability claim to Equitable is by calling our disability team at (866) 274-9887. You can also contact your employer's HR department to obtain a claim form or go to https://equitable.com/employee-benefits/customer-service/forms/disability and download a claim form. |

**Contact us at (866) 274-9887 with any questions you may have.**

This includes questions on how we can provide language translation services at no cost to you and how we can assist the visually impaired with form completion and other information.

**Email:** Customer Service at EBCustomerService@equitable.com.

Members requiring assistance with hearing impairment can contact our TDD line directly at (800) 877-8973.

**Visit equitable.com/employeebenefits and log on to EB360® to view your account details.**

EQUITABLE

Short-Term Disability Insurance

# How do I file my short-term disability claim over the phone?

## Our Employee Benefits are built to work your way — with the option to choose how you submit your claim.

### Call our disability team at (866) 274-9887 and select:

- The prompt for employees
- Then, the prompt for disability claims

Our team is here to answer your questions and requests from 8 a.m. to 6:30 p.m. EST, Monday through Thursday and Friday 8 a.m. to 5:30 p.m. EST. If you are out unexpectedly due to sickness or injury, call to speak with our dedicated representatives as soon as possible. If you have a planned surgery or your disability absence is scheduled, you can call us up to 30 days in advance.

We're committed to ensuring that you're speaking with someone who can support you throughout the process.

**We're a team who supports you — no matter how your needs change.**

### Make sure you have all your information handy:

Personal information:

Employer name:

Group policy number (if available):

Last day of work:

Manager and/or Human Resources contact name and phone number:

Reason for absence:

Medical providers' information (names, addresses, phone numbers):

### Next, our team will work with you to make the process easier:

As your information is reviewed, we'll proactively keep you informed about where we are in the process. We'll also be in contact with your employer and your medical providers.

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**To file a short-term disability claim, call (866) 274-9887.**

(The prompt for employees and then the prompt for disability claims), from 8 a.m. to 6:30 p.m. EST, Monday through Thursday and Friday 8 a.m. to 5:30 p.m. EST.

**Group Policy#**

EQUITABLE | COMPSYCH® GuidanceResources® Worldwide

# Employee Assistance Program

Your well-being doesn't begin or end with your finances. It starts with — and is always about — you. Our team is here to help, anytime and anywhere. Read on for information about no-cost, confidential support you can access for life's challenges.

Need to speak with someone? Receive up to three face-to-face sessions per issue/year.

## Confidential emotional support

Our highly trained clinicians will listen to your concerns and help you or your immediate family members with a variety of issues and, if needed, refer you to other resources. Talk to us for:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

## Work/life solutions

Our specialists provide qualified referrals and resources for everyday tasks, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events
- Locating pet care

## Legal guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more.

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

## Financial resources

Our financial experts can assist with a wide range of issues. Talk to us about strategies pertaining to:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

**Contact your Employee Assistance Program for 24/7 support, resources and information**

**Call:** (833) 256-5115 **TDD:** (800) 697-0353 **Online:** guidanceresources.com **App:** GuidanceNow℠ **Web ID:** EQUITABLE3

EQUITABLE | AXA

# Emergency Travel Assistance Program

## Support before, during and after travel

Congratulations! You and your dependents are now part of the Emergency Travel Assistance Program provided by AXA Assistance USA, Inc. As a member, you can access a broad range of worldwide travel, emergency medical transportation and concierge services 24 hours a day, 365 days a year. Wherever you are, one simple phone call to our response center will connect you to a global network of providers who can support you while you are away from home.

## Call AXA Assistance if you require

- Medical and dental referrals
- Lost document and luggage assistance
- Emergency medical evacuation or repatriation
- Emergency cash and bail assistance
- Hospital admission and critical care monitoring
- ID theft assistance
- Return of mortal remains
- General travel information
- Dispatch of prescription medication
- Concierge services

**Within the United States**
(855) 327-1476

**Outside the United States**
1 (312) 356-5980

### Travel web portal

Our web portal, Travel Eye, offers useful intelligence designed to provide necessary knowledge throughout the life cycle of your trip.

Through the portal, you have access to the most accurate real-time information on global events, security and medical risks per country,

as well as access to AXA's global medical network.

**Visit accounts.travel-eye-axa.com/en/registration/axa-us and register today.**

## Travel assistance services[1]

### Travel assistance services

- Lost document and luggage assistance
- Emergency cash/bail assistance
- Emergency message transmission
- Legal referrals
- General travel information

### Identity theft

You also have access to identity theft assistance while at home or traveling. This service provides:

- Awareness and education — providing a guide on identity theft
- Recovery and resolution — guidance in taking the necessary steps if your identity is compromised

## Concierge services

Make your life simpler and easier. Concierge services are designed to fulfill various travel and entertainment requests, including restaurant and entertainment recommendations, locating available business services, airfare and car rental, and much more.

## Medical assistance services[1]

### Emergency medical transportation

- Emergency medical evacuation
- Medical repatriation
- Return of mortal remains
- Transportation of travel companion
- Transportation of family member to accompany patient
- Escort of dependent children

### Medical assistance

- Medical and dental referrals
- Coordination of hospital admission
- Critical care monitoring
- Dispatch of physician
- Dispatch of prescription medication

Services must be authorized and arranged by AXA Assistance USA, Inc. No reimbursements will be accepted.

## International medical teleconsultation[2]

**24/7 virtual medical care while abroad**

Doctor Please! enables you to book a video appointment or request a phone call with a healthcare professional at any time of day or night for minor ailments and conditions, treatment options, assistance with prescription refills and provider referrals, when needed.

**Prior to your trip, download the Doctor Please! app via Google Play or Apple Store. Access code US1020.**

**Contact AXA Assistance USA**
**24 hours a day, 7 days a week**

**Within the United States**
(855) 327-1476

**Outside the United States**
1 (312) 356-5980

1 **Emergency medical transportation and travel assistance services**

When traveling 100 miles or more away from home for up to 120 days, medical emergency transportation services include the arrangement and payment for any reasonable and customary charges determined by AXA Assistance USA, Inc. Vehicle return service is applicable upon activation of medical emergency transportation.

Services must be authorized and arranged by AXA Assistance USA, Inc. No reimbursements will be accepted.

All additional costs would be the responsibility of the member. Services will be provided as permitted under applicable law.

Services will not be provided or available for any loss or injury that is caused by, or a result of:

- Mental nervous condition or diagnosis, unless hospitalized;
- Traveling against the advice of a physician;
- Traveling for medical treatment;
- Traveling to any country subject to U.S. trade or economic sanctions; or
- Pregnancy and childbirth (exception: complications of pregnancy).

**No reimbursements for out-of-pocket expenses will be accepted.**

2 **International medical teleconsultation** is not an emergency medical response program. In the event of a medical emergency, members should contact their local emergency medical service. Teleconsultation services may not be appropriate for all medical conditions. Carefully review our terms of service available by calling 1 (312) 356-5980. Services are available for limited, non-urgent, non-life threatening medical conditions. Services, including assistance with prescriptions, will be provided as permitted under applicable law. Teleconsultation services are provided by a third-party teleconsultation provider.

**Program terms and conditions**

AXA Assistance USA, Inc. emergency travel assistance services program is subject to the following terms, conditions and exclusions. Please read carefully:

The AXA Assistance USA emergency travel assistance program is available for those persons eligible for services under this emergency travel assistance services program who are employed by a participating organization at the time emergency travel assistance services are requested, and for whom payment is up to date. Emergency travel assistance services are available when the eligible person is traveling more than 100 miles away from their permanent place of residence, or primary residence in the country of permanent assignment, and the trip does not exceed 120 days.

Expenses unrelated to emergency transportation services, such as hotel, restaurant, taxi expenses or reimbursement for baggage loss while traveling, are not eligible.

AXA Assistance USA will not pay for emergency transportation services expenses or emergency travel assistance services relating to the sickness, injuries or losses of an eligible person:

1 Due to normal childbirth, normal pregnancy (except complications of pregnancy) or voluntarily induced abortion;

2 Due to the eligible person's mental or nervous condition, unless hospitalized;

3 If traveling against the advice of a physician; or

4 If traveling for medical treatment.

Expenses related to emergency transportation services are covered in whole or in part through an insurance policy issued by a third-party insurance company. AXA Assistance USA facilitates the delivery of emergency transportation services, and facilitates payment through the third-party insurance company. In connection with those insured emergency transportation services, AXA Assistance USA shall be subrogated to the rights and causes of action of the person for whom emergency transportation services are rendered against said insurance policy or other insurance plans.

The emergency travel assistance services do not apply to the extent that trade or economic sanctions or regulations prohibit AXA Assistance USA and/or the third-party insurance company from providing assistance or insurance, including, but not limited to, the payment of claims.

Emergency travel assistance services are provided or arranged by AXA Assistance USA. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide the emergency travel assistance services. AXA Assistance USA will, however, make all reasonable efforts to provide emergency travel assistance services and help the eligible person resolve their emergency situation.

**Treatment must be authorized and arranged by AXA Assistance USA's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA. No claims for reimbursement will be accepted. All emergency transportation expenses provided hereunder must be by the most direct and economical route possible.**

AXA Assistance USA is not responsible and cannot be held liable, for any malpractice performed by a local physician or attorney, who is not an employee of AXA Assistance USA, loss or damage to the eligible person's vehicle during the return of the vehicle, or loss or damage to any personal belongings.

Legal actions arising hereunder shall be barred unless written notice thereof is received by AXA Assistance USA within 1 year from the date of event giving rise to such legal action. A waiver of liability may be required if evacuation is not deemed by AXA Assistance USA's medical director to be in the best interest of the eligible person. A copy of the waiver is available for review.

There may be circumstances under which AXA Assistance USA reasonably believes that a sick or injured person is an eligible person but cannot verify participation after making inquiries. If, after making reasonable efforts within 72 hours from the time it is notified and AXA Assistance USA is unable to validate the sick or injured person is eligible for emergency travel assistance services, AXA Assistance USA shall not be responsible for providing services or be responsible for any costs related to emergency medical transportation. In addition, AXA Assistance USA shall not be responsible for or accept any expenses or liabilities related to the care of the sick or injured person or expenses or liabilities that may result from emergency transportation being denied or delayed, including, but not limited to, the death or further injury of the sick or injured person requesting assistance.

Emergency travel assistance services are considered non-insurance services and are provided by AXA Assistance USA, Inc. AXA Assistance USA, Inc. and the AXA Group companies are not affiliated with Equitable. Emergency travel assistance services are not part of the group insurance coverage underwritten by Equitable Financial or Equitable America. AXA Assistance USA, Inc. is solely responsible for furnishing the emergency travel assistance services and neither Equitable Financial or Equitable America shall be responsible or liable for any acts or omissions by AXA Assistance USA, Inc. or its agents, employees or representatives in connection with the emergency travel assistance services or performance under these terms and conditions. This program is not available in New York.

AXA Assistance USA, Inc. is an Illinois corporation and part of the AXA Group companies. For any questions or comments about AXA Assistance USA, Inc. or its services, please contact AXA Assistance USA, Inc. at medassist-usa@axa-assistance.us.

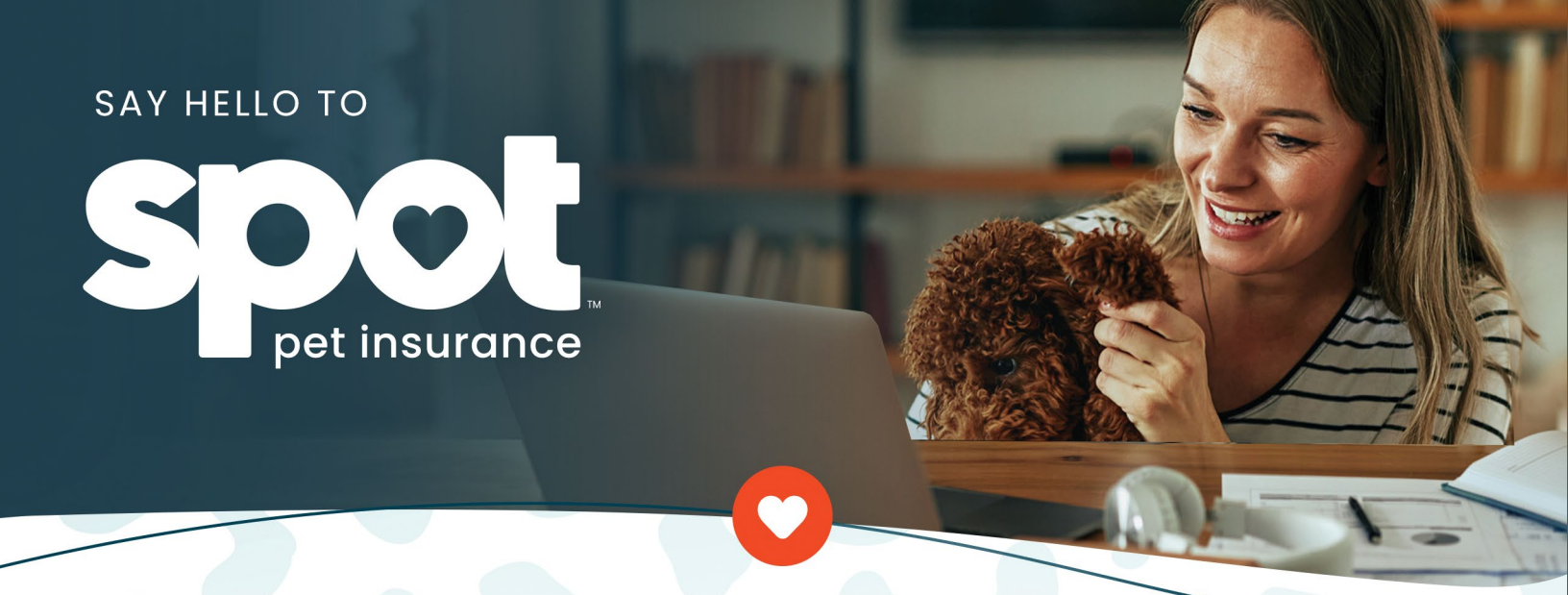
Equitable is the brand name of the retirement and protection subsidiaries of Equitable Holdings, Inc., including Equitable Financial Life Insurance Company (Equitable Financial) (NY, NY); Equitable Financial Life Insurance Company of America (Equitable America), an AZ stock company with main administrative headquarters in Jersey City, NJ; and Equitable Distributors, LLC. Equitable Advisors is the brand name of Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI & TN). All group insurance products are issued either by Equitable Financial or Equitable America, which have sole responsibility for their respective insurance and backed solely by their claims-paying obligations. Some products are not available in all states.



EQUITABLE

SAY HELLO TO

spot™ pet insurance



# your new pet insurance benefit

## Save on Vet Bills with **America's Favorite Pet Insurance**

Cap off your benefits with pet insurance from Spot and get reimbursed on eligible vet bills for accidents, illnesses, and more.

- Up to 90% Cash Back
- Preventative Care Add-Ons
- 24/7 Pet Telehealth Line

## How **Spot Pet Insurance** Works

**Visit any licensed vet or specialist.**

**Submit your claim online.**

**Get reimbursed fast & easily.**

## Special Offer Just for You: Up to 20% Off

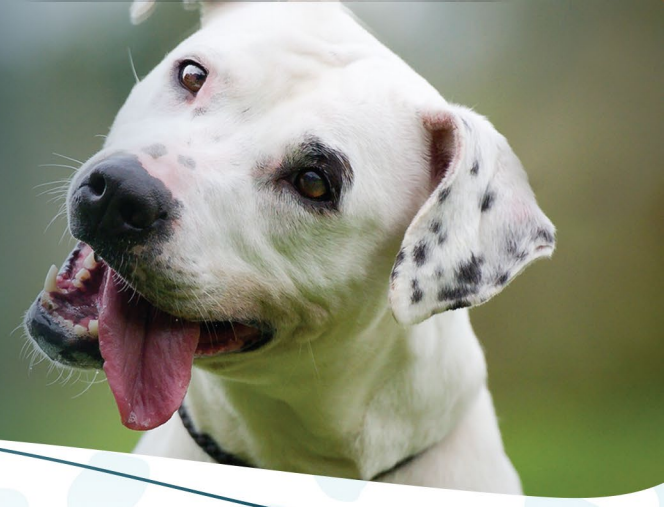
First Start Partnerships *for* Children & Families

**Save With Your Discount!** When Calling, Use Priority Code: EB_FIRSTSTART

**https://spotpet.link/firststart| 800.905.1595**

*10% employee discount. 10% multi pet discount for additional pets added. Limitations apply. For terms and conditions, visit spotpetins.com/sample-policy. Insurance plans are underwritten by United States Fire Insurance Company, produced by Spot Insurance Services, LLC. EB.D.23

spot pet insurance



# frequently asked questions

## What is Spot Pet Insurance?

Pet insurance is a financial safety net for your furry family. It permits you to get reimbursed for accidents or illnesses, so you don't have to worry about cost and can focus on care.

## What do Spot plans cover?

- Emergency Visits
- Lab Fees
- Behavioral Problems
- X-rays & Tests
- Surgeries
- Cancer
- And Much More

## How does Spot Pet Insurance work?

1. Visit any licensed vet
2. Submit your claim online
3. Get paid back for eligible vet bills

First Start Partnerships for Children & Families

**Save With Your Discount!https://spotpet.link/firststart**

When Calling, Use Priority Code: **EB_FIRSTSTART | 800.905.1595**

*10% employee discount. 10% multi pet discount for additional pets added. Limitations apply. For terms and conditions, visit spotpetins.com/sample-policy. Insurance plans are underwritten by United States Fire Insurance Company, produced by Spot Insurance Services, LLC. EB.D.23

Get Your Free Quote!
https://spotpet.link/firststart

# Why Spot is Worth It

Spot Pet Insurance can reimburse up to 90% of eligible vet bills! Paying only a fraction of an unexpected vet bill helps pet parents say “yes” to the best medical care without worrying about the cost.

## *Picture this...*

At 9PM on a Saturday night, you notice your pup is not acting like themselves.

They’re refusing to play, and soon after become unable to keep their food down. Worried, you rush them to the nearest emergency vet.

You leave two hours later, relieved that your pup will be okay, but holding a $700 bill. With a Spot policy, you can return home and focus on your pet’s care rather than your unexpected bill.

| Service Description | Charged | Allowed |
|---|---|---|
| Special Diets, Foods or Suplements | $48.86 | $48.86 |
| Examination | $90.00 | $90.00 |
| Subcutaneos Fluids | $65.00 | $65.00 |
| Cerenia Injection | $50.50 | $50.50 |
| Parvo Test | $74.24 | $74.24 |
| X-rays | $315.00 | $315.00 |
| Strongid T | $17.40 | $17.40 |
| **Total** | | **$661.00** |
| **Plan Deductible** | | **$100.00** |
| **Subtotal** | | **$561.00** |
| **Percent Covered by Insurance** | | **90%** |

**Amount Paid by Insurance $504.90**

***Don’t Wait, Sign Up for Spot Today!***

Claim example illustrates eligible vet bills reimbursed at a 90% reimbursement rate. The annual deductible had already been satisfied, and the annual limit had not been met. Coverage varies based on plan options.

spot pet insurance | First Start Partnerships for Children & Families

# LegalShield | IDShield | Plan Summary

**Life happens... Are you prepared?**
**Save time, money, and get peace of mind!**

## Have You Ever:

- ☐ Wanted to know your legal rights?
- ☐ Needed your Will or medical directive prepared or updated?
- ☐ Received a moving traffic violation?
- ☐ Signed any type of contract?
- ☐ Been in a frustrating consumer dispute?
- ☐ Been a victim of a data breach?
- ☐ Been concerned about security when using public Wi-Fi?
- ☐ Been afraid of having your or your family's identity stolen?
- ☐ Had unauthorized withdrawals from your bank account or credit cards?
- ☐ Had your social media accounts hacked?

## LegalShield | Top LegalShield Benefits

**Access to a Provider Law Firm** for legal advice and consultation on any personal legal matter, even pre-existing ones.

**Estate Planning Preparation —** Will, Medical Directives, Financial and/or Healthcare Power of Attorney.

**Moving Traffic Ticket Assistance** with non-criminal, moving traffic matters when driving with a license and proper registration.

**Document Review —** Your provider law firm reviews personal documents (up to 15 pages each).

**Letters And Phone Calls** made on your behalf to help resolve consumer legal disputes.

**Uncontested Family Law —** Divorce, separation, adoption and/or name change.

**Discounted Legal Services —** For legal matters that are not covered at 100%, get a 25% discount on the provider law firm's standard rate.

## IDShield | Top IDShield Benefits

**360 Degree Protection —** Threat monitoring of your identity, credit, financial accounts, device, online reputation and social media.

**Real-time Alerts —** Receive an alert on your mobile app, member portal and email when a threat is detected to your identity or credit.

**Financial Protection —** $3 Million Identity Fraud Protection for unauthorized electronic fund transfers and identity theft-related expenses.

**Full-Service Restoration —** In case of theft, you get a licensed private investigator to restore your identity to its pre-theft status.

**Unlimited Consultation** gives you access to an identity theft specialist for consultation on any identity theft or online privacy concern.

**Trend Micro/Malware Protection & VPN —** Maximum malware protection for your PCs and mobile devices. Complete Wi-Fi security when using public hotspots to prevent hacking attacks.

## Your Payroll Deduction Not applicable

### Individual Plan

$21.95
LegalShield Plan

$12.95
IDShield Plan

$34.90
Dual Plan

### Family Plan

$21.95
LegalShield Plan

$22.95
IDShield Plan

$41.90
Dual Plan



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**FOR MORE INFORMATION, CONTACT YOUR INDEPENDENT ASSOCIATE OR VISIT:**

Marvin Worthy
marvinworthy@worthyconsulting.org
717-658-6015

Client Microsite

LegalShield

US

LegalShield

# 101 Reasons to use LegalShield

**Unexpected legal questions arise every day, and with LegalShield on your side, you'll have access to a quality law firm for covered personal situations, even 24/7 for emergency situations, no matter how traumatic or how trivial they may seem. Because our dedicated law firms are prepaid, their sole focus is to serve you, rather than bill you.**

1. You don't have an up-to-date Will.
2. You don't understand the difference between a trust and a Will.
3. Family members challenge your parent's Will.
4. You don't understand your health insurance plan or new legislation.
5. You are selected for an audit.
6. Your parents die and leave you executor of their estate.
7. You believe you're being charged hidden cell phone fees.
8. You do not have a retirement savings plan.
9. You lose your personal identification.
10. You receive a speeding ticket.
11. You are buying or selling your home.
12. Your driver's license is suspended.
13. Your landlord raises rent in violation of your verbal agreement.
14. Your teenager is accused of shoplifting.
15. You decide to change your name.
16. Your new washing machine doesn't wash.
17. Creditors threaten to take action against you for your ex-spouse's debts.
18. A neighbor or school reports you for child abuse.
19. You adopt a child.
20. A friend or neighbor is injured on your property.
21. You need child support enforced.
22. A friend owes you money and files bankruptcy.
23. A caller demands money or damaging information will be released.
24. Your car is damaged by a hit-and-run driver.
25. You accidentally back over a neighbor's garbage can.
26. A hairdresser damages your hair with harsh chemicals.
27. Your car is repossessed unjustly.
28. You are subpoenaed or served with legal papers.
29. You are called to jury duty.
30. Your long drive off the tee injures another player.
31. You need your lease agreement reviewed.
32. Your son is injured in a football game.
33. A neighbor trips over a rake in your yard.
34. A jeweler sells you defective merchandise.
35. A car dealership gains illegal access to your credit history.
36. You are hit by a bottle at a baseball game.
37. A friend falls down your stairs and sues you.
38. You need help with credit card liability resolution.
39. You are injured when you slip on a wet floor in a public building.
40. Your pet causes damage to a neighbor's garden.
41. Your neighbor's dog barks for hours every night.
42. Your teenager gets a speeding ticket.
43. Your landlord enters your apartment without permission.
44. Your child throws a baseball through a neighbor's car window.
45. You don't have a Living Will or Medical Power of Attorney.
46. Your boat is damaged while in storage.
47. Your landlord refuses to refund your cleaning deposit.
48. You lose an expensive watch in a hotel and the manager denies liability.
49. A speeding car nicks your bumper because you parked in the street.
50. A merchant refuses to honor a guarantee.
51. You have an accident driving your friend's boat.
52. Creditors threaten to take action against you for your ex-spouse's debts.
53. You're still receiving merchandise on a canceled subscription.
54. You are refused service at a restaurant.
55. A property manager refuses to rent to you.
56. You are denied credit for no apparent reason.
57. An online auction goes sour.
58. The repair shop threatens small claims court for money you don't owe.
59. Your car insurance is canceled when your teenager has an accident.
60. Your child needs special education in public school.
61. You made a sizable gift to charity.
62. Angry words result in a slander lawsuit.
63. You need a patent for an invention.
64. You need a copyright for your manuscript.
65. You are wrongly accused of committing a crime.
66. Your right to privacy has been invaded.
67. Your car is vandalized in a parking lot.
68. A postal carrier slips on your unshoveled walk and breaks his or her leg.
69. You have questions about escrow in a home purchase.
70. You're stopped for speeding and a friend is in possession of marijuana.
71. Your teenager wrecks the car, and a friend is injured.
72. You care for your elderly parents.
73. You receive disability.
74. You are cheated by a solicitor.
75. A technician charges more than a given estimate.
76. A creditor tries illegal collection tactics.
77. An accident results in a personal injury.
78. You are scheduled to appear in small claims court.
79. Your new house has bad plumbing and a leaky roof.
80. You take a vacation, and your room has a view of the trash dumpster.
81. A minor is caught breaking into your home.
82. You have a fender bender while driving a friend's car.
83. Law enforcement enters your property without a warrant.
84. You have a question about an easement on your property.
85. Your neighbor's dog bites your child.
86. You have a property line dispute over a newly installed fence.
87. You're asked to testify as a witness to a crime.
88. You need a premarital agreement.
89. You're buying or selling a car.
90. Your child's school demands a drug or alcohol test.
91. Your bank sends a foreclosure notice after one house payment is late.
92. A retail store won't accept the return of defective merchandise.
93. A repairman won't stand behind his work.
94. A trespasser is caught poaching on your land.
95. You are leasing an apartment.
96. You receive a letter from a creditor, and it is not your debt.
97. A bank unjustly reports bad credit activity.
98. You need advice concerning a divorce.
99. Someone injures your dog on your property.
100. You can't make heads or tails out of the new tax forms.
101. Your spouse uses physical force against you.


FOR MORE INFORMATION PLEASE CONTACT AN INDEPENDENT ASSOCIATE:

PPLSI

Marvin Worthy
717-658-6015
info@worthyconsulting.org

# 50 Reasons to Use IDShield

Every year, millions of people become victims of identity theft. When cyber criminals strike, it's hard to know what to do or where to turn. IDShield monitors your Personally Identifiable Information (PII) and online privacy from all angles, and if your identity is stolen, we provide full- service restoration to restore your identity to its pre-theft status. Here are just a few of the many ways IDShield can provide you with first class protection.

1. You spend any amount of time on the Internet.
2. You surf the web on public Wi-Fi networks.
3. Your device was hacked when you used public Wi-Fi in your favorite coffee shop.
4. You struggle to recall passwords for your different online accounts.
5. You use the same password for every account, thus endangering your security.
6. You know you need a password manager, but you don't know which one to use.
7. You find out that a friend tagged you in a social media post with questionable content.
8. You wonder if you have shared too much personal info on your social media.
9. A workplace turns down your application because of your bad social media reputation.
10. You have minor children and want to protect their social media privacy.
11. You need to be sure your minor children's Social Security numbers are safe.
12. An identity thief stole your Social Security number and is posing as you.
13. You have online accounts that contain sensitive information, like medical or banking accounts.
14. You want to ensure that your medical reports remain private.
15. You receive medical bills for services you didn't pay for.
16. You find out your banking accounts have been involved in fraudulent activity.
17. You wish you could review your credit score more often.
18. Your credit is impaired due to hackers illegally using your personal information.
19. A hacker used your name and details in a payday loan application.
20. A fraudulent sub-prime loan application was made using your financial information.
21. You just received an email about a purchase on your card, but you didn't buy anything.
22. Your wallet is lost or stolen.
23. You know your credit/debit card is compromised, but you don't know what to do next.
24. You want to check public records to make sure you are not misrepresented.
25. Your information has been compromised in a data breach.
26. You wonder if your stolen info is for sale on the Dark Web.
27. You find out that your phone number has been redirected for fraudulent purposes.
28. You keep receiving mailed packages that you didn't order.
29. You begin finding bills and charges in your mail, but you did nothing to deserve them.
30. You haven't received the mail that you expected, due to your address being stolen.
31. You haven't moved, but you learn that a thief has changed your mailing address.
32. You clicked the link in a scam email and now your info may be compromised.
33. You gave your information to a telemarketer who may not be legitimate.
34. You want to receive alerts if a registered sex offender moves in nearby.
35. You want complete, multi-device protection against ransomware, hack attempts and more.
36. Your children browse the Internet, so you need parental controls to protect them.
37. You need a filter on your device to secure against dangerous websites or pop-ups.
38. You have many questions about identity theft, but nobody to answer them.
39. You need tips on how to keep your family's identities safe from thieves.
40. You wish a specialist could give you unlimited consultation on protection against ID theft.
41. A thief stole your identity; you don't know what to do next.
42. You've lost money trying to restore your identity after theft.
43. Your work supervisor is upset because you must spend work time trying to restore your stolen information.
44. A thief stole your identity years ago, but it still impacts you negatively.
45. You learn that an identity thief has committed a crime in your name.
46. You know your identity is compromised, but you don't know where to start patching it up.
47. You need a way to know immediately if your identity gets stolen.
48. You discover that your identity is stolen, but it's too late at night to start calling for help.
49. To help with your stolen identity, you need a real person, not an automated voice.
50. You need total protection for your identity and the identities of your loved ones.



FOR MORE INFORMATION:

Marvin Worthy
marvinworthy@worthyconsulting.org
717-658-6015

LegalShield | MEMBERPERKS

# Save with these incredible MEMBERPERKS

Your LegalShield and IDShield Memberships are simply amazing. In addition to the privileges that are already yours, we have added these MEMBERPERKS with hundreds of merchants and thousands of discounts. Members can access savings at both national and local companies on everyday purchases such as tickets, electronics, apparel, travel and more. Members have the opportunity to save, on average, over $2,000 per year. MEMBERPERKS can save you enough to pay for your membership for years to come!

## RECEIVE EXCLUSIVE DISCOUNTS

Access your members-only discounts in categories such as:

- APPAREL
- AUTOMOTIVE
- BOOKS, MOVIES & MUSIC
- CELL PHONES
- ELECTRONICS
- FINANCE
- FLOWERS & GIFTS
- FOOD
- HEALTH & WELLNESS
- HOME SERVICES
- INSURANCE & PROTECTION SERVICES
- OFFICE & BUSINESS
- REAL ESTATE & MOVING SERVICES
- SPORTS & OUTDOORS
- TICKETS & ENTERTAINMENT
- TRAVEL

## WHAT MEMBERS ARE SAYING:

"MEMBERPerks pays for my membership!"
— Martha S.

"I saved 20% at Advance Auto and I also saved 30% on movie tickets on date night with my wife. This membership is it!"
— Andre E.

"I saved hundreds of dollars on a new laptop."
— Anna W.

**Enjoy preferred member pricing on some of your favorite brands and services.**

Office DEPOT OfficeMax · Harry & David Happiness Delivered · Skechers Direct More Than Just Work Shoes · chewy.com · verizon · sam's club · amc Theatres · Holiday Inn Club Vacations · Lenovo · Major League Baseball · AND MANY MORE!

## Getting Started

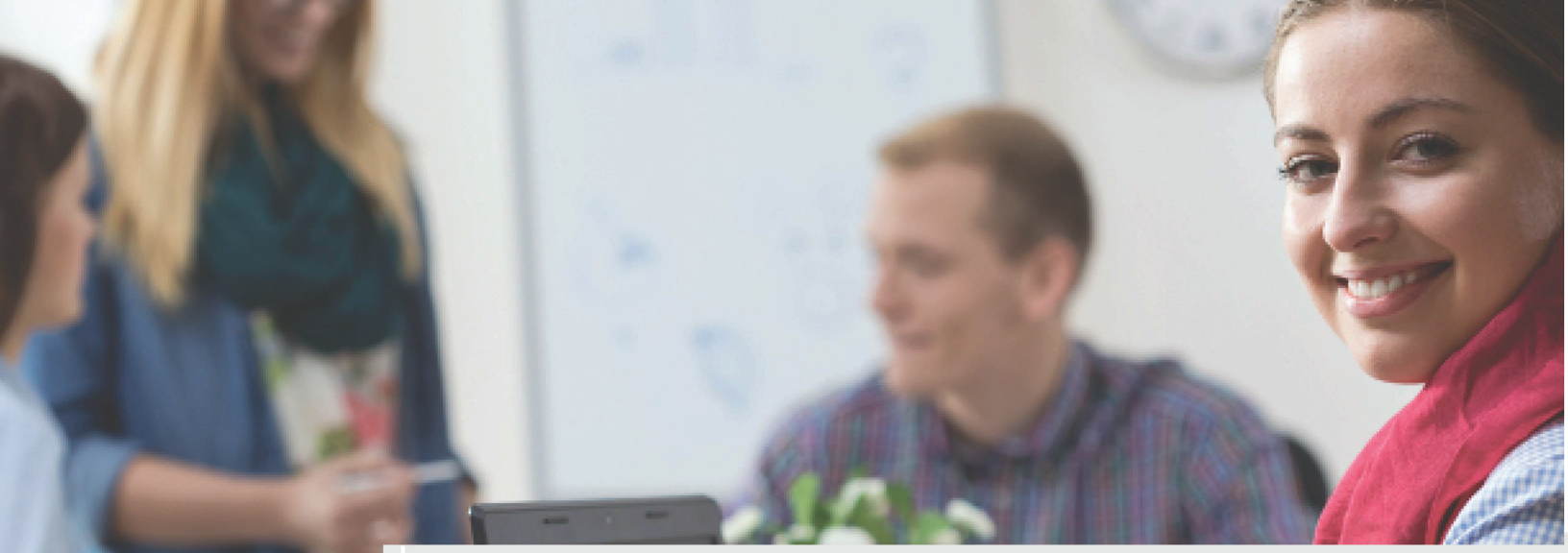
To sign up, simply log in at legalshield.perkspot.com. If you don't already have an account, follow the simple on-screen instructions to make an account with your personal or work email and LegalShield Membership number.

*These benefits are for LegalShield and IDShield Members. All offers or promotions are subject to change without notice.*

# CONTACTS FOR YOUR BENEFITS

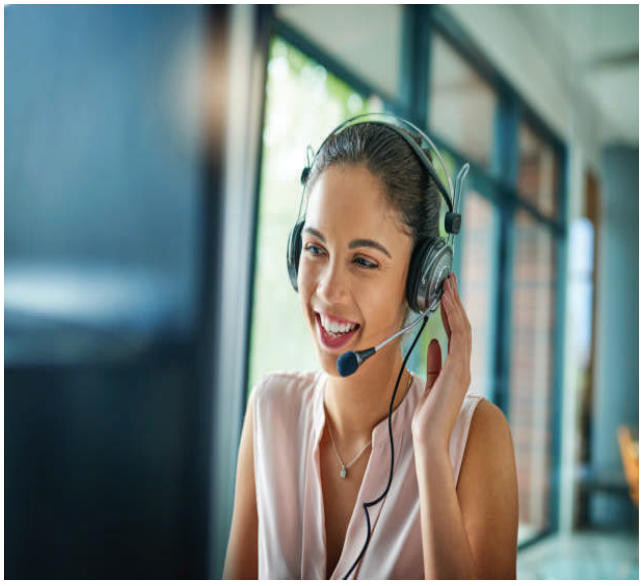
# 2025

| Company Name | Description | Phone Number | Website / Email |
|---|---|---|---|
| zizzlhealth | Medical Plan | 1-414-800-2278 | support@zizzlhealth.com |
| Equitable | Dental, Vision, Life & STD | 1-866-274-9887 | EBCustomerService@equitable.com |
| LegalShield and IDShield | | Marvin Worthy<br>717-658-6015 | To Enroll. Ctrl + Click to follow link<br>Group Benefits |
| Spot | Pet Insurance | 800-905-1595 | https://spotpet.link/firststart |
| First Start Partnerships | Human Resources | 717-263-8019 x201 | kholtry@firststartpartnerhips.org |
| Brown & Brown of PA | Claims Customer Service | 1-800-335-6968 opt#4 | customerservicepa@bbrown.com |



# Ask **Your** Advocate

*You have a dedicated Advocate ready to handle any situation in a discreet and confidential manner.*




## RaeAnne Ellinger

Account Manager

(445) 201-1786

RaeAnne.Ellinger@bbrown.com


Brown & Brown is ready to help you get the most from your benefit programs by providing an advocate at no cost to assist you with:

- Benefits Inquiries
- Claims Resolution
- Employee Health Advocate

Brown & Brown

# Important Health Plan Notices 2025

| Notice | |
|---|---|
| Lifetime Limit Notice | |
| Patient Protection Notice | |
| Notice of Opportunity to Enroll (Extension of Coverage to Age 26) | |
| Notice of Newborns' and Mothers' Health Protection Act | |
| Notice of Mental Health Parity<br>When are mental health parity laws and regulations effective?<br>Who must comply? | |
| Special Enrollment Rights Notice | |
| Women's Health and Cancer Rights Act (WHCRA)<br>The WHCRA<br>Under the WHCRA, mastectomy benefits coverage requirements | |
| Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) | |

# Important Health Plan Notices

## Lifetime Limit Notice

The lifetime limit on the dollar value of benefits under the company's group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment.

## Patient Protection Act

If the available group health plan [requires/allows] the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from group health 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 in our network 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.

## Notice of Opportunity to Enroll in Connection with Extension of Dependent Coverage to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are
eligible to enroll in the group health plan. Individuals may request enrollment for such children for 30 days from the date of notice.

## Notice of Newborns' and Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act of 1996 (the Newborns' Act), signed into law on September 26, 1996, requires plans that offer maternity coverage to pay for at least a 48-hour hospital stay following childbirth (96-hour stay in the case of a cesarean section).

This law was effective for group health plans for plan years beginning on or after January 1, 1998.

On October 27, 1998, the Department of Labor, in conjunction with the Departments of the Treasury and Health and Human Services, published interim regulations clarifying issues arising under the
Newborns' Act. The changes made by the regulations are effective for group health plans for plan years beginning on or after January 1, 1999.

The Newborns' Act and its regulations provide that health plans and insurance issuers may not restrict a mother's or newborn's benefits for a hospital length of stay that is connected to childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section.
However, the attending provider (who may be a physician or nurse midwife) may decide, after consulting with the mother, to discharge the mother or newborn child earlier.

The Newborns' Act, and its regulations, prohibit incentives (either positive or negative) that could encourage less than the minimum protections under the Act as described above.

# Important Health Plan Notices

## Notice of Newborns' and Mothers' Health Protection Act (Continued)

A mother cannot be encouraged to accept less than the minimum protections available to her under the Newborns' Act and an attending provider cannot be induced to discharge a mother or newborn earlier than 48 or 96 hours after delivery.

The type of coverage provided by the plan (insured or self-insured) and state law will determine whether the Newborns' Act applies to a mother's or newborn's coverage.

The Newborns' Act provisions always apply to coverage that is self-insured. If the plan provides benefits for hospital stays in connection with childbirth and is insured, whether the plan is subject to the Newborns' Act depends on State law. Based on a recent preliminary review of State laws, if the
coverage is in Wisconsin and several U.S. territories, it appears that the Federal Newborns' Act applies to the plan. If the coverage is in any other state or the District of Columbia, it appears that State law applies in lieu of the Federal Newborns' Act.

All group health plans that provide maternity or newborn infant coverage must include a statement in their summary plan description (SPD) advising 'Act requirements.

This fact sheet has been developed by the U.S. Department of Labor, Employee Benefits Security Administration, Washington, DC 20210. It will be made available in alternate formats upon request: Voice telephone: 202-693-8664; TTY: 202-501-3911. In addition, the information in this fact sheet constitutes a small entity compliance guide for purposes of the Small Business Regulatory Enforcement Fairness Act of 1996.

## Notice of Mental Health Parity

The Mental Health Parity Act (MHPA) was originally passed in late 1996. It amended ERISA and the Public Health Service Act (PHSA) to prohibit a group health plan from offering benefits that contain annual and/or lifetime dollar maximums for mental health benefits that are more restrictive than limitations imposed on benefits for physical illness. The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) was enacted on Oct. 3, 2008, and extended the MHPA parity requirements in ERISA and the PHSA to substance use disorder benefits and required any such offered benefits to be similar to those for physical illness.

The Departments of Health and Human Services, Labor and the Treasury (Departments) issued regulations under the MHPA in 1997. More recently, the Departments jointly issued interim final regulations implementing the MHPAEA, which replaced the 1997 MHPA regulations. These interim

final regulations update, amend and modify certain provisions of the 1997 MHPA regulations, and demonstrate how the MHPAEA applies to group health plans and health insurance issuers.

When are mental health parity laws and regulations effective?
The MHPA was first effective for plan years beginning on or after Jan. 1, 1998. The MHPAEA was applicable to plan years beginning after Oct. 3, 2009, (for calendar year plans, that was Jan. 1, 2010) and to group health plans under a collective bargaining agreement at the later of (1) plan years starting on or after Jan. 1, 2010, or (2) the termination date of the last collective bargaining agreement relating to the plan.

The MHPAEA interim final regulations became effective on April 5, 2010, and generally apply to group health plans and group health insurance issuers for plan years beginning on or after July 1, 2010. The Departments have stated that for purposes of enforcement, they will take into account good-faith efforts to comply with a reasonable interpretation of the statutory MHPAEA requirements with respect to a violation that occurs before the applicability date of the regulations.

# Important Health Plan Notices

## Notice of Mental Health Parity (Continued)

Who must comply?
The following group health plans must comply with the MHPA and the MHPAEA:

- Fully insured group health plans,
- Self-funded group health plans,
- Church plans, and
- Non-federal governmental plans.

In general, employers with fewer than 50 employees during the preceding calendar year are not required to comply with the MHPA and the MHPAEA. For purposes of determining group size, both part-time and full-time employees are included. Plans offering only HIPAA excepted benefits are not required to comply (e.g., dental, vision only).

Non-federal governmental plans that are self-funded may choose not to comply. In order to opt out, the plan must file an election with the Center for Medicare and Medicaid Services prior to the beginning of each plan year and notify the plan participants of its choice to opt out. For more information on Mental Health Parity Laws and regulations please visit http://www.dol.gov/ebsa/newsroom/fsmhpaea.html

## Special Enrollment Rights Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your coverage ends. 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, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

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

Federal law requires most group insurance plans that cover mastectomies to also cover breast reconstruction. The Women's Health and Cancer Rights Act (WHCRA) helps protect many women with breast cancer who choose to have their breast rebuilt (reconstructed) after a mastectomy. It was signed into law on October 21, 1998. The United States Departments of Labor and Health and Human Services oversee this law.

The WHCRA:

- Applies to group health plans for plan years starting on or after October 1, 1998
- Applies to group health plans, health insurance companies, and HMOs, as long as the plan covers medical and surgical costs for mastectomy

Under the WHCRA, mastectomy benefits must cover:

- Reconstruction of the breast that was removed by mastectomy
- Surgery and reconstruction of the other breast to make the breasts look symmetrical or balanced after mastectomy
- Any external breast prostheses (breast forms that fit into your bra) that are needed before or during the reconstruction
- Any physical complications at all stages of mastectomy, including lymphedema

Mastectomy benefits may have a yearly deductible and may require that you pay co-insurance. Co- insurance is when health costs are insured for less than the full amount and the patient must pay the difference. For instance, the company may cover 80% of your expenses after you pay the deductible, leaving you to pay the other 20%. This 20% is also called a co-payment or co-pay. But any required deductible and co-insurance must be like those the plan uses for other conditions it covers. So, if a plan pays 80% for hospital and surgery fees for an appendectomy, but only 70% of hospital and surgery fees for breast reconstruction, that would violate the WHCRA.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

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**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, 2025. Contact your State for more information on eligibility –**

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

## GEORGIA-Medicaid

A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website:
https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: (678) 564-1162, Press 2

## INDIANA-Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone 1-800-457-4584

## IOWA-Medicaid and CHIP (Hawki)

Medicaid Website:
https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website:
http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

## KANSAS-Medicaid

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

## KENTUCKY-Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718

Kentucky Medicaid Website: https://chfs.ky.gov

## LOUISIANA-Medicaid

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

## MAINE-Medicaid

Enrollment Website:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine relay 711

Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: -800-977-6740.
TTY: Maine relay 711

## MASSACHUSETTS-Medicaid and CHIP

Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840

## MINNESOTA-Medicaid

Website:
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

## MISSOURI-Medicaid

Website:
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

## MONTANA-Medicaid

Website:
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

## NEBRASKA-Medicaid

Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

| NEVADA-Medicaid | SOUTH CAROLINA-Medicaid |
|---|---|
| Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 | Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 |
| **NEW HAMPSHIRE-Medicaid** | **SOUTH DAKOTA-Medicaid** |
| Website: https://www.dhhs.nh.gov/oii/hipp.htm<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext 5218 | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |
| **NEW JERSEY-Medicaid and CHIP** | **TEXAS-Medicaid** |
| Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 | Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 |
| **NEW YORK-Medicaid** | **UTAH-Medicaid and CHIP** |
| Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |
| **NORTH CAROLINA-Medicaid** | **VERMONT-Medicaid** |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 | Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 |
| **NORTH DAKOTA-Medicaid** | **VIRGINIA-Medicaid and CHIP** |
| Website:<br>http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 | Website: https://www.coverva.org/en/famis-select<br>https://www.coverva.org/en/hipp<br>Medicaid Phone: 1-800-432-5924<br>CHIP Phone: 1-800-432-5924 |
| **OKLAHOMA-Medicaid and CHIP** | **WASHINGTON-Medicaid** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 |
| **OREGON-Medicaid** | **WEST VIRGINIA-Medicaid and CHIP** |
| Website: http://healthcare.oregon.gov/Pages/index.aspx<br>http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 | Website: https://dhhr.wv.gov/bms/<br>http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **PENNSYLVANIA-Medicaid** | **WISCONSIN-Medicaid and CHIP** |
| Website:<br>https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx<br>Phone: 1-800-692-7462 | Website:<br>https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 |
| **RHODE ISLAND-Medicaid and CHIP** | **WYOMING-Medicaid** |
| Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) | Website:<br>https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
**www.dol.gov/agencies/ebsa**
1-866-444-EBSA (3272)

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

## Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)

*This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.*