



McPherson
COLLEGE

2024 EMPLOYEE BENEFITS GUIDE



McPherson College Benefits

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At McPherson College, we know our dedicated employees—YOU—are key to our overall success as an organization. We recognize that offering a quality, comprehensive benefit program is an important way to show you how valuable you are to the organization. We understand that navigating the world of employee benefits is challenging and no two employees are alike, which is why we offer this benefits guide to explain the multiple benefit options to improve your physical, financial and mental well-being.

Notice to Enrollees

WELCOME TO YOUR 2024 BENEFITS!

Your benefit plans have been designed to provide you with a package that is both comprehensive and responsive to the needs of all employees. This booklet is designed to help you navigate your benefit options. Blue Cross Blue Shield of Kansas will continue to be our medical and dental carrier. Wex Benefits will be our Flexible Spending Account (FSA) and Health Savings Account (HSA) vendor, and SunLife will continue to be our vision, Basic Life, Voluntary Life, Long Term Disability, group Short-Term Disability, and Work Site carrier.

WHO IS ELIGIBLE FOR BENEFITS?

Full-Time Employees: An employee who is scheduled to work an average of thirty (30) hours per week on a regular and continuous basis. Full-Time employees are eligible to enroll themselves and eligible family members in any of the offered plans after the eligibility period has been met.

Eligible Family Members:

- Lawful Spouses
- Natural, Step and Adopted Children up to the age of 26

Making Changes to Your Benefits Throughout the Year

The only other time you may make a change in your coverage during the plan year is if you have a qualified change in your family or employment status. Some of those qualifying events are listed below:

- Marriage, divorce or legal separation
- Birth, adoption, placement, guardianship or court-ordered coverage of a dependent child
- Death of your spouse or dependent
- Eligibility for Medicare
- Covered employee's spouse or dependent gains or loses coverage

PLEASE NOTE: YOU MUST APPLY FOR THE CHANGE IN COVERAGE WITHIN 30 DAYS OF THE QUALIFYING EVENT (OR 60 DAYS FOR MEDICAID / CHIP EVENTS)

If you (and/or your dependents) have Medicare or will be eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see PAGE 29 for more details.



If you have any questions regarding the enrollment process or your benefits in general, please don't hesitate to ask for assistance.



Medical Insurance

BLUE CROSS BLUE SHIELD OF KANSAS
1-800-432-3990 | WWW.BCBSKS.COM

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Deductible (Individual / Family)	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,200 / \$6,400
Coinsurance (Plan / Member)	80% / 20%	80% / 20%	80% / 20%	100% / 0%
Coinsurance Maximum	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	N/A
Maximum Out-of-Pocket (Includes Ded, Coin, Copays)	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700	\$5,000 / \$10,000
Preventative Care	100% no Deductible			
Office Visits (Primary / Specialist)	\$35 Copay			100% after Ded.
Telehealth (AmWell)	\$35 Copay			100% after Ded.
Urgent Care	\$35 Copay			100% after Ded.
Emergency Room	\$150 Copay then Deductible and Coinsurance			100% after Ded.
Outpatient Diagnostic (Lab & X-Ray)	Deductible and Coinsurance			100% after Ded.
Advanced Imaging (MRI, CT, PET)	Deductible and Coinsurance			100% after Ded.
Inpatient Hospital	Deductible and Coinsurance			100% after Ded.
Outpatient Facility	Deductible and Coinsurance			100% after Ded.
Inpatient Mental Health	Deductible and Coinsurance			100% after Ded.
Outpatient Mental Health	\$35 Copay			100% after Ded.
Accidental Injuries	Deductible and Coinsurance			100% after Ded.
Vision Exam (Once Every 12 Months)	\$35 Copay			100% after Ded.

Medical Insurance: Prescriptions

BLUE CROSS BLUE SHIELD OF KANSAS

1-800-432-3990 | WWW.BCBSKS.COM

ResultsRX Formulary	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Tier 1 - Generic RX (Retail / Mail Order)		\$15 / \$40		Subject to ded. then Retail \$15 copay / Mail Order \$40 copay
Tier 2 – Preferred RX (Retail / Mail Order)		\$50 / \$125		Subject to ded. then Retail \$50 copay / Mail Order \$125 copay
Tier 3 – Preferred RX (Retail / Mail Order)		\$75 / \$187.50		Subject to ded. then Retail \$75 copay / Mail Order \$187.50 copay
Specialty		20% up to \$250		Subject to ded. then 20% up to \$250

Prescriptions - ResultsRX Formulary

- To check if your medication is covered under the ResultsRX formulary, go to: bcbsks.com/prescription-drugs/drug-list
- Click on 'BCBSKS ResultsRX medication list'.
- Type in the name of your medication and select the applicable dosage
- Hit 'Submit'
- The results will confirm if the medication is covered on the formulary and what tier it falls under.



Medical Insurance

BLUE CROSS BLUE SHIELD OF KANSAS

1-800-432-3990 | WWW.BCBSKS.COM

MONTHLY EMPLOYEE MEDICAL RATES

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
EMPLOYEE ONLY	\$217.15	\$190.32	\$183.48	\$101.93
EMPLOYEE + SPOUSE	\$483.87	\$428.45	\$411.26	\$500.52
EMPLOYEE +CHILD(REN)	\$392.02	\$349.05	\$335.30	\$402.39
EMPLOYEE + FAMILY	\$681.14	\$591.65	\$567.84	\$681.71

Find an In-Network Provider

- Go to www.bcbsks.com
- Click the down arrow next to "Find a Doctor/Hospital" on the top right of the screen
- Select "Doctor/Hospital Search"
- Click "Continue" to browse (or "Log In" to log into your BlueAccess account)
- Make sure to update your location if necessary
- Select "Blue Choice Preferred Care Blue Networks" from the drop-down menu
- You may either type in the name of your doctor, or scroll down to search by category to find in network providers

FlexAccess

Prime Therapeutics FlexAccess is an automated copay assistance (coupon) product. It is available where specialty is filled under the pharmacy benefit plan design, plus retail for HIV. It helps members meet their financial obligation under their benefit plan and broaden their pharmacy options.

This program is only available for those enrolled in a PPO medical plan (Option 1,2, or 3.)

Medical Insurance

BLUE CROSS BLUE SHIELD OF KANSAS

1-800-432-3990 | WWW.BCBSKS.COM

WELCOME TO BLUEACCESS®

Our secure online member portal is the gateway to your health information

With BlueAccess, you can quickly and securely:

- Check claims and view plan usage
- Find in-network doctors and hospitals
- Compare quality ratings for doctors
- Access your virtual ID card
- Contact customer support

Registration is quick and simple

Go to bcbsks.com/blueaccess.

Click *Register for a BlueAccess account*.

Have your ID card handy and follow the step-by-step instructions.

Once you have registered for a BlueAccess account, download the mobile app to track claims, find doctors and view your plan benefits from anywhere.



Scan to download the BlueAccess app or visit our website.

bcbsks.com/app



MC371 10/22



For a complete look at your healthcare plan, log in to your BlueAccess account at bcbsks.com/blueaccess.

Manage My Account | Edit and manage your preferences and go paperless.

Forms | Order a new ID card, find authorization forms and other forms related to your health insurance coverage.

Summary of Benefits and Coverage (SBC) and Contract/Certificate | View details about your coverage and contract.

- View your copay, deductible and coinsurance amounts
- Common medical coverage information
- Coverage for specific tests or treatments

Explanation of Benefits (EOB) | See how much we paid, what your responsibility is and what the provider write-off amount is.

Strive, powered by WebMD ONE | Use this health and wellness platform to take a Health Assessment and generate a personalized health plan to reach your well-being goals.

Blue365® | Exclusive health and fitness deals and discounts.



Medical Insurance

BLUE CROSS BLUE SHIELD OF KANSAS

1-800-432-3990 | WWW.BCBSKS.COM

Get care 24/7!

With Amwell, you can have a virtual doctor's visit from your smartphone or computer – right when you need it.

See a doctor from the comfort of your own home – or anywhere else for that matter. Safe and secure, it's the quality care you need, made easier.

What is telemedicine?

Telemedicine is an **alternative to in-person visits**. It allows health care professionals to evaluate, diagnose and treat patients at a distance via secure video/audio connections.

With Blue Cross and Blue Shield of Kansas coverage, you can **visit live with a doctor** on your computer or mobile device when it's **convenient for you**.

Patient benefits:

- Less time away from work
- No travel expenses or time
- Easier if you have a child or elder in your care
- Privacy
- No exposure to other potentially contagious patients

Behavioral health services

Licensed therapists can provide advice and counseling for depression, anxiety, stress, relationship issues and more. Private and secure appointments are available seven days a week, 6:00 a.m. to 10:00 p.m. CST.

Can my family use telemedicine?

Yes, if your spouse and/or children are covered under your Blue Cross plan.

Consult with a doctor by computer, tablet or phone

- Affordable, easy and convenient – available 24/7/365
- A choice of trusted, U.S. Board-certified doctors and therapists
- Prescriptions as needed
- Easy payment – credit, debit or HSA/FSA cards accepted
- Patient records accessible

Visit us at bcbsks.com



When can I use it?

Consult a doctor for common conditions like:

- Cold or flu
- Fever
- Rash
- Sinus infection
- Pink eye
- Ear infection

Three ways to register:

- 1 Download the Amwell app on any mobile device.



- 2 Visit bcbsks.com/teledmed

- 3 Call toll-free **844-733-3627**

How much does it cost?

The out-of-pocket cost will be your copay, just like when you visit the doctor in person.



ID Protection: Experian Identity Works

EXPERIAN

1-855-272-6796 | WWW.EXPERIANIDWORKS.COM/BCBSKS

ID protection is available through Experian at **no cost to employees and family members who enroll in the medical plan** with Blue Cross Blue Shield of Kansas. You will need to go online and enroll yourself in this benefit if you wish to participate.

Experian IdentityWorksSM



Protection when you are most vulnerable. Our services monitor a variety of channels to provide comprehensive protection.



If you become a victim of identity theft, we work to resolve it. Experian® will do the work to help recover your financial losses and restore your credit file.



Protection at no cost to you. Our identity restoration services are available to you free as an eligible member.

Enrollment is required.

Members must provide their personal information to enroll online or via phone. To start monitoring your personal information, please follow the steps below:

- 1 Visit the Experian IdentityWorks website to enroll: www.experianidworks.com/bcbsks
- 2 Click "Get Started" and enter code: **KANSAS23**
- 3 Complete the enrollment process.

Medical Insurance

TRIA HEALTH

Healthcare and insurance is confusing and difficult, especially if you take a lot of medications and have chronic conditions. Tria Health is a free and confidential benefit that will support you in managing your health, medications and healthcare budget. Talk to a pharmacist over the phone and receive the personalized care you deserve.

WHO SHOULD PARTICIPATE?

Tria Health's Pharmacy Advocate Program is available for employees and/or dependents on health insurance. Tria Health is recommended for member who have any of the following conditions:

- Diabetes
- Heart Disease
- High Cholesterol
- High Blood Pressure
- Mental Health
- Asthma/COPD
- Osteoporosis
- Migraines

WHY PARTICIPATE?

Pharmacists are the experts in how medications work and can provide valuable feedback to you and your doctor(s). Your Tria Health pharmacist can help:

- Make sure your medications are working as intended.
- Help you save money.
- Answer any questions you have about your health.
- Coordinate care with your doctor(s).

ACTIVE PARTICIPANTS CAN SAVE MONEY ON THEIR MEDICATIONS & EARN WELLNESS POINTS

Active participants will receive discounted copays on select medications used to treat targeted chronic conditions. You are not required to change your medications, pharmacy or doctor to receive this benefit.

- Free generics
- 50% off select brand medications*

FREE DIABETES TEST STRIPS & METER

Active participants with diabetes will have access to a FREE blood glucose meter, testing strips, and mobile app designed to help you better manage your diabetes!

FAQs

Does my doctor know about Tria Health?

Tria Health's pharmacist will inform your doctor about Tria Health and our services. All necessary information and recommendations are provided to the member's doctor as part of our coordination of care.

Am I required to change my medications or pharmacy?

After speaking with your pharmacist, Tria Health may provide recommendations to you AND your doctor(s) to improve the outcomes you receive from your medications and/or lower your out-of-pocket cost. Any changes are left up to you and your doctor for approval.

HOW TO SIGN UP?

Call 1.888.799.8742 or

visit www.triahealth.com/enroll



Medical Insurance

SCRIPTSOURCING

What is ScriptSourcing?

ScriptSourcing is a new partner that makes available over 300 name brand medications and specialty medications for a \$0 copay.

This is only available to employees who enroll in a PPO plan, which would be Options 1, 2, or 3. ScriptSourcing is NOT available on the high deductible plan.

How does ScriptSourcing get you free prescriptions?

By shipping the drugs to you from four tier-1 countries, including Canada, United Kingdom, Australia and New Zealand. These countries are deemed by Congress to have the same, or higher, standards as the FDA. All medications are factory-packaged and sealed at the pharmaceutical manufacturer, and ScriptSourcing can guarantee the pedigree, safety and security of every single medication they ship.

Here's how to use it:

1. Search for eligible meds: <https://scriptsourcing.com/med-finder/>
2. Identify medications eligible for our services
3. Click the calendar tool to schedule a call with our advocacy team for enrollment

NOTE: Our group specific Account Manager at ScriptSourcing may reach out directly if you are eligible to participate in this voluntary program. This individual will work closely with you to get any questions you have answered and to ensure everything is setup appropriately as they work to get you signed up for the program. It takes about 3 weeks to set up and receive your first order, so please have a month supply of your prescription on-hand when ordering from ScriptSourcing for the first time.

REMINDER: ScriptSourcing is a completely voluntary program, it is your decision should you decide to participate. If you decide you do not want to participate, you will not get your prescription at the \$0 copay, for prescriptions covered under our drug formulary, your cost will be based on the applicable drug tier and corresponding cost which is listed on page 5 of this guide.



Dental

BLUE CROSS BLUE SHIELD OF KANSAS
 1-800-432-3990 | WWW.BCBSKS.COM

PLAN INFORMATION	LOW OPTION	HIGH OPTION
Annual Maximum (Per Person, Per Year)	\$1,500	No Maximum
Deductible (Single/Family, Per Year)	\$25 / \$75	No Deductible
Orthodontic Maximum (Single/Family, per lifetime)	\$1,500	\$1,500
Preventive Services (oral exams, cleanings, sealants, etc.)	100% Covered - applies to annual max	100% Covered
Basic Services (simple extractions, fillings, endodontics, periodontics, etc.)	80% Covered	100% Covered
Major Services (bridges, crowns, dentures, etc.)	50% Covered	50% Covered
Dental Implants	50% Covered (\$1,000 lifetime max per insured, per arch)	50% Covered (\$1,000 lifetime max per insured, per arch)
Orthodontic Services (No age limit)	100% Covered up to \$1,500	100% Covered up to \$1,500

MONTHLY EMPLOYEE DENTAL RATES – LOW OPTION

EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
\$46.39	\$98.99	\$100.31	\$152.38

MONTHLY EMPLOYEE DENTAL RATES – HIGH OPTION

EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
\$52.50	\$112.13	\$113.38	\$172.99

How to find a dental provider through BCBSKS:

- Go to www.bcbsks.com
- Click on the down arrow next to “Find a Doctor/Hospital” on the top right of the screen.
- Select “Dental Provider Search”
- Complete the necessary fields and click “Search” (not all fields need to be completed, you can search using name, City and State, or zip code)
- Make sure the provider is in the “Grid Plus” Network

Vision

SUN LIFE

1-800-247-6875 | WWW.SUNLIFE.COM/US

IN-NETWORK PLAN INFORMATION	
Eye Exams	\$10 Copay
Contact Lens Fitting	\$60 for contact lens exam (fitting & evaluation)
Exam Frequency	12 Months
Lenses Frequency (Glasses or Contacts)	12 Months
Frames Frequency	12 Months
Standard Frames	\$150 Allowance; 20% off remaining balance
Lenses (Single, Bifocal, Trifocal, or Lenticular Lenses)	\$25 Copay
Elective Contact Lenses	\$150 Allowance
Medically Necessary Contact Lenses	100% Covered

MONTHLY EMPLOYEE VISION RATES

EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
\$8.99	\$18.90	\$16.23	\$30.32

How to find a vision provider through Sun Life:

- Go to VSP.com
- Click 'Find a Provider'
- Click 'Advanced Search'
- Make sure 'Choice Network' is selected
- Enter your zip code/location
- Click 'search'

Why do I need an annual eye exam if I have perfect vision?

Your eyes are your windows to the world. They are also your eye doctor's windows into your body. Just by looking in your eyes, a doctor can find warning signs of serious diseases and conditions like high blood pressure, high cholesterol, thyroid diseases, and certain types of cancer. In fact, eye doctors are frequently the first to detect signs of abnormal health conditions.

Health Savings Account

WEX

1-833-225-5939 | WWW.WEXINC.COM

If you enroll in the QHDHP (Option 4) you will be able to open a Health Savings Account (HSA) through Wex Health. With an HSA, you can deposit money into your account on a pre-tax basis through payroll deductions and use the HSA money to pay for eligible medical, dental and vision expenses.

PART 1 QHDHP MEDICAL PLAN

Insurance to pay for medical claims after the deductible has been met

PART 2 HEALTH SAVINGS ACCOUNT

Money that can be used for eligible out-of-pocket expenses

How the HSA Works:

- The Health Savings Account (HSA) allows you to save money on a pre-tax basis to cover eligible medical, dental, and vision expenses.
- You decide how much you want to contribute to your account each year (up to the maximum annual amounts), and then an equal portion of your annual election will be deducted from your gross pay (before federal, state, and Social Security taxes are taken out).
- You have access to your contributions as you deposit them into your account through payroll deductions.
- After you have incurred an eligible expense, you may be reimbursed from your account or utilize your debit card.
- Funds you contribute to an HSA stay with you. You do not lose unused funds if you do not spend them during the plan year or if you change jobs or retire.

HSA Annual Contribution Maximums:

- The 2024 plan year annual maximum, per person, is **\$4,150**. A family's annual maximum contribution amount is **\$8,300**.
- Employees Age 55 or older may contribute an additional 'catch-up' amount of \$1,000 per year.

HSA Eligibility:

- If you enroll in the Option 4—, a Qualified High Deductible Health Plan, and are not also enrolled in a traditional medical plan with first dollar coverage, you can enroll in a Health Savings Account (HSA).
- If a spouse has a Flexible Spending Account (FSA) for unreimbursed medical expenses, you cannot enroll in an HSA (even if they do not use their spouse's account).
- Employees who are enrolled in Medicare are not eligible to enroll in an HSA.
- Any employee who is eligible to be claimed as a dependent on another person's tax return (except spouses) are not eligible to enroll in an HSA.
- For a full list of eligibility requirements, please go to: <https://www.irs.gov/publications/p969/ar02.html>.
- You cannot drop or change this coverage throughout the year unless you experience a qualifying event, but you can change your deduction amounts, if necessary. Please see HR for more information.

Health Savings Account

WEX

1-833-225-5939 | WWW.WEXINC.COM

HSA FREQUENTLY ASKED QUESTIONS

1. Who can have an HSA?

The individual must be:

- covered by a HDHP (only QHDHP)
- not covered under other health insurance
- not enrolled in Medicare
- not another person's dependent

2. What are some examples of HSA qualifying expenses?

HSA qualifying expenses include doctor office visits, prescription drugs, eye exams, glasses, contact lenses, chiropractor visits, laser eye surgery, birth-control prescriptions, and orthodontia, to name a few. There are many more eligible items you can pay for with HSA money. You can get a list of covered expenses at www.irs.gov.

3. What happens if I lose my health insurance?

You may continue to use your HSA money to pay for eligible expenses, even if you do not have a qualifying health insurance plan, but you cannot keep contributing money to your HSA.

4. Can I use my HSA money to pay for my premiums?

HSA money can pay for health insurance premiums if you are collecting Federal or State unemployment benefits or are paying COBRA premiums.

5. What if I need medical care in another country? You can use your HSA money for the same medical expenses anywhere in the world.

6. When I die, do I lose my HSA money? No. You can name a beneficiary to receive your HSA money.

7. Can my HSA be used for dependents not covered by the health insurance?

Generally, yes. Qualified medical expenses include unreimbursed medical expenses of the account holder, his or her spouse, or dependents, even if they are not insured by a qualified HDHP.

8. Do I need to keep any records when I use my HSA?

Although UMB does not request receipts to validate the use of the HSA for you, it is a good idea to keep your own records. It is your responsibility to track the use of your HSA account and you may be required to show proof of your expenditures to the IRS. We recommend you designate a place to store all your receipts so they are available when you need them.

9. What if I do not use all of the money in my HSA account by the end of the year?

All the money deposited in your HSA, but not spent during the year, rolls over to the next year. HSA's do not have a "use or lose it" provision. You have the option of accumulating money in your HSA to pay for future eligible expenses and never pay taxes on the money.

10. Can I deposit additional money into my HSA account without going through payroll?

Yes, you can make deposits directly to your HSA. It is your responsibility to remember to claim these direct deposits on your income tax return.

Flexible Spending Account

WEX

1-833-225-5939 | WWW.WEXINC.COM

WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

A Flexible Spending Account offers you a significant tax savings opportunity. They allow you to pay for eligible health care expenses using pre-tax dollars (money taken out of your paycheck before income or Social Security taxes have been calculated).

The Two Types of FSAs:

HEALTHCARE FSA

You can use money set aside in your HealthCare FSA for eligible medical, dental, and vision expenses incurred by you, your spouse, or your taxable dependents. This includes diagnosis, treatment, and prevention of disease or treatment for any part or function of the body. Great examples of this include copays, and deductibles.

Cosmetic medical expenses, such as facelifts or hair removal, are not eligible. Expenses that benefit general health, such as vacation or health club memberships, are also not eligible.

Remember to keep your receipts and/ or other documentation in case it is needed to verify the medical expense. Some items may require additional documentation, such as a letter from your medical provider.

The maximum amount you can contribute is \$3,050 per year.

DEPENDENT CARE FSA

In order for dependent care services to be eligible, they must be for the care of a taxable dependent under the age of 13 who lives with you or for a taxable dependent who is incapable of caring for himself or herself.

The care must be needed so that you and your spouse (if applicable) can go to work. Because of this, care must be given during normal working hours and cannot be provided by another of your dependents.

As always, it is important to consult with your tax advisor to determine if participation in this benefit is to your advantage or if filing for your child care credit on your annual tax return may be more beneficial.

The maximum amount you can contribute is \$5,000 per year, dependent on your marital and tax-filing status.

NOTE: These accounts are separate. You cannot use money from one account to pay for expenses that are eligible under the other.

Flexible Spending Account

WEX

1-833-225-5939 | WWW.WEXINC.COM

FSA FREQUENTLY ASKED QUESTIONS

How does the Flexible Spending Account Work?

- You decide how much you want to contribute to your account each year up to the maximum annual amounts. You can then use the money in your account to reimburse yourself for eligible expenses incurred during the 2024 plan year, starting day 1 of the plan year.
- Each pay period, an equal portion of your annual election will be deducted from your gross pay and transferred to your FSA before federal, state, and Social Security taxes are calculated.
- When it comes time to pay for an eligible expense, you can use your FSA card or you can choose to be reimbursed from your account for the expense.

How does the Flexible Spending Account save me and my family money?

- Contributions to your FSA come out of your paycheck before taxes. This means that you don't pay federal, state or Social Security taxes on your FSA contributions and, ultimately, increase your take-home pay. Please see the chart below for a generalized example:

YOUR PAY	WITHOUT FSA CONTRIBUTION	WITH FSA CONTRIBUTION
Annual Income	\$30,000	\$30,000
Flex Contribution	\$0	\$2,500
Adjusted Income	\$30,000	\$27,500
Taxes	\$3,860	\$3,485
Take Home Pay	\$26,140	\$24,015
FSA ELIGIBLE EXPENSES	\$2,500	\$2,500
Payments From FSA	\$0	\$2,500
Out of Pocket Expenses	\$2,500	\$0
Take Home Pay	\$23,640	\$24,015

How much should I contribute towards the FSA?

- You should contribute only the amount of money that you expect to pay out-of-pocket for eligible expenses for the plan period. If you do not use the contributed money, it will not be refunded or carried forward to a future plan year: this is the use-it-or-lose-it rule.
- Grace Period: If you enroll in the FSA for 2024, you will have until March 15, 2025 to incur expenses.



Group Life and AD&D

SUN LIFE
 1-800-247-6875 | WWW.SUNLIFE.COM/US

McPherson Colleges provides all part-time & full-time benefit eligible employees with Group Life and Accidental Death and Dismemberment (AD&D) insurance through Sun Life, at **no cost to the employee.**

It is important to have an up-to-date beneficiary on file for this benefit. Contact Human Resources to update as necessary.

PLAN INFORMATION

Employee Life Benefit	\$10,000
Employee AD&D Benefit	\$10,000

Benefits Reduce to:

- 65% at age 65
- 45% at age 70
- 30% at age 75
- 20% at age 80
- 15% at age 85
- 10% at age 90

Voluntary Life

SUN LIFE

1-800-247-6875 | WWW.SUNLIFE.COM/US

McPherson College provides all part-time & full-time benefit eligible employees with the ability to enroll themselves and their dependents in a Voluntary Life plan through Sun Life. Since this is a completely voluntary benefit, **employees pay the full premium.**

PLAN INFORMATION	
Employee Life Benefit	5x Annual Earnings up to \$500,000 in Increments of \$10,000
Employee Life Guaranteed Issue	\$150,000
Spouse Life Benefit	\$5,000 to \$250,000 in Increments of \$5,000
Spouse Life Guaranteed Issue	\$25,000
Child Life Benefit (14 days to 6 Months)	\$1,000
Child Life Benefit (6 Months to 26 years)	\$10,000

For Spouse and Child(ren) coverage, the amount you select cannot exceed 50% of your coverage amount.

Benefits Reduce to:

- 45% at age 70
- 30% at age 75
- 20% at age 80
- 15% at age 85
- 10% at age 90



Voluntary Life

SUN LIFE

1-800-247-6875 | WWW.SUNLIFE.COM/US

Monthly Rates (Spouse rates based on Employee Age)

Employee Voluntary Life Rates	
<i>Rate basis: Per \$1,000 of volume</i>	
Age Band	Monthly Rate
Under age 20	\$0.051
20-24	\$0.051
25-29	\$0.051
30-34	\$0.052
35-39	\$0.077
40-44	\$0.128
45-49	\$0.216
50-54	\$0.360
55-59	\$0.608
60-64	\$0.747
65-69	\$1.110
70-74	\$2.13
75-79	\$2.13
80-84	\$2.13
85 and over	\$2.13



Step 1	Step 2	Step 3	Step 4
Determine your desired benefit amount (in increments of \$10,000 for employee coverage, or \$5,000 increments for spouse coverage)	Divide your benefit amount by \$1,000	Multiply by your desired rate from the table above	Your monthly premium
	/ \$1,000 = _____	X _____	

Child Voluntary Life Monthly Rates	
Coverage amount(s)	Cost
\$10,000	\$2.31



Short Term Disability

SUN LIFE

1-800-247-6875 | WWW.SUNLIFE.COM/US

McPherson College provides all part-time & full-time benefit eligible employees the opportunity to enroll in voluntary Short Term Disability (STD) policy through Sun Life. Short Term Disability replaces a portion of an employee's income if that employee is unable to work due to an accident or illness that occurs off the job and continues for a short-term duration.

Please note: employees need to contact Human Resources to begin paperwork as soon as possible if he/she experiences an injury or illness that keeps him/her from working.

OPTION 1 - PLAN INFORMATION

Weekly Benefit	60% of Weekly Income
Maximum Weekly Benefit	\$1,500
Elimination Period	8 Days
Maximum Benefit Period	12 Weeks

OPTION 2 - PLAN INFORMATION

Weekly Benefit	60% of Weekly Income
Maximum Weekly Benefit	\$1,500
Elimination Period	15 Days
Maximum Benefit Period	11 Weeks

OPTION 3 - PLAN INFORMATION

Weekly Benefit	60% of Weekly Income
Maximum Weekly Benefit	\$1,500
Elimination Period	31 Days
Maximum Benefit Period	9 Weeks

Short Term Disability

SUN LIFE

1-800-247-6875 | WWW.SUNLIFE.COM/US

Monthly Rates

RATES PER \$10 OF WEEKLY BENEFIT			
AGE BAND	CHOICE 1	CHOICE 2	CHOICE 3
Under Age 25	\$ 0.732	\$ 0.651	\$ 0.391
25-29	\$ 0.732	\$ 0.651	\$ 0.391
30-34	\$ 0.723	\$ 0.607	\$ 0.381
35-39	\$ 0.599	\$ 0.553	\$ 0.337
40-44	\$ 0.599	\$ 0.526	\$ 0.345
45-49	\$ 0.688	\$ 0.571	\$ 0.355
50-54	\$ 0.795	\$ 0.607	\$ 0.435
55-59	\$ 0.848	\$ 0.651	\$ 0.435
60-64	\$ 0.996	\$ 0.830	\$ 0.532
65-69	\$ 0.996	\$ 0.830	\$ 0.532
70 and Over	\$ 0.996	\$ 0.830	\$ 0.532

Step 1	Step 2	Step 3	Step 4
Determine your weekly earnings (This will be 60% of your regular weekly earnings)	Divide your earnings by 10	Multiply by your desired rate from the table above	Your monthly premium
	/ 10= _____	X _____	

*A full rate chart can be found on the benefit summary located at: <https://www.mcpherson.edu/human-resources/hr-forms/> or on the Maxwell portal.



Long Term Disability

SUN LIFE

1-800-247-6875 | WWW.SUNLIFE.COM/US

McPherson Colleges provides all part-time & full-time benefit eligible employees with a Long Term Disability (LTD) plan through Sun Life at **no cost to the employee**. Long Term Disability replaces a portion of an employee's income if that employee is unable to work due to an accident or illness that occurs off the job and continues for a long-term duration.

Please note: employees need to contact Human Resources to begin paperwork as soon as possible if he/she experiences an injury or illness that keeps him/her from working.

PLAN INFORMATION

Monthly Benefit	60% of Monthly Income
Maximum Monthly Benefit	\$3,000
Elimination Period	90 Days
Maximum Benefit Period	Social Security Normal Retirement Age



Worksite

SUN LIFE

1-800-247-6875 | WWW.SUNLIFE.COM/US

As an addition to your medical, dental and vision benefits to all full-time eligible employees and their dependents have access to coverages through Sun Life. Sun Life provides the following benefits guarantee issued at your initial enrollment and to new hires thereafter.

Accident

Provides cash benefits when an insured suffers a covered accident. The plan also provides an accidental death benefit, ambulance, transportation and family lodging benefit. Includes off-the-job Accident Coverage. Emergency Room - \$100

- Ambulance Ride (Ground) - \$100
- Fractured Leg - Up to \$1,000
- Burns - \$200 - \$10,000
- **\$50 Wellness benefit per member per year** if you receive a preventive care screening (dental exam, eye exam, well-woman exam, etc).



Critical Illness

Provides cash benefits when an insured person is diagnosed with a covered critical illness and these benefits are paid directly to you. The plan provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness.

- Guaranteed Issued
 - Employee - Up to \$40,000
 - Spouse - Up to \$40,000
 - Child - Up to \$20,000 (up to 50% of the face amount elected by the employee)
- Cancer, Non-Invasive Cancer
- Heart Attack
- Stroke
- Major Organ Failure
- Kidney Disease
- **\$50 Wellness benefit per member per year** if you receive a preventive care screening (dental exam, eye exam, well-woman exam, etc).



Hospital Indemnity

Provides cash benefits when an insured is admitted to the hospital. Includes 24-hour Accident coverage.

- Hospital Admission (per confinement) - \$1,000 (1 day per year)
- Hospital Confinement (per day) - \$150 (Up to 30 days per year)
- Hospital Intensive Care (per day) - \$150 (Up to 10 days per year)

Worksite

SUN LIFE

1-800-247-6875 | WWW.SUNLIFE.COM/US

SUN LIFE ACCIDENT EMPLOYEE MONTHLY RATES

EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
\$9.29	\$15.72	\$19.37	\$25.80

SUN LIFE CRITICAL ILLNESS MONTHLY RATES

EMPLOYEE OR SPOUSE (Non-Tobacco)

AGE	\$10,000	\$20,000	\$30,000	\$40,000
24-29	\$5.00	\$10.00	\$15.00	\$20.00
30-39	\$8.30	\$16.60	\$24.90	\$33.20
40-49	\$18.40	\$36.80	\$55.20	\$73.60
50-59	\$36.70	\$73.40	\$110.10	\$146.80
60-69	\$62.50	\$125.00	\$187.50	\$250.00
70+	\$114.60	\$229.20	\$343.80	\$458.40

SUN LIFE CRITICAL ILLNESS MONTHLY RATES

EMPLOYEE OR SPOUSE (Tobacco)

AGE	\$10,000	\$20,000	\$30,000	\$40,000
24-29	\$5.30	\$10.60	\$15.90	\$21.20
30-39	\$10.40	\$20.80	\$31.20	\$41.60
40-49	\$28.50	\$57.00	\$85.50	\$114.00
50-59	\$67.40	\$134.80	\$202.20	\$269.60
60-69	\$125.50	\$251.00	\$376.50	\$502.00
70+	\$218.80	\$437.60	\$656.40	\$875.20

CHILD(REN) CRITICAL ILLNESS

COVERAGE AMOUNTS	COST - PAY PERIOD (MONTHLY) PREMIUM
\$5,000	\$3.65
\$10,000	\$7.30
\$15,000	\$10.95
\$20,000	\$14.60

SUN LIFE HOSPITAL INDEMNITY EMPLOYEE MONTHLY RATES

EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
\$17.94	\$36.16	\$28.70	\$46.92

Identity Protection

ALLSTATE (FORMERLY INFOARMOR)

1-800-789-2720 | WWW.ALLSTATEIDENTITYPROTECTION.COM

McPherson College provides all employees with the ability to enroll in Identity protection through Allstate.

This coverage provides the following:

- Identity Monitoring
- Credit Score Tracking
- Internet Surveillance
- Identity Restoration
- 401(k) / HSA fraud reimbursement up to \$50,000
- Solicitation Reduction

MONTHLY RATES

EMPLOYEE ONLY	FAMILY COVERAGE
\$7.95	\$13.95

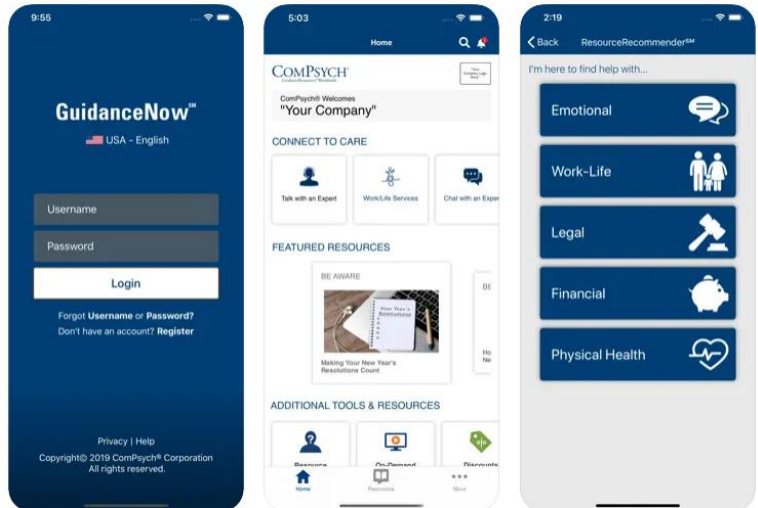
Employee Assistance Program

COMPSYCH

1-877-595-5281 | WWW.GUIDANCERESOURCES.COM

Your ComPsych Guidance Resources program EAPBusiness Class offers someone to talk to and resources to consult whenever and wherever you need them. The above toll-free number gives you direct 24/7 access to a Guidance Consultant who will answer your questions and if needed refer you to a counselor or other resources. This is a **confidential** and **free** service provided to you by McPherson College and includes 3 sessions, per person, per issue. Download their app for more information!

- Confidential Emotional Support
- Work-Life Solutions
- Legal Guidance
- Financial Resources
- Online Support
- Help for New Parents
- Free Online Will Preparation



Contact EAPBusiness Class Anytime

Call: 1-877-595-5281

TDD: 1-800-697-0353

Online:

guidanceresources.com App:

GuidanceResources* Now

Web ID: EAPBusiness

24/7 Support, Resources & Information



Contact Information

MEDICAL & DENTAL

Provider Name:	Blue Cross Blue Shield of Kansas
Provider Phone Number:	1-800-432-3990
Provider Web Address:	www.BCBSKS.com

HEALTH SAVINGS ACCOUNT (HSA) & FLEXIBLE SPENDING ACCOUNTS (FSA)

Provider Name:	Wex Benefits
Provider Phone Number:	1-833-225-5939
Provider Web Address:	www.WEXINC.com

LIFE, DISABILITY & WORKSITE

Provider Name:	Sun Life
Provider Phone Number:	1-800-247-6875
Provider Web Address:	www.sunlife.com/us

VISION

Provider Name:	Sun Life
Provider Phone Number:	1-800-247-6875
Provider Web Address:	www.sunlife.com/us

IDENTITY PROTECTION

Provider Name:	Allstate (formerly InfoArmor)
Provider Phone Number:	1-800-789-2720

IMA

Contact Name:	Kyla Holland, Account Manager
Contact Phone Number:	1-316-266-6553
Provider Email Address:	Kyla.holland@imacorp.com

Notices

MEDICARE PART D PRESCRIPTION DRUG CREDITABILITY/NON-CREDITABILITY

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average pays at least as well as Part D pays on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Creditable Coverage	Non-Creditable Coverage
Option 1, 2, 3, and 4	None (all plans are creditable)

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.medicare.gov/Contacts/#resources/ships>.

NON-GRANDFATHERED MEDICAL PLAN APPEALS PROCESSES

Your medical plan booklet will explain how to appeal a claim denial through the plan, through a government-authorized third party, and with the help of a consumer assistance office.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under the medical plan. If you would like more information on WHCRA benefits, please contact HR.

Notices

PUBLIC HEALTH INSURANCE MARKETPLACE

For individuals needing to purchase health insurance on their own, the Affordable Care Act (ACA) created a new public health insurance Marketplace. This website and call center helps individuals shop for private health insurance, helps individuals enroll in Medicaid or the Children's Health Insurance Program (CHIP), and evaluates eligibility for new tax credits. Open enrollment for public Marketplace coverage occurs each fall for coverage starting January 1, but special enrollment periods may be available for certain life events. Learn more or request assistance at www.healthcare.gov.

Please note that insurance companies are not required to participate in the public Marketplace, so you are unlikely to see all plans available in the community when shopping the public Marketplace.

The public Marketplace can help you determine whether you may be eligible for tax credits under section 36B of the Internal Revenue Code for Marketplace coverage. One tax credit can lower your monthly premium, and the other can lower your cost sharing (such as your deductible). Since tax credits are based on your projected household income and typically paid in advance to the insurance company, there is a chance you may have to repay some or all tax credits on your tax return if your income for the year ends up higher than anticipated.

Tax credits are not available to those eligible for "affordable, minimum value" medical coverage. "Minimum value" means our plan is intended to pay, on average, at least 60% of the costs of medical care received. "Affordable" means our lowest-cost minimum value plan costs you no more than 9.5% (indexed annually) of your household income to be enrolled in single (not family) coverage.

Our plan is intended to be affordable and minimum value. As a result, if you or someone in your family wanted to compare your health insurance options in the public Marketplace to the insurance offered through us, you'll need to remember that:

- You might pay full retail price for public Marketplace insurance (without the new tax credits)
 - a) You would no longer be paying for insurance on a pre-tax basis
 - b) You would no longer have an employer contribution toward your insurance (note that employer contributions are typically excludable from income for federal income tax)
- You would navigate any questions you have directly with the insurance company you choose...HR will not be able to assist you with your public Marketplace plan
- Should you desire to come back to our plan in the future, you will either need to:
 - a) experience a "qualifying event" recognized by our plan as a mid-year election change, or
 - b) wait until our next annual open enrollment

Notices

SPECIAL MEDICAL ENROLLMENT RIGHTS AND RESPONSIBILITIES UNDER HIPAA

When you are eligible to participate in our group medical plan, you may have to enroll and agree to pay part of the premium through payroll deduction in order to actually participate.

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you of your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

SPECIAL ENROLLMENT PROVISION

- **Loss of Eligibility under Medicaid or a State Children's Health Insurance Program (CHIP).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while coverage under Medicaid or CHIP is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost for the other coverage**. However, **you must request enrollment within 60 days** after the other coverage ends.
- **Loss of Eligibility for Other Coverage.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other medical coverage is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost** for the other coverage (or if the employer stops contributing toward it). However, **you must request enrollment within 30 days** after the other coverage ends (or after the employer stops contributing toward it).
- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement with you for adoption, you may be able to enroll yourself and your new dependents. However, **you must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.
- **Eligibility for Medicaid or CHIP State Premium Assistance Subsidy.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through CHIP with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, **you must request enrollment within 60 days** after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact HR.

IF YOU DECLINE COVERAGE, YOU MUST COMPLETE A "FORM FOR EMPLOYEE TO DECLINE COVERAGE."

- If you decline enrollment for yourself or for an eligible dependent, you must complete a "Form for Employee to Decline Coverage."
- On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or CHIP) is the reason for declining enrollment, and you are asked to identify that coverage.
- If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan, as described above.
- If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan.

Notices

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility:

ALABAMA – MEDICAID	ALASKA – MEDICAID
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – MEDICAID	CALIFORNIA – MEDICAID
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Medicaid (Health First Colorado) and Chip (Child Health Plan Plus, Or CHP+)	FLORIDA – MEDICAID
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBi): https://www.mycohibi.com/ HIBi Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – MEDICAID	INDIANA – MEDICAID
<p>GA HIPP Website: https://medicaid.georgia.gov/health_insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1</p> <p>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</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479</p> <p>All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
IOWA – MEDICAID AND CHIP (HAWKI)	KANSAS – MEDICAID
<p>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</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
KENTUCKY – MEDICAID	LOUISIANA – MEDICAID
<p>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</p>	<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – MEDICAID	MASSACHUSETTS – MEDICAID AND CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/ Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
MINNESOTA – MEDICAID	MISSOURI – MEDICAID
<p>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</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – MEDICAID	NEBRASKA – MEDICAID
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA – MEDICAID	NEW HAMPSHIRE – MEDICAID
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programsservices/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
NEW JERSEY – MEDICAID AND CHIP	NEW YORK – MEDICAID
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>Website: https://www.health.ny.gov/healthcare/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – MEDICAID	NORTH DAKOTA – MEDICAID
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>

OKLAHOMA – MEDICAID AND CHIP	OREGON – MEDICAID
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
PENNSYLVANIA – MEDICAID	RHODE ISLAND – MEDICAID AND CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children’s Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – MEDICAID	SOUTH DAKOTA – MEDICAID
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – MEDICAID	UTAH – MEDICAID AND CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – MEDICAID	VIRGINIA – MEDICAID AND CHIP
Website: https://dvha.vermont.gov/members/medicaid Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – MEDICAID	WEST VIRGINIA – MEDICAID
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywyhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – MEDICAID AND CHIP	WYOMING – MEDICAID
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, 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 (1-866-444-3272)

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.