



EMPLOYEE BENEFITS

Open Enrollment and Summary of Material Modifications

October 1, 2024 – September 30, 2025

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please read the Individual Creditable Coverage Disclosure notice for more information. If you have questions about your options, please, contact Human Resources, or our Benefits Consultant, Parker, Smith & Feek.

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The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. For specific tax or legal advice, please consult with your own tax or legal advisor for assistance. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

WELCOME TO MAINVUE HOMES, LLC

Our health care plan renews on October 1, 2024. Each year we review our benefit plan offerings, consider the type of benefits and level of coverage provided, our insurance partners' company performance, the cost to our employees and the company. Based on this review, and in consultation with our benefits consultant, Parker Smith & Feek we have made the following decisions for our benefit offerings for this plan year:

- Premera will continue to be our insurance provider for medical and dental coverage.
- You will continue to have the option of two medical plans: HSA and PPO.
- Vision insurance is available through VSP and included in our Premera medical plans.
- Life, Disability and Employee Assistance Program remaining with Mutual of Omaha
- Health Savings Account and Flexible Spending Accounts remaining with Health Equity
- MainVue Homes has generously increased the employer HSA contribution to \$1,600 per year effective October 1, 2024.

Eligibility Requirements

Employee	Dependents	Waiting Period
Full-time employees working at least 20 hours per week	Your legal spouse or domestic partner* Dependent children may be covered until age 26	1st of the month following date of hire

* *Domestic partner must meet all requirements included in the "Affidavit of Qualifying Domestic Partnership". Eligible partner is extended the same rights and benefits as a spouse. Coverage also includes eligible children of partner.*

New Hires:

For new employees, this is your chance to enroll in the MainVue Homes, LLC Employee Benefits Plan. You must enroll yourself and your dependents within 30 days of becoming eligible for benefits. You can enroll eligible dependents at the same time you enroll yourself. If you don't enroll, or you waive coverage, you'll receive the employer sponsored benefits shown below:

- Short-Term Disability
- Long-Term Disability
- Basic Life Insurance and AD&D
- Employee Assistance Program

Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits. It's also your chance to enroll if you declined coverage when you first became eligible. Open Enrollment changes take effect on October 1st each year.

Other than during Open Enrollment, you can only make changes to your benefits during the year only if you experience a qualifying status change. Please refer to the Special Enrollment section later in this document (page 23).

Online Enrollment

The Open Enrollment elections process is online through Paycom and will be open from **September 3-15th**. Your current benefits elections will carry over into the new plan year, unless you request otherwise. However, some benefits elections automatically reset to zero each year (HSA elections, FSA medical and dependent care spending elections) and you will need to specifically designate the amount you wish to set aside in Paycom.

What Do I Have to Do?

- This is your opportunity to add coverage for your spouse or partner and children who were previously eligible but not enrolled.
- This is also your opportunity to switch from the PPO to HSA Medical Plan or vice versa. Please note that any family members you cover will be enrolled on the same plan as you.
- If you wish to drop coverage for yourself or any dependents, now is the time to do so.
- If you wish to participate in the Health FSA, Limited Purpose FSA or Dependent Care FSA, you must elect in Paycom.
- If you want to make pre-tax deductions to your HSA account, you must elect in Paycom.

ALL ELECTIONS MUST BE COMPLETED BY SEPTEMBER 15, 2024

Benefits Advocacy – Here to Help



Parker, Smith & Feek, Inc.

MainVue has also partnered with Parker, Smith & Feek to provide you and your family with individualized assistance with insurance problems you are unable to resolve directly with the carriers. This includes claims issues, eligibility questions, network problems and general healthcare or insurance questions.

Your Account Manager	Email	Phone
Miranda Mitchell	mkmitchell@psfinc.com	425-709-3646

How Much Do I Have to Pay?

MainVue will continue to pay 100% of the cost for the employee premium while you continue to pay for the cost of your dependents. The following contributions are effective October 1, 2024.

Rates and your costs	Premera Medical PPO \$1,000			
	Total Monthly Cost	MainVue's Monthly Cost	Your Monthly Cost	Your Per Paycheck Cost
Employee	\$772.65	\$772.65	\$0.00	\$0.00
Employee and spouse	\$1,712.29	\$772.65	\$939.64	\$469.82
Employee and 1 or more children	\$1,494.63	\$772.65	\$721.98	\$360.99
Family* with 1 or more children	\$2,434.25	\$772.65	\$1,661.60	\$830.80

Rates and your costs	Premera Medical HSA \$1,600			
	Total Monthly Cost	MainVue's Monthly Cost	Your Monthly Cost	Your Per Paycheck Cost
Employee	\$639.26	\$639.26	\$0.00	\$0.00
Employee and spouse	\$1,416.67	\$639.26	\$777.41	\$388.71
Employee and 1 or more children	\$1,236.58	\$639.26	\$597.32	\$298.66
Family* with 1 or more children	\$2,013.99	\$639.26	\$1,374.73	\$687.37

Rates and your costs	Premera Dental			
	Total Monthly Cost	MainVue's Monthly Cost	Your Monthly Cost	Your Per Paycheck Cost
Employee	\$37.29	\$37.29	\$0.00	\$0.00
Employee and spouse	\$74.58	\$37.29	\$37.29	\$18.65
Employee and 1 or more children	\$86.52	\$37.29	\$49.23	\$24.62
Family* with 1 or more children	\$134.94	\$37.29	\$97.65	\$48.83

Rates and your costs	Vision Service Plan Vision			
	Total Monthly Cost	MainVue's Monthly Cost	Your Monthly Cost	Your Per Paycheck Cost
Employee	\$6.88	\$6.88	\$0.00	\$0.00
Employee and spouse	\$11.01	\$6.88	\$4.13	\$2.07
Employee and 1 or more children	\$11.24	\$6.88	\$4.36	\$2.18
Family* with 1 or more children	\$18.13	\$6.88	\$11.25	\$5.63

* Includes benefits coverage for domestic partners and their children. Due to IRS regulations, contributions for domestic partners are made on a post-tax basis. In addition, any premiums paid by MainVue will be considered taxable income.

Important Notice Regarding Pre-Tax Premiums:

Please note that when your contributions are taken out of your paycheck on a pre-tax basis, as allowed by Section 125 of the Internal Revenue Code. IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status. This means you may not drop coverage for a dependent during the year unless there is a qualified change in family status.

Contact Information

Refer to this list when you need to contact a benefits vendor.
For general information, contact Human Resources.

Medical and Prescription Drugs	Premera Blue Cross Nurseline	800-722-1471 800-841-8343	www.premera.com
Rx Mail Order	Express Scripts	800-391-9701	
Virtual Care	98point6 DoctorOnDemand		www.98point6.com/premera www.doctorondemand.com/premera
Behavioral Health	TalkSpace		www.talkspace.com/premera
Addiction Help	Boulder Care	888-316-0451	www.boulder.care/getstarted
Vision	Vision Service Plan	800-877-7195	www.vsp.com
Flexible Spending Account (FSA)	Health Equity	866-346-5800	www.healthequity.com
Health Savings Account (HSA)	Health Equity	866-346-5800	www.healthequity.com
Employee Assistance Program (EAP)	Mutual of Omaha	800-316-2796	www.mutualofomaha.com/eap
Life Insurance, Short Term and Long-Term Disability	Mutual of Omaha	800-316-2796	www.mutualofomaha.com
HR Assistance	Asure	Office: 657-251-9598 Mobile: 512-461-1193 (Preferred)	mainvuepbs@asuresoftware.com
Benefits Advocacy	Miranda Mitchell Parker, Smith & Feek	425-709-3646 mkmitchell@psfinc.com	www.psfinc.com

MEDICAL COVERAGE

Premera Blue Cross

What's New – Changes Effective October 1st.

Increase to HSA plan deductible

The IRS minimal deductible requirements to maintain qualified high deductible health plan status has increased to \$1,600 individual / \$3,200 family. To protect our plan's status and continue to offer the pre-tax saving account that makes this plan so attractive, our plan deductible will increase to the minimum deductible requirement at renewal, effective October 1st.

Hearing Exam and Hardware

Now covered! Our medical plans include coverage for one routine hearing exam every 36 months and hardware coverage up to \$3,000 per ear / every 36 months.

Supplemental Breast Exams

100% coverage for supplemental breast examinations and diagnostic breast examinations.

**HSA plan members will receive 100% coverage after the annual deductible has been satisfied.*

Kinwell Connect Primary Care

You have access to \$0 cost primary care at Kinwell Clinics on the Base and Buy-up PPO plans. HSA plan participants will receive 100% coverage after the deductible has been satisfied. For a list of locations and to schedule a virtual or in-person appointment, visit www.kinwellhealth.com

Benefits Summary

The plan encourages you to use in-network providers by charging you lower co-pays and co-insurance amounts. In-network providers agree to bill Premera directly and to accept a negotiated fee as payment in full. Out-of-Network providers have not and you may have to pay amounts above Premera’s allowable charge (also called balance billing). To find a list of in-network providers, go to www.premera.com and search for providers in the **Heritage Plus** Network. The deductible and out-of-pocket maximum are on a calendar-year basis and reset every January 1st.

DON'T FORGET YOUR ANNUAL EXAM. PREVENTIVE CARE IS COVERED 100%.

Premera Heritage Plus	PPO \$1,000	HSA \$1,600
Annual Deductible <i>Individual / Maximum per family</i>	\$1,000 / \$2,000	\$1,600 / \$3,200
Out-of-Pocket Maximum <i>Individual / Maximum per family</i>	\$4,500 / \$9,000	\$4,000 / \$8,000
Preventive Care <i>Routine Exam / Laboratory Services</i>	Covered in full	Covered in full
Physician Services <i>Office Visits</i> <i>Inpatient</i>	\$25 copay Deductible then you pay 20% coinsurance	Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance
Virtual Care (general medical)	\$10 copay	Deductible then you pay 20% coinsurance
Outpatient X-Ray and Laboratory Services	20% coinsurance, deductible waived	Deductible then you pay 20% coinsurance
Emergency Services	\$150 copay, then deductible and 20% coinsurance	Deductible then you pay 20% coinsurance
Hospital Services <i>Inpatient and Outpatient</i>	Deductible then you pay 20% coinsurance	Deductible then you pay 20% coinsurance
Outpatient Rehabilitation - visit limits apply see contract for details / carrier approval required	\$25 copay	Deductible then you pay 20% coinsurance
Mental Health Outpatient	\$25 copay	Deductible then you pay 20% coinsurance
Spinal Manipulations - 12 visits per year	\$25 copay	Deductible then you pay 20% coinsurance
Acupuncture - 12 visits per year	\$25 copay	Deductible then you pay 20% coinsurance
Vision Exam	\$25 copay / One exam per calendar year	
Vision Hardware (lenses, frames, contacts)	Covered in full up to \$150 every two consecutive calendar years	
Hearing Exam & Hardware	Exam: \$25 copay Hardware: Plan pays 100% up to \$3,000 every 36 months	<i>After Deductible</i> Exam: You pay 20% coinsurance Hardware: Plan pays 100% up to \$3,000 every 36 months
Out of Network		
OON Deductible <i>Individual / Maximum per family</i>	\$2,000 / \$4,000	\$3,200 / \$6,400
OON Out-of-Pocket Maximum <i>Individual / Maximum per family</i>	\$9,000 / \$18,000	\$8,000 / \$16,000
Out-of-Network Coinsurance	50%	50%

PHARMACY COVERAGE

Premera Blue Cross

This plan requires the use of appropriate generic drugs. When available, a generic drug will be dispensed in place of a brand name drug. If a generic equivalent isn't manufactured, the applicable brand name copay or coinsurance will apply. You or the prescriber may request a brand name drug instead of a generic, but if a generic equivalent is available, you'll be required to pay the difference in price between the brand name drug and the generic equivalent, in addition to paying the applicable brand name drug copay or coinsurance.

	PPO \$1,000		HSA \$1,600	
	Retail (30-day supply)	Mail Order (90-day supply)	Retail (30-day supply)	Mail Order (90-day supply)
Generics	\$10	\$25	Ded then 20%	Ded then 20%
Preferred Brand	\$25	\$62	Ded then 20%	Ded then 20%
Non-Preferred Brand	\$45	\$112	Ded then 20%	Ded then 20%

Notice regarding Medicare Part D Our medical plans offer what is called "creditable coverage," which means a Medicare-eligible person will not have to buy a Medicare Part D supplement for prescription drugs, and will not be subject to the 1% per month late enrollment charge assessed by Medicare for purchasing Part D at a later date. If you have questions about your options, please contact Human Resources.

Retail prescriptions from an out-of-network pharmacy are covered at 40% up to the allowed amount after the applicable copay.

KINWELL CONNECT PRIMARY CARE

Primary care services just for Premera Blue Cross members.

As a Premera member, you and your family have access to Kinwell clinics, delivering a new standard for primary care in Washington.

The Kinwell clinic experience includes:

- Same- and next-day appointments
- High quality, accessible, and patient-centered health care for the whole family
- Integrated preventive services and behavioral health care
- Virtual or in-person appointments with your provider of choice

Plus, once your new plan year starts, you'll also get additional benefits with Kinwell Connect:

- \$0 copays for most primary care services (for high-deductible health plans, office visits are \$0 after the deductible is met).*
- Resources available for Kinwell clinic scheduling support, and help with benefit questions.

\$0 cost

PRIMARY CARE SERVICES

CURRENT MEMBER?

Schedule a virtual or in-person appointment today at

kinwellhealth.com.



Open now

- | | |
|---------------------------------|----------------|
| 1 Spokane (North Country Homes) | 13 Westlake |
| 2 Spokane Valley | 14 Ballard |
| 3 Spokane (6th & Washington) | 15 Bellingham |
| 4 Yakima | 16 Redmond |
| 5 Wenatchee | 17 Federal Way |
| 6 Pasco | |
| 7 Renton | |
| 8 Lynnwood | |
| 9 Denny Way | |
| 10 Poulsbo | |
| 11 Mill Creek | |
| 12 Olympia | |

VIRTUAL AND TELEPHONIC CARE

98point6 or Doctor on Demand

Virtual care provides 24/7 access to a board certified, licensed family practice doctor or pediatrician via text or video and can be used for many of your medical issues. It replaces expensive visits and long wait times at the ER or urgent care clinic to diagnose and treat those acute, non-emergent medical issues that may arise such as:

- Cold and flu
- Sore throat
- Rashes
- Allergies
- Headaches
- Bronchitis
- UTI
- Fever
- Asthma
- And much more!

Doctors can also write short term prescriptions and will send the script electronically to the pharmacy of your choice. After the visit, at your request, the doctor will send electronic chart notes to your primary care doctor. Virtual care is not a substitute for a primary care doctor.

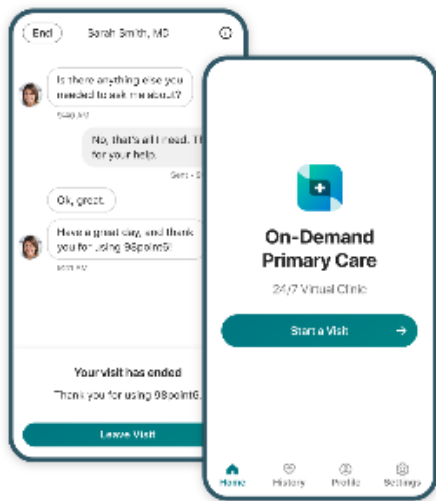
How does it work?

Download the app and set up your account. Make sure you have your Premera ID card ready. The average wait time is 3–7 minutes. You can have your visit via smart phone, tablet or computer.

Services	98point6	Doctor on Demand
24/7 Access	www.98point6.com/premera	www.doctorondemand.com/premera
Care Delivery	Text messaging	Phone Video chat
Provider Type	Primary care Urgent Care Dermatology	Primary care Urgent Care Dermatology Mental Health
Other	Prescribe medication Order medical tests	Prescribe medication Order medical tests

On-demand, text-based primary care

For subscribers and their dependents ages 1 and older enrolled on an eligible Premera Blue Cross medical plan



On-demand

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



Text-based

Connect with a primary care physician right from your phone. Get treatment for a cough while commuting to work or get care for your child's stomach pain while at a weekend barbecue.



Nationwide

With service available in all 50 states plus D.C., you and your family can access care anywhere you are—at home or while traveling.



24/7

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



Because the flu doesn't know it's the weekend.

With 24/7 care available through Doctor On Demand, you don't have to wait for office hours to be seen. Connect with a board-certified provider in minutes right from your smartphone, tablet, or computer.

What we treat

Some examples of how our providers can help:

- | | |
|------------------|--------------------------|
| Coughs | Urinary tract infections |
| Sinus infections | Cold, flu, & COVID-19 |
| Stress & anxiety | Skin conditions & rashes |
| Doctor's notes | And more... |

Start a visit at doctorondemand.com/premera

What it costs

Doctor On Demand video visits cost far less than a trip to the Emergency Room or Urgent Care. And best of all, we're part of your health benefits.

No waiting rooms, no traffic, no child care necessary. Get care around the clock, in your jammies in as little as 5 minutes.

You'll always see your copay before your visit and there is never any surprise billing.

Get started.

Join Doctor On Demand in 3 easy steps.



Download the app or visit:
doctorondemand.com/premera



Sign up and create
an account



Add your
coverage

Matchmaker™ for Behavioral Health

Matchmaker™

It's never been more important to take care of yourself and make sure you're getting the support you need. Change, uncertainty, and new ways of going about our daily lives can take a toll, and yet finding a mental health provider who is accepting new patients can be hard.

Behavioral Health Matchmakers offers the extra support you need by providing a list of in-network, outpatient providers who are accepting new patients. Call customer service at the number on the back of your ID card to request help with finding a provider.

When you're ready, visit our resource center at premera.com/visitor/care-essentials/mental-health to find additional information on your benefits, finding care, and more

Talkspace Behavioral Health Care



You can receive behavioral health counseling through TalkSpace. Once you have established a relationship with your provider, you have access to unlimited text messaging. Go to the TalkSpace site at <https://redemption.talkspace.com/redemption/premera> or mobile app and select the provider that best fits your care criteria prior to making your appointment.

Addiction Help

Boulder Care

Boulder

Boulder Care provides medication and virtual counseling to help you quit. They have an emphasis on opioid, alcohol and other substance abuse counseling. Go to www.boulder.care/getstarted or download their app. Have your Premera ID card handy to sign up.

DENTAL COVERAGE

Premera Blue Cross

Contracted providers agree to bill Premera Blue Cross directly and to accept a negotiated fee as payment in full. Allowable charges for out-of-network providers are paid based on allowed amounts, as determined by Premera Blue Cross. You may be responsible for any additional amounts (also called balance billing). The deductible and annual maximum are on a calendar-year basis and reset every January 1st.

	Premera Choice	All Other Dentists
Annual Deductible		
<i>Individual</i>		\$50
<i>Maximum per family</i>		\$150
Preventive Care (exams, x-rays, etc.)		Covered in full
Basic Services (fillings, extractions, etc.)		Deductible then you pay 20% coinsurance
Major Services (crowns, bridges, dentures, etc.)		Deductible then you pay 50% coinsurance
Annual Maximum		\$2,000
		*Preventive Care services do not count towards annual benefit maximum
Orthodontia		100% up to \$1,500 Lifetime Max

VISION COVERAGE

Vision Service Plan

Contracted providers agree to bill VSP directly and to accept a negotiated fee as payment in full. If you use a non-VSP provider, you will need to submit a claim to VSP and you will be reimbursed up to the scheduled amounts.

	VSP Choice	All Other Providers
Vision Exam <i>Every 12 months</i>	\$10 copay	\$10 copay then up to \$45 allowance
Eyeglass Lenses <i>Every 12 months</i>	\$10 copay	Scheduled allowance based on type of lenses
Frames <i>Every 24 months</i>	\$180 allowance*	Up to \$70 allowance
Contact Lenses <i>Every 12 months</i> <i>In lieu of Glasses</i>	\$180 allowance for contacts Contact lens exam (fitting and evaluation) subject to a maximum copay of \$60.	Scheduled allowance based on type of contact lenses
Extra Savings	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Laser Vision Correction: Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	Not Applicable

- Frame allowance is reduced to \$100 at Costco.

HOW MAINVUE HELPS YOU PAY YOUR MEDICAL DEDUCTIBLE

Health Savings Accounts

You must be enrolled in the HSA \$1,600 plan to take advantage of the HSA

A Health Savings Account (HSA) is a tax-advantaged savings account that belongs to you and is designed to help you save money pre-tax for when you have higher health care expenses. Regardless of who puts money into your HSA, HSA dollars are owned by you, the account holder. Unused money rolls over to the next year and is fully portable. This means you take it with you if you leave.

The maximum amount you can contribute to your HSA (from all sources) is determined annually by the IRS.

	2024	2025
Individual-only coverage	\$4,150	\$4,300
Individual, plus one or more covered family members	\$8,300	\$8,550
Additional catch-up contribution for those 55+	\$1,000	\$1,000

Employer HSA Contributions:

When you are enrolled in the HSA plan, MainVue will contribute \$1,600 annually into each employee's account (\$133.34 per month).

Please note you will only have access to funds that are deposited to your account. Additionally, you may elect to put additional money into your HSA from your paycheck on a tax-free basis. MainVue will also pay for the monthly administrative fee for participants. It is your responsibility to confirm you are eligible to receive contributions to your Health Savings Account.

Please note: You will not be able to see and pay claims directly on the Health Equity site as Premera does not have direct integration with Health Equity. You may use your HSA or FSA debit card to pay for eligible expenses online or on the provider's website, but the claims will not appear on the Health Equity site to direct pay.

To receive contributions you must NOT have other health coverage for yourself including:

- Coverage through an individual non-qualified HDHP plan
- Coverage through a spouse's or parent's non-qualified HDHP plan
- Access to a spouse's Flexible Spending Arrangement
- Be a dependent on someone else's tax return
- Coverage through a state or federal program:
 - Tricare/Champva/Veterans Administration
 - Native/Tribal plan
 - Medicare
 - Medicaid

For IHS beneficiaries or Veterans beneficiaries, you cannot contribute to your HSA for 3 months following the month you receive benefits from the Veterans or Native Tribal facilities.

For questions about your eligibility for the HSA, contact Human Resources.

Please note that Health Savings Accounts and employer HSA contributions are not subject to ERISA or COBRA. HSA information is included in this Summary to provide you with a complete overview. It is not our intent to include your account in our ERISA benefits program.

FLEXIBLE SPENDING ARRANGEMENTS

HealthEquity

What's Changing

For anyone with funds left in their Health Care Flexible Spending Arrangement (FSA) at the end of the year, we have increased the **roll-over maximum to \$640**.

The IRS has increased the annual limit on the Health Care FSA. In 2024 you can set aside up to **\$3,200** pre-tax to pay for certain IRS-approved healthcare (medical, dental, vision) expenses not covered by the insurance plan.

Health FSAs

The federal government takes about 30% of each dollar that you earn in FICA and Federal Income tax. The remaining 70% is your net income. With an FSA you can set aside money from your paycheck, before the federal government takes their 30%, to pay for medical, dental, vision and day care expenses. You pay less in taxes, and your money buys more medical (including dental and vision) services than before.

This program allows you to set aside pre-tax dollars to pay for certain IRS-approved expenses that are not covered by insurance. Depending on the Medical plan you're enrolled on, you can elect to enroll in either the Health Care FSA or the Limited Purpose FSA.

The maximum contribution for 2024 is \$3,200.

Note: Health Care FSA participation is only available to employees and 2% or less shareholders. Participation in the Health Care FSA makes you ineligible for the HSA.

	Health Care FSA	Limited Purpose FSA
IRS-approved Expenses	Medical, Rx, Vision and Dental	Vision and Dental
Interaction with other Accounts	Makes you ineligible for HSA contributions	Perfect for anyone covered by an HSA qualified medical plan
Examples	<ul style="list-style-type: none"> • Hearing services, includes hearing aids and batteries • Vision services, includes contact lenses, contact lens solution, eye exams and eyeglasses • Chiropractic services • Acupuncture • Prescription copays • Dental services and orthodontia • Over-the-counter medication • Menstrual products 	<ul style="list-style-type: none"> • Vision services, includes contact lenses, contact lens solution, eye exams and eyeglasses • Dental services and orthodontia

While you should only set aside enough money for those expenses you know you will incur during the plan year, the roll-over provision allows you to carry forward up to \$640 into the next plan year. Please see the information from Health Equity for more information and the enrollment form.

IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status.

Dependent Care FSA

Similar to the Health Care FSA, you may also use pre-tax dollars to pay for qualified dependent care. Expenses can be for your dependent children 12 and under, and in some cases elder care, and must be so you can work, actively look for work or be a full-time student. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

The annual maximum amount you may contribute into the Day Care FSA is \$5,000 per calendar year (or \$2,500 if married and filing separately). This limit is set by the IRS and is a calendar year limit. Since our plan year is not on a calendar year, take extra care in calculating your annual election.

Note: Election changes are also allowed when there is a change in cost or coverage of your childcare provider.

DISABILITY AND LIFE INSURANCE

Disability Income

Mutual of Omaha

Did you know that one in eight workers will be disabled for five or more years during their working careers? If this happens to you, can you afford to be out of work and without pay for an extended period – on top of the medical bills that come with a serious illness or injury?

Disability coverage is essentially “paycheck insurance” and offers you financial stability and peace of mind. If you are unable to perform the material duties of your job due to sickness, injury or pregnancy, you will receive the following benefits:

	Short-Term Disability	Long-Term Disability
Benefits Begin	On the 14 th day, contingent upon satisfying the definition of disability as stated in your policy.	On the 91 st day, contingent upon satisfying the definition of disability as stated in your policy.
Percentage of Income Replaced	70% of basic weekly earnings.	60% of basic monthly earnings.
Maximum Benefit available	Up to \$2,000 per week.	Up to \$6,000 per month.
Benefit Duration	Up to 11 weeks.	Up to Social Security Normal Retirement Age.

Any disability benefits you may receive are taxable income and need to be reported to the IRS.

Important!

Please note that WAPFML disability pays primary in the event of a claim. The Mutual of Omaha policy will then pay the difference up to the plan limits, not in addition to the WAPFML benefit. We strongly encourage you to file for the state coverage as soon as possible to ensure timely claim processing in the event of an approved benefit.

Life and AD&D Insurance

Mutual of Omaha

MainVue purchases life and accidental death and dismemberment (AD&D) insurance for all full-time employees.

Benefits	The lesser of 1x annual earnings or \$225,000. If death is the result of an accident (as defined by the contract), then the beneficiary(ies) will receive an additional 100%. A scheduled benefit is paid for amputation or paralysis of limbs.
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REMINDER: IF YOU RECENTLY HAD A FAMILY STATUS CHANGE, THIS IS A GOOD TIME TO UPDATE YOUR BENEFICIARY INFORMATION.

Supplemental Life

If you want additional group life insurance, you may purchase additional amounts through payroll deductions. You must be enrolled in supplemental life to purchase life insurance for your spouse or child.

If you have already purchased supplemental life you can increase your election as described below. Please note that if your election exceeds the guarantee issue, medical underwriting is required.

AD&D amount elected must match Life amount.

	Employee	Spouse	Child
Term Life Insurance			
Benefit Available	Lesser of 5 x annual earnings or \$500,000	Lesser of 100% of employee election or \$250,000	Up to \$10,000
Available in increments of:	\$10,000	\$5,000	\$1,000
Guarantee Issue	\$100,000 or 5 times annual earnings, whichever is less	\$25,000 or 100% of employee elected amount, whichever is less	\$10,000 or 100% of employee elected amount, whichever is less
AD&D			
Benefit Available	Same as Life	Same as Life	Same as Life
Guaranteed Issue	Full Benefit	Full Benefit	Full Benefit
Age Reduction Schedule			
Reduction schedule applies to Life, AD&D and Supplemental benefits	At age 65, benefit reduces to 65% of original amount At age 70, benefit reduces to 40% of original amount		
Increasing your Election			
When can I increase my Election?	At open enrollment \$10,000 per year		
Is there medical underwriting?	Yes	Yes	Yes
	Medical underwriting applies if the new election is over the guaranteed issue amount or for any amounts if this is not your first opportunity to elect.		

Because the premium is based on your age, when you go from one age bracket to the next, monthly deductions will increase to reflect the new age bracket. Age brackets are in 5-year increments (30–34, 35–39, etc.). If applicable, your new deductions will be deducted from your paycheck with the first payroll following October 1st.

Supplemental Life/AD&D Rates

Age Band	Employee	Spouse	Children
Under 25	\$0.046	\$0.046	\$0.540
25-29	\$0.046	\$0.046	—
30-34	\$0.053	\$0.053	—
35-39	\$0.065	\$0.065	—
40-44	\$0.095	\$0.095	—
45-49	\$0.126	\$0.126	—
50-54	\$0.224	\$0.224	—
55-59	\$0.341	\$0.341	—
60-64	\$0.478	\$0.478	—
65-69	\$0.899	\$0.899	—
70-74	\$1.694	\$1.694	—
75 and over	\$1.694	\$1.694	—
AD&D	\$0.010	\$0.010	\$0.010

How to Calculate Your Cost: Refer to the table on page 20 for rate details based on your age.

Employee Life:

$$\frac{\text{(volume)}}{\text{}} \times \frac{\text{(rate)}}{\text{}} / 1,000 = \frac{\text{Monthly Cost}}{\text{}}$$

Employee AD&D:

$$\frac{\text{(volume)}}{\text{}} \times \frac{\mathbf{\$0.010}}{\text{(rate)}} / 1,000 = \frac{\text{Monthly Cost}}{\text{}}$$

Spouse Life:

$$\frac{\text{(volume)}}{\text{}} \times \frac{\text{(rate)}}{\text{}} / 1,000 = \frac{\text{Monthly Cost}}{\text{}}$$

Spouse AD&D:

$$\frac{\text{(volume)}}{\text{}} \times \frac{\mathbf{\$0.010}}{\text{(rate)}} / 1,000 = \frac{\text{Monthly Cost}}{\text{}}$$

Child Life:

$$\frac{\text{(volume)}}{\text{}} \times \frac{\mathbf{\$0.540}}{\text{(rate)}} / 1,000 = \frac{\text{Monthly Cost}}{\text{}}$$

Child AD&D:

$$\frac{\text{(volume)}}{\text{}} \times \frac{\mathbf{\$0.010}}{\text{(rate)}} / 1,000 = \frac{\text{Monthly Cost}}{\text{}}$$

EMPLOYEE WELLBEING

Employee Assistance Program

Mutual of Omaha

The Employee Assistance Program (EAP) is a completely free and confidential counseling program that helps you and/or your family members address life issues, big or small. Benefits are offered to all employees and immediate family members, and can help with:

- Marital and family concerns
- Difficult relationships
- Depression
- Substance abuse
- Grief and loss
- Financial entanglements
- Other personal stressors
- Many other issues

Click on www.mutualofomaha.com/eap or call 800-316-2796 to:

- Find information about parenting, retirement, finances and more
- Locate schools, camps, eldercare/childcare providers
- Use financial calculators and retirement planners
- Read books, articles and guides
- Watch videos or listen to audio files

IMPORTANT LEGAL INFORMATION

Healthcare Reform

The healthcare reform law (or Affordable Care Act (ACA) or Obamacare) is complicated and you may have questions about how it impacts you, your family and your benefits. There are three items you should know.

First, the individual mandate (the requirement that all individuals have health insurance) remains in place. What has changed is the penalty associated with it. As of January 1, 2019, the ACA tax penalty is repealed and you won't have to pay anything if you don't enroll.

Second, the Health Insurance Marketplace still exists. You can shop for and enroll in insurance plans through the exchange and still apply for income-based subsidies.

Third, for most people, the plans we offer are considered affordable and neither you nor any family members are eligible for the federal subsidies available in the Health Insurance Marketplace, even if you choose not to enroll in MainVue's plan.

Please refer to your Notice of Health Insurance Marketplace Coverage for general information. or additional information on Marketplace options in your area and subsidy calculators, go to www.healthcare.gov or call 1-800-318-2596.

Annual Reminders

Special Enrollment

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), allows a Special Enrollment period in addition to the regular Open Enrollment period. Only the following individuals may enroll outside the Open Enrollment period:

- Individuals who previously waived coverage under this program because they had other coverage and then involuntarily lost the other coverage. Enrollment must occur within 30 days of the loss of other coverage;
- New dependents due to marriage, birth, adoption or placement for adoption. The eligible employee and other dependents who previously did not elect to be covered under the employer's health care plan may also enroll at the time the new dependent is enrolled. Enrollment must occur within 30 days of date of marriage, or 60 days of a birth, adoption or placement for adoption;
- A court has ordered coverage be provided for a spouse or minor child under this plan and request for enrollment is made within 30 days after issuance of such court order;

- If employee and/or dependent(s) become ineligible for Medicaid or the Children’s Health Insurance program and request coverage under our plan within 30 days of termination (Please read the Medicaid and the Children’s Health Insurance Program notice for more information); or
- If employee and/or dependent(s) become eligible for the state premium assistance program and request coverage under our plan within 30 days after eligibility is determined.

Notice Regarding the Women’s Health and Cancer Rights Act of 1998

As required by the Women’s Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact Human Resources for more information.

HIPAA Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes your rights with regard to your personal health information. You received a copy of the MainVue Homes, LLC Group Health Plan Privacy Notice when you were hired. This notice describes how medical information about you may be used and disclosed, and how you can access that information.

If you have any questions regarding the HIPAA Privacy Notice, or would like another copy, please contact Human Resources.

COBRA

COBRA continuation coverage is a temporary continuation of coverage under our employee benefit plan. Please contact Human Resources for a copy of the General Notice of COBRA Continuation Rights. This notice explains your rights and obligations to receive COBRA benefits.

We are not always aware when a COBRA event takes place, unless notified by you. The most common examples are divorce, or when a child exceeds the maximum age. When such an event occurs, the Notice of Qualifying Event must be postmarked within 60 days of the qualifying event for the affected person to be eligible for COBRA continuation. If you have questions about COBRA please contact Human Resources.

Important Notice from MainVue Homes, LLC about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with MainVue Homes, LLC and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. MainVue has determined that the prescription drug coverage offered by the MainVue Homes, LLC Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

Plan Participants who also are eligible for Medicare have the following three options concerning prescription drug coverage:

- You may stay in the Plan and not enroll in the Medicare prescription drug coverage at this time. You will be able to enroll in the Medicare prescription drug coverage at a later date without penalty, either (1) during a Medicare prescription drug open enrollment period (October 15–December 7 of each year); or (2) if you lose Plan coverage. This is the best option for most Plan participants who are eligible for Medicare.
- You may stay in the Plan and also enroll in Medicare prescription drug coverage at this time. The Plan will pay prescription drug benefits as the primary payer in most instances. Medicare will pay benefits as a secondary payer,

and thus the value of your Medicare prescription drug coverage will be greatly reduced. Your current coverage under the Plan pays for other health benefits as well as prescription drugs and will not change if you choose to enroll in Medicare prescription drug coverage. However, once you enroll in Medicare, you and MainVue will not be eligible to make any further contributions to your Health Savings Account. And under the Plan coverage, you must meet the high deductible amounts before the Plan will pay for most prescription drugs.

- You may reject all coverage under the Plan and choose coverage under Medicare as your primary and only payer for all medical and prescription drug expenses. If you do so, you will not be able to receive coverage under the Plan, including prescription drug coverage, unless and until you are eligible to reenroll at the next enrollment period for which you are eligible, if any. Your current coverage pays for other types of health expenses, in addition to prescription drugs, and you will not be eligible to receive any of your current health and prescription drug benefits if you reject coverage under the Plan and choose to enroll in Medicare, including a Medicare prescription drug plan, as your primary and only payer.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with MainVue and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information about this Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through MainVue changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2024
Name of Entity/Sender: MainVue Homes, LLC
Contact—Position/Office: Asure Consulting
Address: 405 Colorado Street, Suite 1800
Austin, TX 78701
Phone Number: 888-323-8835

Premium Assistance under Medicaid and the Children’s Health Insurance Program

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 July 31, 2024. 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)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid

<p>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</p>	<p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp 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/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspreassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</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://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: https://www.health.ny.gov/health_care/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: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP

Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html 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 Rlte 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: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhpp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid

<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>
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To see if any other states have added a premium assistance program since July 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

OMB Control Number 1210-0137 (expires 1/31/2026)