



# Employee Benefits Guide 2026

Reston Limousine & Travel Service Inc

Plan Year: 03/01/2026 – 02/28/2027

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## Insurance Provider Contact Information

<i>Carrier</i>	<i>Phone Number</i>	<i>Website</i>
<b>Medical &amp; Prescription Drugs</b>		
Kaiser Permanente	800-777-7902	<a href="http://www.kp.org">www.kp.org</a>
<b>Dental</b>		
Principal	800-247-4695	<a href="http://www.principal.com">www.principal.com</a>
<b>Vision</b>		
Principal	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Paychex Health Advocacy Service</b>		
BalanceCare® by ENI	877-598-8617	<a href="http://www.eniweb.com">www.eniweb.com</a>
<b>Life/Accidental Death &amp; Disability</b>		
Principal	800-245-1522	<a href="http://www.principal.com">www.principal.com</a>
<b>Disability</b>		
Principal	800-245-1522	<a href="http://www.principal.com">www.principal.com</a>
Aflac Benefits, Michael Ohm	703-930-1044	<a href="mailto:Michael_Ohm@us.aflac.com">Michael_Ohm@us.aflac.com</a>

# Welcome to the Reston Limousine & Travel Service health benefits booklet for 2026

Welcome to your benefits program. We value the contributions every employee makes to our company's success and reward your hard work with a broad range of valuable benefits designed with the needs of our diverse population in mind.

This guide summarizes the health and benefits plan options available for 2025 with additional information on plan notices, disclosures, and legal requirements. Please review this information as well as the Summary of Benefits from each of the insurance providers so you can make the most informed decisions for you and your family.

## Open Enrollment

Open Enrollment is scheduled for 02/17/2026 – 02/28/2026. Coverage for the plan year will take effect on 03/01/2026. You will not be able to enroll or change your coverage after this until the next Open Enrollment period or unless you experience a qualifying event.

To be eligible for coverage, employees must be actively employed and work 30 or more hours each week. Eligible dependents are defined as the spouse of the employee or the children of the employee, up to a specific age, as defined by the carrier.

## Newly Hired Employees

If you're a newly hired employee, you'll be eligible to enroll for coverage the first of the month following 60 days from your date of hire. If you do not enroll at the time you are first eligible, you will have to wait until the next open enrollment period.

## Medicare Coverage

If you elect to enroll in an employer-sponsored health plan, please notify us if you or a dependent becomes eligible for Medicare, as we are required to notify your insurer. When you become eligible for Medicare, you are also required to notify Medicare directly that you have group health coverage. **Visit [medicare.gov](https://www.medicare.gov) or call 800-MEDICARE (800-633-4227) for more information.**

## Glossary of Terms

We've sprinkled definitions of commonly used medical and insurance terms through this booklet. **For a list of additional terms, please visit [healthcare.gov/glossary/](https://www.healthcare.gov/glossary/)**

**Note:** This booklet is intended to provide only the highlights of your benefits; see your plan documents for the benefit or contact the benefits department for more details. If any conflict ever arises between this booklet and the plan documents, the terms of the plan documents will govern in all cases. Reston Limousine & Travel Services reserves the right to change, modify, or terminate the plan as set forth in the plan document. This booklet is not a contract for purposes of employment or payment of benefits. To receive benefits, you must be eligible to enroll in the plan and enroll as required by the plan.

# How to Enroll

## Benefits Elections

### Acceptance/Refusal of Coverage form

- All eligible employees must either elect or waive coverage.
- Policy information is required if covered under another plan.
- Dates of birth and social security numbers are required for employee and dependents.
- Indicate plan type and level of coverage.
- Paychex Flex will be used to enroll or waive benefits.

## Changing Your Benefits

- You will not be able to make changes to your plan midyear unless you experience a qualifying life event, which may allow you and your dependents to enroll in health insurance outside of the yearly open enrollment period.
- If you experience a qualifying event, you have 30 days to report that event (preferably online) and make the appropriate changes to your plan. Otherwise, the plans that you enroll in will remain in effect until the next annual enrollment time period.

## Helpful Terms

### Qualifying Event

A change in status or a “qualifying event” is defined as:

- Marriage
- Divorce or legal separation
- Birth or adoption of a child
- A change in your or your spouse’s employment or insurance status
- A dependent ceasing to meet eligibility requirements
- A change in residence that affects coverage

# How to Enroll in Paychex Flex® Benefits



**To enroll in your benefits online, please complete the following steps:**

1. Log in at [paychexflex.com](https://paychexflex.com).
2. Click **Sign-Up** if not yet registered.
3. Click the **Health & Benefits** tile to select your benefits.

# Medical Insurance Plans



## Helpful Terms

### **Copay**

A fixed dollar amount that you may pay for certain covered services. Typically, your copay is due up front at the time of service.

### **Coinsurance**

After you meet your deductible, you may pay coinsurance, which is your share of costs of a covered service.

### **Deductible**

The amount that you must pay each year for certain covered health services before the insurance plan will begin to pay.

### **Out-of-Pocket Maximum**

Includes copays, deductibles, and coinsurance. Once you meet this amount, the plan will pay 100% of covered in-network services the rest of the year.

**Note:** This chart shows only the highlights of your medical plan benefits. Please see the Evidence of Coverage for complete information on the plan benefits, exclusions, and limitations.

# Medical Insurance Comparison

Plan Name	Kaiser HDHP HSA 4500	Kaiser S FLEX H POS	Kaiser HMO 6	Kaiser HDHP HSA 1700
<b>In Network</b>				
Preventive Care	0%	0%	0%	0%
Deductible (Indv/Family)	\$4,500 / \$9,000	\$500 / \$1,000	\$0 / \$0	\$1,700 / \$3,400
Coinsurance	40%	20%	20%	0%
Out-of-Pocket Max (Individual/Family)	\$6,250 / \$12,500	\$3,000 / \$6,000	\$2,250 / \$4,500	\$3,400 / \$6,800
PCP / Specialist	40% after Deductible	\$45 / \$55	\$20 / \$40	100% after Deductible
Urgent Care	40% after Deductible	\$55	\$40	100% after Deductible
Emergency Room Copay	40% after Deductible	\$100	\$100	100% after Deductible
In Patient Hospital	40% after Deductible	20% after Deductible	\$300 per Admission	100% after Deductible
Outpatient Care	40% after Deductible	20% after Deductible	\$100	100% after Deductible
Diagnostic X-Ray Lab	40% after Deductible	\$100 per Test	\$100 per Test	100% after Deductible
Prescription Deductible	Medical Deductible first, then copays	\$150 separate Prescription Deductible applies	\$0	Medical Deductible first, then copays
Prescription Copay	\$25 / \$50 / 50% / 50% up to a \$150 max	\$25 / \$40 / \$55	\$20 / \$35 / \$50	\$25 / \$35 / \$50
<b>Employee Cost Per Pay</b>				
Employee Only	\$64.52	\$425.57	\$351.47	\$207.41
Employee + Spouse	\$316.11	\$1063.51	\$910.12	\$611.93
Employee + Child(ren)	\$229.03	\$830.18	\$706.77	\$466.96
Family	\$412.92	\$1322.75	\$1136.02	\$773.01

**Note:** This chart shows only the highlights of your medical plan benefits. Please see the Evidence of Coverage for complete information on the plan benefits, exclusions, and limitations.

# Dental Insurance Plans



## Helpful Terms

### **Deductible**

The amount that you must pay each year before Basic, Major Services, and Orthodontia (when applicable) are covered in addition to the specified coinsurance.

### **Annual Maximum Benefit**

The total benefit payable per covered person by the plan will not exceed the highest listed maximum amount for either Network or Non-Network services.

# Dental Insurance Comparison

Plan Name	Principal Dental High		Principal Dental Low	
<b>Deductible</b>	<b>Single</b>	<b>Family</b>	<b>Single</b>	<b>Family</b>
<i>In-Network</i>	\$50	\$150	\$50	\$150
<b>Annual Maximum Benefit</b>				
<i>In-Network</i>	\$1,500 per person		\$750 per person	
<b>Diagnostic/Preventive Care</b>	<b>In Network</b>	<b>Out of Network</b>	<b>In Network</b>	<b>Out of Network</b>
Periodic Oral Evaluation	100%	100%	100%	100%
X -Rays				
Dental Prophylaxis (Cleanings)				
Sealants				
Lab & Other Diagnostic Tests				
Space Maintainers				
Fluoride Treatments				
<b>Basic Dental Services</b>				
Endodontics	90%	80%	80%	80%
Restorations (Fillings)			*Only Periodontal maintenance and Fillings covered on the Low Plan	
Periodontal Services				
Extractions				
Oral Surgery				
<b>Major Dental Services</b>				
Crowns	60%	50%	Not Covered	Not Covered
Bridgework				
Dentures				
Core Build-up				

Employee Cost per pay period			
Employee Only		\$25.62	\$13.17
Employee + Spouse		\$49.51	\$26.74
Employee + Child(ren)		\$74.16	\$34.09
Family		\$74.16	\$34.09

# Vision Insurance Plans



## Helpful Terms

### **Allowance**

The amount that your vision carrier will cover for your frames or lens enhancements.

### **What's the difference between elective and necessary contacts?**

**Elective** — When vision can be corrected by glasses, but contacts are worn.

**Necessary** — When vision can't be corrected with glasses due to extreme vision problems.

# Vision Insurance Comparison

Plan Name		Principal Voluntary Vision	
<b>Benefit Frequency</b>			
Comprehensive Exam		12	Months
Eyeglass or Contact Lenses		12	Months
Frames		24	Months
<b>Copays</b>		<b>In Network</b>	<b>Out of Network</b>
Exam(s)		\$10	Up to \$45
Materials		\$10	from \$30 - \$100 based on lens type
<b>Frame Benefit (allowance)</b>		<b>In Network</b>	<b>Out of Network</b>
Private Practice Provider		Up to \$250	Up to \$70
<i>*Additional discount exceeding allowance</i>		20%	N/A
<b>EyeGlass Lenses</b>		<b>In Network</b>	<b>Out of Network</b>
Single Vision		100%	Up to \$30
Bifocal		100%	Up to \$50
Trifocal		100%	Up to \$60
Lenticular		100%	Up to \$100
<b>Contact Lenses (allowance)</b>		<b>In Network</b>	<b>Out of Network</b>
Fit & Follow Up Exams		\$60	Up to \$105
Contacts - Conventional/Disposable		\$250	Up to \$105
<b>Medically Necessary</b>			
EyeGlasses or Contacts		10%	Up to \$xx
<b>Eyeglass Lens Options for In Network only</b>			
Options Available for additional Fee <i>See Plan Summary for all available options</i>		UV Coating / Tint / Scratch Resistance	
<b>Employee Cost Per Pay Period</b>			
Employee Only		\$3.83	
Employee + Spouse		\$6.32	
Employee + Child(ren)		\$6.32	
Family		\$8.43	

# Disability Insurance — Overview



## Helpful Terms

### Pre-existing Condition

A condition you've been diagnosed with or have encountered symptoms of prior to applying for coverage. In some policies, this condition won't be covered or there will be a timeframe that you must be insured before it's covered.

### Elimination Period

The length of time between the beginning of an injury or illness and receiving benefit payments from an insurer.

## Principal Short-term and Long-term Disability for Staff and Employees

### Short-term Disability (STD)

A type of insurance benefit that can replace up to a specified percentage of an eligible employee's income when the employee is disabled and unable to work due to illness or an accident.

This benefit is available for all Full-time employees working at least 30 hours or more each week. The benefit is 60% of your weekly earnings up to a maximum of \$1,000 per week. Benefits for an approved claim will begin on the 8<sup>th</sup> day of an illness or an accident. Benefits would be available for up to 12 weeks.

There is a pre-existing clause that excludes anything you were diagnosed, treated or taking medication for within the 12 months prior to coverage becoming effective and would last for the first 12 months of coverage. After 12 months of being covered by the plan, those conditions would then be covered.

### Long-term Disability (LTD)

A type of insurance benefit that can replace up to a specified percentage of an eligible employee's income when the employee is disabled and unable to work due to illness or an accident, after STD has been exhausted. This benefit covers 60% of your monthly salary up to a maximum of \$5,000 per month. Benefits would begin after 90 days and the coverage period is up to two years.

**[FOR DRIVER'S DISABILITY COVERAGE, PLEASE SEE AFLAC BENEFIT PAGE.](#)**

# Life and Accidental Death and Dismemberment (AD&D) Insurance



## Group Term Life Insurance and Accidental Death and Dismemberment (AD&D)

Reston Limousine & Travel Service provides Group Term Life Insurance to all employees working 20 or more hours per week. Employees are eligible for \$15,000 in benefits, which reduces by 35% at age 65 and an additional 15% reduction at age 70.

The Accidental Death and Dismemberment benefit will provide an additional benefit equal to the Life benefit in the event the employee loses their life as the result of an accident, has a loss of both hands or feet, or the loss of sight in both eyes.

### Helpful Terms

#### **Guaranteed Issue**

A requirement that health plans must permit you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. Except in some states, guaranteed issue doesn't limit how much you can be charged if you enroll.

#### **Evidence of Insurability**

Proof of good health required to be submitted to the insurer and approved by the insurer to receive a higher Life/AD&D amount up to the specified maximum offered.

# Voluntary Life Insurance

Voluntary Life Insurance				
	Benefit Amounts	Guaranteed Issue	Maximum	Age Reduction
Employee	\$10,000 Increments	Up to \$150,000 if you are under age 70, without medical questions Up to \$10,000 if you are age 70 or older	\$500,000	35% reduction at age 65, with an additional 15% reduction at age 70
Spouse	\$10,000 Increments	Up to \$30,000 if your spouse is under age 70 without medical questions. Up to \$10,000 if your spouse is age 70 or older.	Spouse coverage may not exceed the employee's benefit with a maximum up to \$100,000	35% reduction at age 65, with an additional 15% reduction at age 70
Child(ren)	\$10,000 or \$20,000			

Please see rate grid for your per pay cost. In the event you elect more than the guaranteed issue amount listed, you will be required to complete an Evidence of Insurability form and answer medical questions.

# BalanceCare® Health Advocacy Services



BalanceCare can assist with services such as:

- Claims assistance
- Benefit coverage verification
- ID cards
- Prescription drug coverage questions
- Appeals
- HSA questions
- Health benefit education
- Provider research

BalanceCare is a complimentary, comprehensive, time-saving resource that will help you better understand and maximize your healthcare benefits. Our wide-ranging health advocacy services help manage and resolve benefit plan questions for you and your family at no cost to you.

## Services

Our licensed Care Guides are available to provide benefit information and assistance navigating your health plan. Care Guides provide healthcare claims and appeals management, healthcare billing assistance, prescription information and costs, as well as provider research.

**Contact BalanceCare at 877-598-8617**

# Additional Information: Plan Notices, Disclosures, and Legal Documents





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

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

## PART A: General Information

To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January 1.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about the coverage offered by your employer, please check your summary plan description or contact

Maribeth Corduck, Human Resource Manager at 703-478-0500 or [mcorduck@restonlimo.com](mailto:mcorduck@restonlimo.com).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Reston Limousine & Travel Service Inc	4. Employer Identification Number (EIN) 54-1565316	
5. Employer address 45685 Elmwood Court	6. Employer phone number 703-478-0500	
7. City Sterling	8. State VA	9. ZIP code 20166
10. Who can we contact about employee health coverage at this job? Human Resources		
11. Phone number (if different from above)	12. Email address HR@restonlimo.com	

**Here is some basic information about health coverage offered by this employer:**

**As your employer, we offer a health plan to:**

All full-time eligible employees working 30 hours or more per week.

Some employees. Eligible employees are:

**With respect to dependents:**

We do offer spouse and dependent coverage.

We do not offer coverage for dependents.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

<sup>1</sup> Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed midyear, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Source: <https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/model-notice-for-employers-who-offer-a-health-plan-to-some-or-all-employees.pdf>

## Notice Regarding Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Maribeth Corduck, Human Resource Manager at 703-478-0500 or [mcorduck@restonlimo.com](mailto:mcorduck@restonlimo.com).

Source: <https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf>

## Notice Regarding Women's Health and Cancer Rights Act (Janet's Law)

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator, Kaiser Permanente, at 800-777-7902 for more information.

Source: <https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide-appendix-c.pdf>

## Notice Regarding Michelle's Law:

Under the [Affordable Care Act](#), group health plans and issuers are generally required to provide dependent coverage to age 26 regardless of student status of the dependent. Nonetheless, under some circumstances, such as a plan that provides dependent coverage beyond age 26, Michelle's Law provisions may apply.

Medically necessary leave of absence means with respect to a dependent child in connection with a group health plan or health insurance coverage offered in connection with a group health plan, a leave of absence from or other change in enrollment status in a postsecondary educational institution that begins while the child is suffering from a serious illness or injury; is medically necessary; and causes the child to lose student status for purposes of coverage under the terms of the plan or coverage.

A dependent child is a [beneficiary](#) who is a dependent child under the terms of the plan or coverage, of a participant or beneficiary under the plan or coverage and who was enrolled in the plan or coverage on the basis of being a student at a postsecondary educational institution immediately before the first day of the medically necessary leave of absence involved.

A group health plan or issuer shall not terminate coverage of a dependent child due to a medically necessary leave of absence that causes the child to lose student status before the date that is the earlier of:

- the date that is one year after the first day of the medically necessary leave of absence; or
- the date on which such coverage would otherwise terminate under the terms of the plan or health insurance coverage. See *ERISA section 714(b)*.

**Tip:** The group health plan or issuer can require receipt of written certification by a treating physician of the dependent child which states that the dependent child is suffering from a serious illness or injury and that the leave of absence (or other change of enrollment) is medically necessary.

Source: <https://webapps.dol.gov/elaws/ebsa/health/employer/657.asp>

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your state for more information on eligibility.

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: <a href="https://www.myalhipp.com/">https://www.myalhipp.com/</a> Phone: 855-692-5447	Website: <a href="https://medicaid.georgia.gov/third-party-liability/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/third-party-liability/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
ALASKA – Medicaid	INDIANA – Medicaid
The AK Health Insurance Premium Payment Program: Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>  Medicaid Eligibility Website: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Healthy Indiana Plan for low-income adults 19–64: Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 877-438-4479  All other Medicaid: Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 800-457-4584
ARKANSAS – Medicaid	IOWA – Medicaid and CHIP (Hawki)
Website: <a href="https://www.myarhipp.com/">https://www.myarhipp.com/</a> Phone: 855-MyARHIPP (855-692-7447)	Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 800-338-8366  Hawki Website: <a href="https://dhs.iowa.gov/Hawki">https://dhs.iowa.gov/Hawki</a> Hawki Phone: 800-257-8563  HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 888-346-9562
CALIFORNIA – Medicaid	KANSAS – Medicaid
Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 800-792-4884
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	KENTUCKY – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Member Contact Center: 800-221-3943/State Relay 711  CHP+ Website: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 800-359-1991/State Relay 711  Health Insurance Buy-In Program (HIBI) Website: <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 855-692-6442	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> KI-HIPP Phone: 855-459-6328 KI-HIPP Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> KCHIP Phone: 877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>
FLORIDA – Medicaid	LOUISIANA – Medicaid
Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 877-357-3268	Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Medicaid Hotline Phone: 888-342-6207 LaHIPP Phone: 855-618-5488

MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 800-442-6003  TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 800-977-6740  TTY: Maine relay 711</p>	<p>Medicaid Website:  <a href="https://www.state.nj.us/humanservices/dmahs/clients/medicaid/">https://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392</p> <p>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 800-701-0710</p>
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
<p>Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a>  Phone: 800-862-4840</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 800-541-2831</p>
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
<p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 800-657-3739</p>	<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid and CHIP
<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>	<p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 844-854-4825</p>
MONTANA – Medicaid	OKLAHOMA – Medicaid
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 800-694-3084</p>	<p>Website: <a href="http://www.insureoklahoma.org/">http://www.insureoklahoma.org/</a>  Phone: 888-365-3742</p>
NEBRASKA – Medicaid	OREGON – Medicaid
<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  Phone: 800-699-9075</p>
NEVADA – Medicaid	PENNSYLVANIA – Medicaid
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 800-992-0900</p>	<p>Website:  <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a>  Phone: 800-692-7462</p>
NEW HAMPSHIRE – Medicaid	RHODE ISLAND – Medicaid and CHIP
<p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>  Phone: 603-271-5218  Toll-free number for the HIPP program: 800-852-3345, ext 5218</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>

<b>SOUTH CAROLINA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 888-549-0820	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 800-432-5924 CHIP Phone: 855-242-8282
<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="https://dss.sd.gov/">https://dss.sd.gov/</a> Phone: 888-828-0059	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 800-562-3022
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 800-440-0493	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 855-MyWVHIPP (855-699-8447)
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 800-362-3002
<b>VERMONT – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 800-250-8427	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 800-251-1269

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

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

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

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

## Newborns' Act Disclosure

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Source: <https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide-appendix-c.pdf>

## HIPAA Privacy

The «HIPPA\_Privacy\_\_Plan» outlined in this booklet «HIPPA\_Privacy\_\_Compliance» with the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). These requirements are described in a Notice of Privacy Practices available upon request.