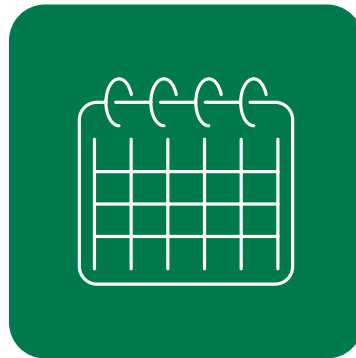


Aon Active Health Exchange™

A Guide to Your 2023 Union Benefits

Enroll through Your Benefits Resources



January 1 – December 31, 2023



standard
logistics

AON

Union employees

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Colleagues,

We are pleased to share this overview of our 2023 benefits program. Whether you're a new hire or an active employee, we have plenty of options to meet your needs.

In 2023, we will continue to offer your medical, dental, vision and voluntary benefits through the Aon Active Health Exchange. It's a private, large-employer, multi-insurance carrier exchange program through which you are empowered to make healthcare decisions that work for you.

As you consider the benefits coverage you and your eligible family members will need in 2023, we encourage you to use the tools and resources available to you, such as this guide, the [Your Benefits Resources](#) website and our benefits microsite, [Make It Yours](#). You'll learn more about the many available resources throughout this guide.

As you prepare to enroll, you should ask yourself some questions, like:

- Are you comfortable paying less out of your pocket per paycheck but more when you utilize healthcare cost-sharing to meet a deductible? Or, would you rather pay more from your paycheck if it means you pay less for healthcare cost-sharing?
- Does your doctor, dentist and/or optometrist/ophthalmologist belong to the networks so you can pay the lowest costs?
- Who do you want to cover and for which plans?
- Are you expecting any elective surgeries or planning to have a baby in 2023?
- Will you set aside money in the available savings/spending accounts so you can pay healthcare and dependent care expenses tax-free?

The answers to these questions and others may help you prepare to make the best decisions for you and your family when it comes to healthcare costs, coverage, and carriers. When electing a medical plan, you'll choose your plan, medical carrier and coverage enrollment tier. All of our medical plans cover preventive care at 100%; plus, you have the ability to save on expenses like deductibles, coinsurance and copays when you use in-network providers.

Take the time to think about your options carefully. Then, enroll yourself and your eligible family members for the coverage you want by visiting [Your Benefits Resources](#). If you have questions about your benefit options or need help enrolling, Alight representatives are available by calling 855-564-6155, from 8:00 a.m. to 8:00 p.m., Monday through Friday.

Visit [Your Benefits Resources](#) at <https://myhranywhere.com/benefits>.

Introduction

Eligibility

Be sure to review the information below **before** you enroll in coverage. You are eligible to participate in your Company's Benefits Program if you are a **full-time U.S. based union employee of GAF or SGI**. Coverage is effective on your date of hire, but please keep in mind that time is needed for administrative processing. Once you are able to register on the benefits website ([Your Benefits Resources](#)), the carrier(s) will update eligibility and your coverage retroactively to your effective date.

Your **eligible dependents** include:

- Your legally married spouse (see working spouse/domestic partner information on this page);
- Your or your spouse's child or children who are under age 26, including natural children, stepchildren, legally adopted children, children placed for adoption or children for whom you or your spouse are the legal guardian; keep in mind, dependent children can be covered up to the end of the month of their 26th birthday;
- Unmarried children age 26 or over who are or become disabled and dependent on you; or
- A domestic partner (same or opposite gender) (see below for eligibility criteria and tax implications).

Domestic Partner Eligibility and Imputed Income

The domestic partner benefit is federally taxable because the federal tax code does not recognize a domestic partner in the same manner as a spouse. Because domestic partnerships are not recognized by the IRS and health coverage is paid for on a pre-tax basis, the IRS requires that the value of health coverage extended to a domestic partner be treated as imputed income and included in the employee's gross income. Imputed income is the fair market value of the additional benefit coverage for domestic partners and, under IRS regulations, is generally treated as taxable income to the employee. Imputed income is separate from, and in addition to, your weekly or semi-monthly plan cost and is subject to both federal and FICA taxes.

- To qualify as an eligible domestic partner (same or opposite gender), your partner must satisfy the following criteria:
 - Must not be currently married to, or a domestic partner of, another person under either statutory or common law;

- Must not be related by blood or a degree of closeness that would prohibit marriage in the law of the state in which they reside;
- Must share joint responsibilities for common welfare and financial obligations;
- Must be at least 18 years old;
- Must share your same permanent residence for a period of 12 months prior to enrolling in coverage;
- Must be mentally competent to enter into a contract; and
- Must be financially interdependent.

If you cover your domestic partner and his or her children, the IRS considers both your contribution and the Company's contribution towards the cost of this coverage as taxable to you. If you are considering adding domestic partner benefits, it is recommended you consult your tax advisor to understand the tax implications. You may also contact Ayco for personalized financial guidance at no cost to you. Call 800-235-3427 or visit www.ayco.com/login/gaf.

Working Spouse/Domestic Partner Surcharge

All employees can select healthcare coverage for a spouse/domestic partner who has access to group medical coverage with his or her employer. But if you do, you will pay a spousal surcharge of \$100 per month as part of your medical contributions. The spousal surcharge does not apply if both you and your spouse/domestic partner work at your Company. If a spouse/domestic partner does not have access to group medical coverage, there is no associated fee. The spousal surcharge does not apply to dental or vision coverage.



Dependent Verification

To manage healthcare costs for you and your family, your Company audits the eligibility of dependents added to the medical/prescription, dental, vision, and life insurance plans to ensure benefit plans only cover **eligible** dependents.

If you add a dependent to your coverage, you will need to submit documentation confirming the eligibility of the dependents you cover in your Company's medical/prescription, dental, vision and life insurance plans. Sending documentation is mandatory. If you do not respond by the deadline, your dependent(s) will be removed from coverage and will not be eligible for COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) coverage. Individuals found to be ineligible for coverage under the Company's plans will be dropped from coverage.

The dependent verification process is managed by a third party, Alight Solutions. If you add dependents to your Company's plans stated above, you will receive a letter in the mail from the Alight Solutions Dependent Verification Center asking you to prove that your dependents meet the eligibility criteria. The letter will include a list of acceptable documents, the submission instructions and the submission deadline.

Tip: You will be able to submit documents to the Dependent Verification Center through online upload, fax or USPS mail. For fastest results, upload your documents to the [Your Benefits Resources](#) website. **If you plan to submit documents through the mail, be sure to only send copies — never provide original documents.** All paper documents submitted will be destroyed once the dependent verification process is complete.



Ready to get started?

Your Company offers a comprehensive benefits package that promotes good health and total wellbeing. Each of the programs highlighted in this guide is designed to help you live your best life! Carefully review your options and take action before your enrollment period ends so you don't miss out.



Start with the Make It Yours website

Your Company's benefits microsite — Make It Yours — can help you choose your benefits with confidence. Before you enroll, visit [Make It Yours](#) to review coverage comparison charts, browse Frequently Asked Questions and get to know the national and regional carriers for your Company's benefit plans. You can also watch quick videos with practical tips to get the most from your benefits. Since no login is required, you and your family members can visit the [Make It Yours](#) microsite.

Enrolling in Your Health and Welfare Benefits



New Hires

You have 30 days from your hire date to enroll in benefits for the rest of the calendar year. The only time you can make changes after your first 30 days is during Annual Enrollment (for coverage effective January 1 of next year) or when you experience a qualifying life event (birth, adoption, marriage, loss of other coverage, etc.).

Annual Enrollment

Annual Enrollment typically takes place in November. The choices you make during Annual Enrollment are effective January 1 through December 31 of each plan year. Any benefits changes that you make in November 2022 will be effective January 1, 2023. You cannot add or drop coverage until the next Annual Enrollment unless you experience a qualifying life event.

You must enroll through [Your Benefits Resources](#) or you will not have medical, dental or vision coverage in 2023. Keep in mind, if you don't select medical coverage, you won't have prescription drug coverage either. And, to contribute to a Flexible Spending Account (FSA) or Health Savings Account (HSA), if eligible, you must actively elect to do so.

Qualifying Life Events — Mid-Year Changes

You must make changes to your coverage within 31 days of a qualifying life event. To update your coverage, visit the [Your Benefits Resources](#) website. The following events allow you to make changes to your current benefits during the plan year:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage

Visit [Your Benefits Resources](#) or call 855-564-6155



Access your benefits on the go

Enroll from anywhere and get connected with your benefits anytime, anywhere with the Alight Mobile app. You'll be able to enroll in benefits, check your current coverage, and much more.



Connect with Your Benefits Resources

You can access [Your Benefits Resources](#) directly from any computer or mobile device or call Your Benefits Resources at 855-564-6155, Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET.

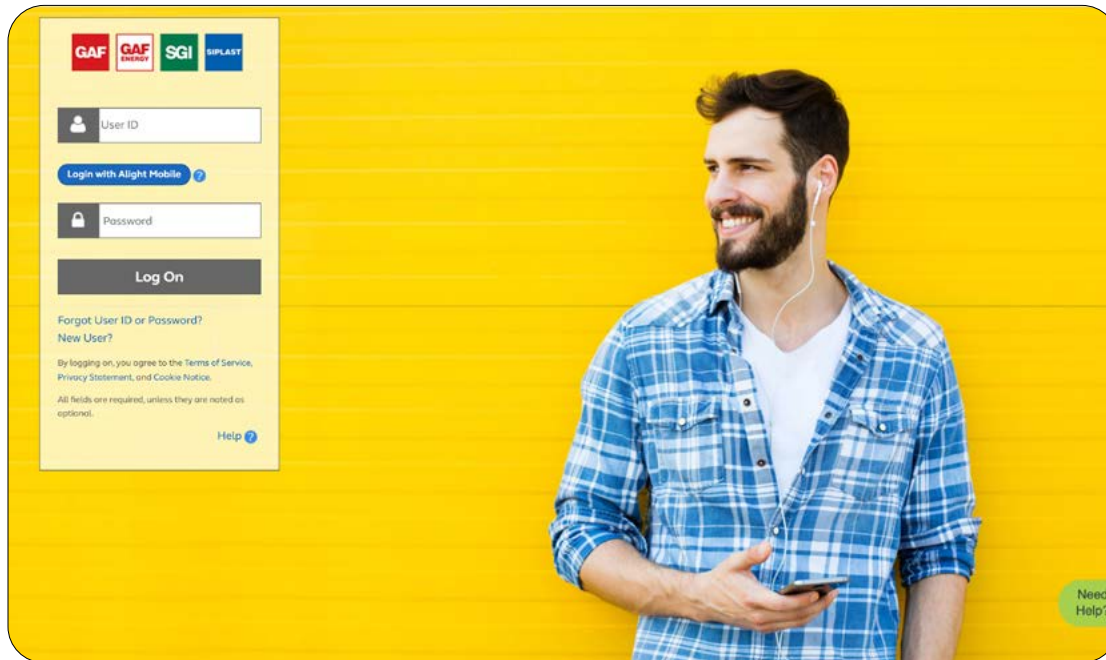
Through [Your Benefits Resources](#) you can:

- Use the **Help Me Choose** tool to get a personalized plan score to identify which option best fits your needs.
- Enroll in coverage as a new hire or during Annual Enrollment.
- See how others have evaluated your healthcare carriers by looking at carrier ratings.
- Review current coverage.
- Make changes due to a qualifying life event (e.g., marriage, divorce, birth of a child).
- Find a doctor, hospital or other healthcare provider in the plan's network.
- Use the secure mailbox to get answers to questions.
- Connect with a Your Benefits Resources representative through web chat or schedule an appointment.

Benefits Enrollment Confirmation Statement

After you successfully enroll in coverage, you must review your confirmation statement carefully to ensure accuracy.

When you enroll in coverage through [Your Benefits Resources](#), you can print your confirmation of enrollment after you have completed the enrollment process. You will also receive a confirmation statement mailed to your home upon the close of the enrollment period. You should check this against the printed confirmation. Any error, question or concern regarding your confirmation statement can be directed to Your Benefits Resources and must be communicated by December 31.



Visit [Your Benefits Resources](#) at <https://www.myhranywhere.com/benefits>.

Medical Plan Options

You can choose from four medical coverage plan designs (Bronze, Bronze Plus, Silver or Gold), offered by national (Aetna, Cigna, Empire Blue Cross Blue Shield and UnitedHealthcare) and regional (Health Net, Dean/Prevea360, Kaiser Permanente, Geisinger Health Plan, UPMC, Medical Mutual and Priority Health) insurance carriers (applicable to you). The carriers available to you are based on the region in which you live. Learn about each of the carriers on the [Make It Yours](#) website.

Each plan design features different coverage levels, so you can choose the option that best suits your needs. The main difference between each coverage level (Bronze, Bronze Plus, Silver or Gold) is the amount you will pay in premiums and for services. The plan design for these coverage levels does not differ across carriers. For example, a Bronze plan with Aetna is the same as a Bronze plan with Cigna. When you enroll, you'll find plenty of tools and resources to help you choose a coverage level.

Medical Benefits Comparison

	BRONZE	BRONZE PLUS	SILVER	GOLD
Option type	High-deductible option with HSA	PPO	High-deductible option with HSA	PPO
Paycheck contributions	\$	\$\$	\$\$	\$\$\$
Annual Deductible – You Pay				
In-network (individual / family)	\$3,300 / \$6,600	\$2,300 / \$4,600	\$1,500 / \$3,000	\$800 / \$1,600
Out-of-network (individual / family)	\$3,300 / \$6,600	\$4,600 / \$9,200	\$1,500 / \$3,000	\$1,600 / \$3,200
Traditional or true family?	Traditional	Traditional	True family	Traditional
Annual Out-of-Pocket Maximum – You Pay				
In-network (individual / family)	\$6,400 / \$12,800	\$6,700 / \$13,400	\$3,800 / \$7,600	\$3,600 / \$7,200
Out-of-network (individual / family)	\$12,800 / \$25,600	\$13,400 / \$26,800	\$8,000 / \$16,000	\$7,200 / \$14,400
Traditional or true family?	Traditional	Traditional	True family	Traditional
In-Network Benefits – You Pay				
Preventive care	\$0 Covered 100%, no deductible	\$0 Covered 100%, no deductible	\$0 Covered 100%, no deductible	\$0 Covered 100%, no deductible
Doctor's office visit	25% after deductible	\$30 for PCP visit and \$50 for specialist visit, no deductible	25% after deductible	\$25 for PCP visit and \$40 for specialist visit, no deductible
Emergency room	25% after deductible	\$150, then 30% after deductible	25% after deductible	25% after deductible
Urgent care	25% after deductible	30% after deductible	25% after deductible	25% after deductible
Inpatient care	25% after deductible	30% after deductible	25% after deductible	25% after deductible
Outpatient care	25% after deductible	30% after deductible, if not an office visit	25% after deductible	25% after deductible, if not an office visit

For a more detailed look at these plans and additional coverages, visit [Your Benefits Resources](#).

Kindbody Family-Building Benefits

There is no one way to define a family — families and household arrangements are diverse. To recognize and support the many paths to grow your family, your company proudly offers best-in-class fertility services through Kindbody, a leader in the family-planning industry.

Fertility Path KindCycles

Kindbody's fertility and family planning services are available to you and your spouse or domestic partner enrolled in the company's medical plan.¹ The comprehensive suite of available services includes a lifetime limit of up to two KindCycles. A KindCycle is how Kindbody defines different service packages allotted within your coverage amount. Services that apply to the KindCycle include:

- In vitro fertilization (IVF) fresh — 1 full KindCycle
- IVF frozen — 1 full KindCycle
- Frozen embryo transfer (FET) — ¼ KindCycle
- Egg thaw, fertilization and transfer — ½ KindCycle
- Egg freezing — ½ KindCycle
- Sperm freezing — ¼ KindCycle
- Intrauterine insemination (IUI) — ¼ KindCycle
- Embryo freezing — ¾ KindCycle
- Egg thaw, fertilization and refreeze — ¼ KindCycle
- Fertility medications through Express Scripts (if you are enrolled under Aetna, Empire Blue Cross Blue Shield, Cigna or UnitedHealthcare). If you are enrolled under any other carrier, your fertility medications will be managed by that carrier.
- Preimplantation genetic testing (PGT) included as part of any applicable cycle

The applicable deductible, coinsurance and/or copayment are based on the company's medical plan you elect. If you are covered under a high-deductible health plan (HDHP), you must satisfy a \$1,500 deductible, separate from that of your medical plan deductible, as mandated by the IRS.

Fertility services are covered in-network only at Kindbody Signature Clinics or Kindbody's Centers of Excellence network of partner clinics.

Regardless of which path you choose, Kindbody is ready to support you through your family-building journey. You will have access to a dedicated Care Navigation Team to guide you. Your Care Navigation Team will coordinate the full spectrum of benefits available to you and your covered spouse/domestic partner to give you peace of mind, every step of the way.

Getting Started with Kindbody

Step 1: Call 855-747-1630 or visit

kindbody.com/activate-kindbody-benefit.

Step 2: Enter your access code **KINDFAMILY** and your Unique ID (this is your employee ID; for your spouse/domestic partner, the Unique ID is your employee ID + an "S" at the end).

Step 3: Create your Kindbody account and enjoy the benefits of the patient portal, which is full of fertility resources, and 24/7 access to results, messaging and additional features.



Need more help?

For questions related to your benefit, contact Kindbody at employeebenefits@kindbody.com or 855-747-1630. Patient Care Navigators are available to explain the details of coverage, assist with finding a provider and guide you through the process.

¹An infertility diagnosis is not required.

Prescription Benefits Comparison

When you enroll in medical coverage, you automatically have prescription drug coverage. Your prescription drug coverage depends on the medical coverage level you choose **and** your medical insurance carrier. Each pharmacy benefits manager has its own rules about how prescription drugs are covered. That's why you should do your homework to find out how your medications will be covered — **before** choosing an insurance carrier.

- If you enroll under Aetna, Empire Blue Cross Blue Shield, Cigna or UnitedHealthcare, your pharmacy benefits will be managed by Express Scripts. Make sure you register on the Express Scripts website at www.express-scripts.com to price medications, manage your mail-order prescriptions, compare medications and more.
- If you enroll in a plan managed by another carrier, your pharmacy benefits will be managed by that carrier.

	BRONZE	BRONZE PLUS	SILVER	GOLD
Preventive drugs	\$0*	\$0*	\$0*	\$0*
30-Day Retail Supply – You Pay				
Tier 1 (generally lowest cost options)	100% until you've met the deductible, then you pay 25%	\$12	100% until you've met the deductible, then you pay 25%	\$10
Tier 2 (generally medium cost options)	100% until you've met the deductible, then you pay 25%	\$60	100% until you've met the deductible, then you pay 25%	\$40
Tier 3 (generally highest cost options)	100% until you've met the deductible, then you pay 25%	\$80	100% until you've met the deductible, then you pay 25%	\$60
90-Day Mail-Order Supply – You Pay				
Tier 1 (generally lowest cost options)	100% until you've met the deductible, then you pay 25%	\$30	100% until you've met the deductible, then you pay 25%	\$25
Tier 2 (generally medium cost options)	100% until you've met the deductible, then you pay 25%	\$150	100% until you've met the deductible, then you pay 25%	\$100
Tier 3 (generally highest cost options)	100% until you've met the deductible, then you pay 25%	\$200	100% until you've met the deductible, then you pay 25%	\$150

* Preventive drugs are determined by Express Scripts or the regional insurance carrier. You must have a doctor's prescription for the medication — even for products sold over the counter (OTC) — and you must use an in-network retail pharmacy or mail-order service.

For a more detailed look at these plans and additional coverages, visit [Your Benefits Resources](#).



Don't assume that your generic or brand-name medication will be covered the same way by each carrier. Visit [Make It Yours](#) for a [list of questions](#) to ask Express Scripts (if you're considering coverage under Aetna, Empire Blue Cross Blue Shield, Cigna or UnitedHealthcare) or the medical insurance carrier (if you're considering other coverage).

If you are currently in treatment for a specific condition, you may want to consider remaining with your current carrier, if available, to avoid disruption. If you decide to change carriers, it is recommended that you contact your new carrier and provider to address your transition of care.



Express Scripts Smart90 Program

For employees who enroll under Aetna, Empire Blue Cross Blue Shield, Cigna or UnitedHealthcare only

Your Company and Express Scripts are helping you and your covered dependents avoid paying higher costs for daily medication by switching from a 30-day supply to a 90-day supply. You and your covered dependents will receive 30-day supply courtesy fills twice at ANY retail pharmacy. Thereafter — for maintenance medications only — you or your covered dependent must fill a 90-day supply at CVS, Walgreens or through Express Scripts home delivery. If CVS or Walgreens accepts coupons and copay assistance, they can be used with the Smart90 program.

The Smart90 program allows you to make fewer trips to the pharmacy, make fewer payments and makes it less likely that you miss a dose, since you won't be refilling as often with a 90-day supply. To take advantage of Smart90, review your options by visiting www.express-scripts.com or calling 800-711-0917.



Visit www.express-scripts.com or call 800-711-0917.

Pre-Tax Savings/Spending Accounts

Life is filled with unexpected expenses. To help make your health, childcare and commuting expenses more affordable, your Company offers a variety of tax savings and reimbursement accounts, administered by WEX. If you elect to participate in one or more of these programs, you'll be able to take your benefits on the go with the Benefits by WEX mobile app. Download the Benefits by WEX app to your smartphone or tablet to view your statements, receive notifications, upload documentation and verify eligible program expenses.

Health Savings Account (HSA)

A Health Savings Account is a smart way to save for the future. Just set aside a few dollars from each paycheck now, and then you'll have funds to help cover qualified healthcare expenses that come up. Plus, it's tax-free, so you're getting a great deal!

If you enroll in a Bronze or Silver coverage level, you'll be eligible to enroll in the HSA to set aside tax-free money to pay for expenses like medical, dental and vision copays, deductibles and insurance. To be eligible, you cannot be covered by any non-high-deductible medical plan or enrolled in Medicare.

2023 HSA Contribution Limits

Coverage Tier	2023 IRS Limit
Employee Only	\$3,850
Employee + Child	\$7,750
Employee + Spouse/ Domestic Partner	\$7,750
Employee + Family	\$7,750
Catch-Up Contributions (55 or older)	\$1,000



Your employee contribution is funded every pay period. If you're age 55 or older, you can contribute catch-up contributions up to \$1,000 each plan year. Additional benefits of the HSA:

- **It's tax-free when it goes in.** You put money into your HSA on a before-tax basis through convenient paycheck contributions. You save money to spend on qualified healthcare expenses and your taxable income is lowered.
- **It's tax-free as it grows.** You earn tax-free interest on your money.
- **It's tax-free when you spend it.** When you spend your HSA on qualified healthcare expenses, you don't pay any taxes. That means you're saving money on things like your medical, dental and vision copays, coinsurance and deductibles.
- **It's always your money.** You can carry over your unused funds from year to year. Just like a bank account, you own your HSA, so it's yours to keep and use even if you change medical options, leave the Company or retire.

[Click here](#) to learn more about the benefits of contributing to an HSA. The Make It Yours website features an HSA User's Guide, which includes details about how to grow your HSA, pay with an HSA, access your funds online and more. Access it by visiting the [Make It Yours](#) website.



Need to submit a claim?

The deadline to submit claims for eligible HSA expenses incurred in 2022 is December 31, 2022. For 2023 expenses, submit your claims for reimbursement by December 31, 2023.

Flexible Spending Accounts (FSAs)

Your Company offers two tax-advantaged FSAs: Health Care FSA and Dependent Care FSA. Both are administered by WEX.

Health Care FSA

The Health Care FSA allows you to set aside dollars from your paycheck on a pre-tax basis to reimburse yourself for qualified medical, dental and vision expenses. When you participate in an FSA, you contribute part of your pay, through the convenience of payroll deductions. These contributions are before federal and Social Security taxes are deducted, so you pay less in taxes.

If you enroll in the Bronze Plus or Gold coverage level, you can contribute to a Health Care FSA to pay for qualified healthcare expenses. The maximum amount you can contribute for 2023 is \$3,050.

Dependent Care FSA

The Dependent Care FSA may be used to reimburse yourself for qualified child and dependent care expenses. You may use this account without being enrolled in medical coverage. The maximum annual amount you can contribute is \$5,000.

Plan carefully! Unlike an HSA, money left in an FSA at the end of the year is not returned to you, so it's important that you carefully estimate your anticipated eligible expenses for the coming year. [Click here](#) for an overview of the FSA plans.



Need to submit a claim?

FSA claims for expenses incurred in 2022 must be submitted by March 31, 2023.

Commuter Benefits

The Commuter Benefits program allows you to set aside pre-tax and post-tax dollars in a savings account to pay for expenses related to commuting to and from work for mass transit, vanpooling and work-related parking costs.

When you enroll in the Commuter Benefits program, you pay for your commuting costs with pre-tax money, up to the 2023 IRS tax limit of \$300 per month. Here is how Commuter Benefits is funded:

- **You make an election** for the upcoming month. Elections received by the 15th calendar day of the month go into effect the following month (e.g., elections made by December 15, 2022 take effect January 2023).
- **Deductions** are withheld from your paycheck and deposited into your Commuter Benefits Account at WEX every pay period until your full monthly benefits election amount has been deducted and deposited.

Unless you subsequently make a change by the 15th calendar day of the month, your monthly elections and corresponding paycheck deductions will continue to be withheld from your pay and deposited into your Commuter Benefits Account.

Commuter Benefits elections can be made or modified at any time throughout the year. Make your elections through Workday, rather than Your Benefits Resources. Refer to the next page for the steps to make Commuter Benefits elections through Workday.



Keep in mind that you **cannot** contribute to an HSA **and** a Health Care FSA at the same time. If you enroll in the Bronze or Silver coverage level, you can contribute to an HSA. If you enroll in the Bronze Plus or Gold coverage level, you can contribute to the Health Care FSA.

Commuter Benefits Election Process

Follow these steps to elect Commuter Benefits:

- **Step 1:** Log on to Workday.
- **Step 2:** Click on your profile picture in the upper right corner of the landing page.
- **Step 3:** Click “View Profile” directly under your name.
- **Step 4:** Click “Actions” under your “Name and Title” on the left side of the page.
- **Step 5:** Scroll down to the bottom of the drop-down menu and select “Additional Data.”
- **Step 6:** Select “Edit” to open the Commuter Benefits Election screen, next select “All” from the “Custom Object” drop-down menu and then select “Commuter Benefits Election” from the drop-down menu and click “OK.”
- **Step 7:** Enter the monthly transit and/or parking dollar amount where specified. Read the Participant Authorization and select “OK” to submit your monthly election(s).



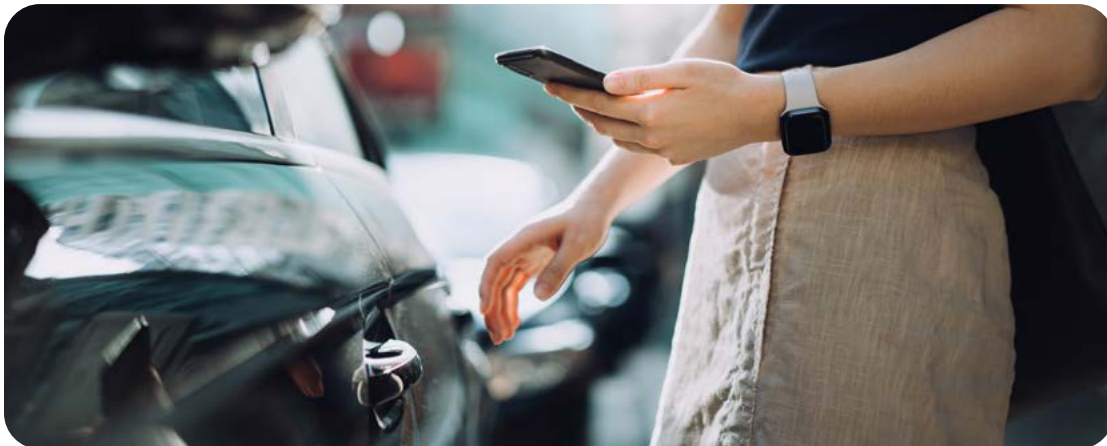
Visit the [WEX website](#)
or call 866-451-3399



Use your debit card from WEX for your HSA, FSA or Commuter Benefits!

WEX makes it easy to access your HSA, FSA or commuter funds with:

- The WEX debit card, which can be used to pay for eligible expenses, so you'll reduce your out-of-pocket costs.
- The Benefits by WEX mobile app, which provides a fast and secure way to check your balance, track expenses and move funds between your HSA and your bank account.
- For FSA plan participants, the total amount (for healthcare spending only) of your annual contribution is available immediately. Please note, you may be required to provide proof of an expense and supporting documentation of a detailed receipt. Dependent care spending is limited to the amount contributed from each paycheck and the balance in your account.
- Visit the [WEX website](#) for an interactive list of eligible HSA, FSA and commuter expenses, or contact Participant Services at 866-451-3399.



Dental Plan Options

Keep your smile healthy! Just like your medical coverage, you get to choose the dental coverage level, cost and insurance carrier that are right for you. You can choose from three options (Bronze, Silver or Gold) that feature different coverage levels. The coverage level determines how much you pay out of your paycheck (premiums) and how much you pay out of pocket when you receive care (deductibles, coinsurance, copays). Make sure you take total costs into consideration when choosing a coverage level. You can enroll any combination of you, your eligible spouse/domestic partner and your children in the option you choose. Each dental carrier (Aetna, Cigna, Delta Dental, MetLife and UnitedHealthcare) has its own insurance provider networks that can vary by the plan you choose. Learn more about each carrier on the [Make It Yours](#) website.

Dental Benefits Comparison

	BRONZE	SILVER	GOLD
Annual Deductible and Plan Limits			
Annual deductible (individual / family)	\$100 / \$300	\$100 / \$300	\$50 / \$150
Annual maximum (individual / family)	\$1,000 per person	\$1,500 per person	\$2,500 per person
Orthodontia lifetime maximum*	Not covered	\$1,500 per child	\$2,000 per person
In-Network Benefits – You Pay			
Preventive care	\$0 100% covered, no deductible	\$0 100% covered, no deductible	\$0 100% covered, no deductible
Minor restorative care (e.g., root canal treatment, gum disease treatment and oral surgery)	20% after deductible	20% after deductible	20% after deductible
Major restorative care (e.g., implants, dentures)	100%; not covered	40% after deductible	20% after deductible
Orthodontia	100%; not covered	50%, no deductible; children up to age 19 only	50%, no deductible; for children and adults

* If you switch insurance carriers, any orthodontic expenses you've already incurred under your current carrier will count toward your new carrier's orthodontia lifetime maximum.

For a more detailed look at these plans and additional coverages, visit [Your Benefits Resources](#).

Additional Dental Plan Benefits

Preventive dental services — such as routine cleanings — do not count toward the dental plan annual calendar maximum! This frees up more money to be used for non-preventive care expenses — such as crowns and fillings. Minor and Major charges will continue to be applied to the annual maximum.

Vision Plan Coverage

You have several vision options available that offer a range of coverage — from exams only to coverage for lenses, frames and contacts. You can choose from three coverage levels (Bronze, Silver and Gold), offered by national and regional insurance carriers. The coverage levels are designed to give you choices. It's up to you to find the one that makes sense, based on your family's needs. Each vision insurance carrier (EyeMed, MetLife, UnitedHealthcare and VSP Vision Care) has its own provider network. If it's important that you continue to use the same eye doctor or retail store, make sure to check whether your doctor or store is in the network before you choose a carrier. Visit the [Make It Yours](#) website to learn more about each of the carriers.

Vision Benefits Comparison

	BRONZE	SILVER	GOLD
In-Network Benefits – You Pay			
Routine vision exam (one per plan year)	\$0; covered 100%	\$20	\$10
Frames (once per plan year)	Discount may apply	All costs above \$130 allowance*	All costs above \$200 allowance*
Lenses (once per plan year; premium lenses may cost more) – You Pay			
Single vision	Discount may apply	\$20	\$10
Bifocal	Discount may apply	\$20	\$10
Trifocal	Discount may apply	\$20	\$10
Standard progressive**	Discount may apply	\$20	\$10
Lenticular	Discount may apply	\$20	\$10
Lens Enhancements – You Pay			
UV treatment	Discount may apply	\$15	\$15
Tint (solid and gradient)	Discount may apply	\$15	\$15
Standard plastic scratch-resistant coating	Discount may apply	\$15	\$15
Standard anti-reflective coating	Discount may apply	\$45	\$45
Standard polycarbonate (adults)	Discount may apply	\$40	\$15
Standard polycarbonate (children)	Discount may apply	\$0	\$0
Other add-ons	Discount may apply	Discount only	Discount only
Contact Lenses – You Pay			
Medically necessary	100%; not covered	\$20	\$10
Elective	100%; not covered	All costs above \$130 allowance*	All costs above \$200 allowance*
Fit and evaluation	Discount may apply	\$20	\$10
Laser Surgery – You Pay			
Elective	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price

*Allowance can be used for frames or elective contact lenses, but not both.

**Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

For a more detailed look at these plans and additional coverages, visit [Your Benefits Resources](#).

Income Protection Benefits



Income Protection Benefits Overview

Life Insurance

Your Company provides basic life insurance coverage through Lincoln Financial Group at no cost to you. If eligible, consider electing optional life insurance coverage for yourself and your covered dependents to protect your family's income against the unexpected. For a more detailed look at your life insurance benefits, visit [Your Benefits Resources](#).

Accident and Sickness (STD) Benefits — STD benefits replace a portion of your income if you're unable to work due to a pregnancy, illness or non-work-related injury. Your Company automatically provides STD coverage at no cost to you. Benefits may be paid up to 26 weeks in the event of disability in a 52-week period provided you are under a doctor's care. Human Resources can provide details regarding eligibility and coverage amounts.

Age Reduction

From age 65 until age 70, your life benefit is reduced to 67%. From age 70 and after, the benefit is reduced to 50%. This reduction in benefit (at age 65 and 70) does not apply to supplemental coverage you elect for your spouse.

Beneficiary Designation

Visit [Your Benefits Resources](#) to review and designate your life insurance beneficiaries.

Your Total Wellbeing Benefits



Employee Assistance Program (EAP)

Life can be stressful at times, and you may need help. That's why all benefits-eligible employees can use the EAP at no cost even if you are not enrolled in health coverage. Through the EAP, you can access counseling and referrals to help with personal issues including, but not limited to:

- Anxiety, sadness, depression, grief and loss
- Family and parenting issues and relationship problems
- Stress related to work or personal issues
- Alcohol and drug misuse

Services include eight (8) free face-to-face or virtual visits per issue, per year. Confidential support is available 24/7 by phone or online. Contact Optum at 888-224-5672 or visit www.liveandworkwell.com, access code GAF.

Ayco Financial

Your Company offers an extensive financial planning benefit, at no cost to you! The Ayco Company, a Goldman Sachs Company, provides personal financial planning resources through unlimited access to the Ayco Answerline and online planning tools via Ayco360. First-time users will need their Workday employee ID to speak with a coach or to access Ayco360. Call 800-235-3427 or visit www.ayco.com/login/gaf.

Virgin Pulse

Your Company has partnered with Virgin Pulse to help us “Live Better Every Day”! Virgin Pulse gives you the tools to get active, get healthy and get rewarded. The Virgin Pulse program keeps you motivated with challenges, promotions and trophies. They have an easy-to-use mobile app and website to help you reach your goals. It's easy to earn points by making healthy decisions with the help of Virgin Pulse.

Who can participate?

- All employees are eligible to participate in Virgin Pulse's wellness activities.

[Click here](#) to learn more about Virgin Pulse.

Other Benefits



BenefitHub

Enjoy access to national and local discounts, rewards and perks on thousands of the brands you love in a variety of categories, such as travel, auto, beauty and spa, restaurants and more. To register, log on to gaf.benefithub.com and use referral code JXJVCC.



Visit

- gaf.benefithub.com
- insiderxpets.com

Inside Rx Pets

Inside Rx Pets offers a **free** prescription savings card that delivers savings on the human medications your pet needs, including those to treat conditions such as anxiety, arthritis, heart disease and diabetes.

When you use the Inside Rx Pets card, you'll receive:

- Discounts for brand-name and generic medications (excludes controlled substances, parasiticides or pet-only vaccines).
- Convenient access at 40,000 retail pharmacies including CVS, the Kroger family of pharmacies and Walgreens.
- No membership fees or registration required so you can begin using the card right away!
- Access to online pricing tools and a pharmacy locator.
- Easy access by printing the card or using it electronically through Google Pay or Apple Wallet.

Log on to insiderxpets.com to access your Inside Rx Pets prescription savings card.

401(k) Retirement Savings Plan



Eligibility and Employee Contributions

Once you become eligible for the plan, you will receive a package from Vanguard and have the option to elect and change your deferral elections at any time. Your deferral contributions will be deducted from your paycheck each pay period.

You may remove or increase the initial deferral amount subject to IRS limits. If you're age 50 or older, you will be automatically eligible for the additional catch-up contributions and your contributions will be capped accordingly (based on your age). You may also elect to defer a percentage of your bonus earnings. These elections are made separately from your regular eligible earning elections.

If you make deferral contributions on a pre-tax and/or Roth basis, the Company will also add matching contributions. Please refer to your Collective Bargaining Agreement (CBA).

Vesting

Please refer to your CBA and/or the Summary Plan Description (SPD) Booklet for more details. The SPD is located on your online account at ownyourfuture.vanguard.com. Under the "Explore" tab, choose "Plan Communication."

All appendices and Summary of Material Modifications (updates to the SPD) applicable to you can be requested from your local HR Business Partner or the HRServices Team.

Rollovers

Do you have an account with a previous employer? You may, subject to IRS rules, roll over an eligible distribution (excluding any of your own non-Roth after-tax contributions) from another qualified retirement plan into this plan.

Beneficiary Designations

Log on to your account at ownyourfuture.vanguard.com to designate beneficiaries for your 401(k) plan. Note: If you are married, your spouse is automatically your primary beneficiary unless you obtain spousal consent.



401(k) Account Contribution and Compensation Limits		Annual Limits (subject to change)
Employee Contributions		
Pre-Tax and Roth After-Tax	Choose from 0% to 75% of your regular pay and/or bonus pay (pre-tax, Roth after-tax or combination of both) up to the annual limit	\$22,500
Catch-Up Contributions: Ages 50 and Older Only	Pre-tax and Roth after-tax only up to the annual limit	\$7,500
After-Tax	Choose from 0% to 100% of your regular pay and/or bonus pay up to the annual limit	\$20,400
Company Contributions		
Annual Compensation Limit	Maximum amount used to calculate Company basic contribution and Company matching contribution	\$330,000

Changes to Your Deferral Elections, Investments and Beneficiary Designations

You must contact Vanguard to elect your deferral election percentage(s); select funds to invest your deferrals and Company contributions, if desired; opt into the annual automatic increase; and designate your 401(k) plan beneficiary(ies).

Register at ownyourfuture.vanguard.com for account access to your 401(k) plan. You will need to have the following information the first time you log on:

- First and last name
- Social Security number
- Birth date
- ZIP code
- Plan number (GAF: 091409, SGI: 095764)

Vanguard registration instructions:

1. Go to ownyourfuture.vanguard.com
2. Click on “Let’s get started”
3. Complete the remaining registration steps
4. Make sure to designate a 401(k) plan beneficiary!

Need help? You can contact Vanguard at 800-523-1188 or visit ownyourfuture.vanguard.com to make this change.

The screenshot shows the Vanguard website's login page. At the top left is the Vanguard logo. The main heading is "A fresh look at retirement". Below it, a sub-heading says "Welcome to your reimagined Vanguard experience!". A section titled "Log in to see just how easy it is to:" lists three benefits: seeing a complete picture of the retirement plan account, getting money when needed, and getting help managing the account. A "Log in" button is prominent. Below the button are links for "Forgot your information? Let's reset", "Not enrolled yet? Let's get started", and "Not registered for online access? Let's go". A section titled "Looking for simple answers to life's complex financial questions?" promotes an online learning center. At the bottom, there are social media links and a footer with copyright information and a privacy center link.



Visit ownyourfuture.vanguard.com

Benefit Resources and Contacts

If you have a question about...	Contact/Resource	Group/Policy #	Member Services Phone Number	Member Portal/Website
<ul style="list-style-type: none"> • Benefits enrollment and changes • Plan information • Coverage questions • Advocacy services 	Your Benefits Resources	n/a	855-564-6155 8:00 a.m. to 8:00 p.m. ET Monday through Friday	Access via single-sign on through HR Connect while on your Company network. Outside of your Company network, log on directly at: www.myhranywhere.com/benefits
<ul style="list-style-type: none"> • Healthcare options • FAQs • Side-by-side comparisons • Helpful videos and articles 	Make It Yours benefits microsite	n/a	n/a	https://gaf.makeityoursource.com
Prescription drugs	Express Scripts	GAFMCRX	800-711-0917	https://www.express-scripts.com
HSA, FSA and Commuter Benefits	WEX	n/a	866-451-3399	https://benefitslogin.wexhealth.com
Life and disability insurance	Lincoln Financial	PSA3-880-054466 Company code: Leave	888-408-7300	https://www.mylincolnportal.com
Employee Assistance Program (EAP)	Optum	Web access code: GAF	888-224-5672	https://www.liveandworkwell.com
Family-building benefits	Kindbody	KINDFAMILY	855-747-1630	https://kindbody.com/activate-kindbody-benefit
Total wellbeing	Virgin Pulse	n/a	888-671-9395	Sign up: join.virginpulse.com/GAFSGI Existing members: http://member.virginpulse.com Email: support@virginpulse.com
Employee discounts	BenefitHub	JXJVCC	n/a	https://gaf.benefithub.com
Pet Prescription Discount Program	Inside Rx Pets	Click on “Get Savings Card” to download discount card	n/a	https://insiderxpets.com

If you have a question about...	Contact/Resource	Group/Policy #	Member Services Phone Number	Member Portal/Website
Mortgage banker	American Federal Mortgage	Licensed in NY, NJ, CT, PA, MA, DE, MD, NC, SC, FL	862-259-3138 Ask for Carl Casperson	https://www.americanfedmortgage.com/corporateincentive-program Email: ccasperson@amfedmtg.com
Financial counseling	Ayco	n/a	800-235-3427	www.ayco.com/login/gaf
401(k) Retirement Savings Plan	Vanguard	Plan number: (GAF Union: 091409, SGI ALL: 095764)	800-523-1188	https://ownyourfuture.vanguard.com/home/login
HR Services	HR Connect	n/a	833-HRXPRT 833-479-7378	



General Notices

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under your health plan.

Notice of HIPAA 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 towards your or your dependent's other coverage). However, you must request enrollment 31 days after your or your dependent's other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days (or any longer period that applies under the plan) after the marriage, birth, adoption or placement for adoption. Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 31-day period applies to most special enrollments.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries that the group health plans have issued a Health Plan Privacy Notice that describes how the group health plans use and disclose protected health information (PHI).

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial

1-877-KIDS-NOW or go to 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, 2021. Contact your State for more information on eligibility.

<p style="text-align: center;">ALABAMA – Medicaid</p>	<p style="text-align: center;">COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p>
<p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442</p>
<p style="text-align: center;">ALASKA – Medicaid</p>	<p style="text-align: center;">FLORIDA – Medicaid</p>
<p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
<p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
<p style="text-align: center;">ARKANSAS – Medicaid</p>	<p style="text-align: center;">GEORGIA – Medicaid</p>
<p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>

CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740 TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 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 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid www.cms.hhs.gov 1-877-267-2323, Menu Option 4, EXT. 61565
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