

A Guide to Your 2022 Benefits

Enroll through Your Benefits Resources



January 1 – December 31, 2022



Non-union employees

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Colleagues,

We are pleased to share this overview of our 2022 benefits program. Whether you're a new hire or an active employee, we have plenty of options to meet your needs.

Beginning in 2022, we shifted our benefits program to a new platform and a new way of obtaining healthcare coverage 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 2022, we encourage you to use the tools and resources available to you, such as this guide, the [Your Benefits Resources](#)™ website and our brand-new [Make It Yours](#) website. You'll find out more about the many available resources throughout this guide.

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

- 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 2022?
- How much do you want to pay for premiums from your paycheck versus from your pocket at the time you receive care?
- Will you set aside money in the available savings/spending accounts so you can pay healthcare and dependent care expenses tax-free?

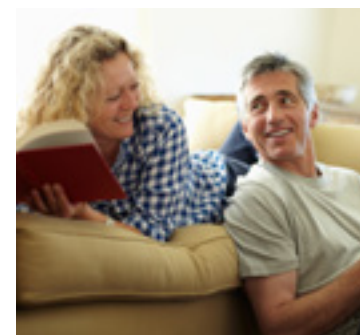
The answers to these questions and others may help you prepare to make the best decisions for you and your family when it comes to healthcare costs, coverage, and carriers. And remember, all of our medical plans cover preventive care at 100%. Plus, you have the ability to save on expenses like deductibles, 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](https://myranywhere.com/benefits) at <https://myranywhere.com/benefits>

Introduction



Eligibility

It's up to you to understand who you can cover under your medical and prescription drug, dental, vision and other benefits. 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 non-union employee of GAF, GAF Energy, Hawk, Siplast or SGI who is scheduled to work at least 30 hours per week. 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 will update eligibility and your coverage will be retroactive to day one.

Your **eligible dependents** may also participate. Eligible dependents include:

- Your legally married spouse (see working spouse/domestic partner information below);
- 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):
 - 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 the same permanent residence for a period of 12 months prior to enrolling in coverage;
- Must be mentally competent to enter into a contract; or
- Must be financially interdependent.

Note: 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.

Working Spouse/ Domestic Partner

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.



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.





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.



Start with Our New Website — Make It Yours

Your Company's brand-new 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

The choices you make during Annual Enrollment remain in place from January 1 through December 31 of each plan year. 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 2022. 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

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.

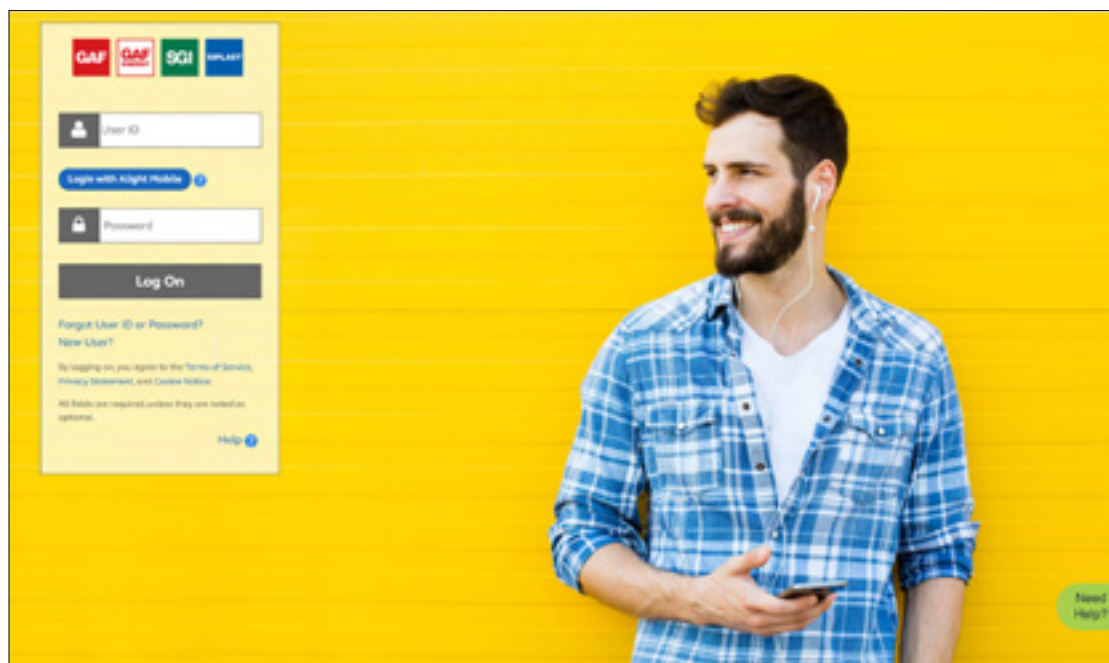
Through [Your Benefits Resources](#) you can:

- 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.



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 and regional insurance carriers (applicable to you). Each features different coverage levels, so you can choose the option that best suits your needs. 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](#).



California Residents

Your options may be different, depending on the insurance carrier you choose. Each insurance carrier in California can choose to offer each coverage level either as an option that offers in- and out-of-network benefits (e.g., a PPO) **or** as an option that offers in-network benefits only (e.g., an HMO).

Insurance carriers in California can also choose to offer **either the standard Gold option or a Gold II option — not both**. The Gold II option offers **only** in-network benefits and has no deductible. The Gold option is offered by Aetna, Empire Blue Cross Blue Shield and UnitedHealthcare. The Gold II option is offered by Cigna, Health Net and Kaiser Permanente. The availability of regional carriers is dependent on your home zip code.

Learn more about your California coverage options and insurance carriers at [Make It Yours](#).

Medical Supplement

Even with medical insurance, a serious health condition or accident can cost you money. You may still have expenses like a deductible, coinsurance, transportation fees or other service that may not be covered by your medical plan (such as long-term rehabilitation or home modification). You can choose to supplement your medical coverage with these benefits:

- **Critical Illness Insurance** pays a single lump-sum benefit if you or your covered family member is treated for a major medical event (such as heart attack or stroke) or diagnosed with a critical illness (such as cancer or end-stage kidney disease). There are three coverage levels available: \$10,000, \$20,000 or \$30,000. The exact benefit paid is based on health condition and other factors. This plan includes a \$75 wellness benefit payable to all covered members for any preventive care or exam. While the payment structure is the same for covered dependents, such covered dependents will receive 50% of the benefit payment for the covered health condition. Note that critical illness insurance applies only to diagnoses after the coverage period begins.

Visit the [Make It Yours](#) website to learn more about critical illness insurance. Additional information can be obtained by contacting [Your Benefits Resources](#) at 855-564-6155, Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET.

- **Hospital Indemnity Insurance** pays a single lump-sum benefit if you or a covered family member is hospitalized. The benefit paid is based on the type of hospital stay, including hospital admission, daily confinement and hospital intensive care confinement. If you or your spouse are expecting or planning to become pregnant, you should consider this plan! Note that hospital indemnity insurance applies only to hospitalizations beginning on or after the coverage effective date. Check out the [Make It Yours](#) website for more information.
- **Accident Insurance** pays a benefit if you or a covered family member is in an accident. Accident Insurance does not require death or serious injury to be eligible for a benefit. The exact benefit paid is based on the type of accident and other factors. This plan includes a \$75 wellness benefit payable to all covered members for any preventive care or exam. In some cases, this may more than offset the cost of coverage! Young, active families should visit the [Make It Yours](#) website to learn more about this supplemental coverage.



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).

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 (formerly Discovery Benefits). 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.

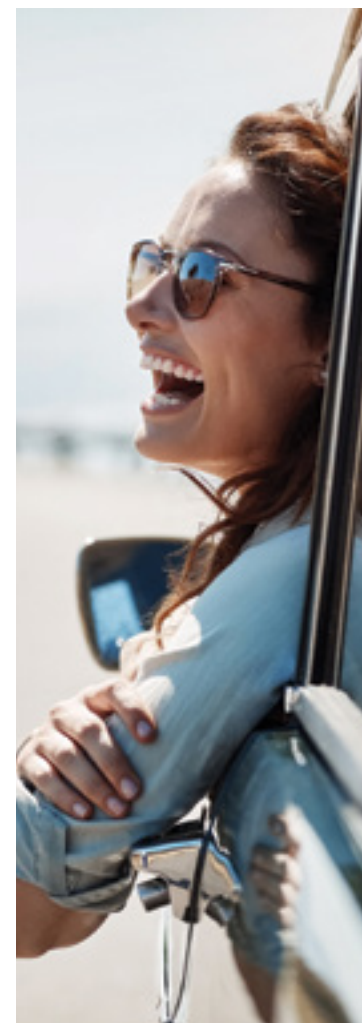
2022 HSA Contribution Limits

Coverage Tier	2022 IRS Limit
Employee Only	\$3,650
Employee + Child	\$7,300
Employee + Spouse/ Domestic Partner	\$7,300
Employee + Family	\$7,300
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.



Flexible Spending Accounts (FSAs)

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

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 is \$2,750.

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.



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

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 current IRS tax limit of \$270 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, 2021 take effect January 2022).
- **Deductions** are withheld from your paycheck and deposited into your Commuter Benefits Account at WEX (formerly Discovery Benefits) 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 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).



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.



Visit the [WEX website](#) or call 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.

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.

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

Your Company provides temporary income continuation and life insurance coverage. Consider electing supplemental coverage for yourself and your covered dependents to protect your family's income against the unexpected.

Short-Term Disability (STD) – 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.

Optional Long-Term Disability (LTD) – LTD is an optional, employee-paid benefit that you can elect. LTD benefits pick up where your STD benefits end and coverage ensures that you continue to receive a percentage of your base pay if you are totally disabled for more than 180 consecutive days. Pay replacement is equal to 60% of base pay up to a maximum of \$12,500 per month. For more details, please reference the Disability and Sick Leave policy. This policy and other policies are published on HR Connect.

Basic Life Insurance and Accidental Death and Dismemberment (AD&D) – your Company automatically provides Basic Life Insurance and Accidental Death and Dismemberment insurance coverage for you, at no cost and with no need to enroll.

Optional Life Insurance and Accidental Death and Dismemberment (AD&D) – you may purchase optional life insurance and Accidental Death and Dismemberment for yourself, your spouse and your child(ren). This coverage can increase the payment the beneficiary(ies) of these benefits would receive. Proof of good health may be required for optional life insurance only.



	Coverage	Maximum Benefit
Basic Life Insurance and AD&D		
Employee Only	1 x your annual base pay	\$50,000
Optional Life Insurance and AD&D		
Employee Only	1 to 5 x your annual base pay	\$2,000,000
Spouse Life Insurance	1 to 3 x your annual base pay	\$150,000
Child Life Insurance	Age 14 days or younger: No coverage Older than 14 days old and up to age 26: \$5,000 per child	\$5,000



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

Important Life and AD&D Insurance Coverage Details

Age Reduction

From age 65 until age 70, your life and AD&D 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.

Maximum Benefits

The maximum payout for employee life insurance is \$2,000,000 and includes basic and supplemental coverage combined.

Guaranteed Issue Amount

The spouse life guaranteed issue (GI) amount is \$50,000. If you elect to enroll in coverage and your total coverage is more than the \$50,000 GI amount, Evidence of Insurability (EOI) will be required and an EOI form will be mailed to your home address. The supplemental life guaranteed issue (GI) amount is \$750,000. If you elect to enroll in coverage and your total coverage is more than the \$750,000 GI amount, EOI will be required and an EOI form will be mailed to your home address.

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, trophies and rewards. They have an easy-to-use mobile app and website to help you reach your goals and earn rewards. It's easy to earn points by making healthy decisions with the help of Virgin Pulse.

Who can participate?

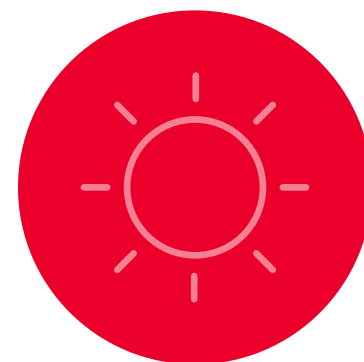
- All employees are eligible to participate in Virgin Pulse's wellness activities.
- Salaried exempt, non-exempt and non-union hourly employees are eligible to earn incentives for completing activities.

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

Lifestyle Spending Account (LSA)

Administered by WEX (formerly Discovery Benefits), a lifestyle spending account (LSA) is a Company-paid benefit that reimburses you for physical, financial and emotional personal expenses:

- Earn up to \$600 in an LSA by completing healthy behaviors via the Virgin Pulse wellbeing platform and other related activities.
- LSA funds are used to reimburse you for Company-approved expenses incurred and paid in 2022.
- Salaried exempt, non-exempt and non-union hourly employees are eligible to earn incentives for completing activities.
- Eligible expenses include, but are not limited to, health club reimbursements, online fitness subscriptions, personal training, fitness equipment, student loan repayments, expenses related to purchasing a home and more.
- [Click here](#) to learn more about the lifestyle spending account.



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.

Inside Rx Pets

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.

MetLife Legal Plans

Get access to professional legal services through MetLife Legal Plans (formerly Hyatt Legal Services). Benefits include coverage for money matters, home and real estate concerns, estate planning, family and personal issues, civil lawsuits, elder-care issues, and vehicle and driving matters. In-network benefits include: no deductibles, no claim forms, no copays and no usage limits! Log on to info.legalplans.com or call 800-821-6400 to learn more.

ID Watchdog Identity Theft Protection

Your Company offers access to identity theft protection services through ID Watchdog. ID Watchdog provides advanced identity monitoring and fraud protection, credit protection services, a 24/7/365 customer care call center with fully-managed resolution services and online tools and resources. Visit idwatchdog.com or call 800-373-1226 to learn more.



Visit

- gaf.benefithub.com
- insiderxpets.com
- info.legalplans.com
- idwatchdog.com

401(k) Retirement Savings Plan

Eligibility

You are immediately eligible to participate and are automatically enrolled in the 401(k) Retirement Savings Plan on your hire date. You will receive a package from Vanguard approximately two to three weeks after your hire date.

Employee Contributions

Newly hired employees are automatically enrolled to the plan with a pre-tax deferral election rate of 6% of your regular eligible compensation. Your deferral contributions will be deducted from your paycheck each pay period. Your initial deferrals may take approximately one to one and a half months from your hire date to be withheld from your paycheck. You may remove or increase the initial deferral amount up to 75% 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 earnings. All employees have the option to change the rate of your deferral elections at any time.

Annual Automatic Increase

Every January 1, your pre-tax contributions will automatically increase by 1% (up to 15%), unless you elect otherwise. If you are hired between June and December (i.e., 2022), the automatic increase will not take effect until the following January (i.e., 2024).

Company Contributions

The Company automatically adds a basic contribution to your 401(k) account (equal to 3% of your eligible salary, up to the IRS annual limit) even if you are not making employee contributions. If you make deferral contributions, the Company will also add matching contributions, as illustrated on the next page.

Vesting

You are immediately 100% vested in the present market value of all employee and Company contributions in your 401(k) account. This means all money in your account — employee and Company contributions as well as investment earnings — belong to you.

Investment Options

All initial contributions are invested in the Vanguard Target Retirement Trust Funds, as a qualified default investment alternative (QDIA). You have the option to select different investment fund options at any time.



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	IRS Limits (subject to change)
Employee Contributions Pre-tax and Roth combined	\$20,500
Employee + Company Contributions <ul style="list-style-type: none"> Employee pre-tax, Roth, after-tax regular pay <u>and</u> bonus pay contributions (i.e., \$20,500) <u>plus</u> All Company matching and Company basic contributions, as applicable 	\$61,000
Catch-Up Contributions for Individuals Ages 50 and Older	\$6,500
Annual Compensation Limit <ul style="list-style-type: none"> Maximum amount used to calculate Company basic contribution and Company matching contribution 	\$305,000
<ul style="list-style-type: none"> Maximum Company matching contribution 	\$12,200
<ul style="list-style-type: none"> Maximum Company basic contribution 	\$9,150

Employee Contributions	
Pre-Tax and Roth After-Tax	Choose from 0% to 75% of your regular pay and/or bonus pay (pre-tax, Roth or combination of both) up to the IRS limits
After-Tax	Choose from 0% to 100% of your regular pay and/or bonus pay up to the IRS limits
Catch-Up Contributions: Ages 50 and Older Only	Pre-tax and Roth only up to the IRS limits
Company Contributions	
Basic Contribution	3% of your eligible salary
Matching Contribution (Pre-tax and Roth contributions only; the Company does not match on after-tax contributions or on catch-up contributions)	The Company matches 2/3 of the first 6% of your pre-tax and/or Roth employee contributions up to the IRS limits* (6% of pay x 2/3 = 4% of pay)
Note: If you contribute 6% of your pay (pre-tax, Roth or a combination of both), your Company will provide 7% of your pay in Company contributions (3% basic contribution + 4% of pay in matching contributions). Or, if you contribute 10% of your pay (pre-tax, Roth or a combination of both), your Company will provide 7% of your pay in Company contributions (3% basic contribution + 4% of pay in matching contributions).	

* Matching contributions are made on a pre-tax basis only.



Changes to Your Deferral Elections, Investments and Beneficiary Designations

You must contact Vanguard to change your deferral election percentage(s); select alternate funds to invest your deferrals and Company contributions, if desired; opt-out of the annual automatic increase or change the automatic increase percentage; 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: 097379, 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 interface. At the top left is the Vanguard logo. The main heading reads "A fresh look at retirement". Below this, it says "Welcome to your reimagined Vanguard experience!" and "Log in to see just how easy it is to:" followed by three bullet points: "See a complete picture of your retirement plan account", "Get to your money when you need it most", and "Get help managing your account". There is a login form with fields for Username and Password, a red "Log in" button, and links for "Forgot your information? Let's reset" and "Not enrolled yet? Let's get started". Below the login form, there is a section titled "Looking for simple answers to life's complex financial questions?" with a link to "See our education and tools". At the bottom, there is a footer with the Vanguard logo, copyright information, and navigation links for "Privacy center", "Security center", "Accessibility", and "Contact us".



Visit ownyourfuture.vanguard.com

Benefit Resources and Contacts



Provider	Coverage	Phone Number	Website
Your Benefits Resources	<ul style="list-style-type: none"> • Benefits enrollment and changes • Plan Information • Coverage questions 	855-564-6155 8:00 a.m. to 8:00 p.m. ET Monday through Friday	Access via single-sign on through HR Connect or Workday while on your Company network. Outside of your Company network, log on directly at: www.myhranywhere.com/benefits
Healthcare Insurance Carriers	<ul style="list-style-type: none"> • Medical/Dental/Vision 		Check out Your Carrier Connection on the Make It Yours website for each carrier's service areas, contact information, and links to member sites.
Make It Yours	<ul style="list-style-type: none"> • Healthcare options • FAQs • Side-by-side comparisons 		www.gaf.makeityoursource.com
WEX (formerly Discovery Benefits)	HSA, FSA, LSA, Commuter Benefits	866-451-3399	benefitslogin.wexhealth.com
Express Scripts Group #: GAFMCRX	Prescription drugs	800-711-0917	www.express-scripts.com
Optum Web access code: GAF	Employee Assistance Program (EAP)	888-224-5672	www.liveandworkwell.com
Lincoln Financial Company code: Leave	Life and disability	888-408-7300	www.mylincolnportal.com
MetLife Legal Plans Access code: 4080010	Legal services	800-821-6400	www.info.legalplans.com
ID Watchdog	Identity theft protection	800-373-1226	idwatchdog.com
Ayco	Financial counseling	800-235-3427	www.ayco.com/login/gaf
HRServices Team	HR services	833-HRXPRT (833-479-7378)	Click here to access the HR Connect portal through OKTA



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).

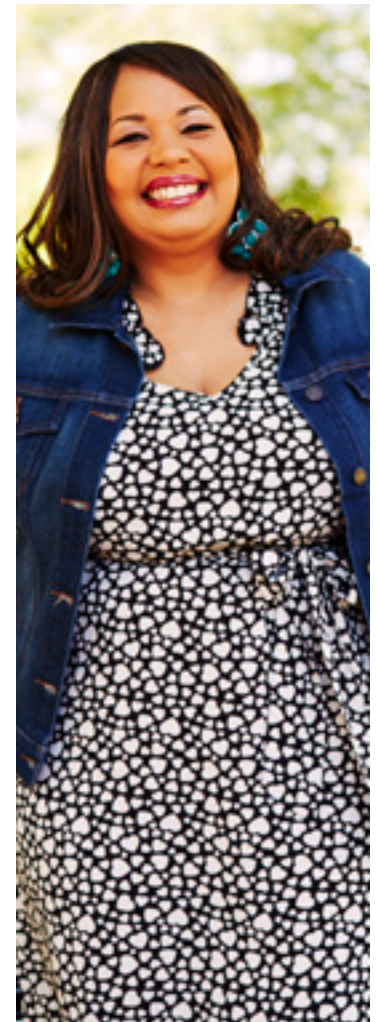
In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days (or any longer period that applies under the plan) after the marriage, birth, adoption 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.flmedicaidtprecovery.com/flmedicaidtprecovery.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.flmedicaidtprecovery.com/flmedicaidtprecovery.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>

<p>CALIFORNIA – Medicaid</p> <p>Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676</p>	<p>INDIANA – Medicaid</p> <p>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</p>
<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563</p>	<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>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</p>
<p>MAINE – Medicaid</p> <p>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</p>	<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>

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

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)
Active.125432896.01

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