BENEFITS PLAN OVERVIEW 2017-2018

WELCOME

The College of Southern Maryland (CSM) takes pride in offering a comprehensive and competitive benefits package to its employees. CSM, through all of its benefit partners, offers you a benefit program that allows choice and flexibility. Through this program you can choose the benefits that are best for you and your family.

Please take the time to review all of the plan options available to you prior to making your selections. Consider each benefit and choose the benefits package that will best meet your and your family's needs throughout the year.

Options selected during open enrollment remain in place for the full plan year. Options selected upon hire remain in place through the end of the plan year in which you are hired.

CSM reserves the right to modify, amend, suspend or terminate any plan at any time, and for any reason without prior notification. You will be notified of any changes to these plans and how they affect your benefits, if at all. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make explanations of the plans in this brochure as accurate as possible. However, should there be a discrepancy between this brochure and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written description in the insurance contracts will always govern.

The Internal Revenue Service *(IRS)* states that eligible employees may only make elections to the plan once a year at open enrollment. Medical, Dental, and Vision benefit choices are binding through June 30th of each year. The following circumstances are the ONLY reasons you may change your benefits during the year:

Marriage	*Death of a Spouse*
Divorce	*Death of a Dependent*
Birth & Adoption	*Loss of Dependent Status*
Loss of Spouse's job where coverage is maintained through a spouse's plan	

These special circumstances, often referred to as life event changes, will allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform the Employee Benefits Center within 30 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.

MEDICAL BENEFITS

CareFirst Administrators

CSM has partnered with CBIZ, our broker, to provide you and your family a broad access to high-quality healthcare providers both regionally and nationwide. CSM is offering two medical plans—a Traditional PPO Plan and a Qualified High Deductible PPO plan. Both plans offer in and out-of-network benefits.

Effective, July 1st 2017, College of Southern Maryland will be changing its Health Insurance Administrator and Provider Network. **Your health benefits plan design and contributions will not change**. CSM employees who reside in the MD, Northern VA & DC area will now access the BlueChoice Advantage Network. CSM employees who reside outside the MD, Northern VA & DC area will access the National BlueCard Network. All employees enrolled in our Medical Plan will receive New ID cards before July 2017.
Please see the summary on Pages 2 and 3 for specific plan details. CSM shares the cost with their employees.

Don't forget to present your *NEW ID CARD* to your primary care and specialist providers as well as your pharmacy!

Also, confirm your doctors participate in the new network prior to receiving benefits at www.cfablue.com. Search for BlueChoice Advantage providers.

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Medical Benefits

CareFirst Administrators

Don't forget your New ID Card!!

	PPO Bluechoice Advantage Network Service Area - MD, Northern VA & DC (with National BlueCard Access)	
	In-Network	**Out-of-Network**
Deductible		
- Single	$250	$500
- Family	$500	$1,000
Out of Pocket Max		
- Single	$1,500	$3,000
- Family	$3,000	$6,000
Coinsurance	90%	70%
Lifetime Maximum	Unlimited	Unlimited
Office Visits		
- Preventive Services	$20 Copay	Deductible, then 30%
- Primary Care Physician (PCP)	$20 Copay	Deductible, then 30%
- Specialist	$30 Copay	Deductible, then 30%
- Lab and X-Rays	Deductible, then 10%	Deductible, then 30%
- Routine Eyecare (Eye exam & materials)	$100 Allowance	$100 Allowance
Hospital		
- Inpatient	Deductible, then 10%	Deductible, then 30%
- Outpatient	Deductible, then 10%	Deductible, then 30%
- Emergency Room	Deductible, then $50 copay, then 10% - Copay Waived if Admitted	
- Urgent Care	Deductible, then 10%	Deductible, then 30%
Prescription Drugs	**Administered by CareMark**	
- Rx Deductible	None	
- Rx OOP Max	Combined with Medical	
Retail		
- Generic	$7 Copay	20%
- Brand	$20 Copay	20%
- Brand Non-Formulary	$35 Copay	20%
Mail Order		
- Generic	$14 Copay	20%
- Brand	$40 Copay	20%
- Brand Non-Formulary	$70 Copay	20%

Employee Contributions	
Per Pay (24 Pays)	**PPO**
Employee	$65.44
Employee & Spouse	$149.38
Employee & Child	$134.44
Family	$253.95

Don't forget your New ID Card!!

	HDHP Bluechoice Advantage Network Service Area - MD, Northern VA & DC (with National BlueCard Access)	
	In-Network	**Out-of-Network**
Deductible		
- Single	$1,500	$3,000
- Family	$3,000	$6,000
Out of Pocket Max		
- Single	$3,000	$6,000
- Family	$6,000	$12,000
Coinsurance	100% of Allowed Benefit	70% / 30% of Allowed Benefit
Lifetime Maximum	Unlimited	Unlimited
Office Visits		
- Preventive Services	Covered 100%	Deductible, then 30%
- Primary Care Physician (PCP)	Deductible, then 100% Covered	Deductible, then 30%
- Specialist	Deductible, then 100% Covered	Deductible, then 30%
- Lab and X-Rays	Deductible, then 100% Covered	Deductible, then 30%
Hospital		
- Inpatient	Deductible, then 100% Covered	Deductible, then 30%
- Outpatient	Deductible, then 100% Covered	Deductible, then 30%
- Emergency Room	Deductible, then $100 Copay - Copay Waived if Admitted	
- Urgent Care	Deductible, then 100% Covered	Deductible, then 100% Covered
Prescription Drugs	**Administered by CareMark**	
- Rx Deductible	Combined with Medical	
- Rx OOP Max	Combined with Medical	
Retail		
- Generic	After deductible, $7 Copay	Not covered
- Brand	After deductible, $25 Copay	Not covered
- Brand Non-Formulary	After deductible, $50 Copay	Not covered
Mail Order		
- Generic	After deductible, $14 Copay	Not covered
- Brand	After deductible, $50 Copay	Not covered
- Brand Non-Formulary	After deductible, $100 Copay	Not covered

Employee Contributions	
Per Pay (24 Pays)	**HDHP**
Employee	$37.59
Employee & Spouse	$85.81
Employee & Child	$77.23
Family	$145.88

Health Savings Account (HSA)

Employees have the option to open an HSA account when enrolling into a High Deductible HSA plan option. The premiums for the High Deductible Health Plan are significantly lower than the premiums for the other plans. The premium cost for this plan is less because, as its name suggests, there is a higher deductible that employees must meet before the plan begins to pay eligible expenses. You will be responsible for your health care expenses, other than preventative/wellness expenses, up to the amount of the deductible.

A Health Savings Account ("HSA") is a type of savings account that allows you to save for medical expenses on a tax-free basis. An HSA is like a 401k plan for medical expenses; a tax-favored savings account established by you. The savings in your HSA are immediately available to you to pay for qualified medical expenses.

If you want to open a Health Savings Account, first you must enroll in CSM's High Deductible Health plan. Unlike flexible spending accounts (FSAs), HSA funds are **not** subject to a **"use it or lose it"** policy. Any money you put into this account belongs to you if you leave the High Deductible plan or you leave the college. Your HSA contributions are deducted from your paycheck on a pre-tax basis. To enroll, complete the HSA Payroll Deduction Form and return it to Human Resources. Bank of America is our HSA administrator.

Health Savings Account	Individual/Self Only		Family	
Annual Contribution Limit	2017	2018	2017	2018
	$3,400	$3,450	$6,750	$6,900

Catch up contribution of $1,000 available to accountholders aged 55 and over

The HSA for Life® from Bank of America

- No-fee Visa® debit card with a 4-year expiration
- Online account management
- Online bill payments
- Electronic deposits for reimbursements
- Competitive Interest Rate

Member experience

- Easy access to your dollars (Visa® debit card payments, bill pay, reimbursements)
- Easy access to information (member portal, mobile applications, Customer Care Associates available)
- Monthly statements detailing your account activity

Integrated investments

- Easy and convenient access
- The employee selects the funds that make sense
- No-load mutual funds from a variety of asset classes
- Auto-investment as deposits are received (if applicable)

Who is eligible to open a Health Savings Account?

Medical Plan Coverage	You must be enrolled in the HDHP through CSM.
No Other Coverage	You may not have any other health plan coverage and that would include a medical spending Account (FSA). Those covered by a spouse's plan *(that is not a HDHP),* Medicare, Medicaid or Tricare are also not eligible to have a health savings account.
Other Benefits	You may not have received any Veterans Administration benefits in the last three months.
Dependent Status	You may not be claimed as a dependent on another person's tax return.

How it Works

Dental Benefits

GUARDIAN®

Good Dental health is important to your overall well being. At the same time, we all need different levels of dental treatment. Guardian dental provides affordable coverage based on the type of services obtained – **Preventive, Basic or Major** – whether or not you obtain services from a network or out-of-network provider.

Under this plan, you may obtain covered services from any dentist. However, if an out-of-network provider is used, reimbursement is based on Guardian's usual and customary reasonable charge. Employees who use dentists or dental specialists that are part of Guardian's Provider Network *(participating Dental Provider)* will see reduced or eliminated out-of-pocket expenses.

Guardian's Find a Provider site is available to you 24 hours a day, 7 days a week. Go to www.guardiananytime.com and click on "Find a Provider".

	In-Network	Out-of-Network
Annual Max (Calendar Year)	$2,000	$2,000
Individual Deductible	$0	$50
Family Deductible	$0	$150
Preventive & Diagnostic (Class 1) (Oral exams, Prophylaxis & Floride treatment, space maintainers , Sealants, Bitewing X-ray, Full mouth Radiographs)	100%	100% of UCR
Basic (Class II) (Diagnostic & Restorative Services, Endodontic services, Periodontic Surgery, Simple extractions, Other Oral surgery, General Anesthesia)	100%	Deductible, then 80% of UCR
Major Services - Surgical & Restoration (Class III) (Full and/or Partial dentures, Fixed bridges, crowns, inlays/onlays, Re-cementation of crowns, repair of prosthetic appliance, implants subject to medical necessity review	50%	Deductible, then 50% of UCR
Orthodontia Services - (Class IV) Adult & Children	50% Covered up to $1,500 Lifetime Max	

Employee Contributions	
Per Pay (24 Pays)	
Employee	$4.82
Employee & Spouse	$10.13
Employee & Child	$9.69
Family	$18.31

VISION BENEFITS

GUARDIAN®

All full-time employees are eligible to sign up for vision coverage, which allows participants to get an examination annually; lenses and contact lenses *(in lieu of frames & lenses)* every 12 months; and frames every 24 months.

Participants have the option of receiving care from a network or out-of-network provider; however, if you use a non-network provider you will incur higher out-of-pocket expenses.

You have access to the VSP — one of the nation's largest eye care networks. Employees pay the entire cost of this coverage.

www.guardiananytime.com

Vision	In-Network	Out-of-Network	Frequency
Exam Copay	$10	Copay	12 months
Exam Allowance	100%	$46	12 months
Materials Copay	$25	Plan Allowance	
Base Lenses			
- Single Vision Allowance	$25 Copay	$47 Allowance after Copay	12 months
- Bifocal Allowance	$25 Copay	$66 Allowance after Copay	12 months
- Trifocal Allowance	$25 Copay	$85 Allowance after Copay	12 months
- Lenticular Allowance	$25 Copay	$125 Allowance after Copay	12 months
Contact Lenses			
- Elective Allowance	$130 Allowance	$120 Allowance	12 months
- Therapeutic Allowance	100%	$210 Allowance	12 months
Frame Retail Allowance	$130 Allowance, 20% off balance	$47 Allowance after Copay	24 months
Materials Allowance	Not applicable	Not applicable	

Employee Contributions	
Per Pay (24 Pays)	
Employee	$5.32
Employee & Spouse	$8.96
Employee & Child	$9.13
Family	$14.89

Basic Life and Accidental Death & Dismemberment

CSM offers its employees basic life insurance and AD&D coverage through The Hartford at **no cost** to you. Eligible employees receive Basic Life Insurance equal to two times your annual salary up to $100,000. Accidental Death and Dismemberment Insurance provides a benefit equal to your basic life insurance in the event of death or dismemberment resulting from a covered accident. At age 70, the benefit begins to reduce. In addition, an Accelerated Death Benefit is provided that pays up to 80% of the benefit with a 12 month life expectancy. Portability and conversion is available. Please see plan summary for more details.

www.thehartford.com

Supplemental Life For Employee, Spouse and Children

Term Life may be purchased for yourself and dependents.

Employee Life Insurance

- Benefit Amount: Increments of $25,000, to the lesser of 5 x salary or $500,000
- Medical underwriting is required for amounts over $250,000 if elected when first hired; otherwise it's required for all amounts

If you purchase coverage for yourself, then you can also purchase coverage for your family.

Spouse Life Insurance

- Benefit Amount: Increments of $25,000 up to 100% of employee election
- Medical underwriting is required for amounts over $25,000 if elected when first hired; otherwise it's required for all amounts

Child Life Insurance

- Benefit Amount: $5,000 or $10,000 ($500 is child is between the age of 14 days and 6 months)
- Age Limit: Ages 6 months to 19, or age 26 if full-time student

Voluntary Life/AD&D Benefit Choices

- If you enroll in the plan, the annual enrollment period is a time when you can increase your Life coverage up to the guarantee issue maximum of $100,000 with no medical underwriting.
- If your spouse enrolls in the plan, you can increase his or her coverage at subsequent annual enrollments up to the guarantee issue maximum of $25,000 with no medical underwriting.

Disability Insurance

Your disability benefit provides you with a source of income in the event that you are not able to work due to an accident, illness or injury. CSM provides Long-Term Disability Benefits to all eligible employees at no cost to the employee.

Long-Term Disability (LTD)

- Your LTD benefit equals 60% of your monthly base earnings to a maximum benefit of $6,000 per month. This benefit begins on the 91st day of disability. The benefit duration while disabled is up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later.

Flexible Spending Accounts

CSM allows you to defer a portion of your pay through payroll deduction into Flexible Spending Accounts. The money that goes into an FSA is deducted on a pre-tax basis, which means it is taken from your pay before Federal and Social Security taxes are calculated. Because you do not pay income taxes on money that goes into your FSA, you decrease your taxable income.

HSA participants cannot participate in the Medical FSA.

Medical FSA: You may deposit up to **$2,600** per plan year into your Medical FSA to cover you and your dependents during the plan year. Eligible expenses include, but are not limited to, deductibles, co-payments and co-insurance payments, routine physicals, uninsured dental expenses, vision care expenses and hearing expenses. ***Over the counter medications require a prescription to be reimbursed.***

Dependent Care FSA: You may deposit up to **$5,000** per plan year into your Dependent Care FSA. Eligible expenses include payments to daycare centers, preschool costs, before and after school care and elder care.

To access your FSA account visit www.Payflex.com

Retirement/403(b) Savings Plan

All regular employees must be enrolled in a basic retirement system.

Employees in the Maryland State Retirement System must make a 7% contribution. Employees who qualify for and select the Optional Retirement Program (ORP) do not make a contribution.

For 2017, the IRS limits your elective deferral to $18,000/year and the >age 50 catch-up contribution limit is $6,000/year.

Supplemental retirement annuities are available for purchase through pre-tax payroll deductions.

A 457(b) plan is also available through TIAA.

Contact Human Resources for additional information.

www.TIAA.org www.fidelity.com

Value Added Services

Travel Assistance and Identify Theft Protection

- Emergency medical and personal services while traveling over 100 miles from home
- Worldwide coverage for you, your spouse and your children

Estate Guidance

- Will preparation assistance to create a legally binding document

Funeral Planning and Concierge Service

- Licensed Funeral Director helps with the step-by-step process
- Price comparisons and negotiations

Beneficiary Assist

- Employee Assistance Program “EAP” for beneficiaries of a life claim

Ceridian LifeWorks

- Employee Assistance Program
- Access a wide range of services including helpful resources across a variety of topics such as Life, Health, Family, Work and Money.
- 1-888-456-1324—24 hours a day

COMPLIANCE NOTICES

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself and/or your eligible dependent(s) because of other health/dental/vision insurance coverage and if you lose that coverage, you may in the future be able to enroll yourself and/or your eligible dependent(s) in this plan, provided that you request enrollment with 30 days after your other coverage ends. If you are declining coverage for yourself and/or your eligible dependent(s) for any other reason, you cannot join the plan later unless you have a new dependent as a result of marriage, birth, adoption, placement for adoption, loss of Medicaid or SCHIP coverage, eligibility for Medicaid or SCHIP coverage, or during an open enrollment period, if applicable. You may then be able to enroll yourself and your eligible dependent(s), provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption, or within 60 days of Medicaid and SCHIP.

If you decline coverage for yourself and/or your eligible dependent(s) because of other health/dental/vision coverage or if you fail to request plan enrollment within 30 days after your (and/or your eligible dependent's) other coverage ends, you will not be eligible to enroll yourself, or your eligible dependent(s) during the special enrollment period discussed above and you will need to wait until the next open enrollment period to enroll in the plan's health/dental/vision coverage.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or the newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours, or 96 hours as applicable. In any case, plans and insurers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours/96 hours.

Women's Health and Cancer Rights Act Notice

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 (WHCRA). 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 this plan. If you would like more information on WHCRA benefits, call your plan administrator at 1.800.433.5768.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC § 4980B]. This benefit, known as "continuation coverage", applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

Model Notice for Grandfathered Plans

CSM believes the CareFirst PPO health plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your [plan or policy] may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at CSM. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Important Notice About Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. CSM has determined that the prescription drug coverage offered by Caremark is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

Important Notice About Your Prescription Drug Coverage and Medicare

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Caremark coverage may be affected. You may keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/) which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Caremark coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with CSM and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the person listed below for further information.

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

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
• Visit www.medicare.gov
• Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
• Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

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 **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	KANSAS – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
ALASKA – Medicaid	**KENTUCKY – Medicaid**
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	Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
ARKANSAS – Medicaid	**LOUISIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**MAINE – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
FLORIDA – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120
GEORGIA – Medicaid	**MINNESOTA – Medicaid**
Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739
INDIANA – Medicaid	**MISSOURI – Medicaid**
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: http://www.indianamedicaid.com Phone 1-800-403-0864	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
IOWA – Medicaid	**MONTANA – Medicaid**
Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084

NEBRASKA – Medicaid	SOUTH CAROLINA – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEVADA – Medicaid	**SOUTH DAKOTA - Medicaid**
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW HAMPSHIRE – Medicaid	**TEXAS – Medicaid**
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW JERSEY – Medicaid and CHIP	**UTAH – Medicaid and CHIP**
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	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NEW YORK – Medicaid	**VERMONT– Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH CAROLINA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
NORTH DAKOTA – Medicaid	**WASHINGTON – Medicaid**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
OKLAHOMA – Medicaid and CHIP	**WEST VIRGINIA – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
OREGON – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
PENNSYLVANIA – Medicaid	**WYOMING – Medicaid**
Website:http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
RHODE ISLAND – Medicaid	
Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

Carrier Contacts

Line of Coverage	Carrier	Website	Phone
Medical	**CareFirst**	www.cfablue.com	866-945-9839
Health Savings Account	**Bank of America**	www.healthaccounts.bankofamerica.com/home.shtml	800-718-6710
Dental	**Guardian**	www.guardiananytime.com	800-541-7846
Vision	**Guardian**	www.guardiananytime.com	877-814-8970
Basic Life, Supplemental Life and Long Term Disability	**The Hartford**	https://www.thehartford.com/	800-523-2233
Flexible Spending Accounts	**Payflex**	www.payflex.com	844-PAYFLEX (844-729-3539)
Retirement/403(b)	**TIAA**	www.tiaa.org	800-842-2776
	Fidelity	www.fidelity.com	800-343-0860
Employee Assistance Program	**Ceridian LifeWorks**	User ID: csmd Password: lifeworks www.lifeworks.com	888-456-1324
Beneficiary Assist	**The Hartford**	www.thehartford.com/employeebenefits	800-411-7239
Estate Guidance	**The Hartford**	Code: WILLHLF www.estateguidance.com/wills	---
Funeral Planning / Concierge Services	**The Hartford**	Code: HFEVLC www.everestfuneral.com/hartford	866-854-5429
Travel Assistance / Identity Theft	**The Hartford**	---	800-243-6108 Direct 202-828-5885 Collect ID #GLD-09012