STRATEGIC ANALYSIS, INC.
BENEFITS PLAN OVERVIEW 2017

Integrated Approach.

Smarter Solutions.

WELCOME

Strategic Analysis takes pride in offering a comprehensive and competitive benefits package to its employees. Strategic Analysis, 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 the associated cost carefully and choose the benefits package that will best meet you 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. Plan Year runs from January 1 through December 31.

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 December 31 of each year. The following circumstances are some of the 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

Strategic Analysis has partnered with Cigna, to provide you and your family with access to high quality healthcare. Eligible employees are able to choose between Cigna's HMO Plan, POS Plan, or High Deductible HMO Plan. All plans are part of the Open Access Plus network.

Your medical plan covers a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalizations. Depending upon the type of service, whether it be a routine office visit, a trip to the emergency room, or any other service under the plan, your medical plan shares the cost with you in different ways. Please see summary on Page 2 for plan highlights. To locate a participating provider, go to www.mycigna.com or call customer service at 800-362-4462.

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MEDICAL BENEFITS DESCRIPTION

Plan Design	Cigna HMO	Cigna POS		Cigna: HDHP HD HMO
	In-Network	In-Network	Out-of Network	In-Network
Deductible:				
- Single	$0	$0	$500	$2,500
- Family	$0	$0	$1,000	$5,000
Out of Pocket Maximum:				
- Single	$2,500	$1,500	$3,000	$3,275
- Family	$5,000	$3,000	$6,000	$6,550
Coinsurance:	80%	100%	70%	100%
Office Visits:				
- Primary Care Physician	$30 copay	$20 copay	Deductible then 30%	No Charge after deductible
- Specialist	$40 copay	$20 copay	Deductible then 30%	No Charge after deductible
- Lab and x-ray	20%	Covered in full	Deductible then 30%	No Charge after deductible
Hospitalization:				
- Inpatient	20%	$250 per admission	Deductible then 30%	No Charge after deductible
- Outpatient	20%	$250 per admission	Deductible then 30%	No Charge after deductible
- Emergency Room	$100 copay	$100 copay	$100 copay	No Charge after deductible
Prescription Drug Out of Pocket Maximums:				
- Single	Combined with Medical	Combined with Medical		Combined with Medical
- Family	Combined with Medical	Combined with Medical		Combined with Medical
Prescription Drug Copays:				Deductible, Then
Mandatory Generic	Yes	Yes		Yes
- Generic	$10 copay	$10 copay		$10 copay
- Brand	$25 copay	$25 copay		$25 copay
- Non-Formulary	$45 copay	$45 copay		$45 copay
Specialty Rx	30 day supply via mail order	30 day supply via mail order	NA	Ded, then applicable copay via mail order
Mail Order RX (90 Day)	3x retail - $10	3x retail - $10		2 x retail

The information in this document is for illustration purposes only and was obtained from the respective carriers' proposals. This illustration should not be construed as an exact or complete analysis of the policies nor as legal evidence of insurance. The provisions of the actual policies will prevail.

HEALTH SAVINGS ACCOUNTS

- Tax favored savings accounts used to reimburse medical, dental and vision expenses not covered by insurance
- Employees can set up this account at the bank of their choice
- Make deposits to approved HSA sponsored banks through payroll deduction on a pre-tax basis
- You can contribute on an after-tax basis then claim the tax deduction on your 1040 but will lose the FICA savings
- After reaching Medicare eligible age, you can use your account for qualified expenses without taxation or for supplemental income with taxation (same as 401(k)). You can also use it for Long Term Care, COBRA and Retiree Medical Premiums
- NO "USE IT OR LOSE IT"!

WHO CAN OPEN AN HSA?

- You must be enrolled in a qualified high deductible health plan (HD HMO Plan) in order to contribute to an HSA
- CANNOT enroll in a Medical Flexible Spending Account plan
- CANNOT be covered by a health plan that is not a High Deductible plan (are you enrolled on your spouse's plan for secondary coverage?)
- CANNOT be enrolled in Medicare or TRICARE
- CANNOT be claimed as a dependent on another person's tax return

HOW MUCH CAN I CONTRIBUTE TO MY HSA?

- In 2017, you may contribute up to $3,400 for individual coverage or $6,750 for family coverage as long as you remain insured under a Qualified High Deductible Health Plan
- If you are age 55 or older, the "catch-up" amount you can contribute in 2017 is $1,000
- You are not locked in to the election you make during open enrollment
- You may change or make a contribution at any time

HSA REMINDERS

- Use your HSA debit card to pay for prescriptions, co-pays, deductibles, etc.
- You will not be able to use your card for OTC medications that are no longer reimbursable under the medical FSA or HSA
- SAVE YOUR RECEIPTS!
  - ♦ Although you do not have to submit receipts to anyone, you are the adjudicator of the expenses
  - ♦ Keep receipts for tax purposes
- HSA penalties for nonqualified expenses - The penalty for using HSA funds for nonqualified medical expenses for those under the age of 65 (unless totally and permanently disabled) is 20 percent of the funds used for nonqualified expenses
- Funds spent for nonqualified purposes are also subject to income tax
- You must be enrolled in the Strategic Analysis High Deductible HMO Plan to set aside pre-tax dollars into your Health Savings Account

Cigna Tools - MyCigna.com *It's a whole new world of online service*

If you are not already enrolled in MyCigna.com you will want to register right away! It's easy:

1. Go to MyCigna.com and select "Register"
2. Enter your information (name, address, and date of birth, etc.)
3. Confirm your identity with secure information
4. Create a user ID and password
5. Review and submit

MyCigna Mobile App

- Instant, real-time access to health information on the go
- Store and organize information right on your Smartphone
- Easy and simple navigation
- Completely personalized
- Available whenever, wherever

Health care professional directory
- Search for a doctor or health care facility from the Cigna national network and compare quality-of-care ratings
- Access maps for instant driving directions

ID cards
- Search for a doctor or health care facility from the Cigna national network and compare quality-of-care ratings
- Access maps for instant driving directions

Claims
- View and search recent and past claims
- Bookmark and group claims for easy reference

Drug search
- Look up and compare actual costs at over 60,000 pharmacies nationwide
- Find closest pharmacy location using GPS
- Research medications and dosages
- Speed-dial Cigna Home Delivery Pharmacy℠

Account balances
- Access and view health fund balances
- Review plan deductibles and coinsurance

Health wallet
- Store and organize all important contact info for doctors, hospitals and pharmacies
- Add health care professionals to contact list right from a claim or directory search

CIGNA TELEHEALTH CONNECTION—

Cigna Telehealth Connection

Take control of your health when, where and how it best works for you--day or night; from home, work or on-the-go. Whether you're sick or don't have time to wait for a doctor's appointment, get access to care for non-life-threatening conditions. All this, with a click or tap of a button. Explore your virtual care options…

If you have a life-threatening medical problem, call 911 immediately.

Guidance

Talk to a nurse. Unsure whether virtual care is right for your medical problem? Get guidance, at no extra cost to you, 24 hours a day, 365 days a year.

Talk to a nurse

Call 1-800-244-6224

Explore our library of podcasts for instant information on dozens of health topics.

Medical Care

Talk to a board-certified doctor. Fast, convenient and less expensive than an ER, Urgent Care and in some cases less than your PCP.*

amwell for Cigna®

Video | Talk to a doctor

GET STARTED

Translation services available by phone.

Not available in Alaska, Arkansas or Texas

MDLIVE for Cigna®

Video | Talk to a doctor

GET STARTED

Translation services available by phone. Spanish web and mobile available. TTY/TDD Service: Call 711 then enter 800-770-5531

Not available in Arkansas. Service limited to video in Idaho and phone in Texas.

Behavioral Counseling

Cigna Behavioral Health provides access to video-based counseling and medication management for issues like anxiety, depression, grief, stress, family and relationship issues, etc.

To get started:

- **Search** the Cigna behavioral provider directory; select "Telehealth" from the specialty dropdown..
- **Or call** the number on the back of your Cigna ID card and speak with a personal health advocate.

MDLIVE
URL: MDLIVEforCigna.com
Toll free number: 888.726.3171

Each vendor will have a mobile app that can be downloaded to access Telehealth services

American Well
URL: AmWellforCigna.com
Toll free number: 855.667-.9722

Cignabehavioral.com

Customers seeking a behavioral health provider will be able to search on the provider directory on Cignabehavioral.com using "Telehealth specialty"

Register with one or both vendors

Register online
Patient registers online with one or both vendors so they are ready to use service when needed

By phone

Step 1: Call toll-free
Patient calls toll-free hotline available 24/7/365 including holidays. MDLIVE 888.726.3171. American Well 855.667.9722

Step 2: Speak with a coordinator
A consultation coordinator locates the next available doctor and prepares patient for the consultation.

Step 3: Speak with the doctor
Once an available doctor is located, the system automatically calls and connects the doctor to the patient vs. others.

BY VIDEO CONFERENCE

Step 1: Visit website
Patient visits the American Well or MDLIVE website or can download each mobile app and log in with username and password.

Step 2: Find a doctor
System helps the patient search for a doctor by a criteria, such as specialty, language, gender, location, or simply finds the next available doctor.

Step 3: See the doctor online
Once an available doctor is located, the system automatically connects the doctor to the patient.

Post-visit

Email communication
Patient can elect for consultation history to be sent to personal doctor.

Prescription services
AmWell and MDLIVE doctors may prescribe medication when appropriate and send the prescription directly to your pharmacy.*

DENTAL BENEFITS

UNITED CONCORDIA®

Good dental health is important to your overall well being. At the same time, we all need different levels of dental treatment. United Concordia's dental plan provides affordable dental plans 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. Employees who use dentists or dental specialists that are a part of United Concordia's Provider Network will see reduced or eliminated out-of-pocket expenses. To find a participating provider, login to www.unitedconcordia.com or call Customer Services at 800-332-0366.

Plan Design	United Concordia - High Option		United Concordia - Low Option	
	In-Network	*Out-of-Network*	*In-Network*	*Out-of-Network*
Deductible ***(on Basic & Major Services Only)***				
Single	$50	$50	$50	$50
Family	$150	$150	$150	$150
Preventive Services - Cleanings, Diagnostics, X-rays, Preventative Care	100%	100%	100%	100%
Basic Services - Periodontics, Endodontics, Oral Surgery, General Anesthesia	90%	80%	80%	80%
Major Services - Major Restorative, Prosthetic Maintenance, Prosthodontics	60%	50%	0%	0%
Orthodontia	50%	50%	Not Covered	
Lifetime Max	$1,500			
Maximum Annual Benefit	$2,000		$1,000	

VISION BENEFITS

VSP®

The Cigna medical plan does not include vision. Your benefit covers a routine eye exam and glasses (frames and lenses) or contact lenses. Exams and basic lenses are available every 12 months. Frames are available every 24 months. There is no coinsurance or deductible to satisfy for the vision plan. The plan pays up to the benefit maximums listed in the below table. You and your family can enjoy discounts on vision care and laser vision correction by utilizing the VSP network. To locate a VSP provider from a broad network, visit www.vsp.com or call customer service at 800-877-7195

Plan Design		VSP Vision Plan	
	Frequency	*In-Network*	*Out-of-Network*
Examination	12 months	$10 copay	Up to $50
Basic Lenses	12 months	No copay	Up to $50
Frames	24 months	$130 Allowance	Up to $70
Contacts	12 months	$130 Allowance	Up to $105

Flexible Spending Accounts (FSA)

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

You will need to enroll online every year to participate in the FSA plans. **Note:** Some expenses require additional documentation from your provider.

Medical Flexible Spending Account: You may deposit up to **$2,600** per plan year into your Medical Flexible Spending Account to cover you & your dependents during the plan year. Eligible expenses include, but are not limited to: deductibles, copayments and coinsurance payments, uninsured dental expenses, vision care expenses and hearing expenses. **You are not eligible to participate in the medical FSA if you are contributing to a Health Savings Account.**

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

- Phone: 1(800) 815-3023, Option 4
- Fax: 1(800) 584-4185
- Email: cbizflex@cbiz.com
- Mail: CBIZ Flex
  2797 Frontage Road
  Suite 2000
  Roanoke, VA 24017
- Check on your Flex Account: https://myplans.cbiz.com
- Free My Plans mobile app: search for CBIZ in the appropriate app store; available after you register your user name and password on https://myplans.cbiz.com

FSA FAQs

What expenses are eligible through flexible spending accounts?

- Medical and dental deductibles and co-payments (the portion you are responsible for)
- Physical examinations, chiropractic expenses, orthodontics
- Vision expenses not fully paid by any vision plan
- Prescription drugs and insulin not paid by the medical plan

What are some examples of expenses that are not covered?

- Expenditures that are merely beneficial to the general health of the person
- Amounts compensated for by insurance, government agency or workers' compensation
- Cosmetic surgery, other than that needed to improve congenital abnormality, personal injury or disfiguring disease

What happens if I do not use all of the money that I set aside each year? You should be conservative when estimating your expenses. You will lose any amount left over at the end of the plan year.

Once I make an election, can I change that amount during the plan year? Not unless you have a change of status during the year and the change in status must be consistent with the change in election you wish to make. Examples of status changes include marriage, divorce, change in the number of dependents, change in employment, etc.

Do I have to submit receipts with my reimbursement request? Yes, you must submit a statement from the provider describing the medical expenses and a receipt or insurance company explanation of benefits. Cancelled checks or credit card/debit card receipts are not acceptable proof of service.

Participants will have access to view all plan information at anytime on https://myplans.cbiz.com .

Basic Life and Accidental Death & Dismemberment Insurance

Eligible employees receive basic life and accidental death and dismemberment insurance in the amount of one times their annual salary up to a maximum benefit of $100,000. These benefits are paid for by Strategic Analysis and provided by Cigna. For more information contact your HR Department.

Disability

Your disability benefits provide you with a source of income in the event that you are not able to work due to an accident, illness or injury. Strategic Analysis provides short-term and long-term disability benefits to all eligible employees at no cost to the employee.

Short-Term Disability *(STD):* Your STD benefit equals 66.67% of your weekly gross salary up to a maximum benefit of $1,000 per week. There is a 7 day elimination period in which employees must use their own accrued leave.

Long-Term Disability *(LTD):* Your LTD benefit equals 60% of your monthly gross salary up to a maximum benefit of $7,500 per month after a 90-day waiting period. **The benefit duration while disabled is to age 65 or Social Security Normal Retirement Age (SSNRA) whichever is later.**

Employee Assistance Program

When it's difficult to cope with family, work-related, personal or substance-abuse problems - at work or at home - Inova Employee Assistance (IEA) and Work Life Referral Services can lend the ear of an experienced professional, one who will keep your concerns confidential and help guide you in the right direction.

Services at no cost to you include:

- Child and Elder Care Referrals
- Identity Theft Protection
- College Planning and Private School Resources
- Adoption Resources
- Health and Wellness Information
- Convenience Services
- Savings Center/Employee Discount Center
- Online Seminars and Events

Counseling Services are available 24/7. Simply call (800) 346-0110.

For Work Life Benefits you can call 800-346-0110 or go to:

www.inova.org/inova-employee-assistance/index.

Member login Username: sa
Password: eap

DISCLOSURE GUIDE

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.

NON-MEDICAL

If you are voluntarily declining non-medical coverage provided by your employer, you may choose to enroll at a later date depending upon the coverage now being waived. With the late enrollment your cost may be higher, a health questionnaire may be required and the effective date of your coverage may be delayed or denied. If coverage is non-contributory (employer pays entire cost) waivers are not permitted.

Note: Under Section 125, you may make changes to your pre-tax benefit plans only if you experience a qualified event. The change you request must be consistent with the event. The following are the IRS minimum Qualified Events:

1. Marriage, divorce, or legal separation;
2. Birth or adoption of a child;
3. Death of a spouse or child;
4. Change in residence or work location that affects benefits eligibility for you or your covered dependent(s);
5. Your child(ren) meets (or fails to meet) the plan's eligibility rules (for example, student status changes);
6. You or one of your covered dependents gain or lose other benefits coverage due to a change in employment status (for example, beginning or ending a job);
7. Loss or eligibility for Medicaid or CHIP.

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.

DISCLOSURE GUIDE (continued)

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.

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

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

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

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

If you decide to join a Medicare drug plan, your current Strategic Analysis 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 Strategic Analysis coverage, be aware that you and your dependents may 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 Strategic Analysis 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 your plan administrator.

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 Cavalier 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 July 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**KENTUCKY – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
ALASKA – Medicaid	**LOUISIANA – 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://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
ARKANSAS – Medicaid	**MAINE – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
COLORADO – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120
FLORIDA – Medicaid	**MINNESOTA – Medicaid**
Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739
GEORGIA – Medicaid	**MISSOURI – Medicaid**
Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
INDIANA – Medicaid	**MONTANA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
IOWA – Medicaid	**NEBRASKA – Medicaid**
Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633
KANSAS – Medicaid	**NEVADA – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid	SOUTH DAKOTA - Medicaid
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY – Medicaid and CHIP	**TEXAS – Medicaid**
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	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK – Medicaid	**UTAH – Medicaid and CHIP**
Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA – Medicaid	**VERMONT– Medicaid**
Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	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
OKLAHOMA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
OREGON – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
PENNSYLVANIA – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
RHODE ISLAND – Medicaid	**WYOMING – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
SOUTH CAROLINA – Medicaid	
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	

To see if any other states have added a premium assistance program since July 31, 2016, 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

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Resource Directory

Benefit	Phone Number	Additional Information
Cigna Medical & Prescription Drug	(866) 494-2111	www.mycigna.com
Virtual Visit	(888) 726-3171 (855) 667-9722	Mdliveforcigna.com Amwellforcigna.com
UnitedConcordia Dental	(800) 332-0366	www.unitedconcordia.com
VSP Vision Vision	(800) 877-7195	www.vsp.com
CBIZ FSA FSA Administrator	(800) 815-3023 Option 4	www.myplans.cbiz.com
Cigna Life/AD&D, Disability, Vol Life/AD&D	(800) 362-4462	www.mycigna.com
Inova Employee Assistance Program (EAP)	(800) 346-0110	www.inova-employee-assistance/index
Human Resources	(703) 253-4760	hr@sainc.com

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