



2017

Guide TO YOUR BENEFITS



Southwest Network

Welcome

to your benefits

Enrollment

Eligibility

If you are an employee working a minimum of 20 hours per week, then you and your dependents are eligible for benefit coverage. You are eligible for benefits the first of the month following 60 days of employment.

Open Enrollment

Each year there is an open enrollment period during which you can choose the benefits you want for the upcoming year. It is important to choose your benefit options carefully because the choices you make will be fixed for the entire calendar year and cannot be changed until the next open enrollment period unless you experience a qualifying event. If you experience a qualifying event you have 30 days from the change in status to notify Human Resources.

Online Enrollment

To enroll for your calendar year benefits please log in to ADP on our Intranet site and follow these steps:

- Go to “Myself”, then find and select “Benefits”.
- Choose “Enrollments” and “Change Your Enrollments”, then proceed to make your benefit choices.
- When complete, your Summary of Benefits will generate. There you can choose to finish later or submit your choices.
- Once you have submitted your elections, print out the forms for your records.

Domestic Partners

- You may enroll your domestic partner in your insurance benefits, if all IRS requirements are met.
- The requirements are listed on the Domestic Partnership Affidavit, which you must complete and sign.
- You can obtain the Affidavit from Human Resources.
- Domestic partners are not eligible for continuation of coverage under COBRA.
- The portion the company pays for your domestic partner is taxable income.

Qualifying Events

The IRS has certain rules regarding when you can make changes to your benefits. In most cases, you may only make benefit changes during open enrollment. If you experience a qualifying event - an event that causes you or a covered dependent to gain or lose eligibility for coverage - you may make changes during the year. For a complete list of Qualifying Events contact the Human Resources.

The following are some examples of Qualifying Events:

- Marriage
- Legal separation
- Divorce
- Birth
- Adoption
- You, your spouse, or dependent starts or ends employment that affects eligibility for benefits
- Death

YOU MUST NOTIFY HUMAN RESOURCES WITHIN 30 DAYS OF THE QUALIFYING EVENT.

Section 125 - Pre-Tax Program

Section 125 Pre-tax program allows you to pay for benefits with pre-tax dollars.

Premium Only Plan: Enables you to deduct medical, dental and vision insurance premiums from your paycheck on a pre-tax basis. Because your premiums are deducted on a pre-tax basis, you may reduce your State, Federal and Social Security tax liability. When enrolled in a Section 125 plan, you must remain enrolled in the applicable plans for the entire plan year and cannot deduct your premiums from your taxes at the end of the year unless you experience a Qualifying Event.

Flexible Spending Account (FSA) - Employee Funded Program

(Flex) Full Medical Reimbursement Plan: You may contribute up to \$1,000 per plan year for out of pocket qualified medical/dental/vision/pharmacy expenses for yourself, your spouse or eligible dependents. Some over the counter (OTC) products may be reimbursed with a prescription only.

(Flex) Limited Purpose Medical Reimbursement Plan: If you are enrolled in a Health Savings Account (HSA) you may contribute up to \$1,000 per plan year for out of pocket dental/vision expenses ONLY for yourself, your spouse or eligible dependents.

(Flex) Dependent Care Reimbursement Plan: You may deposit up to \$5,000 per Plan Year (\$2,500 if married, filing separately) to pay for qualified dependent care expenses. The expenses are for the care of a child under the age of 13 years, or a dependent who is not capable of self care. You are reimbursed only up to the amount you have contributed at any given time.

If you have a balance at the end of the Plan Year it cannot be returned to you. IRS Rule: **"USE IT or LOSE IT"**.

NOTE: You may not use money in the account for reimbursement of your domestic partner's expenses.

Continuation of Benefits (COBRA)

Upon termination of employment for reasons other than gross misconduct, continuation of an employee's medical and dental coverage and/or any insured dependents' coverage is available for up to 18 months under COBRA (Consolidated Omnibus Budget Reconciliation Act) with the employee assuming all premium costs. If the employee qualifies as disabled, COBRA eligibility is increased to 29 months. Before an employee's benefit coverage ends Human Resources or their designated vendor will provide the terminating employee with personalized information concerning COBRA continuation procedures. Continuation of medical and dental coverage is also available for "qualified beneficiaries" up to 36 months when one of the following qualifying events occurs:

- Death of a covered employee
- Divorce or legal separation
- Employee becomes eligible for Medicare
- Dependent child reaches maximum age allowed under group plan

Qualified beneficiaries are those individuals who were covered under the group plan on the day before the qualifying life event; this could include the employee's spouse and/or dependent child(ren).

Teladoc

Teladoc is a virtual physician consultation which can be initiated 24/7 and provides access to quality medical care telephonically or online. This program is confidential, available to **anyone enrolled in the UMR medical plan**, and can be used to diagnose, recommend treatment, and prescribe medication for non-emergency issues including but not limited to: sore throat, allergies, poison ivy, pink eye, urinary tract infections, respiratory infections and sinus infections. When you need a doctor, request a consultation either via the website or via telephone at 1-800-835-2362.

UMR High Deductible Health Plans (HDHP) - UHC Choice Plus Network

Description of Coverage	HDHP \$4,000 - In Network	HDHP \$2,600 - In Network
Deductible/Per Plan Year - Individual/Family *Embedded	\$4,000/\$8,000	\$2,600/\$5,200
Coinsurance Per Plan Year	20%	20%
Maximum Out-of-Pocket - Individual/Family (Includes deductible, coinsurance & copays)	\$5,800/\$11,600	\$5,000/\$10,000
Office Visit	20% after deductible; Preventive - covered 100%	20% after deductible; Preventive - covered 100%
Hospitalization	20% after deductible	20% after deductible
Routine Diagnostic - Lab/X-ray	20% after deductible; Preventive - covered 100%	20% after deductible; Preventive - covered 100%
Complex Diagnostic Testing - MRI/CT/PET	20% after deductible	20% after deductible
Eye Exam - Every Other Plan Year	20% after deductible	20% after deductible
Emergency Room	20% after deductible	20% after deductible
Urgent Care	20% after deductible	20% after deductible

* An embedded deductible means that one person in a family can meet their individual deductible at which point the health plan will begin paying. The remainder of the family can make up the remaining portion of the family deductible.

PHARMACY BENEFITS	RETAIL - UP TO 30 DAY SUPPLY	MAIL ORDER - UP TO 90 DAY SUPPLY
Deductible	Deductible Waived for Certain Preventive Drugs. See Preventive Drug List for Consumer Driven Health Plans Expanded List. Visit caremark.com for a full list of these prescriptions.	
Generic	\$10 after deductible	\$25 after deductible
Brand	\$30 after deductible	\$75 after deductible
Non-Preferred Brand	\$50 after deductible	\$125 after deductible
Specialty	30 day supply, \$50 after deductible	

RATES - High Deductible Health Plans (HDHP)

Full Time Employees Working 30+ Hours Per Week									
	HDHP \$4,000					HDHP \$2,600			
	Total Monthly	ER Monthly Contribution	EE Monthly Contribution	EE Per Paycheck	ER HSA Monthly Contribution	Total Monthly	ER Monthly Contribution	EE Monthly Contribution	EE Per Paycheck
EE Only	\$385.45	\$325.45	\$60.00	\$30.00	50.00	\$418.23	\$338.23	\$80.00	\$40.00
EE+SP	\$809.43	\$689.43	\$120.00	\$60.00	\$100.00	\$878.27	\$698.27	\$180.00	\$90.00
EE+CH	\$770.89	\$660.89	\$110.00	\$55.00	\$100.00	\$836.45	\$696.45	\$140.00	\$70.00
EE+FAM	\$1,233.44	\$1,103.44	\$130.00	\$65.00	\$100.00	\$1,338.33	\$1,078.33	\$260.00	\$130.00

Part Time Employees Working 20-29 Hours Per Week									
	HDHP \$4,000					HDHP \$2,600			
	Total Monthly	ER Monthly Contribution	EE Monthly Contribution	EE Per Paycheck	ER HSA Monthly Contribution	Total Monthly	ER Monthly Contribution	EE Monthly Contribution	EE Per Paycheck
EE Only	\$385.45	\$154.45	\$231.00	\$115.50	\$50.00	\$418.23	\$167.23	\$251.00	\$125.50
EE+SP	\$809.43	\$323.43	\$486.00	\$243.00	\$100.00	\$878.27	\$351.27	\$527.00	\$263.50
EE+CH	\$770.89	\$307.89	\$463.00	\$231.50	\$100.00	\$836.45	\$334.45	\$502.00	\$251.00
EE+FAM	\$1,233.44	\$493.44	\$740.00	\$370.00	\$100.00	\$1,338.33	\$535.33	\$803.00	\$401.50

Preventive Care

Preventive Care – covered 100% without deductible (Well-women, Well-men, Well-baby Care, Blood Pressure Screening, Cholesterol Check)

For Example: If the physician charge is \$300, insurance pays 100% of the bill, leaving you with a \$0 balance.

Health Savings Account (HSA)

- If you are enrolled in the High Deductible Health Plan, you are eligible to enroll in an HSA. You may open a Health Savings account at any bank you choose however the direct deposit and employer match will not be available at any bank other than Optum Bank. For calendar year 2017 the contribution limits are \$3,400 for individual, \$6,750 for family, with a \$1,000 catch-up for those 55 years and older. Your contribution is tax free, earns interest and you can invest your HSA contributions according to the financial institution's investment vehicles.

Health Savings Account (HSA) *(continued)*

- You may choose to use the funds in your HSA for current qualified healthcare expenses or save it for future healthcare expenses for yourself, your spouse or eligible dependents. (Domestic partners are eligible dependents as defined by the IRS with proof of legal marriage; otherwise they are not considered eligible and thus HSA contributions are not allowed as reimbursable for their expenses.)
- Your balance is carried over from year-to-year and is NOT "USE IT OR LOSE IT" if unused. This is your money, so the dollars stay with you.
- To enroll in an Optum Bank account follow the link provided on the employee intranet portal or by going to optumbank.com and creating an account.

UMR Medical Plans - UHC Choice Plus Network

Description of Coverage	CLASSIC - In Network
Deductible/Per Plan Year Individual/Family *Embedded	\$3,000/\$6,000
Coinsurance Per Plan Year	30%
Maximum Out-of-Pocket Individual/Family (Includes deductible, coinsurance & copays)	\$6,350/\$12,700
Office Visit/Specialist	\$25/\$50
Preventive Services	100%
Hospitalization	30% after deductible
Routine Diagnostic Lab	No Charge
Xray (Excluding complex scans)	No Charge
Complex Diagnostic Testing MRI/CT/PET	\$250
Eye Exam - Every Other Plan Year	\$25
Emergency Room	\$250
Urgent Care	\$100

* An embedded deductible means that one person in a family can meet their individual deductible at which point the health plan will begin paying. The remainder of the family can make up the remaining portion of the family deductible.

PHARMACY BENEFITS	RETAIL - UP TO 30 DAY SUPPLY	MAIL ORDER - UP TO 90 DAY SUPPLY
Generic	\$15	\$37.50
Brand	\$45	\$112.50
Non-Preferred Brand	\$85	\$212.50
Specialty	30 day supply for \$170	

Refer to the Certificate of Coverage (COC) for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage.

RATES - Medical Plans - Employee Pay Contributions

Full Time Employees Working 30+ Hours Per Week				
	CLASSIC			
	Total Monthly	ER Monthly Contribution	EE Monthly Contribution	EE Per Paycheck
EE Only	\$470.80	\$346.80	\$124.00	\$62.00
EE+ SP	\$988.87	\$728.67	\$260.00	\$130.00
EE+CH	\$941.60	\$725.60	\$216.00	\$108.00
EE+Family	\$1,506.56	\$1,146.56	\$360.00	\$180.00

Part Time Employees Working 20-29 Hours Per Week				
	CLASSIC			
	Total Monthly	ER Monthly Contribution	EE Monthly Contribution	EE Per Paycheck
EE Only	\$470.80	\$188.80	\$282.00	\$141.00
EE+ SP	\$988.67	\$395.67	\$593.00	\$296.50
EE+CH	\$941.60	\$376.60	\$565.00	\$282.50
EE+Family	\$1,506.56	\$602.56	\$904.00	\$452.00

Dental Plans - Ameritas

In-Network Benefits	AMERITAS - Low Plan	AMERITAS - High Plan
Annual Maximum	\$1,000	\$2,500
Deductible - Waived for preventive	\$50 / \$150	\$50 / \$150
Preventive	100%	100%
Basic	80%	90%
Major	25%	60%
Orthodontia Coinsurance	N/A	50% - Child Only
Orthodontia Maximum	N/A	\$2,500 (Lifetime)
Dental Rewards Program	Additional accumulation toward annual maximum	
FUSION Benefit	\$100 to use for eye exams, frames and lenses	

Full Time Employees Working 30+ Hours Per Week

RATES	Low Plan		High Plan	
	Employee Per Month	Employee Per Paycheck	Employee Per Month	Employee Per Paycheck
Employee Only	\$12.00	\$6.00	\$30.00	\$15.00
Employee + One	\$28.00	\$14.00	\$54.00	\$27.00
Employee + Family	\$50.00	\$25.00	\$96.00	\$48.00

Part Time Employees Working 20-29 Hours Per Week

RATES	Low Plan		High Plan	
	Employee Per Month	Employee Per Paycheck	Employee Per Month	Employee Per Paycheck
Employee Only	\$19.00	\$9.50	\$40.00	\$20.00
Employee + One	\$35.00	\$17.50	\$70.00	\$35.00
Employee + Family	\$58.00	\$29.00	\$120.00	\$60.00

Participants have 90 days from the date of service to file a FUSION claim with Ameritas.

Voluntary Vision Plan - VSP

VSP CHOICE			
	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every 12 Months
Glasses	Prescription glasses	\$25	See Frame and Lenses
Frames	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$80 allowance at Costco 20% off amount over your allowance 	Included in prescription glasses	Every 24 Months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in prescription glasses	Every 12 Months
Lens Options	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses 	\$55 \$95 - \$105 \$150 - \$175	Every 12 Months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% off contact lens exam (fitting and evaluation) 	\$0	Every 12 Months
FUSION Benefit	\$100 to use for exams, frames and lenses		

RATES	Employee Per Month	Employee Per Paycheck
Employee Only	\$5.91	\$2.96
Employee + Spouse	\$11.82	\$5.91
Employee + Child(ren)	\$12.63	\$6.32
Employee + Family	\$20.19	\$10.10

Employer Paid Life & AD&D - Mutual of Omaha (full time employees working 30+ hours)

Southwest Network provides Basic Employee Term Life and Accidental Death and Dismemberment benefits in the amount of 1 times your salary to a maximum of \$100,000 at no cost to you.

Employer Paid Disability Insurance - Mutual of Omaha (full time employees working 30+ hours)

Coverage	Benefits Begin	Weekly Benefit	Duration
Short Term Disability	Day 15	60% of salary to a maximum of \$1,000 per week	11 Weeks
Long Term Disability	Day 91	60% of salary to a maximum of \$5,000 per month	Social Security Normal Retirement Age

Supplemental Life & AD&D for Eligible Employees and Dependents - Mutual of Omaha

Voluntary Life is available at a cost to the employee through payroll deduction. The employee and/or dependents may need to qualify for benefits. (Children up to age 26.)

Employee Only: \$10,000 up to 7x annual salary up to \$350,000 - ***Guarantee Issue:** 7x annual salary up to \$100,000
Spouse: \$5,000 up to \$100,000 not to exceed 50% of employee benefit - ***Guarantee Issue:** \$30,000
Child(ren): \$2,000 up to \$10,000 not to exceed 50% of employee benefit - ***Guarantee Issue:** \$10,000

**Guarantee Issue Amount means the amount of life insurance Mutual of Omaha will issue without requiring Evidence of Insurability.*

EMPLOYEE PER PAYCHECK PREMIUM RATE TABLE										
AGE	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0-34	\$0.43	\$0.86	\$1.29	\$1.72	\$2.15	\$2.58	\$3.01	\$3.44	\$3.87	\$4.30
35-39	\$0.58	\$1.16	\$1.74	\$2.32	\$2.90	\$3.48	\$4.06	\$4.64	\$5.22	\$5.50
40-44	\$0.83	\$1.66	\$2.49	\$3.32	\$4.15	\$4.98	\$5.81	\$6.64	\$7.47	\$8.30
45-49	\$1.33	\$2.66	\$3.99	\$5.32	\$6.65	\$7.98	\$9.31	\$10.64	\$11.97	\$13.30
50-54	\$1.88	\$3.76	\$5.64	\$7.52	\$9.40	\$11.28	\$13.16	\$15.04	\$16.92	\$18.80
55-59	\$2.73	\$5.46	\$8.19	\$10.92	\$13.65	\$16.38	\$19.11	\$21.84	\$24.57	\$27.30
60-64	\$4.43	\$8.86	\$13.29	\$17.72	\$22.15	\$26.58	\$31.01	\$35.44	\$39.87	\$44.30
65-69	\$7.93	\$15.86	\$23.79	\$31.72	\$39.65	\$47.58	\$55.51	\$63.44	\$71.37	\$79.30
70-74	\$11.13	\$22.26	\$33.39	\$44.52	\$55.65	\$66.78	\$77.91	\$89.04	\$100.17	\$111.30
75+	\$23.88	\$47.76	\$71.64	\$95.52	\$119.40	\$143.28	\$167.16	\$191.04	\$214.92	\$238.80

SPOUSE PER PAYCHECK PREMIUM RATE TABLE										
AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0-34	\$0.21	\$0.43	\$0.64	\$0.85	\$1.06	\$1.28	\$1.49	\$1.70	\$1.91	\$2.13
35-39	\$0.29	\$0.58	\$0.87	\$1.16	\$1.45	\$1.74	\$2.03	\$2.32	\$2.61	\$2.90
40-44	\$0.41	\$0.83	\$1.24	\$1.65	\$2.06	\$2.48	\$2.89	\$3.30	\$3.71	\$4.13
45-49	\$0.66	\$1.33	\$1.99	\$2.65	\$3.31	\$3.98	\$4.64	\$5.30	\$5.96	\$6.63
50-54	\$0.94	\$1.88	\$2.82	\$3.76	\$4.70	\$5.64	\$6.58	\$7.52	\$8.46	\$9.40
55-59	\$1.36	\$2.73	\$4.09	\$5.45	\$6.81	\$8.18	\$9.54	\$10.90	\$12.26	\$13.63
60-64	\$2.21	\$4.43	\$6.64	\$8.85	\$11.06	\$13.28	\$15.49	\$17.70	\$19.91	\$22.13
65-69	\$3.96	\$7.93	\$11.89	\$15.85	\$19.81	\$23.78	\$27.74	\$31.70	\$35.66	\$39.63

ALL CHILDREN PER PAYCHECK PREMIUM RATE TABLE*										
RATE	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	
		\$0.20	\$0.30	\$0.40	\$0.50	\$0.60	\$0.70	\$0.80	\$0.90	\$1.00

* Regardless of how many children you have, the premium is not a per child premium and is the same for one or all children.

Employee Premium Spouse Premium Child(ren) Premium Total Semi-Monthly Premium

_____ + _____ + _____ = _____

Premium Calculations: Please note that the premium amounts presented above may vary slightly from the amounts provided on your enrollment form due to rounding.

Other Benefits

Employee Assistance Program (EAP) - Mutual of Omaha

Mutual of Omaha's Employee Assistance Program (EAP) has trained professionals to work with you as you search for solutions to personal and workplace issues. The program is voluntary and confidential; only your EAP professional will know you have called. This program is paid for by your company and includes assistance for you, your domestic partner and your immediate dependent family members.

Services include:

- 24-hour toll-free phone access to EAP professionals 7 days a week
- Telephone assistance and referral
- Service for immediate and dependent family members
- Three face-to-face sessions with a counselor

EAP staff members are highly trained, master's level professionals who will assess your situation, provide support and, if needed, refer you to other helpful resources. Call your EAP professional at 1-800-316-2796, 24 hours a day, 7 days a week.

Paid Time Off

Sick Time

Sick time accrues at 2.46 hours per pay period and begins accruing upon date of hire for a total of 63.96 hours per year. Sick time can be taken the first of the month following 90 days of employment.

Vacation Time

Vacation time is available for use the first of the month following 90 days of employment. Vacation time is set based upon the employee's seniority date and begins accruing upon hire date subsequent to the percentage of full time status dictated by the employee's set schedule. For example, individuals scheduled for 20 hours will accrue 50% of the applicable accrual rate. The vacation time for full time employees is as follows:

Months of Employment	Accrual
0-24 Months	4.0 hours per pay period for a total of 104 hours per year
25-60 Months	5.85 hours per pay period for a total of 152.10 hours per year
61-120 Months	7.70 hours per pay period for a total of 200.20 hours per year
121+ Months	8.62 hours per pay period for a total of 224.12 hours per year

Holidays

- New Year's Day
- Independence Day
- Thanksgiving Day
- Christmas Day
- Martin Luther King, Jr. Day
- Labor Day
- Day after Thanksgiving
- Memorial Day
- Veteran's Day
- Christmas Eve

403(b) Retirement Savings Plan

Southwest Network is proud to sponsor a 403(b) retirement savings plan for our employees. For investment recommendations or questions, please contact our financial professionals at CBIZ Financial Solutions.

Robert C. Quiroz, Timothy M. Schannep, CFP® & Teri White

Phone: (520) 320-3811, (800) 457-5636

Fax: (520) 320-3822

Email: 403bhelp@cbiz.com

Employee Contributions

You are immediately eligible to participate in the 403(b) Retirement Savings Plan. The plan allows you to save for retirement through a Traditional (pre-tax) contribution, which reduces your current taxable income; or a Roth contribution, which is not tax deductible but allows you to take tax-free withdrawals at retirement. In calendar year 2016, you can contribute up to \$18,000 of annual compensation. If you are age 50 or older, you can contribute an additional \$6,000 for a total of \$24,000.

Employer Match

Southwest Network currently provides a match. The employer match is determined each year. Historically, Southwest Network has matched \$.40 on the dollar up to the first 10% of considered compensation. Employer contributions are subject to a four-year vesting schedule.

Vesting Schedule

Years of Service	Vested
Less than 1 year	0%
1 year	25%
2 years	50%
3 years	75%
4 or more years	100%

Account Access

You can access your account online at <https://www.nationwide.com/> or by calling them directly at 800-772-2182.

Additional Information

The Southwest Network 403(b) plan allows for rollovers from other retirement plans, such as 401(k)s, 403(b)s, and IRA accounts.

LEGAL NOTICES

Notice of Privacy Practices

In December of 2000, the Department of Health and Human Services (DHHS) issued federal regulations pertaining to HIPAA, which regulates the use and disclosure of protected health information. These regulations are better known as the HIPAA Privacy Rules, which went into effect in April 2003. To obtain a copy, contact your HR department.

Model Medicaid/CHIP Notice

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	Website: www.myalhipp.com . Phone: 1-855-692-5447
ALASKA – 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
ARKANSAS - Medicaid	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
COLORADO – Medicaid	Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943
FLORIDA – Medicaid	Website: http://www.flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
GEORGIA – Medicaid	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
INDIANA – 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
IOWA – Medicaid	Website: www.dhs.state.ia.us/hipp/ . Phone: 1-888-346-9562
KANSAS – Medicaid	Website: http://www.kdheks.gov/hcf/ . Phone: 1-785-296-3512
KENTUCKY – Medicaid	Website: http://chfs.ky.gov/dms/default.htm . Phone: 1-800-635-2570
LOUISIANA – Medicaid	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
MAINE – Medicaid	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003. TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	Website: http://www.mass.gov/MassHealth . Phone: 1-800-462-1120
MINNESOTA – Medicaid	Website: http://mn.gov/dhs/ma/ . Phone: 1-800-657-3739
MISSOURI – Medicaid	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

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

MONTANA – Medicaid	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid	Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx . Phone: 1-855-632-7633
NEVADA – Medicaid	Medicaid Website: http://dwss.nv.gov/ . Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
NEW JERSEY – 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
NEW YORK – Medicaid	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	Website: http://www.ncdhhs.gov/dma . Phone: 919-855-4100
NORTH DAKOTA – Medicaid	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	Website: http://www.insureoklahoma.org . Phone: 1-888-365-3742
OREGON – Medicaid	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	Website: http://www.dhs.pa.gov . Phone: 1-800-692-7462
RHODE ISLAND – Medicaid	Website: http://www.eohhs.ri.gov/ . Phone: 401-462-5300
SOUTH CAROLINA - Medicaid	Website: http://www.scdhhs.gov . Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	Website: http://dss.sd.gov . Phone: 1-888-828-0059
TEXAS - Medicaid	Website: http://gethipptexas.com/ . Phone: 1-800-440-0493
UTAH - Medicaid and CHIP	Website: Medicaid: http://health.utah.gov/nedicaid CHIP: http://health.utah.gov/chip . Phone: 1-877-543-7669
VERMONT - Medicaid	Website: http://www.greenmountaincare.org/ . Phone: 800-250-8427
VIRGINIA - Medicaid and CHIP	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
WASHINGTON - Medicaid	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx . Phone: 1-800-562-3022, ext. 15473
WEST VIRGINIA - Medicaid	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx . Phone: 1-877-598-5820, HMS 3rd Party Liability
WISCONSIN - Medicaid and CHIP	Website: http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING - Medicaid	Website: https://wyequalitycare.acsw-inc.com/ . Phone: 307-777-7531
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

Contacts

Carrier/Contact	Benefit/Title	Customer Service #	Website/Email
HR Department	Human Resources	T: 602.266.8402 F: 602.263.4064	HR@southwestnetwork.org
UMR	Medical	800.826.9781	umr.com
CVS/Caremark	Pharmacy Customer Care	888.202.1654	caremark.com
CBIZ	Flexible Spending Account	800.815.3023	myplans.cbiz.com
ADP	Benefits Portal	Use Employee log in	https://workforcenow.adp.com
Optum Bank	Health Savings Account Bank	800.791.9361	optumbank.com
Ameritas	Dental	800.487.5553	ameritas.com
VSP	Vision	800.877.7195	vsp.com imember@vsp.com
Mutual of Omaha	Basic Claim Questions	800.655.5142	mutualofomaha.com
Mutual of Omaha	Disability Claims	800.877.5176 402.997.1865 Fax	newdisabilityclaim@mutualofomaha.com
Mutual of Omaha	Life Claims	800.877.5176 402.997.1835 Fax	submitgrplife@mutualofomaha.com
CBIZ	Claims Advocate Angela Schlosser	520.321.7503	aschlosser@cbiz.com
CBIZ Financial Solutions	403(b) Retirement Services	800.457.5636	403bhelp@cbiz.com
EAP - Mutual of Omaha	Employee Assistance	800.316.2796	mutualofomaha.com/eap
FMLA Source	Family and Medical Leave Act	877.365.2666 TDD 800.697.0353 FAX 877.309.0218	FMLASource.com

About this Booklet. This booklet highlights important features of Southwest Network's benefits for its full-time employees. While efforts have been made to ensure the accuracy of the information presented, in the event of any discrepancies your actual coverage and benefits will be determined by the Personnel Policies & Procedures, Summary Plan Descriptions and/or the contracts that govern these plans for the eligibility, limitations and other details of these benefits. Benefit plans may be changed for any reason, to the extent allowed by law. Your participation in these benefits is not a contract of employment and does not guarantee future employment. All inquires regarding benefits should be directed to Human Resources.

CBIZ Benefits & Insurance Services, Inc.
1765 East Skyline Drive ♦ Tucson, AZ 85718
520.327.6421

