Office Practicum

2017 Employee Guide

INSIDE THIS GUIDE

REFERENCE

Coverage	Vendor	Website / Phone
Medical		
Prescription (Rx)		
Dental		
Life, AD&D, Disability		
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24-Hour Nurseline		
Human Resources		
401(k) Savings Plan		

This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in this brochure and the official plan documents, the language of the official plan document shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information. Any plan benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Office Practicum.

WELCOME

Office Practicum takes pride in offering a comprehensive and competitive benefits package to its employees. ABC Company, 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 calendar year. Options selected upon hire remain in place through the end of the calendar year in which you are hired.

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 31st 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

ABC Company's medical options are designed to provide you and your family with access to high quality healthcare. We are offering two plans which are available through UnitedHealthcare. The first option is a Preferred Plan and the second is the Premier Plan.

The medical options cover a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalizations. The plans differ when it comes to how they share costs with you. Please refer to the summary on Page 2 for specific details on each medical plan option. www.uhc.com.

Eligibility: First of the month following 90 days of employment.

Benefits Description	UnitedHealthcare PREFERRED - PLAN		UnitedHealthcare PREMIER - PLAN	
	In-Network	*Out-Of-Network*	*In-Network*	*Out-Of-Network*
Lifetime Maximum	None	$1 Million	None	$1 Million
Out-Of-Pocket Maximum Individual Family	 None None	 $5,000 $15,000	 None None	 $5,000 $15,000
Deductible Individual Family	 None None	 $500 $1,500	 None None	 $500 $1,500
Coinsurance	100%	70% / 30%	100%	70% / 30%
Primary Office Visit	$20 Copayment	30% after Deductible	$15 Copayment	30% after Deductible
Specialist Services	$40 Copayment	30% after Deductible	$30 Copayment	30% after Deductible
Emergency Room	$100 Copayment	$100 Copayment	$100 Copayment	$100 Copayment
Inpatient Hospital Services	$125/day; to max. of $625/Admission	30% after Deductible	$125/day; to max. of $625/Admission	30% after Deductible
Outpatient Surgery	100%	30% after Deductible	100%	30% after Deductible
Lab & Pathology Services	100%	30% after Deductible	100%	30% after Deductible
X-Ray Services Routine Radiology/Diagnostic MRI/MRA, CT, PET Scans	 100% 100%	 30% after Deductible 30% after Deductible	 100% 100%	 30% after Deductible 30% after Deductible
Routine Mammography	100%	30% after Deductible	100%	30% after Deductible
Routine Eye Exam *(once every other year)*	$20 Copayment	30% after Deductible	$15 Copayment	30% after Deductible
Durable Medical Equipment	100%; $2,500 Max. Benefit	30% after Deductible	100%; $2,500 Max. Benefit	30% after Deductible
Prescription Drug *(including oral contraceptives)* Generic Brand Formulary	 $10 Copayment $30 Copayment $50 Copayment		 $10 Copayment $20 Copayment $35 Copayment	

DENTAL BENEFITS

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

Under this plan, you may obtain covered services from any dentist. However, if an out-of-network 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.

A complete provider directory can be accessed online at www.glic.com.

Dental Benefits Description	Guardian Dental	
	In-Network	***Out-of-Network***
Deductible ***(not waived for preventive care)*** Individual Family	 $50 $150	 $50 $150
Preventive Services Oral Exams, Full Mouth X-Rays, Fluoride Treatments, Lab Work & Tests, Teeth Cleaning, Periodontal Maintenance	100%	100%
Basic Services Fillings, Endodontics-Root Canal, Periodontics, Oral Surgery, General Anesthesia, Pulp Capping	90%	80%
Major Services Inlays & Onlays, Crowns, Dentures, Bridges	60%	50%
Orthodontic Services	60% *($1,000 life-time maximum)*	50% *($1,000 life-time maximum)*
Annual Maximum	$2,000 *Per Year*	$2,000 *Per Year*

VISION BENEFITS

All full-time, regular employees are eligible to sign up for vision coverage, which allows participants to get an examination annually and lenses, frames, and contact lenses *(in lieu of frames & lenses)* 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. www.vsp.com

Benefits Description	VSP Vision Plan
	In-Network
Eye Exam & Refraction	$10 Every 12 months
Vision Lenses	$25 Every 12 months
Frames	$25 Every 24 months
Contact Lenses	$25 Every 12 months

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

All full-time, regular employees receive basic life insurance in an amount equal to your annual base salary to a maximum of $300,000. Accidental death and dismemberment insurance pays a benefit that varies with the type of loss or accident. These benefits are paid for by ABC Company and provided by Lincoln Financial Group.

Employees may elect to purchase additional life insurance coverage in increments of $25,000 for employees up to $300,000 and for spouses up to $150,000. A dependent child benefit equal to 10% of the employee additional life amount up to $10,000 and is available for children aged 14 days to 23/25 years depending on dependent student status. www.lfg.com.

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. ABC Company provides short-term and long-term disability benefits to all eligible employees at no cost to the employee. www.lfg.com

Short-Term Disability *(STD):* Your STD benefit is based on your length of service and begins after a 10 -day unpaid waiting period. Vacation days may be used to supplement the waiting period.

Long-Term Disability *(LTD):* Your LTD benefit equals 67% of your monthly base earnings to a maximum benefit of $5,000 per month. This benefit begins on the 181st day of disability. The benefit duration while disabled is to Age 65 or Social Security Normal Retirement Age (SSNRA) whichever is later.

FLEXIBLE SPENDING ACCOUNTS (FSA)

ABC Company allows you to defer a portion of your pay though 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.

It is important that you estimate carefully. If you do not use all of the money in your accounts by the end of the plan year, Federal law requires you to forfeit any unused balances. You have up to 3-1/2 months after the plan year ends *(April 15th)* to submit qualified expenses for reimbursement incurred during the prior year.

Additionally, you have 2-1/2 months grace period after the plan year ends to continue to incur claims for expenses.

ABC Company's FSA program features the *Take Care Debit Card* enabling you to pay eligible medical and dependent care expenses directly from your FSA, eliminating the need for you to pay out of your own personal funds.

Medical FSA: You may deposit up to **$2,500** 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.

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

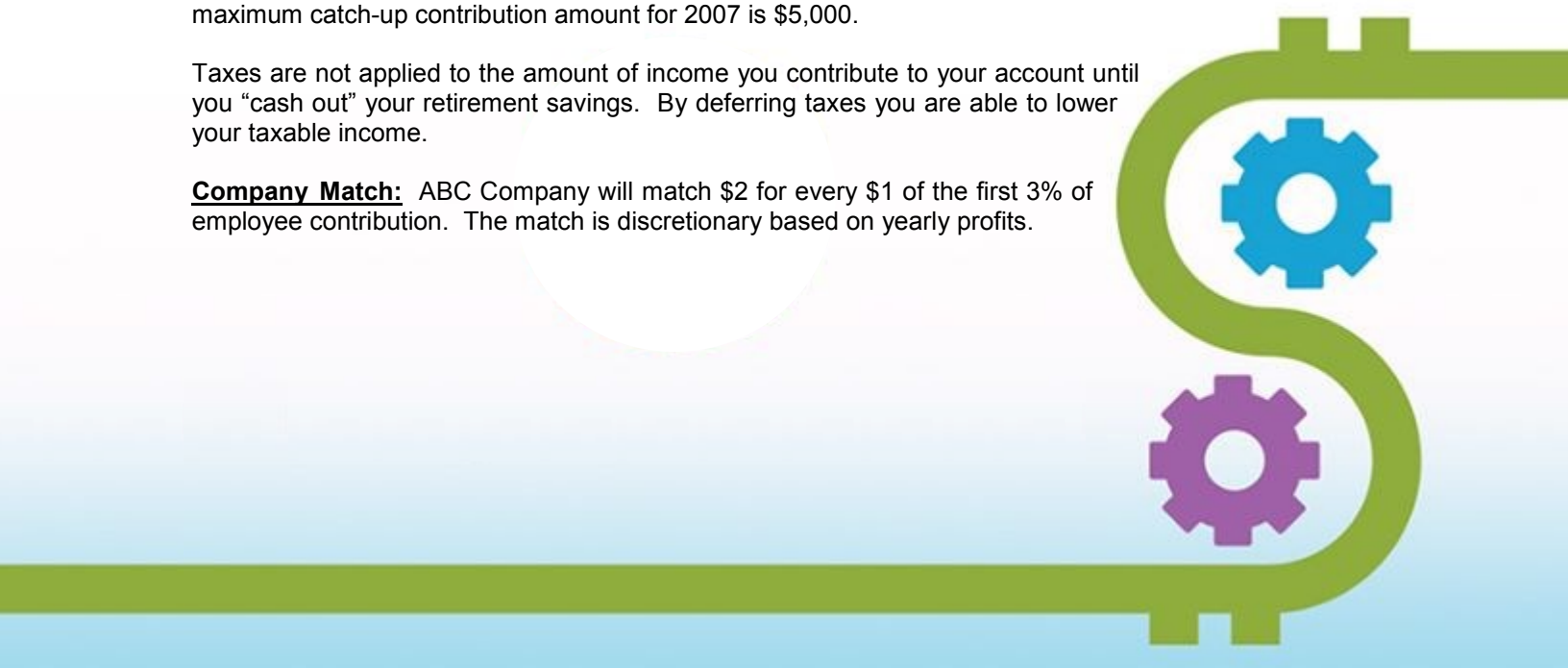
Employee account reports are available on-line. Please visit www.myflexonline.com or call (800)-815-3023, Option 4.

RETIREMENT/401(K) SAVINGS PLAN

ABC Company's 401(k) Plan is available to all full-time, regular employees on the first day of the month following date of hire. You may contribute up to 70% of your pay to a maximum of $15,000 for 2007. If you are age 50 or older, you are entitled to contribute an additional "catch-up" contribution. The maximum catch-up contribution amount for 2007 is $5,000.

Taxes are not applied to the amount of income you contribute to your account until you "cash out" your retirement savings. By deferring taxes you are able to lower your taxable income.

Company Match: ABC Company will match $2 for every $1 of the first 3% of employee contribution. The match is discretionary based on yearly profits.



EMPLOYEE ASSISTANCE PROGRAM

ABC Company understands the importance of balancing work and family issues. Through our Employee Assistance Program, counseling and referral services are available to you and your eligible dependents. ABC's counselors are available to speak confidentially with you and your family regarding work, health and wellness and emotional well being issues.

For more information, please contact ABC Company at (800) 525-9206.

OTHER BENEFITS

In addition to the benefits described in this brochure, ABC Company offers a variety of other benefits, some of which include:

- A safety program that rewards employees exceeding safety standards
- Training programs
- Gain share plan with the opportunity to "gain" 7.5%
- ROCE with pay out potential of 7.5%
- Employee sponsored events
- Safety glasses/safety shoes

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 andor 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.

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 240-965-3877.

Important Notice from Office Practicum 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 Office Practicum 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. Office Practicum has determined that the prescription drug coverage offered by _____ 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 **Office Practicum** 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 **Office Practicum** 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 **Office Practicum** 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 **Office Practicum** 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).

Date:
Name of Entity/Sender: **Office Practicum**
Contact--Position/Office: **Human Resources**
Address:
Phone Number:

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.