

SETTY

BENEFITS PLAN OVERVIEW

2017

WELCOME

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



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

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

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 March 31st of each year. The following circumstances are the ONLY reasons you may change your benefits during the year:

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

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



Setty has partnered with CBIZ, our broker, to provide you and your family a broad access to high-quality healthcare providers both regionally and nationwide. Setty is offering three plans, two Consumer Driven Health plans, one being an PPO HSA and the other an HMO HSA. The third option is a PPO, all of which cover a broad range of healthcare services and supplies, including



prescriptions, office visits and hospitalization. Depending upon the type of service, whether it be a routine office visit, a trip to the emergency room, or any other medical service under the plan, your medical plan shares the cost of care with you in different ways.

Please see the summary on Page 2 for specific plan details. Setty shares the cost with their employees.

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MEDICAL BENEFITS DESCRIPTION



Plan Design	Aetna/Innovation Health PPO 100/70 500A		Aetna/Innovation Health PPO 1500 HSA		Aetna/Innovation Health Open HMO 2500 HSA
Deductible (Policy Year):	In Network	Out of Network	In Network	Out of Network	In Network Only
- Single	\$0	\$500	\$1,500	\$3,000	\$2,500
- Family	\$0	\$1,000	\$3,000	\$6,000	\$5,000
Out of Pocket Maximum (Policy Year):					
- Single	\$3,000	\$5,000	\$3,000	\$6,000	\$5,000
- Family	\$6,000	\$10,000	\$6,000	\$12,000	\$6,850
Coinsurance:	Copays	70% / 30% Allowed Benefit	Copays	70% / 30% Allowed Benefit	Copays
Office Visits:		Deductible First, then;	Deductible First, then;		Deductible First, then;
- Primary Care Physician	\$20 Copay	30% Allowed Benefit	\$20 Copay	30% Allowed Benefit	\$30 Copay
- Specialist	\$40 Copay	30% Allowed Benefit	\$40 Copay	30% Allowed Benefit	\$50 Copay
- Lab and x-ray (free standing)	\$40 Copay	30% Allowed Benefit	\$40 Copay	30% Allowed Benefit	\$50 Copay
Routine Coverage:					
- Well Baby	Covered in Full	30% Allowed Benefit	Covered in Full	30% Allowed Benefit	Covered in Full
- Adult	Covered in Full	30% Allowed Benefit	Covered in Full	30% Allowed Benefit	Covered in Full
Deductible waived for Preventive					
Hospitalization:		Deductible First, then;	Deductible First, then;		Deductible First, then;
- Inpatient	\$500 / Admission	30% Allowed Benefit	\$500 / Admission	30% Allowed Benefit	\$300 copay per day to a max copay of 1500 per admission
- Outpatient	\$300 Copay	30% Allowed Benefit	\$300 Copay	30% Allowed Benefit	\$200 Copay
- Accident/Medical Emergency	\$200 Copay	Same as In network	\$200 Copay	Same as In network	\$200 Copay
- Urgent Care	\$75 Copay	30% Allowed Benefit	\$75 Copay	30% Allowed Benefit	\$75 Copay
Prescription Drugs:			Integrated medical and rx		Integrated medical and rx
- Generic	\$0 deductible		\$10 Copay		\$10 Copay
- Brand (Formulary)	\$10 Copay		\$35 Copay		\$35 Copay
- Brand (Non-Formulary)	\$35 Copay		\$60 Copay		\$60 Copay
- Specialty Drugs	\$60 Copay		\$200 Copay		\$200 Copay
- Mail Order	\$200 Copay		2 x Copay		2 x Copay
Lifetime Maximum	2 x Copay		Unlimited		Unlimited

You may select a provider from the following networks:

www.aetna.com or call 1-800-872-3862 or the Member Services number on your ID card

For more online services and tools:

Register on www.aetnavigators.com

EMPLOYEE CONTRIBUTIONS

Aetna IH PPO 500 HSA	Employee Bi-Monthly Cost
Employee Only	\$101.93
Employee + Spouse	\$351.98
Employee + Child(ren)	\$305.40
Family	\$561.05

Aetna IH & Non-IH PPO 1500 HSA	Employee Bi-Monthly Cost
Employee Only	\$27.76
Employee + Spouse	\$261.14
Employee + Child(ren)	\$233.70
Family	\$429.10

Aetna IH & Non-IH Open HMO 2500 HSA	Employee Bi-Monthly Cost
Employee Only	\$13.40
Employee + Spouse	\$119.35
Employee + Child(ren)	\$89.10
Family	\$239.25

Dental	Employee Bi-Monthly Cost
Employee Only	\$0.00
Employee + Spouse	\$15.51
Employee + Child(ren)	\$22.97
Family	\$42.74

Vision	Employee Bi-Monthly Cost
Employee Only	\$0.00
Employee + Spouse	\$4.04
Employee + Child(ren)	\$2.80
Family	\$7.23

DENTAL BENEFITS



PPO PLAN



Good Dental health is important to your overall well-being. At the same time, we all need different levels of dental treatment. The MetLife Dental Plan provides affordable coverage based on the type of services obtained – **Preventive, Basic and Major Restorative Procedures**. Members will receive the most out of their dollar by visiting a participating provider. Members that seek treatment outside of the network will be reimbursed based on MetLife’s allowable charge. Setty shares in the cost with their employees. To locate a provider, visit www.metlife.com/dental or online www.metlife.com/mybenefits.

Coverage Type	MetLife PPO	
	In-Network	Out-of-Network
Annual Deductible Individual / Family	\$50 / \$150	
Preventive (deductible waived)	100%	80%
Basic Services (deductible first)	80%	60%
Major Services (deductible first)	50%	40%
Endo / Perio (deductible first)	80%	60%
Plan Year Maximum	\$1,500 per person	
Orthodontia (deductible first) (only for children up to age 19)	50%	40%
Lifetime Maximum	\$1,500 per child up to age 19	



VISION BENEFITS M130A-10/25

Eligible employees may sign up for vision coverage, which allows participants to get an examination and lenses every 12 months. Participants have the option of receiving care from a network provider or out-of-network provider; however, if you use an out-of-network provider you will

incur higher out-of-pocket expenses. Setty shares in the cost with their employees. To locate a provider, visit www.metlife.com/mybenefits.

Plan Design	MetLife Vision	
	In-Network	Out-of-Network
Copayments Examinations Materials	\$10 copay Plan Allowance	Plan pays up to \$45 Plan Allowance
Frequency of Service Vision Exam Lenses Frames Contact Lenses	Once every 12 months Once every 12 months Once every 12 months Once every 12 months	
Lenses (Pair) Single Vision Bifocal Trifocal	\$25 copay \$25 copay \$25 copay	Plan pays: Up to \$30 Up to \$50 Up to \$65
Frames	Plan pays \$130 allowance, additional 20% off balance over allowance	Plan pays up to \$70
Contact Lenses Elective Necessary	\$130 plan allowance Covered in full after eyewear copay	Plan pays: Up to \$105 Up to \$210

Discounts on additional pair of eyeglasses or prescription sunglasses. Discount on Lasik Vision correction including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations. See Benefit Summary for more details.

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE



Setty offers its employees basic life insurance and AD&D coverage through MetLife at **no cost** to you. Eligible employees receive Basic Life Insurance equal to \$50,000. Accidental Death and Dismemberment Insurance provides a benefit equal to your basic life insurance in the event of death or dismemberment resulting from a covered accident. At age 70, the benefit begins to reduce. Please see plan summary for more details.

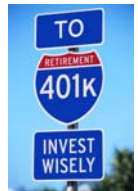
Additional Benefits:

- **Grief Counseling:** Provides eligible employees, beneficiaries, spouses and other family members a form of counseling that aims to help people cope with grief and mourning following the death of a loved one, or with major life changes that trigger feelings of grief such as divorce, the loss of a job, financial hardship, terminal illness or loss of a pet.
- **Portability/Conversion:** You may be eligible to continue your Life and AD&D coverage at group rates if your employment ends.
- **Accelerated Death Benefit:** You may collect up to 80% of your Life benefit if you are diagnosed with a terminal illness and are expected to live 12 months or less.

RETIREMENT/401(K) SAVINGS PLAN

Setty's 401(k) Plan is available to all employees on the first day of the month following 90 days from date of hire. You may contribute up to 100% of your pay to a maximum of \$18,000 for this plan year. If you are age 50 or older, you are entitled to contribute an additional "catch-up" contribution. The maximum catch-up contribution amount for this plan year is \$6,000.

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: Setty will contribute up to \$100 per month of employee contribution – dollar to dollar match. The match is discretionary based on yearly profits.

HEALTH SAVINGS ACCOUNTS



Employees enrolling in Aetna's health plans are eligible to open a Health Savings Account through Health Equity. This is an interest accruing account that provides financial control over how you spend your health care dollars and can be used to pay for your out-of-pocket healthcare expenses, including dental and vision. You will automatically receive a welcome packet and debit card in the mail regarding account information once you enroll in one of Aetna's health plans. Visit

www.healthequity.com or call 866-346-5800 for more information.

VOLUNTARY BENEFITS

Setty & Associates realizes you make benefit choices based on what is important to you and the needs of your changing lifestyle. That's why we make voluntary benefits available as a part of our benefit package to help you supplement your existing benefits at low cost group rates.



BENEFITS PLAN OVERVIEW

VOLUNTARY SHORT TERM DISABILITY



Short Term Disability benefits are purchased based on 60% of your weekly earnings up to a \$1,500 weekly maximum, for a duration up to twelve weeks. The benefit takes effect after you have been disabled for 7 days following an injury or sickness. You may receive benefits for up to 12 weeks. Maternity Leave Benefits is based on the Standard 6-week benefit duration, or 8-weeks if C-section.

Definition of disability

- The insured is limited from performing the material and substantial duties of his/her regular occupation
- You have a 20% or more loss in weekly earnings



VOLUNTARY LONG TERM DISABILITY

Long-Term Disability benefits is purchased in based 60% of your monthly base earning to a maximum benefit of \$7,500 per month. This benefit has a 90 day elimination period. The benefit duration is up to Social Security Retirement Age / Reducing Benefit Duration.

Definition of Disability: 2 year own occupation.

See plan summary for more details.

TRAVEL ASSISTANCE SERVICES



Whether your travel is for business or personal reasons, AXA Assistance USA, Inc. (an arrangement with MetLife) travel assistance program goes with you when you travel to a foreign country or just 100 miles or more from home.

If you, your spouse or your dependent children need immediate assistance anywhere in the world*

Services are available for simple to extreme travel emergencies:

- Hospital admissions guarantee
- Emergency medical evacuation
- Care if minor children
- Prescription assistance
- Transportation for a friend or family member to join the hospitalized patient.



TELEDOC

Teledoc gives you 24/7/365 access to a doctor through the convenience of phone or video consults. It's an affordable option for quality medical care. With your consent, Teledoc will provide information about your consult to your primary care physician. Use Teledoc when you need care now, if your doctor is unavailable, or if you're considering the ER or urgent care for a non-emergency issue. Whether you're away from home on vacation or on a business trip, Teledoc is there for you. Talk to a doctor anytime for \$40 or less!

www.teledoc.com ♦ (800) Teladoc (835-2362)

EMPLOYEE ASSISTANCE PROGRAM

With the MetLife employee assistance program, help is available by phone, website, e-mail and up to three face-to-face sessions per incident. You and the members of your household can access:

- Telephonic consultants available 24 hours a day
- Services available even if a disability claim is never filed
- Dedicated Hispanic service center
- Interactive website
- Workplace communication tools available in both English and Spanish
- An extra level of service for employees who are on disability claim

Please call 1-844-763-8543
Anytime to speak with a clinician or
schedule an appointment

VOLUNTARY LIFE/AD&D, SPOUSAL, CHILD

Term Life may be purchased for yourself and dependents.

Employee Life/AD&D Insurance

- Benefit Amount: Increments of \$10,000, up to 5x salary or \$500,000 (whichever is less)
- Guarantee issue for newly eligible employees: \$150,000
- Benefit reduces to 65% at age 70 and to 50% at age 75
- AD&D Benefit

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

Spouse Life/AD&D Insurance

- Benefit Amount: Increments of \$5,000 up to \$100,000 maximum (up to 50% of the employee amount)
- Guarantee issue for newly eligible spouses: \$25,000
- Benefit reduces by the same percentage as the Employee Life Benefit amount

Child Life/AD&D Insurance

- Benefit Amount: Increments of \$1,000 up to \$10,000 maximum
- Life Birth to 6 months: \$1,000 maximum
- 5 days to 19 years (26 years if full-time student): \$10,000 maximum
- Guarantee issue: \$10,000
- Age Limit: 19, or age 26 if full-time student

Voluntary Life/AD&D Benefit Choices

- If you enroll in the plan, the annual enrollment period is a time when you can increase your Life coverage up to the guarantee issue maximum of \$150,000 with no medical underwriting (for newly eligible employees).
- If your spouse enrolls in the plan, you can increase his or her coverage at subsequent annual enrollments up to the guarantee issue maximum of \$25,000 with no medical underwriting (for newly eligible spouses).
- It is also important to note that you and any covered dependents may choose to increase coverage above the guarantee issue maximum with evidence of insurability.
- If you waived this offer of coverage when you were first eligible, you coverage is subject to medical underwriting approval.



FLEXIBLE SPENDING ACCOUNTS (FSA)

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

Setty's FSA program features two plans. You can choose one or both of them.

Parking/Transportation FSA: The maximum you can set aside is \$255 per month for Parking. The maximum you can set aside is \$255 per month for Transit. You can stop or change your election at any time. Unused funds in the account at the end of the plan year are rolled over.

You cannot combine funds in the various accounts. For example, parking funds cannot be used to pay a medical bill.

There are two options to pay for your qualified expenses:

1. CBIZ can issue you a debit card ("prepaid benefits card") which you would use to pay providers directly.
2. You pay for the expenses up front and request reimbursement from CBIZ by check or direct deposit.

Please visit www.myplans.cbiz.com or call (800)-815-3023, Option 4.

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

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

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

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

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

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 123-123-1234.

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Setty 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. Setty has determined that the prescription drug coverage offered by Aetna 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 Aetna 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 Aetna 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 Setty 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 Setty changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

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

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

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

ALABAMA – Medicaid	KANSAS – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
ALASKA – Medicaid	KENTUCKY – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
ARKANSAS – Medicaid	LOUISIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	MAINE – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
FLORIDA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: http://flmedicaidtprecovery.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 Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEVADA – Medicaid Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493
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	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	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
NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalsev/medicaid/ Phone: 1-844-854-4825	WASHINGTON – Medicaid 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 Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	WEST VIRGINIA – Medicaid Website: http://www.dhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462	WYOMING – Medicaid 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.

