

# TOWN OF FRISCO



## 2024 EMPLOYEE BENEFITS GUIDE

Updated: 11/11/2023

# Town of Frisco

At the **Town of Frisco**, we know our dedicated employees—YOU—are key to our overall success as an organization. To thank you for your hard work, we provide a benefits package that is designed to help you reach your physical, financial, and mental health goals.

## YOUR BENEFITS

Welcome . . . . . 3

Eligibility & Enrollment . . . . . 4

## YOUR HEALTH PLANS

HealthJoy . . . . . 5

Medical Insurance . . . . . 6

Prescription Coverage. . . . . 7

Telemedicine . . . . . 8

Paying for Your Healthcare . . . . . 9

Health Savings Account . . . . . 10

Flexible Spending Accounts . . . . . 11

Real Appeal. . . . . 12

Dental Insurance. . . . . 13

Vision Insurance. . . . . 14

Life and AD&D Insurance. . . . . 15

Disability Insurance . . . . . 16

## ADDITIONAL BENEFITS

Employee Assistance Program . . . . . 17

Voluntary Benefits. . . . . 18

Legal Services. . . . . 19

Retirement. . . . . 20

Premium Summary. . . . . 21

Miscellaneous Town Benefits. . . . . 23

## ADDITIONAL INFORMATION

Resources and Contact Information . . . . . 24

Disclosure Notices . . . . . 25



# Welcome!

Dear Valued Employees:

Thank you for continuing to be the most valuable asset to our organization! We appreciate the hard work each of you have contributed.

The Town of Frisco continues to strategize and create the most comprehensive benefits package that we can for our employees to be an employer of choice. The 2024 benefits package has some exciting changes that we want to share with you as well as some important reminders:

- **Open Enrollment is through UKG Workforce Ready**

- All employees will be **required** to complete Open Enrollment by logging in to our HRIS platform, UKG Workforce Ready, to elect their benefit choices. If you do not complete this, you will be marked as waiving ALL benefits for 2024, even if you are already enrolled! You **MUST** take action to keep your benefits or make any changes!!!

- **2024 HSA & FSA Limits**

- The IRS has released an increase to the maximum amounts allowed to be contributed to a Health Savings Account. The Flexible Spending Account limit has not been announced and this time
  - 2024 HSA Contribution Limits: Individual: \$4,150 | Family: \$8,300
  - FSA Contribution Limits: \$3,200 for Healthcare and \$5,000 for Dependent Care
  - The Healthcare FSA Rollover Amount has increased: Up to \$640 of unused funds may be rolled over from 2024 into the 2025 plan year.

- **Updated HDHP Medical Plan Limits**

- The IRS released new guidance for 2024 that requires our plan to increase the annual deductible on our medical plan in order to remain a qualified High Deductible Health Plan (qualified meaning that you can contribute to an HSA)
  - Individual Deductible Change: increasing from \$1,500 to \$1,600
  - Family Deductible Change: increasing from \$3,000 to \$3,200

Thank you,

Town of Frisco Human Resources

[HR@TownofFrisco.com](mailto:HR@TownofFrisco.com)

970-668-4572

# Benefit Enrollment

## New Employees

Full-time, year-round employees working 30+ hours per week are eligible for medical, dental, vision, life insurance and disability benefits. If elected, coverage begins first of the month following start date / eligibility date.

## Current employees

Open enrollment is the only time during the year that you can change your benefits unless you experience a qualifying life event. During the open enrollment period you have the opportunity to newly enroll in coverage or make changes to your current coverage.

If you wish to contribute pre-tax dollars to a flexible spending account in 2024, you must make a new election during open enrollment. FSA elections do not carry over from year to year. At the Town of Frisco, open enrollment is typically held in November.

Any changes you make during open enrollment become effective January 1.

## Mid-Year Benefit Changes

As stated above, you cannot change your benefits during the year unless you experience a qualifying life event. The most common qualifying life events are:

- Marriage, legal separation, or divorce.
- Birth of a child (including adoption).
- Loss of other coverage (e.g., child turns 26 and loses coverage through parent's plan).

There are other, less common, life events that allow you to change your benefits. Please contact Human Resources for a complete list of qualifying life events.

If you experience a qualifying life event and wish to change your benefits, you must update your benefit elections in the UKG Workforce Ready Benefit Portal and contact HR at [HR@townoffrisco.com](mailto:HR@townoffrisco.com) or 970-668-4572 within 30 days of the life event. You will be required to provide proof of your life event, such as a birth certificate or marriage license. You can only change benefits that were impacted by the life event (e.g., if you get married, you can add your new spouse to the medical plan, but you cannot change medical plans).



## Online Enrollment

Both new employee benefits enrollment and open enrollment is done via the Town's benefit portal. In order to complete your enrollment, you need:

- Dates of birth and social security numbers for yourself as well as any family members you are enrolling or electing as beneficiaries
- Proof of eligibility for your spouse and dependent children (e.g., marriage license, birth certificate).

### Eligible Dependents

- Legal spouse/domestic partner/common-law spouse
- Children up to age 26 – biological, adopted, step-children, children of domestic partners

### Need to Know Updates and Info

- Open Enrollment dates:
  - **Opens: 11/10/2023**
  - **Closes: 11/20/2023**
- Active Open Enrollment
- Open Enrollment will be completed using our HRIS system, UKG: <https://secure4.entertimeonline.com/ta/6089328.login?rnd=VZB>

**User ID** = employee ID

**Password** = last 4 of SSN (unless you have already updated)



Town of Frisco is providing you and your family with unlimited access to HealthJoy, a mobile app that gives you healthcare guidance and support. You'll be able to call or chat with experts in employee benefits whenever you have a question. The HealthJoy benefits wallet will make it easy to access all your employee benefit cards straight from the app.

HealthJoy will also connect you with medical experts for a virtual appointment. It's a quick way to get answers to your medical questions from home.

There is **no cost to you** for this new benefit!

## Key Features:



**BENEFITS  
WALLET**



**ONLINE DOCTOR  
CONSULTATIONS**



**HEALTHCARE  
CONCIERGE**



**RX SAVINGS  
REVIEW**



**MEDICAL BILL  
REVIEW**



**APPOINTMENT  
BOOKING**



**PROVIDER  
RECOMMENDATIONS**



**HSA / FSA  
SUPPORT**

## Get Started:

- 1. DOWNLOAD:** Download, install, and log into the HealthJoy app. The app is available for Android, iPhone, and iPad. Just click the download button at the end of the setup process and you'll be taken to our app within your smartphone's app store
- 2. SIGN UP:** To activate, click "Sign Up" within the HealthJoy app. Type in your work email address to receive a new activation email. Open the email and click the "Get Started" button
- 3. CREATE PASSWORD:** You'll be taken to a web page asking you to create a password that is at least eight characters
- 4. ADD FAMILY MEMBERS:** Adding family members is free, and we encourage you to invite all members of your immediate family who are over 18 years old. They will get access to all the same services including free healthcare concierges and medical professionals
- 5. LOG IN:** Log into the app with your email address and the password you created. JOY, your virtual healthcare assistant, will welcome you to the app. You can start using the app within seconds.

**Chat with us today by logging into the  
HealthJoy app or call (877) 500-3212**



SCAN ME



# Medical Insurance

## UMR/United Healthcare Choice Plus Network

	HDHP-PPO	
SERVICES	NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
<b>Calendar Year Deductible</b> - Individual - Family	\$1,600 Individual \$3,200 Family	\$1,750 Individual \$3,250 Family
<b>Out of Pocket Max</b>	\$3,200 Individual \$6,400 Family Includes Deductible & Coinsurance	\$3,500 Individual \$6,500 Family
<b>Hospitalization</b>	You Pay 20% Coinsurance After Deductible	You Pay 40% Coinsurance After Deductible
<b>Physician Visit Specialist Visit</b>	You Pay 20% Coinsurance After Deductible	You Pay 40% Coinsurance After Deductible
<b>Preventive Care</b>	100% Covered Not Subject to Deductible	You Pay 40% Coinsurance After Deductible
<b>Emergency Room Urgent Care</b>	You Pay 20% Coinsurance After Deductible	You Pay 40% Coinsurance After Deductible

2024 MEDICAL RATES	EMPLOYEE RATES PER PAYCHECK
Employee Only	\$28.50
Employee + Spouse	\$72.50
Employee + Child(ren)	\$67.50
Employee + Family	\$131.00

Payroll is 26 pay periods per year but deductions are only taken from 24 pay periods

# Prescription Coverage



Similar to the way UMR manages our medical plan and claims, CVS Caremark through RxBenefits manages our prescription plan and claims and works directly with UMR to coordinate benefits and to make sure anything you pay for prescription medications is applied to their UMR medical plan's out-of-pocket costs when applicable.

The below chart outlines your prescription benefits with CVS Caremark as of January 1, 2024

CVS CAREMARK PRESCRIPTION COVERAGE		
SERVICES	NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Preventive Drugs	100% Covered, Deductible Waived	Not Covered
Generic Drugs (Tier 1)	You Pay 20% Coinsurance After Deductible	Not Covered
Preferred Brand Drugs (Tier 2)	You Pay 20% Coinsurance After Deductible	Not Covered
Non-Preferred Brand Drugs (Tier 3)	You Pay 20% Coinsurance After Deductible	Not Covered
Specialty Drugs (Tier 4)	You Pay 20% Coinsurance After Deductible	Not Covered

CVS Caremark through RxBenefits network includes all major pharmacy retail chains such as City Market, Safeway, CVS, Costco, King Soopers, Walgreens, Walmart, as well as many independently owned pharmacies.

**RxBenefits** is the administrative component of our prescription plan and helps with member services and support!

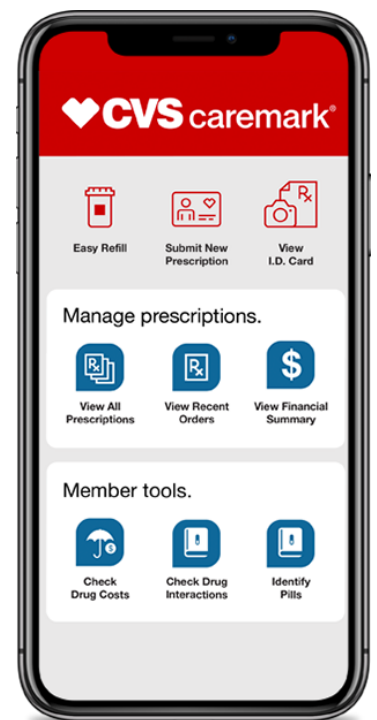
## Questions on prescription benefits, pharmacies or how to sign up for Mail Order Prescriptions?

1. Email: [customarecare@rxbenefits.com](mailto:customarecare@rxbenefits.com)
2. Call 1-800-334-8134

You can also manage your prescriptions on your own time by downloading the CVS Mobile App.

### Features include:

- Check drug costs and coverage
- Sign up for mail delivery
- Refills
- Find a pharmacy
- View your ID Card



Register at [www.caremark.com](http://www.caremark.com) or download the CVS Caremark mobile app to explore all of the features.

# Telemedicine



Care 24/7 from your home, office, or anywhere! When you are feeling sick, the last thing you want to do is leave the house. With telemedicine, you never have to. Doctors can treat many common health issues, including:

- Sinus infection
- Skin rash
- Cold and flu
- Ear issues
- Urinary tract infection
- Pink eye
- Strep throat
- And many more!

**Teladoc** is easy to use!

- Book an appointment from anywhere, anytime at [www.Teladoc.com](http://www.Teladoc.com) or call 1-800-teladoc
- Video chat with a board-certified doctor from your phone, tablet, or computer.
- A prescription can be sent to the pharmacy nearest you.
- Most consultations are completed in less than 20 minutes.

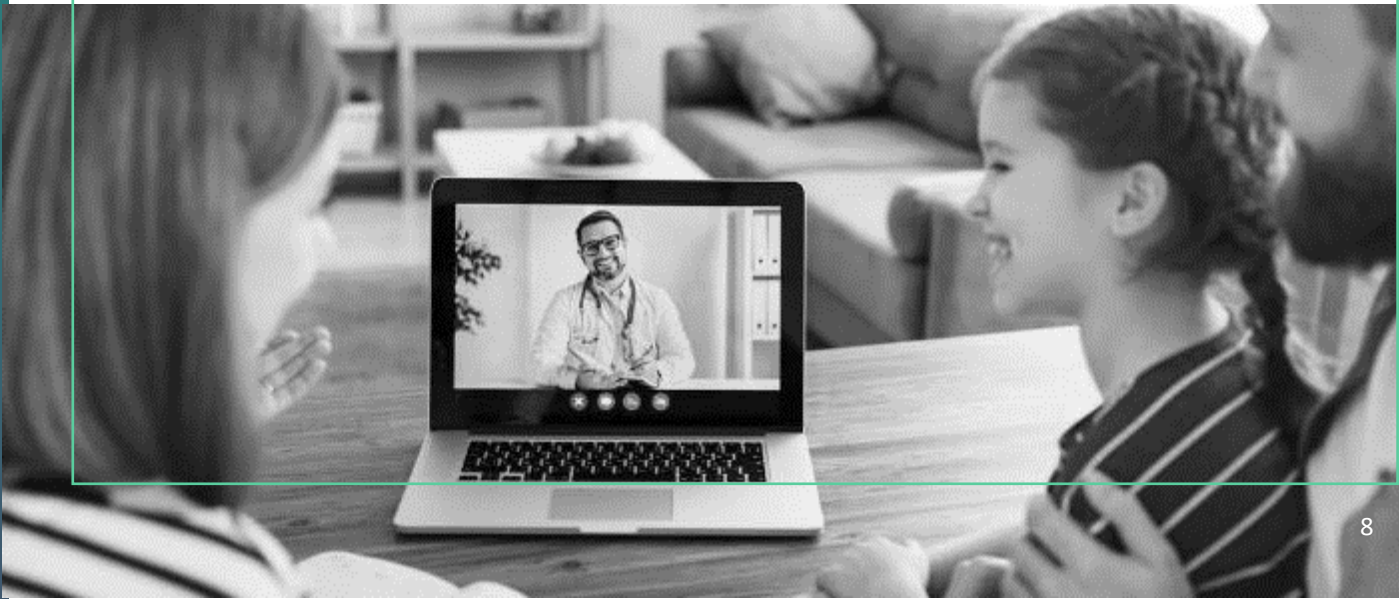
Fee for visits\*

- General Medicine Visit Fees - \$49 (**\$54 effective 4/1/24**)
- Mental Health Visit Fees:
  - \$90 for a licensed Therapist (**\$95 effective 4/1/24**)
  - \$220 for an initial visit with a psychiatrist (**\$235 effective 4/1/24**)
  - \$100 for ongoing visit with a psychiatrist (**\$105 effective 4/1/24**)
- Dermatology Visit Fees - \$85

*\*costs are set by Teladoc and are subject to change*

## Six ways to save!

- Stay in the network
- Pay with pre-tax dollars
- Understand your coverage
- Know where to go for care
- Take advantage of free preventive care
- Use the mail-order pharmacy





# Paying for Your Healthcare

The Town of Frisco offers accounts that allow you to save on your out-of-pocket health care costs. The Town offers a Health Savings Account (HSA), Healthcare Flexible Spending Account (FSA), Limited Purpose Healthcare Flexible Spending Account (LPHSA) and a Dependent Care Flexible Spending Account (DCFSA) through **Rocky Mountain Reserve**.

The money that you put into an FSA is collected from your paycheck before taxes are withheld, which means you don't pay taxes on those dollars. Basically, it is like using a 25% off coupon for your health care and dependent care expenses!

**Did you know that you can save 25% on your health care?\***

- Health SAVINGS account
- Health Care Flexible Spending Account

*\*Actual savings is based on your tax rate.*

## Health Savings Account (HSA) vs. Flexible Spending Accounts (FSA):

HSA	HSA	FSA	LPHC FSA	DCFSA
<b>Eligible Plan Members</b>	HDHP Members Only	Non-HDHP Members	HDHP Members	Anyone
<b>Funded By</b>	Town of Frisco and Employee	Employee	Employee	Employee
<b>Money is Available</b>	Town of Frisco <b>Annual Contribution:</b> Deposited Each Pay Period <b>Employee Contributions:</b> Deposited Each Pay Period	January 1	January 1	January 1
<b>Annual Contribution Limits</b>	Employee-only Coverage: <b>\$4,150</b> Employee + Spouse Coverage: <b>\$8,300</b> Employee + Child(ren) Coverage: <b>\$8,300</b> Family Coverage: <b>\$8,300</b>	\$3,200	\$3,200	\$5,000
<b>Town of Frisco Contribution</b>	Employee-only Coverage: <b>\$1,000</b> Employee + Spouse Coverage: <b>\$1,650</b> Employee + Child(ren) Coverage: <b>\$1,650</b> Family Coverage: <b>\$1,650</b>	N/A	N/A	N/A
<b>Spending Deadline</b>	None	12/31/2024	12/31/2024	12/31/2024
<b>Option to Invest and Grow Money</b>	Yes	No	No	No
<b>Eligible Expenses</b>	Healthcare, Dental and Vision Expenses	Healthcare, Dental and Vision	Dental and Vision	Eligible Childcare Expenses: Daycare, After-School Care, Etc.

# Health Savings Account

## The Town of Frisco will help you start saving!

If you enroll in the UMR HDHP, the Town of Frisco will help you start saving for your health care by contributing money to your HSA. You do not need to contribute your own money, but it is encouraged!

**The Town of Frisco's** annual contribution is based on your medical plan coverage level:

**Employee only: \$1,000**

**Employees + spouse: \$1,650**

**Employee + child(ren): \$1,650**

**Family: \$1,650**

Both the Town of Frisco and employee contributions are made per pay period (26 pay periods per year).

### Contribute up to the IRS limits

Contributions to an HSA (including the Town of Frisco's contribution) cannot exceed the annual IRS contribution limits. The 2024 IRS maximum contributions are:

**Employee-only coverage: \$4,150**

**All other coverage tiers: \$8,300**

Employees age 55+ by December 31 may contribute an additional \$1,000 catch-up contribution to their HSA election for the year.

### In order to fund an HSA:

You must be enrolled in the UMR HDHP.

You cannot:

- Be enrolled in a non-HSA-eligible medical plan (e.g., your spouse's HMO plan).
- Be claimed as a dependent on someone else's tax return.
- Be enrolled in Medicare, TRICARE, or TRICARE for Life.
- Have received Veterans Administration benefits in the previous three months, unless you received treatment for a condition that was/is related to your service.

Additional rules apply. Please see [IRS Publication 969](#) for more information.

## Registration Information

Register on-line to view bank account balance, reimbursement claim forms, eligible expenses and more.

**Website:** [www.rockymountainreserve.com](http://www.rockymountainreserve.com)

**Employee ID:** Employee Social Security Number with no dashes or spaces

**Employer ID:** RMRTOF



# Flexible Spending Account

Town of Frisco offers three flexible spending account (FSA) options through Rocky Mountain Reserve. The money that you put into an FSA is collected from your paycheck before taxes are withheld, which means you don't pay taxes on those dollars. Basically, it is like using a 25% off coupon for your health care and dependent care expenses!

**A few important rules apply to FSAs.**  
**Please read this page carefully before you make your FSA elections!**

- FSA dollars must be used by the end of the year. Any unused dollars will be lost
- At the end of the year, you can roll over \$640 from your health care FSA to use in 2025. Funds do not continue to roll over year after year. Any balances over \$640 are forfeited.
- All requests for reimbursement for expenses incurred in the prior year must be submitted to Rocky Mountain Reserve by March 15<sup>th</sup> of the following year
- FSA elections are required every year during open enrollment should you wish to participate the following year. Current year election **WILL NOT** carry over to the new year.
- A full list of eligible expenses is available at [www.rockymountainreserve.com](http://www.rockymountainreserve.com)

## Health Care FSA – Traditional

Non-HDHP members only

- Health care FSA dollars can be used to pay for eligible out-of-pocket expenses such as deductibles, copays, and other health-related expenses that are not reimbursed by the medical, dental, or vision plans
- You may contribute up to \$3,200 to your health care FSA for the 2024 calendar year. The entire amount you elect is available to you on January 1 or your benefits effective date
- At the end of 2024, you can roll over \$640 from your health care FSA to use in 2025

## Limited Purpose Health Care FSA

HDHP members only

- Health care FSA dollars can be used to pay for eligible out-of-pocket expenses for dental and vision if you are enrolled in the UMR HDHP
- You may contribute up to \$3,200 to your health care FSA for the 2024 calendar year. The entire amount you elect is available to you on January 1 or your benefits effective date
- At the end of 2024, you can roll over \$640 from your health care FSA to use in 2025

## Dependent Care FSA

- Dependent care FSA dollars can be used to pay for eligible dependent care expenses that allow you and your spouse to work or attend school full time
- Eligible expenses include day care, preschool, summer camp, before- and after-school care, and elder care
- Funds can be used for care for your:
  - Children under 13 years of age;
  - Child over 13, spouse, and/or elderly parent who lives with you and is unable to care for themselves.
- You may contribute up to \$5,000 total to the dependent care FSA for the 2024 calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500. You and your spouse cannot exceed the \$5,000 limit.
- Dependent care contributions are deposited each pay period. You can only be reimbursed for amounts up to what is currently in your account.
- Dependent care dollars do not carry over to the next year. Any dollars remaining in your account on December 31 will be lost.



# Real Appeal



Real Appeal is a proven online weight loss program that supports you, week by week and day by day. It's available to you and your eligible family members at no additional cost as part of your health benefit plan through UMR.

## Helping You Stay on Track

Real Appeal on Rally Coach™ is a proven online weight management program. It's available to you at no additional cost as part of your health insurance.



### Online Convenience

Set goals, track your meals and activity, stream expert-led workouts, and access hundreds of recipes.



### Personalized Support

Communicate 1:1 with an online coach to discuss your specific health goals and circumstances.



### Motivational Resources

Join live sessions with a community of members to learn practical tips for meal prepping, cooking meals with fewer calories, and more.

Get started now at  
**[enroll.realappeal.com](https://enroll.realappeal.com)**  
or scan the QR code.



Please have your health insurance ID card handy when enrolling.

**Get Started Today!**  
[enroll.realappeal.com](https://enroll.realappeal.com)

Have your Health Insurance ID Card ready when enrolling!

## Healthy Habits to Reach Your Goals

### Eat Your Veggies Twice

Eat 2½ servings each day, equivalent to one cup of cooked, raw, or canned veggies.



### Snack on Fruit

Reach your daily fiber needs and satisfy your sweet tooth with two servings a day.

### Fill Up on Fiber

Eat more fruits and veggies, along with healthy fats like nuts and avocados.



# Dental Insurance



Town of Frisco’s dental plan is administered through UMR. You can choose any licensed dentist and UMR will administer the claims.

The table below summarizes the key features of the dental plans. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.

SERVICES	IN-NETWORK BENEFITS
Calendar Year Deductible	\$50 Individual \$150 Family
Calendar Year Maximum	\$2,000 Per Person
Preventive Care	Plan Pays 100% Deductible Waived
Basic Services	You Pay 10% After Deductible
Major Services	You Pay 10% After Deductible
Orthodontic Treatment – Children & Adults	You Pay 10% After Deductible
Orthodontic Lifetime Max – Children & Adults	\$2,000 Per Person

2024 DENTAL RATES	EMPLOYEE RATES PER PAYCHECK
Employee Only	\$1.50
Employee + Spouse	\$2.50
Employee + Child(ren)	\$3.50
Employee + Family	\$4.50

Payroll is 26 pay periods per year but deductions are only taken from 24 pay periods

## Why do I need to see a dentist?

A visit to the dentist is about more than just a teeth cleaning. By looking in your mouth, your dentist can tell a lot about your overall health. In fact, he or she may be able to identify early signs of disease, such as diabetes, heart disease, kidney disease, and even some forms of cancer, before you even notice symptoms.

# Vision Insurance



BENEFITS (PER PERSON)	IN-NETWORK	NON-NETWORK REIMBURSEMENT
<b>Exam</b>	\$0 copay	Reimbursed Up to \$50
<b>Frequency</b> Exams Lenses Contact Lens Care Frames	12 Months 12 Months 12 Months 12 Months	
<b>Lenses</b> Single Vision Bifocal Trifocal Lenticular	\$20 Copay \$20 Copay \$20 Copay \$20 Copay	Varies Based on Lens
<b>Frame Allowance</b>	\$200 Allowance	Reimbursed Up to \$70
<b>Contact Lens Allowance - Elective</b>	\$200 Allowance	Reimbursed Up to \$105
<b>Contact Lens Allowance (Medically Necessary)</b>	Paid in Full	Reimbursed Up to \$210
<b>Can I be Balanced Billed?</b>	No	Yes

2024 VISION RATES	EMPLOYEE RATES PER PAYCHECK
<b>Employee Only</b>	\$0.00
<b>Employee + Spouse</b>	\$4.29
<b>Employee + Child(ren)</b>	\$4.83
<b>Employee + Family</b>	\$13.98

Payroll is 26 pay periods per year but deductions are only taken from 24 pay periods

## Why do I need an annual eye exam if I have perfect vision?

Your eyes are your windows to the world. They are also your eye doctor's windows into your body. Just by looking in your eyes, a doctor can find warning signs of serious diseases and conditions like high blood pressure, high cholesterol, thyroid diseases, and certain types of cancer. In fact, eye doctors are frequently the first to detect signs of abnormal health conditions.



# Life and Accidental Death and Dismemberment Insurance



Life and accidental death and dismemberment (AD&D) insurance provides financial protection for those who depend on you for financial support. Upon your death, your designated beneficiary will receive the life benefit. If you die as the result of an accident, your beneficiary will receive both the life and AD&D benefits.

## Basic Life and AD&D Insurance

The Town of Frisco provides you with basic life and AD&D insurance at no cost to you.

- Employee life insurance benefit: 1.5x annual salary up to a maximum of \$200,000
- Employee AD&D insurance benefit: **matches basic life benefit**

If you are eligible for \$50,000 or more in basic, the Town of Frisco-paid life insurance, you are required to pay income tax on the value of the coverage in excess of \$50,000.

If you purchase voluntary life insurance for yourself or your spouse and/or children when you are first eligible to enroll, you may purchase up to the guarantee issue amounts without completing a statement of health (evidence of insurability). If you do not enroll when first eligible and choose to enroll during a future open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Mutual of Omaha.

## Voluntary Life and AD&D

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. The Town of Frisco provides you the option to purchase voluntary life insurance and AD&D at group rates through Mutual of Omaha.

You may also purchase voluntary coverage for your spouse and eligible children.

Use the calculator at [www.mutualofomaha.com](http://www.mutualofomaha.com) to determine how much coverage you may need.

Coverage options:

- **Employee:** \$10,000 increments up to \$500,000 or 5x annual salary, whichever is less; guarantee issue: \$70,000
- **Spouse:** \$5,000 increments up to 100% of the employee coverage amount up to \$150,000; guarantee issue: up to \$25,000
- **Dependent children:** \$1,000 increments for \$2,000 to maximum \$10,000 in coverage



# Disability Insurance



Town of Frisco provides short- and long-term disability insurance through Mutual of Omaha at no cost to you. If you meet the definition of a disability, you are qualified to receive the benefits provided. All benefits are subject to applicable income tax since this benefit is paid for by the Town. Employees are eligible first of the month following date of hire.

## Short-Term Disability Insurance

### WEEKLY BENEFIT AMOUNT

If you meet the definition of disability, you would be eligible to receive a weekly benefit if you are disabled equal to 60% of your weekly earnings, to a maximum of \$2,000 per week. This benefit applies to injuries you receive off the job. Since this benefit is paid by the Town, all benefits received are subject to applicable income taxes.

### ELIMINATION PERIOD

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. If your disability is due to an injury or sickness, your Elimination Period is 7 consecutive days. Your benefits begin on the 8th day.

### BENEFIT DURATION

If you meet the definition of disability, you may receive a benefit for 13 weeks, minus the elimination period (12 weeks total paid).

## Long-Term Disability Insurance

### BENEFIT AMOUNT

Monthly LTD Benefit:

- 60% of your monthly earnings
- To a monthly maximum of \$8,000
- Subject to applicable income taxes

### DEFINITION OF DISABILITY

You are disabled when:

- you are limited from performing the material and substantial duties of your regular occupation; and
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury.
- After benefits have been paid for 36 months, you are disabled when due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

### ELIMINATION PERIOD

- The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.
- LTD benefits would begin after 90 days of disability, if you are disabled, as described in the definition above.

### BENEFIT DURATION

- Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability up to the Social Security Normal Retirement Age. If your disability occurs at or after age 62, benefits would be paid for a reduced period of time.
- For more details about these benefits, please see information provided by Mutual of Omaha. Human Resources can assist you with this information.





## Employee Assistance Program



Town of Frisco provides you and your household family members with an employee assistance program (EAP) at no cost to you. The EAP is a valuable resource that can help you identify and resolve many workplace, family, social, economic, and mental health issues.

### EAP Benefits

- Completely confidential. Town of Frisco does not receive any information about who contacts the EAP
- Available 24/7/365 via phone or virtually
- Includes 6 counseling sessions per issue, per year
- Online resources
- Unlimited phone consultations

### Call or go online to help with:

- Depression
- Conflict resolution
- Drug or alcohol abuse
- Marital or family difficulties
- Legal assistance
- Help finding everyday resources: childcare, pet care, auto repair and more
- Financial counseling

Call: 1-888-731-3EAP (3327)

Website: [eap.healthjoy.com](http://eap.healthjoy.com)

*EAP resources are available for free to you and your household family members.*



# Voluntary Benefits



Town of Frisco provides you the option to purchase accident and/or critical illness insurance through Mutual of Omaha. The amount you pay for these plans is deducted from your paycheck on a post-tax basis. This ensures that any payments you receive are not taxed.

## Voluntary Accident Coverage

Accident insurance pays you a cash benefit in the event you are injured to do an accident. This provides 24 - hour off-job coverage. Below is a highlight of the benefit schedule. For full details, please review the plan documents provided by Mutual of Omaha.

Benefit	Amount
Emergency Room	\$200
Urgent Care Center	\$125
Initial Physician Office	\$100
X-Ray	\$75
Hospital Admission	\$1,500
Ground/Air Ambulance	\$300/\$1,500
Fractures/Dislocations	Based on bone/joint and open vs closed: \$200 - \$9,000
Lacerations	Based on size: \$50 - \$800
Surgical	Based on procedure: \$150 - \$2,000

## Critical Illness Insurance

Critical illness insurance is a policy that provides a lump-sum, cash benefit if you are diagnosed with a covered illness (e.g. heart attack, stroke, cancer). These diagnoses can cause significant financial burden, especially if you are unable work while receiving treatment. You can use the money you receive however you would like, including to help you pay your mortgage, pay your deductible, seek experimental treatment, or for any other expenses.

### Key features:

- You are paid cash directly
- You can use the money for whatever you would like
- It does not matter what medical plan you have
- Health screening benefit: \$50 cash for completing an annual wellness exam or other preventive screening

### Coverage options:

- **Employees:** coverage in increments of \$5,000 up to maximum of \$30,000. Guarantee issue is \$20,000
- **Spouse:** coverage can be elected at 100% of the issued employee benefit. Guarantee issue is \$20,000
- **Child:** coverage can be elected at 25% of the issued employee benefit up to a maximum of \$5,000

For full plan details, please refer to your Mutual of Omaha documents on the UKG Workforce Ready Benefit Portal

# Legal Services



Town of Frisco provides you the option to purchase a legal plan. You can contact your law firm any time you need legal advice or assistance, even 24/7 for covered emergencies.

Use Legal Shield for:

**Advice and Consultation** - Consult with you on personal legal matters.

**Letters and Phone Calls** - Make phone calls and write letters on your behalf.

**Personal Document Review** - Review an unlimited number of legal documents up to 15 pages each.

**Trial Defense** - Assistance if you're named defendant in a covered civil action suit.

**Standard Will Preparation** - Will preparation, annual reviews and updates for all covered family members.

**Health Care Power of Attorney** - Health Care Power of Attorney preparation for all covered family members.

**Living Will** - Physician/Living Will preparation for all covered family members.

**Residential Loan Document Assistance** - Mortgage document preparation for the purchase of your primary residence.

**Moving Traffic Violations** - Assistance with all covered non-criminal and non-commercial moving traffic violations.

**Accidents** - Defense for covered criminal charges arising from the permitted use of a licensed motor vehicle.

PAYROLL DEDUCTION SEMI-MONTHLY	INDIVIDUAL	FAMILY
LegalShield	\$10.98	\$10.98
IDShield	\$6.48	\$11.48
Combined LegalShield and IDShield	\$17.45	\$20.95
Public Servant Legal Plan	\$10.48	\$10.48
Gun Owner Supplement Plan (Additional cost added to the Core Legal Shield or Public Servant Plan)	\$7.48 Additional	\$7.48 Additional
Home Business Supplement (Additional Cost added to the Core Legal Shield or Public Servant Plan)	\$7.48 Additional	\$7.48 Additional



# Retirement Savings Plans



Town of Frisco retirement plans are administered by Empower. These plans allow you to save and invest for your retirement. On this page, Vesting refers to your ownership of the money in your accounts. You are always 100% vested on your employee contributions. Vesting is applied to employer contributions and earnings. Employees are eligible upon first day of employment.

## 457(b) Deferred Compensation Plan

The governmental 457(b) deferred compensation plan is a retirement savings plan that eligible employees may use for saving and investing pre-tax dollars through voluntary salary deferral. The Employer match will be deposited into the 401(a) Plan. For Roth IRA enrollment, please contact Empower.

## 401(a) Defined Contribution Plan

The 401(a) plan is a retirement savings plan designed to allow the Town of Frisco to contribute to the plan on the behalf of the employee. All full-time employees automatically have pre-tax retirement withholding of 3% of eligible wage deducted from their paycheck and contributed to the 401(a) Plan. The Town of Frisco matches at 3%. After the second full year of employment, the Town offers employees an additional matching contribution into the 401(a) account. There is a one-to-one match above the mandatory 3% employee/employer contribution. When you enroll and contribute to the 457(b) plan, Town of Frisco will match 100% dollar for dollar bi-weekly as per the following schedule:

### Matching Contribution Schedule: (Maximum)

- 1% - beginning with the 3<sup>rd</sup> year of employment eligibility
- 2% - beginning with the 4<sup>th</sup> year of employment eligibility
- 3% - beginning with the 5<sup>th</sup> year of employment eligibility
- 4% - beginning with the 6<sup>th</sup> year of employment eligibility

### Vesting:

- 33% per completed year of employment, reaching 100% vesting after 3 years

Limitations	2024
<b>457(b) Plan Limits</b>	
Annual Deferral Limit	\$23,000
"Pre-Retirement" Catch-Up Limit (only in the 3 years prior to retirement age set by plan)	\$23,000 (\$46,000 total)
"Age 50" Catch-Up Limit	\$7,500 (\$30,500 total)
NOTE: You cannot use the "Pre-Retirement" Catch-up Contribution Limit and the "Age 50+" Catch-Up Limit at the same time.	
<b>401(a) Plan Limits</b>	
401 Defined Contribution Plans – Annual Additions (\$415(c)(1)(a))	\$69,000
401 Defined Benefit Plans – Maximum Annual Benefit (\$415(b)(1)(a))	\$275,000
Annual Deferral Limit for 401(k) Plans (\$402(g))	\$23,000

## EMPOWER Online Account Access / Enrollment

To open your account, view your account or make contribution changes in your plan, log into EMPOWER:

[www.participant.empower-retirement.com](http://www.participant.empower-retirement.com)

For assistance with your account, use the link below to schedule an appointment with our Empower advisor.

<https://hunter-rainwater.empowermytime.com/#/>

## RHS – Retirement Health Savings Plan Through MissionSquare

MissionSquare VantageCare Retirement Health Savings (RHS) Plan allows governmental employers to allow their year-round, full-time employees to accumulate assets to pay for health insurance and out-of-pocket medical premiums in retirement. The RHS Plan has a number of advantages including tax-deferred contributions, tax-free income accumulation, and tax-free withdrawals for eligible medical, dental and vision premiums for participants, their spouses and dependents. To enroll or make changes, visit [www.missionsq.org](http://www.missionsq.org) **Help Desk:** 800-669-7400

### Eligibility, Contributions & Vesting of RHS Plan

- **Eligibility:** All full-time benefited employees
- **Contributions:** Accrued Sick Leave hours in excess of 480 hours, times currently hourly rate will be calculated each year end and remitted by January 15th of the following year.
- **Vesting:** 100% Immediate



# Premium Summary

2024 MEDICAL RATES	TOTAL PREMIUM PER MONTH	EMPLOYER CONTRIBUTION PER MONTH	EMPLOYEE COST PER MONTH	EMPLOYEE COST PER PAYCHECK*
Employee Only	\$950.42	\$893.42	\$57.00	<b>\$28.50</b>
Employee + Spouse	\$1,805.80	\$1,660.80	\$145.00	<b>\$72.50</b>
Employee + Child(ren)	\$1,663.24	\$1,528.24	\$135.00	<b>\$67.50</b>
Family	\$2,756.22	\$2,494.22	\$262.00	<b>\$131.00</b>

## EMPLOYER HSA CONTRIBUTIONS

Annual amount dispersed equally over 26 paychecks

Employee Only	Up to \$1,000.00
Employee + Spouse	Up to \$1,650.00
Employee + Child(ren)	Up to \$1,650.00
Family	Up to \$1,650.00

2024 DENTAL RATES	TOTAL PREMIUM PER MONTH	EMPLOYER CONTRIBUTION PER MONTH	EMPLOYEE COST PER MONTH	EMPLOYEE COST PER PAYCHECK*
Employee Only	\$67.21	\$64.21	\$3.00	<b>\$1.50</b>
Employee + Spouse	\$134.43	\$129.43	\$5.00	<b>\$2.50</b>
Employee + Child(ren)	\$149.21	\$142.21	\$7.00	<b>\$3.50</b>
Family	\$194.92	\$185.92	\$9.00	<b>\$4.50</b>

2024 VISION RATES	TOTAL PREMIUM PER MONTH	EMPLOYER CONTRIBUTION PER MONTH	EMPLOYEE COST PER MONTH	EMPLOYEE COST PER PAYCHECK*
Employee Only	\$19.72	\$19.72	\$0.00	<b>\$0.00</b>
Employee + Spouse	\$31.55	\$22.98	\$8.57	<b>\$4.29</b>
Employee + Child(ren)	\$32.21	\$22.55	\$9.66	<b>\$4.83</b>
Family	\$51.92	\$23.97	\$27.95	<b>\$13.98</b>

\* Deductions are taken from two paychecks per month

Basic Life, AD&D, Short-Term, Long-Term Disability and the Employee Assistance Program are NO cost to employees and are covered in full by the Town. Cost varies for the Town based on each individual employee and their salary.

# Voluntary Premium Summary

## MUTUAL OF OMAHA ACCIDENT PREMIUMS

Tier Level	Per Pay Period
Employee Only	\$3.65
Employee + Spouse	\$5.37
Employee + Child(ren)	\$6.71
Employee + Family	\$8.91

## CRITICAL ILLNESS PREMIUMS

Age Band	Per Pay Period Rates per \$5,000
<25	\$0.73
25-29	\$0.88
30-34	\$1.18
35-39	\$1.63
40-44	\$2.40
45-49	\$3.58
50-54	\$5.13
55-59	\$7.25
60-64	\$10.70
65-69	\$15.00
70-74	\$20.98
75-79	\$26.90

## VOLUNTARY LIFE AND AD&D

Age Band	Monthly Rates per \$1,000
<25-29	\$0.072
30-34	\$0.080
35-39	\$0.090
40-44	\$0.119
45-49	\$0.196
50-54	\$0.305
55-59	\$0.545
60-64	\$0.720
70-100	\$2.402
Children	\$0.110
AD&D	EE/Sp: \$0.03 Child: \$0.04

Employee/Spouse premiums are based on the employee's age on effective date of plan and adjusted 1x per year on plan anniversary

**Supplemental Life and AD&D** benefit is reduced to 65% at age 75 and 50% at age 80+. Spouse coverage terminates at age 70. Tobacco users have different rates which can be found in the Mutual of Omaha plan documents. The above rates are for non-smokers.

## SEMI-MONTHLY DEDUCTION

## INDIVIDUAL

## FAMILY

LegalShield	\$10.98	\$10.98
IDShield	\$6.48	\$11.48
Combined LegalShield and IDShield	\$17.45	\$20.95
Public Servant Legal Plan	\$10.48	\$10.48
Gun Owner Supplement Plan (Additional cost added to the Core Legal Shield or Public Servant Plan)	\$7.48 Additional	\$7.48 Additional
Home Business Supplement (Additional Cost added to the Core Legal Shield or Public Servant Plan)	\$7.48 Additional	\$7.48 Additional

# Miscellaneous Town Perks & Benefits

ADDITIONAL BENEFITS	DESCRIPTION:
<b>Paid Holidays</b>	The Town of Frisco recognizes nine paid holidays each year, typically: New Year's Day; MLK, Jr. Day, Memorial Day; Independence Day; Labor Day; Thanksgiving Day and the following Friday; Christmas Eve; and Christmas Day
<b>Personal Time</b>	In addition to the official holidays, full-time year-round employees receive 32 hours of personal time each year to use for other holidays
<b>Annual Leave (Vacation)</b>	Full-time employees accrue Annual Leave with pay based on length of service. In your first twelve months of continuous service, you will accrue 80 hours, and thereafter you continue to earn more hours each year, up to a maximum of 280 hours per year
<b>Sick Leave</b>	Our sick leave policy is established to assist you when you are unable to work due to illness, injury or medical condition. Full-time employees accrue sick leave at the rate of 3.69 hours per worked pay period.
<b>Wellness Benefit</b>	\$750 annually, effective 1/1/2024
<b>Employee Housing Lottery</b>	For details, please contact Housing Department
<b>Computer Loans</b>	For details, for details: G:\Human Resources and Administration\Forms-Perks-Benefits\Computer Purchase Program
<b>Down Payment Assistance</b>	For details, please contact Finance Department
<b>Firearm Loans</b>	For police only; for details, please see Police Chief
<b>Jury Duty Pay</b>	If you are chosen for Jury Duty, you may receive paid Jury Duty. Please contact HR for details
<b>Ski Passes</b>	Employees are eligible to ski/ride FREE at Copper Mountain Resort. Discounted ski passes to Copper or ski loans are available. For details, please contact HR.
<b>Tubing Hill Access</b>	Unlimited tubing access plus eight free Friends and Family (F&F) day passes
<b>Nordic Pass</b>	Free pass to Frisco Nordic Center for you & your legal dependents, plus 3 F&F
<b>Bereavement Pay</b>	We have taken into consideration the personal needs which arise from the death of an immediate family member. Up to five days may be granted annually with pay; please contact HR for details
<b>Wash Bay</b>	FREE use of the Public Works Wash Bay
<b>Trash</b>	FREE use of the trash at Town Hall
<b>Employee Recognition</b>	Peak Awards, Employee of the Month, Celebrations, and Longevity Recognition
<b>Membership Discount</b>	Silverthorne Recreation Center
<b>Cellphone Discount</b>	with Verizon and Sprint

*Benefits and Perks are subject to change anytime with or without notice.*



# Resources and Contact Information

## Do you have a question about your benefits?

If you have a general benefits question, contact the Human Resources-Benefits Department.

- Email: [HR@townoffrisco.com](mailto:HR@townoffrisco.com)
- Phone: 970-668-4572 or x3088

### If you have a plan-specific question regarding:

- Your coverage and benefits.
- Claims processing.
- Pre-authorization.
- Finding a network provider.

Contact the insurance carrier directly or utilize HealthJoy!

Contact the Employee Assistance Program 24/7 for immediate help with work, personal, or financial issues, relationship problems, or other concerns.



Plan	Group #	Phone	Website
Medical & Dental - UMR	76-412959	1-800-426-7453	<a href="http://www.umar.com">www.umar.com</a>
Prescription Drugs – CVS Caremark	RXBIN: 004336 RXPCN: ADV RXGRP: RX2169	1-800-334-8134	<a href="http://www.caremark.com">www.caremark.com</a>
Vision – VSP	12062724	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
HealthJoy – plan questions and assistance	N/A	1-877-500-3212	<a href="http://www.healthjoy.com">http://www.healthjoy.com</a>
Spending Accounts - FSA/HSA: Rocky Mountain Reserve	N/A	1-888-722-1223	<a href="http://www.rockymountainreserve.com">www.rockymountainreserve.com</a>
Life & Disability – Mutual of Omaha	AF7V	1-800-655-5142	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Voluntary Benefits – Mutual of Omaha	AF7V	1-800-655-5142	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Empower Retirement	457(b) 100318-01 401(a) 100318-02	1-855-756-4738	<a href="https://participant.empower-retirement.com">https://participant.empower-retirement.com</a>
LegalShield Legal Services	N/A	Sherry: 720-810-2416 Cheryl: 720-371-1736	<a href="https://www.shieldbenefits.com/townoffrisco">https://www.shieldbenefits.com/townoffrisco</a>
Worldwide Travel Assistance through Mutual of Omaha	AF7V	1-800-856-9947 (US) or 312-935-3658 (Non-US)	ID #: 9900MOO2

# Disclosure Notices

The following pages provide employee benefit plan notices. Please read them carefully as we generally provide these once a year during annual open enrollment. You may see some of these notices in other documents as well, but we consolidate the following notices here for your convenience.

Throughout these pages you are invited to contact HR for assistance. For any questions or requests you may have about the pages below, including a request for a paper copy of this notice packet, contact human resources (HR) at 970-668-4572.

Before we get into the notices, some basic rules governing our plan are summarized below:

- You may only enroll when first eligible or during our annual open enrollment each Fall
- **Your election is locked** for the entire plan year, January 1 to December 31
- You can generally submit an election change form within 30 days of a qualifying life event to request a benefit change during the plan year. We may require substantiating documentation of the event, and we may determine the event does not qualify to make the requested change.
- At any time, we may audit dependent status and require current substantiating documentation.
- **Please keep us informed of address or beneficiary changes.**
- When first enrolling in health coverage, a **general notice of rights and responsibilities to continue health coverage under COBRA** is mailed to the home. It explains that when certain life events make an enrolled individual no longer eligible to stay on the plan, coverage might be able to continue for a limited time under COBRA so long as you or your spouse follow our procedures to notify us within 30 days of the qualifying life event.
- Your rights and responsibilities under the FMLA and our company-specific FMLA policies are discussed in our employee handbook.



# Medicare Part D Creditability Notice

When you or a family member becomes eligible for Part D (Medicare's prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain "creditable" coverage (i.e., coverage which on average pays at least as well as Part D pays on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable

CREDITABLE COVERAGE	NON-CREDITABLE COVERAGE
UMR HDHP	None (all plans are creditable)

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.medicare.gov/Contacts/#resources/ships>.

## Secondary Payor to Medicare Notice

When you or a dependent are determined disabled by the Social Security Administration, it is imperative such individual have Medicare begin immediately after 24 months of Social Security disability. Regardless whether the individual is enrolled in Medicare or not, our plan will calculate how much Medicare would have paid and then pay secondary (meaning it will pay very little or nothing).

If we employ 100 or more full and part-time employees during 50% or more of business days during the previous calendar year, then we will give everyone an update that our plan will begin paying primary (not secondary) to disability-based Medicare. Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.medicare.gov/Contacts/#resources/ships>. (Under 100 only)

## Women's Health And Cancer Rights Act (WHCRA)

Enrolled individuals may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For 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 the medical plan. If you would like more information on WHCRA benefits, please contact HR.

## Non-grandfathered Medical Plan Appeals Processes

Your medical plan booklet will explain how to appeal a claim denial through the plan, through a government-authorized third party, and with the help of a consumer assistance office.



# Public Health Insurance Marketplace

For individuals needing to purchase health insurance on their own, the Affordable Care Act (ACA) created a new public health insurance Marketplace. This website and call center helps individuals shop for private health insurance, helps individuals enroll in Medicaid or the Children's Health Insurance Program (CHIP), and evaluates eligibility for new tax credits. Open enrollment for public Marketplace coverage occurs each fall for coverage starting January 1, but special enrollment periods may be available for certain life events. Learn more or request assistance at [www.healthcare.gov](http://www.healthcare.gov).

Please note that insurance companies are not required to participate in the public Marketplace, so you are unlikely to see all plans available in the community when shopping the public Marketplace.

The public Marketplace can help you determine whether you may be eligible for tax credits under section 36B of the Internal Revenue Code for Marketplace coverage. One tax credit can lower your monthly premium, and the other can lower your cost sharing (such as your deductible). Since tax credits are based on your projected household income and typically paid in advance to the insurance company, there is a chance you may have to repay some or all tax credits on your tax return if your income for the year ends up higher than anticipated.

Tax credits are not available to those eligible for "affordable, minimum value" medical coverage. "Minimum value" means our plan is intended to pay, on average, at least 60% of the costs of medical care received. "Affordable" means our lowest-cost minimum value plan costs you no more than 9.5% (indexed annually) of your household income to be enrolled in single (not family) coverage.

Our plan is intended to be affordable and minimum value. As a result, if you or someone in your family wanted to compare your health insurance options in the public Marketplace to the insurance offered through us, you'll need to remember that:

- You might pay full retail price for public Marketplace insurance (without the new tax credits)
  - a) You would no longer be paying for insurance on a pre-tax basis
- You would navigate any questions you have directly with the insurance company you choose...HR will not be able to assist you with your public Marketplace plan
- Should you desire to come back to our plan in the future, you will either need to:
  - a) experience a "qualifying event" recognized by our plan as a mid-year election change, or
  - b) wait until our next annual open enrollment

## Special Medical Enrollment Rights and Responsibilities Under HIPAA

When you are eligible to participate in our group medical plan, you may have to enroll and agree to pay part of the premium through payroll deduction in order to actually participate.

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you of your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

### Special Enrollment Provision

- **Loss of Eligibility under Medicaid or a State Children's Health Insurance Program (CHIP).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while coverage under Medicaid or CHIP is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost** for the other coverage. However, **you must request enrollment within 60 days** after the other coverage ends.
- **Loss of Eligibility for Other Coverage.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other medical coverage is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost** for the other coverage (or if the employer stops contributing toward it). However, you must **request enrollment within 30 days** after the other coverage ends (or after the employer stops contributing toward it).
- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement with you for adoption, you may be able to enroll yourself and your new dependents. However, you **must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.
- **Eligibility for Medicaid or CHIP State Premium Assistance Subsidy.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through CHIP with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, **you must request enrollment within 60 days** after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact HR.

### IF YOU DECLINE COVERAGE, YOU MUST COMPLETE A "FORM FOR EMPLOYEE TO DECLINE COVERAGE"

- If you decline enrollment for yourself or for an eligible dependent, you must complete a "Form for Employee to Decline Coverage."
- On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or CHIP) is the reason for declining enrollment, and you are asked to identify that coverage.
- If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan, as described above.
- If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan.

# Premium Assistance Under the Medicaid or 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 with us**, 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 at [www.healthcare.gov](http://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 (1-877-543-7669)** or visit [www.insurekidsnow.gov](http://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 HIPAA "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 us at [HR phone] or the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or **1-866-444-EBSA (1-866-444-3272)**.

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, 2023. Contact your State for more information on eligibility.

ALABAMA – MEDICAID	ALASKA – MEDICAID
Web: <a href="http://myAlhipp.com">myAlhipp.com</a> Phone: 1-855-692-5447	Web: <a href="http://myAKhipp.com">myAKhipp.com</a> Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/Medicaid">dhss.alaska.gov/dpa/Pages/Medicaid</a> Email: <a href="mailto:CustomerService@myAKhipp.com">CustomerService@myAKhipp.com</a> Phone: 1-866-251-4861
ARKANSAS – MEDICAID	CALIFORNIA – MEDICAID
Web: <a href="http://myARhipp.com">myARhipp.com</a> Phone: 1-855-myARhipp (1-855-692-7447)	Web: <a href="http://dhcs.ca.gov/hipo">dhcs.ca.gov/hipo</a> Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a> Phone: 916-445-8322
COLORADO – MEDICAID (HEALTH FIRST COLORADO) AND CHIP (CHILD HEALTH PLAN PLUS, OR CHP+)	FLORIDA – MEDICAID
Web: <a href="http://healthfirstcolorado.com">healthfirstcolorado.com</a> and <a href="http://mycohibi.com">mycohibi.com</a> Phone: 1-800-221-3943, State Relay 711, or HIBI 855-692-6442  CHIP Web: <a href="http://colorado.gov/HCPF/Child-Health-Plan-Plus">colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHIP Phone: 1-800-359-1991 or State Relay 711	Web: <a href="http://FLmedicaidTPLrecovery.com/FLmedicaidTPLrecovery.com/">FLmedicaidTPLrecovery.com/FLmedicaidTPLrecovery.com/</a> <a href="http://hipp">hipp</a> Phone: 1-877-357-3268
GEORGIA – MEDICAID	INDIANA – MEDICAID
Web: <a href="http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131	Web: <a href="http://in.gov/fssa/hip">in.gov/fssa/hip</a> (Healthy Indiana Plan for low-income adults age 19-64) Phone: 1-877-GET-HIP9 (1-877-438-4479) Web: <a href="http://in.gov/fssa/hip">in.gov/fssa/hip</a> (Healthy Indiana Plan for low-income adults age 19-64) Phone: 1-877-GET-HIP9 (1-877-438-4479)
IOWA – MEDICAID AND CHIP (HAWKI)	KANSAS – MEDICAID
Web: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562 CHIP Web: <a href="http://dhs.iowa.gov/hawki">dhs.iowa.gov/hawki</a> CHIP Phone: 1-800-257-8563	Web: <a href="http://kancare.ks.gov">kancare.ks.gov</a> HIP: <a href="http://content.dcf.ks.gov/ees/KEESM/Miscform/MS-2504HEALTH_INSURANCE_PREMIUM_PAYMENT_INFORMATION_FORM1-05.pdf">http://content.dcf.ks.gov/ees/KEESM/Miscform/MS-2504HEALTH_INSURANCE_PREMIUM_PAYMENT_INFORMATION_FORM1-05.pdf</a> Phone: 1-800-792-4884
KENTUCKY – MEDICAID	LOUISIANA – MEDICAID
Web: <a href="http://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Email: <a href="mailto:kihipp.program@ky.gov">kihipp.program@ky.gov</a> Phone: 1-855-459-6329 CHIP Web: <a href="http://kidshealth.ky.gov">kidshealth.ky.gov</a> CHIP Phone: 1-877-524-4718	Web: <a href="http://ldh.la.gov/lahipp">ldh.la.gov/lahipp</a> Phone: 1-855-618-5488

# Additional Information

MAINE – MEDICAID	MASSACHUSETTS – MEDICAID AND CHIP
Web: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">maine.gov/dhhs/ofi/applications-forms</a> (PHIP application) Phone: 1-800-977-6740 or TTY: Maine Relay 711	Web: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">mass.gov/info-details/masshealth-premium-assistance-pa</a> Phone: 1-800-862-4840 or TTY: 1-617-886-8102 CHIP same as Medicaid website      CHIP same as Medicaid phone
MINNESOTA – MEDICAID	MISSOURI – MEDICAID
Web: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739 or 651-431-2670	Web: <a href="https://dss.mo.gov/mhd/participants/pages/hipp.htm">dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA – MEDICAID	NEBRASKA – MEDICAID
Web: <a href="https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Web: <a href="https://AccessNebraska.ne.gov">AccessNebraska.ne.gov</a> Phone: 1-855-632-7633; Lincoln 402-473-7000; Omaha 402-595-1178
NEVADA – MEDICAID	NEW HAMPSHIRE – MEDICAID
Web: <a href="https://dhcfp.nv.gov/Pgms/CPT/HIPP">dhcfp.nv.gov/Pgms/CPT/HIPP</a> Phone: 1-800-992-0900	Web: <a href="https://dhhs.nh.gov/oii/hipp.htm">dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 or 1-800-852-3345 ext 5218
NEW JERSEY – MEDICAID AND CHIP	NEW YORK – MEDICAID
Web: <a href="https://www.state.nj.us/humanservices/dmahs/clients/medicaid">www.state.nj.us/humanservices/dmahs/clients/medicaid</a> Phone: 609-631-2392 CHIP Web: <a href="https://njfamilycare.org">njfamilycare.org</a> CHIP Phone: 1-800-701-0710	Web: <a href="https://health.ny.gov/health_care/medicaid">health.ny.gov/health_care/medicaid</a> Phone: 1-800-541-2831
NORTH CAROLINA – MEDICAID	NORTH DAKOTA – MEDICAID
Web: <a href="https://medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services/health-insurance-premium-payment-program">medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services/health-insurance-premium-payment-program</a> Phone: 855-696-2447 or 919-855-4100	Web: <a href="https://nd.gov/dhs/services/medicalserv/medicaid">nd.gov/dhs/services/medicalserv/medicaid</a> Phone: 1-844-854-4825
OKLAHOMA – MEDICAID AND CHIP	OREGON – MEDICAID
Web: <a href="https://insureoklahoma.org">insureoklahoma.org</a> Phone: 1-888-365-3742 CHIP same as Medicaid website      CHIP same as Medicaid phone	Web: <a href="https://healthcare.oregon.gov">healthcare.oregon.gov</a> or <a href="https://oregonhealthcare.gov">oregonhealthcare.gov</a> (same website) Phone: 1-800-699-9075
PENNSYLVANIA – MEDICAID	RHODE ISLAND – MEDICAID AND CHIP
Web: <a href="https://dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Web: <a href="https://www.eohhs.ri.gov">www.eohhs.ri.gov</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line) CHIP same as Medicaid website      CHIP same as Medicaid phone
SOUTH CAROLINA – MEDICAID	SOUTH DAKOTA – MEDICAID
Web: <a href="https://www.scdhhs.gov">www.scdhhs.gov</a> Phone: 1-888-549-0820	Web: <a href="https://dss.sd.gov">dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS – MEDICAID	UTAH – MEDICAID AND CHIP
Web: <a href="https://gethipptexas.com">gethipptexas.com</a> Phone: 1-800-440-0493	Web: <a href="https://medicaid.utah.gov">medicaid.utah.gov</a> Phone: 1-877-543-7669 CHIP Web: <a href="https://health.utah.gov/chip">health.utah.gov/chip</a> CHIP same as Medicaid phone
VERMONT – MEDICAID	VIRGINIA – MEDICAID AND CHIP
Web: <a href="https://greenmountaincare.org">greenmountaincare.org</a> Phone: 1-800-250-8427	Web: <a href="https://CoverVA.org/hipp">CoverVA.org/hipp</a> Phone: 1-800-432-5924 CHIP same as Medicaid website      CHIP Phone: 1-855-242-8282
WASHINGTON – MEDICAID	WEST VIRGINIA – MEDICAID
Web: <a href="https://hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473	Web: <a href="https://myWVhipp.com">myWVhipp.com</a> Phone: 1-855-myWVhipp (1-855-699-8447); TTY 1-855-888-3003
WISCONSIN – MEDICAID AND CHIP	WYOMING – MEDICAID
Web: <a href="https://dhs.wisconsin.gov/badgercareplus/p-10095.htm">dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002 CHIP same as Medicaid website      CHIP same as Medicaid phone	Web: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility">health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility</a> Phone: 1-800-251-1269 or 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](https://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4x Ext. 61565





THANK YOU!