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# A Guide to YOUR BENEFITS





For questions about programs outlined in this guide

Contact your  
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## Welcome to Your Benefits

At Cumberland County we know that our employees are a critical part of our success. That's why we strive to provide you with an employee benefits package that helps you protect and care for yourself and your family now and into the future.

This Benefits Guide outlines the health and benefit plans offered to you and your family. It contains general information and is meant to provide a brief overview. For complete details regarding each benefit offered, please refer to the individual plan documents as the information contained herein is for illustrative purposes only. Plan details can be found in the Summary Plan Description(s) and/or Summary of Coverage. In the case of a discrepancy the plan specific documents will prevail.

This booklet will cover information regarding the following:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Flexible Spending
- Voluntary Term Life Insurance, Short-Term Disability & Long-Term Disability
- Voluntary Critical Illness, Voluntary Permanent Life Insurance

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## Eligibility and Enrolling

### Employee

All full-time employees who work **30 or more hours** per week are eligible for benefits, and coverage will begin on your **date of hire for medical benefits, and the first of the month following date of hire for all other benefits. All permanent employees who work 20 or more hours per week are eligible for Basic Life & AD&D as of date of hire.**

### Dependents

You may cover your eligible dependents, which include the following:

- Your legal spouse
- Your children up to the age of 26 (includes step children living at your address and/or for whom you have financial responsibility)
- Any dependent child who is incapable of self-support because of a physical or mental disability

### When can you enroll?

You can sign up for benefits at any of the following times:

- During the 30-day enrollment window from your hire date
- During the annual Open Enrollment period
- Within 30 days of a qualified life event

If you do not enroll at the above times, you must wait for the next annual Open Enrollment period.

### Qualified Life Event Changes

You can make changes to your current benefit elections during the plan year if you experience a change in status. Status changes include:

- Marriage, divorce or legal separation
- Birth or adoption of a child or placement of a child for adoption
- Death of a dependent
- Child no longer eligible due to reaching limiting age
- Change in employment status, including loss or gain of employment, for your spouse or a dependent that results in a change of eligibility
- Change in work schedule, including switching between full-time and part-time status, by you, your spouse, or a dependent that results in a change of eligibility
- If you or your dependents lose eligibility for Medicaid or the Children's Health Insurance Program (CHIP) coverage, or become eligible for a state's premium assistance subsidy under Medicaid or CHIP, then you have 60 days from the date of the Medicaid/eligible change to request enrollment in the Cumberland County plans benefit eligibility

The change to your benefit elections must be consistent with and because of the change in status. If you have a status change, you must notify Human Resources within 30 days of the event, and your election(s) will become effective the date of the event. If you do not notify Human Resources during that time, you and/or your dependents must wait until the next annual open enrollment period to make a change to your benefit elections.

Your health is a work in progress that needs your consistent attention and support. Each choice you make for yourself and your family is part of an ever-changing picture. Taking steps to improve your health such as going for annual physicals and living a healthy lifestyle can make a positive impact on your well-being.

The information below is a high-level overview of Cumberland County’s medical plan options through **BCBSNC**. Additional information detailing coverage information, limitations, and exclusions is available upon request. Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts for which you are responsible. Plan payments will begin after the plan year deductible is met unless otherwise noted.

For a list of **BCBSNC** network providers or to view the most recent prescription drug list, visit [www.blueconnectnc.com](http://www.blueconnectnc.com) or you can contact member Services using the number on the back of your ID card.



|   | BCBSNC PPO Plan  |                             |
|---|--|-----------------------------|
|   | In-Network   | Out-of-Network <sup>1</sup> |
| <b>Annual Plan Year Deductible (Single / Family)</b>  | \$2,00/\$6,000   | \$3,000/\$6,000             |
| <b>Coinsurance (Member)</b>   | 20%  | 30%                         |
| <b>Out-of-Pocket Limit <sup>2</sup> (Single/Family)</b>   | \$5,000/\$12,500   | \$8,000 / \$16,000          |
| <b>Preventive Care:</b>   |  |                             |
| <ul style="list-style-type: none"> <li>Annual Physicals, Screenings, Immunizations</li> </ul>   | No charge  | 30% after deductible        |
| <b>Physician Office Visits</b>  |  |                             |
| <ul style="list-style-type: none"> <li>Primary Care &amp; Mental/Substance office visit</li> <li>Specialist</li> </ul>                  | \$30 copay<br>20% after deductible   | 30% after deductible        |
| <b>Hospital</b>   |  |                             |
| <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>   | 20% after deductible   | 30% after deductible        |
| <b>Surgical</b>   |  |                             |
| <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>   | 20% after deductible   | 30% after deductible        |
| <b>Diagnostic Testing</b>   |  |                             |
| <ul style="list-style-type: none"> <li>Lab Services</li> <li>Radiology<sup>3</sup></li> <li>MRI, MRA,CAT,PET</li> </ul>                 | 20% after deductible   | 30% after deductible        |
| <b>Emergency Care</b>   |  |                             |
| <ul style="list-style-type: none"> <li>Urgent Care Center</li> <li>Emergency Room (Copay Waived If Admitted)</li> </ul>                 | 20% after deductible   | 30% after deductible        |
| <b>Mental/Nervous &amp; Substance Abuse</b>   |  |                             |
| <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>   | 20% after deductible   | 30% after deductible        |
| <b>Prescription Drugs</b>   |  |                             |
| <ul style="list-style-type: none"> <li><b>Retail Pharmacy:</b> (up to 30-day supply)<br/>*Waived for Tier 1 and preventative</li> </ul> | \$150 per person Retail Deductible, then:<br>\$10 / \$55 / \$70 / 25%                            |                             |
| <b>Mail order</b>   | 2.5x copay for 90-day supply. Mail Order not available on Specialty drugs or the County Pharmacy |                             |

<sup>1</sup> Out-of-Network benefits are subject to and based on an average of Medicare.

<sup>2</sup> In and out of network deductibles, coinsurance and out of pocket maximum do not cross accumulate.

<sup>3</sup> Certain Diagnostic Imaging Procedures may require Pre-Authorization.

# Cumberland County Onsite Wellness Center Clinic & Employee Pharmacy



In the interest and well-being of our employees, we are proud to provide you with an onsite Wellness Center Clinic. You can visit the clinic for diagnoses and treatment of common illnesses such as a cold, allergies, pink eye, ear infections and other minor conditions.

**The Cumberland County Wellness Center Clinic** also offers Lifestyle education and Health coaching for a variety of health and wellness risk factors such as diabetes and weight management. You can also join one of our many Wellness programs! There a variety of Fitness and Lifestyle classes as well as Sport teams to participate in such as: Running, walking & biking ~ Zumba & Yoga ~ volleyball, softball & basketball ~ Weight Watchers at Work Cooking classes ~ and a Wellness Garden.

The Wellness Clinic is located at 226 Bradford Avenue. Employees do not have to take sick leave to visit the clinic and do not have a co-pay. You can call (910) 433-3847 To schedule an appointment, or go to: [co.cumberland.nc.us/intl\\_audit\\_wellness\\_svcs/wellness/employee\\_wellness\\_services](http://co.cumberland.nc.us/intl_audit_wellness_svcs/wellness/employee_wellness_services). The hours of operation are Monday, Tuesday & Thursday 7:15 a.m. – 3:30 p.m.; Wednesday 8:15 a.m. – 5:30 p.m.; and Friday 7:15 a.m. – 1 p.m. \*Provider unavailable from 12:15-12:45 p.m.

In addition, Cumberland County offers an onsite pharmacy, where employees covered under our health plan have access to preventative or Tier 1 prescriptions at no cost.

**The Cumberland County Employee Pharmacy** is located at 227 Fountainhead Lane, Suite 104. Phone # (910) 433-3861. The hours of operation are Monday – Thursday 7 a.m. – 5:30 p.m.; Friday 8 a.m. – 3 p.m.; and Saturday 9 a.m. – 1 p.m.

## Who May Use the Pharmacy?

Employees on the County’s health insurance plan, as well as retirees and dependents covered under the plan, may use the pharmacy and not have a co-payment for most generic prescriptions. These individuals will also have cheaper rates for brand-name medications under the County’s plan. Employees who do not have insurance may use the pharmacy, but must pay the cost of the medication. The pharmacy will not file claims for any other insurance.

| <b>County Employee Pharmacy Copays</b><br>*30-day supply - no deductible |            |
|--|------------|
| <b>Tier 1</b>  | \$0 copay  |
| <b>Tier 2</b>  | \$25 copay |
| <b>Tier 3</b>  | \$40 copay |

\*up to 90 days available

We also offer a variety of OTC medications at a significantly reduced price. Only Cumberland County employees may purchase OTC items at the Employee Pharmacy.

## Telehealth

**Blue Cross Blue Shield NC** provides access to a telehealth service as part of your medical plan – MDLIVE. BCBSNC Telehealth Connection lets you get the care you need – including most prescriptions – for a wide range of minor conditions. Your Cost was reduced to a **\$15 Copay**, and counts towards your medical out-of-pocket maximum. Now you can connect with a board-certified doctor via video chat or phone, without leaving your home or office **24/7!**

- Cold & Flu
- Earaches
- Constipation
- Asthma
- Infections
- Sinus Infections
- Respiratory Infections
- Fevers
- Pink Eye
- Sore Throats
- Insect Bites
- Nausea
- Allergies
- Rashes
- Headaches
- Acne

**Dermatology and Behavioral/Mental Health** are also included.

- Skin Infections
- Alopecia
- Addictions
- Anxiety
- Rosacea
- Cold Sores
- Eating Disorders
- Grief and Loss
- Eczema and Psoriasis
- Moles
- Depression
- Relationship Issues
- Warts
- Acne
- Postpartum Depression
- Bipolar Disorder



**BlueCross BlueShield  
of North Carolina**

**MDLIVE**<sup>®1</sup>

**Don't wait until your sick....**  
Enroll & generate a secure profile.  
**Signing up is easy!** Either:

- Visit **MDLIVE.com/ncvideodoc** and click 'Activate Now'; or
- Call **888-657-9982**; or
- Text 'videodoc' to **635483**; or
- **Download the mobile app**

Staying healthy includes obtaining quality dental care for you and your family. Your teeth and gums are important for almost everything you do in a day, from speaking and eating to living without pain. It can help you manage diabetes, dramatically reduce hospitalizations and medical costs, and stop dental conditions before they become major problems.

The information below is a high-level overview of Cumberland County’s dental plan options. For additional information detailing coverage information, limitations, and exclusions please refer to the Summary of Dental Plan Benefits and Certificate of Coverage.



**Delta Dental’s** PPO plus Premier plan provides you the freedom to choose any dentist. To see a participating dentist, access Delta Dental’s PPO or Premier Networks.

Once you enroll, please visit [www.deltadentalinc.com](http://www.deltadentalinc.com) or call **(800) 587-9514** to locate a provider, review claims or gather additional information on your benefits.

### Pre-Treatment Estimate

If your dental work will be extensive and is expected to cost more than \$300, you should have your dentist submit the proposed treatment plan to the insurance company before you begin treatment. The carrier will provide you with a summary of the plan’s coverage and your estimated out-of-pocket costs.

### Maximum Carryover

The Maximum Carryover feature allows a portion of your plan year maximum to carryover to next plan year, you and your dependents must use the plan at least once during the year to qualify. Each covered member is eligible for their own rollover account. For additional information please refer to the Summary of Dental Plan Benefits.

|   | Delta Dental of NC                      |                |   |                 |
|---|---|----------------|---|-----------------|
|   | Low Plan                                |                | High Plan                               |                 |
|   | PPO Plus Premier (MAC)                  |                | PPO Plus Premier (90 <sup>TH</sup> UCR) |                 |
|   | In Network                              | Out-Of-Network | In Network                              | Out-Of- Network |
| <b>Plan Year Deductible</b><br>(Individual /Family)<br><b>Resets every July 1st</b> | \$0                                     | \$50/\$150     | \$0                                     | \$50/\$150      |
| Annual Benefit Maximum <sup>3</sup><br>(per person)                                 | \$1,250 Combined <sup>3</sup>           |                | \$1,500 Combined <sup>3</sup>           |                 |
| Class I (Preventive)<br><i>Deductible Waived</i>                                    | 0%                                      | 0%             | 0%                                      | 0%              |
| Class II (Basic)  | 20%                                     | 20%            | 20%                                     | 20%             |
| Class III (Major)   | 50%                                     | 50%            | 50%                                     | 50%             |
| <b>Orthodontia Coverage</b>   | Children and Adults                     |                | Children and Adults                     |                 |
| Coinurance  | 50%                                     | 50%            | 50%                                     | 50%             |
| Lifetime Maximum <sup>4</sup>   | \$1,000 Combined (maximum) <sup>4</sup> |                | \$1,000 Combined (maximum) <sup>4</sup> |                 |

Low Plan Out-of-Network reimbursement based on maximum allowable charge (MAC). High Plan Out-of-Network reimbursement based on 90<sup>TH</sup> UCR.



<sup>3</sup>This amount is your combined Plan Year Maximum for both in and out of network services. MAC (maximum allowable charge) Delta Dental’s reimbursement for services by an out-of-network dentist is capped at the in-network Maximum Allowable Charge. 90th UCR (usual, customary, reasonable) is based on what providers in the same billing area charge.

<sup>4</sup>This amount is your combined Orthodontic Lifetime Maximum for both in and out of network services.

# Vision

Your eyes deserve the best care to keep them healthy year after year. Regular eye examinations may determine your need for corrective eyewear and may also detect general health problems in their earliest stages. Our Vision plan through **EyeMed** provides coverage and discounts for supplies and materials such as eyeglasses and contact lenses.

The information below is a high-level overview of Cumberland County’s vision plan. Additional information detailing coverage information, limitations, and exclusions is available upon request.

The plan will cover expenses charged by both In-Network and Out-of-Network providers. To find an eye care provider who’s right for you, visit [www.eyemed.com](http://www.eyemed.com) or call **(866) 804-0982**.

|   | In-Network  | Out-of-Network <sup>5</sup>   |
|---|---|---|
| <b>Plan Copays</b>  |   |   |
| Eye Exams   | \$10 Copay  | Up to \$50  |
| Single Vision Lens  | \$10 Copay  | Up to \$40  |
| Lined Bifocal Lens  | \$10 Copay  | Up to \$60  |
| Lined Trifocal Lens   | \$10 Copay  | Up to \$80  |
| Standard Progressive  | \$65 Copay  | Up to \$60  |
| Premium Progressive   | \$95-\$185 Copay  | Up to \$60  |
| Frames  | Up to \$150 allowance, 20% off balance  | Up to \$150   |
| Contact Lenses  | Up to \$150 (15% off balance off conventional)  | Up to \$120   |
| <b>Benefit Frequency</b>  |   |   |
| Eye Exams   | Once every 12 months  |   |
| Lenses  | Once every 12 months  |   |
| Frames  | <b>Once every 12 months</b>   |   |
| <b>Contacts Lenses (in lieu of lenses)</b>  |   |   |
| Lens Fit and Follow up  | Up to \$150 allowance, 20% off balance  | Up to \$120   |
| Medically Necessary   | \$25 Copay<br>Covered at 100%<br>(Copay waived)                                       | N/A   |
| <b>Freedom Pass Included: Special offer from Target Optical and Sears Optical</b><br>any available frame, any brand at any price point for no out of pocket expense, per member per year. |   |   |
| Participating Retail locations <sup>6</sup>   | Lens Crafters<br>Pearle Vision<br>Target Optical<br>Sears Optical<br>JCPenney Optical | Out of network provider status varies<br>* Consult with your providers office |

\*Discounts are available from in-network providers for add-ons items such as scratch resistant or UV coating.



<sup>5</sup> If you choose to go to an out-of-network provider, you will have to submit a reimbursement claim form which can be found on [www.eyemed.com](http://www.eyemed.com). The reimbursement amounts noted above are what you can expect to receive from EyeMed in excess of the copay.

<sup>6</sup> This is a partial listing, for a full listing visit [www.Eyemed.com](http://www.Eyemed.com) or call (866) 804-0982. Participation is subject to change.



# Flexible Spending Accounts

Cumberland County's Flexible Spending Account (FSA) is administered by **Sentinel Benefits**.

## What is an FSA?

A Flexible Spending Account (FSA) is a tax-favored program that allows you to pay for eligible out-of-pocket health care and dependent care expenses with pre-tax dollars. By using pre-tax dollars to pay for eligible health care and dependent care expenses, an FSA gives you an immediate discount on these expenses that equals the taxes you would otherwise pay on that money. In other words, with an FSA, you can both reduce your taxes and get more for your money than if you paid for eligible health care and dependent care expenses with after-tax dollars. The health care FSA plan features a debit card which can be used for eligible expenses.

Here are some of the advantages an FSA can provide:

- The amount you can contribute to the FSA is not subject to federal income tax or social security (FICA) tax
- You can withdraw money from your FSA to pay for qualified expenses and the withdrawals are not taxed
- You do not have to report FSA amounts on your income tax return

## How do FSAs work?

At the beginning of the plan year, you elect an amount to be withdrawn from your paychecks which will be put into your FSA account.

When you enroll in the Health Care FSA, you will receive a debit card from Sentinel Benefits that allows you to pay for your eligible health care expenses directly. You will need to activate your card when you receive it in the mail.

Create a username and password at [www.Sentinelgroup.com/individuals/account-access](http://www.Sentinelgroup.com/individuals/account-access) or call (888) 762-6088.

| Health Care FSA   | Dependent Care FSA  |
|---|---|
| <p><b>2019 Annual Maximum Contribution: <u>\$2,700</u></b></p> <ul style="list-style-type: none"><li>• Eligible medical, dental and vision expenses for you, your spouse and dependent children</li><li>• You can use your full elected amount in the Health Care FSA at any time for qualified medical expenses, even if the amount has not yet been deposited into the account.</li></ul> | <p><b>Annual Maximum Contribution:</b><br/><b>\$5,000 if married and filing jointly;</b><br/><b>\$2,500 if married and filing separate.</b></p> <ul style="list-style-type: none"><li>• Expenses for dependent care service for children up to age 13, a disabled spouse or incapacitated parent are eligible for reimbursement if you incur them while you and your spouse both work or attend school full time.</li><li>• Only contributions accrued to date can be used for reimbursements in the Dependent Care FSA. The "debit" card cannot be used to pay for Dependent Care expenses.</li><li>• Eligible expenses include day care at a licensed facility or care in private home where caregiver is not a relative and over age 19, Nursery/preschool, before/after school programs, summer day camp (excludes overnight camp).</li></ul> |



# Flexible Spending Accounts

## Rules and Regulations

Plan your annual FSA contribution carefully, elections made when you enroll are binding for the entire plan year unless you have a qualifying status change. In addition, the IRS imposes rules and restrictions on the way you can use FSA's:

- You must incur eligible expenses during the plan year. If fewer expenses are incurred than expected, you may forfeit money remaining in your FSA at the end of the year
- You can only make changes to your contribution amounts with a qualified status change. These include marriage, divorce, legal separation, death of a spouse or dependent, change from part-time to full-time, termination or commencement of spouse's employment, unpaid leave of absence

## FSA Recordkeeping

You may be required to submit receipts and other proof in order to receive reimbursement for expenses you claim under the FSA. Make sure you retain all receipts, Explanation of Benefits (EOBs) and other documentation to ensure that you have the necessary proof to obtain reimbursement from your FSA, or in the event of an IRS audit.

Typically, a copy of the itemized bill and the EOB will provide the documentation that the IRS requires:

- Date of service
- Type of service or the item
- Cost or your patient responsibility for the service provider

The following illustrates some examples of qualified expenses that apply to both Health Care FSA and HSA. <sup>7</sup>

| Examples of Eligible Expenses |                   |                             |
|-------------------------------|-------------------|-----------------------------|
| Acupuncture                   | Dental Services   | Physical Exams              |
| Bandages/Gauze                | Diabetic Supplies | Pregnancy Test              |
| Birthing Classes or Lamaze    | Eye Drops         | Prescription Drugs          |
| Breast Pump                   | Fertility Monitor | Prescription Glasses        |
| Chiropractic Services         | Flu Shots         | Saline Nasal Spray          |
| Coinsurance                   | Hospital Fees     | Sleep Deprivation Treatment |
| Cold/Hot pack                 | Immunizations     | Speech Therapy              |
| Compression Stockings         | Lab Work          | Thermometer                 |
| Contacts & Solutions          | Laser Eye Surgery | Vision Care                 |
| Copays                        | Nasal Strips      | Wheelchair & Repair         |
| Crutches                      | Orthodontia       | X-rays                      |

Download the Mobile App to manage your account any time anywhere.

- Snap and submit photos of your receipt each time you use your card to make it easy to verify transaction later
- File claims, view transactions and check account balances on the go
- Sign up for email and text alerts



<sup>7</sup> For additional details on IRS qualified expenses, please visit the applicable HSA and/or FSA provider websites. The Internal Revenue Service sets the rules and guidelines for what is qualified medical expense.

## Basic Life and Accidental Death & Dismemberment (AD&D)

Eligible employees working 20 hours or more are automatically enrolled in this benefit and Cumberland County pays 100% of the premium. Coverage is provided through OneAmerica.

| Basic Life and AD&D   |   |
|---|---|
| Basic Life Benefit <sup>8</sup>                                   | \$5,000   |
| Basic AD&D Benefit  | \$5,000   |
| Accelerated Life Benefit:   | In the case in you are terminally ill, this option allows you to withdraw a percentage of your life insurance coverage. The amount withdrawn will be taxable.   |
| Seatbelt & Airbag Benefit:  | If you die as a direct result of a motor vehicle accident while properly wearing seatbelt and/or in a vehicle equipped with an airbag and the airbag deployed, additional benefits will be paid.  |
| Benefit Reductions  | Basic Life the benefits are reduced by:<br>35% at age 65<br>60% at age 70<br>70% at age 75<br>75% at age 80<br>Benefits will terminate upon retirement.   |
| Conversion:<br>Basic Life   | If your coverage, or a portion of it terminates because you are no longer eligible for coverage under the policy: You may apply for an individual life insurance conversion policy without evidence of insurability. The coverage amount of the individual life insurance conversion policy shall not exceed the amount of life insurance that ceases because of: loss of eligibility for coverage under the policy minus the amount of any group life coverage for which You become eligible within 31 days of termination.  |
| Portability:<br>Basic Life and AD&D                               | If Your coverage ceases due to:<br>Loss of eligibility under the policy due to not being Actively at Work or a reduction in hours worked; termination of employment; or termination of the Participating Unit's coverage under the policy and coverage is not replaced under a similar group insurance policy within 31 days following termination of coverage.<br>You may continue the amount of Personal Insurance and Dependent Insurance existing under the policy, minus any benefits paid under the policy without interruption until the earlier of: the date premium payments are not received by One America for You; or the attainment of age 70.   |
| Additional Benefits:<br><br>ComPsych Employee Assistance Program: | <i>Life Planning Financial &amp; Legal Resources &amp; Travel Assistance:</i><br>Life Planning consultants can provide financial and legal support regarding last will and Testament, Living Will, Final Arrangements in coordination with the efforts of a family attorney or accountant. Additional services include confidential counseling, legal support and resources for divorce, debt and bankruptcy, real estate, civil and criminal actions, contracts and landlord/tenant issues. Assistance is also available for financial information about saving for college, Tax questions, credit card or loan problems, getting out of debt, work-life solutions and much more.<br><br>Contact: 855-387-9727<br>TDD: 800-697-0353<br>Online: <a href="http://guidanceresources.com">guidanceresources.com</a><br>Company Web ID: ONEAMERICA3 |

## Choose Your Beneficiary

Make sure your Life and AD&D benefits will be paid as you intend.

Be sure you name a beneficiary when you are first eligible for Life and AD&D benefits.

Then, make sure to review your beneficiary designation and make any necessary changes as your personal situation changes.



## Voluntary Term Life Insurance

Full-time employees may purchase Voluntary Life Insurance coverage to provide additional financial security. Additional details are provided in the OneAmerica Voluntary Term Life plan summary documents.

| Voluntary Life |  |                              |
|----------------|--|------------------------------|
| Tier           | Benefit  | Guarantee Issue (GI) Amounts |
| Employee       | \$10,000 increments not to exceed \$100,000  | \$50,000*                    |
| Spouse**       | \$10,000 flat amount available. Spouse age reduction at 65, spouse terminates at age 70. Conversion available.                                     | \$10,000                     |
| Child**        | \$5,000 flat amount available.<br>(Birth to 6 months \$1,000, automatically increases to \$5,000 at 6 months).<br>Single payment for all children. | \$5,000                      |

\* This is the maximum you can receive without completing an Evidence of Insurability form when enroll *when first eligible*.  
 \*\*You must be enrolled yourself if you want your spouse and/or child(ren) to be enrolled.  
 Note: Conversion and Portability included. Rates are 0.22 per \$1,000 of coverage for Employee, \$1.587 for Spouse, \$0.621 for Child

## Eligibility & Evidence of Insurability (EOI)

- Eligibility:**

Newly eligible employees can elect Voluntary Term Life coverage up to a maximum of \$50,000 without Evidence of Insurability (EOI). If you elect an amount above the Guarantee Issue (GI), if you did not enroll in Voluntary Life when first eligible and newly elect coverage, or if you were previously denied, you must complete an EOI form. Elections or changes after initial eligibility are only allowed during annual Open Enrollment periods and require EOI for you (and your spouse if applicable).

- Requests with EOI.** Complete and submit the EOI form to **One America** if required. Your application will go through an underwriting process which can take up to 90 days. You will be notified of the final decision to approve or deny the request. If approved, your employee deduction will increase based on the total amount approved.

\*Evidence of Insurability is also known as 'proof of good health', or 'statement of good health'.



## Voluntary Short-Term Disability (STD)

Full-time employees are offered Short Term Disability (STD) benefits through OneAmerica, which replace **up to 70% of your weekly salary**. You may elect in **\$100 increments up to a maximum benefit of \$500 per week**. STD is income replacement should you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury (excluding on-the-job injuries which are covered by workers compensation insurance). No EOI requirements.

If approved, STD benefits start on the **1st consecutive day of injury and 8<sup>th</sup> day of illness**. This benefit is provided to you on a Post-Tax basis. Benefits are payable under a dual option for a maximum of 13 or 26 of continuous period of disability depending on the option you elect.

## Voluntary Long-Term Disability (LTD)

Full-time employees are offered Long-Term Disability (LTD) benefits through OneAmerica which offer income protection if you become disabled and cannot work due to an accident or sickness for an extended period of time. No EOI requirements.

If approved, the benefit begins after **180 days**. The benefit replaces **60% of your monthly salary to a maximum benefit of \$10,000 per month**. During the first 2 years, benefits are paid if you are unable to perform the duties of your “own occupation”. After 2 years, you must be unable to perform “any occupation” for which you are reasonably suited, and your benefits will continue to a maximum duration based on your age at disability. This benefit is provided to you on a Post-Tax basis. Cumberland offers a dual option which allows you to choose a duration of a 5-year term or to have benefits paid to Social Security Normal Retirement Age.

| Voluntary Short- Term Disability (STD)  |  | Voluntary Long-Term Disability (LTD) |  |
|---|--|--------------------------------------|--|
| <b>% of Salary</b>  | Up to 70% if Weekly Salary   | <b>% of Salary</b>                   | 60% of Monthly Salary  |
| <b>Maximum Weekly Benefit</b>   | Up to \$500 weekly, in \$100 increments  | <b>Maximum Monthly Benefit</b>       | Up to \$10,000 (based on 60% of salary)  |
| <b>Elimination Period</b>   | 0 Day Injury (Benefits begin on the 1 <sup>st</sup> day)<br>7 Days Illness (Benefits begin on the 8 <sup>th</sup> day)   | <b>Elimination Period</b>            | 180 Days (Approximately 26 weeks)  |
| <b>Duration Period Options</b>  | Option 1: 13 weeks<br>Option 2: 26 weeks   | <b>Duration Period Options</b>       | Option 1: Core- 5-year term<br>Option 2: High - Social Security Normal Retirement Age  |
| <b>Pre-Existing Conditions</b>  | Your plan does not cover a disability due to pre-existing condition during the 12 months after your effective date of coverage, for treatment received within 3 months prior to your effective date of coverage. | <b>Pre- Existing Conditions</b>      | Your plan does not cover a disability due to pre-existing condition during the 12 months after your effective date of coverage, treatment received within 6 months prior to your effective date of coverage. |
| STD - Portability included. \$.897 for 13 weeks and \$1.29 for 26 weeks per \$10 for all age bands.<br>*LTD - Portability included. Rates are Age Banded. See LTD enrollment kit or go online to the benefits portal for pricing. |  |                                      |  |

\*Voluntary **Long-Term Disability** rates are age banded.

Please login to the InfinityHR benefits portal @ to <https://www.infinityhr.com/>

for exact premium amounts on all the voluntary products offered.

You can only enroll in VSTD and VLTD upon initial eligibility or at annual Open Enrollment periods.



# Employee, Financial, Legal and Travel Assistance

The ComPsych® *Guidance Resources* EAP Program and General Global Assistance® Travel Assistance program are available to all employees enrolled in the employer paid Basic Life insurance plan provided through OneAmerica at no charge. These services are confidential and are designed to support you and your family with everyday issues that affect you most, such as:

- **Confidential Counseling** - includes 3 in-person visits per issue per year
  - Stress management
  - Relationship and marital conflicts
  - Child and Elder care
  - Grief and Loss
- **Financial Planning** - speak by phone on such issues as,
  - Debt, credit card or loan problem
  - Tax questions, saving for college
  - Retirement or Estate planning
- **Legal Support** – free telephonic consultations. If representation is needed, free in-person 30-minute consultation and 25% reduction in customary fees
  - Divorce and family law, Debt and bankruptcy
  - Landlord/tenant issues, Real Estate Transaction
  - Civil and criminal actions, Contracts
- **Free Online Will Prep** through *EstateGuidance*®
  - Name an Executor, choose a Guardian, provide burial instructions, and more

Also;

- **Travel Assistance** provided through provides benefits when traveling more than 100 miles from home on a trip that last 90 days or less for business or pleasure. Travel Assistance coverage is extended to your spouse and children even when they are traveling without you.
  - Medical and dental referral, replacement of medication or eyeglasses, Dependent children assistance
  - Traveling companion assistance, Emergency evacuation, Repatriation of remains, Emergency medical payment,
  - Trip interruption transportation and accommodation assistance due to medical emergency.

## Employee Assistance Program

Contact: 855-387-9727

TDD: 800-697-0353

Online: [www.guidanceresources.com](http://www.guidanceresources.com)

Company Web ID: ONEAMERICA3

## Travel Assistance

Call: 1-866-294-2469 (US/Canada)

+1-240-330-1509

(Call Collect from other locations)

Email: [ops@europassistance-usa.com](mailto:ops@europassistance-usa.com)



## Critical Illness and Permanent Life

**Critical Illness** — Pays a lump-sum to help pay for treatment or expenses that your health insurance plan doesn't cover like deductibles, copays and coinsurance you incur for treating a serious illness like cancer or heart attack. There is a Wellness Screening benefit of \$100 for employee, spouse and/or child. Premiums based on Issue Age and do not increase. No Evidence of Insurability (EOI) required when first eligible or at open enrollment.

- Employee may choose a lump sum benefit of \$5,000 to \$20,000 in increments of \$5,000. If employee enrolls then;
- Included: Child (birth to age 26) is 25% of employee benefit.
- Spouse may choose a lump sum benefit of \$2,500 to \$10,000 increments of \$2,500 up to 50% of the employee benefit. Spouse rate based on employee's age bracket.

**Permanent Life** — Permanent life insurance provides lifelong protection and the ability to accumulate cash value on a tax-deferred basis. Unlike term insurance it will remain in force for as long as you continue to pay your premiums. Premiums based on Issue Age and do not increase. No EOI required if elected when first eligible. EOI required thereafter.

- Employee may choose amounts from \$10,000 to \$200,000 (GI). If employee enrolls then;
- Spouse may choose amounts from \$10,000 (GI) to \$100,000 not to exceed 50% of the employee amount, therefore an employee must elect \$20,000 to elect a spouse. Amounts over \$10,000 would require EOI.
- Child (birth to age 26) insurance is available for a flat \$10,000 (GI).
- Rates are age banded, spouse age determines spouse rate. Tobacco/Non-Tobacco rated.

When you elect **Critical Illness** coverage, coverage details (certificate books, policy riders, confirmation of benefits) will be available online at GuardianAnytime.com. Guardian does not automatically mail the policies out to employee's homes. If you leave the company, you have the option to port your Critical Illness coverage. Employees and dependents must be younger than age 70 on the date coverage under the group plan ends. (Although employees cannot port coverage after reaching age 70, ported coverage does not terminate at age 70.)

When you elect **Permanent Life** insurance, coverage details (certificate books, policy riders, confirmation of benefits) will be mailed to your home. You will automatically be direct billed upon termination if you have Permanent Life coverage.

Premiums for both Critical Illness and Permanent Life are age banded.

Please login to the InfinityHR benefits portal for details.

Enrollment allowed upon initial eligibility or during annual open enrollment periods.

**The GUARDIAN Life  
Insurance Company of  
America**

# Contributions

Cumberland County shares in the cost of your medical, dental and vision premium. The following tables illustrate the employee contributions for these plans, as well as (non-age banded) Voluntary Term Life and Voluntary STD.

## FULL-TIME Employee (working 30 or more hours per week) Contributions

| Medical - BCBSNC<br>Per Pay (24 Weeks) Contributions | Non- Wellness | Wellness |
|--|---------------|----------|
| Employee Only  | \$25.50       | \$10.50  |
| Employee + Child                                     | \$78.50       | \$63.50  |
| Employee +2 or more Child(ren)                       | \$127.00      | \$112.00 |
| Employee + Spouse                                    | \$120.50      | \$105.50 |
| Family   | \$163.50      | \$148.00 |

| Dental – Delta Dental<br>Per Pay (24 Weeks) Contributions |          |           |
|---|----------|-----------|
| Coverage Level  | Low Plan | High Plan |
| Employee Only   | \$15.08  | \$16.24   |
| Employee + Spouse   | \$30.44  | \$32.78   |
| Employee + 2 or (more)                                    | \$45.09  | \$48.54   |

| Vision – EyeMed<br>Per Pay (24 Weeks) Contributions |         |
|---|---------|
| Coverage Level                                      | Vision  |
| Employee Only                                       | \$3.98  |
| Employee +Spouse                                    | \$7.70  |
| Family  | \$11.31 |

| Voluntary Term Life - One America<br>Per MONTH Contributions - Up to the Guarantee Issue Amount |                                 |
|---|---------------------------------|
| Employee Options – up to Guarantee Issue  | Employee per Month Contribution |
| \$10,000  | \$2.20                          |
| \$20,000  | \$4.40                          |
| \$30,000  | \$6.60                          |
| \$40,000  | \$8.80                          |
| \$50,000  | \$11.00                         |
| Spouse \$10,000   | \$1.58                          |
| Children 6 months to age 19 (25 if FT student)<br>\$5,000                                       | \$0.62                          |

| Voluntary STD- One America – 13 Weeks<br>Per Pay (24 Weeks) Contributions |                                    |                                   |
|---|------------------------------------|-----------------------------------|
| If your Annual salary is at least:  | You may select a Weekly Benefit of | Payroll Deduction twice per month |
| \$7,429   | \$100                              | \$4.49                            |
| \$14, 857   | \$200                              | \$8.97                            |
| \$22,286  | \$300                              | \$13.46                           |
| \$29, 714   | \$400                              | \$17.94                           |
| \$37, 143   | \$500                              | \$22.43                           |

| Voluntary STD- One America – 26 Weeks<br>Per Pay (24 Weeks) Contributions |                                    |                                   |
|---|------------------------------------|-----------------------------------|
| If your Annual salary is at least:  | You may select a Weekly Benefit of | Payroll Deduction twice per month |
| \$7,429   | \$100                              | \$6.45                            |
| \$14, 857   | \$200                              | \$12.90                           |
| \$22,286  | \$300                              | \$19.35                           |
| \$29, 714   | \$400                              | \$25.80                           |
| \$37, 143   | \$500                              | \$32.25                           |

In case of a discrepancy, the plan specific documents will prevail.



# Key Contacts

| Benefit  | Carrier                                  | Customer Service Information   |
|--|--|--|
| Medical  | Blue Cross Blue Shield of North Carolina | Customer Service: 1-888-206-4697<br>Website: www.bcbssc.com  |
| Pharmacy   | Prime Therapeutics                       | Rx phone: 1-888-274-5186<br>Website: www.myprime.com   |
| Dental   | Delta Dental                             | PPO Customer Service: 800-587-9514<br>Website: www.deltadental.com                                 |
| Vision   | EyeMed                                   | Customer Service: 1-866-804-0982<br>Website: www.eyemed.com  |
| Life & Voluntary Life                              | ONE AMERICA                              | Customer Service: 1-800-553-5318   |
| Short-term Disability                              | ONE AMERICA                              | Customer Service: 1-800-553-5318   |
| Long-term Disability                               | ONE AMERICA                              | Customer Service: 1-800-553-5318   |
| Flexible Spending Account and Commuter Benefits    | Sentinel Benefits                        | Customer Service: 1-888-762-6088<br>Website: www.sentinelgroup.com                                 |
| Employee Assistance Program                        | ComPsych                                 | EAP line: 855-387-9727<br>Website: www.guidanceresources.com<br>User ID: ONEAMERICA3               |
| Travel Assistance                                  | Generali Global Assistance®              | Travel Assist: 1-866-294-2469 (US/Canada)<br>+1-240-330-1509<br>Email: ops@europassistance-usa.com |
| Benefits<br>Julie Crawford<br>Benefits Coordinator | Cumberland County                        | Benefits: jcrawford@co.cumberland.nc.us<br>(910) 223-3327  |

## Some Important Notices

### Summary of Benefits & Coverage (SBC)

To receive a copy of our medical and pharmacy plan summary, contact Human Resources.

**Newborns' and Mothers' Health Protection Act of 1996 (Newborn's Act)** Group health plans and health insurance issuers generally 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 a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or 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 issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). For more information, contact Human Resources.

**Women's Health and Cancer Rights Act of 1998** 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
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema

For more information, contact Human Resources.

**Special Enrollment Notice** If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must

request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

You may be able to enroll yourself and your dependents in the plan if they:

- Lose Medicaid or CHIP coverage; or
- Become eligible to participate in a Medicaid or CHIP assistance program.

Individuals gaining or losing Medicaid or CHIP coverage will have 60 days from the date of loss of coverage or the date of eligibility in order to request special enrollment in the group health plan. To request special enrollment or obtain more information, contact Human Resources.

### The Health Insurance Marketplace

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options but it doesn't capture health insurance options that might be available to you as an employee at our company. New employees are provided with a copy of the required Health Insurance Marketplace Notice. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and any employment based health coverage offered by our company. If you have any questions about the Health Insurance Marketplace, contact Human Resources.

### Medicare

When you or your spouse becomes eligible to enroll in a Medicare Prescription Drug Plan, you may be required to provide a Notice of Creditable Coverage if electing Medicare Drug Coverage after your initial Medicare eligibility date. Contact Human Resources if you need more information about the creditable status of our prescription drug coverage.

**Availability of the Notice of Privacy Practices** We provide health benefits to eligible employees and their eligible dependents as described in the summary plan description(s) for the plan. The plan may create, receive, use, maintain and disclose health information about participating employees and dependents in the course of providing these health benefits. The plan is required by law to provide notice to participants of the plan's duties and privacy practices with respect to covered individuals' protected health information (PHI), and has done so by providing to plan participants a notice of privacy practices, which describes the ways that the plan uses and discloses PHI. To receive a copy of the plan's notice

## Some Important Notices

of privacy practices you should contact Human Resources.

### COBRA Rights

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator. A copy of our initial rights notice will be mailed to you upon enrollment.

**Premium Assistance Under Medicaid & 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](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office (if applicable) 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](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 “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](http://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, 2019. Contact your State for more information on eligibility.

|  |   |
|--|---|
| <b>ALABAMA – Medicaid</b><br><a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447  | <b>FLORIDA – Medicaid</b><br><a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a><br>Phone: 1-877-357-3268   |
| <b>ALASKA – Medicaid</b><br>The AK Health Insurance Premium Payment Program<br><a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>  | <b>GEORGIA – Medicaid</b><br><a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a><br>- Click on Health Insurance Premium Payment (HIPP)<br>Phone: 404-656-4507   |
| <b>ARKANSAS – Medicaid</b><br><a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)  | <b>INDIANA – Medicaid</b><br>Healthy Indiana Plan for low-income adults 19-64<br><a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br>Phone: 1-877-438-4479<br>All other Medicaid <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a><br>Phone 1-800-403-0864 |
| <b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b><br>Health First Colorado <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center:<br>1-800-221-3943/ State Relay 711<br>CHP+: <a href="https://www.colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a><br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711 | <b>IOWA – Medicaid</b><br><a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a><br>Phone: 1-888-346-9562  |
| <b>KANSAS – Medicaid</b>   | <b>NEW HAMPSHIRE – Medicaid</b>   |

## Some Important Notices

|  |  |
|--|--|
| <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a><br>Phone: 1-785-296-3512   | <a href="https://www.dhhs.nh.gov/omb/nhhpp/">https://www.dhhs.nh.gov/omb/nhhpp/</a><br>Phone: 603-271-5218<br>Hotline: NH Medicaid Service Center at 1-888-901-4999  |
| <b>KENTUCKY – Medicaid</b>   | <b>NEW JERSEY – Medicaid and CHIP</b>  |
| <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a><br>Phone: 1-800-635-2570   | Medicaid <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Medicaid Phone: 609-631-2392<br>CHIP <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710 |
| <b>LOUISIANA – Medicaid</b>  | <b>NEW YORK – Medicaid</b>   |
| <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a><br>Phone: 1-888-695-2447   | <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831   |
| <b>MAINE – Medicaid</b>  | <b>NORTH CAROLINA – Medicaid</b>   |
| <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a><br>Phone: 1-800-442-6003<br>TTY: Maine relay 711   | <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a><br>Phone: 919-855-4100   |
| <b>MASSACHUSETTS – Medicaid and CHIP</b>   | <b>NORTH DAKOTA – Medicaid</b>   |
| <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a><br>Phone: 1-800-862-4840   | <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a><br>Phone: 1-844-854-4825   |
| <b>MINNESOTA – Medicaid</b>  | <b>OKLAHOMA – Medicaid and CHIP</b>  |
| <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a><br>Phone: 1-800-657-3739   | <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742   |
| <b>MISSOURI – Medicaid</b>   | <b>OREGON – Medicaid</b>   |
| <a href="https://www.dss.mo.gov/mhd/participants/pages/hipp.htm">https://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br>Phone: 573-751-2005   | <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br><a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a><br>Phone: 1-800-699-9075  |
| <b>MONTANA – Medicaid</b>  | <b>PENNSYLVANIA – Medicaid</b>   |
| <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 1-800-694-3084   | <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a><br>Phone: 1-800-692-7462   |
| <b>NEBRASKA – Medicaid</b>   | <b>RHODE ISLAND – Medicaid</b>   |
| <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: (855) 632-7633<br>Lincoln: (402) 473-7000   Omaha: (402) 595-1178  | <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 855-697-4347   |
| <b>NEVADA – Medicaid</b>   | <b>SOUTH CAROLINA – Medicaid</b>   |
| Medicaid <a href="https://dhcnp.nv.gov">https://dhcnp.nv.gov</a><br>Medicaid Phone: 1-800-992-0900   | <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820   |
| <b>SOUTH DAKOTA - Medicaid</b>   | <b>WASHINGTON – Medicaid</b>   |
| <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059   | <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a><br>Phone: 1-800-562-3022 ext. 15473  |
| <b>TEXAS – Medicaid</b>  | <b>WEST VIRGINIA – Medicaid</b>  |
| <a href="http://gethipptexas.com/">http://gethipptexas.com/</a><br>Phone: 1-800-440-0493   | <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)  |
| <b>UTAH – Medicaid and CHIP</b>  | <b>WISCONSIN – Medicaid and CHIP</b>   |
| Medicaid <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br>CHIP <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br>Phone: 1-877-543-7669  | <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a><br>Phone: 1-800-362-3002   |
| <b>VERMONT – Medicaid</b>  | <b>WYOMING – Medicaid</b>  |
| <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a><br>Phone: 1-800-250-8427   | <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a><br>Phone: 307-777-7531   |
| <b>VIRGINIA – Medicaid and CHIP</b>  |  |
| Medicaid <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a><br>Medicaid Phone: 1-800-432-5924<br>CHIP <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a><br>CHIP Phone: 1-855-242-8282 |  |



