

2024

# Employee Benefits Guide



# Introduction

We are pleased to provide you with this summary of benefits. At Cushing Terrell, our team members — you — are our most valuable resource. As such, we make a point to invest in your health and well-being and help protect you and your family.

## Medical Eligibility

Active, full-time and part-time qualified team members working 30+ hours weekly are eligible to participate in Cushing Terrell’s medical, dental, vision, dependent care flex spending, and health savings plans.

## When Coverage Begins

Cushing Terrell’s open enrollment window is held as soon as administratively feasible in the last quarter of the year.

## Administration

Cushing Terrell offers a self-insured high-deductible health plan (HDHP). Our focus is to keep costs at a minimum while providing robust benefits.

Cushing Terrell partners with Blue Cross Blue Shield of Montana (BCBS) as our third-party administrator (TPA). BCBS facilitates claim processing and eligibility and ensures that we are legally compliant in all areas of health insurance and the Affordable Care Act (ACA).

Team members may elect benefits for themselves, their partner/spouse, and eligible dependent children, including:

- Legal spouse or qualified domestic partner.\*†
- Children up to age 26, or, if fully dependent on you for support due to ongoing mental or physical disability, regardless of age.

You must be a member of the health plan to provide medical benefits for your family members. You may also make changes mid-year if you experience a qualifying life event.

*\*Verification may be required to confirm eligibility.*

*† Domestic partners are not eligible for Voluntary Life or AD&D Insurance.*





## Disclaimers

This summary outlines eligibility, enrollment options, and coverage effective dates. It is not a legal plan document and does not imply a guarantee of coverage. Full details of each benefit plan are contained within the summary plan description (SPD). In the event of a discrepancy, the SPD prevails. A copy of each benefit SPD may be obtained by contacting Human Resources.

Cushing Terrell reserves the right to add to, modify, or delete any policy and/or benefit program at any time, with or without notice. Furthermore, no information contained in this document in any way constitutes a contract for employment, express or implied, for any specified period of time. Cushing Terrell is an Equal Opportunity and Affirmative Action Employer, including protections for Veterans and Disabled Individuals.

Plans are reviewed periodically to determine their effectiveness in meeting team member needs and how they compare with programs offered by other employers in our industry and trade areas. Cushing Terrell, at its discretion, may change service providers and benefits without advance notice. Further, Cushing Terrell reserves the exclusive right and authority to administer, apply, and interpret the benefit plans described herein, and to decide all matters arising in connection with the operation of administration of such plans.



# 2024 Medical/Dental/ Vision Premiums

What you pay each paycheck to have health insurance.

|                                 | SEMI-MONTHLY<br>PREMIUM | MONTHLY PREMIUM | CUSHING TERRELL'S<br>MONTHLY<br>CONTRIBUTION |
|---------------------------------|-------------------------|-----------------|----------------------------------------------|
| <b>Team Member</b>              | \$77.00                 | \$154.00        | <b>\$464.00</b>                              |
| <b>Team Member + Child(ren)</b> | \$166.00                | \$332.00        | <b>\$998.00</b>                              |
| <b>Team Member + Spouse</b>     | \$197.00                | \$394.00        | <b>\$1,186.00</b>                            |
| <b>Team Member + Family</b>     | \$269.00                | \$538.00        | <b>\$1,614.00</b>                            |

# Your Benefits Plan

Cushing Terrell is pleased to offer a comprehensive benefits program to our team members.

In the following pages, you will learn more about the benefits Cushing Terrell offers. You will also see how choosing the right combination of benefits can help protect you and your family's health and financial future.

| CARRIER                   | PLAN                                          | WEBSITE                                                                      | PHONE #      |
|---------------------------|-----------------------------------------------|------------------------------------------------------------------------------|--------------|
| <b>BCBS*</b>              | Medical                                       | <a href="http://www.bcbsmt.com">www.bcbsmt.com</a><br>Group Number #251689   | 855.258.3489 |
| <b>MDLive/<br/>BCBS*</b>  | Medical/<br>Virtual appt.                     | <a href="http://www.mdlive.com/bcbsmt">www.mdlive.com/bcbsmt</a>             | 888.684.4233 |
| <b>BCBS*</b>              | Dental                                        | <a href="http://www.bcbsmt.com">www.bcbsmt.com</a><br>Group Number #251690   | 866.739.4090 |
| <b>BCBS*</b>              | Vision Exam/<br>Vision<br>Hardware            | <a href="http://www.bcbsmt.com">www.bcbsmt.com</a><br>Group Number #251686   | 800.447.7828 |
| <b>BCBS*</b>              | Prime<br>Therapeutics                         | <a href="http://www.myprime.com">www.myprime.com</a>                         | 877.627.6337 |
| <b>ExpressScripts</b>     | Mail Order<br>Prescriptions                   | <a href="http://www.express-scripts.com/rx">www.express-scripts.com/rx</a>   | 800.282.2881 |
| <b>Equitable</b>          | Basic Life, Vol.<br>Life, AD&D/<br>Disability | <b>"The Hive"</b><br>Group Number: #005818                                   | 866.274.9887 |
| <b>ComPsych</b>           | EAP                                           | <a href="http://www.guidanceresources.com">www.guidanceresources.com</a>     | 866.641.3178 |
| <b>Benefit<br/>Wallet</b> | Dependent<br>Care Flex                        | <a href="http://www.mybenefitwallet.com">www.mybenefitwallet.com</a>         | 866.325.5472 |
| <b>HealthEquity</b>       | HSA                                           | <a href="http://www.healthequity.com">www.healthequity.com</a>               | 866.346.5800 |
| <b>Empower</b>            | 401k                                          | <a href="http://www.empowermyretirement.com">www.empowermyretirement.com</a> | 800.338.4015 |

\*BCBS (Blue Cross Blue Shield)



## WHEN CAN I ENROLL?

Benefit-eligible team members can sign up for benefits at any of the following times:

- Within 30 days from date of hire
- During the annual open enrollment period
- Within 30 days of a qualifying life event

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

# 2024 Medical Plan

ADMINISTRATOR: BLUE CROSS BLUE SHIELD OF MONTANA

| BENEFITS                                                                     | YOUR MEDICAL PLAN                     |
|------------------------------------------------------------------------------|---------------------------------------|
| <b>In-Network Benefits</b>                                                   |                                       |
| <b>Annual Deductible (the amount you pay before the medical plan pays)</b>   |                                       |
| Employee-Only Coverage                                                       | \$1,600                               |
| Family Coverage (Non Embedded)                                               | \$3,200                               |
| <b>Annual Out-of-Pocket Maximum (the most you'll pay in a calendar year)</b> |                                       |
| Employee-Only Coverage                                                       | \$5,500 (includes deductible)         |
| Family Coverage                                                              | \$11,000 (\$5,150 per covered person) |
| <b>Preventive Care</b>                                                       |                                       |
| Office Visit/Well-Child Care                                                 | Covered in Full                       |
| <b>Professional</b>                                                          |                                       |
| MDLive Virtual Visits                                                        | \$40 copay per visit                  |
| Office Visit                                                                 | 20% after deductible                  |
| Virtual Provider Visit*                                                      | 20% after deductible                  |
| Outpatient Specialist Visit                                                  | 20% after deductible                  |
| <b>Hospital/Facility</b>                                                     |                                       |
| Inpatient Care                                                               | 20% after deductible                  |
| Outpatient Care                                                              | 20% after deductible                  |
| <b>Mental Health/Substance Abuse</b>                                         |                                       |
| Inpatient                                                                    | 20% after deductible                  |
| Outpatient                                                                   | 20% after deductible                  |
| <b>Other Services</b>                                                        |                                       |
| Diagnostic X-Ray and Lab Tests                                               | 20% after deductible                  |
| Major Imaging (PET/CAT scans, MRIs)                                          | 20% after deductible                  |
| Emergency Room                                                               | \$50**, 20% after deductible          |
| Urgent Care                                                                  | 20% after deductible                  |
| Chiropractic Services (20 visits per calendar year)                          | 20% after deductible                  |
| Hearing Aid                                                                  | \$3,000 per 3 calendar years          |
| Physician-Led Weight Management (age 18+, BMI 30+) 26 visit maximum          | 20% after deductible                  |
| Mental Health Professional/Facility                                          | 20% after deductible                  |

\*Virtual visit through your own healthcare provider (not MDLive), will be subject to standard deductibles and costs.

\*\*Copay for Emergency room care not related to emergency medical condition, accidental injury, mental illness, or substance use disorder.

## TERMS TO KNOW

### Deductible

The insurance deductible is the amount of money you will pay for insurance claims before the coverage kicks in and the company starts paying your claims.

### Non Embedded

The family coverage deductible shown to the left is 'non embedded'. This means the plan will begin paying benefits only when the entire family coverage deductible has been satisfied in full by one or more members of the covered family unit.

### Out-of-Pocket Maximum

The most you have to pay for in-network covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.



# Medical Plans (continued)

| BENEFITS                                                                   | YOUR MEDICAL PLAN                     |
|----------------------------------------------------------------------------|---------------------------------------|
| <b>Out-of-Network Benefits</b>                                             |                                       |
| <b>Annual Deductible (Employee Only Coverage)</b>                          | \$1,600                               |
| <b>Annual Deductible (Family Coverage)</b>                                 | \$3,200                               |
| <b>Coinsurance</b>                                                         | 40%                                   |
| <b>Annual Out-of-Pocket Maximum - Employee Only Coverage</b>               | \$5,500                               |
| <b>Annual Out-of-Pocket Maximum - Family Coverage</b>                      | \$11,000 (\$5,150 per covered person) |
| <b>Office/Specialist Visit</b>                                             | 40%, after deductible                 |
| <b>Preventive Care Office Visit</b>                                        | 40%, after deductible                 |
| <b>Hospital/Facility</b>                                                   | 40%, after deductible                 |
| <b>Emergency Room (Emergency)</b>                                          | 20%, after deductible                 |
| <b>Emergency Room (Non-emergency)</b>                                      | \$50**, 40%, after deductible         |
| <b>Physician Led Weight Management (age 18+, BMI 30+) 26 visit maximum</b> | 40%, after deductible                 |
| <b>Mental Health Professional/Facility</b>                                 | 40% after deductible                  |

\*\*Copay for Emergency room care not related to emergency medical condition, accidental injury, mental illness, or substance use disorder.



### Out of Network Benefits - Out of Pocket Maximum

When utilizing an out-of-network provider, services that are not covered, or any costs above the allowed amount for service will not be covered by BCBS, and will not count towards your out-of-pocket maximum.



## IMPORTANT INFORMATION

### In-Network Providers

Providers and facilities that are part of a health plan’s network of providers and negotiated discounts. You usually pay less and have lower deductibles, coinsurance, and out-of-pocket maximums when using an in-network provider.

### BCBS

Your medical plan administrator. Providers send your claims to them and they process medical claims and provide customer service support.





# Prescription Drugs

## ADMINISTRATOR: PRIME THERAPEUTICS

Below is a brief overview of what you can expect to pay for a prescription drug after your medical deductible is met. Preventive prescriptions are not subject to the medical deductible.

### BENEFITS

|                              | Participating Retail<br><i>(30-day / 90-day supply at a pharmacy in the Extended Supply Network*)</i> | Mail Order<br><i>(90-day supply)</i> |
|------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>Generic</b>               | \$0 copay                                                                                             | \$0 copay                            |
| <b>Formulary</b>             | \$30 copay                                                                                            | \$60 copay                           |
| <b>Non-Formulary</b>         | 50%                                                                                                   | 50%                                  |
| <b>Preventive Medication</b> | \$0                                                                                                   | \$0                                  |
| <b>Specialty Drugs</b>       | Deductible applies, \$200 copay through Alliance Rx Walgreens Prime                                   |                                      |

**Out-of-Pocket Amounts** Individual \$750 / Family \$1,500

*\* Most retail pharmacies can only fill up to a 30-day supply of medicine. An extended supply network pharmacy can fill up to a 90-day supply of maintenance medications. These are usually medicines that you take every day to treat a chronic condition like high blood pressure or cholesterol, or for preventative purposes.*



**Curious about the actual cost of your prescriptions, or if it is even covered?**

Check out PrimeTherapeutics (through BCBS) to compare costs for medicines and the best cost at your local pharmacy.



If you have a maintenance drug, (taken daily/weekly/monthly) take advantage of the Mail Order program through Express Scripts Pharmacy.



# Prescription Drugs (continued)



## IMPORTANT INFORMATION

### Balance Drug List

This is your list (aka formulary) of covered drugs. Drugs that are not shown are not covered. A drug shown on this list will be covered so long as the drug is proven medically necessary for you, and the prescription is filled at an in-network pharmacy. The drug list is regularly updated. For the most up-to-date information, visit [bcbsmt.com](http://bcbsmt.com) and log in to Blue Access for Members>My Coverage>Prescription Drugs>under Related Links click on Prescription Drug Benefits and Services>Prime Therapeutics and you will be signed into your account in MyPrime. You can also contact the pharmacy customer service line for more information by calling toll free 866-325-5230.

### Copay Tier

Copay Tier-Drugs on the balanced drug List are grouped into tier designations. The tier designation that your medication is in determines your portion of the drug cost. Generic drugs generally fall into the lowest cost tier. The balanced drug list also shows if the drug is a specialty medication, requires Prior Authorization, if there are dispensing limits, or if a prescription is subject to Step Therapy.

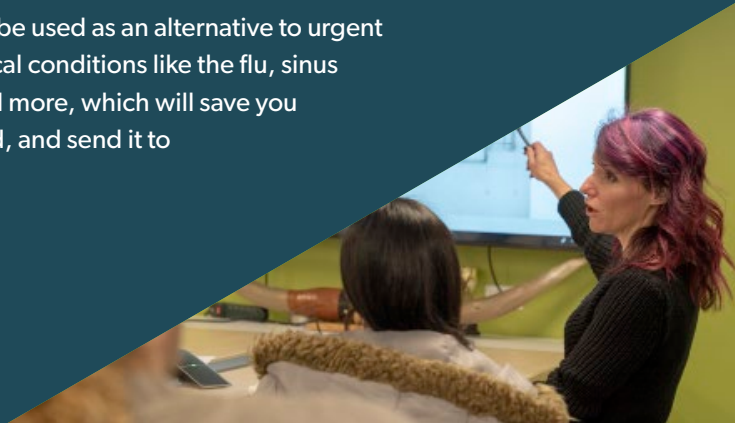
### Generic Drug vs. Brand Name Drug

Generic drugs are identical to their brand-name counterparts in dosage, form, active ingredients, safety, strength, route of administration, quality, and performance characteristics. Generics typically cost less than brand name drugs. Ask your doctor and/or pharmacist if there is a generic equivalent that is available.

## MDLive

MDLive allows telephonic access to a board-certified doctor for medical and behavioral health needs. Consultations with a doctor are **\$40 per visit**. This service can be used as an alternative to urgent care or your doctor's office for non-emergency common medical conditions like the flu, sinus problems, pink eye, depression, stress/anxiety, addiction, and more, which will save you time and money. The doctor can write a prescription, if needed, and send it to your pharmacy.

MDLive contact: 888.684.4233



# Dental Plan

## ADMINISTRATOR: BCBS

All employees and dependents enrolled in the medical plan are automatically enrolled in the dental plan.

| BENEFITS                                                        | DENTAL                          |
|-----------------------------------------------------------------|---------------------------------|
| <b>Benefit Year Maximum</b>                                     | \$1,500 includes preventative   |
| <b>Annual Deductible</b>                                        |                                 |
| <b>Individual/Family</b>                                        | \$50 per covered person         |
| <b>Dental Categories</b>                                        |                                 |
| <b>Preventive &amp; Diagnostic Care</b>                         | 100%                            |
| <b>Basic Restorative Care</b>                                   | 80%                             |
| <b>Major Restorative Care</b>                                   | 50%                             |
| <b>Orthodontia</b>                                              |                                 |
| <b>Benefits (Adults and Children less than 24 years of age)</b> | 50%<br>Lifetime maximum \$1,000 |
| <b>Temporomandibular Joint Dysfunction</b>                      | Lifetime maximum \$1,000        |



## TERMS TO KNOW

### Preventive & Diagnostic Care

Examples are exams, cleanings, and x-rays

### Basic

Examples are fillings, oral surgery, and root canals

### Major

Examples are crowns, dentures, and bridges

### Benefit Year Maximum

The most the dental plan will pay toward each covered member's dental services each calendar year

## IMPORTANT INFORMATION

### BCBS

Your dental plan administrator. They process claims and provide customer service support.

### Network

Non-participating providers are allowed. You may be balanced-billed for the difference between the billed and allowed. Simply provide your dental provider with your BCBS card.

### Late Entrant Limitation

When benefits are elected after the New Hire/New eligibility enrollment period. For the first 90 days, coverage will be limited to only Class I (preventive) and Class II (basic) services.



# Vision Benefit

## ADMINISTRATOR: BCBS

All employees and dependents enrolled in the medical plan are automatically enrolled in the vision plan.

| BENEFITS                      | BCBS                                        |
|-------------------------------|---------------------------------------------|
| <b>Preventive Exam</b>        | Paid at 100% annually                       |
| <b>Frames</b>                 | Paid 100% up to \$100 annually for one pair |
| <b>Lenses and/or Contacts</b> | Paid 100% up to \$200 annually              |



Make sure to show your eye care provider your BCBS VISION ID Card for your exam.



Save money with BCBS offers on glasses, sunglasses, contacts, LASIK, diabetes care, and hearing aids. Go to [www.bcbsmt.com](http://www.bcbsmt.com) and click on the 'Offers' tab.

If your vision provider doesn't use BCBS insurance, you can submit your claim directly to BCBS (via mail) to request reimbursement.





# Company-Paid Life/AD&D Benefits

## ADMINISTRATOR: EQUITABLE

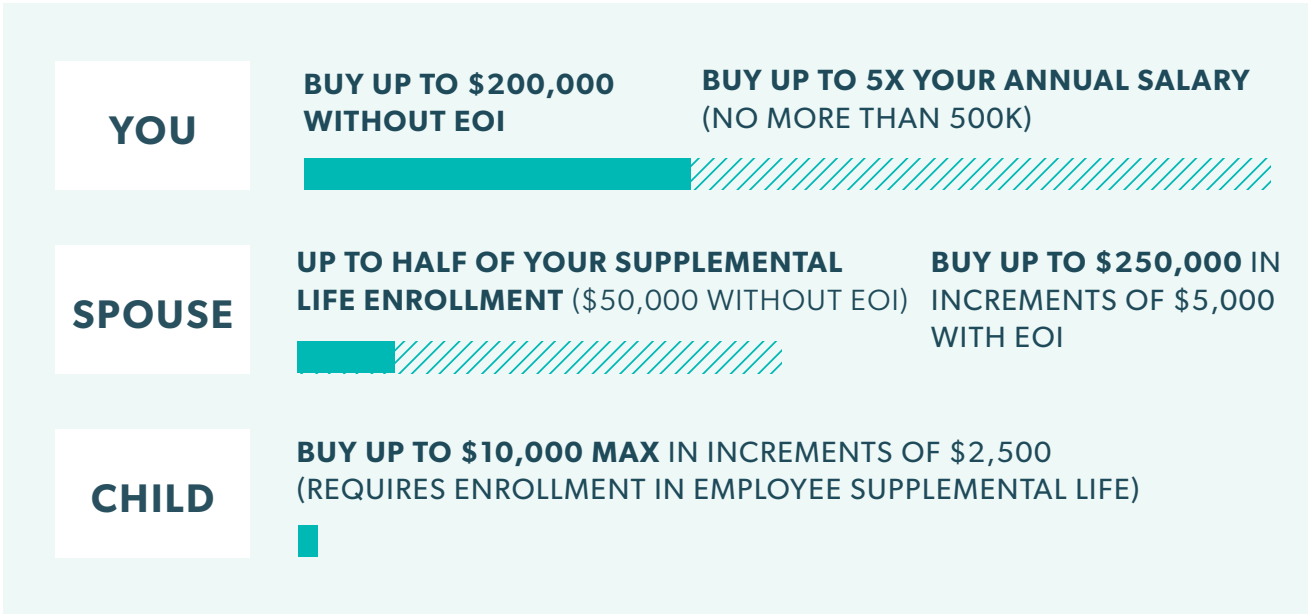
Cushing Terrell purchases a basic life and accidental death insurance policy for you and your family.

|            | BENEFITS   | LIFE INSURANCE                                                         | AD&D      |
|------------|------------|------------------------------------------------------------------------|-----------|
| EMPLOYEES  | Owners     | \$50,000                                                               | \$100,000 |
|            | Non-Owners | \$35,000                                                               | \$70,000  |
| DEPENDENTS | Spouses    | \$10,000                                                               |           |
|            | Children   | Live birth to less than 15 days: \$500<br>15 days to 26 years: \$2,000 |           |
|            | Family     | \$12,000                                                               |           |

# Supplemental Life Benefits

## ADMINISTRATOR: EQUITABLE

Cushing Terrell provides supplemental life insurance plans to help provide peace of mind. If you choose to purchase extra life insurance for yourself, you can also buy up to half that amount for your spouse. Newly eligible employees qualify for up to \$200k without evidence of insurability (EOI), and up to 5x salary (or no more than \$500k) with EOI. Employees enrolling after their first 30 days of benefit eligibility will be required to complete an evidence of insurability application with our provider.



Spouse coverage is limited to half the amount of the employee coverage (for example, if the employee has \$50,000, the spouse can be insured at \$25,000).

# Supplemental Life Benefits (continued)

## THE FINE PRINT

### Evidence of Insurability (EOI)

Evidence of Insurability (also known as proof of good health), may be required if you are a late enrollee or you request any additional coverage above your guarantee issue amount. You may be required to complete a medical questionnaire and the carrier may request medical records from your provider. The carrier will either approve or deny the coverage requested above your guarantee issue amount.

### Supplemental Life Guarantee Issue of Increased Benefit

If you enroll for at least \$10,000 when you are first eligible for coverage, you may increase your benefit amount by \$20,000 during annual enrollment on a guarantee issue basis.

### Benefit Reduction

Benefits begin to reduce at age 65. Please refer to your booklet for further details.

### Taxation

IRS regulations require taxation of life benefits above \$50,000 to the employee. Taxes will be deducted automatically through payroll deductions.

### Beneficiary Designation

A beneficiary is someone who receives the benefit amount of your policy if something were to happen to you. It is important to make sure you have people on file listed as your beneficiary. If you are married and living in a community property state, your insurance carrier may require that you designate your spouse (or in some cases a registered domestic partner) for at least 50% of the benefit unless you have a waiver notice on file from your spouse. Community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. Consult your legal or tax advisor for further guidance on this issue.





# Supplemental AD&D Benefits

## ADMINISTRATOR: EQUITABLE

You must purchase Supplemental Life in order to purchase Accidental Death & Dismemberment (AD&D) coverage.

|               |                                                                                                   |                                                                     |
|---------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>YOU</b>    | <b>BUY UP TO 100% OF ELECTED EMPLOYEE SUPPLEMENTAL LIFE ENROLLMENT, IN INCREMENTS OF \$10,000</b> |                                                                     |
| <b>SPOUSE</b> | <b>BUY UP TO 50% OF THE ENROLLED EMPLOYEE AD&amp;D AMOUNT</b>                                     | INCREMENTS OF \$10,000 (REQUIRES ENROLLMENT IN SPOUSE LIFE BENEFIT) |
| <b>CHILD</b>  | <b>BUY UP TO \$10,000 MAX IN INCREMENTS OF \$2,500</b>                                            | (REQUIRES ENROLLMENT IN CHILD LIFE BENEFIT)                         |



## TERMS TO KNOW

### Accidental Death and Dismemberment Insurance

Provides a lump-sum benefit for an accidental death; pays in addition to the life insurance benefit. This coverage also provides lump-sum benefits for dismemberments caused by an accident such as loss of a finger, limb, or eyesight.



# Maternity Pay Benefits

**ADMINISTRATOR: CUSHING TERRELL**

We provide paid maternity time off to all benefit-eligible team members.

## 100%

How much of your average weekly earnings you receive when you are on maternity leave.

## No waiting period.

You can begin receiving benefits the first weekday after giving birth.



Contact Human Resources for more information.

**How long you can be out and receive payments**

**AFTER 1-60 MONTHS OF SERVICE (5 YEARS)**

**4 WEEKS**

**AFTER 61+ MONTHS OF SERVICE (6 YEARS)**

**8 WEEKS**



# Group Short-Term Disability Benefits

**ADMINISTRATOR: CUSHING TERRELL**

We provide short-term salary protection to all benefit-eligible employees.

**5 days**

Accident/sickness waiting period

**100%**

How much of your weekly earnings you get when you are on disability



In the event of a disability claim, payments received under this plan will be considered taxable income.

**How long you can be out and receive payments**

**AFTER 0–36 MONTHS  
(3 YEARS)**

**2 WEEKS**

**AFTER 37–72 MONTHS  
(3–6 YEARS)**

**4 WEEKS**

**AFTER 73–108 MONTHS  
(6–9 YEARS)**

**7 WEEKS**

**AFTER 109+ MONTHS  
(9+ YEARS)**

**9 WEEKS**



# Group Long-Term Disability Benefits

## ADMINISTRATOR: EQUITABLE

To ensure long-term salary protection, Cushing Terrell provides each eligible employee with long-term disability benefits.

### 90 days

Waiting period of continuous disability from the day your earnings loss is 20% or more or a loss of one or more duties of your occupation

### 60%

How much of your weekly earnings you get when you are on disability

### \$6,000

Maximum monthly benefit amount

### \$10,000

Maximum monthly benefit amount for owners

## THE FINE PRINT

### Definition of Disability

Due to an illness or injury, you are unable to work full-time in your regular occupation and you experience at least one or more loss of duties. You must experience at least a 20% earnings loss or have had a loss of one or more duties and be unable to work full-time in your occupation to remain eligible for payments through this policy.

### Benefit Duration

The policy may provide benefit payments up to your Social Security Normal Retirement Age (SSNRA). Final benefit duration will be based on Physician statement, medical records, and claim approval.

### Pre-Existing Condition Limitation

A pre-existing condition is a condition, regardless of cause, for which medical advice, diagnosis, care, or treatment was recommended or received in the 12 months prior to your enrollment date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 consecutive months of coverage.

### Income

In the event of a disability claim, payments will be considered non-taxable income.



# Dependent Care Expense Account

**Funds can be added to this account on a pre-tax basis and can be used to pay for eligible dependent care services, including:**

- Preschool
- Before or after school programs
- Summer day camp
- Child or adult daycare

*\*BenefitWallet will continue to administer your FSA account.*



Cushing Terrell allows a voluntary contribution of up to

**\$5,000**  
per family

## DID YOU KNOW?

- Can be used for any dependent care claims incurred within the plan year
- Reimbursements are allowable up to the amount you have contributed to the flex account to date
- Reimbursement is available by Direct Deposit, and can be requested on the Benefit Wallet website or app
- You have 60 days after the first of the calendar year to use your daycare flex from the previous plan year
- Cushing Terrell covers the \$3.50 monthly charge

# Health Savings Account

## HDHP MEDICAL ACCOUNT ADMINISTRATOR: HEALTHEQUITY

Cushing Terrell covers the monthly charge of \$2.25 for an HSA account. Before contributing to an HSA, here are a few things you should know:

- The amount you contribute to an HSA is deducted from your paycheck before income taxes.
- Any money left in the account at the end of the year will roll forward to the next year.
- You may no longer contribute to your HSA beginning with the first month you are enrolled in Medicare.
- Keep your receipts!

### 2024 MAX CONTRIBUTION

\$4,150

For Single Coverage



\$8,300

For Family Coverage

If you are an eligible individual who is age 55 or older at the end of the tax year, you may contribute an additional \$1,000 as a catch-up contribution each year.

### THE FINE PRINT

HSA funds are to be used for eligible medical expenses, as defined by the IRS (see IRS Publication 502, Medical and Dental Expenses for more details at <http://www.irs.gov/pub/irs-pdf/p502.pdf>). Distributions from the HSA for ineligible expenses are subject to taxation and penalties.



### Who qualifies?

To be eligible for a Health Savings Account (HSA), you must:

- Be covered under a Qualified High Deductible Health Plan (QHDHP) on the first day of the month
- Not be enrolled in Medicare
- Have no other non-QHDHP coverage
- Not be claimed as a dependent on another person's tax return

# 401(k), PTO, and Holidays

## 401(k) Retirement Plan

Team members who are 21+ years of age and work 1,000+ hours annually, OR team members who are 21+ years of age and have worked 500+ hours annually for the last 3 years, are eligible to participate in Cushing Terrell's 401(k) plans, which feature two retirement options for our contributions:

- **TRADITIONAL 401(K)** Contributions made on a pre-tax basis.
- **ROTH 401(K)** Contributions made on a post-tax basis.

Cushing Terrell provides a generous dollar-for-dollar matching contribution of up to 5% of your contributed earnings (up to IRS limits). Cushing Terrell's matching contribution dollars are deposited into the pre-taxed, traditional plan regardless of the plan contribution option you choose.

You can select from a wide portfolio of funds within Cushing Terrell's investment package. Additional retirement investment education opportunities are scheduled throughout the year.

Enrollment, salary deferral, and fund changes may be made online at any time.

Individuals age 50+ may make additional contributions to the plan (subject to IRS annual maximums).

Cushing Terrell employees are 100% vested immediately in the 401(k) plan. Employees may begin contributing to their 401(k) on the first of the month, with the date of hire or date of eligibility.

## 401(k) Account Access

Begin your journey now.

Log on to: [empowermyretirement.com](https://empowermyretirement.com)

### For first-time access:

- Log on and select **Register**.
- Choose the **I do not have a PIN** tab.
- Follow the prompts to create your username and password.
- If we do not have your email or phone number on file from your previous employer, or if you have another account with Empower (with a former employer, for example), you will need to call to access your new plan account.
- For more information or questions, please contact Empower Participant Services at 800.338.4015

### 2024 IRS 401(K) CONTRIBUTION LIMITS

|                       |          |
|-----------------------|----------|
| <b>Individual</b>     | \$23,000 |
| <b>Catch-up (50+)</b> | \$7,500  |



# 401(k), PTO, and Holidays (continued)

## Paid Time Off

| MONTHS COMPLETED | ANNUAL PTO | WEEKLY ACCRUAL | CARRY OVER MAX |
|------------------|------------|----------------|----------------|
| 0 - 60 months    | 16 days    | 2.46 hours     | 21 days        |
| 61 - 72 months   | 17 days    | 2.62 hours     | 22 days        |
| 73 - 84 months   | 18 days    | 2.77 hours     | 23 days        |
| 85 - 96 months   | 19 days    | 2.92 hours     | 24 days        |
| 97 - 108 months  | 20 days    | 3.08 hours     | 25 days        |
| 109+ months      | 21 days    | 3.23 hours     | 26 days        |



## Holidays

**Cushing Terrell observes eight paid holidays.**

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Day
- Floating Holiday

# Employee Assistance Program

## ADMINISTRATOR: EQUITABLE/COMPSYCH

Our employee assistance program (EAP) is available to all employees and their immediate family members. The services provided through our EAP are completely confidential.

We provide specialized knowledge and resources on topics including:

- Emotional Well-being
- Legal and Financial Issues
- Online Will Preparation
- Healthy Lifestyles
- Identity Theft Services
- Family and Relationships
- Work/Life Transitions

To access the EAP, visit [www.guidanceresources.com](http://www.guidanceresources.com) (web ID: EQUITABLE5) or call 866.641.3178.

## Blue Cross Blue Shield Global Core

You are never far from health care services – even when you’re far from home. Through the Blue Cross Blue Shield Global Core program, you have access to doctors and hospitals around the world.

To learn more about Blue Cross Blue Shield Global Core:

- Visit: [bcbsglobalcore.com](http://bcbsglobalcore.com)
- Use the Blue Cross Blue Shield Global Core app for Android\*, iPhone, and iPod touch.\*\* (Rates from your wireless provider may apply).
- Call the BCBS GlobalCore Service Center at 855.258.3489 or collect at 804.673.1177, 24 hours a day, seven days a week.
- Call BCBS Customer Service at 855.258.3489.

*The Blue Cross Blue Shield Global Core program was formerly known as BlueCard Worldwide®.*

*Blue Cross Blue Shield, the Blue Cross and Blue Shield Symbols, BlueCard, BlueCard Worldwide, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.*

*\*Android is a trademark of Google Inc. \*\*Apple, the Apple logo, iPod Touch, and iTunes are trademarks of Apple Inc., registered in the U.S. and other countries. iPhone is a trademark of Apple Inc. App Store is a service mark of Apple Inc.*

# When can I make changes?

Generally, you can only change your benefit choices during the annual benefits enrollment period. You may be able to change some of your benefit choices when you have a Qualifying Life Event—provided you properly notify your employer and the change is permitted under the plan terms. If you have a Qualifying Life Event, contact human resources within 30 days to complete the necessary steps. For more information refer to your benefits booklet.

## EXAMPLES OF QUALIFYING LIFE EVENTS/CHANGES IN STATUS MAY INCLUDE:



### Marital Status Changes

- Your marriage
- Your divorce or legal separation
- Death of your spouse



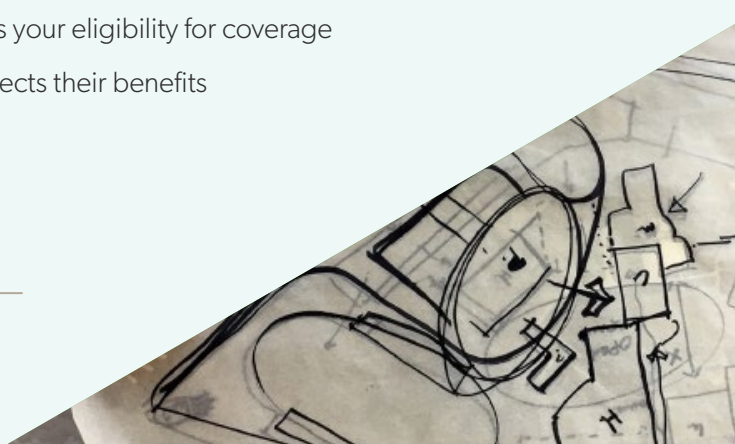
### Child Status Changes

- Birth or adoption of an eligible child
- Death of your covered child
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order (QMCSO)



### Employment Status Changes

- Change in your work status that affects your benefits
- Change in residence or work site that affects your eligibility for coverage
- Change in your spouse's work status that affects their benefits



# Important Legal Notices Affecting Your Health Plan Coverage

## Initial and Annual Enrollment Notices – Guide

### The Women’s Health Cancer Rights Act Of 1998 (WHCRA)

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply.

### Newborns Act Disclosure – Federal

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### Notice Of Special Enrollment Rights

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.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- Coverage is lost under Medicaid or a State CHIP program; or
- You or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance. To request special enrollment or obtain more information, contact person listed at the end of this summary.



## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are 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 are not eligible for Medicaid or CHIP, you will not 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 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 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 are not 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 866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your state for more information on eligibility.

|                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>ALABAMA – Medicaid</b></p>                                                                                                                                                                                                                                                                                                                                        | <p style="text-align: center;"><b>FLORIDA – Medicaid</b></p>                                                                                                                                                         |
| <p>Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br/>Phone: 855.692.5447</p>                                                                                                                                                                                                                                                                                                     | <p>Website: <a href="https://www.flmedicaidmanagedcare.com">https://www.flmedicaidmanagedcare.com</a><br/>Phone: 877.711.3662</p>                                                                                    |
| <p style="text-align: center;"><b>ALASKA – Medicaid</b></p>                                                                                                                                                                                                                                                                                                                                         | <p style="text-align: center;"><b>GEORGIA – Medicaid</b></p>                                                                                                                                                         |
| <p>The AK Health Insurance Premium Payment Program<br/>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br/>Phone: 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></p> | <p>Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/>Phone: 678-564-1162 ext 2131</p> |
| <p style="text-align: center;"><b>ARKANSAS – Medicaid</b></p>                                                                                                                                                                                                                                                                                                                                       | <p style="text-align: center;"><b>INDIANA – Medicaid</b></p>                                                                                                                                                         |
| <p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br/>Phone: 855-MyARHIPP 855.692.7447</p>                                                                                                                                                                                                                                                                                        | <p>Healthy Indiana Plan for low-income adults 19-64<br/>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br/>Phone: 877.438.4479</p>                                                   |
| <p style="text-align: center;"><b>CALIFORNIA - Medicaid</b></p>                                                                                                                                                                                                                                                                                                                                     | <p>All other Medicaid<br/>Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a><br/>Phone 800.403.0864</p>                                                                            |
| <p>Health Insurance Premium Payment (HIPP) Program<br/>Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br/>Phone: 916-445-8322<br/>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>                                                                                                                                                                         |                                                                                                                                                                                                                      |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>IOWA – Medicaid</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></p> <p>Health First Colorado Member Contact Center:<br/>800.221.3943/ State Relay 711</p> <p>CHP+: <a href="http://www.colorado.gov/pacific/hcpf/child-health-plan-plus">www.colorado.gov/pacific/hcpf/child-health-plan-plus</a></p> <p>CHP+ Customer Service: 800.359.1991/ State Relay 711</p> <p>Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a></p> <p>HIBI Customer Service: 1-855-692-6442</p> | <p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a></p> <p>Medicaid Phone: 800-338-8366</p> <p>Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a></p> <p>Hawki Phone: 800-257-8563</p> <p>HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a></p> <p>HIPP Phone: 888-346-9562</p> |
| <p><b>KANSAS – Medicaid</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>NEW HAMPSHIRE – Medicaid</b></p>                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p>Phone: 1-800-792-4884</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid">https://www.dhhs.nh.gov/programs-services/medicaid</a></p> <p>Phone: 844.275.3447</p> <p>Toll free number for the HIPP program: 800-852-3345, ext 5218</p>                                                                                                                                                                                                                  |
| <p><b>KENTUCKY – Medicaid</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>NEW JERSEY – Medicaid and CHIP</b></p>                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></p> <p>Phone: 855-459-6328</p> <p>Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a></p> <p>KCHIP Website:<br/><a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a></p> <p>Phone: 877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>                                                                                         | <p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></p> <p>Medicaid Phone: 609.631.2392</p> <p>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></p> <p>CHIP Phone: 800.701.0710</p>                                                                                                |
| <p><b>LOUISIANA – Medicaid</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>NEW YORK – Medicaid</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p>Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a></p> <p>Phone: 888-342-6207 (Medicaid hotline)</p> <p>Phone: 855-618-5488 (LaHIPP)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></p> <p>Phone: 800.541.2831</p>                                                                                                                                                                                                                                                                                             |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>MAINE – Medicaid</b></p> <p>Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/>           Phone: 855.797.4357<br/>           TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br/>           Phone: 800-977-6740.<br/>           TTY: Maine relay 711</p> | <p style="text-align: center;"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a><br/>           Phone: 919.855.4100</p>                                                                                                     |
| <p style="text-align: center;"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a><br/>           Phone: 1-800.862.4840</p>                                                                                                                                                                                                                                                                 | <p style="text-align: center;"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a><br/>           Phone: 844.854.4825</p>                                             |
| <p style="text-align: center;"><b>MINNESOTA – Medicaid</b></p> <p>Website:<br/> <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br/>           Phone: 800.657.3739</p>                                                                                                                                                                     | <p style="text-align: center;"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="https://oklahoma.gov/okdhs.html">https://oklahoma.gov/okdhs.html</a><br/>           Phone: 405.522.5050</p>                                                                                  |
| <p style="text-align: center;"><b>MISSOURI – Medicaid</b></p> <p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/>           Phone: 573.751.2005</p>                                                                                                                                                                                                                                                                                                           | <p style="text-align: center;"><b>OREGON – Medicaid</b></p> <p>Website: <a href="https://www.oregon.gov/oha/HSD/OHP/Pages/Splash.aspx">https://www.oregon.gov/oha/HSD/OHP/Pages/Splash.aspx</a><br/>           Phone: 800.699.9075</p>                                                   |
| <p style="text-align: center;"><b>MONTANA – Medicaid</b></p> <p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br/>           Phone: 800.694.3084</p>                                                                                                                                                                                                                                                                                                                  | <p style="text-align: center;"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a><br/>           Phone: 800.692.7462</p> |
| <p style="text-align: center;"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br/>           Phone: 855.632.7633<br/>           Lincoln: 402.473.7000<br/>           Omaha: 402.595.1178</p>                                                                                                                                                                                                                                                                             | <p style="text-align: center;"><b>RHODE ISLAND – Medicaid</b></p> <p>Website: <a href="https://eohhs.ri.gov/consumer/health-care">https://eohhs.ri.gov/consumer/health-care</a><br/>           Phone: 855-697-4347<br/>           Phone: 401-462-0311 (Direct RIte Share Line)</p>       |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NEVADA – Medicaid</b>                                                                                                                                                                            | <b>SOUTH CAROLINA – Medicaid</b>                                                                                                                                |
| Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Medicaid Phone: 800.992.0900                                                                                             | Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 888.549.0820                                                                     |
| <b>SOUTH DAKOTA – Medicaid</b>                                                                                                                                                                      | <b>WASHINGTON – Medicaid</b>                                                                                                                                    |
| Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 888.828.0059                                                                                                                   | Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 800.562.3022                                                                   |
| <b>TEXAS – Medicaid</b>                                                                                                                                                                             | <b>WEST VIRGINIA – Medicaid</b>                                                                                                                                 |
| Website: <a href="http://gethiptexas.com/">http://gethiptexas.com/</a><br>Phone: 800.440.0493                                                                                                       | Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Toll-free phone: 855-MyWVHIPP (855.699.8447)                                                |
| <b>UTAH – Medicaid and CHIP</b>                                                                                                                                                                     | <b>WISCONSIN – Medicaid and CHIP</b>                                                                                                                            |
| Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br>Phone: 877.543.7669 | Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a><br>Phone: 800.362.3002 |
| <b>VERMONT– Medicaid</b>                                                                                                                                                                            | <b>WYOMING – Medicaid</b>                                                                                                                                       |
| Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a><br>Phone: 800.250.8427                                                                                   | Website: <a href="https://www.dhs.wisconsin.gov/medicaid/index.htm">https://www.dhs.wisconsin.gov/medicaid/index.htm</a><br>Phone: 800.362.3002                 |
| <b>VIRGINIA – Medicaid and CHIP</b>                                                                                                                                                                 |                                                                                                                                                                 |

Medicaid Website:

<https://www.coverva.org/en/famis-select>

<https://www.coverva.org/en/hipp>

Medicaid Phone: 800.432.5924

To find out if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**

Employee Benefits Security Administration

[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

866-444-EBSA (3272)

**U.S. Department of Health and Human Services**

Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

877.267.2323, Menu Option 4, Ext. 61565



## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0146.

OMB Control Number 1210-0146



# Contact Information

**Questions regarding any of this information can be directed to [hr\\_support@cushingterrell.com](mailto:hr_support@cushingterrell.com)**

**Nancy Armstrong** | *Human Resources Analyst*

[nancyarmstrong@cushingterrell.com](mailto:nancyarmstrong@cushingterrell.com)

**Tammy Jones** | *Director, Human Resources, Associate*

[tammyjones@cushingterrell.com](mailto:tammyjones@cushingterrell.com)

**Julie Baber** | *Human Resources Representative*

[juliebaber@cushingterrell.com](mailto:juliebaber@cushingterrell.com)

## Confidentiality Disclosure

*These materials are produced by Leavitt Great West for the sole use of its clients, prospective clients, and their representatives. Certain information contained in these materials are considered proprietary information created by Leavitt Great West and/or their licensed and appointed insurance carriers. Such information and any insurance designs furnished by Leavitt Great West are considered "Confidential Material." Such information shall not be used in any way, directly or indirectly, detrimental to Leavitt Great West and clients and/or potential clients and any of their representatives will keep that information confidential.*

*IRS Circular 230 Disclosure: Leavitt Great West Insurance Services does not provide tax advice. Accordingly, any discussion of U.S. tax matters contained herein (including any attachments) is not intended or written to be used, and cannot be used, in connection with the promotion, marketing or recommendation by anyone unaffiliated Leavitt Great West Insurance Services of any of the matters addressed herein or for the purpose of avoiding U.S. tax-related penalties. Also, the information contained in this benefit summary should not be construed as medical or legal advice.*